



# Rabun County Sheriff's Office

## Application for Employment

# CONFIDENTIAL

### Equal Opportunity Employer

The Rabun County Sheriff's Office does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or provision of services.

All pages must be completed in black or blue ink.

### Applicant Name

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Last

First

Middle

Date \_\_\_\_\_

Position applied for:     Deputy     Detention Officer     Administration

Dear Applicant,

I am pleased that you have decided to apply for employment with the Rabun County Sheriff's Office. Should you be selected for employment, you will find that the employees of the agency are highly motivated, career orientated, competent men and women with high ethical standards, who provide the entire range of law enforcement services to the community.

Therefore, we have established very high standards for our employees. It is the policy of this agency to hire only the best-qualified individuals for full and part-time positions. Our employee selections process is thorough and regimented. It affords equal opportunity to everyone regardless of race, creed, color, gender, national origin, age, or disability. All eligible applicants will be afforded the same opportunity for employment selection.

To be considered for employment, applicants must meet the following minimum qualifications: Applicants must be a least 21 years of age for Deputy Sheriff, 18 years of age for Detention Officer or 18 years of age for civilian positions, possess a high school diploma or GED, possess a valid driver's license, honorable discharge (if prior military), and have no adverse driving record nor felony convictions.

The hiring process includes but is not limited to the following: Passing an intensive background investigation, voice stress analysis and/or polygraph examination, oral interview and following a conditional job offer, medical examination and drug screen. The entire selection process takes approximately 90 to 180 days from the date background questionnaire is returned to my office.

It is essential that you follow all directions provided. The application process requires you to provide much detailed information about yourself. Because we are a public safety organization, we must have accurate and extensive information upon which to base our employment decisions so that we can properly serve the citizens of Rabun County. Should you have any questions, please contact my office.

Sincerely,

A handwritten signature in blue ink that reads "Chad K. Nichols". The signature is written in a cursive style.

Sheriff Chad Nichols

## STATEMENT OF HIRING PRACTICES

1. It is the policy of the Rabun County Sheriff's Office to hire the best-qualified individuals by using a selection process that measures each applicant's traits and characteristics in a manner that is related to the job applied for.
2. The agency will practice a regimented and thorough selection process while simultaneously affording equal opportunity to everyone regardless of race, creed, color, gender, national origin, or age.
3. The agency relies upon the accuracy of information contained in the employment application and other data obtained throughout the selection process. Any misrepresentations, falsification, or material omissions of this information may result in the exclusion of the applicant from further consideration for employment or, if the individual has been hired, termination of his/her employment.

The minimum employment qualifications for all applicants are:

- ✓ Be at least 21 years of age (Deputy applicants) or 18 years of age (non-sworn applicants) when the employment application is submitted;
- ✓ Be a citizen of the United States (or legally qualified to work in the United States as of the date employment commences);
- ✓ Be a high school graduate or its equivalent;
- ✓ Possess an Honorable Discharge (if prior military service);
- ✓ Possess a valid driver's license;
- ✓ Be able to perform the essential job functions for the position applied for;
- ✓ Successfully pass an oral hiring board interview;
- ✓ Successfully pass an extensive background investigation, which includes a check of school records, prior employment history, and driver's history; inquiries into character and reputation through interviews of references and previous work/school association; and a fingerprint-based criminal records check.
- ✓ Complete a voice stress analysis and/or polygraph examination;
- ✓ Successfully pass drug screening test; and
- ✓ Successfully pass a medical examination and psychological evaluation.

O.C.G.A. 35-8-8 requires a pre-employment background for Deputy Sheriff and Jailers (including Jailers who are certified Jailers). The Rabun County Sheriff's Office will conduct a thorough background on each applicant that applies for a position as a Peace Officer, Jailer, or any administrative staff. The background investigation includes, but is not limited to:

- ✓ Check of applicant's work history
- ✓ Driver's history
- ✓ Criminal history
- ✓ Administering of a written and/or clinical psychological evaluation
- ✓ Administering of a voice stress analysis and/or polygraph examination
- ✓ Pre-employment drug screening
- ✓ References (personal and work)

Employment in law enforcement requires integrity and public trust. Only those applicants whose conduct, character, and behavior, that does not discredit either themselves or the Rabun County Sheriff's Office, will be employed. The process of employment with the Rabun County Sheriff's Office will address the integrity, ethical, conduct, honesty, prejudices, and past behavior of all applicants.

In an effort to maintain an equitable standard for the positions of Deputy Sheriff or Jailer, the Command Staff of the Rabun County Sheriff's Office has set certain standards and guidelines. The following standards are among those that will automatically disqualify an applicant for consideration:

- Intentionally falsifying, misrepresenting, or omitting pertinent information while completing the employment application, preliminary interview questionnaires, or any other pre-employment document(s).
- If you deliberately make any inaccurate, misleading, false, or fraudulent statements during the employment process.
- Any felony convictions
- Any outstanding criminal charge pending adjudication and completion of any sentence or probation.
- Sufficient misdemeanor convictions to establish a pattern for disregard of the law.
- No conviction for misdemeanor of an aggravated nature, public order, decency or moral turpitude.



How did you learn of this available position?	Walk-in	RCSO Website	Social Media
Are you available to work any time of the day?	YES	NO	
Are you available to work any day of the week?	YES	NO	
Are you willing to work nights or weekends?	YES	NO	
Do you object to wearing a uniform?	YES	NO	

### DRIVER'S HISTORY

Do you have a valid Driver's license?    **YES**    **NO**                      State: \_\_\_\_\_

Driver's license number: \_\_\_\_\_                      Date of expiration: \_\_\_\_\_

Have you ever been licensed to drive in another state?    **YES**    **NO**    State: \_\_\_\_\_

Operator's license number: \_\_\_\_\_

Have you ever incurred any traffic charges within the last three (3) years?    **YES**    **NO**

If yes, please do not include parking tickets.

Date: \_\_\_\_\_                      Type of Charge: \_\_\_\_\_

Date: \_\_\_\_\_                      Type of Charge: \_\_\_\_\_

Date: \_\_\_\_\_                      Type of Charge: \_\_\_\_\_

**I hereby authorize the Department of Public Safety of Georgia, or any other authorized agency to which this authorization may be presented, to release to the Rabun County Sheriff's Office an abstract of my driving record for use in processing my employment application.**

Signature of applicant: \_\_\_\_\_                      Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

<b>GENERAL INFORMATION</b>
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Have you ever been employed by or applied with the Rabun County Sheriff's Office?  <p style="text-align: center;"><b>YES NO</b></p>	If yes, when?	Department/Office
How did you learn of this opening?	Are you a Citizen of the United States?  <p style="text-align: center;"><b>YES NO</b></p>	
Are you related to anyone currently employed by the Rabun County Sheriff's Office? <b>YES NO</b>	Relative's Name	Relationship
Department/Office		
<b>In accordance with the Immigration Reform Act of 1986 proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.</b>		
Have you ever been convicted of, or plead guilty or nolo to a felony or misdemeanor, other than a minor traffic violation? <b>YES NO</b>		
If yes, please attach a written statement that answers what, when, the specific circumstances surrounding the event as well as the outcome.		
Active Military Service (list date, serial or service number for all active service) <b>N/A</b>		
From _____ To _____ Serial or Service Number _____		
Branch of Service: _____ Discharge Type: _____		
Are you now or have you ever been an inactive member of any branch of the U.S. Reserve Forces or National Guard? <b>YES NO</b> If yes, what type of branch? _____		
Please indicate below any answers that are true statement(s).		
<ul style="list-style-type: none"> <li>• Have you ever used marijuana? <b>YES NO</b></li> <li>• Have you ever: _____ possessed, _____ sold, _____ manufactured, _____ used, or _____ delivered illegal drugs</li> <li>• Have you ever: _____ illegally possessed, _____ sold, _____ manufactured, _____ used, or _____ delivered legal prescription medication</li> <li>• Date(s) _____ used, _____ possessed, _____ sold, _____ delivered</li> </ul>		
Type of Drug(s): _____		





### EDUCATION INFORMATION

Are you a high school graduate?      **Yes**      **No**

If no, circle highest grade completed:    **5**   **6**   **7**   **8**   **9**   **10**   **11**   **12**

Do you have a GED:                      **Yes**                      **No**                      Date completed: \_\_\_\_\_

SCHOOL	NAME	ADDRESS/PHONE NUMBER	DATES ATTENDED	COMPLETED	DEGREE EARNED
HIGH SCHOOL				9 10 11 12	
BUSINESS/ TECHNICAL SCHOOL				1 2 3 4	
COLLEGE				1 2 3 4	
GRADUATE SCHOOL				1 2 3 4	

### SKILLS AND TRAINING

Please list any skills/training you have that would be beneficial to this agency.


### PERSONAL REFERENCES

Please list five (4) personal references. These are people you have known for at least four (4) years, which are **NOT** former employers, relatives, or people with whom you are living.

NAME	ADRESS	PHONE	RELATIONSHIP
		Work: _____ Cell: _____	
		Work: _____ Cell: _____	
		Work: _____ Cell: _____	
		Work: _____ Cell: _____	

## EMPLOYMENT HISTORY

Describe your work history beginning with your current or most recent job. Include military, volunteer experience and periods of unemployment. Complete address with zip code and phone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

Please cover employment history for past five years, including military if applicable. Use attachment if necessary.

	From Mo/Yr	To Mo/Yr	Wage Rate Start/Finish	Job Title and Duties	Reason for leaving and supervisor's name
Name: _____ Address: _____ _____ Phone:( ) _____					
Name: _____ Address: _____ _____ Phone:( ) _____					
Name: _____ Address: _____ _____ Phone:( ) _____					
Name: _____ Address: _____ _____ Phone:( ) _____					
Name: _____ Address: _____ _____ Phone:( ) _____					

## WORK REFERENCES

Please list (4) work related references. These are people you have worked with for the last (4) years, which are NOT relatives or people with whom you are living.

NAME	ADDRESS	PHONE	TITLE
		Work: _____ Cell: _____	
		Work: _____ Cell: _____	
		Work: _____ Cell: _____	
		Work: _____ Cell: _____	

### APPLICANT'S STATEMENT/CONSENT WIAVER

I certify that I have read and understand all questions and instructions in this application, and that my answers are true and complete. I understand that this application is **not an offer of or a contract for employment**.

I understand that any untrue statement in this application may result in my dismissal at any time during my employment with the Rabun county Sheriff's Office. I understand that any intentional false statement will result in my disqualification of my application and/or prosecution for the offense of False Swearing (Ga. Code Section 16-10-71) punishable by a maximum fine of \$1000 plus imprisonment for not less than one, or more than five years or both. I further understand that any erroneous answer given by me during any part of the application process, whether intentional or not, will constitute a basis for my elimination from consideration for the employment I now seek. I understand that if I do not wish to answer a question in the process, I may choose not to do so and application will be terminated.

I hereby authorize the Rabun County Sheriff's Office to receive any Criminal/Driver's History Record information, pertaining to me which may be in the files of any State or Local Jurisdiction. I also respectfully request and authorize all information that there may be concerning my employment record, my educational record, and my reputation be released to the Rabun County Sheriff's Office. I request that all records pertaining to my military service, to include undeleted DD214 forms be released to the Rabun County Sheriff's Office. You may include all information of a confidential or privileged nature and any photocopies or facsimile of the same, if required.

This information will be used to assist the Rabun County Sheriff's Office in determining my qualification and fitness for the position I am seeking with this agency. I hereby release you, your organization and/or others from liability, which may result from furnishing the information I have requested above. 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 resumes; letters of reference, etc., submitted with the application become property of the Rabun County Sheriff's Office and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

By signing this application, I hereby acknowledge that I have read, understand, and agree to all provisions outlined herein.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Applicant printed name: \_\_\_\_\_

Applicant Social Security Number: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_

STATE OF GEORGIA COUNTY OF \_\_\_\_\_

Before me appeared, \_\_\_\_\_, who says that he/she executes the above statement of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
My commission expires: \_\_\_\_\_

Notary Public

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND ALL QUESTIONS AND INSTRUCTIONS IN THIS QUESTIONNAIRE, AND THAT MY ANSWERS ARE TRUE AND COMPLETE.

I UNDERSTAND THAT ANY INTENTIONAL UNTRUTHFUL MISSTATEMENT OF MATERIAL FACT WILL RESULT IN:

- DISQUALIFICATION OF MY APPLICATION OR DISMISSAL FROM EMPLOYMENT WITH THE RABUN COUNTY SHERIFF’S OFFICE
  
- PROSECUTION FOR THE OFFENSE OF FALSE SWEARING (OCGA 16-10-71), A FELONY PUNISHABLE BY A MAXIMUM FINE OF \$1,000.00 PLUS IMPRISONMENT FOR NOT LESS THAN ONE, NOR MORE THAN THREE YEARS, OR BOTH.

\_\_\_\_\_

APPLICANT SIGNATURE	DATE
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STATE OF GEORGIA COUNTY OF \_\_\_\_\_

BEFORE ME PERSONALLY APPEARED \_\_\_\_\_, WHO SAYS THAT HE / SHE EXECUTES THE ABOVE STATEMENT OF HIS / HER OWN FREE WILL AND ACCORD, WITH FULL KNOWLEDGE OF THE PURPOSE THEREOF.

SWORN AND SUBSCRIBED TO ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ IN THE YEAR \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

RABUN COUNTY SHERIFF'S OFFICE  
EMPLOYMENT APPLICATION AGREEMENT

Applicant Name: \_\_\_\_\_  
(Last, First, MI.)

1. I understand that if I decide I do not wish to answer a question in this application booklet or provide documents as indicated, I may choose not to do so and my application process will be terminated.
2. COPIES of the following documents are required to be attached to application; failure to attach these documents at the time your application is submitted will result in an incomplete application and the application will be terminated:
  - Social Security Card
  - High School Diploma or GED
  - Copy of Valid Driver's License
  - Application Agreement
  - Completed Application
  - Applicant Photo
  - Copy of Social Security Card
  - Copy of Passport (if applicable)
  - Certified Copy of Birth Certificate
  - Military DD214 Copy #2 and/or #4 (if you are a military veteran) OR Service Copy
  - Basic Law Enforcement Training Certificate (if applicable)
3. This application will be considered only for vacancies existing on or within ninety (180) days after the filing of this application. After this time, a new application must be filed in writing for further consideration.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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FOR OFFICE USE ONLY

This application packet was received in this office on \_\_\_\_\_, 20\_\_

## Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.



# Chad K. Nichols

Sheriff, Rabun County

25 Courthouse Square • Suite 301

Clayton, Georgia 30525

706-782-3612 • Fax: 706-782-7754



## Applicant Privacy Rights Notification Signature Form

### Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

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Signature

Print Name

Date

## Privacy Act Statement

*This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principle Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021