CANDLER COUNTY SHERIFF'S OFFICE P.O. BOX 693 • METTER, GEORGIA • 30439

QUICK-START EMPLOYMENT APPLICATION

D	ate:
Р	osition Applied For:
F	ull Name (Last, First, Middle):
S	Social Security Number:
D	ate of Birth:
Address:	
C	ty:
0	.ale:
Z	p Code:
ט	aytime Phone:
	vening Phone:
Е	nail Address:
A	re you at least 21 years of age? (Yes/No):
Α	re you a U.S. Citizen? (Yes/No):re you authorized to work in the U.S. without sponsorship? (Yes/No)
Α	Are you authorized to work in the U.S. without sponsorship? (Yes/No)
D	ate Available for Employment:
Ē	mployment Type Desired (FT/PT/Temp):
A	re you willing to work rotating shifts, nights, weekends? (Yes/No):
_	
ΓΙΟ	ON 2: EDUCATION AND EMPLOYMENT SUMMARY
Α	re you a high school graduate? (Yes/No):
lf	not, do you have a GED? (Yes/No):
Н	gh School Name & Location:
С	ollege/University Name & Location:
M	-! O
	ajor Course of Study:
y	ajor Course of Study:



SHERIFF JOHN MILES

CANDLER COUNTY SHERIFF'S OFFICE P.O. BOX 693 • METTER, GEORGIA • 30439

Most Recent Employer

•	Organization Name:		
•	Street Address:		
•	City, State, Zip:		
•	From (Mo/Yr) – To (Mo/Yr):		
•	Supervisor's Name and Phone:		
•	Job Title:		
•	Duties:		
•	Neason for Leaving.		
•	May we contact this employer? (Yes/No):		
	· · · · · · · · · · · · · · · · · · ·		
SEC	TION 3: CRIMINAL HISTORY & DRIVER'S LICENSE DISCLOSURE		
•	Have you ever been charged with or convicted of a crime (felony or		
	misdemeanor)? (Yes/No):		
•	If yes, please explain:		
•	Do you have a valid driver's license? (Yes/No):		
•	Driver's License Number:		
•	Issuing State:		
•	Issuing State: Has your license ever been suspended or revoked? (Yes/No):		
•	If yes, please explain:		
•	Are you related to anyone currently employed by CCSO? (Yes/No):		
•	If yes, name and relationship:		

BRIEF STATEMENT

Why do you want to work for the Candler County Sheriff's Office?



SHERIFF JOHN MILES

CANDLER COUNTY SHERIFF'S OFFICE P.O. BOX 693 • METTER, GEORGIA • 30439

AUTHORIZATION

I certify that the information given in this application is accurate and complete to the best of my knowledge. I understand that this application is not a contract of employment. I further understand that should employment be offered, it shall be contingent upon successful completion of a Candler County-sponsored drug test and background check conducted by the Candler County Sheriff's Office or assigned agent. I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I give the employer the right to contact and obtain information from all references, employers, and educational institutions, and to verify the accuracy of the information contained in this application.

I hereby release from liability the employer and its representative for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information. The employer does not unlawfully discriminate in employment, and no question on this application is used to limit or excuse any applicant from consideration for employment on a basis prohibited by local, state, or federal law. I understand that it is the county's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein:

Signature: _]	
Date:	