

RANDOLPH COUNTY SHERIFF'S OFFICE

Sheriff Eddie L. Fairbanks

APPLICANT'S BOOKLET

SHERIFF EDDIE L. FAIRBANKS

Jessie Castlebery Chief Deputy Captain Anthony Wright Chief of Division Operations Major GaBriell Fairbanks Jail Administrator

Randolph County does not discriminate on the basis of race, age, creed, color, religion, national origin or ancestry, sex, gender, disability, veteran status, genetic information, sexual orientation, gender identity or expression, or pregnancy. The Randolph County Sheriff's Office is an equal opportunity/equal access/affirmative action employer fully committed to achieving a diverse workforce and complies with all Federal and Georgia State laws, regulations, and executive orders regarding non-discrimination and affirmative action.

Thank you for your interest in the Randolph County Sheriff's Office. The Office of the Sheriff is a Constitutional office in Georgia. The Sheriff is charged with service of all documents originating in the Superior Court of the County, maintaining a safe and secure jail, and protection of life and property in the county.

The personnel selected to fill positions within the Sheriff's Office must be ethical, of moral character, and respectful. The process which you will undertake in the application period, will be conducted with fairness, impartially, and with the highest regard to the Office of the Sheriff.

Our mission is:

To serve with objectiveness, fortitude and accountability for all the citizens of Randolph County

It is the responsibility of the Randolph County Sheriff's Office to conduct a thorough background investigation on each applicant. This investigation includes, but is not limited to:

- Check of the applicant's work history
- Driver's History
- Criminal History
- References
- Interview
- Physical examination/drug Screen

Other requirements of employment:

- Completion of POST training within 6 months of your appointment if not currently certified
- Availability to work any shift, any day, and to be on call for emergent situations that may require short notice of reporting to work.

DISQUALIFIERS FOR APPLICANTS:

IMPORTANT PLEASE READ CAREFULLY: Any attempt to conceal or misrepresent information during the hiring process will result in immediate disqualification of the applicant. In an effort to maintain an equitable standard for hiring applicants for positions, certain standards and guidelines have been established. The following represent a minimum of these standards.

Applicants for positions will not be considered without meeting the minimum criteria outlined below.

- No felony convictions(s) in lifetime.
- No more than two criminal misdemeanor convictions, and no conviction for misdemeanor of an aggravated nature, public order, decency or moral turpitude.
- No convictions for DUI/DWI within the past three years. No more than one conviction of DUI/DWI in a lifetime.
- No more than two convictions for speeding in the past 36 months.
- No drivers license suspension(s) revocation(s) in the past 36 months.
- No restrictions that would prevent applicant from legally or safely operating a vehicle in the past 3 years.
- No convictions for Racing or Reckless Driving in the past 3 years
- No convictions for Leaving the Scene of an Accident, Homicide by Vehicle, Attempting to Elude or Habitual Violator.
- Must have had a valid drivers license for at least 3 years.
- If discharged from a military organization is other than Honorable or medical an explanation should be attached.
- No Convictions for offenses involving the Family Violence Act as defined in O.C.G.A. 19- 13-.1, to include no active Temporary Protective Orders, (TPO) or Protective Orders.

Information pertaining to disqualifiers surrounding drug use and past drug experimentation is outlined below:

- No Marijuana/Hashish use in the last 3 years and no excessive Marijuana/hashish use beyond the age of 21.
- No use of any drug defined in O.C.G.A. 16-13-25. Schedule I, to include but not limited to Cocaine, heroin or LSD in the last 5 years.
- Cocaine, Heroin, LSD or any Schedule I drug as described in O.C.G.A. 16-13-25 that exceeds one use within five years, two uses within ten years, three uses within fifteen years or any combination of use that exceeds three uses in a lifetime.
- No non-prescribed Steroid usage within the past five years.

If you have any concerns pertaining to other background issues, including past drug use/experimentation, you should discuss it in your initial interview with the Administrator conducting the interview.

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I HAVE READ AND UNDERSTAND THE ABOVE MENTIONED DISQUALIFERS:

Applicant Signature_	Date:	



RANDOLPH COUNTY SHERIFF'S OFFICE 216 Recreation Camp Road Cuthbert, GA 39840



SHERIFF EDDIE L. FAIRBANKS

APPLICATION FOR APPOINTMENT

APPLICANT FULL NAME		
First Name:	Middle Name:	Last Name:
DATE SUBMITTED:	POSITION APPLIE	D FOR:
	ingerprinted to determine any criminal re	vestigated and are subject to verification. You are also cord and for further identification purposes. Employment
IMPORTANT: THIS APPLICATION SWORN TO BEFORE A NOTARY	I FORM MUST BE COMPLETED BY TH PUBLIC.	IE APPLICANT IN BLACK INK AND
Upon completing this application th	e following documents must be attached:	
1. (1) copy of your H	gh School Diploma or State Equivalency	Certificate.
2. (1) copy of your di	iver's license.	
3. One (1) certified c		credited College or University, reflecting the level
4. A copy of your Co	llege Diploma; if applicable.	
5. A copy of your Mi	litary Discharge DD-214; if applicable.	
6. Any record of a na	nme change (excluding marriage); if applic	cable.
7. Two (2) certified c	opies of your Birth Certificate/ Naturaliza	tion Verification; if applicable
8. Two (1) copies of	your Social Security Card.	
9. A copy of any cer	ifications from POST or other agency.	
	ents and information in this application must be o	the above documents will only slow down or completely stop your clear and legible. All applicable areas must be filled out completely
Applicant Signature		Date:

APPLICATION FOR APPOINTMENT

PERSONAL DATA			
First Name:	Middle	Name:	Last Name:
Maiden Name:			
Home Phone:	Cell	Phone:	Business Phone:
Street Address:			City:
County:		State:	Zip Code:
Social Security Number:	Driv	er's License Number:	State:
EDUCATION			
HIGH SCHOOL			
Name	Address		Diploma?
	OFESSIONAL, VOCATIONAL (
Name	Address	From/To (Yr)	Hours/Degree Completed
GED	USAFI	(CI	heck if applicable)
Date Administered:	State:	Certificate Awarde	ed?
Name / Address of State A	authority Issuing Certificate: _		

•	raining or Experience related to the e. Microsoft Office 2000, Excel et		
List any language(s), other	than English, that you speak fluer	ntly:	
Are you certified in sign lar	nguage? Are yo	u certified in lip reading?	
MILITARY SERVICE			
Branch:	Date	es of Service:	
Rank/Position:	Character of Discha	arge:	
(If Character of Discharge tion)	is other than Honorable, explana	tion must be provided in the additior	nal information section of this applica
Reserve or National Guard			
Name of Unit:		Dates of Service:	
Address of Unit:		Phone Number:	
Name of Commanding Office	cer:	_ Phone Number:	
CRIMINAL HISTORY			
Charge	Location (City/ State)	Date	Disposition

SPECIAL SKILLS AND TRAINING

LAW ENFURCEMENT EMPLOYMENT HISTO	KY	
(Name and Address of Law Enforcement Agency		
Date(s) of Employment (mo/yr) to (mo/yr)		(Official Job Title)
(Name and Address of Law Enforcement Agency		
Date(s) of Employment (mo/yr) to (mo/yr)		(Official Job Title)
(Name and Address of Law Enforcement Agency		
Date(s) of Employment (mo/yr) to (mo/yr)		(Official Job Title)
EMPLOYMENT HISTORY (NON-LAW ENFOR	CEMENT)	
Past Ten Years starting with the most recent. (Inc Note: For additional employment, list and attach		
(Name and Address of Employer)		
(Phone Number)		(Fax Number)
fi none muniber)		(i ax ivuilibei)
(Dates of Employment mo/yr to mo/yr)	(Official Job Title)	(Salary)
(Supervisor's Name)		(Reason for leaving)

Employment History Cont			
(Name and Address of Employer)			
(Phone Number)		(Fax Number)	
(Dates of Employment mo/yr to mo/yr)	(Official Job Title)	(Salary)	
(Supervisor's Name)		(Reason for leaving)	
(Name and Address of Employer)			
(Phone Number)		(Fax Number)	
(Dates of Employment mo/yr to mo/yr)	(Official Job Title)	(Salary)	
(Supervisor's Name)		(Reason for leaving)	
(Name and Address of Employer)			
(Phone Number)		(Fax Number)	
(Dates of Employment mo/yr to mo/yr)	(Official Job Title)	(Salary)	
(Supervisor's Name)		(Reason for leaving)	

Employment History Cont			
(Name and Address of Employer)			
(Phone Number)		(Fax Number)	
(Dates of Employment mo/yr to mo/yr)	(Official Job Title)	(Salary)	
(Supervisor's Name)		(Reason for leaving)	
(Name and Address of Employer)			
(Phone Number)		(Fax Number)	
(Dates of Employment mo/yr to mo/yr)	(Official Job Title)	(Salary)	
(Supervisor's Name)		(Reason for leaving)	
(Name and Address of Employer)			
(Phone Number)		(Fax Number)	
(Dates of Employment mo/yr to mo/yr)	(Official Job Title)	(Salary)	
(Supervisor's Name)		(Reason for leaving)	

Have you previously applied for employment with the Randolph County Sheriff's Office? YES \square NO \square If yes, of application and the position applied for:	
Have you ever worked for the Randolph County Sheriff's Office? YES ☐ NO ☐ If yes, list the date(s) of empl position:	oyment and
Do you object to wearing a uniform? YES □ NO □	
Do you object to working shift work? YES □ NO □	
Do you have experience with shift work? YES □ NO □	
Do any of your relatives work with Randolph County Sheriff's Office? YES $\hfill\square$ NO $\hfill\square$	
If yes, list names and relation:	
Have you had any arguments concerning job duties / working conditions? YES □ NO □	
If yes, explain:	
Has a supervisor ever reprimanded you for being late for or absent from work? YES □ NO □ If yes, explain:	
Has a supervisor ever reprimanded or suspended you for misconduct or poor job performance? YES □ NO □ If yes, explain:	
If prior Law Enforcement, have you ever been the subject of an Internal Affairs Investigation? YES \(\square \) NO \(\square \) If yes, explain:	
List the number of times you have been asked to resign or terminated from a job in the last ten (10) years: List the number of times you have resigned after being informed that your employer intended to terminate your	r job assign-
ment or take disciplinary action against you in the last ten (10) years:	
List the number of times you have left a job assignment without giving notice in the last ten (10) years:	10 of 12

Are you currently employed? If so may we contact your employer? YES $\ \square$ NO $\ \square$ If yes may we contact your employer? YES $\ \square$ NO $\ \square$
Are you prevented from becoming lawfully employed due to immigration status or VISA status? YES □ NO □
Date available to start work:
Which are you seeking: Full-Time ☐ Part-time ☐
Persons seeking full time employment must be available for all shifts, hours and understand that as a condition of employment, they may be called upon at any time in an emergency situation to standby or respond to the needs of the Randolph County Sheriff's Office
If Part Time what days are you available?
If part time are you available to work Day, Evening and Night Shifts? YES □ NO □
If no please explain:
P.O.S.T. Certifications
Attach certifications to the applications
Okey Number:
Peace Officer number:
Corrections Officer:
Communications Number:
Number of in-service hours in the last year:
Specialty Certifications:
Do you have previous security/ corrections/law enforcement experience? If so, where and what position did you hold?
Are you now or have you ever been under investigation by POST? YES \square NO \square If so, are you currently under probation, suspension or revocation of any certification. YES \square NO \square

(Signature)	(Date)	
SUBSCRIBED AND DULY SWORN BEFO	ME BY THE ABOVE PERSON	
ON THEDAY OF YEA	IN THE COUNTY OF RANDOLPH AND THE STATE OF GEORGIA	7
NOTARY PUBLIC	COMMISSION EXPIRES	
	SEAL	

ATTACHMENTS