

**APPLICATION FOR EMPLOYMENT  
CAMDEN COUNTY SHERIFF'S OFFICE  
P.O. BOX 699  
WOODBINE, GA 31569**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position Applied For:	Date of Application:
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How Did You Learn About Us?		
Advertisement	Friend	Walk-In
Employment Agency	Relative	Other _____

Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before? Yes No

If yes, give date \_\_\_\_\_

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

*proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain. \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Duties: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Duties: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Duties: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Duties: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

*If you need additional space, please continue on a separate sheet of paper*

<b>List professional, trade, business, or civic activities and offices held.</b>
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You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:
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## EDUCATION

Elementary School
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Name and Address of School:

Course of Study:

Years Completed:

Diploma/Degree:

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***High School***

Name and Address of School:

Course of Study:

Years Completed:

Diploma/Degree:

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***Undergraduate College***

Name and Address of School:

Course of Study:

Years Completed:

Diploma/Degree:

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***Graduate Professional***

Name and Address of School:

Course of Study:

Years Completed:

Diploma/Degree:

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**Other (Please Specify)**

Name and Address of School:

Course of Study:

Years Completed:

Diploma/Degree:

**SPECIAL SKILLS/TRAINING**

Indicate any foreign languages you can speak, read, and/or write.		
Fluent	Good	Fair
Speak		
Read		
Write		

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.


Describe any job-related training received in the United States military.


State any additional information you feel may be helpful to us in considering your application.


Summarize special job-related skills and qualifications acquired from employment or other experience.



**REFERENCES**

Name:	Phone: (____)
Address:	
City:	State: Zip:

Name:	Phone: (____)
Address:	
City:	State: Zip:

Name:	Phone: (____)
Address:	
City:	State: Zip:

**APPLICANT'S STATEMENT**

<p>I certify that answers given herein are true and complete to the best of my knowledge.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.</p> <p style="text-align: center;"> <span style="display: inline-block; width: 50%; border-bottom: 1px solid black; margin-bottom: 5px;"></span> <span style="display: inline-block; width: 50%; border-bottom: 1px solid black; margin-bottom: 5px;"></span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 50%;">Signature of Applicant</span> <span style="display: inline-block; width: 50%;">Date</span> </p>
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W.E. Smith, Sheriff  
Camden County  
P.O. Box 699  
209 4<sup>th</sup> Street  
Woodbine, Georgia 31569-0699

**Background Request Consent Form**

***Criminal History***

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

Checked by \_\_\_\_\_

Date \_\_\_\_\_

I hereby authorize \_\_\_\_\_  
To receive any criminal history record information pertaining to me which may be in the files of  
the Georgia Crime Information Center or local criminal justice agency in the State of Georgia.

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Street/Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Sex    Race    Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

Printout of findings attached and if an adverse employment or housing decision is made,  
compliance with the disclosure provisions of OCGA 35-3-34 / 35-3-35 is required. Unauthorized  
dissemination of this record or information herein violates Georgia Law.