



P.O. Box 909 • 5842 Highway 41 • Ringgold, Georgia 30736 • Phone (706) 935-2424 • Fax (706) 965-9096

EMPLOYMENT APPLICATION PACKET

Thank you for your interest in applying at the Catoosa County Sheriff's Office. Applicants must be at least 18 years of age, possess a High School Diploma or its equivalent, and be of good moral character. Applications are good for two years from date of submission. Applicants are required to take and pass an entry level written examination. All educational diplomas and degrees must be recognized by the U.S. Department of Education. All applications must be completed by applicant.

In addition to a complete and legible application, the following documents must be turned in prior to testing.

- Birth Certificate
- High School Diploma or Equivalent
- College/University Degree
- Driver's License
- Social Security Card
- DD214 (prior military only)*
 - Must include Character of Service and Type/Reason for Separation.
 - If the discharge is anything other than "honorable" only, the applicant must provide a complete, written, and signed statement explaining the reason for the discharge.
- Law Enforcement or Related Certificates
- Background Consent Form**
- Applicant Polygraph Screening Booklet**
- Training Reimbursement Agreement**

Note – Please read the provided copy of O.C.G.A. 35-8-22 prior to signing the Training Reimbursement Agreement.

** These forms are provided with the application packet.

Written Exams

To obtain employment with the Catoosa County Sheriff's Office all applicants must pass a written test. The test scheduling process is shown below. Proper identification with your picture and signature, such as a driver's license, is required for admission to all examinations.

Scheduled Examinations: Written tests are offered on every first and third Wednesday of each month, unless otherwise determined. Once you have completed and submitted your Employment Application, along with all of the required documentation, you will be called to schedule your exam.

All applicants will be notified by either mail/e-mail of test results. In the event you do not pass the exam, you may re-test after six months.



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EMPLOYMENT APPLICATION

Preferred Telephone Number

E-mail Address

		-				-					
Last Name				First Name				Middle Name			
Maiden Name				Alias							
Street Address											
City						State		Zip Code		County	
Mailing Address/P.O. Box											
City						State		Zip Code		County	
Date of Birth		Social Security Number		Height		Weight		Place of Birth (City and State)			

EMPLOYMENT ELIGIBILITY:

1. Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		2. Have you ever been dismissed or asked to resign from any position? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach an explanation.		3. Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach an explanation.		4. Are you available to work any shift? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, attach an explanation.	
5. Do you have any physical conditions which may limit your ability to perform the job applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach an explanation.			6. Are you related to or associated with any employee at the Catoosa County Sheriff's Office? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If you are friends with or associated with any employee, do not list as a reference.)</i>			7. If YES, to the previous question who?	

TYPE OF WORK: If applying for Deputy Sheriff position, applicant must be a Georgia POST Certified Peace Officer and provide their PBLE Number & Okey Number.

Specific Job Title Sought (Check all that apply)		
<input type="checkbox"/> Clerical	<input type="checkbox"/> Jail Officer	<input type="checkbox"/> Deputy Sheriff

EDUCATION:

High School Graduate or Equivalent (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No	High School or Issuer of GED/Equivalent:	College Degree? <input type="checkbox"/> A.S. <input type="checkbox"/> B.S.	College or University Attended:	Area of Study:
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MILITARY RECORD:

Have you ever served in the United States Military? <input type="checkbox"/> YES <input type="checkbox"/> NO	Branch of Service	Entry Date	Exit Date
Type of Separation/Discharge	Rank at End of Enlistment	Reason for Exit?	Were you discharged prior to your enlistment obligation? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach an explanation.

COURT RECORD:

	Year	Charge	Police Agency	City/State	Court	Disposition
1.						
2.						
3.						

REFERENCES: List five persons **not related** to you whom you have known for at least three years. (Minimum of three references)

	Name	Relationship	Complete Address	Telephone Number	Years Known
1.					
2.					
3.					
4.					
5.					

RESIDENCES: List your current and prior addresses for past 20 years. If more room is needed, please use a blank piece of paper.

Street Address	City	State	Zip	Dates of Residency

LANGUAGE SKILLS: Multilingual (Specify languages) Sign Language

GEORGIA LICENSES AND CERTIFICATIONS:

Type of License/Certificate	License/Certificate Number	Expiration (Mo./Yr.)	Specialization/Endorsements
Current Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any other state in which you have previously been issued a driver's license:			
Georgia Peace Officer Standards and Training Certificate (POST)			
Other Professional License/Certificate: _____			

WORK HISTORY: Describe your work history below beginning with your current or most recent job. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. If you need more space, print out additional copies of the Work History section of this application and attach to the application. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration.

1. Current or Last Employer:		Your Job Title:		
Address		From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid	
Your Supervisor's Name and Title			Your Supervisor's Phone Number ()	
Reason for Leaving		# and types of employees you supervised:		
Describe in detail your job duties.				
<i>Related Computer Skills:</i>				

2. Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title				Your Supervisor's Phone Number ()	
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
<i>Related Computer Skills:</i>					
3. Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title				Your Supervisor's Phone Number ()	
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
<i>Related Computer Skills:</i>					
4. Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title				Your Supervisor's Phone Number ()	
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
<i>Related Computer Skills:</i>					

5. Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title				Your Supervisor's Phone Number ()	
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
<i>Related Computer Skills:</i>					
6. Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title				Your Supervisor's Phone Number ()	
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
<i>Related Computer Skills:</i>					
7. Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title				Your Supervisor's Phone Number ()	
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
<i>Related Computer Skills:</i>					

TRAINING REIMBURSEMENT AGREEMENT

I _____ acknowledge this agreement with the Catoosa County Sheriff's Office this _____ day of _____, 20__.

Once I have completed mandate or formalized training I am obligated to the Catoosa County Sheriff's office for a period of 24 months for the expense of my training, including salary paid during training.

If I am no longer employed by the Catoosa County Sheriff's Office, whether voluntary or involuntary, within 15 months after completing mandate training then the total expense of training, including salary paid during training shall be reimbursed to the Catoosa County Sheriff's Office.

If I am no longer employed by the Catoosa County Sheriff's Office, whether voluntary or involuntary, within 15 to 24 months after completing mandate training then one-half of the total expense of the training, including salary paid during training shall be reimbursed to the Catoosa County Sheriff's Office.

If I am promoted or transfer to another division of the Catoosa County Sheriff's Office which requires additional mandate or formalized training, then my 24 month training and salary obligation will start over on the first day of mandate or formalized training.

Any portion of the reimbursement sum remaining due as of the date of employee's termination shall be forgiven if employee's termination is due to total permanent physical or mental disability provided that employee's permanent physical or mental disability has been certified by a licensed Physician approved by the Department.

This agreement shall be governed by the laws of the State of Georgia. No waiver of any rights under this agreement shall operate nor be construed as a waiver of any subsequent breach of this agreement by employee. Notwithstanding any other provision of this agreement, if the Sheriff's Office receives from any subsequent employer of employee pursuant to O.C.G.A. 35-8-22 reimbursement for all expenses reimbursable to the Catoosa County Sheriff's Office under this agreement. Employee hereby acknowledges receipt of a copy of O.C.G.A. 35-8-22 from the Sheriff's Office.

If the Catoosa County Sheriff's Office is required to file any suite or action in any state or superior court to recover any sums due under this agreement it shall be entitled to recover from employee, in addition to any sum awarded by the court, both prejudgment and post-judgement interest at the maximum rates permitted under Georgia Law, plus its reasonable Attorney's fees and costs of the action.

This document contains the entire agreement between the parties relating to the subjects contained herein. Each provision of this agreement shall be considered severable and if for any reason any provision herein is determined to be unenforceable or unlawful this shall not affect the validity of any other provision of this agreement.

IN WITNESS WHEREOF, the parties have set their signatures and seals on the date indicated below:

Signature:	Date:
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Catoosa County Sheriff's Office Representative:

**TITLE 35. LAW ENFORCEMENT OFFICERS AND AGENCIES
CHAPTER 8. EMPLOYMENT AND TRAINING OF PEACE OFFICERS**

O.C.G.A. § 35-8-22 (2007)

§ 35-8-22. Reimbursement of training expenses by subsequent employer of peace officer; collection procedure; required documentation

(a) Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any county or municipality thereof employs a peace officer and said peace officer is hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. If said officer is hired by another agency during a period of 15 to 24 months after mandated or formalized training requirements are completed, then one-half of the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. The council shall set standards for reimbursement by hiring agencies based upon actual expenses incurred in mandated or formalized training by individual departments.

(b) The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment thereof and may enforce collection of such obligation through civil remedies and procedures.

(c) Effective July 1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgment of the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officer's employment with the demanding governmental unit. Otherwise, this Code section shall not apply to such demand for reimbursement.

**CATOOSA COUNTY SHERIFF'S OFFICE
BACKGROUND CONSENT FORM**

I hereby authorize any representative of the Catoosa County Sheriff's Office (C.C.S.O.) bearing this release, or copy thereof, within one year of its date, to obtain any and 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 check and driver's history records check.

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

I hereby release you, as the custodian of such records, from any liability for damages of whatever kind, because of 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 C.C.S.O. will utilize this number only to facilitate the location of such records listed above in connection with this application.

Signature

Date

Print Full Name

Witness

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the Catoosa County Sheriff's Office to receive any Georgia or III criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

Full Name:			
Address:			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90/ 180/ _____ (check one) days from date of signature.

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

Signature:

Date:

Date of inquiry:

Time of inquiry:

Operator's initials:

Purpose Code used: (check one)

<input type="checkbox"/>	Civilian Employee with a Criminal Justice Agency (J) – Provides complete <i>Georgia</i> and <i>III</i> Criminal History Record Information except juvenile or restricted records and
<input type="checkbox"/>	P.O.S.T. Certified Employee with a Criminal Justice Agency (Z) – Provides <i>Georgia</i> and <i>III</i> Criminal History Record Information including restricted records that contain completed first offender sentences for any offense

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia or III CHRI results available.
<input type="checkbox"/>	Georgia / III CHRI attached/released.

<input type="checkbox"/>	NO NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	
Agency Designee Signature and Title	Date



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Driver's History Consent Form

I hereby authorize the _____ Catoosa County Sheriff's Department

to receive a copy of my 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

State

Signature

Date

APPLICANT POLYGRAPH SCREENING BOOKLET

Applicant Name

Last

First

Middle

INSTRUCTIONS

Enter your answers to the questions on the following pages. If a question does not apply, enter N/A (not applicable).
Read each question thoroughly before answering. If you have questions, the polygraph examiner will review the booklet with you prior to the polygraph examination.

MEDICAL EXAMINATION DATA

General Physical Condition: Good Fair Poor
Hospitalized within past two years Yes NO

List any medications ever prescribed

Dates of treatment for any emotional or mental illness

Heart Problems Yes NO
Blood Pressure High Normal Low
Medication within the past 24 hours

Hours of sleep within past 24 hours

If female, are you pregnant Yes NO

POLYGRAPH QUESTIONNAIRE

1. Did you answer truthfully all of the questions on your application? YES NO

2. Did you omit any information from the application that you feel might disqualify you from consideration for this position?
 YES NO If yes, what?

3. Have you ever used an alias/nickname? YES NO If yes, what name(s) was used?

4. Have you ever been terminated from employment, for any reason? YES NO If yes, why?

5. Have you ever quit a job in lieu of being terminated? YES NO If yes, why?

6. Have you ever been asked to resign from a job? YES NO If yes, why?

7. Are there any previous employers who would not give you a favorable recommendation?
 YES NO If yes, why?

8. Have you ever stolen anything from an employer? YES NO If yes, when and what was stolen?

9. Do you drink alcohol? YES NO

10. Describe your drinking habit, including how often you drink.

11. Have you ever drunk more than you do now? YES NO

12. Have you ever called in sick because of a hangover? YES NO

13. Have you ever gone to work with a hangover? YES NO If yes, when?

14. Have you ever worked under the influence of either alcohol or drugs? YES NO If yes, when?

15. When was the last time you were under the influence of either alcohol or drugs?

16. When was the last time you drove a vehicle while under the influence of either alcohol or drugs?

17. Have you ever used Marijuana? YES NO

18. When was the last time?

19. How many times have you used Marijuana? (Example: 5)

20. Have you ever purchased, distributed, or manufactured any illegal drug?
 YES NO If yes, what?

21. Have you ever used any illegal drugs, other than Marijuana?
 YES NO If yes, what?

22. When was the last time you were with someone who was using any illegal drugs?

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

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

25. Do you owe any gambling debts? YES NO

26. Have you ever joined or attempted to join the military? YES NO

27. Did you receive an honorable separation? YES NO If no, why?

28. While in the military did you ever receive a court martial or any other form of disciplinary action?
 YES NO If yes, why?

29. Were you ever the subject of any military investigation?
 YES NO If yes, why?

30. How many traffic citations have you received?

31. How many vehicle accidents have you been involved in, as a driver?

32. Has your auto insurance ever been cancelled? YES NO If yes, why?

33. Has your driver's license ever been suspended or revoked? YES NO If yes, why?

34. Are there any outstanding citations or warrants for you? YES NO

35. Do you have good credit? YES NO

36. Have you ever filed bankruptcy? YES NO If yes, when?

37. Have you ever been arrested? YES NO
If yes, when, what were your charges and what was the disposition?

38. Have you ever been the subject of any criminal investigation? YES NO If yes, what?

39. What is the most serious crime you have ever been involved in?

Applicant Signature	Date
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