

**HOW ARD R. SILLS, SHERIFF**

OFFICE OF THE SHERIFF

# PUTNAM COUNTY, GEORGIA

[www.putnamcountysheriff.org](http://www.putnamcountysheriff.org/)

**P.O. Box 3637**

**EATONTON, GEORGIA 31024**

**NLETS/GA1170000 TERM/PUTN**

**PHONE: (706) 485-8557**

**FAX (706) 485-4840**

**NOTICE TO APPLICANTS**

**Any individual, who has been arrested or convicted of a felony under the laws of this State, the United States, or any other state, may not be considered for employment. Individuals who have prior arrests or convictions for certain misdemeanor offenses, or have extensive records involving violations of traffic laws may be disqualified as applicants. All persons employed by the office of the Sheriff must be approved for bonding purposes. Any person employed who may be required to operate a vehicle as part of their duties must be acceptable to the county's vehicle insurance carrier.**

**Applicants may be required to successfully pass a psychological battery test, polygraph examination, and drug screening. All persons employed by this office will be subject to random drug testing and periodic or specific polygraph examinations. All applicants for employment as jailers or deputy sheriffs, whose duties include enforcing the laws of this State will be required to successfully pass a physical agility test. Persons employed by this office may be required to successfully complete various training courses. Any person accepted for employment whose duties require them to carry firearms or other weapons will have to successfully complete firearms and weapons training and continued periodic qualification testing demonstrating proficiency with firearms and weapons. Background investigations are conducted on all applicants. A search for criminal history and driver's license records will be conducted on all applicants. Any person accepted for employment will also undergo a criminal search based on fingerprints.**

**Notice is hereby given that any person employed may be subject to shift work rescheduling at any time.**

**Pursuant to Georgia law, all employees of Office of the Sheriff are employees of the Sheriff, serving at the pleasure of the Sheriff. The tenure of a sheriff’s employee is dependent not alone upon the will of the sheriff whose employee he/she is, and who may discharge him/her when he chooses, but also upon re-election of the sheriff.**

**Sincerely,**

**Howard R. Sills Sheriff**

**I understand and acknowledge the terms of employment and application process as hereinbefore described.**

**Sworn to and subscribed before**

**me** this**\_\_ day of \_\_\_20 .**

**signature of applicant**

**Notary Public**

**My Commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**printed name of applicant**



# APPLICATION FOR EMPLOYMENT

##### Position Desired: \_ Date: \_ PERSONAL HISTORY

NAME:

CURRENT ADDRESS:

EMAIL ADDRESS:

TELEPHONE NO. DATE OF BIRTH:

SOCIAL SECURITY NO.

PLACE OF BIRTH:

Do you rent or own?

If rent, name of landlord: \_ Please list previous addresses where you have lived

##### EDUCATION AND TRAINING

High School or GED \_\_\_

(attach copy of certificate or diploma to this application)

Did you attend college or vocational school? \_

Did you graduate? Degree obtained: \_\_\_\_

If Degree not obtained, how many hours of credit obtained? \_

 **EMPLOYMENT HISTORY**

 List in date order, your last three employers as follows:

 EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Starting Salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Major work duties and responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Starting Salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Major work duties and responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Starting Salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Major work duties and responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list all other employers and their phone numbers within the past 10 years.**

phone# phone# phone# phone#

phone#

Have you ever been terminated from any employer? \_\_\_\_

If so, why? \_\_\_\_

Are you licensed to drive a vehicle? Yes\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_

If yes, give license no.

If no, please be advised that a valid Georgia driver's license is required for employment with this agency.

If license is currently suspended, please state reason for suspension. \_ Please list by date and year **all** traffic citations issued to you in the past 5 years:

Have you ever been involved in a traffic accident? Yes If yes, were you driving at the time of the accident? Yes

 No

 No \_\_\_

Were you at fault? Yes No \_\_\_

Do you currently own a vehicle? Yes\_\_\_\_ No \_\_\_\_

If yes, list make and model. \_ Attach proof of insurance to this application.

 Have you had a Ga. Drivers license ONLY during the past 5 years? Yes\_\_\_\_\_ No \_\_\_\_\_

 If not, what other state issued you a drivers license? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been arrested for any offense (including D.U.I.) other than minor traffic offenses?

Yes No

If yes, please describe offense and circumstances.

Are you currently involved in any type of civil lawsuit? Yes\_\_No\_\_\_

If yes, please describe.

Please describe in your own words why you would be a benefit to the Putnam County Sheriff's Office.

Do you have any special skills, i.e. computer skills, typing, mechanical ability, etc., that would

benefit our agency? Yes No

If yes, list.

Have you ever been employed by another law enforcement agency? Yes

If currently employed with this agency, why do you desire to change departments?

No

Are you Georgia P.O.S.T. mandated? Have you had experience in jail operations? Have you had experience in radio dispatch? Have you ever qualified with a firearm?

Are you a certified jailer?

Are you a certified communications officer?

Do you have any other law enforcement certifications (i.e. intoximeter operator, radar certification, TAC)?

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

No

No

Spouse's name and address (if different):

Name

Address

City County State Zip Former spouse's name and address:

Name

Address

City County State Zip

Father's name and address

Name

Address

City County State Zip

Mother's name and address

Name

Address

City County State Zip

Minor children's names and addresses (if different)

Any other legal names you have used other than your current name and the time period it was

used:

Have you ever served on active in the Armed Forces of the United States? \_

Branch of Service

Highest Rank

Serial#

Date and type of discharge

Indicate any foreign language you can speak, read or write:

Describe any special abilities, interests or hobbies:

## PERSONAL REFERENCES

Give three references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults and who have known you well for the past five years.

Name

Address

Occupation

Home telephone Business telephone

Name

Address

Occupation

Home telephone Business telephone

Name

Address

Occupation

Home telephone Business telephone

#### PHYSICAL ABILITY TEST WAIVER

I hereby attest that I am in good physical health and have no injuries nor illness that prohibits me from taking the physical ability test required by Howard R. Sills, Sheriff, Putnam County, Georgia.

I further state that I will not hold Howard R. Sills, Sheriff, Putnam County, Georgia, or Putnam County, or the Putnam County Sheriff's Department and any of the employees or members liable for any injury, accident, or death occurring to me during the administration of this test. I further understand that I will be required to perform physical exercise, including but not limited to sit ups, pushups, squat thrusts, trigger pulls with a weapon and a one-half mile run/walk.

Witness Applicant

 Sworn to and subscribed before me on

 this \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_.

Notary Public

My Commission expires: \_

(Note: This form must be witnessed and notarized)

#### PUBLIC SAFETY APPLICATION NOTICE

I hereby acknowledge that all questions answered on this application are true and correct to the best of my knowledge and ability. I also understand that this application is for employment in a law enforcement related field. Since this is a public safety application, it is necessary for more personal information to be obtained so a background investigation can be completed. I further understand questions regarding age, sex, and race are necessary for accurate criminal histories and drivers license information to be obtained.

 Sworn to and subscribed before me on

 this \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant

Notary Public

My Commission expires: \_

(Note: This form must be notarized)

#### PERSONAL HISTORY RELEASE

I do hereby authorize the review of and full disclosure ***of all records*** concerning myself to Howard R. Sills, Sheriff, Putnam County, Georgia.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law or of other counsel whether representing me or another person in my case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in compiling any report for Howard R. Sills, Sheriff, Putnam County, Georgia. I certify that any person or persons who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person or persons from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant

Printed name of applicant: \_\_\_ Address:

Telephone No. : \_ Social Security No.: \_

Sworn to and subscribed before me

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

this day of ,20 .

Notary Public

My Commission expires: \_

(Note: This form must be notarized)

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the to conduct an

Putnam County Sheriff's Office

Criminal Justice Agency

inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

|  |  |
| --- | --- |
| Full Name (print): |  |
| Address |  |
| Sex | Race | Date of Birth | Social Security Number |
|  |  |  |  |

🗆 This authorization is valid for 90/180/ (circle one) days from date of signature.

🗆 I, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature Date

Date of inquiry: Time of inquiry: Operator's initials: Purpose Code used: (check one)

|  |  |
| --- | --- |
|  | Employment (E) - Provides *Georgia* Criminal History Record Information |
|  | Employment with Mentally Disabled (M} - Provides *Georgia* Criminal History Record Information |
|  | Employment with Elder Care (N) - Provides *Georgia* Criminal History Record Information |
|  | Employment with Children (W) - Provides *Georgia* Criminal History Record Information |
|  | Public Records (P) - Provides *Georgia Felony Convictions* Only |

The inquiry resulted in the following: (check all that apply)

|  |  |
| --- | --- |
|  | No Georgia CHRI results available. |
|  | Georgia CHRI attached/released. |

|  |  |
| --- | --- |
|  | No NCIC/GCIC Warrant results available. |
|  | Possible NCIC/GCIC Warrant. Contact Agency listed below. |
| Wanting Agency Name: |  |
| Agency Telephone: |  |

Agency Designee Signature and Title Date

## Georgia Bureau of Investigation Georgia Crime Information Center

**Georgia Driver’s History Consent Form**

### I hereby authorize the

Putnam County Sheriff's Office

(fire department/law enforcement agency name)

### to receive a copy of my Georgia driver’s history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (print)

Address

Sex Date of Birth Driver’s License Number

Signature

Date

GCIC Consent Form July 2006

###### HIPAA PRIVACY AUTHORIZATION FORM

I authorize any and all healthcare providers to us and disclose the protected health information described below to the Putnam County Sheriff's Office.

This authorization for release of information covers all past, present and future periods.

I authorize the release of my complete health record, including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse.

This authorization shall be in force indefinitely unless revoked by me in writing. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Dated: \_

Signature of applicant

Printed name of applicant/employee: \_ Address: \_

Telephone No. \_

Social Security No.

Sworn to and subscribed before me

Date of Birth: \_

this day of ,20 .

Notary Public

My Commission expires: \_

(Note: This form must be notarized)

**CREDIT REPORT NOTICE** TO **APPLICANT**

Under the provisions of the Fair Credit Reporting Act (Section 604(b)), you are hereby notified of the following:

As part of the pre-employment screening for the position which you have applied, a consumer credit report will be requested by the Putnam County Sheriff's Office. This report could be used in part to make a decision as to your suitability for the position for which you have applied.

If an adverse decision is made based in part or whole on your credit report, you will be furnished a copy of the report which was requested, along with a summary of your consumer rights. A copy of these documents will not be provided should you be rejected for reasons other than the credit report or should you be accepted for employment.

Before your credit report is requested, you must give your consent in writing. Your report will be requested listing you as a sole consumer. Joint reports will not be requested.

By affixing your signature to this notice, you acknowledge receipt of the same. This document is not an authorization for credit inquiry.

Signed this day of ,20\_\_\_.

Printed name of applicant

Signature of applicant

Witness

PUTNAM COUNTY SHERIFF'S OFFICE

AUTHORIZATION TO OBTAIN CREDIT REPORT

Under the provisions of the Fair Credit Reporting Act, you are required to give written consent prior to your credit report being requested and reviewed by a prospective employer. This document is such authorization.

As an applicant for employment with the Putnam County Sheriff's Office, I hereby give my full consent and authority to the Putnam County Sheriff's Office, their agents and assigns, to request and review a report of my credit, payment record, indebtedness, and any other data pertaining to my personal credit standing that may be on file with any and all credit reporting agencies. I understand that my credit report may be used in determining my suitability for the position for which I have applied.

I understand that should I be denied employment based on my credit report, I will be provided with a copy of the report as well as my consumer's rights.

The personal information I have provided to the Putnam County Sheriff's Office will be used in obtaining the report.

Last name First name Middle name

Street address

City State Zip code

Date of birth Social Security # Home phone#

I certify that the information I have provided above is true and correct to the best of my knowledge.

Signature Date

###### ACKNOWLEDGEMENT

Official Code of Georgia 35-8-22. Reimbursement for peace officer's mandated or formalized training.

1. Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any county or municipality thereof employs a peace officer and said peace officer is hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia, or any county or municipality thereof which initially paid for such training. If said officer is hired by another agency during a period of 15 to 24 months after mandated or formalized training requirements are completed, then one-half of the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. The council shall set standards for reimbursement by hiring agencies based upon actual expenses incurred in mandated or formalized training by individual departments.
2. The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment thereof and may enforce collection of such obligation through civil remedies and procedures.
3. Effective July 1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgment to the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officer's employment with the demanding governmental unit. Otherwise, this Code section shall not apply to such demand for reimbursement.

Laws 1992, p. 1325, 2; Laws 2003, Act 66, 1, eff. July 1, 2003.

**Applicant hereby acknowledges he has read and understood the terms of this Code**

**section, this day of ,20 .**

**Applicant/Employee**

**Witness**

**Applicant Release and Hold Harmless Agreement**

I, ,hereby acknowledge that I am a Peace Officer applicant, or a candidate for appointment or certification to a position as a Peace Officer in the State of Georgia, or for attendance at a basic training course required for such employment and certification.

1.

I hereby request that my former employers release to any law enforcement agency requesting employment related information as defined in O.C.G.A. 35-8-8(c}(1) the following:

All written information contained in a prior employer's records or personnel files that relates to an applicant's, candidate's, or peace officer's performance or behavior while employed by such prior employer, including performance evaluations, records of disciplinary actions, and eligibility for rehire. Such term shall not include information prohibited from disclosure by federal law or any document not in the possession of the employer at the time a request for such information is received.

2.

In consideration of your providing such information to my prospective Law Enforcement employer, I hereby forever release and agree to hold harmless and to defend from all liability for any claims, causes of action or suits or charges by every former employer who provides such complete and accurate information about my employment to the requesting law enforcement agency in accord with O.C.G.A. 35-8-8(c)(2).

3.

I understand that O.C.G.A. 35-8-8(c)(5) provides as follows:

Before taking final action on an application for employment based, in whole or in part, on any unfavorable employment related information received from a previous employer, a law enforcement agency shall inform the applicant, candidate, or peace officer that it has received such employment related information, and that the applicant, candidate, or peace officer may inspect and respond in writing to such information. Upon the applicant's, candidate's, or peace officer's request, the law enforcement agency shall allow him or her to inspect the employment related information and to submit a written response to such information. The request for inspection shall be made within five business days from the date that the applicant, candidate, or peace officer is notified of the law enforcement agency's receipt of such employment related information. The inspection shall occur not later than ten business days after said notification. Any response to the employment related information shall be made by the applicant, candidate, or peace officer not later than three business days after his or her inspection.

Applicant Signature Printed Name of Applicant

Sworn to before me this day of ,20 .

Notary Public

Signature of Notary

My Commission expires: \_