

**APPLICATION FOR EMPLOYMENT
MACON COUNTY SHERIFF'S OFFICE**

Please Print or Type

Date_____

Identifying Information

1. Name _____
Last First Middle
2. Position Applied For _____
Full time _____
Part time _____
3. Date you are available for employment _____
4. Address _____
Street City State Zip Code
Email (required) _____
5. Telephone Number _____
6. Date of Birth _____
7. Social Security Number _____
8. Drivers License Number _____
State
9. May we contact you at work? _____
Phone number
10. Have you ever been bonded? _____
11. Are you a U.S. Citizen? _____
12. If not, what is your legal resident permit # _____

U.S. Military Record:

13. What Branch _____

- 14. Are you a member of the Active Reserves? _____
- 15. Date entered military service _____
- 16. Date Discharged _____
- 17. Type of Discharge _____
- 18. Describe all military occupations: _____

- 19. List your highest rank achieved _____
- 20. List your final rank _____ -

Personal Background Information

- 21. Please list any other name you have used _____
- 22. Has your driver's license ever been suspended or revoked? _____
- 23. Please explain the suspension or revocation _____

- 24. List ALL traffic violations for which been fined, placed on court supervision/probation, or imprisoned:

- 25. If you have ever been convicted of a crime list each offense and the sentence:

- 26. Have you ever been arrested but not convicted for a crime other than traffic? If Yes, explain.

Credit History

27. Have you ever been refused credit? _____

28. If yes, indicate names, dated, placed and reasons:

29. Please list below your current creditors who you do NOT pay off each month:

Name of Creditor	Address	Amount indebted
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education Information

30. High School _____
Name of School Years Attended Did you graduate?

31. College _____
College Years attended Degree Awarded

Major(s) Field of Study for Degree Awarded

Graduate or professional school Degree

32. If you are not a high school graduate, do you have a GED? _____

33. Do you have any other training such as attendance at a police academy, specialty job certifications, or employment advanced training, if so please describe:

34. Please explain any law enforcement related activity, education, research, or volunteer work you have done to prepare you for employment (you need not repeat anything described elsewhere in this application):

35. Please list all community service or volunteer work you have performed in the last 24 months:

Organization	Activity	Average hours per month
_____	_____	_____
_____	_____	_____
_____	_____	_____

36. Have you received any charitable, community service, or employment awards or commendations in the last 24 months? If so please describe:

37. What is your typing speed in words per minute: _____

38. Are you proficient in the use of the following computer programs?

Word/WordPerfect: _____

Excel: _____

PowerPoint: _____

References

39. List at least **3** personal references other than relatives or significant others. Please list people you know well because we will contact them.

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment History

40. Beginning with your most recent employer list ALL places of your employment as an adult.

Employer & Address	Duties	Dates Employed	Pay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

41. If presently employed, may we contact your employer? _____

42. Have you received a disciplinary suspension or been discharged from any position(s) within the last 4 years? _____

If yes, explain _____

43. Have you been absent from work in the past 12 months? If so please explain why.

44. Have you been tardy to work in the past 12 months? If so please explain why.

45. Are you currently in lay off status and subject to recall? _____

46. What means of transportation do you use to get to work? _____

47. Have you applied or worked for this organization in the past? _____

If yes, explain _____

Year

Position

Reason for leaving if employed

48. Are there any hours of the day you cannot work? _____

49. Do you have any relatives employed by this organization? If so, who:

I REPRESENT THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE OR FALSE INFORMATION FURNISHED BY ME MAY VOID THIS APPLICATION OR SUBJECT ME TO DISCHARGE AT ANY TIME AFTER EMPLOYMENT.

Signature

Date

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any authorized representative of the County of Macon bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment, credit, educational records and criminal records including, but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records; medical records (associated to the ability to perform within a specific job assignment) and credit records. I hereby direct you to release such information upon request to the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the County of Macon. I hereby release you, as custodian of such records and any school, college, university, or other bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively; from any and all liability for damages of whatever kind, which may at anytime 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 this release. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Print)

Date: _____

Address: _____

Telephone: _____

Witness: _____
Representative of the County of Macon