

# Jamie Callaway



Elbert County Sheriff's Office  
47 Forest Avenue  
Elberton, Georgia 30635

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To All Applicants:

Please include the following items with your application to be considered for employment:

- Copy of Birth Certificate
- Copy of High School Diploma / GED, and College Diploma (if applicable)
- Copy of Driver's License
- Seven (7) year Driver's History from DDS
- Certified Jail Officer or Peace Officer Certificates (if applicable)



## ELBERT COUNTY GOVERNMENT EMPLOYMENT APPLICATION

**Instructions:** Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file for six months. It is up to you to periodically check to keep it current and active. Be sure to sign and date the application. *Please print.*

Name and Address	
Name (First, MI, Last):	
Mailing Address:	
City, State and Zip Code:	
Telephone:	Alternate Phone:
Email Address:	
Employment Type	
Position Applied For:	
Special training or skills (languages, machine operation, licenses, software, etc.) that would benefit you in the job for which you are applying:	
Have you ever been employed with Elbert County before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list position and dates:	
Days/hours available for work	
Would you accept full-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Would you accept part-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
On what date would you be available to begin work?	
Additional Information	
I certify that I am a U.S. citizen, permanent resident or a foreign national with authorization to work in the United States <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, proof required)	
Have you ever been convicted of, or entered a plea of guilty, no contest or had a withheld judgment to a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please explain:	

**Educational Background**

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
<b>High School</b>				

<b>College/Business/Trade School</b>				

**Military**

Have you ever been in the Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Entered: Date Discharged:
Are you now a member of the National Guard? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Specialty:	

### Work Experience

*Please list ALL work experience beginning with your most recent job held.*

Company	Name of last supervisor	Hrs worked per week
Address	Start Date	Starting Salary
City, State and Zip Code	End Date	Final Salary
Telephone Number	Job Title	
Reason for leaving:		

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?  YES  NO

Company	Name of last supervisor	Hrs worked per week
Address	Start Date	Starting Salary
City, State and Zip Code	End Date	Final Salary
Telephone Number	Job Title	
Reason for leaving:		

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?  YES  NO

**Work Experience Continued**

Company	Name of last supervisor	Hrs worked per week
Address	Start Date	Starting Salary
City, State and Zip Code	End Date	Final Salary
Telephone Number	Job Title	
Reason for leaving:		

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?  YES  NO

Company	Name of last supervisor	Hrs worked per week
Address	Start Date	Starting Salary
City, State and Zip Code	End Date	Final Salary
Telephone Number	Job Title	
Reason for leaving:		

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?  YES  NO

References

*Please exclude relatives and former employers*

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nature of acquaintance \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nature of acquaintance \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nature of acquaintance \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nature of acquaintance \_\_\_\_\_

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to Elbert County Government's rules and regulations and I agree that my Employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or Elbert County Government's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by Elbert County Government. I understand that only a designated County representative, and then only in writing and signed by the designated representative, has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elbert County is a drug-free workplace and an equal opportunity employer that does not discriminate against a person's race, color, sex, national origin, religion, handicap, or financial status.

This employer participates in e-verify.



Elbert County Sheriff's Office  
 47 Forest Avenue  
 Elberton, Georgia 30635  
 Telephone: 706-283-2421 Fax: 706-283-2039

Georgia Bureau of Investigation  
 Georgia Crime Information Center

Consent Form

I hereby authorize \_\_\_\_\_  
 To receive any Georgia criminal history record information pertaining to me which may be in the files of  
 any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
 (Full Name) (Print) (Include Middle or Maiden Name)

\_\_\_\_\_  
 (Address) (Phone Number)

\_\_\_\_\_  
 (Sex) (Race) (Date of Birth) (Social Security Number)

\_\_\_\_\_  
 (Signature) (Date)

- \_\_\_ Personal Use (Purpose code "U")
- \_\_\_ Employment (Purpose code "E") Rent Applications or Employment ---  
 Name of Company/Business \_\_\_\_\_
- \_\_\_ Employment with mentally disabled (Purpose code "M")
- \_\_\_ Employment with elder care (Purpose code "N")
- \_\_\_ Employment with children (Purpose code "W")

- \_\_\_ There is no criminal history record found on this subject.
- \_\_\_ The criminal history record found on this subject is attached.

\_\_\_\_\_  
 Signature SHERIFF'S OFFICE Date

The requestor will receive any Georgia CHRI as authorized by State law. Consent form will expire in 30 days.

## Georgia Driver's History Consent Form

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

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List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

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Signature

Date

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To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	