



## OFFICE OF SHERIFF WHITE COUNTY, GEORGIA

**Sheriff Rick Kelley**  
1210 Hulsey Road  
Cleveland, Georgia 30528

**ADMINISTRATION**  
706-865-6370  
706-865-6977 (FAX)

**DETENTION CENTER**  
706-865-5177  
706-865-3037 (FAX)

Dear Applicant,

I am pleased that you have decided to apply for employment with the White County Sheriff's Office. Should you be selected for employment, you will find that the employees of this 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 time positions. Our employee selection process is thorough and regimented. It affords equal opportunity to everyone regardless of race, creed, color, gender, national origin, or age. All eligible applicants will be afforded the same opportunity for employment selection.

To be considered for employment, applicants must meet the following qualifications: Applicants must be at least **21 years of age** for Deputy Sheriff, and **18 years of age** for Detention Officer and 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. **A COPY OF YOUR BIRTH CERTIFICATE AND A COPY OF YOUR HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE MUST ACCOMPANY THIS APPLICATION!!! NO TRANSCRIPTS OF GRADES WILL BE ACCEPTED.**

Applications will NOT be accepted without required BIRTH CERTIFICATE, HIGH SCHOOL DIPLOMA OR G.E.D.

The hiring process includes but is not limited to the following: Intensive background investigation, polygraph examination, oral interview and drug screen.

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 White County.

Sincerely,

*Sheriff Rick Kelley*



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## APPLICATION FOR EMPLOYMENT Equal Opportunity Employer

The White County Sheriff's Office does not discriminate on the basis of race, color, national origin, sex, religion or age.

**POSITION:** Deputy  Detention Officer  Civilian  **Date:** \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

(Last) (First) (Middle)

List Any Alias Names Used (i.e. Maiden Names, Nicknames, etc.):

Present Address:

(City) (State) (Zip Code)

Birthdate: / / Place of Birth: Age: Sex: Race:

Home Telephone: Cell Phone: Business Phone:

Are you willing to work shift work (nights, holidays, weekends, etc.)? Yes  No

Do you object to wearing a uniform? Yes  No  Date available for employment?

### EDUCATION

Are you a High School graduate? Yes  No

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

If not a high school graduate, do you have a GED? Yes  No  Date Completed:

School	Name and location of school, dates attended	Degree Earned	Completed
High School			9 10 11 12
Business/ Technical School			1 2 3 4
College			1 2 3 4
Graduate School			1 2 3 4

**GENERAL INFORMATION**

Have you ever been employed by or applied with the White County Sheriff's Office? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?	Department/Office
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Are you related to anyone currently employed by the White County Sheriff's Office? Yes <input type="checkbox"/> No <input type="checkbox"/>	Relatives Name	Relationship	Department/Office
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How did you learn of this opening?	Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
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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.

Have you ever been convicted of, or plead guilty or NOLO to a felony or misdemeanor, other than a minor traffic violation?  
 Yes  No   
 If yes, Please attach a written statement that answers what, where, when, the specific circumstances surrounding the even, as well as the outcome.

Active Military Service (list date, serial or service number for all active service) N/A  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Serial/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 Gard?  
 Yes  No  If yes, what type and branch?

Have you ever used marijuana? Yes  No   
 Have you ever possessed, sold, manufactured, used or delivered illegal drugs? Yes  No   
 Have you ever illegally possessed, sold, manufactured, used or delivered legal prescription medication? Yes  No

If you answered yes to either of the above statements concerning drug use, answer the following questions:  
 Used:  Possessed:  Sold:  Manufactured:  Delivered:  Type of Drug(s): \_\_\_\_\_

Date used, possessed, sold, manufactured, delivered: \_\_\_\_\_

Number of times used, possessed, sold, manufactured, or delivered: \_\_\_\_\_

Are you a graduate of a police mandate school or academy? Yes  No  If yes, location: \_\_\_\_\_

**ALCOHOL AND CONTROLLED SUBSTANCE TESTING**

\*WHITE COUNTY GOVERNMENT IS A DRUG FREE WORKPLACE\*

As a condition of employment with the White County Government, you will be required to submit to an alcohol and controlled substance screening test. In order to be employed by the White County Government, you must successfully pass this screening test. Candidates rejected for failing to pass the required screening will be required to wait at least 12 months before reapplying for employment. Employees who are indicted for, or convicted of, a controlled substance related violation under state or federal law, or who plead guilty or no contest to such charges must inform their Supervisor or Human Resources in writing within five days of the conviction or plead (this is a requirement of the Drug Free Workplace Act of 1988). Should you be offered a job with White County Government, your position will be subject to post accident and reasonable suspicion testing. All safety sensitive positions will be subject to random drug and alcohol testing. These requirements are in accordance with the County's Substance Policy.

By signing below, you are acknowledging that you consent to such an examination and screening test.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**DRIVING HISTORY**

Do you have a valid Driver's License Yes <input type="checkbox"/> No <input type="checkbox"/>	Which State?	Driver's License Number:	Date of Expiration:
Have you ever been licensed to drive in another state? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, indicate which state(s):		Operator's License Number:	
Have you incurred any traffic charges within the last three (3) years? Do not include parking tickets. Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, give date(s) and type of charges below:			

**PERSONAL REFERENCES**

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

Name	Address
Occupation	Phone:                      Alt. Phone:
Name	Address
Occupation	Phone:                      Alt. Phone:
Name	Address
Occupation	Phone:                      Alt. Phone:
Name	Address
Occupation	Phone:                      Alt. Phone:
Name	Address
Occupation	Phone:                      Alt. Phone:

**SKILLS AND TRAINING**

List any special skills/training you have that would be beneficial to this agency:

Explain in full detail why you want to become a deputy sheriff/detention officer/ civilian employee of the White County Sheriff's Office. Attach an additional page if necessary. Do not exceed 500 words.

**WORK HISTORY**

Describe your work history BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB. Complete address with zip code and phone numbers for all employers are necessary.

Name, address, and phone number of employer:	From Mo./Yr.	To Mo./Yr.	Wage Rate Start/Finish	Job Titles and Duties	Reason for leaving & Supervisor's Name
Name: _____ Address: _____ Phone: _____					
Name: _____ Address: _____ Phone: _____					
Name: _____ Address: _____ Phone: _____					
Name: _____ Address: _____ Phone: _____					

**WORK REFERENCES**

Work References we may contact (include at least two most recent or current supervisors):

Name:	Name:
Address:	Address:
Occupation:                      Phone:	Occupation:                      Phone:
Name:	Name:
Address:	Address:
Occupation:                      Phone:	Occupation:                      Phone:

PLEASE READ THIS IMPORTANT INFORMATION BELOW, ASK FOR CLARIFICATION IF NEEDED.

The undersigned has applied for employment with the White County Government and hereby authorizes the White County Government to contact my current and former employers and references for the purpose of acquiring information regarding me; I hereby authorize such employers and references to supply such information verbally or in writing to the White County Government. In consideration for their furnishing such information, I hereby waive any and all claim against such former employers and references which may arise from their furnishing such information.

I understand that White County Government has a Substance Abuse Prevention Program which includes drug testing. I agree to comply with applicable county policy.

I understand that once offered a position I will be required to complete drug screening.

I certify that the answers given by me to all of the questions on this application are to the best of my knowledge and belief true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed.

I AGREE THAT IF HIRED, THE WHITE COUNTY GOVERNMENT OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO COUNTY POLICY, PRACTICE, PROCEDURE, OR STATEMENT BY ANY COUNTY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT-WILL EMPLOYMENT RELATIONSHIP.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS: \_\_\_\_\_  
SIGNATURE
DATE

Georgia Bureau of Investigation  
Georgia Crime Information Center

Georgia Driver's History Consent Form

I hereby authorize the White County Sheriff's Office  
(Fire department/ law enforcement agency name)  
to receive a copy of my Georgia driver's history information as part of my  
application for criminal justice employment, or for use relative to the performance  
of my official duties with this agency.

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Full Name (print)

---

Address

---

Sex

---

Date of Birth

---

Driver's License Number

---

Signature

---

Date

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the White County Sheriff's Office to receive any Georgia or III  
Criminal Justice Agency  
 criminal history record information pertaining to me, as authorized under state and federal law  
 for individuals seeking employment with a criminal justice agency.

Full Name (print):			
Address:			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the above named to perform periodic  
 criminal history background checks for the duration of my employment with this agency.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code used: (check one)

<input type="checkbox"/>	<b>Civilian Employment with a Criminal Justice Agency (J)-</b> Provides complete Georgia and III Criminal History Record Information except juvenile or restricted records
<input type="checkbox"/>	<b>P.O.S.T. Certified Employment with a Criminal Justice Agency (Z)-</b> Provides Georgia and III Criminal History Record Information including restricted records that contain completed first offender sentences for any offense

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	<b>No Georgia or III CHRI results available.</b>
<input type="checkbox"/>	<b>Georgia/ III CHRI attached/released.</b>
<input type="checkbox"/>	<b>No NCIC/GCIC Warrant results available.</b>
<input type="checkbox"/>	<b>Possible NCIC/GCIC warrant. Contact Agency listed below.</b>
<b>Wanting Agency Name:</b>	
<b>Agency Telephone:</b>	

\_\_\_\_\_  
 Agency Designee Signature and Title

\_\_\_\_\_  
 Date

**APPLICANT'S STATEMENT/CONSENT WAIVER**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND CRIMINAL HISTORY RECORD INFORMATION**

I, the undersigned, do hereby authorize the procurement, review and disclosure of all records concerning myself to any duly authorized officers or agents of the White County Sheriff's Office, whether said records are of a public, private or confidential nature.

The intent of the authorization is to demonstrate my unconditional consent for the full and complete disclosure of records from education institutions; financial or 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, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me, and the records of my attorney(s) at law or other counsel (either criminal or civil) that has/have represented me in any other matter which i presently have or have had an interest, and any other document or article of information deemed pertinent by the White County Sheriff's Office for the purpose of assessing the employment suitability of:

FULL NAME OF APPLICANT (Print):

(LAST) (FIRST) (MIDDLE) (ANY ALIAS LAST NAMES)

I understand that any information obtained by a personal history background investigation, which is prepared in reliance - in whole or in part - upon this release will be considered in determining my suitability for employment with the White County Sheriff's Office, I also certify that any person(s) or entities who may furnish information concerning me shall not be held accountable or liable for giving such information; and I hereby specifically release such person(s) or entities from and all liability which may or could be incurred as a result of furnishing such information. I also release White County and the White County Sheriff's Office from any and all liability associated with the requesting and/or procuring of such information

I hereby authorize the White 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 justice agency. A photocopy of the release form will be valid as an original thereof even though said photocopy does not contain any original writing of my signature.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP





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**Upon employment with the White County Sheriff's Office, the employee shall agree to the following terms and conditions:**

1. Employee is this date becoming an employee of the White County Sheriff's Office.
2. Employee has been given a copy of the document along with the attached copy of O.C.G.A. 35-8-22.
3. Employee has read the attached copy of O.C.G.A. 35-8-22 regarding reimbursement of training expenses by subsequent employer of peace officer; collection procedures; required documentation.
4. Employee understands that if he or she is employed within the time limitations set out in O.C.G.A. 35-8-22 by another agency said code section may be applicable to the subsequent employer.
5. Employer agrees to do whatever he or she is reasonably required to do to make certain any subsequent employer is aware of his or her signing this document and the agency's requirement to honor the liability imposed by said O.C.G.A. 35-8-22 on the hiring agency.
6. Employee further understands and agrees that any and all equipment purchased by White County for the Employee's initial probationary period of one year shall be reimbursed to White County Government should that employee tender a voluntary resignation. This applies to those items not governed by Federal Regulations (i.e. - firearms, magazines, ballistic vests and communication equipment issued by this agency)
7. Employee signs this document freely and voluntarily.

\_\_\_\_\_  
**EMPLOYEE**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

## O.C.G.A. § 35-8-22

### Copy Citation

Current through the 2020 Regular Session of the General Assembly

**GA - Official Code of Georgia Annotated TITLE 35. LAW ENFORCEMENT OFFICERS AND AGENCIES CHAPTER 8. EMPLOYMENT AND TRAINING OF PEACE OFFICERS**

### § 35-8-22. Reimbursement of training expenses by subsequent employer of peace officer; collection procedure; required documentation

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**(a)** Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any county or municipality thereof employs a peace officer and said peace officer is hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. If said officer is hired by another agency during a period of 15 to 24 months after mandated or formalized training requirements are completed, then one-half of the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. The council shall set standards for reimbursement by hiring agencies based upon actual expenses incurred in mandated or formalized training by individual departments.

**(b)** The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment thereof and may enforce collection of such obligation through civil remedies and procedures.

**(c)** Effective July 1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgment of the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officer's employment with the demanding governmental unit. Otherwise, this Code section shall not apply to such demand for reimbursement.

### History

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Code 1981, § 35-8-22, enacted by Ga. L. 1992, p. 1325, § 2; Ga. L. 2003, p. 327, § 1.

## 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.

## 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

**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