

Bulloch County Sheriff's Office



Noel Brown
Sheriff

17257 Hwy 301 North
Statesboro, GA 30458
(912) 764-8888
FAX (912) 764-2917
www.bullochsheriff.com

BULLOCH COUNTY SHERIFF'S OFFICE **APPLICATION FOR EMPLOYMENT** **EFFECTIVE 02.01.2017**

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APPLICATION FOR EMPLOYMENT

Dear Applicant,

I am pleased that you have decided to apply for employment with the Bulloch County Sheriff's Office. We have established very high standards for our employees. It is the policy of this agency to hire only the best qualified individuals. Our employee selection process is thorough and regimented. It affords equal opportunity to everyone regardless of race, creed, color, gender, national origin, age or disability.

To be considered for employment, applicants must meet the minimum qualifications: applicants must be at least 21 years of age for peace officer certification or 18 for jail officer certification, possess a high school diploma or G.E.D., possess a valid driver's license, honorable discharge (if prior military), be a U.S. citizen or naturalized citizen with the proper documentation, and have no adverse driving record nor felony or family violence convictions. In addition you can have no illegal drug use in the past 12 months, no DUI convictions, and must be able to obtain post certification within 6 months of hire date.

The hiring process includes but is not limited to the following: Intensive background investigation, interview board, computerized voice stress examination, and following a conditional job offer, medical examination and drug screen. The entire selection process takes approximately 90 days from the start of the selection process.

It is essential that you follow all directions provided. The application process requires you to provide much detailed information about yourself. Because we are a public safety organization, we must have accurate and extensive information upon which to base our employment decision so that we can properly serve the citizens of Bulloch County. Should you have any questions, please contact our human resources office at 912-764-8888.

Noel Brown, Sheriff

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HIRING PROCESS OVERVIEW

- 1. Applications will be reviewed for completeness.**
- 2. Criminal History, Driver's History, and Social Media checks will be conducted by qualified Sheriff's Office personnel.**
- 3. Applications will be initially reviewed by the Professional Standards Captain, the Training Captain and the Chief Deputy.**
- 4. Applications that are incomplete, contain disqualifying information or do not meet minimum qualifications will be excluded from the hiring process. Incomplete applications will not be returned.**
- 5. Once positions become vacant the remaining applications will be forwarded to an interview board which will consist of qualified Sheriff's Office personnel including supervisory personnel from the Division where the vacancies have occurred. This board will select individuals who will attend an interview.**
- 6. At the conclusion of the interview process applicants will be selected as candidates to begin the hiring process. All other applications will be held for six months pending any additional job openings.**
- 7. Candidates who are selected for employment will undergo a background investigation which will also consist of a Computerized Voice Stress Analysis.**
- 8. After completion of the background investigation candidates will be given a conditional offer of employment at which time additional documentation will be required. Candidates who do not complete and return required paperwork in a timely fashion will be disqualified.**
- 9. After completed paperwork has been returned the candidate will be required to undergo a physical examination by qualified medical personnel and will also be required to submit to a drug screen test.**
- 10. Upon completion of the medical exam and drug screen the candidate will be given a final offer for employment.**

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INSTRUCTIONS FOR COMPLETING APPLICATION

- 1. Please use black or blue ink to complete this application**
- 2. This application must be filled out completely, truthfully and in your own handwriting. Incorrect information or any information that is omitted will be considered deception on the part of the applicant and will result in your application being rejected.**
- 3. If your answer required more room than is provided please continue on a separate piece of paper.**
- 4. For persons who you list as a reference, be sure to enter a current address and telephone number for them.**
- 5. You must sign and notarize the application and personal history release form.**
- 6. Do not submit this application for consideration unless all of the requested/required documents are included.**
- 7. *Do not staple any part of this application.***

Please include the following documents when submitting your application

- ☐ **Copy of birth certificate**
- ☐ **Copy of high school diploma or G.E.D.**
- ☐ **Copy of social security card**
- ☐ **Copy of valid Georgia drivers' license**
- ☐ **Color 4x6 photo of the applicant**
- ☐ **Copy of discharge from the armed forces (if prior service)**
- ☐ **Copy of military form DD214 (if prior service or active guard or reserve)**
- ☐ **Any other certificates, records, letters or other documentation for the position for which you are applying**

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PERSONAL INFORMATION

NAME _____
(LAST, FIRST, MIDDLE)

GENDER: ☐ MALE ☐ FEMALE

DATE OF BIRTH _____
(MONTH/DAY/YEAR)

SOCIAL SECURITY NUMBER _____

HAVE YOU EVER USED AN ALTERNATE DATE OF BIRTH OR SOCIAL SECURITY NUMBER
FOR ANY REASON? ☐ YES ☐ NO

IF YES PLEASE EXPLAIN _____

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CONTACT INFORMATION

EMAIL ADDRESS _____

(PLEASE PRINT CLEARLY)

HOME TELEPHONE NUMBER: _____

MOBILE PHONE NUMBER: _____

TELEPHONE NUMBER (OTHER): _____

EMERGENCY CONTACT

NAME _____

TELEPHONE NUMBER _____

ADDRESS _____

RELATIONSHIP _____

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APPLICATION FOR EMPLOYMENT

ADDRESS INFORMATION

YOUR MAILING ADDRESS: _____

YOUR PHYSICAL ADDRESS: _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

DO YOU ☐ **OWN** **OR** ☐ **RENT?**

LANDLORD'S NAME _____

LANDLORD'S ADDRESS _____

LANDLORD'S CONTACT PHONE NUMBER _____

****NOTICE: YOUR LANDLORD MAY BE CONTACTED AS PART OF A BACKGROUND INVESTIGATION**

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APPLICATION FOR EMPLOYMENT

DRIVER'S LICENSE STATUS

DO YOU CURRENTLY HAVE A VALID GEORGIA DRIVER'S LICENSE? ☐ YES ☐ NO

DRIVER'S LICENSE NUMBER: _____

PLEASE LIST ANY OTHER STATES IN WHICH YOU HAVE HELD A DRIVER'S LICENSE:

1. NAME USED: _____ STATE: _____ D.L.# _____

2. NAME USED: _____ STATE: _____ D.L.# _____

3. NAME USED: _____ STATE: _____ D.L.# _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED? ☐ YES ☐ NO

IF YOU ANSWERED YES PLEASE EXPLAIN: _____

PLEASE LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED (INCLUDE DATE, LOCATION, AND CHARGE)

ATTACH SEPARATE PAGE IF NECESSARY

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APPLICATION FOR EMPLOYMENT

POSITION FOR WHICH YOU ARE APPLYING:

- ☐ Deputy Sheriff (Jail Division) ☐ Deputy Sheriff (Patrol Division)
(GA. POST certified applicants only)
- ☐ Radio Operator ☐ Any Position Available

DO YOU HAVE EXPERIENCE IN THIS POSITION? ☐ YES ☐ NO

PLEASE INDICATE ANY CERTIFICATIONS YOU CURRENTLY HOLD THRU THE GEORGIA
PEACE OFFICERS STANDARDS AND TRAINING COUNCIL (P.O.S.T.)

LAW ENFORCEMENT CERTIFICATION # _____

JAIL CERTIFICATION # _____

CORRECTIONS CERTIFICATION # _____

RADIO OPERATOR CERTIFICATION # _____

OTHER _____ CERTIFICATION # _____

LAW ENFORCEMENT TRAINING ACADEMY: _____

DATES ATTENDED _____

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MILITARY SERVICE

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES? _____
(IF YES CONTINUE BELOW, IF NO PROCEED TO NEXT PAGE)

LIST BRANCH(S) AND DATES OF SERVICE BELOW:

HAVE YOU EVER RECEIVED ANY DISCHARGE OTHER THAN HONORABLE? ☐ YES ☐ NO

DO YOU QUALIFY FOR VETERAN'S BENEFITS? ☐ YES ☐ NO

ARE YOU CURRENTLY SERVING IN THE NATIONAL GUARD OR ANY RESERVE COMPONENT OF THE ARMED FORCES ☐ YES ☐ NO

IF YES PLEASE PROVIDE THE INFORMATION REQUESTED BELOW

UNIT AND ADDRESS _____

COMMANDING OFFICER NAME AND TELEPHONE NUMBER: _____

**** ALL ACTIVE RESERVISTS AND FORMER MILITARY MEMBERS MUST PROVIDE A DD214 AND DISCHARGE PAPERS IF APPLICABLE**

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EMPLOYMENT HISTORY

ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO

CURRENT EMPLOYER

COMPANY NAME: _____ HIRE DATE: _____

OCCUPATION _____

COMPANY ADDRESS: _____

SUPERVISOR'S FULL NAME: _____

CONTACT PHONE#: _____

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APPLICATION FOR EMPLOYMENT

PREVIOUS EMPLOYMENT

(PLEASE LIST ALL OF YOUR FORMER EMPLOYERS SINCE AGE 18. PLEASE START WITH THE MOST RECENT)

FROM: _____ TO: _____ OCCUPATION: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

SUPERVISOR'S FULL NAME _____

CONTACT PHONE# _____

REASON FOR LEAVING _____

WERE YOU INVOLUNTARILY DISCHARGED FROM THIS JOB? ☐ YES ☐ NO

IF YES PLEASE EXPLAIN: _____

ARE YOU ELIGIBLE FOR REHIRE? ☐ YES ☐ NO

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PREVIOUS EMPLOYMENT (*continued*)

FROM: _____ TO: _____ OCCUPATION: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

SUPERVISOR'S FULL NAME _____

CONTACT PHONE# _____

REASON FOR LEAVING _____

WERE YOU INVOLUNTARILY DISCHARGED FROM THIS JOB? ☐ YES ☐ NO

IF YES PLEASE EXPLAIN: _____

ARE YOU ELIGIBLE FOR REHIRE? ☐ YES ☐ NO

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PREVIOUS EMPLOYMENT (*continued*)

FROM: _____ TO: _____ OCCUPATION: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

SUPERVISOR'S FULL NAME _____

CONTACT PHONE# _____

REASON FOR LEAVING _____

WERE YOU INVOLUNTARILY DISCHARGED FROM THIS JOB? ☐ YES ☐ NO

IF YES PLEASE EXPLAIN: _____

ARE YOU ELIGIBLE FOR REHIRE? ☐ YES ☐ NO

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PREVIOUS EMPLOYMENT (*continued*)

FROM: _____ TO: _____ OCCUPATION: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

SUPERVISOR'S FULL NAME _____

CONTACT PHONE# _____

REASON FOR LEAVING _____

WERE YOU INVOLUNTARILY DISCHARGED FROM THIS JOB? ☐ YES ☐ NO

IF YES PLEASE EXPLAIN: _____

ARE YOU ELIGIBLE FOR REHIRE? ☐ YES ☐ NO

**** PLEASE COPY THIS PAGE OR USE BLANK PAGES IF NEEDED TO CONTINUE**

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REFERENCES

(PLEASE DO NOT LIST RELATIVES OR FORMER EMPLOYERS. PLEASE LIST PEOPLE WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR.)

1. FULL NAME: _____

ADDRESS: _____

CONTACT NUMBER: _____ **OCCUPATION:** _____

2. FULL NAME: _____

ADDRESS: _____

CONTACT NUMBER: _____ **OCCUPATION:** _____

3. FULL NAME: _____

ADDRESS: _____

CONTACT NUMBER: _____ **OCCUPATION:** _____

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EDUCATION

HIGH SCHOOL GRADUATE? ☐ YES ☐ NO YEAR GRADUATED _____

NAME AND ADDRESS OF HIGH SCHOOL YOU ATTENDED: _____

DO YOU HAVE A G.E.D.? ☐ YES ☐ NO

LIST ANY DEGREES, DIPLOMAS OR CERTIFICATES YOU HOLD FROM A COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL ETC. INCLUDE THE NAME OF THE SCHOOL AND DATES ATTENDED:

NAME OF COLLEGE _____

DATES ATTENDED _____ DEGREE RECEIVED _____

NAME OF COLLEGE _____

DATES ATTENDED _____ DEGREE RECEIVED _____

NAME OF COLLEGE _____

DATES ATTENDED _____ DEGREE RECEIVED _____

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ESSAY

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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PHOTO

PLEASE ATTACH A RECENT (LAST 3 MONTHS) 4X6 INCH COLOR PHOTOGRAPH OF YOURSELF IN THE SPACE BELOW:

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SOCIAL MEDIA / SOCIAL NETWORKING AND THE INTERNET

As required by sheriff's office policy "any candidate seeking employment with the sheriff's office shall complete an affidavit attesting to all the social media and social networking platforms in which they maintain or participate. The candidate shall be required to provide the designated background investigator with access to the social network platforms in which they participate or maintain."

AFFIDAVIT

I, _____, swear or affirm the information contained within this affidavit is true and correct to the best of my knowledge and belief. Below is a list of all the social media /social networking platforms that I currently maintain or participate.

THIS _____ DAY OF _____, 20____.

YOUR PRINTED NAME

SIGNATURE

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CRIMINAL HISTORY:

(PLEASE PROVIDE INFORMATION ABOUT ANY ARREST, CONVICTION, CHARGE OR OTHER CRIMINAL ACTIVITY YOU HAVE EVER PARTICIPATED IN OR BEEN A PART TO, EVEN IF THE RECORDS ARE SEALED OR EXPUNGED.)

	YES	NO
HAVE YOU EVER USED, SOLD OR DISTRIBUTED ILLEGAL DRUGS OR SUBSTANCES?		
HAVE YOU EVER SOLD OR DISTRIBUTED PRESCRIPTION DRUG OR LEGAL SUBSTANCE FOR MISUSE?		
ARE YOU NOW OR HAVE YOU BEEN A MEMBER OR ASSOCIATE OF A GANG?		
DO YOU ASSOCIATE WITH OR HAVE CONTACT WITH ANYONE WHO IS UNDER CRIMINAL INVESTIGATION, INDICTMENT, OR WHO IS INVOLVED IN CRIMINAL ACTIVITY?		
HAVE YOU EVER BEEN CONVICTED OF A CRIME?		
HAVE YOU EVER TAKEN ANYTHING FROM AN EMPLOYER WITHOUT PROPER PERMISSION?		
ARE YOU NOW PARTY TO ANY CRIMINAL OR CIVIL ACTIONS IN WHICH YOU ARE THE DEFENDANT?		
DO YOU HAVE A POLICE OR COURT RECORD ANYWHERE?		
DO YOU HAVE A JUVENILE RECORD?		

IF YOU ANSWERED "YES" TO ANY QUESTIONS PLEASE EXPLAIN BELOW:

PLEASE LIST ANY OUTSTANDING CRIMINAL OR CIVIL ACTIONS THAT ARE PENDING AGAINST YOU:

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OTHER INFORMATION

	YES	NO
ARE YOU A LEGAL CITIZEN OF THE UNITED STATES OR NATURALIZED CITIZEN WITH PROPER DOCUMENTATION?		
HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED OR ASKED TO RESIGN FROM A JOB?		
HAVE YOU EVER BEEN EMPLOYED OR APPLIED WITH THE BULLOCH COUNTY SHERIFF'S OFFICE?		
ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED BY THE BULLOCH COUNTY SHERIFF'S OFFICE? WHO?		
FLUENCY IN THE ENGLISH LANGUAGE IS REQUIRED FOR THIS JOB, HOWEVER KNOWLEDGE OF ANOTHER LANGUAGE IS OF BENEFIT TO THIS ORGANIZATION. IS THERE ANOTHER LANGUAGE YOU CAN READ, WRITE OR SPEAK FLUENTLY? WHAT?		
ARE YOU WILLING TO WORK SHIFT WORK (NIGHTS, HOLIDAYS, WEEKENDS, ETC)?		
DO YOU BELIEVE THAT YOU CAN SET ASIDE ANY PERSONAL PREJUDICES AND BE FAIR IN DEALING WITH INMATES CONVICTED OF SERIOUS CRIMES?		
ARE YOU WILLING TO USE REASONABLE FORCE WHEN NECESSARY, SUCH AS CONTROLLING DISTURBANCES, BREAKING UP FIGHTS, ETC?		
ARE YOU WILLING TO RISK YOUR PERSONAL SAFETY TO COME TO THE AID OF A FELLOW OFFICER?		
ARE YOU WILLING TO WORK IN A SITUATION WHERE YOU MAY BE CURSED AT AND/OR VERBALLY OR PHYSICALLY THREATENED?		
DO YOU HAVE ANY TATTOOS OR BODY ART?		
DOES ANY OF YOUR TATTOOS OR BODY ART REPRESENT OR CAN BE CONSTRUED AS AFFILIATION WITH A GANG OR ANY GROUP OR ORGANIZATION?		

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CERTIFICATION:

I, the undersigned, do hereby swear or affirm the information provided by me in this application is true and correct to the best of my knowledge and belief. By my signature, I acknowledge that I have read and clearly understand that I must submit to a polygraph examination and drug test at any time that I am requested to do so while my application is being considered, and during the term of my employment should I be hired by the Bulloch County Sheriff's Office. I also clearly understand that I am expected to answer any questions posed to me by another employee or law enforcement officer, honestly and truthfully without regard to personal consequence. I agree to perform all tasks as directed or instructed. I do this knowingly and voluntarily and have indicated so by my signature below.

PRINTED NAME

YOUR SIGNATURE

THIS _____ DAY OF _____, 20____.

Notary public signature

My commission expires on: _____ (seal)

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13. PERSONAL HISTORY RELEASE

I do hereby authorize the review of and full disclosure of all records concerning myself to the Sheriff or the duly appointed Deputies of The Bulloch County Sheriff's Office. The intent of this authorization is to give consent for full and complete disclosure of any and all records as they pertain to me that may be held or on file with any educational institution, financial statements and records wherever filed; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me; the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have not an interest. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Bulloch County Sheriff's Office. I certify that any person(s) who may furnish such information concerning me shall not be held accountable in any form or fashion for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. A photocopy of this form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

x _____
Signature
(cont'd on following page)

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PERSONAL HISTORY RELEASE CERTIFICATION (cont'd)

Address: _____

Phone number: _____

Social security number: _____

Date of birth: _____ **date:** _____

Printed Name: _____

Signature: _____

Notary public signature

My commission expires on: _____ **(seal)**