



McIntosh County Sheriff's Office

Thornell "T.K." King, Sheriff

12317 Georgia Highway 251
Darien, Georgia 31305
Phone: (912) 437-6623 (Jail)
(912) 437-5870 (Admin)
Fax: (912) 437-7721 (Jail)
(912) 437-2358 (Admin)

APPLICATION FOR EMPLOYMENT

DATE APPLICATION SUBMITTED: _____

PERSONAL IDENTIFICATION:

FULL NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

PHONE : _____ SECONDARY: _____

HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

EMAIL ADDRESS: _____

ARE YOU A UNITED STATES CITIZEN? ☐ YES ☐ NO

HAVE YOU APPLIED FOR A JOB AT A LAW ENFORCEMENT AGENCY BEFORE? ☐ YES ☐ NO

IF SO, WHEN AND WHERE? _____

MARITAL DEPENDENT STATUS:

ARE YOU: ☐ MARRIED ☐ SINGLE ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED

SPOUSE / DEPENDENT NAME: _____

SPOUSE / DEPENDENT PHONE #: _____



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APPLICATION FOR EMPLOYMENT

FULL NAME: _____
LAST FIRST MIDDLE

POSITION APPLIED FOR:

☐ CORRECTIONS OFFICER ☐ DEPUTY SHERIFF

NOTICE:

You are hereby informed that 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. The purpose of the truth verification examination is to verify the truth of the answers to the questions contained in this application.

Application must be filled out in totality to even be considered to interview/hire.

Employment drug screening will be required as part of the employment process.
Upon completing this application, the following documents **must** be attached:

- COPY OF BIRTH CERTIFICATE OR PROOF OF CITIZENSHIP
- HIGH SCHOOL DIPLOMA OR G.E.D.
- SOCIAL SECURITY CARD
- VALID GEORGIA DRIVER'S LICENSE
- PREVIOUS MILITARY SERVICE, MUST BRING FORM DD-214

MILITARY SERVICE:

HAVE YOU SERVED IN THE MILITARY? ☐ YES ☐ NO

IF YES, WHAT BRANCH? _____

DATE OF SEPARATION: _____ TYPE OF DISCHARGE: _____

ARE YOU IN THE U.S. MILITARY RESERVES, NATIONAL GUARD, ETC.? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE BRANCH AND UNIT ADDRESS: _____

COPY OF YOUR DD-214 FORM MUST BE ATTACHED TO APPLICATION



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PRIMARY AND SECONDARY EDUCATION:

List high school(s), college(s), and/or trade school(s) attended, as well as dates of attendance and the highest level attained.

DATES ATTENDED	NAME OF SCHOOL	CITY AND STATE OF SCHOOL	LEVEL COMPLETED

PRIOR RESIDENCE:

Starting from your current address and proceeding backwards, list all your residences for the past five (5) years.

DATES RESIDED	STREET ADDRESS	CITY, STATE, ZIP



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EMPLOYMENT HISTORY:

Starting with your most recent place of employment, list all prior employers.

Can we contact your present employer? ☐ YES ☐ NO

BUSINESS NAME:	TELEPHONE#:
BUSINESS ADDRESS:	
STREET CITY/STATE ZIP CODE:	
EMPLOYED DATES: FROM _____ UNTIL _____	
POSITION:	WAGE/SALARY: \$
SUPERVISOR:	
REASON FOR LEAVING:	

BUSINESS NAME:	TELEPHONE#:
BUSINESS ADDRESS:	
STREET CITY/STATE ZIP CODE:	
EMPLOYED DATES: FROM _____ UNTIL _____	
POSITION:	WAGE/SALARY: \$
SUPERVISOR:	
REASON FOR LEAVING:	

BUSINESS NAME:	TELEPHONE#:
BUSINESS ADDRESS:	
STREET CITY/STATE ZIP CODE:	
EMPLOYED DATES: FROM _____ UNTIL _____	
POSITION:	WAGE/SALARY: \$
SUPERVISOR:	
REASON FOR LEAVING:	



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PERSONAL REFERENCES:

List the name and telephone number of at least three (3) business/work references that are not related to you and are not previous supervisors.

If not applicable, list at least three (3) school or personal references that are not related to you.

NAME:	TELEPHONE #:		
ADDRESS: _____			
STREET	CITY	STATE	ZIP CODE
YEARS ACQUAINTED:	OCCUPATION:		

NAME:	TELEPHONE #:		
ADDRESS: _____			
STREET	CITY	STATE	ZIP CODE
YEARS ACQUAINTED:	OCCUPATION:		

NAME:	TELEPHONE #:		
ADDRESS: _____			
STREET	CITY	STATE	ZIP CODE
YEARS ACQUAINTED:	OCCUPATION:		



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PRIOR CIVIL / CRIMINAL / ADVERSE DRIVER'S HISTORY:

Have you ever been arrested or confined for a felony or misdemeanor? ☐ YES ☐ NO

If YES, please furnish the following information:

DATE ARRESTED	LOCATION	CHARGE	DISPOSITION

Have you ever received a traffic citation? ☐ YES ☐ NO

If YES, please furnish the following information:

DATE CITED	LOCATION	CHARGE	DISPOSITION

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

SIGNATURE OF APPLICANT: _____ DATE: _____



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and disclosure of all records concerning myself to any duly authorized agent of McIntosh County Office of the Sheriff, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial/credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements and records wherever filed; medical or psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including background reports, polygraph reports and charts; 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 or body in any 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 determining my suitability for employment by the McIntosh County Office of the Sheriff. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from 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.

SIGNATURE: _____ DATE: _____

COMPLETE ADDRESS: _____

TELEPHONE#: _____ DATE OF BIRTH _____

THE AFFIDAVIT SWORN TO AND SUBSCRIBED BEFORE ME THE _____ DAY OF _____, 20____.

SIGNATURE OF NOTARY: _____

MY COMMISSION EXPIRES: _____



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NAME-BASED CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM

I hereby authorize McIntosh County Office of the Sheriff to conduct an inquiry for the purpose listed below and receive Georgia and/or national criminal history record information as authorized by state and federal law.

FULL NAME (PRINT): _____

ADDRESS: _____

SEX: _____ RACE: _____ DATE OF BIRTH: ____/____/____ SOCIAL SECURITY #: _____

THIS AUTHORIZATION IS VALID FOR **90 / 180** DAYS FROM DATE OF SIGNATURE.

I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

APPLICANT'S SIGNATURE

DATE

ATTORNEY FOR INDIVIDUAL (PUR.E AND U ONLY)

DATE

DATE OF INQUIRY: _____ TIME OF INQUIRY: _____ OPERATOR'S INITIALS: _____

PURPOSE CODE USED: (CHECK ALL APPLY)

- ☐ (E) EMPLOYMENT
☐ (J) CIVILIAN CRIMINAL JUSTICE EMPLOYMENT (STATE AND III INFO RECEIVED)
☐ (M) EMPLOYMENT WITH MENTALLY DISABLED
☐ (N) EMPLOYMENT WITH ELDER CARE
☐ (P) PUBLIC RECORDS
☐ (U) PERSONAL COPY
☐ (W) EMPLOYMENT WITH CHILDREN

THE INQUIRY RESULTED IN THE FOLLOWING: (CHECK ALL THAT APPLY)

- ☐ NO CRIMINAL RECORD AVAILABLE
☐ CRIMINAL RECORD (ATTACHED/RELEASED)
☐ NO NCIC/GCIC WARRANT
☐ POSSIBLE NCIC/GCIC WARRANT (WANTING AGENCY LISTED BELOW)

WANTING AGENCY: _____ PHONE #: _____

OPERATOR'S SIGNATURE: _____ DATE: _____

•DISCLOSURE OF CRIMINAL HISTORY CHECK•

If the contents of this record have an adverse effect on a decision to employ, license or house, then the content of this record and the effect it had upon the decision must be disclosed. Failure to provide all such information to the person in question is a misdemeanor as provided by Georgia law.



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GEORGIA DRIVER'S HISTORY CONSENT FORM

I hereby authorize the _____
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: _____