



Post Office Box 793
Brunswick, Georgia 31521
Telephone (912) 554-7600
Facsimile (912) 554-7681

Ron Corbett, Undersheriff
Louise Clifton Newsome, Colonel
Jail Administrator

Wayne V. Bennett
Sheriff

Application for Employment

_____ Job Title Appling For

Please read this before filling out the application form:

A new application must be submitted for each position for which you are applying. Resumes are not accepted in lieu of an application, but may be attached for supplemental information. The completed application is to be submitted to The Glynn County Sheriff's Office at 1812 Newcastle Street, Brunswick, GA 31520 (Wheelchair accessible).

This application form is an important part of the employment process. Candidates for any position may be eliminated based on an evaluation of the application. Please type or complete in ink as nearly and clearly as possible. Answer all questions to the best of your knowledge. You may provide as much detail as you wish by adding extra sheets of information or a resume. False, incomplete or inaccurate information is cause for disqualification or discharge.

Thank you for your interest in The Glynn County Sheriff's Office. If you need assistance completing this application, contact the Sheriff's Office at (912) 554-7600.

Personal Information

Name: _____
Last First M.I.

Present Mailing Address: _____
Number & Street City State Zip Code

Street Address, if different from above: _____

Telephone Number: Home _____ Business _____

Social Security Number _____ Do you have a drivers license? Yes No

Drivers License Number _____ State _____ Class _____ Exp. Date _____

General Information

Have you ever been convicted of a felony? If "yes", on a separate sheet, please give date(s) and place(s) and fully explain the situation. A conviction is not necessarily a bar to employment. Yes No

Can you work legally in the United States? (If hired, documentation showing eligibility for employment in the U.S. and identity will be required.) Yes No

Have you ever been employed by the Glynn County Sheriff's Office or the Glynn County Board of Commissioners? If "yes", on a separate sheet, please give date(s), job title(s), department location(s) and reason(s) for separation. Yes No

When would you be available to start work? _____

May we contact your present employer about your work? Yes No

May we contact your previous employer(s) about your work? Yes No

List any other name under which you have been employed. _____

Record of Education

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did you Graduate?	List Diploma or Degree
High			1 2 3 4		
College			1 2 3 4		
College			1 2 3 4		
Other specify			1 2 3 4		

Military Service Record

Have you served in the U.S. Military Service? Yes No

If yes, list skills acquired, including special training. _____

Employment Experience

List below all present and past employment beginning with your most recent. If you held more than one position with the same employer, please list each position separately.

1.

Employer:	From: Month/Year	To: Month/Year	Work Performed
Street Address:			
City:	State:		
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

2.

Employer:	From: Month/Year	To: Month/Year	Work Performed
Street Address:			
City:	State:		
Phone Number of Employer			
Job Title			
Supervisor			

Reason for Leaving	
--------------------	--

3.

Employer:	From: Month/Year	To: Month/Year	Work Performed
Street Address:			
City:	State:		
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

4.

Employer:	From: Month/Year	To: Month/Year	Work Performed
Street Address:			
City:	State:		
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

5.

Employer:	From: Month/Year	To: Month/Year	Work Performed
Street Address:			
City:	State:		
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

Other Licenses or Certifications (If required for the job):

Profession/Trade:	Level:
-------------------	--------

Expiration Date:	Issued By:
------------------	------------

Summarize any special skills or qualifications. Include knowledge, skills and abilities not shown elsewhere in this application. Be specific:

If any of your relatives are employees or elected officials of Glynn County, please list their name and family relationship to you:

Name	Department	Relationship

Emergency Contact:

Name	Address	Phone	Relationship

Agreement and Consent

1. I certify that these answers are true and correct to the best of my knowledge.
2. I understand this application is subject to verification. I authorize investigation of all statements contained herein. I understand that misrepresentations or omissions of fact in this application will be sufficient cause for disqualification or dismissal from employment with the Glynn County Sheriff’s Office, if I have been employed. I agree that Glynn County will not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated due to false statements and answers in this application. I understand and agree that this application is an initial application. I understand that additional information may be required of me. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application. I understand that employment is contingent upon successful completion of a post offer of employment drug test.
3. I hereby acknowledge that I have read and agree to the above statement.

Signature	Date
-----------	------

We consider applicants for all positions without regard to race, color religion, sex, National origin, age, disability, or any other legally protected status.

We are an Equal Opportunity Employer.