



**PRE-EMPLOYMENT
BACKGROUND
PACKET**

APPLICANT: READ THIS FIRST

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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

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.

Printed Applicant Name

Date

Applicant Signature

A NCIC/GCIC Criminal History check of this applicant revealed convictions.

() YES () NO

Investigator

Comments:

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.

Applicant 's Signature

Date

THE BERRIEN COUNTY SHERIFF'S OFFICE IS AN EQUAL
OPPORTUNITY EMPLOYER

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND CRIMINAL HISTORY
INFORMATION

_____, I, do hereby authorize the review and full disclosure of all records concerning myself to a duly authorized agent of the Berrien County Sheriff's Office, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions; including records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations, reports, background reports, polygraph exam results, performance appraisal, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me; and the records, recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had interest; and any other document or article of information deemed pertinent for the purposes of assessing my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part, upon this release authorization will be considered in determining my suitability as a candidate for employment by the Berrien County Sheriffs Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this; and hereby specifically release them from any liability which may be incurred as a result of furnishing such information,

I hereby authorize the Berrien County Sheriff's Office to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal agency, to include the Georgia and National Crime Information Center files.

A photocopy of this release will be as valid as an original thereof, even though the said photocopy does not contain any original writing of my signature.

Applicant's Printed Name:

Other names I have been known by:

Applicant's Signature:

Sworn to me and subscribed in my presence, this _____ day of _____ 20_____

Notary Public 's Signature & Seal

MISCELLANEOUS

Is there anything else in your background that you feel we should be aware of as we consider your employment application? () YES () NO (If YES, explain)

Is there any reason to prevent you from:

1. Taking an oath with or without an affirmation?

() YES () NO (If YES, explain),

2. Supporting and defending the Constitution of the United States, The State of Georgia, and the laws and ordinances of Berrien County? () YES () NO (If YES, explain)

3. The taking of a life in the pursuit of duty? () YES () NO
(If YES, explain)

PERSONAL HISTORY

DATE: _____ POSITION APPLIED FOR: _____

NAME: _____
Last First Middle

LIST ANY OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY & WHY:

IF NONE, SO STATE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Month Day Year City State

SOCIAL SECURITY NUMBER: _____

MARITAL STATUS: _____ AGE: _____ SEX: _____ RACE: _____

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO NATURAL BORN NATURALIZED

HOME ADDRESS: _____
Street

City State Zip Code County

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

WITH WHOM DO YOU RESIDE? (GIVE NAMES AND RELATIONSHIPS) _____

YOUR OCCUPATION: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
Street

City State Zip Code

RESIDENTIAL HISTORY

List address of all residences for the last ten (10) years, starting with present.

FROM <i>Month/Year</i>	TO <i>Month/Year</i>	ADDRESS	CITY	STATE
/	(PRESENT)			
/				
/				
/				
/				
/				
/				
/				
/				

LITIGATION

Have you ever been named as a defendant in any type of lawsuit? YES NO

If yes, complete the following:

<i>Date</i>	<i>Title of action or proceeding</i>	<i>Disposition</i>
<i>Date</i>	<i>Title of action or proceeding</i>	<i>Disposition</i>

Have you ever filed a lawsuit against any other person, company, or employer? YES NO

If yes, complete the following:

<i>Date</i>	<i>Title of action or proceeding</i>	<i>Disposition</i>
<i>Date</i>	<i>Title of action or proceeding</i>	<i>Disposition</i>

PERSONAL REFERENCES

List three references, excluding family members that have known you for at least five years and are familiar with your work,

1. Name:

Address:

Phone -Day:

Evening:

2. Name:

Address:

Phone — Day:

Evening:

3. Name: _____

Address:

Phone — Day: _____

Evening: _____

EDUCATION

Circle the highest year of education that you have successfully completed

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

If you graduated from high school or received a GED Certificate, complete the following:

School: _____ Address: _____

Year graduated: _____

If you attended a University, College, or Vocational/Trade School, list the name of the school, location, years attended, major course of study, and any degree or certification obtained:

School: _____ Location: _____

Dates Attended: TO: _____ FROM: _____ Major: _____

Degree: _____

School: _____ Location: _____

Dates Attended: TO: _____ FROM: _____ Major: _____

Degree: _____

School: _____ Location: _____

Dates Attended: TO: _____ FROM: _____ Major: _____

Degree: _____

School: _____ Location: _____

Dates Attended: TO: _____ FROM: _____ Major: _____

Degree: _____

If you attended graduate school or have a graduate degree, list the name of the college or university attended, address, major area of study, and degree obtained:

College/University: _____ Location: _____ Years attended _____

List ALL jobs you have held since high school. Put your PRESENT or MOST RECENT JOB FIRST. Include Military Service in proper sequence. List temporary or part-time jobs REGARDLESS OF HOW LITTLE TIME WAS INVOLVED. If you need more space, you may attach additional pages. **(All address and phone numbers must be current. Do not use post office box as an address!!!)**

1. Name of Employer: _____ Title _____

Address:

Street Address	City	State	Zip Code
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Dates Employed FROM: _____ TO: _____

Phone number(s) _____ Hourly Rate/Salary _____

Worked performed:

Name, title, & best time to contact Supervisor: _____

Reason for leaving: _____

PLEASE NOTE: YOU CURRENT EMPLOYER WILL BE CONTACTED DURING BACKGROUND INVESTIGATION!!

2. Name of Employer: _____ Title: _____

Street Address	City	State
----------------	------	-------

Date of Employment **FROM:** _____ **TO:** _____

FULL-TIME _____ **PART-TIME** _____ **HOURLY RATE/SALARY** _____

Worked Performed: _____

Reason for leaving _____

Name, title, & best time to contact a Supervisor: _____

3. Name of Employer _____ Title: _____

Address _____

Street Address *City* *State* *Zip Code*

Dates Employed: _____ To: _____ Full-Time () Part-Time ()

Phone Number(s) _____ Hourly Rate _____

Work Performed:

Name, title, & best time to contact Supervisor:

Reason for leaving:

4. Name of Employer: _____ Title: _____

Address: _____
Street Address *City* *State* *Zip Code*

Dates Employed FROM: _____ To: _____ Full-Time () Part-Time ()

Phone Number(s) _____ Hourly Rate _____

Work performed

Name, title & best time to contact Supervisor _____

Reason for leaving:

5. Name of Employer:

_____ ~~Title~~ _____

Address:

_____ *Street Address*

_____ *City*

_____ *State*

_____ *Zip Code*

Dates Employed FROM:

_____ TO: _____

FULL-TIME: _____ PART TIME _____

Phone Number(s) _____ Hourly Rate/Salary _____

Work Performed: _____

Reason for leaving:

Name, title, & best time to contact supervisor: _____

WORK HISTORY

Have you or any companies in which you are or were a principal ever been the subject of an investigation of litigation that was conducted by a federal, state, or local agency? Yes ___ No ___

Explain:

Do you have any affiliation with any company that does business with the State of Georgia?

Yes ___ No ___

If Yes, give name of company _____

Have you ever been investigated, reprimanded, fined, or suspended from doing business with any local, state, or federal agency? Yes ___ No ___

Explain:

Has a supervisor ever given you a verbal or written reprimand, been suspended, or disciplined for any reason? Yes ___ No ___ explain and give name of employer and dates:

Have you deliberately destroyed any property of an employer? Yes ___ No ___ I yes, please explain:

Circle the number of times you have been asked to resign or have been fired from a job within the last ten years? 1 2 3 4 5 6 7 8 9 10

Explain:

WORK HISTORY

Continued:

Have you ever quit a job to avoid being fired? Yes _____ No _____

If yes, please explain: _____

Have you ever been a party to a lawsuit, resulting from your actions in performance of your job?

Yes _____ No _____

Are you willing and able to work nights and weekends? (**NOTE: ALL APPLICANTS FOR JAILOR/DEPUTY ARE EXPECTED TO WORK ANY SHIFT ASSIGNED.**) Yes _____ No _____

If No, please explain why: _____

WORK HISTORY

If you were ever employed by a criminal justice or law enforcement agency, answer the following:

Have you ever accepted a payoff? Yes () No ()

Have you ever stolen anything from someone you've arrested? Yes () No ()

Have you ever stolen anything from an evidence room? Yes () No ()

Have you ever kept the property of someone you arrested? Yes () NO ()

Did you ever carry a "throw down" weapon? Yes () No ()

Have you ever unlawfully entered a business or residence? Yes () No ()

Have you ever stolen anything from an impounded vehicle? Yes () No ()

Did you ever falsify an expense voucher? Yes () No ()

Have you ever received any kind of gratuity for dropping a case or disposing of an arrest ticket Yes () No ()

Have you ever kept for personal use or for resale any illegal drugs taken from someone that had been arrested/detained or questioned? Yes () No ()

Have you ever used illegal drugs/marijuana while a law enforcement officer? Yes () No ()

Did you ever warn anyone that they were the subject of a criminal investigation? Yes () No ()

Did you ever "cover up" a crime committed by a fellow officer? Yes () No ()

Have you ever "tipped off" a friend, acquaintance, or relative about an active investigation involving them or someone they know? Yes () No ()

Did you ever "cover up" a criminal offense for a friend or relative? Yes () No ()

While employed by a criminal justice agency have you ever illegally possessed or sold marijuana, cocaine or other illegal drugs? Yes () No ()

Did you ever make a false report? Yes () No ()

Have you ever illegally destroyed a case file, computer record, or official report Yes () No ()

Have you ever "planted" evidence? Yes () No ()

Explain fully any items checked:

DRIVING RECORD

Do you have a valid driver's license?? YES () NO ()

State of Issue _____ Driver's License Number _____

Classification: _____ Expiration Date: _____

How many years have you been driving? _____

To the best of your knowledge, how many points are currently on your license? _____

Did you ever possess a driver's license issued by any other state? Yes () No ()
(If yes, give state, license number, dates and name issued to:

State _____ License Number _____ Years _____

State _____ License Number _____ Years _____

State _____ License Number _____ Years _____

Have you ever been refused a driver's license by any state? Yes () No ()

Did you ever obtain a driver's license under any other name? Yes () No ()

Have you ever been involved in an accident you failed to report? Yes () No ()

Have you ever been involved in any accident as a driver? Yes () No ()
If yes, how many? _____

Have you ever been denied auto insurance? Yes () No ()

DRUG HISTORY

Check the appropriate column(s) for each of the following drugs used recreationally/casually/illegally:

	NEVER USED	TRIED/ USED	LAST TIME MONTH/YEAR	FRIST TIME MONTH/YEAR	NUMBER OF TIMES
Amphetamines/ Uppers					
Ativan					
Barbiturates/Downers					
Benzedrine					
Cocaine/Coke					
Codeine Crack					
Crank/ Meth/Ice					
Darvon					
Darvon/Darvocet					
Demerol					
Dexedrine					
Dilaudid					
Ecstasy(XTC)/MDMN/MDA					
Equanil					
GHB/Liquid Ecstasy					
Glue					
Hash Oil					
Hashish					
Heroin					
Huffing/inhalant Use					
Ketamine/Cat Valium					

Librium					
Lortab/Lorcet					
LSD Acid STP					
Marijuana HC					
Meperidine					
Mescaline					
Methadone					
Methamphetamine					
Methaqualone					
Morphine					
Mushrooms/Psilocybin					
Nembutal					
Nexus					
Nitrous Oxide					
Opium					
Oxycodone					
OxyContin					
PCP/Angel Dust					
Percodan/Percocet					
Peyote					
Seconal					
Speed					
Steriods					

Continued

Explain fully any items checked:

How many of your current friends or associates use illegal Drugs? _____

Have you ever tried [used illegal drugs just prior to reporting to work? Yes () No ()

Have you tried/used illegal drugs while at work? Yes () No ()

Have you ever tried/used illegal drugs at lunch or breaks at work? Yes () No ()

Have you ever tried /used illegal drugs after getting off work? Yes () No ()

Describe the type of drug and the circumstances:

Have you ever purchased and/or received any illegal drugs? Yes () No ()

Drug: _____ Last Time: _____ Number of Times Used: _____

Have you ever operated a vehicle/boat while under the influence of drugs/alcohol?

Yes () No () If yes, Number of times: _____

Have you ever grown or participated in growing marijuana? Yes () No ()

If yes, How Much? _____ , When _____ , Where _____

What did you do with the marijuana? _____

Have you ever manufactured or participated in manufacturing illegal drugs? Yes () No ()

If Yes, What type? _____ When _____ Where _____

What did you do with the drugs? _____

Have you ever purchased and/or received any illegal drugs? Yes () No ()

Drug _____ Last Time: _____ Number of Times _____

If yes, describe circumstances _____

If you answer "yes" to any of the above questions, an explanation is required:

ALCOHOL

Did you ever operate a vehicle/boat under the influence of alcohol? YES NO
If yes, when was the last time? _____

Have you ever been stopped for driving under the influence but not taken to jail? YES NO
If yes, when was the last time? _____

Did you ever call in sick because of a "hangover?" YES NO

Did you ever consume alcoholic beverages prior to reporting for work? YES NO

Did you ever consume alcoholic beverages while at work? YES NO

If you answered "yes" to any of the above questions, an explanation is required:

GAMBLING

Do you have gambling debts? YES NO
If yes, an explanation is required:

What is the most money you have ever illegally bet at one time? _____

What is the largest amount of money you have ever lost? _____

Did you ever borrow money to pay a gambling debt? YES NO
If yes, how many times? _____

Did you ever steal money to pay a gambling debt? YES NO
If yes, how many times? _____

CONSENT FOR DRUG AND ALCOHOL SCREENING TEST AND REPORT

(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

Employee/Job Candidate's Signature

Date

Witness

APPLICANT'S FITNESS FOR DUTY

Are you aware of any condition that would prevent you from the fulfillment of the duties of a Deputy Sheriff, with or without reasonable accommodation? () YES ((If YES, explain)

I CERTIFY THAT ALL ENTRIES WERE MADE IN THIS BOOKLET BY ME AND THAT THEY ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT IF AT ANYTIME DURING MY THE COURSE OF THE BACKGROUND INVESTIGATION OR DURING EMPLOYMENT WITH THE Berrien County Sheriff's Office, it is discovered that I have made in any way, or given any misleading statements, it shall be sufficient cause for my immediate termination.

Signature of Applicant

Printed Name

Date

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Which position are you applying for? Deputy() Jailor() Investigations()

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