

FULTON COUNTY SHERIFF'S OFFICE BACKGROUND INVESTIGATION BOOKLET

Applicant's Name: _____

D.O.B. _____

S.S.N. _____



Interviewed by: _____ Date: _____

Assigned to: _____ Date: _____

Position applied for: _____ Deputy Sheriff
_____ Detention Officer
_____ Reserve Deputy
_____ Security Specialist
_____ Civilian

Register Number: _____

Minimum Eligibility Requirements

- Be at least 20 years of age
- Be a U.S. citizen
- Have a high school diploma or its equivalent (GED)
- Have a valid driver's license
- Have no convictions by any state or federal government of any crime, the punishment for which could have been imprisonment in a federal or state prison or institution. Nor shall the applicant have been convicted of sufficient misdemeanors to establish a pattern of disregard for the laws, provided the same shall not apply to violation of traffic laws and cases involving the operation of motor vehicles when the applicant has received a pardon.
- Submit to a driving history and a criminal history check.
- Be of high moral character as determined by social standards
- Be found, after an examination by a licensed physician of the Fulton County Health Department, to be free of any physical, emotional, or mental conditions which might adversely affect the applicant's ability to execute the powers and duties of a peace officer, if applicable.
- If applicable, submit to a psychological profile test; polygraph examination; and pass a pre-employment drug test.
- If applicable, successfully complete and pass the P.O.S.T. COMPASS exam before entering basic law enforcement mandate training, as well as complete and pass basic mandate training.
- The background investigation process may take 12 months to complete with the status of a recommendation.
- In the event you are not chosen for employment, you may reapply, but no sooner than six months after the date marked on your official letter of notification.

Potential Disqualifiers

Any of the following will be considered sufficient reasons(s) for disqualification:

- Any discharge from military service that is other than honorable
- Any moving traffic violations for any period which indicates a pattern of disregard for traffic laws
- Falsification of the background investigation booklet or any document submitted to this department

- **Any indication of emotional instability or immaturity, as ascertained from the total pattern of behavior revealed in the background investigation. This may apply after employment as well.**
- **Any arrest or conviction involving the use of alcohol or drugs.**
- **Poor management of personal finances as indicated by bad debts, pending civil suits, dispossessionary warrants, garnishments, liens, etc. and where it is indicated that applicant refuses to pay debts.**
- **Failure to meet Fulton County physical health standards.**
- **Failure to meet any scheduled appointment related to the hiring process, without notice and/ or explanation.**
- **Discovery of past undetected and/or unreported crimes.**

Instructions

The Background Investigation Booklet must be completed prior to the applicant being interviewed. All questions within this booklet must be printed legibly and in black ink. The applicant will refrain from signing any consent form within the booklet until he or she is instructed to do so by, and in the presence of a Background Investigator.

Please plan accordingly as interviews will take place from Monday through Thursday only. The applicant is expected to dress professionally and appropriately (i.e., no blue jeans, shorts, etc.) for the interview. Failure to do so may result in his or her application from being withdrawn from the hiring process. The applicant will not bring children to the interview.

The entire hiring process generally takes approximately four months. Factors that may delay the process include, but are not limited to the timeliness in which required documentation is submitted by the applicant and the scheduling and attendance of required tests.

The following items must accompany the applicant during the day of the interview:

1. **Background investigation booklet (completed)**
2. **Original, or certified copy, of the birth certificate or naturalization papers**
3. **Original high school diploma or GED certificate**
4. **Original college diploma, if applicable**
5. **Valid Georgia driver's license**
6. **Original Social Security card**
7. **Original, or certified copy, of the marriage certificate, if applicable**
8. **Original long form of the military DD214, including the Member 4 c copy, if applicable**
9. **Court documents of any bankruptcy, lawsuits, arrests, or criminal dispositions, if applicable**
10. **Credit report from: Equifax (800.882.0648), Experian (888.397.3742), or Transunion (800.888.4213).**

FULTON COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Fulton 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 the records of loans, the records of commercial or retail credit agencies (including credit reports and/ or ratings), and other financial statements and records wherever maintained; medical and psychiatric treatment and/ or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, polygraph reports and charts; efficiency ratings; 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 or have had an interest.

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 of employment by the Fulton County Sheriff's Office. I also 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.

_____ Applicant's signature	_____ Date
_____ Street address	_____ Date of Birth
_____ City/ State/ Zip	_____ Social Security Number
_____ Sheriff's Office Personnel	

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

Notary Public Signature

FULTON COUNTY SHERIFF'S OFFICE

PROBATIONARY EMPLOYMENT AGREEMENT

This agreement made and entered into this _____ day of _____ 20____, by and between the Fulton County Sheriff's Office and the applicant (name) _____.

Whereas, the County desires to employ the applicant, on a probationary status;

Whereas, the applicant desires and agrees to be employed prior to the completion of a required background investigation.

The applicant understands that if any information is found or revealed during, or upon the completion, of the background investigation that would have normally prevented the applicant from being hired with the Office and it was determined that the applicant was less than truthful in giving information in order to complete a required background investigation, the applicant may be subject to immediate dismissal.

Therefore, in consideration of the premises set forth above and the employment of the applicant by the Fulton County Sheriff, the parties hereto intending to be legally bound, hereby agree as follows:

The applicant hereby agrees that his or her appointment to the position of deputy sheriff/detention officer/reserve deputy/security specialist/civilian is solely on a probationary basis, and that this appointment requires the successful completion of the background investigation, physical examination, polygraph examination, P.O.S.T. examination, psychological profile, physical fitness test, and/or any other necessary elements to determine the applicants suitability for employment.

The applicant, undersigned, agrees to the conditions so stated above reference to employment.

In witness whereof, the parties hereto have executed this affidavit/ agreement as of the date first written above.

Sheriff's Office Personnel

Applicant's signature

FULTON COUNTY SHERIFF'S OFFICE

CONSENT FORM

I, _____ hereby authorize the Fulton County Sheriff's Office to receive any criminal record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia or any other law enforcement agency within the United States.

Print Full Name

Street Address

City/ State/ Zip Code

Sex

Race

D.O.B.

Social Security Number

Applicant's Signature

Sheriff's Office Personnel

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

Notary Public Signature

Date

FULTON COUNTY SHERIFF'S OFFICE

ACKNOWLEDGEMENT OF SHIFT WORK

I understand that my appointed position as a deputy sheriff/ detention officer/ reserve deputy/security specialist/civilian may involve working one of any three shifts at the Fulton County Jail or other Sheriff's Office location. I realize that I may be assigned to any shift at the Fulton County Jail and at the discretion of my superior officer; I may be rotated from my shift. Further, I understand that I will be required to perform all duties of a law enforcement/security officer and that I may be required to patrol sections of the jail which house inmates of the opposite sex and I further understand that as a sworn officer I may be assigned to any such section of the Fulton County Jail for duties.

Applicant's signature

Date

Sheriff's Office Personnel

Date

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public Signature

Date

FULTON COUNTY SHERIFF'S OFFICE

URINALYSIS CONSENT WAIVER

I, _____ do hereby consent to allow the Fulton County Sheriff's Office, its agent and employee, to collect a sample of my urine for the purpose of screening it for evidence of any illegal controlled substances. I understand that the results of this urinalysis will only be used in conjunction with my application for employment with the Fulton County Sheriff's Office and that all information obtained will be kept confidential.

I hereby waive any rights to object to the collection of my urine sample and I further agree to forever release Fulton County, the Sheriff's Office, and the agents and employees thereof, from any liability for any claim or cause of action or damage whatsoever arising from the collection of my urine specimen.

I understand that if I refuse to submit a urine specimen or if the urine specimen submitted is confirmed positive for an illegal controlled substance(s), that this will result in rejection of my employment application.

I give this consent waiver and release freely and voluntarily, and I understand the consequences of giving said consent, release, and waiver.

Signed and completed on this _____ day of _____, 20 _____.

Signature of applicant

Sheriff's Office Personnel

Sworn to and subscribed before me on this _____ day of _____, 20 _____.

Notary Public Signature

**Fulton County Sheriff's Office Peace Officer/Basic Jail Officer Training
Reimbursement Notification**

1. O.C.G.A. 35-8-22 provides that unless otherwise provided by an employment contract to the contrary, any county or municipality thereof who employs a peace officer and said peace officer is hired by another agency within fifteen (15) months after completing (mandate and/or formalized) peace officer training requirements, then the total cost of training, including salary paid during training, shall be reimbursed by the agency. In addition, any county or municipality thereof who employs a peace officer and said peace officer is hired by another agency within fifteen (15) to twenty- four (24) months after completing (mandated and/or formalized) peace officer training requirements, then one-half (1/2) of the total expense of training, including salary paid during training, shall be reimbursed by the agency.

2. O.C.G.A. 35-8-22 requires agencies to document that peace officers sign an acknowledgment of the terms of this code section prior to employment.

B. Attestation

I acknowledge that this section of the provisions of O.C.G.A. 35-8-22 was explained and that I fully understand its contents.

Employee Name (Print)

Employee DID #

Employee Name (Signature)

Date

Date of Hire

Agency Representative (Print)

Agency Representative (Signature)

Date

On this day, the employee named above personally appeared before me and acknowledge that he/she signed the same of his free and voluntary act.

GIVEN under my hand and official seal this _____ day of _____ 20_____

NOTARY SIGNATURE (SEAL)

FULTON COUNTY SHERIFF'S OFFICE

POLYGRAPH EXAMINATION AGREEMENT

The undersigned applicant understands and agrees to voluntarily submit to an examination by a professional polygraphist prior to being considered for employment with the Fulton County Sheriff's Office.

The undersigned applicant also understands and agrees that he or she will upon request; voluntarily submit to an examination by a professional polygraphist any time during their employment with the Fulton County Sheriff's Office.

The undersigned applicant also understands and agrees that the results of any polygraph examination administered will only be considered for administrative or departmental purposes relating to their employment by the Fulton County Sheriff's Office.

Further note the following:

- All questions will specifically and narrowly relate to the performance of employment.
- The answers from the polygraph examination will not be used against the employee in any subsequent criminal prosecution.
- The applicant is advised that the refusal to take the polygraph will result in disqualification from candidacy with the Fulton County Sheriff's Office.
- The employee is advised that the refusal to take the polygraph will result in dismissal from the Fulton County Sheriff's Office.

The undersigned applicant further understands and agrees to release, absolve, and forever hold harmless, the Fulton County Sheriff's Office, its officers and employees, and the professional polygraphist firm conducting the polygraph examination, their agents, officers, and employees from any liability resulting from the operation of the equipment, or use of the results obtained therefrom. This applies to any and all suits, actions, or causes of action at law, claim, demand, or liability, which the undersigned, his or her successors, assigns, heirs, executors, or administrators, have or may have, resulting directly, or indirectly, from the undersigned person having taken said polygraph examination.

In witness whereof the parties have executed into this agreement as of the date written below.

Applicant's signature

Date

Sheriff's Office Personnel

Date

Sworn to and subscribed before me on this _____ day of _____, 20____.

Notary Public

General Services Administration
National Personnel Records Center
Military Personnel Records
9700 Page Blvd.
St. Louis, MO 63132

AUTHORIZATION FOR RELEASE OF MILITARY INFORMATION

We are conducting a background investigation to determine the suitability of _____
For employment with the Fulton County Sheriff’s Office. We respectfully request the following
information:

1. Copies of job performance evaluations.
2. Copies of any letters of reprimand, Articles 13 and 15, and any other disciplinary actions taken against the applicant.
3. Did applicant complete the normal term of service? If not, why?

I, _____ do hereby authorize the National Personnel Records Center, St. Louis, Missouri, to release the information, and/or copies, from my military personnel, and/ or medical records including any Article 15 and/or non-judicial punishment; and to review and give full disclosure of all records and information relating to my military service to any duly authorized agent of the Fulton County Sheriff’s Office, whether the said records are of a public, private, or confidential nature.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information as requested above.

Applicant’s signature

Date

Street Address

Social Security Number

City/ State/ Zip Code

Service Number

STATE OF GEORGIA
COUNTY OF FULTON

Before me personally appeared the said _____ who says that he/she Executed the above instrument of his/ her own free will and accord with full knowledge of the purpose therefore.

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

Notary Public

Date

FULTON COUNTY SHERIFF'S OFFICE

MILITARY AFFIRMATION

I _____ do hereby swear or affirm that I have never been enlisted nor served in any of the military forces of the United States or that of any foreign military organization. I further swear or affirm that I have never served in any branch of the United States Reserve Forces or in any State National Guard.

Applicant's signature

Date

Sheriff's Office Personnel

Date

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public Signature

FULTON COUNTY SHERIFF'S OFFICE

For full consideration of your application, the following must exist within your background investigation booklet:

1. All addresses must be 100% complete and accurate with street numbers, suite numbers, building numbers, room numbers, city, state, and zip code.
2. Complete names, not abbreviations or nicknames.
3. All information such as dates, time, etc., must be researched and accurate.
4. All questions in the application are applicable to all applicants; therefore, do not write "not applicable" (N/A). If a question does not pertain to your situation, write the word "NO".
5. Answer each question completely and honestly. Many applicants are not accepted because of omissions and concealment rather than previous behavior. Any such omission will be considered deception.

Complete the application booklet thoroughly and truthfully. Any falsification in the application booklet will result in disqualification and possible prosecution. All statements in the booklet will be verified.

I, _____ have read the above statements, I understand them, and I agree to adhere to them.

Applicant's signature

Date

Sheriff's Office Personnel

Date

FULTON COUNTY SHERIFF'S OFFICE

AFFIDAVIT OF APPLICANT

I hereby certify that I have read and understand all questions and instructions in this background investigation booklet and that my answers are true and complete.

I understand that any misstatements of material facts will result in:

1. Disqualification of my application or dismissal from employment with the Fulton County Sheriff's Office, and/or
2. Prosecution for the offense of *false swearing* (O.C.G.A. § 16-10-71), a felony punishable by a maximum fine of \$1000.00 and/or imprisonment for not less than one nor more than five years.
3. I understand that if I do not wish to answer a question in this booklet, it is my option to not do so; however, my application will be terminated.

Applicant's signature

Date

State of Georgia
County of Fulton

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

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

Notary Public Signature

Pre-Employment Qualifiers

1. Do you currently have an application pending with any other law enforcement agency? Yes No

If yes, complete below:

Agency Name	Status of Application

2. Other than current applications, have you ever applied for a position as a law enforcement officer with any other agency? Yes No

If yes, list below:

Agency Name	Status of Application

3. Do you have an objection to working any shift, including nights, days, weekends, or holidays? Yes No

4. Do you have any objections to working at the jail? Yes No

5. Have you ever been employed with the Fulton County Sheriff's Office?
 Yes No

If yes, what were your dates of employment? _____

Signature

Date

Personal Information

1. Legal Name: _____

Last
First
Middle

2. Other names used: _____
 (Maiden, Nicknames, Etc.)

3. Date of Birth: _____

4. Place of Birth: _____

5. Social Security Number: _____

6. Current Address: _____
 (Number and Street Name)

 (City, State, Zip and County)

7. Phone Numbers: _____
 (Home/Work/Cell)

8. Email Address: _____

9. List all residences during the past 15 years, beginning with your present one first.

Number and Street	City	State	Dates (From – To)

10. Marital Status (Check one):
 Married Single Divorced Separated Widowed

11. Current Spouse:

Name: _____
Last First Middle Maiden

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Date of Marriage: _____

12. Previous Marriages:

Former Spouse's Name	Years Married	Reason No Longer Married

13. List every child born to you, adopted by you, all step-children, and all children supported by you.

Name	Age	Where Child Resides

14. List five (5) references that have personal knowledge of you and your qualifications and can attest to your character. (Do not list relatives, current or former employers.)

Name	Address	Phone Number
1)		
2)		
3)		
4)		
5)		

Education

15. Are you a high school graduate? Yes No

If no, please check the highest grade completed:

9 10 11 12 Other _____

16. If not a high school graduate, do you have a GED? Yes No

17. Have you ever been expelled or suspended from school? Yes No

If yes, explain: _____

18. List all schools/colleges that you have attended beginning with high school:

Name of School:
Address:
Course of Study:
Type and Date of Degree Obtained:

Name of School:
Address:
Course of Study:
Type and Date of Degree Obtained:

Name of School:
Address:
Course of Study:
Type and Date of Degree Obtained:

Name of School:
Address:
Course of Study:
Type and Date of Degree Obtained:

Name of School:
Address:
Course of Study:
Type and Date of Degree Obtained:

Employment History

19. Have you ever been reprimanded for being tardy or absent from work?
 Yes No If yes, identify the employer and explain: _____

20. Have you ever been reprimanded for misconduct or failing to doing your work?
 Yes No If yes, identify the employer and explain: _____

21. Have you ever been fired or asked to resign in lieu of termination?
 Yes No If yes, identify the employer and explain: _____

22. Have you ever been subject to any disciplinary action while employed?
 Yes No If yes, identify the employer and explain: _____

23. If it became necessary in your law enforcement duties to take a human life, would you be reluctant to do so because of religious or personal beliefs? Yes No
24. List current and previous employers, including military service, held in last 15 years (Provide additional pages, if necessary):

Current Employer:

Name of Employer:	
Address:	
Dates of Employment: (From)	(To)
Salary:	Job Title:
Job Duties:	
Supervisor's Name:	Phone:
Reason for Leaving:	
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous Employers:

Name of Employer:	
Address:	
Dates of Employment: (From)	(To)
Salary:	Job Title:
Job Duties:	

Supervisor's Name:	Phone:
Reason for Leaving:	

Name of Employer:	
Address:	
Dates of Employment: (From)	(To)
Salary:	Job Title:
Job Duties:	
Supervisor's Name:	Phone:
Reason for Leaving:	

Name of Employer:	
Address:	
Dates of Employment: (From)	(To)
Salary:	Job Title:
Job Duties:	
Supervisor's Name:	Phone:
Reason for Leaving:	

Name of Employer:	
Address:	
Dates of Employment: (From)	(To)
Salary:	Job Title:
Job Duties:	
Supervisor's Name:	Phone:
Reason for Leaving:	

Name of Employer:	
Address:	
Dates of Employment: (From)	(To)
Salary:	Job Title:
Job Duties:	
Supervisor's Name:	Phone:
Reason for Leaving:	

Name of Employer:	
Address:	
Dates of Employment: (From)	(To)
Salary:	Job Title:
Job Duties:	
Supervisor's Name:	Phone:
Reason for Leaving:	

Military Service

25. Have you ever served in the military of any foreign country? Yes No
26. Have you ever served in United States Military? Yes No

If yes to either, please provide the following:

Country: _____ Branch: _____

Dates Served: (From): _____ (To): _____

Primary Duties: _____

Type of Discharge: _____

If other than honorable, please explain: _____

27. Have you ever been to be in violation of the Uniform Code of Military Justice, court-martialed, or had any other disciplinary action while in the military?
 Yes No

If yes, explain: _____

28. Are you currently a member in the National Guard or any Military Reserve Unit?
 Yes No If yes, complete the following:

Military Branch: _____ Active Inactive

Grade and Service Number: _____

Indicate Obligation, if any: _____

Driving History

29. Do you have a current Georgia Driver's License? Yes No

If yes, provide number: _____ Expiration Date: _____

Does it contain any restrictions? Yes No If yes, explain: _____

30. If not a Georgia Driver's License, provide license number and state of issuance:

31. Please list any state in which you have been issued a license, and years of issuance:

State of Issuance	Years of Issuance

32. Have you ever had your driver’s license suspended or revoked? Yes No

If yes, provide date and explanation: _____

33. List all traffic citations, except parking tickets, received within the last 7 years.

Type of Violation	City/State	Date	Disposition

34. Have you ever been involved as a driver in a motor vehicle accident? Yes No

If yes, explain: _____

35. Have you ever been charged with driving under the influence or driving while intoxicated? Yes No

If yes, explain: _____

Criminal Activity

36. Were you ever arrested by police as a juvenile? Yes No

If yes, explain: _____

37. Have you ever been detained, arrested, or convicted for any criminal offense?

Yes No If yes, explain: _____

38. Has any member of your immediate family or someone living in your household ever been arrested or convicted of a felony crime? Yes No
If yes, explain: _____

39. Have you ever been on probation or parole? Yes No
If yes, explain: _____

40. Do you have any gambling debts? Yes No If yes, explain: _____

41. Have you ever committed or been involved with an undetected and/or unreported crime?
 Yes No If yes, explain: _____

42. Have you ever illegally sold, possessed or delivered any illegal drug including prescription, marijuana or steroids? Yes No If yes, explain: _____

43. Have you ever used or experimented with marijuana? Yes No
If yes, explain:

Describe Circumstances	Date of Last Use

44. Have you ever used or experimented with any other illegal drugs (e.g., cocaine, PCP, LSD, heroin, etc.)? Yes No
If yes, explain:

Describe Circumstances	Date of Last Use

45. Do you drink alcoholic beverages? Yes No If yes, how often and how many? _____

46. When was the last time you were intoxicated? _____

47. Have you ever lost a job because of a drug or alcohol problem? Yes No
If yes, explain: _____

48. Have you ever been the subject of a temporary protective order (TPO)?
 Yes No If yes, explain: _____
49. Have you ever been involved as a plaintiff or defendant in any civil suit or action?
 Yes No If so, explain: _____
50. Are you now or have you been a member of any organization which advocates the overthrow of the US or the State of Georgia by force or violence? Yes No
 If yes, explain: _____
51. Have you ever accepted an illegal payoff or gratuity? Yes No If yes, explain: _____
52. Have you ever falsified an expense report? Yes No If yes, explain: _____

Financial

53. List below monthly bills and financial obligations:

Financial Obligation	Monthly Payment Amount	Balance Owed

54. Have you ever had any of your bills or obligations turned over to a collection agency? Yes No If yes, explain: _____
55. Have you ever had anything repossessed? Yes No If yes, explain: _____
56. Are you currently delinquent on any financial obligations or bills? Yes No
 If yes, explain: _____

57. Are you currently under any order to provide any financial support (e.g., alimony, garnishment, child support, etc.) to any person or organization? Yes No

If yes, explain: _____

General Questions

58. How did you find out about this position? _____

59. Do you have a friend or relative that works for the FCSO? Yes No
 If yes, explain: _____

60. Do you possess any specific skills or certifications that may be beneficial to this agency should you become employed with us? Yes No If yes, explain: __

61. **Statistical purposes only:**

Please check the groups that apply to you:

- Male Female
- Asian or Pacific Islander Black Hispanic White
 Native American/Alaskan Native Other (Please identify): _____

62. Briefly explain in full detail why you want to become a deputy sheriff/detention officer/civilian/reserve deputy for the Fulton County Sheriff's Office?
