

**IMPORTANT**  
**PLEASE READ**

Upon completion of this packet, attach the following:

1. High School Diploma or State General Education (G.E.D.)
2. Certified copy of your Birth Certificate or proof of birth. In place of a birth certificate, a copy of a valid *Georgia Driver's License*, and one or more of the following documents will be accepted.
  - a. Baptismal records
  - b. Draft Card
  - c. Court Records
  - d. Passport
  - e. Citizenship papers
  - f. Armed Forces discharge paper (DD214)
  - g. Certified copy of school records

This identification must show the Full Name and Date of Birth of the applicant. In order to establish the place of birth, an applicant must also submit a signed, notarized statement indicating that he/she is a United States Citizen in documents other than a birth certificate are furnished. Included in this statement must be the place, date, and country of birth. If the applicant is a naturalized citizen, a certified copy of the naturalization papers is to be sent with this statement.

3. A copy of your military discharge form DD-214 that shows the type of discharge, if applicable.
4. A Driver's History for the past seven (7) years (obtained from your local Georgia State Patrol headquarters. The Georgia State Patrol Drivers License Division will impose a \$7.00 for each personal request).
5. It is important that each applicant fill in all applicable questions. **All the forms and documents requested must be provided at the time of application.** Legible copies are acceptable. Copies may be made at your local library.

If you have any questions, contact Floyd County Human Resources  
706-291-5156  
8:00 a.m. – 5:00 p.m. Monday-Friday

All information must be returned to Floyd County Human Resources Department  
3 Government Plaza, Suite 130, Rome, GA 30162

**FLOYD COUNTY SHERIFF'S OFFICE  
FLOYD COUNTY PRISON  
FLOYD COUNTY POLICE DEPARTMENT  
E-911 DISPATCHER**

**BACKGROUND INVESTIGATION**

**APPLICANT QUESTIONNAIRE**

**Applicant  
Name** \_\_\_\_\_

**Applicant Daytime phone number** \_\_\_\_\_

**Applicant Pager Number/Cell Phone number** \_\_\_\_\_



**Non-Law Enforcement**  
**Employment History**

Previous Employment for past five (5) years (most recent first)

(1) Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

(2) Name of Employer \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

(3) Name of Employer \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**LAW ENFORCEMENT**  
**EMPLOYMENT HISTORY**

Are you Certified as a Georgia Peace Officer Yes    No  
Cert.# \_\_\_\_\_

Are you Certified as a Georgia Jail Officer Yes    No  
Cert. # \_\_\_\_\_

Are you Certified in another state as a Peace Officer, if so, give state and certification number \_\_\_\_\_

(1) Name of Agency \_\_\_\_\_ Sworn: Yes    No  
Agency Address: \_\_\_\_\_

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Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

(2) Name of Agency \_\_\_\_\_ Sworn: Yes    No  
Agency Address: \_\_\_\_\_

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Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

(3) Name of Agency \_\_\_\_\_ Sworn: Yes    No  
Agency Address: \_\_\_\_\_

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Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Military Service**

Completed Military Service:

Branch: \_\_\_\_\_ Service Number \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Character of Discharge: \_\_\_\_\_

If other than Honorable, give full explanation: \_\_\_\_\_

\_\_\_\_\_

Member of Reserve or National Guard Unit: \_\_\_\_\_

Unit Address \_\_\_\_\_

Name of Commanding Officer: \_\_\_\_\_

**SELECTIVE SERVICE**

Are you registered with Selective Service: Yes \_\_\_\_\_ No \_\_\_\_\_

30 days before to 30 days after your 18<sup>th</sup> birthday, you are now required to register with Selective Service.  
(Birthdays 1960 and later).

**CRIMINAL RECORD**

Arrest: (Felonies, Misdemeanors, Civilian or Military)

Crime	Court	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Arrest (Traffic, Including Pleas of Guilty and Nolo)

Offense	Court	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pending Charges or Indictments:

Crime or Offense	Court Having Jurisdiction	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments on above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Formal Education**

### **High School:**

Name of High School: \_\_\_\_\_ Diploma: Yes No

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Diploma: \_\_\_\_\_

### **College, University, Professional, Vocational or Trade School:**

Name of School: \_\_\_\_\_ Hours or Degree \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Diploma: \_\_\_\_\_

Name of School: \_\_\_\_\_ Hours or Degree \_\_\_\_\_

School Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Diploma: \_\_\_\_\_

GED: \_\_\_\_\_ Where Test Taken: \_\_\_\_\_

Date Test Administered \_\_\_\_\_ Administered By: \_\_\_\_\_



**PERSONAL HISTORY RELEASE**

I do hereby authorize the review of, and full disclosure of all records concerning myself, including Criminal and Driver Histories to the Floyd County Sheriff's Office.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial statements and records wherever filed; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency rating, complaints or grievances filed by or against me and 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 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 Floyd County Sheriff's Office and the Georgia Peace Officer Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable 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 release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Floyd County Sheriff's Office and the Georgia Peace Officer Standards and Training Council.

\_\_\_\_\_  
Signature (Including maiden name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City      State      Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth