Effingham County



Sheriff's Office Employment Application

An Equal Opportunity Employer This Application will be maintained for 12 months only.

Personal Information							
Last Name			First			Middle	
Address:			1				,
Telephone N	lumber:			E-Mail:			
I will provide necessary documentation to validate that I am (Check a Box):							
☐ A citizen or national of the United States or ☐ Authorized by the Immigration and Naturalization Service to work in the United States.							
Position(s) Applying For:							
Date Available To Start:							
What type of experience do you have which would be helpful for the job for which you are applying?							
Have you ever worked for this County? □ Yes □ No							
If yes, when and where:							
Are you available to Work: ☐ Full-Time ☐ Part-Time ☐ Weekends ☐ Days ☐ Nights							
List any day or hours you are unable to work:							
List Any Fri working her		latives	(Name & Rel	ationship)			

United States Military Service								
	Please	e provide a copy of	your DD-	·214 (I1	f Applicable).			
Do you have United States Military Experience? ☐ Yes ☐ No Branch:					Branch:			
		Date Discharged:	ed:		Rank at Time of Discharge:			
Special Skills or Training from Service:			Present Milita Status:					
		Education	ı & Tra	ining				
Please list all edu	ucational inst	titutions attended be Technical So				(includin	g High School,	
Name & Location of School			Nı	Number of Years Completed			Degree Earned/Major	
			1					
		Profession	al Refe	rence	s			
Please provide 3	professional	references below for (Owners, Mana				ised you	r previous work	
Na	me	Address, (City, Stat	e	Position	Ph	one Number	

Work Experience					
Please list your previous employers, starting with the most current employer.					
Employer Name:	Address:				
Position:	Start Date:	End Date:			
Supervisor (Name and Title):					
Reason for Leaving:					
May we contact this employer? \square Yes \square	No				
Employer Name:	Address:				
Position:	Start Date:	End Date:			
Supervisor (Name and Title):					
Reason for Leaving:					
May we contact this employer? ☐ Yes ☐	No				
Employer Name:	Address:				
Position:	Start Date:	End Date:			
Supervisor (Name and Title):					
Reason for Leaving:					
May we contact this employer? □ Yes □ No					
Employer Name:	Address:				
Position:	Start Date:	End Date:			
Supervisor (Name and Title):					
Reason for Leaving:					
May we contact this employer? \square Yes \square	No				
Are there any other places you have worked in	addition to those listed abo	ove? □ Yes □ No			

Additional Experience
Please list below any additional experience.
THE BELOW DISCLAIMERS MUST BE READ IN THEIR ENTIRETY AND ACKNOWLEDGED, BY SIGNATURE, AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU HAVE ANSWERED ALL OF THE QUESTIONS OF THIS EMPLOYMENT APPLICATION TRUTHFULLY.
☐ Yes ☐ No Have you ever been convicted of an offense other than a minor traffic violation?
If YES, when, where, and disposition of the conviction:
Note: An applicant for employment is not obligated to disclose sealed or expunged records of conviction or arrest. You are also not obligated to disclose expunged juvenile records of adjudication or arrest.
☐ Yes ☐ No Have you ever been convicted of, had adjudication withheld, pled no contest to, or entered a pretrial intervention program for a misdemeanor or felony criminal charge, or are there currently criminal charges pending against you? (IF YES, EXPLAIN ON SEPARATE SHEET)
☐ Yes ☐ No Have you ever been suspended without pay, or dismissed from employment, or resigned while an investigation was in progress for possible disciplinary action?
If yes, please answer the following:
Where:
When:

By signing below, I understand that the information provided is true and correct, and that any misstatements or omission of material facts in the application or the hiring process may result in discontinuing of the hiring process or termination of employment, no matter when discovered. I agree that the County shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.

I authorize the County to analyze the truthfulness of all statements made on this application, complete reference checks from my current and former employers, and others that may provide information regarding my education and experiences. In addition, I give my consent for all contacted persons including current and former employers to provide information concerning this application, and I release each such person from liability for providing information to the County.

I understand that nothing contained in this application, or the granting of an interview is intended to create an employer/employee relationship between the County and myself either for employment or for the providing of any benefits. No promises regarding employment have been made to me unless made in writing. I further understand and agree that if I am hired, my employment would be "at will," as defined by law where our County operates: I would have the right to terminate my employment at any time for any reason and that the County would retain a similar right.

I understand that any offers of employment may be contingent upon my taking and successfully passing a drug and/or alcohol test in accordance with the County's policy. If I refuse to submit to testing, refuse to sign the consent form, or test positive, the County will not employ me.

I understand that any offers of employment may be contingent upon the results of a background check(s), including without limitation a criminal background check and a conviction inquiry, in accordance with the County's policies and state law.

I hereby attest that all statements made by me above are true to the best of my knowledge, and I agree to the terms noted above.

Applicant's Signature:	Date: