



FANNIN COUNTY SHERIFF'S OFFICE

APPLICANT PROCESSING BOOKLET

APPLICANT NAME	
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POSITION	<input type="checkbox"/> DEPUTY SHERIFF (PAID FULL-TIME) <input type="checkbox"/> DETENTION OFFICER (PAID FULL-TIME) <input type="checkbox"/> BAILIFF (CONTRACT EMPLOYEE)
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APPLICANT INTRODUCTORY INFORMATION

Thank you for taking an interest in the Fannin County Sheriff's Office. All applicants for any position within the Sheriff's Office are required to successfully complete an intensive background investigation. This booklet contains numerous release forms, questions, and documents that need to be signed and properly completed so that your background investigation can be initiated. Before completing the applicant booklet, please carefully read the police officer job description to ensure that you are both qualified and committed to the requirements of the job. After reading the job description, complete the self-screening questionnaire.

The employment process is a very time consuming process and requires many hours of background investigation. Any applicant who fails to complete the required forms and supply proper documents will be removed from the process. Therefore, in order to give every applicant the best opportunity for employment, the background investigation will not begin on an applicant until all forms and documents are returned to the Fannin County Sheriff's Office.

It is very much appreciated that you have taken an interest in employment with the Fannin County Sheriff's Office. The selection process is slow due to the extensive number of hours that must be devoted to each applicant.

**DO NOT CONTACT THE DEPARTMENT TO OBTAIN AN UPDATE
ON YOUR SELECTION STATUS.**

The department will contact you when appropriate.

If you have moved, or your contact information has changed, please mail the information to my attention at:

Fannin County Sheriff's Office
ATTN: Ms. Jessica Jackson
645 West First Street
Blue Ridge, Georgia 30513

**Respectfully,
Dane Kirby, Sheriff
Fannin County Sheriff's Office**

DEPUTY SHERIFF'S JOB DESCRIPTION

NATURE OF WORK

This is routine law enforcement work through the enforcement of laws and ordinances. Work involves routine patrol work in an assigned area, answering emergency calls, preliminary investigations, and other related work. An officer of higher rank reviews work assignments and gives specific instructions and assistance when special problems arise or backup is needed. Work requires independent judgment and discretion in difficult or unusual situations. Work involves an element of personal danger.

EXAMPLES OF WORK

- Conducting preventive patrol including making person and property inquiries and inspections focused on preventing crimes and accidents, maintaining the public order, and discovering hazards.
- Responding to and handling calls for service.
- Conducting preliminary and/or full investigations of crimes, offenses, incidents and conditions.
- Directing traffic and enforcing state criminal statutes and local ordinances.
- Providing emergency services.
- Promptly preparing thorough, complete and accurate reports of all occurrences and incidents.
- Performs related work as required.

PREFERRED KNOWLEDGE, SKILLS, ABILITIES:

- Some knowledge of general police work and procedures.
- Some knowledge of the geography of the Fannin County.
- Some knowledge of the laws of the State of Georgia.
- Some knowledge of the ordinances of the Fannin County.
- Skill in communicating with a variety of people.
- Skill in operating a motor vehicle.
- Skill in operating and maintaining a firearm.
- Ability to gather information and interpret pertinent facts.
- Ability to remain calm in stressful situations.
- Ability to exercise good judgment in different types of situations.
- Ability to write and speak effectively.
- Ability to understand and carry out oral or written instructions.
- Ability to write clear and comprehensive reports.
- Good general intelligence and emotional stability as well as excellent moral character.
- Ability to use sufficient physical force to apprehend violators.
- Ability to run short distances rapidly.
- Ability to exercise visual and motor coordination to drive safely at high speeds.
- Ability to work outside in extreme weather conditions.
- Ability to see and hear acutely under both day and night conditions.
- Ability to meet physical, mental or other standards by regulation.

PREFERRED EDUCATION AND EXPERIENCE

- Standard high school diploma or its equivalent.
- Minimum of two years of formal education at an accredited college or university preferred.
- Valid Georgia driver's license and Georgia Basic Law Enforcement Certificate.

FANNIN COUNTY SHERIFF'S OFFICE

This Application Processing Booklet (APB) is not an offer of employment nor is it a contract for employment. The completion of this APB questionnaire, or any other instrument, does not stand as an agreement or promise to hire any applicant, and any statement to the contrary, by any employee, is void.

IMPORTANT

TRUTHFUL and COMPLETE responses to this questionnaire are a necessity.

Discovery of intentional omissions, or incorrect answers, will be a basis for termination of the application process or employment, and could result in criminal prosecution under O.C.G.A.16-10-20.

All of the information within the APB will be subject to an extensive background investigation.

I understand that if I do not wish to answer a question in this booklet, my application process will be terminated.

Exclusive of the aforementioned statement, all information which is recorded in this application will be used only in relation to determining the suitability and qualification of the applicant for employment only.

REQUIREMENTS FOR COMPLETION OF THIS BOOKLET

- HANDWRITTEN – NOT TYPED
- USE ONLY BLACK INK
- HANDWRITING MUST BE PRINTED (NOT CURSIVE)

INSTRUCTIONS

Fill out this questionnaire completely and accurately. Incomplete questionnaires will not be processed. All statements in your questionnaire are subject to verification. Incorrect statements will disqualify or remove you from possible employment consideration. If the space provided is not adequate, add another page and identify the additional information by item number, name, and date. Forms that require notarization must be notarized prior to the submission of the APB. Failure for any applicant to follow directions will result in the applicant being removed from the selection process.

I HAVE READ ALL OF THE INFORMATION AND INSTRUCTIONS AND/OR DIRECTIONS:

APPLICANT – PRINT NAME

APPLICANT SIGNATURE

DATE

SELF-SCREENING QUESTIONNAIRE

- | | |
|--|--|
| 1. Are you willing to work an irregular shift schedule during your training period ? This may include one week working from 6 a.m. to 6:00 p.m., with Monday and Tuesday off, and the next week you might be working Morning Watch from 6:00 p.m. until 6:00 a.m. | 1. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Are you willing to work weekends and holidays? | 2. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Are you willing to work any of the below listed two shifts:
Day Watch (6:00 a.m. to 6:00 p.m.) / Night Watch (6:00 p.m. until 6:00 a.m.) | 3. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Are you willing to accept last minute changes in your work schedule, which might require you to cancel personal plans? | 4. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Are you willing to be subjected to abusive and profane language during personal contacts and deal with it unemotionally? | 5. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Are you willing to take and follow directions, from a supervisor, in front of your peers? | 6. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Due to the work environment and calls for service, are you willing to occasionally give up breaks and lunch periods? | 7. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. Are you willing to work in an environment that might be too cool or too hot for your personal comfort? | 8. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9. Are you willing to operate a motor vehicle for long periods of time? | 9. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10. Are you willing to read and study several hundred pages of manuals, complete compensated homework assignments, fill in study guides, and take written tests during your training period? | 10. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 11. Are you willing to be closely supervised and routinely questioned about why you took certain courses of action, or made certain decisions, without taking it personally? | 11. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 12. This job requires a great deal of multi-tasking. Are you capable of simultaneously digesting what you have heard and responding immediately while performing other tasks? | 12. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 13. Are you willing to deal with angry or upset persons while remaining calm and in control? | 13. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 14. Are you willing to deal with a crisis call where a child might have been killed, an officer injured, or persons assaulted, and set your personal feelings aside and continue to deal with angry citizens or an irate citizen complaining about a barking dog? | 14. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 15. The Fannin County has a smoke-free workplace environment that prohibits any type of tobacco use inside city buildings, vehicles, and in public view. Are you able to work under these restrictions and comply with these regulations? | 15. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 16. Are you willing to work under constant electronic surveillance that records your activities, your patrol unit location, speed, and all computer-generated activity? | 16. <input type="checkbox"/> YES <input type="checkbox"/> NO |

APPLICANT SELECTION PROCESS

Step 1. Completion of the Employment Application

Applicants must meet minimum employment requirements before moving on to the next phase in the selection process.

Step 2. Physical Testing Assessment / Applicant Processing Booklet

This test consists of a ¼ mile run, push-ups and sit-ups. You must pass all phases of this test according to set requirements for your age group.

Step 3. National Criminal Justice Officer Selection Inventory Exam

After completing the Physical Abilities assessment, applicants will be administered the National Criminal Justice Officer Selection Inventory Exam. Applicants must successfully pass the exam with a score of 70% to continue in the selection process. At this stage, applicant will complete and submit the Applicant Processing Booklet. This is a general background questionnaire.

Step 4. Examination for Police Academy

This is an academy entrance exam. It is required by the Georgia Peace Officers Standards and Training Council (Ga. P.O.S.T.) before acceptance into a police academy. If you are already a certified police officer in the State of Georgia, you will not be required to take this examination.

Step 5. Criminal and Driver's History

If your criminal / driver history meet the requirements set by the state and our department, you will move on to Phase 5. Completion of the Applicant Processing Booklet (Background Booklet).

Step 6. Panel Review Board

This interview will be conducted at the Fannin County Sheriff's Office (645 West First Street Blue Ridge, Georgia). You will be required to respond to a series of questions before a panel of deputies within the Sheriff's Office.

Step 7. Polygraph

All applicants that enter this phase will be given a polygraph. It is considered part of the background investigation phase. Polygraph examinations will be administered by the Georgia Bureau of Investigation or another certified polygraphist.

Step 8. Background Investigation / Verification of Information

A complete background will be conducted on all applicants who have successfully passed the first four phases. This investigation will consist of an interview with neighbors, employers, and references. This phase will also verify all information provided in the background booklet and will authenticate all documents provided.

Step 9. Interview with the Sheriff

This interview will be conducted at the Fannin County Sheriff's Office (645 West First Street, Blue Ridge, Georgia). A conditional job offer could be made at this time, contingent upon successful completion of phases 9, 10, and 11.

Failure to meet the minimum requirements for each of the final phases will result in the conditional job offer being withdrawn.

Step 10. Physical/ Drug Screen

A complete physical and drug screen test will be conducted by a designated physician. This medical testing will be arranged by the Department of Human Resources.

Step 11. Psychological

The psychological test will be administered by Psychological Professionals. The results will be closely scrutinized prior to final appointment of any and all applicants.

**Fannin County Sheriff's Office
Physical Abilities Test**

Age 20 – 30

	<u>Poor</u>	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>	<u>Good</u>
¼ Mile Run	2:50	2:40	2:30	2:20	2:10
Sit Ups (60 seconds)	40	45	50	55	60
Push Ups (60 seconds)	20	25	30	35	40

Age 31 – 40

	<u>Poor</u>	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>	<u>Good</u>
¼ Mile Run	3:10	3:00	2:50	2:40	2:30
Sit Ups (60 seconds)	35	40	45	50	55
Push Ups (60 seconds)	15	20	25	30	35

Age 41 & Older

	<u>Poor</u>	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>	<u>Good</u>
¼ Mile Run	3:30	3:20	3:10	3:00	2:50
Sit Ups (60 seconds)	30	35	40	45	50
Push Ups (60 seconds)	10	15	20	25	30

REQUIRED DOCUMENTS FOR SUBMISSION

1. Copy of your birth certificate.
2. Copy of high school diploma or GED.
3. Copy of any college degrees, certificates, or diplomas.
4. Copy of DD 214 form if you were active military service.
5. Court Disposition Documents and police reports of any major court cases that you were personally involved (bankruptcy, law suits, etc.)
6. Copy of any certificates of training you have received in the past that would be applicable to your current application.
7. Transcripts from all applicable colleges and universities. Transcripts must be received from the college and/or university in a sealed envelope.
8. Full credit report from all of the major three credit bureaus: Trans Union, Experian, or Equifax. A downloaded Internet version is acceptable. Just check all three boxes when given the option. (Do not pay for additional reports if they will only provide one).

9. All forms inside the background book must be fully completed, signed, and notarized. (Jessica Jackson will notarize forms as needed.)
10. Two color passport photographs. (most of the photo shops in drug or department stores will provide these photos)

ALL OF THE ABOVE DOCUMENTS MUST BE TURNED IN AT THE TIME THE BACKGROUND BOOKLET IS SUBMITTED.

FAILURE TO INCLUDE ALL OF THE DOCUMENTS LISTED ABOVE WILL ELIMINATE YOU FROM THE APPLICANT SELECTION PROCESS.

CRIMINAL HISTORY / DRIVER HISTORY CONSENT FORM

I hereby authorize the Fannin County Sheriff's Office to receive any criminal history / driver history record information pertaining to me that may be in the criminal justice files of the State of Georgia, or any other local, state, or federal criminal justice agency.

CRIMINAL AND DRIVER HISTORY INFORMATION	THIS INFORMATION MUST APPEAR ON THE CONSENT FORM AND MUST BE COMPLETED.
LAST NAME	SUFFIX:
FIRST NAME	
MIDDLE NAME	
OTHER LEGAL NAMES (4TH NAME)	
OTHER NAMES USED (Marriage names, Maiden names, aliases, nicknames)	
DATE OF BIRTH	
DRIVER LICENSE NUMBER	STATE(S) OF ISSUE:
SOCIAL SECURITY NUMBER	
RACE	
SEX	

(X) _____
Applicant's Signature DATE

FANNIN COUNTY SHERIFF'S OFFICE PERSONAL INQUIRY WAIVER

To: Fannin County Sheriff's Office

I respectfully request and authorize you to furnish the Fannin County, Georgia Sheriff's Office or their agents, any and all information that you may have concerning me, my work record, school record, my reputation, my financial status, my credit status, and any pre-employment or screening information. Please include any and all medical, physical and mental records or reports, investigative and background reports (written or verbal) or documents including all information of a confidential and privileged nature, and photocopies, if required. This information is to be used to assist the Fannin County Sheriff's Office in determining my qualifications and fitness for the position I am seeking with the Fannin County Sheriff's Office.

I hereby release you, your organization or others from liability or damage which may result from furnishing the information requested above.

Applicant's Name Printed

(X) _____
Applicant's Signature DATE

AFFIDAVIT OF ACKNOWLEDGMENT

State of Georgia
County of Fannin

KNOW ALL MEN BY THOSE PRESENT that on the _____ day of _____, _____, personally appeared before the undersigned authority and upon being duly sworn, did acknowledge that he had voluntarily executed the above instrument for the purposes therein expressed.

(X) _____
Applicant's Signature

Sworn and subscribed before me this the _____ day of _____, 20_____.

Notary Public

Commission Expires

FANNIN COUNTY SHERIFF'S OFFICE

APPLICANT QUESTIONS

APPLICANT NAME INFORMATION	
LAST NAME	<div style="text-align: right; font-weight: normal; padding-right: 20px;">SUFFIX:</div>
FIRST NAME	
MIDDLE NAME	
MIDDLE NAME	
OTHER NAMES USED <small>(Marriage names, Maiden names, aliases, nicknames)</small>	

APPLICANT ADDRESS	
ADDRESS	
CITY	
STATE	
ZIP CODE	

APPLICANT CONTACT INFORMATION	
HOME PHONE NUMBER	
WORK PHONE NUMBER	
CELL PHONE NUMBER	
OTHER PHONE NUMBER	
E-MAIL ADDRESS	

APPLICANT GENERAL INFORMATION	
DATE OF BIRTH	
SOCIAL SECURITY NUMBER	

EDUCATION

**LIST THE SCHOOL WHERE YOU OBTAINED YOUR DIPLOMA/DEGREE.
LIST ALL SCHOOLS ATTENDED (HIGH SCHOOL, UNIVERSITIES, AND COLLEGES)
SCHOOL NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE IS REQUIRED.**

<p>TYPE OF DIPLOMA /DEGREE</p>	<p><input type="checkbox"/> GED <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> BACHELORS DEGREE <input type="checkbox"/> MASTERS DEGREE</p>
<p>HIGH SCHOOL (LIST ALL)</p>	
<p>COLLEGE OR UNIVERSITY (LIST ALL)</p>	
<p>IF YOU POSSESS A COLLEGE DEGREE, WHAT IS YOUR MAJOR?</p>	
<p>IF YOU POSSESS A COLLEGE DEGREE, DID YOU HAVE A MINOR? IF SO, WHAT IS YOUR MINOR?</p>	

SKILLS AND CERTIFICATIONS

LIST ANY CERTIFICATIONS, SKILLS, EXPERTISE, OR KNOWLEDGE THAT MAY BE OF BENEFIT TO THE FANNIN COUNTY SHERIFF'S OFFICE.

LIST ONLY THOSE THAT APPLY TO PUBLIC SAFETY SERVICE

<p>ARE YOU FLUENT IN ANY OTHER LANGUAGE OTHER THAN ENGLISH?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, WHAT LANGUAGE(S)?</p>
<p>ARE YOU CERTIFIED IN AMERICAN SIGN LANGUAGE?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>
<p>ARE YOU CURRENTLY GEORGIA POST CERTIFIED AS A POLICE OFFICER?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> HOW MANY YEARS OF LAW ENFORCEMENT EXPERIENCE DO YOU POSSESS? CIRCLE ONE: 1 2 3 4 5 6 7+</p>
<p>SKILL OR CERTIFICATION</p>	<p>INSTITUTION: COURSE HOURS:</p>
<p>SKILL OR CERTIFICATION</p>	<p>INSTITUTION: COURSE HOURS:</p>
<p>SKILL OR CERTIFICATION</p>	<p>INSTITUTION: COURSE HOURS:</p>
<p>SKILL OR CERTIFICATION</p>	<p>INSTITUTION: COURSE HOURS:</p>
<p>SKILL OR CERTIFICATION</p>	<p>INSTITUTION: COURSE HOURS:</p>
<p>SKILL OR CERTIFICATION</p>	<p>INSTITUTION: COURSE HOURS:</p>

GENERAL QUESTIONS**ANSWER ALL QUESTIONS. RESPONSES WILL BE VERIFIED DURING THE BACKGROUND INVESTIGATION.**

WHAT IS YOUR PRESENT OCCUPATION?	
HAVE YOU EVER BEEN TERMINATED? IF YES, LIST ALL LOCATIONS AND THE REASON(S) YOU WERE TERMINATED.	<input type="checkbox"/> NO. I HAVE NEVER BEEN TERMINATED FROM ANY JOB. <input type="checkbox"/> YES. I HAVE BEEN TERMINATED FROM A PREVIOUS JOB. EXPLAIN:
ARE YOU SEEKING PERMANENT EMPLOYMENT WITH THIS DEPARTMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE
HOW DID YOU FIND OUT ABOUT THIS POSITION?	SPECIFY:
HAVE YOU EVER APPLIED FOR ANY POSITION WITH THE FANNIN COUNTY?	<input type="checkbox"/> NO. I HAVE NEVER APPLIED WITH THE FANNIN COUNTY. <input type="checkbox"/> YES. I HAVE APPLIED WITH THE FANNIN COUNTY BEFORE. IF YES, WHAT POSITION DID YOU APPLY? HOW LONG AGO DID YOU APPLY? WHAT WAS THE OUTCOME OF YOUR APPLICATION?
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY LOCAL, STATE, OR FEDERAL AGENCY WITHIN THE UNITED STATES?	<input type="checkbox"/> NO. I HAVE NEVER APPLIED WITH ANY OF THESE TYPES OF AGENCIES. <input type="checkbox"/> YES. I HAVE APPLIED WITH THIS TYPE OF AGENCY PREVIOUSLY. IF YES, FOR WHAT POSITION DID YOU APPLY? WHAT AGENCY OR AGENCIES DID YOU APPLY? WHAT WAS THE OUTCOME OF YOUR APPLICATION?

<p>HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY GOVERNMENT OUTSIDE OF THE UNITED STATES OF AMERICA?</p>	<p><input type="checkbox"/> NO. I HAVE NEVER APPLIED FOR EMPLOYMENT OUTSIDE OF THE UNITED STATES.</p> <p><input type="checkbox"/> YES. I HAVE APPLIED FOR EMPLOYMENT OUTSIDE OF THE UNITED STATES.</p> <p>IF YES, IN WHICH COUNTRY DID YOU APPLY FOR EMPLOYMENT?</p> <p>FOR WHAT POSITION DID YOU APPLY?</p> <p>WHAT AGENCY OR AGENCIES DID YOU APPLY?</p> <p>WHAT WAS THE OUTCOME OF YOUR APPLICATION?</p>
<p>HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY PRIVATE COMPANY OR ORGANIZATION OUTSIDE OF THE UNITED STATES OF AMERICA?</p>	<p><input type="checkbox"/> NO. I HAVE NEVER APPLIED FOR EMPLOYMENT OUTSIDE OF THE UNITED STATES.</p> <p><input type="checkbox"/> YES. I HAVE APPLIED FOR EMPLOYMENT OUTSIDE OF THE UNITED STATES.</p> <p>IF YES, WHAT IN WHICH COUNTRY DID YOU APPLY FOR EMPLOYMENT?</p> <p>FOR WHAT POSITION DID YOU APPLY?</p> <p>WHAT COMPANY OR ORGANIZATION DID YOU APPLY?</p> <p>WHAT WAS THE OUTCOME OF YOUR APPLICATION?</p>
<p>HAVE YOU EVER OWNED, OPERATED, OR ENGAGED IN ANY BUSINESS AS AN OWNER, PART-OWNER, OR CORPORATE EXECUTIVE?</p>	<p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p> <p>IF YES, EXPLAIN:</p>
<p>IF YOU ARE CURRENTLY EMPLOYED, WHY ARE YOU CONSIDERING LEAVING YOUR CURRENT JOB?</p>	

<p>IF YOU ARE CURRENTLY UNEMPLOYED, WHY DID YOU LEAVE YOUR LAST JOB?</p>	
<p>HAVE YOU EVER BEEN TERMINATED FROM ANY JOB?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>
<p>HAVE YOU EVER BEEN ASKED TO RESIGN FROM ANY JOB?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>
<p>HAVE YOU EVER BEEN SUSPENDED FROM WORK?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>
<p>HAVE YOU EVER RECEIVED ANY WRITTEN REPRIMAND(S) WHILE EMPLOYED AT ANY JOB?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>
<p>HAVE YOU EVER RECEIVED ANY WRITTEN OR VERBAL WARNINGS WHILE EMPLOYED AT ANY JOB?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>
<p>HAVE YOU EVER HAD ANY TYPE OF DISCIPLINARY ACTION OTHER THAN WHAT IS LISTED ABOVE?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>
<p>HAVE YOU EVER HAD ANY PROBLEMS WITH ANY OF YOUR PREVIOUS EMPLOYERS?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>

<p>HAVE YOU EVER BEEN ASKED TO RESIGN FROM ANY JOB?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>
<p>HAVE YOU EVER FILED BANKRUPTCY?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, HOW MANY TIMES: 1 2 3 4 5+</p>
<p>HAVE YOU EVER BEEN SUED?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>
<p>HAVE YOU EVER SUED ANY INDIVIDUAL, BUSINESS, OR GOVERNMENT?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>
<p>DO YOU OWN A CAR?</p>	<p><input type="checkbox"/> YES TAG #: _____ STATE: _____ <input type="checkbox"/> NO IF NO, EXPLAIN:</p>
<p>DO YOU RESIDE WITHIN 33 MILES OF THE FANNIN COUNTY SHERIFF'S OFFICE?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, HOW FAR AWAY IS YOUR RESIDENCE FROM THE SHERIFF'S OFFICE?</p>
<p>DO YOU HAVE ANY SUPPLEMENTAL INCOME THAT YOU RELY ON AND/OR ARE RECEIVING?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>
<p>ARE ANY OF YOUR CREDITORS PRESSING YOU FOR PAYMENT ON YOUR DEBTS?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>

<p>ARE YOUR WAGES CURRENTLY BEING GARNISHED?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>
<p>HAVE YOUR WAGES EVER BEEN GARNISHED?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>
<p>DO YOU OWN YOUR OWN HOME?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHERE IS IT LOCATED:</p>
<p>DO YOU OWN ANY OTHER PROPERTY?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHERE IS IT LOCATED:</p>
<p>WHAT ARE YOUR TOTAL MONTHLY EXPENSES? (INCLUDE MORTGAGE, RENT, AUTOS, CREDIT CARDS, ETC.)</p>	
<p>HAVE YOU EVER BEEN PLACED ON PROBATION OR PAROLE?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>
<p>HAVE YOU EVER ACCEPTED ANY GRATUITIES AT ANY PLACE OF EMPLOYMENT?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>
<p>ARE YOU BEING PAID BY ANY PERSON, ORGANIZATION, OR GOVERNMENT TO SEEK EMPLOYMENT WITH THIS DEPARTMENT?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>

WHAT ORGANIZATIONS, CLUBS, AND ASSOCIATIONS ARE YOU A MEMBER OR HAVE BEEN ASSOCIATED?	
HAVE YOU EVER HAD EXPERIENCE WITH SHIFT WORK?	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:
DO YOU OBEJCT TO WORKING SHIFT WORK, NIGHTS, HOLIDAYS, OR WEEKENDS?	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:

EMPLOYMENT HISTORY		LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS. START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.	
1		COMPANY NAME	PHONE #:
START DATE		ADDRESS CITY, STATE, ZIP	
LAST DATE TO WORK		REASON FOR LEAVING	
SPECIFIC JOB TITLE AND DUTIES			

EMPLOYMENT HISTORY		LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS. START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.	
2		COMPANY NAME	PHONE #:
START DATE		ADDRESS CITY, STATE, ZIP	
LAST DATE TO WORK		REASON FOR LEAVING	
SPECIFIC JOB TITLE AND DUTIES			

EMPLOYMENT HISTORY		LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS. START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.	
3		COMPANY NAME	PHONE #:
START DATE		ADDRESS CITY, STATE, ZIP	
LAST DATE TO WORK		REASON FOR LEAVING	
SPECIFIC JOB TITLE AND DUTIES			

EMPLOYMENT HISTORY		LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS. START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.	
4		COMPANY NAME	PHONE #:
START DATE		ADDRESS CITY, STATE, ZIP	
LAST DATE TO WORK		REASON FOR LEAVING	
SPECIFIC JOB TITLE AND DUTIES			

EMPLOYMENT HISTORY		LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS. START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.	
5		COMPANY NAME	PHONE #:
START DATE		ADDRESS CITY, STATE, ZIP	
LAST DATE TO WORK		REASON FOR LEAVING	
SPECIFIC JOB TITLE AND DUTIES			

EMPLOYMENT HISTORY		LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS. START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.	
6		COMPANY NAME	PHONE #:
START DATE		ADDRESS CITY, STATE, ZIP	
LAST DATE TO WORK		REASON FOR LEAVING	
SPECIFIC JOB TITLE AND DUTIES			

EMPLOYMENT HISTORY		LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS. START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.	
7		COMPANY NAME	PHONE #:
START DATE		ADDRESS CITY, STATE, ZIP	
LAST DATE TO WORK		REASON FOR LEAVING	
SPECIFIC JOB TITLE AND DUTIES			

EMPLOYMENT HISTORY		LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS. START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.	
8		COMPANY NAME	PHONE #:
START DATE		ADDRESS CITY, STATE, ZIP	
LAST DATE TO WORK		REASON FOR LEAVING	
SPECIFIC JOB TITLE AND DUTIES			

EMPLOYMENT HISTORY		LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS. START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.	
9		COMPANY NAME	PHONE #:
START DATE		ADDRESS CITY, STATE, ZIP	
LAST DATE TO WORK		REASON FOR LEAVING	
SPECIFIC JOB TITLE AND DUTIES			

EMPLOYMENT HISTORY		LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS. START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.	
10		COMPANY NAME	PHONE #:
START DATE		ADDRESS CITY, STATE, ZIP	
LAST DATE TO WORK		REASON FOR LEAVING	
SPECIFIC JOB TITLE AND DUTIES			

EMPLOYMENT HISTORY		LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS. START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.	
11		COMPANY NAME	PHONE #:
START DATE		ADDRESS CITY, STATE, ZIP	
LAST DATE TO WORK		REASON FOR LEAVING	
SPECIFIC JOB TITLE AND DUTIES			

EMPLOYMENT HISTORY		LIST ALL JOBS THAT YOU HAVE HELD IN THE PREVIOUS 15 YEARS. START WITH THE MOST RECENT AND CURRENTJOB AT THE TOP.	
12		COMPANY NAME	PHONE #:
START DATE		ADDRESS CITY, STATE, ZIP	
LAST DATE TO WORK		REASON FOR LEAVING	
SPECIFIC JOB TITLE AND DUTIES			

MILITARY SERVICE

<p>ARE YOU REGISTERED WITH SELECTIVE SERVICE? [SELECTIVE SERVICE NUMBER REQUIRED UNDER FEDERAL LAW]</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES PROVIDE SELECTIVE SERVICE NUMBER:</p>
<p>HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION?</p>	<p><input type="checkbox"/> NO - IF NO, SKIP THIS PAGE <input type="checkbox"/> YES IF YES, WHAT BRANCH OF SERVICE:</p>
<p>WHAT IS THE TYPE OF DISCHARGE THAT YOU RECEIVED?</p>	
<p>ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE NATIONAL GUARD?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE THE FOLLOWING: STATE: RANK: REGIMENT/UNIT: TYPE OF DISCHARGE:</p>
<p>WERE YOU EVER COURTMARSHALLED OR DISCIPLINED WHILE IN THE MILITARY?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:</p>

**ILLEGAL/CONTROLLED
SUBSTANCES**

**HAVE YOU EVER USED OR
POSSESSED MARIJUANA OR
ANY OTHER DRUG, NARCOTIC,
ILLEGAL SUBSTANCE OR
CONTROLLED SUBSTANCE?**

NO
 YES
IF YES, PROVIDE DETAILS:

**HAVE YOU EVER SOLD OR
POSSESSED MARIJUANA OR
ANY OTHER DRUG, NARCOTIC,
ILLEGAL SUBSTANCE OR
CONTROLLED SUBSTANCE?**

NO
 YES
IF YES, PROVIDE DETAILS:

**ARE YOU CURRENTLY USING
ANY ILLEGAL DRUGS OR
CONTROLLED SUBSTANCE?**

NO
 YES
IF YES, PROVIDE DETAILS:

**DO YOU HAVE ANY FRIENDS OR
ASSOCIATES THAT USE OR
SELL MARIJUANA OR ANY
OTHER DRUG, NARCOTIC,
ILLEGAL SUBSTANCE OR
CONTROLLED SUBSTANCE?**

NO
 YES
IF YES, PROVIDE DETAILS:

HAVE YOU EVER BEEN ARRESTED FOR POSSESSION OF MARIJUANA OR ANY OTHER ILLEGAL SUBSTANCE OR CONTROLLED SUBSTNACE?	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:
--	---

CRIMINAL ACTIVITY	INDICATE WHETHER YOU HAVE EVER COMMITTED ANY OF THE FOLLOWING CRIMES, REGARDLESS IF THE CRIME WAS EVER DETECTED OR YOU WERE EVER CHARGED OR CONVICTED.	
ENTERING AN AUTO	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:
POSSESSION OR SALE OF DRUGS	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:
PASSING A BAD CHECK	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:
FORGERY	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:
BURGLARY	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:
ARMED ROBBERY	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:
ROBBERY	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:
VEHICLE THEFT	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:

SHOPLIFTING	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:
ASSAULT OR BATTERY	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:
MURDER	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:
EXTORTION	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:
ANY SEX CRIME (RAPE, CHILD MOLESTATION, INCEST, SODOMY)	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:
HAVE YOU EVER COMMITTED ANY CRIME NOT LISTED?	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:
HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON?	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:
HAVE YOU EVER BEEN FINGERPRINTED BY ANY GOVERNMENT AGENCY?	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PROVIDE DETAILS:

ARRESTS AND DETENTIONS		LIST ANY AND ALL INCIDENTS WHERE YOU HAVE BEEN DETAINED, ARRESTED, OR CHARGED BY ANY LAW ENFORCEMENT AGENCY	
1		LAW ENFORCEMENT AGENCY	
DATE		CHARGE	
ARREST	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISPOSITION	
WHY WERE YOU ARRESTED OR DETAINED?			

ARRESTS AND DETENTIONS		LIST ANY AND ALL INCIDENTS WHERE YOU HAVE BEEN DETAINED, ARRESTED, OR CHARGED BY ANY LAW ENFORCEMENT AGENCY	
2		LAW ENFORCEMENT AGENCY	
DATE		CHARGE	
ARREST	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISPOSITION	
WHY WERE YOU ARRESTED OR DETAINED?			

ARRESTS AND DETENTIONS		LIST ANY AND ALL INCIDENTS WHERE YOU HAVE BEEN DETAINED, ARRESTED, OR CHARGED BY ANY LAW ENFORCEMENT AGENCY	
3		LAW ENFORCEMENT AGENCY	
DATE		CHARGE	
ARREST	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISPOSITION	
WHY WERE YOU ARRESTED OR DETAINED?			

ARRESTS AND DETENTIONS		LIST ANY AND ALL INCIDENTS WHERE YOU HAVE BEEN DETAINED, ARRESTED, OR CHARGED BY ANY LAW ENFORCEMENT AGENCY	
4		LAW ENFORCEMENT AGENCY	
DATE		CHARGE	
ARREST	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISPOSITION	
WHY WERE YOU ARRESTED OR DETAINED?			

ARRESTS AND DETENTIONS		LIST ANY AND ALL INCIDENTS WHERE YOU HAVE BEEN DETAINED, ARRESTED, OR CHARGED BY ANY LAW ENFORCEMENT AGENCY	
5		LAW ENFORCEMENT AGENCY	
DATE		CHARGE	
ARREST	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISPOSITION	
WHY WERE YOU ARRESTED OR DETAINED?			

ARRESTS AND DETENTIONS		LIST ANY AND ALL INCIDENTS WHERE YOU HAVE BEEN DETAINED, ARRESTED, OR CHARGED BY ANY LAW ENFORCEMENT AGENCY	
6		LAW ENFORCEMENT AGENCY	
DATE		CHARGE	
ARREST	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISPOSITION	
WHY WERE YOU ARRESTED OR DETAINED?			

DRIVING HISTORY AND RECORD

DO YOU HAVE A CURRENT GEORGIA DRIVER'S LICENSE?	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE YOUR DRIVER'S LICENSE NUMBER:
DO YOU HAVE A CURRENT DRIVER'S LICENSE WITH ANY OTHER STATE?	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE ANY AND ALL DRIVER'S LICENSE NUMBERS ALONG WITH THE STATE OF ISSUE:
HAVE YOU EVER HELD A DRIVER'S LICENSE IN ANY OTHER STATE OR FOREIGN COUNTRY THAT IS NO LONGER VALID?	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE ANY AND ALL DRIVER'S LICENSE NUMBERS ALONG WITH THE STATE AND/OR COUNTRY OF ISSUE:
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED?	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE DETAILS:
HAVE YOU EVER ATTEMPTED TO OBTAIN A DRIVER'S LICENSE IN ANY NAME OTHER THAN YOUR OWN?	<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE DETAILS:

<p>HAS ANY STATE EVER REFUSED TO ISSUE YOU A DRIVER'S LICENSE?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE DETAILS:</p>
<p>HAS YOUR AUTOMOBILE INSURANCE EVER BEEN CANCELLED?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE DETAILS:</p>
<p>HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE DETAILS:</p>
<p>HAVE YOU EVER BEEN IN AN ACCIDENT AND LEFT THE SCENE BEFORE THE ARRIVAL OF POLICE?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE DETAILS:</p>
<p>ARE THERE ANY RESTRICTIONS ON YOUR CURRENT DRIVER'S LICENSE?</p>	<p><input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE DETAILS:</p>

TRAFFIC CITATIONS		LIST ANY AND ALL INCIDENTS WHERE YOU WERE ISSUED A TRAFFIC CITATION	
1		LAW ENFORCEMENT AGENCY INCLUDE STATE	
DATE		CHARGE	
ACCIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISPOSITION	

TRAFFIC CITATIONS		LIST ANY AND ALL INCIDENTS WHERE YOU WERE ISSUED A TRAFFIC CITATION	
2		LAW ENFORCEMENT AGENCY INCLUDE STATE	
DATE		CHARGE	
ACCIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISPOSITION	

TRAFFIC CITATIONS		LIST ANY AND ALL INCIDENTS WHERE YOU WERE ISSUED A TRAFFIC CITATION	
3		LAW ENFORCEMENT AGENCY INCLUDE STATE	
DATE		CHARGE	
ACCIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISPOSITION	

TRAFFIC CITATIONS		LIST ANY AND ALL INCIDENTS WHERE YOU WERE ISSUED A TRAFFIC CITATION	
4		LAW ENFORCEMENT AGENCY INCLUDE STATE	
DATE		CHARGE	
ACCIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISPOSITION	

TRAFFIC CITATIONS		LIST ANY AND ALL INCIDENTS WHERE YOU WERE ISSUED A TRAFFIC CITATION	
5		LAW ENFORCEMENT AGENCY INCLUDE STATE	
DATE		CHARGE	
ACCIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISPOSITION	

TRAFFIC CITATIONS		LIST ANY AND ALL INCIDENTS WHERE YOU WERE ISSUED A TRAFFIC CITATION	
6		LAW ENFORCEMENT AGENCY INCLUDE STATE	
DATE		CHARGE	
ACCIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISPOSITION	

TRAFFIC CITATIONS		LIST ANY AND ALL INCIDENTS WHERE YOU WERE ISSUED A TRAFFIC CITATION	
7		LAW ENFORCEMENT AGENCY INCLUDE STATE	
DATE		CHARGE	
ACCIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISPOSITION	

TRAFFIC CITATIONS		LIST ANY AND ALL INCIDENTS WHERE YOU WERE ISSUED A TRAFFIC CITATION	
8		LAW ENFORCEMENT AGENCY INCLUDE STATE	
DATE		CHARGE	
ACCIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	DISPOSITION	

ACCIDENTS		LIST ANY AND ALL ACCIDENTS THAT YOU HAVE BEEN INVOLVED IN	
1		LAW ENFORCEMENT AGENCY	
DATE		WHO WAS AT FAULT?	
POLICE NOTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WERE THERE INJURIES?	
CAUSE OF ACCIDENT			

ACCIDENTS		LIST ANY AND ALL ACCIDENTS THAT YOU HAVE BEEN INVOLVED IN	
2		LAW ENFORCEMENT AGENCY	
DATE		WHO WAS AT FAULT?	
POLICE NOTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WERE THERE INJURIES?	
CAUSE OF ACCIDENT			

ACCIDENTS		LIST ANY AND ALL ACCIDENTS THAT YOU HAVE BEEN INVOLVED IN	
3		LAW ENFORCEMENT AGENCY	
DATE		WHO WAS AT FAULT?	
POLICE NOTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WERE THERE INJURIES?	
CAUSE OF ACCIDENT			

ACCIDENTS		LIST ANY AND ALL ACCIDENTS THAT YOU HAVE BEEN INVOLVED IN	
4		LAW ENFORCEMENT AGENCY	
DATE		WHO WAS AT FAULT?	
POLICE NOTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WERE THERE INJURIES?	
CAUSE OF ACCIDENT			

ACCIDENTS		LIST ANY AND ALL ACCIDENTS THAT YOU HAVE BEEN INVOLVED IN	
5		LAW ENFORCEMENT AGENCY	
DATE		WHO WAS AT FAULT?	
POLICE NOTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WERE THERE INJURIES?	
CAUSE OF ACCIDENT			

ACCIDENTS		LIST ANY AND ALL ACCIDENTS THAT YOU HAVE BEEN INVOLVED IN	
6		LAW ENFORCEMENT AGENCY	
DATE		WHO WAS AT FAULT?	
POLICE NOTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WERE THERE INJURIES?	
CAUSE OF ACCIDENT			

REFERENCES		PROVIDE THE NAMES OF EIGHT PEOPLE THAT ARE NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.	
1		REFERENCE NAME	
HOW MANY YEARS KNOWN?		ADDRESS CITY, STATE, ZIP	
		PHONE NUMBER(S)	
HOW DO YOU KNOW THIS PERSON?			

REFERENCES		PROVIDE THE NAMES OF EIGHT PEOPLE THAT ARE NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.	
2		REFERENCE NAME	
HOW MANY YEARS KNOWN?		ADDRESS CITY, STATE, ZIP	
		PHONE NUMBER(S)	
HOW DO YOU KNOW THIS PERSON?			

REFERENCES		PROVIDE THE NAMES OF EIGHT PEOPLE THAT ARE NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.	
3		REFERENCE NAME	
HOW MANY YEARS KNOWN?		ADDRESS CITY, STATE, ZIP	
		PHONE NUMBER(S)	
HOW DO YOU KNOW THIS PERSON?			

REFERENCES		PROVIDE THE NAMES OF EIGHT PEOPLE THAT ARE NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.	
4		REFERENCE NAME	
HOW MANY YEARS KNOWN?		ADDRESS CITY, STATE, ZIP	
		PHONE NUMBER(S)	
HOW DO YOU KNOW THIS PERSON?			

REFERENCES		PROVIDE THE NAMES OF EIGHT PEOPLE THAT ARE NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.	
5		REFERENCE NAME	
HOW MANY YEARS KNOWN?		ADDRESS CITY, STATE, ZIP	
		PHONE NUMBER(S)	
HOW DO YOU KNOW THIS PERSON?			

REFERENCES		PROVIDE THE NAMES OF EIGHT PEOPLE THAT ARE NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.	
6		REFERENCE NAME	
HOW MANY YEARS KNOWN?		ADDRESS CITY, STATE, ZIP	
		PHONE NUMBER(S)	
HOW DO YOU KNOW THIS PERSON?			

REFERENCES		PROVIDE THE NAMES OF EIGHT PEOPLE THAT ARE NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.	
7		REFERENCE NAME	
HOW MANY YEARS KNOWN?		ADDRESS CITY, STATE, ZIP	
		PHONE NUMBER(S)	
HOW DO YOU KNOW THIS PERSON?			

REFERENCES		PROVIDE THE NAMES OF EIGHT PEOPLE THAT ARE NOT RELATED TO YOU THAT HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.	
8		REFERENCE NAME	
HOW MANY YEARS KNOWN?		ADDRESS CITY, STATE, ZIP	
		PHONE NUMBER(S)	
HOW DO YOU KNOW THIS PERSON?			

YOU HAVE COMPLETED THE APPLICANT PROCESSING BOOKLET. VERIFY THAT YOU HAVE COMPLETED ALL SECTIONS AND ANSWERED ALL QUESTIONS IN THE BOOKLET. OMISSIONS, ERRORS, OR FALSE INFORMATION WILL RESULT IN YOUR IMMEDIATE REMOVAL FROM THE SELECTION PROCESS. FAILURE TO DISCLOSE ANY INFORMATION WILL RESULT IN REMOVAL FROM THE SELECTION PROCESS. RETURN THIS BOOKLET BACK TO THE FANNIN COUNTY SHERIFF'S OFFICE IN A SEALED ENVELOPE DIRECTED TO THE ATTENTION OF:

MS. JESSICA JACKSON

DO NOT CALL TO OBTAIN YOUR STATUS IN THE SELECTION PROCESS. THE DEPARTMENT WILL NOTIFY YOU WHEN APPROPRIATE.