



Greene County Sheriff's Office

1201 Kevin Roberts Way, Greensboro, GA 30642

Donnie Harrison, Sheriff

Application Process for Employment

The Greene County Sheriff's Office welcomes your application to become a member of our agency. The following will provide you with an understanding of our selection process, which includes the following elements:

1. A neatly typed or written application to include an essay of not less than 300 words describing why you are interested in the law enforcement field and why you want to work for Greene County.
2. An oral interview with the perspective Major and perspective Captain.
3. A thorough background investigation including:
 - A psychological screening scheduled by the Greene County Sheriff's Office.
 - A medical and drug screening by an approved physician.
 - Computer voice stress examination conducted by the Greene County Sheriff's Office.
4. Completion of P.O.S.T. entry exams (if not already certified).
5. Completion of P.O.S.T. Basic Mandate Training (if not already certified).

Sworn employees assigned to the Patrol Division will be required to complete and pass a minimum of four weeks field training that will be conducted by a Field Training Officer.

Phone 706-453-3351

Fax 706-453-2874

Warning: Intentional Falsification or Omissions can and shall be grounds for disqualification. Failure to provide adequate information can be grounds for disqualification.

Greene County Sheriff's Office
Application for Employment



Are you ready to join a
proud and professional
agency?

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Greene County Sheriff's Office Application Process

Phase 1

Submit Completed Application with Essay

Application Reviewed for Accuracy/Completeness

Background Investigation conducted

Preliminary Interview

Phase 2

Computer Voice Stress Examination

Psychological Examination

Medical/Drug Screen

Phase 3

Final Interview

Probationary Offer of Employment

Completion of POST Training (if not certified)

Required Documentation

1. Birth Certificate
2. High School Diploma or G.E.D
3. P.O.S.T. Certificates (if applicable)
4. DD 214 (if applicable)
5. Copy of current driver's license

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NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Have you ever worked or applied with the Greene County Sheriff's Office before? _____

If yes, When and what job position? _____

Are you able to perform the job duties listed for the position you are applying for without an accommodation? _____ If an accommodation is needed, how would you perform the job duties, and with what accommodation(s)? _____

Do you have a valid driver's license? Yes [] No []

License Number: _____ State: _____

What other states have you had a Driver's License? _____

List any Traffic Violations (including accidents) in the past 5 years and dates:

Have you ever be convicted of a criminal offense in Georgia or any other state?

Yes [] No [] If yes, give details (date, location, charge, and disposition):

How many people live in your household? _____

Criminal record of adults living in your household? (crime,/charge, court, date – disposition: dismissed, fined, probation, etc.)

NOTE: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances, and seriousness.

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Work History

Provide work history beginning with your current or most recent and continuing back 10 years. Provide a complete address with zip code, and telephone numbers. Failure to provide information may result in your disqualification.

Company: _____

Address: _____

Telephone Number: _____

Supervisor: _____

Dates: From _____ To _____

Duties: _____

Reason for Leaving: _____

Company: _____

Address: _____

Telephone Number: _____

Supervisor: _____

Dates: From _____ To _____

Duties: _____

Reason for Leaving: _____

Company: _____

Address: _____

Telephone Number: _____

Supervisor: _____

Dates: From _____ To _____

Duties: _____

Reason for Leaving: _____

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Company: _____

Address: _____

Telephone Number: _____

Supervisor: _____

Dates: From _____ To _____

Duties: _____

Reason for Leaving: _____

Company: _____

Address: _____

Telephone Number: _____

Supervisor: _____

Dates: From _____ To _____

Duties: _____

Reason for Leaving: _____

Has a supervisor ever reprimanded you for misconduct or failure to perform?

Yes [] No []

If yes, explain: _____

Have you ever been fired or forced to resign? Yes [] No []

If yes, explain: _____

Education

High School Graduate: Yes [] No []

If yes, name/address: _____

GED: Yes [] No []

If yes, name/address: _____

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Post – Secondary Education: Yes [] No []

If yes, name/address: _____

P.O.S.T. Certified: Yes [] No []

If yes, certification number: _____

5 Personal References (not related to you)

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

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Military History

Have you ever served in the United States Military: Yes [] No []

Have you ever served in the United States Military Reserves: Yes [] No []

If yes, what branch and are you active: _____

Dates: From _____ To _____

Rank Achieved: _____

Have you ever been court – martialled, tried on charges, subject of Article 15, company punishment or any other disciplinary action during military service: Yes [] No []

If yes, explain: _____

Are you receiving any disability pension form the United States Military: Yes [] No []

If yes, explain and what percentage of disability: _____

Are you registered for selective service: Yes [] No []

Financial History

List all personal sources of income: _____

List major monthly expenses: _____

Total monthly financial obligations: _____

Drug/Alcohol Use

Have you ever used Illegal drugs? Yes [] No []

If yes, explain (how many times and when: _____

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Do you drink alcohol? Yes [] No []

If yes, to what extent: _____

Have you ever been fired, forced to resign, penalized, or counseled for drinking?

Yes [] No []

If yes, explain: _____

Have you ever had any family trouble due to drinking? Yes [] No []

If yes, explain: _____

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GREENE COUNTY SHERIFF'S OFFICE

AUTHORIZATION TO RELEASE INFORMATION

(CRIMINAL, DRIVING, EMPLOYMENT, FINANCIAL AND MEDICAL HISTORIES)

I hereby authorize the Greene County Sheriff's Office or other authorized representative of Greene County bearing this release or copy thereof, within 12 months of its date, to obtain any information in my files pertaining to my driving record, criminal history record information, previous employment files, financial history, and medical records. This release is executed with full knowledge and understanding that the information is for official use of Greene County. Consent is granted for Greene County to furnish such information as to describe above, to third parties in the course of fulfilling its official responsibilities. Should there be any questions as to validity of this 'release, you may contact me as indicated below.

Full Name: (Print): _____
Last First M.I.

Social Security Number: _____ Race: _____

Date of Birth: _____ Sex: M [] F []

Driver's License Number: _____ State: _____

Signature: _____

Notary: _____ Date: _____

Notary Expiration: _____

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