



## BALDWIN COUNTY SHERIFF'S OFFICE

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119 OLD MONTICELLO ROAD • MILLEDGEVILLE, GEORGIA 31061  
 P.O. BOX 830 • MILLEDGEVILLE, GEORGIA 31059-0830  
 NLETS/GA0050000 TERM/BALD  
 PHONE: (478) 445-4891

### APPLICATION FOR EMPLOYMENT

#### PERSONAL HISTORY

#### CRIMINAL and DRIVER'S HISTORY CONSENT

Last Name	First Name	Middle Name
Date of Birth _____	Social Security No. _____	
Sex _____ Race _____	Driver's Lic. No. _____	

I hereby authorize the Baldwin County Sheriff's Office to obtain criminal histories through G.C.I.C. and N.C.I.C. and all driver's license information through the Georgia Department of Public Safety or any other state for which I am personally licensed to operate a vehicle.

#### BALDWIN COUNTY SHERIFF'S OFFICE APPLICANT INFORMATION RELEASE

In connection with my application for employment with the Baldwin County Sheriff's Office, I hereby agree as follows:

I hereby authorize any person(s), educational/training institution, former employer I have listed on my application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold the person(s), educational/training institution, former employers and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

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 have read and understand both the Criminal and Driver's History Consent and the Applicant Information Release.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Email Address \_\_\_\_\_

*Information regarding test dates etc. will be emailed to the address provided. Please provide a valid email address that you check frequently.*

Current Address \_\_\_\_\_

Phone # \_\_\_\_\_ CITY STATE ZIP CODE

Position Applying for: \_\_\_\_\_ Part- Time  Full-Time

List three personal references with *addresses and phone numbers*:

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**EDUCATION AND TRAINING**

Are you presently employed? yes  no

Have you ever been terminated by an employer? yes  no

If so, why? \_\_\_\_\_

Have you ever been employed by another law enforcement agency? yes  no

If yes, Agency Name and duties: \_\_\_\_\_

**List employment history below with your current or most recent employer first.**

**Employer** \_\_\_\_\_ **Address** \_\_\_\_\_

Phone Number \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

**Employer** \_\_\_\_\_ **Address** \_\_\_\_\_

Phone Number \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

**Employer** \_\_\_\_\_ **Address** \_\_\_\_\_

Phone Number \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

High School Diploma  or GED

*Attach a copy or picture of your high school diploma, GED certificate, or certified transcript to this application.*

**DRIVING INFORMATION**

Are you licensed to drive a vehicle? yes  no

*If yes, attach a copy or picture of your driver's license to this application.*

*If no, please be advised that a valid Georgia driver's license is required for employment with this agency.*

Do you currently own a vehicle? yes  no

*If yes, attach proof of vehicle insurance to this application.*