

Dear Applicant:

We are delighted that you are interested in applying with the Muscogee County Sheriff's Office.

Effective January 1, 2009, the Peace Officer Standards and Training {P.O.S.T.} Council requires new applicants (except for civilians) to take the mandatory POST entrance exam and successfully pass it as part of the application process. This official entrance exam will be the COMPASS or ASSET test.

You will have to go to Columbus Technical College located at 928 Manchester Expressway {706-649-1800} and see the personnel in the admissions office. You will receive further instructions from there. There is a \$25.00 fee to take this exam that you will have to pay.

You will be able to take the exam Monday thru Thursday from 9AM to 6PM. Your results of the test will be given to you immediately and you will need to bring the unopened, sealed envelope back to the Sheriff's Office Administration Division. You must score a 80 or above on the reading portion and 30 or above on the writing section. After successfully passing the COMPASS or ASSET test, the background investigation phase of the hiring process will be initiated.

Directions to Columbus Technical College are on the back of this sheet.

Please contact the Muscogee County Sheriff's Office at 706-653-4225 if you have any further questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "John T. Davis".

Sheriff of Muscogee County

**DIRECTIONS TO COLUMBUS TECHNICAL COLLEGE:**

**STARTING AT THE GOVERNMENT CENTER**

1. Go North on Veteran's Parkway
2. Turn left (West) onto Manchester Expressway
3. Go approximately 1.5 miles and the college is on your left. After parking, proceed to the Admissions Office.

# MUSCOGEE COUNTY SHERIFF'S OFFICE

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It is the responsibility of the Muscogee County Sheriff's Office to conduct a thorough background investigation on each applicant. This investigation includes, but is not limited to:

- Check of the applicant's work history
- Driver's History
- Criminal History
- Credit History
- Computer Stress Voice Analyzer
- References
- Interview
- Physical examination/drug Screen

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## **DISQUALIFIERS FOR APPLICANTS**

### **IMPORTANT PLEASE READ CAREFULLY:**

Any attempt to conceal or misrepresent information during the hiring process will result in immediate disqualification of the applicant.

In an effort to maintain an equitable standard for hiring applicants for positions, certain standards and guidelines have been established. The following represent a **minimum** of these standards. Applicants for positions) will not be considered without meeting the **minimum** criteria outlined below.

- No felony convictions(s) in lifetime.
- No more than two criminal misdemeanor convictions, and no conviction for misdemeanor of an aggravated nature, public order, decency or moral turpitude.
- No convictions for DUI/DWI within the past three years. No more than one conviction of DUI/DWI in a lifetime.
- No more than two convictions for speeding in the past 36 months.
- No drivers license suspension(s) revocation(s) in the past 36 months.
- No restrictions that would prevent applicant from legally or safely operation a vehicle in the past 3 years.
- No convictions for Racing or Reckless Driving in the past 3 years
- No convictions for Leaving the Scene of an Accident, Homicide by Vehicle, Attempting to Elude or Habitual Violator.
- Must have had a valid drivers license for at least 3 years.
- If discharge from a military organization is other than Honorable or medical an explanation should be attached.
- No discharge for cause from a local, state or national Civil Service or Merit System.
- No Convictions for offenses involving the Family Violence Act as defined in O.C.G.A. 19-13-.1, to include no active Temporary Protective Orders, (TPO) or Protective Orders.

Information pertaining to disqualifiers surrounding drug use and past drug experimentation is outlined below:

- No Marijuana/Hashish use in the last 3 years and no excessive Marijuana/hashish use beyond the age of 21.
- No use of any drug defined in O.C.G.A. 16-13-25. Schedule I, to include but not limited to Cocaine, heroin or LSD in the last 5 years.
- Cocaine, Heroin, LSD or any Schedule I drug as described in O.C.G.A. 16-13-25 that exceeds one use within five years, two uses within ten years, three uses within fifteen years or any combination of use that exceeds three uses in a lifetime.
- No non-prescribed Steroid usage within the past five years.

If you have any concerns pertaining to other background issues, including past drug use/experimentation, you should contact the Muscogee County Sheriff's Office at 706-653-4225.

The Muscogee County Sheriff's Office reserves the right to disqualify any candidate based on the preponderance of evidence and other pertinent information received during the background investigation process.

I HAVE READ AND UNDERSTAND THE ABOVE MENTIONED DISQUALIFIERS: \_\_\_\_\_  
SIGNATURE DATE



**Office of The SHERIFF**

POST OFFICE BOX 1338 • COLUMBUS, GEORGIA 31902-1338

Phone (706) 653-4225

Jail (706) 653-4258

FAX (706) 653-4234



**Sheriff John T. Darr**  
**Chief Deputy John L. Fitzpatrick, Jr.**

**APPLICATION FOR APPOINTMENT**

**DATE SUBMITTED:** \_\_\_\_\_  
(Month) (Day) (Year)

**APPLICANT NAME:** \_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

You are hereby informed all statements and information submitted may be investigated and are subject to verification. You are also advised that each applicant will be fingerprinted to determine any criminal record and for further identification purposes. As part of the pre-employment investigation you may be required to take a truth verification examination. The purpose of the truth verification examination is to verify the truth of the answers to the questions contained in this application. Employment drug screening will be required as part of the employment process. There will be a physical fitness assessment within 12 months of hiring date.

**IMPORTANT: THIS APPLICATION FORM MUST BE COMPLETED BY THE APPLICANT IN BLACK INK AND SWORN TO BEFORE A NOTARY PUBLIC OR BY AN OFFICER AUTHORIZED TO ADMINISTER OATHS.**

Upon completing this application the following documents must be attached:

1. Two (2) copies of your High School Diploma or State Equivalency Certificate
2. Two (2) copies of your driver's license
3. Two (2) certified copies of your College Transcript, from an accredited College or University, reflecting the level of education you have completed
4. A copy of your College Diploma; if applicable
5. A copy of your Military Discharge DD-214; if applicable
6. Any record of a name change (excluding marriage); if applicable
7. Two (2) certified copies of your Birth Certificate / Naturalization Verification; if applicable
8. Two (2) copies of your Social Security Card

**Note: Other documents may be required as needed.**

*Failure to follow directions or provide the above documents will only slow down or completely stop your application process. All supporting documents and information in this application must be clear and legible. All applicable areas must be filled out completely to include all names, addresses, and telephone numbers contained herein.*

**PERSONAL DATA**

NAME: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden Name)

HOME PHONE # \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (City) (County) (State) (Zip Code)

\_\_\_\_\_  
(Social Security Number) (Driver's License Number) (State)

**EDUCATION**

**HIGH SCHOOL**

Name	Address	From/To (yr)	Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**COLLEGE, UNIVERSITY, PROFESSIONAL, VOCATIONAL OR TRADE SCHOOL**

Name	Address	From/To (yr)	Hours or Degree Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*Indicate Quarter or Semester Hours**

**GED** \_\_\_\_\_ **USAFI** \_\_\_\_\_ (Check if applicable)

Date Administered \_\_\_\_\_ State \_\_\_\_\_ Certificate Awarded Yes  No

Name/Address of State Authority Issuing Certificate \_\_\_\_\_  
\_\_\_\_\_



## PERSONAL REFERENCES

Personal References (other than family members or acquaintances within the Department):

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (Apartment Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (Apartment Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (Apartment Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (Apartment Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

**DO YOU HAVE ANY ACQUAINTANCES WITHIN THE MUSCOGEE COUNTY SHERIFF'S OFFICE?**

If so, who? \_\_\_\_\_

**LAW ENFORCEMENT EMPLOYMENT HISTORY**

\_\_\_\_\_  
(Name and Address of Law Enforcement Agency)

\_\_\_\_\_  
Date(s) of Employment (mo/yr) to (mo/yr)

\_\_\_\_\_  
(Official Job Title)

**NON-LAW ENFORCEMENT EMPLOYMENT HISTORY**

List Previous Employment for Past Ten Years starting with the most recent. (Include Fax Numbers)

1. \_\_\_\_\_  
(Name and Address of Employer) (Phone Number)

\_\_\_\_\_  
Date(s) of employment (mo/yr) to (mo/yr) (Official Job Title & Salary)

\_\_\_\_\_  
( Supervisor's Name) (Reason for Leaving)

2. \_\_\_\_\_  
(Name and Address of Employer) (Phone Number)

\_\_\_\_\_  
Date(s) of employment (mo/yr) to (mo/yr) (Official Job Title & Salary)

\_\_\_\_\_  
( Supervisor's Name) (Reason for Leaving)

3. \_\_\_\_\_  
(Name and Address of Employer) (Phone Number)

\_\_\_\_\_  
Date(s) of employment (mo/yr) to (mo/yr) (Official Job Title & Salary)

\_\_\_\_\_  
( Supervisor's Name) (Reason for Leaving)

Note: For additional employment, list and attach on a separate page

**DECLARATION**

**Declaration of Applicant:**

I hereby certify that there are no willful misrepresentations or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any such misrepresentation or falsifications, my application will be rejected, or if already employed, my employment may be terminated. I also understand that a failure to answer each question will cause my application to be disqualified.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SUBSCRIBED AND DULY SWORN BEFORE ME BY THE ABOVE PERSON ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ YEAR \_\_\_\_\_ IN THE COUNTY OF \_\_\_\_\_ AND THE STATE OF \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_ COMMISSION EXPIRES \_\_\_\_\_



# **OFFICE OF THE SHERIFF**

## MUSCOGEE COUNTY



Sheriff John T. Darr  
Chief Deputy John L. Fitzpatrick, Jr.

### AUTHORITY TO RELEASE INFORMATION

#### **TO WHOM IT MAY CONCERN:**

I hereby authorize any Officer or other authorized representative of the Muscowee County Sheriff's Office bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment and educational records (including, but not limited to: academic, achievement, attendance, athletic, personal history and disciplinary records medical records, and credit records). Further authorization is extended to all Law Enforcement Agencies, Juvenile Courts and Clerks of Courts, to furnish the bearer with information, reprints, photographs and any other record containing information relating to criminal history and driver's history or activity. I fully understand that this authorization is granted to the Muscowee County Sheriff's Office for the entire duration of my employment should I be hired.

I hereby direct you to release such information upon request of bearer. I hereby release you, as the custodian of such records, and any employer, school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, or related personnel (both individually and collectively) from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I further authorize the acceptance of a copy of this original to be used as authorization to release any and all information in lieu of the original which remains on file with the investigating agency. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name: \_\_\_\_\_  
(Signature)

Full Name: \_\_\_\_\_  
(Typed or Printed Name)

Social Security number: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

# MUSCOGEE COUNTY SHERIFF'S OFFICE



## APPLICANT'S BACKGROUND INVESTIGATION BOOKLET

## READ ALL INSTRUCTIONS ON THIS PAGE BEFORE PROCEEDING

It is the applicant's responsibility to assure all information given in this booklet and the employment application is accurate and complete. Failure to follow instructions could cause your name to be removed from further consideration. **Incomplete/incorrect information will delay or disqualify you from the hiring process.** Your ability to follow these instructions will be evaluated during the application process. These instructions also apply to information in the employment application.

1. Applicants are encouraged to submit their application IN PERSON.
2. The answers in this booklet must be printed LEGIBLY in BLACK INK by the APPLICANT.
3. All supporting documents must be CLEAR and LEGIBLE.
4. COMPLETE and ACCURATE addresses (numerical/street & apt. # etc) and phone numbers must be given in all requested areas Incomplete and inaccurate addresses will delay your application process.
5. All yes / no questions must be answered with either a "Yes" or "No" response. "N/A" stands for "not applicable" do not use "N/A" when "NO" or "NONE" is the correct response. Do not leave any blanks. Answer all questions accurately, truthfully, and in complete detail. Additional pages are available in the back of this booklet.
6. ALL WAIVERS / FORMS located in the back of this booklet must be complete upon submission. The MILITARY AFFIRIATION form must be completed only if you have NEVER served in the military.
7. After the submission of your application and background booklet, any change of address or phone number should be relayed to the Personnel Office promptly, however, we request that you do not contact the Personnel Office just to find out your status. **Due to the volume of applicants we process and the amount of work it entails, it will only slow down the background process for applicants to call to find out their status.** Keep in mind that the application process is quite lengthy.
8. If, at any time during the application process, you are issued a traffic citation, have criminal / civil charges brought against you, or are part of a criminal investigation, you should contact the Personnel Office immediately.

IT IS NECESSARY THAT ALL INFORMMATION BE COMPLETE, TRUTHFUL, AND ACCURATE. (GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL, CHAPTER 464-4.12: "THE COUNCIL SHALL DENY CERTIFICATION TO ANY APPLICANT SUPPLYING FALSE INFORMATION...OR THE USE OF FRAUD IN SECURING EMPLOYMENT."

DISCOVERY OF DELIBERATE OMISSIONS, INTENTIONAL MISREPRESENTATIONS, OR ANY FALSIFIED INFORMATION WILL BE BASIS FOR THE TERMINATION OF THE APPLICATION PROCESS OR EMPLOYMENT AND COULD RESULT IN CRIMINAL PROSECUTION UNDER GEORGIA LAW SECTION 16-10-20. ON THE OTHER HAND, ANY NEGATIVE FACTORS PROVIDED WILL BE EVALUATED.

IT IS IMPERATIVE THAT ANY CONVICTION BE LISTED (TO INCLUDE A FINDING OR A VERDICT OF GUILTY, PLEA OF GUILTY, OR A PLEA OF NOLO CONTENDERE IN A CRIMINAL PROCEEDING), REGARDLESS OF WHETHER THE JUDGEMENT OF GUILT OR SENTENCE IS WITHHELD OR NOT ENTERED THEREON. THIS INCLUDES FIRST OFFENDERS (GEORGIA STATE LAW 35-8-7.1). ALL INFORMATION WILL BE SUBJECT TO VERIFICATION THROUGH CVSA AND ADMINISTRATIVE INVESTIGATION.

I UNDERSTAND THE INSTRUCTIONS LISTED ABOVE. I ALSO UNDERSTAND THAT IF I DO NOT WISH TO ANSWER A QUESTION IN THIS BOOKLET OR ON MY APPLICATION, I MAY CHOOSE NOT TO DO SO AND MY APPLICATION WILL BE TERMINATED.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

MUSCOGEE COUNTY SHERIFF'S OFFICE

**PERSONAL DATA**

*(Please Print)*

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

Give any other names you have used. List reasons. \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(Month/Day/Year)

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

NATURAL BORN CITIZEN  OR NATURALIZED  \_\_\_\_\_  
(Certificate #) (Country)

LOCATION OF BIRTH (Natural Born): \_\_\_\_\_  
(City) (State) (County)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

HOME PHONE #: \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

WITH WHOM DO YOU RESIDE? \_\_\_\_\_

LIST ALL ORGANIZATIONS, CLUBS, AND ASSOCIATIONS WITH WHICH YOU ARE OR HAVE BEEN A MEMBER OF OR AFFILIATED WITH. \_\_\_\_\_

WHAT ARE YOUR HOBBIES, SPECIAL SKILLS AND ABILITIES? \_\_\_\_\_

MARITAL STATUS: Single  Married  Separated  Divorced

**If married, complete the following information concerning your spouse:**

NAME OF SPOUSE: \_\_\_\_\_  
(First) (Middle) (Maiden-if applicable) (Last)

DATE OF BIRTH \_\_\_\_\_ DATE MARRIED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**If divorced, give the name(s) of former spouses:**

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



## EMPLOYMENT HISTORY

(Past and present employers should be listed in Application for Appointment)

1. Have you previously applied for employment with the Columbus Consolidated Government?  
YES  NO  If yes, list the date(s) of application and the position applied for.
  
2. Have you ever worked for the Columbus Consolidated Government? YES  NO  If yes,  
list date(s) of employment and position: \_\_\_\_\_
  
3. Do you object to wearing a uniform? YES  NO  Shift Work? YES  NO  If yes, list  
reason(s) why: \_\_\_\_\_
  
4. Do you have any experience with shift work? YES  NO
  
5. Have you ever been engaged in any business as an owner, partner ,or corporate member?  
YES  NO  If yes, please explain: \_\_\_\_\_
  
6. Have you ever worked for any member of your family? YES  NO  If yes, explain:  
\_\_\_\_\_
  
7. Have you had any arguments concerning job duties / working conditions? YES  NO  If  
yes, explain: \_\_\_\_\_
  
8. Has a supervisor ever reprimanded you for being late for or absent from work?  
YES  NO  If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
  
9. Has a supervisor ever reprimanded or suspended you for misconduct or poor job  
performance? YES  NO  If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
10. If prior Law Enforcement, have you ever been the subject of an Internal Affairs  
Investigation? YES  NO  If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
11. List the number of times you have been asked to resign or terminated from a job in the last  
ten (10) years: \_\_\_\_\_
  
12. List the number of times you have resigned after being informed that your employer  
intended to terminate your job assignment or take disciplinary action against you in the last  
ten (10) years: \_\_\_\_\_
  
13. List the number of times you have left a job assignment without giving notice in the last ten  
(10) years: \_\_\_\_\_

**FINANCIAL INFORMATION**

LIST INFORMATION CONCERNING ALL CURRENT LIABILITIES. (Include mortgage loans, auto loans, personal loans, credit cards, etc.)

Company Name _____	Balance _____
Company Name _____	Balance _____
Company Name _____	Balance _____
Company Name _____	Balance _____
Company Name _____	Balance _____
Company Name _____	Balance _____
Company Name _____	Balance _____

**GIVE DATES ON THE FOLLOWING INFORMATION**

1. Do you have any bills that are overdue? YES  NO  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Have you ever had anything repossessed? YES  NO  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Have you ever been declared bankrupt? YES  NO  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Have you ever had any wage garnishments? YES  NO  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Have you ever been involved in a lawsuit of any nature (Criminal, Civil, Traffic, or Divorce)? YES  NO  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY INFORMATION**

1. Have you ever attempted to join any branch of the armed forces and were refused?  
YES  NO  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
2. Have you ever served active duty in any branch of the armed forces? YES  NO  if yes, what branch? \_\_\_\_\_
  
3. List date and location of entrance into active duty. \_\_\_\_\_
  
4. List date and location of discharge from active duty. \_\_\_\_\_
  
5. List the type of discharge (Honorable, Dishonorable, General, Entry Level Separation, etc.)and be exact. \_\_\_\_\_
  
6. What was your highest rank and position held? \_\_\_\_\_
  
7. List all medals and decorations awarded to you as a member of the armed forces.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Have you ever been an active or inactive member of any branch of the United States Reserve Forces? YES  NO  If yes, what branch? \_\_\_\_\_  
Date(s) of enlistment: \_\_\_\_\_ Rank Held: \_\_\_\_\_  
Were you active or inactive: \_\_\_\_\_ if active, list location: \_\_\_\_\_
  
9. Have you ever been a member of the National Guard? YES  NO  If yes, what State: \_\_\_\_\_ Date(s) of enlistment: \_\_\_\_\_ Rank Held: \_\_\_\_\_  
Location: \_\_\_\_\_ Type of discharge: \_\_\_\_\_
  
10. Have you ever been court-martialed, tried on charges, or the subject of an Article 15, company punishment, or any other disciplinary action while a member of any of the armed forces (including active duty, Reserves or National Guard)? YES  NO  If yes, please explain. \_\_\_\_\_
  
11. Have you ever been involved in any illegal or illicit activities while off duty during your military service? YES  NO  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ILLEGAL DRUGS**

IN THE SPACE PROVIDED BELOW, INDICATE WHEN YOU FIRST TRIED THE DRUGS LISTED, WHEN YOU LAST USED THEM, AND THE APPROXIMATE NUMBER OF TIMES YOU USED THEM. IF YOU HAVE NOT USED A PARTICULAR DRUG, WRITE "NEVER" IN THE FIRST COLUMN.

**APPROXIMATE**

	<b><u>Date First Used</u></b>	<b><u>Date Last Used</u></b>	<b><u>Number Times Used</u></b>
Marijuana	_____	_____	_____
Hashish	_____	_____	_____
Angel Dust	_____	_____	_____
Cocaine	_____	_____	_____
Crack Cocaine	_____	_____	_____
Crank	_____	_____	_____
Crystal Methadone	_____	_____	_____
Ecstasy	_____	_____	_____
Heroin	_____	_____	_____
Ice	_____	_____	_____
LSD	_____	_____	_____
Magic Mushrooms /PCP	_____	_____	_____
Mescaline/Cactus	_____	_____	_____
Morphine	_____	_____	_____
Opium	_____	_____	_____
Psilocybin	_____	_____	_____
Quaaludes	_____	_____	_____
Speed (Specify Type)	_____	_____	_____
Steroids	_____	_____	_____
STP	_____	_____	_____
THC	_____	_____	_____
Prescription Drugs not prescribed to you	_____	_____	_____
Any other Illegal Drugs	_____	_____	_____

Have you ever used marijuana or any other illegal drugs during working hours (This includes lunch and coffee breaks) over the last ten (10) years? YES  NO  If yes, give a brief explanation below to include date(s) of occurrence and approximate number of time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ILLEGAL DRUGS (Continued)**

Have you ever sold or given marijuana or any other drugs to friends or anyone with or without profit to yourself? YES  NO  If yes, give a brief explanation below to include date(s) of occurrence, the approximate number of times, the type(s) of drug(s) involved, and the approximate total dollar amount sold with estimated profit gained.

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**CRIMINAL ACTIVITY**

It is important that you answer each of the following questions truthfully. You will be granted the opportunity to explain or give an account of questionable situations if needed.

1. Check any of the following offenses you have committed whether it was undetected or you were caught and arrested.

- |                       |                          |                         |                          |
|-----------------------|--------------------------|-------------------------|--------------------------|
| Arson                 | <input type="checkbox"/> | Kidnapping              | <input type="checkbox"/> |
| Assault               | <input type="checkbox"/> | Murder                  | <input type="checkbox"/> |
| Breaking and Entering | <input type="checkbox"/> | Passing Bad Checks      | <input type="checkbox"/> |
| Credit Card Fraud     | <input type="checkbox"/> | Possession of Marijuana | <input type="checkbox"/> |
| Cruelty to Animals    | <input type="checkbox"/> | Possession of Narcotics | <input type="checkbox"/> |
| Domestic Violence     | <input type="checkbox"/> | Robbery                 | <input type="checkbox"/> |
| Drug Sales            | <input type="checkbox"/> | Shoplifting             | <input type="checkbox"/> |
| DWI / DUI             | <input type="checkbox"/> | Stealing                | <input type="checkbox"/> |
| Forgery               | <input type="checkbox"/> | Theft from an Employer  | <input type="checkbox"/> |
| Grand Theft Auto      | <input type="checkbox"/> | Vandalism               | <input type="checkbox"/> |

Other \_\_\_\_\_

Any Sex Crimes (Including Rape, Child Molestation, Incest, Aggravated Sodomy, Peeping Tom, Etc.)

**Give a brief explanation in the space provided in the back of this booklet (including your age at the time of the incident and the date) on any of the above you checked.**

2. Estimate the amount of merchandise or cash money you may have taken from all employers combined during the last ten (10) years. Write ANONE@ if not applicable. (DO NOT leave blank)  
\$\_\_\_\_\_. Briefly explain below if merchandise and/or cash were taken (more space is in the back of this booklet if needed): \_\_\_\_\_

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

3. Have you ever been fingerprinted? YES  NO  If yes, give details below:

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

4. Are you being paid / urged by any person(s) or organization to work for this Department?

YES  NO  If yes, please explain: \_\_\_\_\_

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

**CRIMINAL ACTIVITY (Continued)**

5. Have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is Totalitarian, Fascist, Racist, Communist, Subversive or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United State by unconstitutional means? YES  NO  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Have you ever intentionally perjured yourself in a Court of Law? YES  NO  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

7. Have you ever been arrested, had to post bond, or been detained by any police, sheriff, military police, or other county, state, or federal agency? YES  NO  If yes, give details below:

Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Felony  Misdemeanor  Police Agency: \_\_\_\_\_  
City / State: \_\_\_\_\_ Disposition: \_\_\_\_\_

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Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Felony  Misdemeanor  Police Agency: \_\_\_\_\_  
City / State: \_\_\_\_\_ Disposition: \_\_\_\_\_

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Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Felony  Misdemeanor  Police Agency: \_\_\_\_\_  
City / State: \_\_\_\_\_ Disposition: \_\_\_\_\_

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Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Felony  Misdemeanor  Police Agency: \_\_\_\_\_  
City / State: \_\_\_\_\_ Disposition: \_\_\_\_\_

8. Have you ever been placed on probation or parole? YES  NO  If yes, give details (include date and how long): \_\_\_\_\_

\_\_\_\_\_

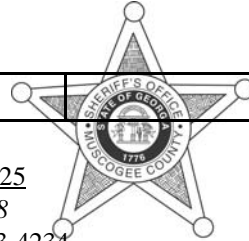
9. Are you presently under any subpoenas or civil actions? YES  NO  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_





\_\_\_\_\_



**Office of The SHERIFF**

POST OFFICE BOX 1338 • COLUMBUS, GEORGIA 31902-1338

Phone (706) 653-4225

Jail (706) 653-4258

FAX (706) 653-4234

**Sheriff John T. Darr  
Chief Deputy John L. Fitzpatrick, Jr.**

**RELEASE OF CLAIM**

I, the undersigned applicant for employment, do hereby certify that I have read and understand the requirements for employment in the Muscogee County Sheriff=s Office. I do further understand that my taking the physical fitness and agility test for such employment will be a free and voluntary act on my part, in consideration of the Columbus Consolidated Government and the Muscogee County Sheriff=s Office considering me for employment.

I do hereby waive and renounce any and all claims, losses, damages, actions, and causes of action against the Sheriff of Muscogee County, the Muscogee County Sheriff=s Office, their agents, servants, and employees for any injury or injuries which I might sustain in the taking of said test or in any manner growing out of or resulting therefrom and I hereby forever release and discharge the Sheriff of Muscogee County, the Muscogee County Sheriff=s Office, the Consolidated Government of Columbus, their agents, servants, and employees from any and all such claims, losses, damages, actions, and cause of action.

Applicant=s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND DULY SWORN BEFORE ME BY THE ABOVE PERSON ON THE \_\_\_\_\_  
DAY OF \_\_\_\_\_, YEAR \_\_\_\_\_ IN THE COUNTY \_\_\_\_\_  
AND THE STATE OF \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

COMMISSION EXPIRES \_\_\_\_\_

**FOR APPLICANTS THAT HAVE NEVER BEEN IN THE MILITARY**

**MILITARY AFFIRMATION**

I, \_\_\_\_\_, do hereby swear or affirm that I have never enlisted nor served in any of the military forces of the United States or in any foreign military service. I further swear or affirm that I have never served in any branch of the United States Reserve Forces or in any State National Guard.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND DULY SWORN BEFORE ME BY THE ABOVE PERSON ON THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, YEAR \_\_\_\_\_ IN THE  
COUNTY \_\_\_\_\_ AND THE STATE OF \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

COMMISSION EXPIRES \_\_\_\_\_





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