



# BERRIEN COUNTY SHERIFF'S OFFICE

PRE-EMPLOYMENT  
APPLICATION

APPLICANT: READ THIS FIRST

This booklet is an important part of your application for Sheriff's Deputy with the Berrien County Sheriff's Office. It is in your best interest to follow the instructions carefully. There are many more applicants for employment than there are available positions. A properly completed document enables us to better evaluate your application.

Before completing this document, closely read the instructions for each section. There are a number of official documents that you are required to obtain and each document is necessary to adequately complete this book.

When mentioning persons, be sure to identify the individual by his/her full correct name. Further, give complete and accurate address information.

Again, answer each question completely and honestly. Candidates may not be accepted because of omissions or concealment rather than because of previous behavior, while indiscretions or other situations in your past may or may not be condoned, deception will disqualify you as a candidate.

It is the intent of the Berrien County Sheriff's Office to hire the best qualified applicant available from among all qualified applicants. As the group of applicants is moved through the hiring process, the department will evaluate the information gained at each stage and make decisions concerning which applicant(s) will be scheduled for the next stage of the process.

In the event an applicant is not selected for employment the first time he/she participates in the application process, he/she may reapply and be reconsidered. It is not the intent of Berrien County Sheriff's Office to indicate that an applicant who is not selected during a hiring process is not capable of performing law enforcement duties or that he/she could not be successful on a subsequent application and hiring evaluation.

Once you have fully completed this booklet, you must return it and the application to the Berrien County Sheriff's Office and furnish us with ONE (1) COPY of each of the following documents:

1. Birth certificate
2. High School diploma/GED
3. College transcripts and diploma (if applicable)
4. DD-214 (former members of the Armed Forces)
5. Naturalization Certificate (if applicable)
6. Driver's License
7. Social Security Card
8. POST Certification Card (if applicable)
9. 3-year Motor Vehicle Report
10. A full-length photo of yourself

# APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR

- ☐ JAILER
- ☐ ADMIN STAFF
- ☐ ROAD PATROL
- ☐ INVESTIGATIONS
- ☐ OTHER

Date

## 1. PRESENT LEGAL NAME

## 2. SOCIAL SECURITY NUMBER

## 3. WHEN AVAILABLE FOR EMPLOYMENT

If you require assistance with testing due to disability, please notify our staff.

## 4. HOME TELEPHONE NUMBER

OTHER TELEPHONE NUMBER

## 5. DRIVER'S LICENSE

Do you have a valid Georgia license? ☐ Yes ☐ No

License Type: ☐ Operator ☐ CDL ☐ Class

Endorsement Code \_\_\_\_\_

\_\_\_\_\_  
License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Exp. Date

## 6. PRESENT ADDRESS

How long have you lived at present address?      Years \_\_\_\_\_ Months \_\_\_\_\_

## 7. PREVIOUS ADDRESS

How long did you live at this address?      Years \_\_\_\_\_ Months \_\_\_\_\_

**8. EDUCATION AND SPECIAL TRAINING**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School Diploma (check): \_\_\_\_ Yes \_\_\_\_ No

Equivalency — GED (check): \_\_\_\_ Yes \_\_\_\_ No

Name and location of last HIGH SCHOOL ATTENDED: \_\_\_\_\_  
Name City State**List special training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:**

Name and Location	Courses or Subject Taken	Certificates Given or Other Pertinent Information

**List Colleges and Universities Attended Below:**

Name and Location	Major/Minor Degree Field or Program of Study	Degree Received

**9. EMPLOYMENT RECORD** — List all jobs held in the last ten years and any other jobs relevant to the position for which you are applying. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your PRESENT or MOST RECENT position and work back. BE SPECIFIC — all or part of your rating may depend on the information you provide. If additional space is needed, please use a continuation sheet. You may submit a resume in lieu of completing this section, providing it contains all the information requested. Periods of unemployment should be listed separately in Section 10. NOTE: We may contact previous employers to verify your descriptions of past duties.

May we contact your present employer regarding your record of employment? x\_\_ Yes \_\_\_\_ No

**(Job 1) Present or most recent Job**

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.
7					

Hours per Week \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Your Job Title \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Reason for Leaving Position \_\_\_\_\_

Specific Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of employees supervised (if applicable) 50 \_\_\_\_\_

**(Job 2) Previous Job**

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.

Hours per Week \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer None \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Your Job Title \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Reason for Leaving Position \_\_\_\_\_

Specific Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of employees supervised (if applicable) \_\_\_\_\_

**APPLICATION MUST BE SIGNED ON LAST PAGE OR IT WILL BE VOIDED**

<b>(Job 3) Previous Job</b>						Employer _____																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">From</th> <th colspan="2">To</th> <th colspan="2">Total Time</th> </tr> <tr> <th>Mo.</th> <th>Yr.</th> <th>Mo.</th> <th>Yr.</th> <th>Yrs.</th> <th>Mos.</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>						From		To		Total Time		Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.							Address _____	
From		To		Total Time																					
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.																				
Hours per Week _____						Telephone Number _____																			
Starting Salary \$ _____ per _____						Your Job Title _____																			
Last Salary \$ _____ per _____						Supervisor's Name and Title _____																			
						Reason for Leaving Position _____																			
Specific Duties _____																									
Number of employees supervised (if applicable) _____																									

  

<b>(Job 4) Previous Job</b>						Employer _____																			
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						Reason for Leaving Position _____																			
Specific Duties _____																									
Number of employees supervised (if applicable) _____																									

  

**10. LIST ALL PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS**

From		To		Explanation
Mo.	Yr.	Mo.	Yr.	

  

**11. SPECIFIC SKILLS** — List below the job number (1-4) from your Employment Record (Section 9) and total number of months of experience in skillfully operating the equipment and/or total number of months of substantial experience in craft(s), trade(s), or technical profession(s).

Job Number	List of Office & Related Equipment Operated	No. of Months	List of All Other Equipment Operated	No. of Months

  

**12. List membership(s) in professional, job-related organizations** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

  

**13. List any active professional, technical, occupational licenses or certificates and registrations you now hold** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

  

**14. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Have you ever used a legal name other than the one indicated on Page 1? Yes_____ No _____ If yes, indicate name(s) and dates used _____																							
16. MILITARY SERVICE. Did you serve in the Armed Services? Yes _____ No _____ Is your discharge honorable? Yes _____ No _____																							
17. Have you ever worked for the Berrien County Board of Commissioners? Yes_____ No _____ If yes, please give date(s) of employment _____ Position title _____ Employing Division(s) _____		18. Are you related to a county employee or is any member of your household employed by the Berrien County Board of Commissioners? Yes_____ No _____ If yes, please give the person(s): Name _____ Relationship to you _____ Employing Division(s) _____																					
19. Have you ever been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pleaded NOLO CONTENDERE to criminal charges, even if the adjudication was withheld? Yes_____ No_____ If yes, please give: Name of offense _____ Name and location of court _____ Deposition of case _____ Date _____ <b>NOTE:</b> A conviction does not automatically mean you cannot be employed by the County. The nature of the offense, how long ago it occurred, relationship to this job, etc., are given consideration.																							
20. How did you learn about the position for which you are applying? — Check the response that applies... ____ Newspaper ad                      ____ Visit to Division of Human Resources                      ____ Georgia Department of Labor ____ County Employee                      ____ Human Resources Analyst                      ____ Recruiting Program - Career Day ____ High School                      ____ College Counselor                      (please specify) _____ ____ Other Source (please specify) _____                      ____ Professional Journal																							
21. REFERENCES: List three (3) references who are not relatives or former employers.																							
<table><tr><th>Name and Occupation</th><th>Address</th><th>Telephone No.</th><th>Years Known</th></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>				Name and Occupation	Address	Telephone No.	Years Known																
Name and Occupation	Address	Telephone No.	Years Known																				
<p>REQUIRED EDUCATION AND BACKGROUND INFORMATION: The position announcement contains a description of the experience and/or education required for the position. Applicants are responsible for clearly explaining prior work experience and/or providing all information which supports the ap location at the time the application is filed. To be creditable, any required accredited college or university education must be verifiable from a reliable source within the U.S. its territories or possessions, and information identifying that source must be submitted with the application. nothing can be added to the application once the announcement period has closed. NOTE: Materials submitted with applications become the property of the County and cannot be returned.</p> <p>STARTING PAY: Starting pay is normally the minimum of the salary range.</p> <p>If this classification requires you to drive county vehicles: it means successful candidates must have valid Georgia Driver's or CDL License and will be required to complete a request for authority to drive County vehicles at the time of appointment which must be approved. Such approval must be maintained throughout employment. Employment may be terminated if authority to drive cannot be issued or is revoked.</p> <p>ID Requirements: In accordance with the immigration reform and control act of 1986 and the reporting requirements of the Internal Revenue Service, applicants must be prepared to present a valid paper Social Security Card and a governmentally issued photo I.D. at the time of selection interview. A valid photo I.D. may be obtained at any Georgia Driver Licensing Office.</p> <p>IMPORTANT: Employment is subject to verification of an applicant's background and conviction record. Persons selected for employment must(1) present a valid social security card and (2) subsequent to an offer of employment, pass a medical examination by a county physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate will not be given further consideration under the present announcement for this classification. Additionally, Berrien County is required by federal law to verify having seen documents, which the applicant must provide as part of employment processing, that show the applicant's identity and right to work in the United States.</p> <p>APPLICATION MUST BE SIGNED.</p> <p>APPLICANT: PLEASE READ THIS STATEMENT BELOW. UNSIGNED APPLICATIONS WILL BE VOIDED! hereby certify that each response on this application and all other information I have furnished in applying for employment with the Berrien County Board of Commissioners is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release Berrien County, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.</p> <p>BERRIEN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND PROVIDER OF SERVICES</p> <p>Signature of applicant _____ Date _____</p>																							

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*DOMESTIC VIOLENCE CERTIFICATION*

This is to certify that the individual listed below has never been convicted in any court of a "Misdemeanor or Felony Crime of Domestic Violence". Domestic Violence, for the purpose of this document, is defined as any misdemeanor or felony that has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim,

The below named applicant understands that such a conviction would make it illegal for him/her to possess a firearm and thus make him/her unsuitable for law enforcement duty. Further, the below named applicant understands that falsification of this form or failure to report a future conviction is grounds for their removal from the selection process or immediate dismissal.

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Printed Applicant Name

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Date

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*Applicant Signature*

**NOTICE TO APPLICANT:**

We cannot stress enough the importance of the accuracy of your answers. The information which you supply in this booklet will be compared with information provided by others throughout the application process. Any discrepancy or omission may result in your removal from the selection process.

If you have any questions about the selection process or need clarification about any of the questions contained in this booklet, please call the Berrien County Sheriff's Office at (229)686-7071.

**PROBATIONARY STATUS-** Each new employee will be considered on probationary status until he/she has successfully completed three months of employment. The ninety-day probationary period is considered a working test and is part of the hiring process. Failure to successfully complete the working test will result in dismissal from employment as a deputy with the Berrien County Sheriff's Office. Employment, if offered, is for no definite period of time.

I have read and understand the aforementioned information.

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Applicant 's Signature

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Date

**CONSENT FOR DRUG AND ALCOHOL SCREENING TEST AND RE PORT**

(To be signed by candidate or employee before collecting a specimen.)

I hereby consent to the testing of my blood, urine, or other bodily fluids for the presence of illicit chemical substances as defined in Berrien County's "County" Drug-Free Workplace Policy" on Substance Abuse, Contraband Articles, and Employee Assistance, and to the reporting of the results of said tests to the Personnel Director and to such other persons who are authorized under said Policy to receive such information,

I acknowledge that I have been assured that any information revealed in such a search or screening test will be used only for purposes of the County's making decisions about my employment, termination, or employment-related discipline, to determine whether I am in compliance with the County's Drug-Free Workplace Policy and that it will not be utilized against me in any criminal proceedings.

I hereby release and agree to hold harmless the County, of its officers, managers, supervisors, and agents from any and all liability arising out of the obtaining of the specimen of my fluids, the administration of the tests to the specimens, and the reporting of the results of the tests in accordance with the County's Policy and Procedures.

Date

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Employee/Job Candidate's Signature





**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize \_\_\_\_\_ to conduct an inquiry for  
the purpose listed below and receive any Georgia and/or national criminal history record information  
as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for \_\_\_\_\_ days from date of signature.

☐ I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Individual (Pur E and U Only)

\_\_\_\_\_  
Bar Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
<b>PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)</b>	
<input type="checkbox"/>	U - Personal Copy
<b>CRIMINAL JUSTICE EMPLOYMENT</b>	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
Agency Designee Signature and Title

## Georgia Driver's History Consent Form

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

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List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

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Signature

Date

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To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	