



# Murray County Sheriff's Office

## Application for Employment

The Murray County Sheriff's Office is an equal opportunity employer, dedicated to the policy of non-discrimination in employment on any basis including race, color, age, sex, religion, or national origin.

**(This application must be completed in your own handwriting)**

### I. Personal Information

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

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other names used: \_\_\_\_\_  
(Maiden, Legal Name Change, Aliases, Nicknames)

Address: \_\_\_\_\_  
(Street Address) (Apartment #)

\_\_\_\_\_  
(City) (State) (Zip Code)  
(List prior address if above is less than five years)

Prior Address: \_\_\_\_\_  
(Street Address) (Apartment #)

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

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

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
( City and State) ( State and Number )

List any other states in which you have previously been issued a driver license: \_\_\_\_\_

**II. Education**

High School Diploma: \_\_\_\_\_ GED or Equivalent: \_\_\_\_\_

High School or Issuer of  
GED/Equivalent: \_\_\_\_\_

(City, State) \_\_\_\_\_ Year Graduated: \_\_\_\_\_

List any languages you are fluent in: \_\_\_\_\_

College or University: \_\_\_\_\_

(City, State): \_\_\_\_\_

Year(s) Attended or Graduated: \_\_\_\_\_ Degree Received: \_\_\_\_\_

Specialized Schools or Training:

\_\_\_\_\_  
(Name of School) (City) (State)

\_\_\_\_\_  
(Area of Study) (Year)

**III. References**

List three persons not related to you whom you have known for at least three years.

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

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

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

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

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

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

**IV. Employment History.**

**Current Employer**

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Hire Date \_\_\_\_\_

**Previous Employers**

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Hire Date \_\_\_\_\_  
End date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Hire Date \_\_\_\_\_  
End date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Hire Date \_\_\_\_\_  
End date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, are you authorized to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

**V. Position Wanted**

( Check all that you are applying for )

Deputy \_\_\_\_\_ Jailer \_\_\_\_\_ Clerical \_\_\_\_\_

Are you currently certified as a Peace Officer in Georgia? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to work any shift? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any physical conditions which may limit your ability to perform the job applied for?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you related to any employee of the Murray County Sheriff's Department? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list employee \_\_\_\_\_

Have you applied here before Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, When? \_\_\_\_\_

Have you applied with any other Law Enforcement Agencies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Where? \_\_\_\_\_

**VI. Military Record**

Have you ever served in the United States Military? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_

Type of Separation/Discharge \_\_\_\_\_

Are you a member of the National Guard or Reserve? Yes \_\_\_\_\_ No \_\_\_\_\_

**VII. Court Record**

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list below

(Year)	(Charge)	(Police Agency)	(City / State)	(Court)	(Disposition)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

1. Did you answer truthfully all the questions on your application? \_\_\_\_\_
2. Did you omit any information from the application that you feel might disqualify you from consideration for this position? \_\_\_\_\_
3. Have you ever used an alias? \_\_\_\_\_
4. Have you ever been terminated from employment? \_\_\_\_\_
5. For what reason? \_\_\_\_\_
6. Have you ever quit a job in lieu of being terminated? \_\_\_\_\_
7. Have you ever been asked to resign from a job? \_\_\_\_\_
8. Are there any former employers who wouldn't give you a favorable recommendation? \_\_\_\_\_
9. Have you ever stolen anything from an employer? \_\_\_\_\_
10. Do you drink alcohol? \_\_\_\_\_
11. Describe your drinking habit \_\_\_\_\_
12. Have you ever drunk more than you do now? \_\_\_\_\_
13. Have you ever called in sick to work because of a hangover? \_\_\_\_\_
14. Have you ever gone to work with a hangover? \_\_\_\_\_
15. Have you ever worked under the influence of alcohol or drugs? \_\_\_\_\_
16. When was the last time you were under the influence of either alcohol or drug? \_\_\_\_\_
17. When was the last time you drove a vehicle while under the influence of alcohol or drugs?  
\_\_\_\_\_

18. Have you ever used Marijuana? \_\_\_\_\_ How many times? \_\_\_\_\_

19. When was the last time? \_\_\_\_\_

20. Have you ever purchased, distributed, or manufactured any illegal drugs? \_\_\_\_\_

21. Have you ever used any illegal drugs, other than marijuana? \_\_\_\_\_

22. If yes, list \_\_\_\_\_

23. When was the last time you were with someone who used any illegal drugs? \_\_\_\_\_

24. How many friends or family members of yours are involved in illegal drug activity? \_\_\_\_\_

25. What is the largest amount of money you have won or lost at one time gambling? \_\_\_\_\_

26. Do you owe any gambling debts? \_\_\_\_\_

27. Have you ever joined or attempted to join the military? \_\_\_\_\_

28. Did you receive an honorable separation? \_\_\_\_\_

29. While in the military did you ever receive a court martial or any other disciplinary action?

\_\_\_\_\_ If yes, Explain: \_\_\_\_\_

30. Were you ever the subject of any military investigation? \_\_\_\_\_

31. How many traffic citations have you received? \_\_\_\_\_

32. How many vehicle accidents have you been involved in, as the driver? \_\_\_\_\_

33. Has your auto insurance ever been cancelled? \_\_\_\_\_

34. Has your driver's license ever been suspended or revoked? \_\_\_\_\_

35. Do you have good credit? \_\_\_\_\_

36. Have you ever filed bankruptcy? \_\_\_\_\_

37. Are there any outstanding citations or warrants for you? \_\_\_\_\_

38. Have you ever been the subject of any criminal investigation? \_\_\_\_\_

39. If yes, Explain: \_\_\_\_\_

40. What is the most serious crime you have ever been involved in? \_\_\_\_\_

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

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Date**



**JIMMY DAVENPORT, SHERIFF  
MURRAY COUNTY SHERIFF'S OFFICE  
810 1/2 G.I. MADDOX PARWAY  
CHATSWORTH GA 30705  
PH. (706) 695-4592  
MURRAY COUNTY SHERIFF'S OFFICE  
CONSENT FORM**

I hereby authorize any representative of the Murray County Sheriff's Office.

Bearing this release, or copy thereof, within one year of its date, to obtain all records pertaining to my employment, military, credit, or educational records to include but not limited to personal history, disciplinary records, medical records, and credit records.

I also give my consent for a criminal history record check, and driver's history records check.

The undersigned agrees and consents to submit to a drug testing and a polygraph examination as part of the undersigned's pre-employment application. The undersigned authorizes the release of all information obtained during the exam and testing procedure to the Sheriff of Murray County or his representative.

I hereby release you, as custodian of such records, from any liability for damages of whatever kind, because the compliance with this authorization and request to release information, or any attempt to comply with it.

I am furnishing my Social Security number on a voluntary basis with the understanding such is not required by State or Federal statute or regulation. I understand the Murray County Sheriff's Office will utilize this number only facilitate the location of such records listed above in connection with this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Witness