****

**Towns County Sheriff’s Office**

**APPLICATION**

|  |  |
| --- | --- |
| **APPLICANT NAME** |  |

|  |  |
| --- | --- |
| **DATE** |  |

|  |  |
| --- | --- |
| **POSITION** | **[ ] DEPUTY SHERIFF (PAID FULL-TIME)****[ ] DETENTION OFFICER (PAID FULL-TIME)****[ ] ADMINISTRATIVE (PAID FULL-TIME)** |

**APPLICANT INTRODUCTORY INFORMATION**

Thank you for taking an interest in the Towns County Sheriff’s Office. All applicants for any position within the Sheriff’s Office are required to successfully complete an intensive background investigation. This booklet contains numerous release forms, questions, and documents that need to be signed and properly completed so that your background investigation can be initiated. Before completing the applicant booklet, please carefully read the deputy sheriff job description to ensure that you are both qualified and committed to the requirements of the job. After reading the job description, complete the self-screening questionnaire.

The employment process is a very time-consuming process and requires many hours of background investigation. Any applicant who fails to complete the required forms and supply proper documents will be removed from the process. Therefore, in order to give every applicant, the best opportunity for employment, the background investigation will not begin on an applicant until all forms and documents are returned to the Towns County Sheriff’s Office.

It is very much appreciated that you have taken an interest in employment with the Towns County Sheriff’s Office. The selection process is slow due to the extensive number of hours that must be devoted to each applicant. **DO NOT CONTACT THE SHERIFF’S OFFICE TO OBTAIN AN UPDATE ON YOUR SELECTION STATUS.** The sheriff’s office will contact you when appropriate.

If you have moved, or your contact information has changed, please mail the information to:

Towns County Sheriff’s Office

4070 State Hwy. 339

Young Harris, GA 30582

**Respectfully,**

 **Ken Henderson**

 **Sheriff**

 **Towns County Sheriff’s Office**

DEPUTY SHERIFF’S JOB DESCRIPTION

NATURE OF WORK

This is routine law enforcement work through the enforcement of laws and ordinances. Work involves routine patrol work in an assigned area, answering emergency calls, preliminary investigations, and other related work. An officer of higher rank reviews work assignments and gives specific instructions and assistance when special problems arise or backup is needed. Work requires independent judgment and discretion in difficult or unusual situations. Work involves an element of personal danger.

EXAMPLES OF WORK

* Conducting preventive patrol including making person and property inquiries and inspections focused on preventing crimes and accidents, maintaining the public order, and discovering hazards.
* Responding to and handling calls for service.
* Conducting preliminary and/or full investigations of crimes, offenses, incidents and conditions.
* Directing traffic and enforcing state criminal statutes and local ordinances.
* Providing emergency services.
* Promptly preparing thorough, complete and accurate reports of all occurrences and incidents.
* Performs related work as required.

PREFERRED KNOWLEDGE, SKILLS, ABILITIES:

* Some knowledge of general law enforcement work and procedures.
* Some knowledge of the geography of the Towns County.
* Some knowledge of the laws of the State of Georgia.
* Some knowledge of the ordinances of the Towns County.
* Skill in communicating with a variety of people.
* Skill in operating a motor vehicle.
* Skill in operating and maintaining a firearm.
* Ability to gather information and interpret pertinent facts.
* Ability to remain calm in stressful situations.
* Ability to exercise good judgment in different types of situations.
* Ability to write and speak effectively.
* Ability to understand and carry out oral or written instructions.
* Ability to write clear and comprehensive reports.
* Good general intelligence and emotional stability as well as excellent moral character.
* Ability to use sufficient physical force to apprehend violators.
* Ability to run short distances rapidly.
* Ability to exercise visual and motor coordination to drive safely at high speeds.
* Ability to work outside in extreme weather conditions.
* Ability to see and hear acutely under both day and night conditions.
* Ability to meet physical, mental or other standards by regulation.

PREFERRED EDUCATION AND EXPERIENCE

* Standard high school diploma or its equivalent.
* Valid Georgia driver's license and Georgia Basic Law Enforcement Certificate.

##### **TOWNS COUNTY SHERIFF’S OFFICE**

This Application Processing Booklet (APB) is not an offer of employment nor is it a contract for employment. The completion of this APB questionnaire, or any other instrument, does not stand as an agreement or promise to hire any applicant, and any statement to the contrary, by any employee, is void.

**IMPORTANT**

TRUTHFUL and COMPLETE responses to this questionnaire are a necessity.

Discovery of intentional omissions, or incorrect answers, will be a basis for termination of the application process or employment, and could result in criminal prosecution under O.C.G.A.16-10-20.

All of the information within the APB will be subject to an extensive background investigation.

I understand that if I do not wish to answer a question in this booklet, my application process will be terminated.

Exclusive of the aforementioned statement, all information which is recorded in this application will be used only in relation to determining the suitability and qualification of the applicant for employment only.

**REQUIREMENTS FOR COMPLETION OF THIS BOOKLET**

* HANDWRITTEN – NOT TYPED
* HANDWRITING MUST BE PRINTED (NOT CURSIVE)

**INSTRUCTIONS**

Fill out this questionnaire completely and accurately. Incomplete questionnaires will not be processed. All statements in your questionnaire are subject to verification. Incorrect statements will disqualify or remove you from possible employment consideration. If the space provided is not adequate, add another page and identify the additional information by item number, name, and date. Forms that require notarization must be notarized prior to the submission of the APB. Failure for any applicant to follow directions will result in the applicant being removed from the selection process.

I HAVE READ ALL OF THE INFORMATION AND INSTRUCTIONS AND/OR DIRECTIONS:

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

 APPLICANT – PRINT NAME APPLICANT SIGNATURE DATE

### SELF-SCREENING QUESTIONNAIRE

1. [ ] YES [ ] NO

2. [ ] YES [ ] NO

3. [ ] YES [ ] NO

4. [ ] YES [ ] NO

5. [ ] YES [ ] NO

6. [ ] YES [ ] NO

7. [ ] YES [ ] NO

8. [ ] YES [ ] NO

9. [ ] YES [ ] NO

10. [ ] YES [ ] NO

11. [ ] YES [ ] NO

12. [ ] YES [ ] NO

13. [ ] YES [ ] NO

14. [ ] YES [ ] NO

15. [ ] YES [ ] NO

16. [ ] YES [ ] NO

1. Are you willing to work an irregular shift schedule during your **training period**? This may include one week working from 6 a.m. to 6:00 p.m., with Monday and Tuesday off, and the next week you might be working Morning Watch from 6:00 p.m. until 6:00 a.m.
2. Are you willing to work weekends and holidays?
3. Are you willing to work any of the below listed two shifts:

Day Watch (6:00 a.m. to 6:00 p.m.) / Night Watch (6:00 p.m. until 6:00 a.m.)

1. Are you willing to accept last minute changes in your work schedule, which might require you to cancel personal plans?
2. Are you willing to be subjected to abusive and profane language during personal contacts and deal with it unemotionally?
3. Are you willing to take and follow directions, from a supervisor, in front of your peers?
4. Due to the work environment and calls for service, are you willing to occasionally give up breaks and lunch periods?
5. Are you willing to work in an environment that might be too cool or too hot for your personal comfort?
6. Are you willing to operate a motor vehicle for long periods of time?
7. Are you willing to read and study several hundred pages of manuals, complete compensated homework assignments, fill in study guides, and take written tests during your training period?
8. Are you willing to be closely supervised and routinely questioned about why you took certain courses of action, or made certain decisions, without taking it personally?
9. This job requires a great deal of multi-tasking. Are you capable of simultaneously digesting what you have heard and responding immediately while performing other tasks?
10. Are you willing to deal with angry or upset persons while remaining calm and in control?
11. Are you willing to deal with a crisis call where a child might have been killed, an officer injured, or persons assaulted, and set your personal feelings aside and continue to deal with angry citizens or an irate citizen complaining about a barking dog?
12. The Towns County Sheriff’s Ofice has a smoke-free workplace environment that prohibits any type of tobacco use inside city buildings, vehicles, and in public view. Are you able to work under these restrictions and comply with these regulations?
13. Are you willing to work under constant electronic surveillance that records your activities, your patrol unit location, speed, and all computer-generated activity?

APPLICANT SELECTION PROCESS

Step 1. Completion of the Employment Application
Applicants must meet minimum employment requirements before moving on to the next phase in the selection process.

Step 2. Physical Testing Assessment / Applicant Processing Booklet
This test consists of a ¼ mile run, push-ups and sit-ups. You must pass all phases of this test according to set requirements for your age group.

Step 3. National Criminal Justice Officer Selection Inventory Exam

After completing the Physical Agilities assessment, applicants will be administered the National Criminal Justice Officer Selection Inventory Exam. Applicants must successfully pass the exam with a score of 70% to continue in the selection process. At this stage, applicant will complete and submit the Applicant Processing Booklet. This is a general background questionnaire.

Step 4. Examination for Police Academy
This is an academy entrance exam. It is required by the Georgia Peace Officers Standards and Training Council (Ga. P.O.S.T.) before acceptance into a police academy. If you are already a certified law enforcement officer in the State of Georgia, you will not be required to take this examination.

Step 5. Panel Review Board
This interview will be conducted at the Towns County Sheriff’s Office (4070 State Hwy. 339 Young Harris, GA 30582). You will be required to respond to a series of questions before a panel of deputies within the Sheriff’s Office.

Step 6. Voice Stress Analysis
All applicants that enter this phase will be given a voice stress analysis test. It is considered part of the background investigation phase. Voice stress examinations will be administered by a certified voice stress analysis technicican.

Step 7. Background Investigation / Verification of Information
A complete background will be conducted on all applicants who have successfully passed the first four phases. This investigation will consist of an interview with neighbors, employers, and references. This phase will also verify all information provided in the background booklet and will authenticate all documents provided.

Step 8. Physical/ Drug Screen
A complete physical and drug screen test will be conducted by a designated physician or drug screen facility of the Towns County Sheriff's Office choosing.

Step 9. Psychological
The psychological test will be administered by Psychological Professionals. The results will be closely scrutinized prior to final appointment of any and all applicants.

REQUIRED DOCUMENTS FOR SUBMISSION

## Copy of your birth certificate.

1. **Copy of high school diploma or GED.**
2. **Copy of any college degrees, certificates, or diplomas.**
3. **Copy of DD 214 form if you were active military service.**
4. **Court Disposition Documents and police reports of any major court cases that you were personally involved (bankruptcy, law suits, etc.)**
5. **Copy of any certificates of training you have received in the past that would be applicable to your current application.**
6. **Transcripts from all applicable colleges and universities. Transcripts must be received from the college and/or university in a sealed envelope.**
7. **All forms inside the background book must be fully completed, signed, and notarized. (The Sheriff’s Office will notarize forms as needed.)**

**ALL OF THE ABOVE DOCUMENTS MUST BE TURNED IN AT THE TIME THE APPLICATION IS SUBMITTED.**

**FAILURE TO INCLUDE ALL OF THE DOCUMENTS LISTED ABOVE WILL HINDER YOU FROM THE APPLICANTION PROCESS.**

CRIMINAL HISTORY /

DRIVER HISTORY CONSENT FORM

I hereby authorize the Towns County Sheriff’s Office to receive any criminal history / driver history record information pertaining to me that may be in the criminal justice files of the State of Georgia, or any other local, state, or federal criminal justice agency.

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| --- | --- |
| **CRIMINAL AND DRIVER HISTORY INFORMATION**  | **THIS INFORMATION MUST APPEAR ON THE CONSENT FORM AND MUST BE COMPLETED.** |
| **LAST NAME** |  **SUFFIX:**  |
| **FIRST NAME** |  |
| **MIDDLE NAME** |  |
| **OTHER LEGAL NAMES****(4TH NAME)** |  |
| **OTHER NAMES USED****(Marriage names, Maiden names, aliases, nicknames)**  |  |
| **DATE OF BIRTH** |  |
| **DRIVER LICENSE NUMBER** |  **STATE(S) OF ISSUE:** |
| **SOCIAL SECURITY NUMBER** |  |
| **RACE** |  |
| **SEX** |  |

**(X) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature DATE**

**TOWNS COUNTY SHERIFF’S OFFICE**

**PERSONAL INQUIRY WAIVER**

 Antony J. Lucas

 *Chief of Police*

**To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I respectfully request and authorize you to furnish the Towns County, Georgia Sheriff’s Office or their agents, any and all information that you may have concerning me, my work record, school record, my reputation, my financial status, my credit status, and any pre-employment or screening information. Please include any and all medical, physical and mental records or reports, investigative and background reports (written or verbal) or documents including all information of a confidential and privileged nature, and photocopies, if required. This information is to be used to assist the Towns County Sheriff’s Office in determining my qualifications and fitness for the position I am seeking with the Towns County Sheriff’s Office.**

**I hereby release you, your organization or others from liability or damage which may result from furnishing the information requested above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Name Printed**

**(X) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature DATE**

**AFFIDAVIT OF ACKNOWLEDGMENT**

**State of Georgia**

**County of Towns**

**KNOW ALL MEN BY THOSE PRESENTS that on the day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

 **, personally appeared before the undersigned authority and upon being duly sworn, did acknowledge that he had voluntarily executed the above instrument for the purposes therein expressed.**

**(X)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature**

**Sworn and subscribed before me this the day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** 20\_\_\_\_\_.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary Public Commission Expires**

**TOWNS COUNTY SHERIFF’S OFFICE**

**APPLICANT QUESTIONS**

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| --- | --- |
| **APPLICANT NAME INFORMATION** |  |
| **LAST NAME** |  **SUFFIX:** |
| **FIRST NAME** |  |
| **MIDDLE NAME** |  |
| **MIDDLE NAME** |  |
| **OTHER NAMES USED****(Marriage names, Maiden names, aliases, nicknames)**  |  |

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| **APPLICANT ADDRESS** |  |
| **ADDRESS** |  |
| **CITY** |  |
| **STATE** |  |
| **ZIP CODE** |  |

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| **APPLICANT CONTACT INFORMATION** |  |
| **HOME PHONE NUMBER** |  |
| **WORK PHONE NUMBER** |  |
| **CELL PHONE NUMBER** |  |
| **OTHER PHONE NUMBER** |  |
| **E-MAIL ADDRESS** |  |

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| **APPLICANT GENERAL INFORMATION** |  |
| **DATE OF BIRTH** |  |
| **SOCIAL SECURITY NUMBER** |  |
| **LOCATION OF BIRTH** |  **CITY: STATE:**  |

|  |  |
| --- | --- |
| **EDUCATION**  | **LIST THE SCHOOL WHERE YOU OBTAINED YOUR DIPLOMA/DEGREE.** **LIST ALL SCHOOLS ATTENDED (HIGH SCHOOL, UNIVERSITIES, AND COLLEGES)****SCHOOL NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE ARE REQUIRED.** |
| **TYPE OF DIPLOMA /DEGREE** | **[ ] GED** **[ ] HIGH SCHOOL DIPLOMA** **[ ] ASSOCIATES DEGREE** **[ ] BACHELORS DEGREE** **[ ] MASTERS DEGREE** |
| **HIGH SCHOOL****(LIST ALL)** |  |
| **COLLEGE OR UNIVERSITY****(LIST ALL)** |  |
| **IF YOU POSSESS A COLLEGE DEGREE, WHAT IS YOUR MAJOR?** |  |
| **IF YOU POSSESS A COLLEGE DEGREE, DID YOU HAVE A MINOR?****IF SO, WHAT IS YOUR MINOR?** |  |

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|  **SKILLS AND CERTIFICATIONS** | **LIST ANY CERTIFICATIONS, SKILLS, EXPERTISE, OR KNOWLEDGE THAT MAY BE OF BENEFIT TO THE TOWNS COUNTY SHERIFF’S OFFICE.****LIST ONLY THOSE THAT APPLY TO PUBLIC SAFETY SERVICE** |
| **ARE YOU FLUENT IN ANY OTHER LANGUAGE OTHER THAN ENGLISH?**  | **[ ] NO****[ ] YES - IF YES, WHAT LANGUAGE(S)?**  |
| **ARE YOU CERTIFIED IN AMERICAN SIGN LANGUAGE?** | **[ ] NO****[ ] YES** |
| **ARE YOU CURRENTLY A GEORGIA POST CERTIFIED OFFICER?**  | **[ ] NO****[ ] YES****[ ] HOW MANY YEARS OF LAW ENFORCEMENT EXPERIENCE DO YOU POSSESS? CIRCLE ONE:****1 2 3 4 5 6 7+**  |
| **SKILL OR CERTIFICATION**  |  **INSTITUTION:** **COURSE HOURS:** |
| **SKILL OR CERTIFICATION**  |  **INSTITUTION:** **COURSE HOURS:** |
| **SKILL OR CERTIFICATION**  |  **INSTITUTION:** **COURSE HOURS:** |
| **SKILL OR CERTIFICATION**  |  **INSTITUTION:** **COURSE HOURS:** |
| **SKILL OR CERTIFICATION**  |  **INSTITUTION:** **COURSE HOURS:** |
| **SKILL OR CERTIFICATION**  |  **INSTITUTION:** **COURSE HOURS:** |

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| **GENERAL QUESTIONS** | **ANSWER ALL QUESTIONS. RESPONSES WILL BE VERFIED DURING THE BACKGROUND INVESTIGATION.**  |
| **WHAT IS YOUR PRESENT OCCUPATION?** |  |
| **HAVE YOU EVER BEEN TERMINATED?****IF YES, LIST ALL LOCATIONS AND THE REASON(S) YOU WERE TERMINATED.** | **[ ] NO. I HAVE NEVER BEEN TERMINATED FROM ANY JOB.****[ ] YES. I HAVE BEEN TERMINATED FROM A PREVIOUS JOB. EXPLAIN:** |
| **ARE YOU SEEKING PERMANENT EMPLOYMENT WITH THIS SHERIFF’S OFFICE/DETENTION CENTER?** | **[ ] YES [ ] NO [ ] UNSURE** |
| **HOW DID YOU FIND OUT ABOUT THIS POSITION?**  | **SPECIFY:** |
| **HAVE YOU EVER APPLIED FOR ANY POSITION WITH THE TOWNS COUNTY SHERIFF’S OFFICE/DETENTION CENTER?** | **[ ] NO. I HAVE NEVER APPLIED WITH THE TOWNS COUNTYSHERIFF’S OFFICE/DETENTION CENTER.****[ ] YES. I HAVE APPLIED WITH THE TOWNS COUNTY BEFORE.****IF YES, WHAT POSITION DID YOU APPLY?****HOW LONG AGO DID YOU APPLY?****WHAT WAS THE OUTCOME OF YOUR APPLICATION?** |
| **IF YOU ARE CURRENTLY EMPLOYED, WHY ARE YOU CONSIDERING LEAVING YOUR CURRENT JOB?**  |  |
| **IF YOU ARE CURRENTLY UNEMPLOYED, WHY DID YOU LEAVE YOUR LAST JOB?** |  |
| **HAVE YOU EVER BEEN ASKED TO RESIGN FROM ANY JOB?** | **[ ] NO****[ ] YES****IF YES, EXPLAIN:** |
| **HAVE YOU EVER BEEN SUSPENDED FROM WORK?** | **[ ] NO****[ ] YES****IF YES, EXPLAIN:** |
| **HAVE YOU EVER RECEIVED ANY WRITTEN REPRIMAND(S) WHILE EMPLOYED AT ANY JOB?**  | **[ ] NO****[ ] YES****IF YES, EXPLAIN:** |
| **HAVE YOU EVER RECEIVED ANY WRITTEN OR VERBAL WARNINGS WHILE EMPLOYED AT ANY JOB?**  | **[ ] NO****[ ] YES****IF YES, EXPLAIN:** |
| **HAVE YOU EVER HAD ANY TYPE OF DISCIPLINARY ACTION OTHER THAN WHAT IS LISTED ABOVE?** | **[ ] NO****[ ] YES****IF YES, EXPLAIN:** |
| **HAVE YOU EVER HAD ANY PROBLEMS WITH ANY OF YOUR PREVIOUS EMPLOYERS?** | **[ ] NO****[ ] YES****IF YES, EXPLAIN:** |
| **DO YOU RESIDE WITHIN 40 MILES OF THE TOWNS COUNTY SHERIFF’S OFFICE?** | **[ ] YES****[ ] NO****IF NO, HOW FAR AWAY IS YOUR RESIDENCE FROM THE SHERIFF’S OFFICE?** |
| **ARE YOUR WAGES CURRENTLY BEING GARNISHED?** | **[ ] NO****[ ] YES****IF YES, EXPLAIN:** |
| **HAVE YOUR WAGES EVER BEEN GARNISHED?** | **[ ] NO****[ ] YES****IF YES, EXPLAIN:** |
| **HAVE YOU EVER BEEN PLACED ON PROBATION OR PAROLE?**  | **[ ] NO****[ ] YES****IF YES, EXPLAIN:** |
| **HAVE YOU EVER ACCEPTED ANY GRATUITIES AT ANY PLACE OF EMPLOYMENT?** | **[ ] NO****[ ] YES****IF YES, EXPLAIN:** |
| **HAVE YOU EVER HAD EXPERIENCE WITH SHIFT WORK?** | **[ ] NO****[ ] YES****IF YES, EXPLAIN:** |
| **DO YOU OBEJCT TO WORKING SHIFT WORK, NIGHTS, HOLIDAYS, OR WEEKENDS?**  | **[ ] NO****[ ] YES****IF YES, EXPLAIN:** |

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| **EMPLOYMENT HISTORY** | **LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS.****START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.** |
| **1** |  | **COMPANY NAME** |  **PHONE #:**  |
| **START DATE** |  | **ADDRESS****CITY, STATE, ZIP** |  |
| **LAST DATE TO WORK** |  | **REASON FOR LEAVING** |  |
| **SPECIFIC JOB TITLE AND DUTIES** |  |

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| **EMPLOYMENT HISTORY** | **LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS.****START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.** |
| **2** |  | **COMPANY NAME** |  **PHONE #:** |
| **START DATE** |  | **ADDRESS****CITY, STATE, ZIP** |  |
| **LAST DATE TO WORK** |  | **REASON FOR LEAVING** |  |
| **SPECIFIC JOB TITLE AND DUTIES** |  |

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| **EMPLOYMENT HISTORY** | **LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS.****START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.** |
| **3** |  | **COMPANY NAME** |  **PHONE #:** |
| **START DATE** |  | **ADDRESS****CITY, STATE, ZIP** |  |
| **LAST DATE TO WORK** |  | **REASON FOR LEAVING** |  |
| **SPECIFIC JOB TITLE AND DUTIES** |  |

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| **EMPLOYMENT HISTORY** | **LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS.****START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.** |
| **4** |  | **COMPANY NAME** |  **PHONE #:** |
| **START DATE** |  | **ADDRESS****CITY, STATE, ZIP** |  |
| **LAST DATE TO WORK** |  | **REASON FOR LEAVING** |  |
| **SPECIFIC JOB TITLE AND DUTIES** |  |

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| **EMPLOYMENT HISTORY** | **LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS.****START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.** |
| **5** |  | **COMPANY NAME** |  **PHONE #:** |
| **START DATE** |  | **ADDRESS****CITY, STATE, ZIP** |  |
| **LAST DATE TO WORK** |  | **REASON FOR LEAVING** |  |
| **SPECIFIC JOB TITLE AND DUTIES** |  |

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| **EMPLOYMENT HISTORY** | **LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS.****START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.** |
| **6** |  | **COMPANY NAME** |  **PHONE #:** |
| **START DATE** |  | **ADDRESS****CITY, STATE, ZIP** |  |
| **LAST DATE TO WORK** |  | **REASON FOR LEAVING** |  |
| **SPECIFIC JOB TITLE AND DUTIES** |  |

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| **MILITARY SERVICE** |  |
| **HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION?** | **[ ] NO - IF NO, SKIP THIS PAGE****[ ] YES****IF YES, WHAT BRANCH OF SERVICE:** |
| **WHAT IS THE TYPE OF DISCHARGE THAT YOU RECEIVED?** |  |
| **ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE NATIONAL GUARD?** | **[ ] NO** **[ ] YES****IF YES, PROVIDE THE FOLLOWING:****STATE: RANK:** **REGIMENT/UNIT:** **TYPE OF DISCHARGE:**  |
| **WERE YOU EVER COURTMARSHALLED OR DISCIPLINED WHILE IN THE MILITARY?** | **[ ] NO** **[ ] YES****IF YES, EXPLAIN:**  |

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| **ILLEGAL/CONTROLLED SUBSTANCES**  |  |
| **HAVE YOU EVER USED OR POSSESSED MARIJUANA OR ANY OTHER DRUG, NARCOTIC, ILLEGAL SUBSTANCE OR CONTROLLED SUBSTANCE?** | **[ ] NO** **[ ] YES****IF YES, PROVIDE DETAILS:**  |
| **HAVE YOU EVER SOLD OR POSSESSED MARIJUANA OR ANY OTHER DRUG, NARCOTIC, ILLEGAL SUBSTANCE OR CONTROLLED SUBSTANCE?** | **[ ] NO** **[ ] YES****IF YES, PROVIDE DETAILS:**  |
| **ARE YOU CURRENTLY USING ANY ILLEGAL DRUGS OR CONTROLLED SUBSTANCE?** | **[ ] NO** **[ ] YES****IF YES, PROVIDE DETAILS:**  |
| **HAVE YOU EVER BEEN ARRESTED FOR POSSESSION OF MARIJUANA OR ANY OTHER ILLEGAL SUBSTANCE OR CONTROLLED SUBSTNACE?** | **[ ] NO** **[ ] YES****IF YES, EXPLAIN:**  |

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| **ARRESTS AND DETENTIONS** | **LIST ANY AND ALL INCIDENTS WHERE YOU HAVE BEEN DETAINED, ARRESTED, OR CHARGED BY ANY LAW ENFORCEMENT AGENCY** |
| **1** |  | **LAW ENFORCEMENT AGENCY** |  |
| **DATE** |  | **CHARGE** |  |
| **ARREST** | **[ ] YES [ ] NO**  | **DISPOSITION** |  |
| **WHY WERE YOU ARRESTED OR DETAINED?** |  |

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| **ARRESTS AND DETENTIONS** | **LIST ANY AND ALL INCIDENTS WHERE YOU HAVE BEEN DETAINED, ARRESTED, OR CHARGED BY ANY LAW ENFORCEMENT AGENCY** |
| **2** |  | **LAW ENFORCEMENT AGENCY** |  |
| **DATE** |  | **CHARGE** |  |
| **ARREST** | **[ ] YES [ ] NO**  | **DISPOSITION** |  |
| **WHY WERE YOU ARRESTED OR DETAINED?** |  |

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| **ARRESTS AND DETENTIONS** | **LIST ANY AND ALL INCIDENTS WHERE YOU HAVE BEEN DETAINED, ARRESTED, OR CHARGED BY ANY LAW ENFORCEMENT AGENCY** |
| **3** |  | **LAW ENFORCEMENT AGENCY** |  |
| **DATE** |  | **CHARGE** |  |
| **ARREST** | **[ ] YES [ ] NO**  | **DISPOSITION** |  |
| **WHY WERE YOU ARRESTED OR DETAINED?** |  |

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| --- | --- |
| **ARRESTS AND DETENTIONS** | **LIST ANY AND ALL INCIDENTS WHERE YOU HAVE BEEN DETAINED, ARRESTED, OR CHARGED BY ANY LAW ENFORCEMENT AGENCY** |
| **4** |  | **LAW ENFORCEMENT AGENCY** |  |
| **DATE** |  | **CHARGE** |  |
| **ARREST** | **[ ] YES [ ] NO**  | **DISPOSITION** |  |
| **WHY WERE YOU ARRESTED OR DETAINED?** |  |

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| DRIVING HISTORY AND RECORD |  |
| **DO YOU HAVE A CURRENT GEORGIA DRIVER’S LICENSE?** | **[ ] NO** **[ ] YES****IF YES, PROVIDE YOUR DRIVER’S LICENSE NUMBER:**  |
| **DO YOU HAVE A CURRENT DRIVER’S LICENSE WITH ANY OTHER STATE?** | **[ ] NO** **[ ] YES****IF YES, PROVIDE ANY AND ALL DRIVER’S LICENSE NUMBERS ALONG WITH THE STATE OF ISSUE:**  |
| **HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED?** | **[ ] NO** **[ ] YES****IF YES, PROVIDE DETAILS:**  |
| **HAVE YOU EVER ATTEMPTED TO OBTAIN A DRIVER’S LICENSE IN ANY NAME OTHER THAN YOUR OWN?** | **[ ] NO** **[ ] YES****IF YES, PROVIDE DETAILS:**  |
| **HAS ANY STATE EVER REFUSED TO ISSUE YOU A DRIVER’S LICENSE?** | **[ ] NO** **[ ] YES****IF YES, PROVIDE DETAILS:**  |
| **HAVE YOU EVER BEEN IN AN ACCIDENT AND LEFT THE SCENE BEFORE THE ARRIVAL OF LAW ENFORCEMENT?** | **[ ] NO** **[ ] YES****IF YES, PROVIDE DETAILS:**  |
| **ARE THERE ANY RESTRICTIONS ON YOUR CURRENT DRIVER’S LICENSE?** | **[ ] NO** **[ ] YES****IF YES, PROVIDE DETAILS:**  |

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| **TRAFFIC CITATIONS** | **LIST ANY AND ALL INCIDENTS WHERE YOU WERE ISSUED A TRAFFIC CITATION** |
| **1** |  | **LAW ENFORCEMENT AGENCY****INCLUDE STATE** |  |
| **DATE** |  | **CHARGE** |  |
| **ACCIDENT** | **[ ] YES [ ] NO**  | **DISPOSITION** |  |

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| **TRAFFIC CITATIONS** | **LIST ANY AND ALL INCIDENTS WHERE YOU WERE ISSUED A TRAFFIC CITATION** |
| **2** |  | **LAW ENFORCEMENT AGENCY****INCLUDE STATE** |  |
| **DATE** |  | **CHARGE** |  |
| **ACCIDENT** | **[ ] YES [ ] NO**  | **DISPOSITION** |  |

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| **TRAFFIC CITATIONS** | **LIST ANY AND ALL INCIDENTS WHERE YOU WERE ISSUED A TRAFFIC CITATION** |
| **3** |  | **LAW ENFORCEMENT AGENCY****INCLUDE STATE** |  |
| **DATE** |  | **CHARGE** |  |
| **ACCIDENT** | **[ ] YES [ ] NO**  | **DISPOSITION** |  |

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| **TRAFFIC CITATIONS** | **LIST ANY AND ALL INCIDENTS WHERE YOU WERE ISSUED A TRAFFIC CITATION** |
| **4** |  | **LAW ENFORCEMENT AGENCY****INCLUDE STATE** |  |
| **DATE** |  | **CHARGE** |  |
| **ACCIDENT** | **[ ] YES [ ] NO**  | **DISPOSITION** |  |

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| **TRAFFIC CITATIONS** | **LIST ANY AND ALL INCIDENTS WHERE YOU WERE ISSUED A TRAFFIC CITATION** |
| **5** |  | **LAW ENFORCEMENT AGENCY****INCLUDE STATE** |  |
| **DATE** |  | **CHARGE** |  |
| **ACCIDENT** | **[ ] YES [ ] NO**  | **DISPOSITION** |  |

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| **TRAFFIC CITATIONS** | **LIST ANY AND ALL INCIDENTS WHERE YOU WERE ISSUED A TRAFFIC CITATION** |
| **6** |  | **LAW ENFORCEMENT AGENCY****INCLUDE STATE** |  |
| **DATE** |  | **CHARGE** |  |
| **ACCIDENT** | **[ ] YES [ ] NO**  | **DISPOSITION** |  |

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| --- | --- |
| **ACCIDENTS** | **LIST ANY AND ALL ACCIDENTS THAT YOU HAVE BEEN INVOLVED IN** |
| **1** |  | **LAW ENFORCEMENT AGENCY** |  |
| **DATE** |  | **WHO WAS AT FAULT?** |  |
| **LAW ENFORCEMENT NOTIFIED?** | **[ ] YES [ ] NO**  | **WERE THERE INJURIES?** |  |
| **CAUSE OF ACCIDENT** |  |

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| **ACCIDENTS** | **LIST ANY AND ALL ACCIDENTS THAT YOU HAVE BEEN INVOLVED IN** |
| **2** |  | **LAW ENFORCEMENT AGENCY** |  |
| **DATE** |  | **WHO WAS AT FAULT?** |  |
| **LAW ENFORCEMENT NOTIFIED?** | **[ ] YES [ ] NO**  | **WERE THERE INJURIES?** |  |
| **CAUSE OF ACCIDENT** |  |

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| **ACCIDENTS** | **LIST ANY AND ALL ACCIDENTS THAT YOU HAVE BEEN INVOLVED IN** |
| **3** |  | **LAW ENFORCEMENT AGENCY** |  |
| **DATE** |  | **WHO WAS AT FAULT?** |  |
| **LAW ENFORCEMENT NOTIFIED?** | **[ ] YES [ ] NO**  | **WERE THERE INJURIES?** |  |
| **CAUSE OF ACCIDENT** |  |

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| **REFERENCES** | **PROVIDE THE NAMES OF EIGHT PEOPLE THAT ARE NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.** |
| **1** |  | **REFERENCE NAME** |  |
| **HOW MANY YEARS KNOWN?** |  | **ADDRESS****CITY, STATE, ZIP** |  |
|  |  | **PHONE NUMBER(S)** |  |
| **HOW DO YOU KNOW THIS PERSON?** |  |

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| **REFERENCES** | **PROVIDE THE NAMES OF EIGHT PEOPLE THAT ARE NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.** |
| **2** |  | **REFERENCE NAME** |  |
| **HOW MANY YEARS KNOWN?** |  | **ADDRESS****CITY, STATE, ZIP** |  |
|  |  | **PHONE NUMBER(S)** |  |
| **HOW DO YOU KNOW THIS PERSON?** |  |

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| **REFERENCES** | **PROVIDE THE NAMES OF EIGHT PEOPLE THAT ARE NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.** |
| **3** |  | **REFERENCE NAME** |  |
| **HOW MANY YEARS KNOWN?** |  | **ADDRESS****CITY, STATE, ZIP** |  |
|  |  | **PHONE NUMBER(S)** |  |
| **HOW DO YOU KNOW THIS PERSON?** |  |

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| **WORK RELATED REFERENCES** | **PROVIDE THE NAMES OF EIGHT PEOPLE THAT ARE NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.** |
| **1** |  | **REFERENCE NAME** |  |
| **HOW MANY YEARS KNOWN?** |  | **ADDRESS****CITY, STATE, ZIP** |  |
|  |  | **PHONE NUMBER(S)** |  |
| **IN WHAT CAPACITY DID YOU WORK WITH THIS PERSON?** |  |

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| **REFERENCES** | **PROVIDE THE NAMES OF EIGHT PEOPLE THAT ARE NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.** |
| **2** |  | **REFERENCE NAME** |  |
| **HOW MANY YEARS KNOWN?** |  | **ADDRESS****CITY, STATE, ZIP** |  |
|  |  | **PHONE NUMBER(S)** |  |
| **IN WHAT CAPACITY DID YOU WORK WITH THIS PERSON?** |  |

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| **REFERENCES** | **PROVIDE THE NAMES OF EIGHT PEOPLE THAT ARE NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.** |
| **3** |  | **REFERENCE NAME** |  |
| **HOW MANY YEARS KNOWN?** |  | **ADDRESS****CITY, STATE, ZIP** |  |
|  |  | **PHONE NUMBER(S)** |  |
| **IN WHAT CAPACITY DID YOU WORK WITH THIS PERSON?** |  |



**TOWNS COUNTY SHERIFF’S OFFICE**

**ACKNOWLEDGEMENT OF DISCRETIONARY EMPLOYMENT**

By seeking appointment or re-appointment as a Deputy Sheriff, Detention Officer or Civilian Employee of the Towns County Sheriff’s Office. I acknowledge the following to be true:

* The State of Georgia is an “at will” state and as such, a Deputy Sheriff, Detention Officer or Civilian Employee of the Sheriff in the State of Georgia works at the sole discretion of the Sheriff of the county.
* By seeking appointment or re-appointment as a Deputy Sheriff, Detention Officer or Civilian Employee of the Sheriff, I may be dismissed from the duties at any time without notice.
* Appointment or re-appointment as a Deputy Sheriff, Detention Officer or Civilian Employee does not guarantee me any position with the Towns County Sheriff’s Office.
* Appointment or re-appointment as a Deputy Sheriff, Detention Officer or Civilian Employee does not guarantee me any position with the Towns County Sheriff’s Office.
* Appointment or re-appointment as a Deputy Sheriff, Detention Officer or Civilian Employee gives me not claim, promise, guarantee, right or expectation of any position, title, job, compensation or employment and I may be relived of these duties at any time by the Sheriff or his designee without notice and without explanation or cause.

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

*Deputy, Detention Officer or Civilian Employee’s printed name*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Deputy, Detention Officer or Civilian Employee’s printed name*

Signed and sworn to (or affirmed) before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_

Signature of seal of Notary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires:



**APPLICANT’S STATEMENT/CONSENT WAIVER**

I certify that I have read and understand all questions and instructions in this application, and that my answers are true and complete. I understand that this application is not an offer of or a contract for employment.

I understand that any untrue statement in this application may result in my dismissal at any time during my employment with the Towns County Sheriff’s Office. I understand that any intentional false statement will result in my disqualification of my application and/or prosecution for the offence of False Swearing (GA Code Section 16-10-71) punishable by a maximum fine $1000 plus imprisonment for not less than one, or more than five years or both. I further understand than any erroneous answer given by me during any part of the application process, whether intentional or not, will constitute a basis for my elimination from consideration for the employment I now seek. I understand that if I do not wish to answer a question in the process, I may choose not to do so, and application will be terminated.

I hereby authorize the Towns County Sheriff’s Office to receive any Criminal/Drivers’s History Record information pertaining to me which may be in the files of any State or Local Jurisdiction. I also respectfully request and authorize all information that there may be concerning my employment record, my educational record and my reputation be released to the Towns County Sheriff’s Office. I request that all records pertaining to my military service, including undeleted DD214 forms be released to the Towns County Sheriff’s Office. You may include all information of a confidential or privileged nature and any copies or facsimile of the same if required.

This information will be used to aid the Towns County Sheriff’s Office in deciding my qualification and fitness for the position I am seeking within this agency. I hereby release you, your organization and/or others from liability, which may result from furnishing the information I have requested above. A copy of this release form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature.

I understand resumes; letters of reference, etc., submitted with the application become the property of the Towns County Sheriff’s Office and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

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

Applicant’s Signature Date

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

Applicant’s Printed Name

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

Applicant's Social Security Number Applicant’s Date of Birth

Signed and sworn to (or affirmed) before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_

Signature of seal of Notary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires:

Utilize the space below to provide additional information that may be useful to the Sheriff’s Office in the selection process. You may also use this space to provide explanations for questions that appear in this booklet.

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**YOU HAVE COMPLETED THE APPLICANTION.**

**VERIFY THAT YOU HAVE COMPLETED ALL SECTIONS AND ANSWERED ALL QUESTIONS IN THE APPLICATION. OMISSIONS, ERRORS, OR FALSE INFORMATION WILL RESULT IN YOUR IMMEDIATE REMOVAL FROM THE SELECTION PROCESS. FAILURE TO DISCLOSE ANY INFORMATION WILL RESULT IN REMOVAL FROM THE SELECTION PROCESS. RETURN THIS APPLICATION BACK TO THE TOWNS COUNTY SHERIFF’S OFFICE IN A SEALED ENVELOPE DIRECTED TO THE ATTENTION OF:**

**Towns County Sheriff’s Office**

**Human Resources/Applications**

**DO NOT CALL TO OBTAIN YOUR STATUS IN THE SELECTION PROCESS. THE SHERIFF’S OFFICE WILL NOTIFY YOU WHEN APPROPRIATE.**

****

**TOWNS COUNTY SHERIFF’S OFFICE**

**EMPLOYEE AND EMERGENCY CONTACT INFORMATION**

PERSONAL IMFORMATION

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Last First M.I.*

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

 *Street Address*

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

 *City State Zip Code*

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_ Spouses Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spouses cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If emergency contact is different from spouse please indicate below.

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Last First M.I.*

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Additional Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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