



MITCH RALSTON, SHERIFF
GORDON COUNTY SHERIFF'S OFFICE
2700 U.S. 41 Highway, N.W.
Calhoun, GA 30701
706-629-1244
sheriff@gordoncountyga.gov


Thank you for your interest in applying at the Gordon County Sheriff's Office. Applicants must be at least 18 years of age, possess a High School Diploma or its equivalent, and be of good moral character. Applications are good for one year from date of submission. Copies of the following documents must be turned in with your application (do not submit original documents):

Birth Certificate
High School Diploma or Equivalent (must be recognized by the U.S. Department of Education)
Drivers License
Social Security Card
DD214 (prior military only) - Must include Character of Service and Type/Reason for Separation.

If the discharge is anything other than "honorable" only, the applicant must provide a complete, written, and signed statement by the applicant explaining the reason for the discharge

Law Enforcement or Related Certificates
Applicant Polygraph Screening Booklet (provided with the application packet)
Background Consent Form (provided with the application packet)

The Applicant Background Consent Form must be signed by the applicant prior to the application being submitted.



Mitch Ralston
Sheriff

Revised 10-22-2024

Gordon County Sheriff's Office
Application for Employment

The Gordon County Sheriff's Office is an equal opportunity employer, dedicated to the policy of non-discrimination in employment on any basis including race, color, age, sex, religion, or national origin.

I. Personal Information

Full Name _____
(Last) (First) (Middle)

Other names used _____
(Maiden, Legal name changes, Aliases, Nicknames)

Date of Birth _____ Social Security Number _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Place of Birth _____ Drivers License _____
(City and State) (State and Number)

List any other state in which you have previously been issued a drivers license:

List any languages you are fluent in _____

II. Residences

Current Address _____
Street Address City State Zip Code

Prior Addresses (list prior addresses, if any, for the past 5 years and dates of residence)

III. Contact Information

Cell Phone Number _____

Email Address _____

Home Telephone Number _____

Work Telephone Number _____

IV. Education:

High School Diploma _____ GED or Equivalent _____ College/University Degree _____

High School or Issuer of GED/Equivalent _____

(City, State) _____

Year Graduated or Obtained GED/Equivalent _____

College or University _____

(City, State) _____

Year(s) attended or graduated _____ Degree Received _____

Specialized Schools or Training

(Name of School City State) (Area of Study) (Year)

V. Employment History

(Current Employer) (City) (State) (Phone Number)

(Position) (Salary/Hourly Wage) (Supervisor)

Previous Employers (list the last three beginning with the most recent)

1. (Employer) (City) (State) (Phone Number)

(Hire Date) - (Separation Date) (Position) (Reason for Leaving)

2. (Employer) (City) (State) (Phone Number)

(Hire Date) - (Separation Date) (Position) (Reason for Leaving)

3. (Employer) (City) (State) (Phone Number)

(Hire Date) - (Separation Date) (Position) (Reason for Leaving)

Have you ever been dismissed or asked to resign from any employment? Yes ___ No ___

Have you ever been in or petitioned for bankruptcy? Yes ___ No ___

VI. Employment Desired with the Gordon County Sheriff's Office

Position: Deputy _____ Jailor _____ Clerical _____

Are you currently certified as a Peace Officer in Georgia? Yes ___ No ___

Are you currently certified as a Jail Officer in Georgia? Yes ___ No ___

If you are a certified Peace Officer are you currently under an employment contract with another Agency or signed an acknowledgment of the terms of OCGA 35-8-22? Yes ___ No ___

Are you available to work any shift? Yes ___ No ___

If yes list Shift Restrictions _____

Do you have any physical conditions which may limit your ability to perform the job applied for?

Yes ___ No ___

Have you applied with any other Law Enforcement Agencies? Yes ___ No ___

Are you related to any employee of the Gordon County Sheriff's Office? Yes ___ No ___

If yes, list employee(s)

VII. Military Record

Have you ever served in the United States Military? Yes ___ No ___

Branch of Service _____ Dates of Service _____

Type of Separation/Discharge _____

Are you a member of the National Guard or Reserve? Yes ___ No ___

VIII. Court Record

Have you ever been arrested? Yes ___ No ___ If yes, list below

(Year) (Charge) (Police Agency)

(Court) (Disposition)

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IX. References (list three persons not related to you whom you have known for at least three years)

1.	_____	_____	_____
	(Name)	(Relationship)	(Years Known)
	_____	_____	_____
	(Complete Address)	(Telephone Number)	
2.	_____	_____	_____
	(Name)	(Relationship)	(Years Known)
	_____	_____	_____
	(Complete Address)	(Telephone Number)	
3.	_____	_____	_____
	(Name)	(Relationship)	(Years Known)
	_____	_____	_____
	(Complete Address)	(Telephone Number)	

X. Social Media

1.	_____	_____
	(Account)	(User Name)
2.	_____	_____
	(Account)	(User Name)
3.	_____	_____
	(Account)	(User Name)

Applicant Polygraph Screening Booklet

Applicant Name: _____
(Last) (First) (Middle)

Instructions

Enter your answers to the questions on the following pages. If a question does not apply, enter N/A (not applicable). Read each question thoroughly before answering. If you have questions, the polygraph examiner will review the booklet with you prior to the polygraph examination.

General Medical Information

General Physical Condition: Good _____ Fair _____ Poor _____

Hospitalized within past two years Yes _____ No _____

List any medications ever prescribed _____

Dates of treatment for any emotional or mental illness _____

Heart Problems Yes _____ No _____

Blood Pressure High _____ Normal _____ Low _____

Medication within the past 24 hours _____

Hours of sleep within past 24 hours _____

If female, are you pregnant? Yes _____ No _____

1. Did you answer truthfully all of the questions on your application? _____
2. Did you omit any information from the application that you feel might disqualify you from consideration for this position? _____
3. Have you ever used an alias? _____
4. Have you ever been terminated from employment, for any reason? _____
5. Have you ever quit a job in lieu of being terminated? _____
6. Have you ever been asked to resign from a job? _____
7. Are there any previous employers who would not give you a favorable recommendation?

8. Have you ever stolen anything from an employer? _____
9. Do you drink alcohol? _____
10. Describe your drinking habit _____
11. Have you ever drunk more than you do now? _____
12. Have you ever called in sick because of a hangover? _____
13. Have you ever gone to work with a hangover? _____
14. Have you ever worked under the influence of either alcohol or drugs? _____
15. When was the last time you were under the influence of either alcohol or drugs?

16. When was the last time you drove a vehicle while under the influence of either alcohol or drugs?

17. Have you ever used Marijuana? _____
18. When was the last time? _____
19. How many times have you used Marijuana? _____
20. Have you ever purchased, distributed, or manufactured any illegal drug? _____
21. Have you ever used any illegal drugs, other than Marijuana? _____
22. When was the last time you were with someone who was using any illegal drugs?

23. How many friends or family members of yours are involved in illegal drug activity?

24. What is the largest amount of money you have won or lost at one time gambling?

25. Do you owe any gambling debts? _____

26. Have you ever joined or attempted to join the military? _____

27. Did you receive an honorable separation? _____

28. While in the military did you ever receive a court martial or any other form of disciplinary action? _____

29. Were you ever the subject of any military investigation? _____

30. How many traffic citations have you received? _____

31. How many vehicle accidents have you been involved in, as a driver? _____

32. Has your auto insurance ever been cancelled? _____

33. Has your driver's license ever been suspended or revoked? _____

34. Are there any outstanding citations or warrants for you? _____

35. Do you have good credit? _____

36. Have you ever filed bankruptcy? _____

37. Have you ever been arrested? _____

38. Have you ever been the subject of any criminal investigation? _____

39. What is the most serious crime you have ever been involved in?



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Gordon County Sheriff's Office Background Consent Form

I hereby authorize any representative of the Gordon County Sheriff's Office (G.C.S.O.) bearing this release, or copy thereof, within one year of its date, to obtain any and all records pertaining to my employment, military, credit, or educational records to include but not limited to personal history, disciplinary records, medical records, and credit records.

I also give my consent for a criminal history record check, and driver's history records check.

The undersigned agrees and consents to submit to drug testing and a polygraph examination as part of the undersigned's pre-employment application. The undersigned authorizes the release of information of any and all information obtained during the exam and testing procedure to the Sheriff of Gordon County or his representative.

I hereby release you, as the custodian of such records, from any liability for damages of whatever kind, because the compliance with this authorization and request to release information, or any attempt to comply with it.

I am furnishing my Social Security number on a voluntary basis with the understanding such is not required by State or Federal statute or regulation. I understand the G.C.S.O will utilize this number only to facilitate the location of such records listed above in connection with this application.

Signature

Date

Print Full Name