



Alamance County Sheriff's Office

Terry S. Johnson
Sheriff

Cliff Parker
Chief Deputy

Shelton Brown
Major

Alan Miles
Major

Jackie Fortner
Major

INFORMATION REQUIREMENTS FOR APPLICANT

- Applicant must be twenty-one (21) years of age and a U.S. citizen.
 - Copy of High School Diploma or GED certificate or certified school transcript.
 - Copies of transcripts from any/all schools attended.
 - Copy of Law Enforcement Certification (if applicable).
 - Copy of certified birth certificate from Register of Deeds (from county in which you were born)
 - Photostatic copy of Driver's License.
 - Photostatic copy of Social Security Card.
 - Copy of criminal history record from the Clerk of Court's office where you have resided within the preceding ten (10) years and the county where you went to high school.*
 - Copy of criminal history record from any other territory, state, or country you have lived in. **Every criminal history record is required.***
- * = Record checks should include maiden, married, adoptive, nick names and any other names. Advise Clerk of Court that you are an applicant for the Alamance County Sheriff's Office.
- Copy of DD214 military discharge papers (member 4 copy) (if applicable). Applicant must have Authorization for Release of Information notarized as well as Page 16 notarized.

Each item must be included and/or completed for this application to be processed.

This application will be kept on file for one (1) year.

Address
109 S Maple St
Graham, NC 27253

Phone Number
(336) 570-6300

Fax Number
(336) 227-0614

Website
alamance-nc.com/sheriff

Applicant

Date

Equal Opportunity Information:

County Government policy prohibits discrimination based on race, sex, color, creed, national origin, age, handicap or disability. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population and will be used for equal employment statistical information only.

Date of Birth _____
 (mo) (day) (year)

SEX Check One
 (male) (female)

ETHNIC GROUP
 1. White (non-Hisp.) 2. Black (non-Hisp.)
 3. Hispanic (Mexican, Puerto Rican, Cuban,
 Central or South American, other
 Spanish origin regardless of race)
 4. Asian (including Pacific Islander)
 5. American Indian (including Alaskan native)

ALAMANCE COUNTY

124 W. Elm Street,
 Graham, NC 27253

Application For Employment

EQUAL OPPORTUNITY EMPLOYER:

It is the policy of the County of Alamance to provide equal opportunity without discrimination as to race, color, creed, religion, sex, national origin, age, handicap or disability.

INSTRUCTIONS: Answer every question clearly and completely - Type or print plainly.

PERSONAL INFORMATION:

Name _____ Social Security Number _____
 First Middle Last

Home Address _____ Phone (____) _____
 Street City Zip Area Code

In case of emergency notify _____
 Name Address

Phone _____ Relationship _____

GENERAL:

Position applied for _____ Referred by _____

Have you ever applied for work or been employed by Alamance County? _____ When _____

If subject to Military Selective Service registration certify compliance by initialing here _____

Do you know of any reason why you cannot perform the essential duties of the job for which you are applying, with or without reasonable accommodations? Yes No

Are you related to anyone working for Alamance County Yes No
 If yes, list name and department. _____

EDUCATION:

_____(List the highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Schools	Name and Location	Dates Attended (Mo/Yr) From: To:	Grad? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Degree Received
High School				
College(s) University(s)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate or Professional			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other educational, vocational school, internships, etc.			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Current professional status (List fields of work for which you have been registered/certified)
 Registration: _____ State: _____ No. _____
 Registration: _____ State: _____ No. _____

SPECIAL SKILLS: (List any special skills you possess, or machines and equipment you can use)

Drivers License: Number: _____ State: _____

Words Per Minute: Typing: _____ Shorthand: _____ Other: _____

Condition of Employment: Following the interview and selection process for this position, appointment will be contingent upon the completion of a reference check and the applicant testing negative in a drug screening test. A criminal background investigation will be completed, if applicable. A driving history will be obtained through the Department of Motor Vehicles if the employee will be operating a county vehicle.

THIS SIDE MUST BE COMPLETED
EVEN IF YOU ATTACH A RESUME

Thank You

PREVIOUS EMPLOYMENT:

Last employer first - If never employed, list three personal references.
NOTE: It is Alamance County policy to contact present employers without express permission.

Name of Last Employer: _____
 Address: _____ Phone: _____
 Name of Last Supervisor: _____ Phone: _____
 Position Held _____ Full-time Part-time Number of hours per week: _____
 Dates employed From: _____ To: _____ Rate of Pay: _____
 Describe duties in detail: _____

 Reason for Leaving: _____

Name of Last Employer: _____
 Address: _____ Phone: _____
 Name of Last Supervisor: _____ Phone: _____
 Position Held: _____ Full-time Part-time Number of hours per week: _____
 Dates employed From: _____ To: _____ Rate of Pay: _____
 Describe duties in detail: _____

 Reason for Leaving: _____

Name of Last Employer: _____
 Address: _____ Phone: _____
 Name of Last Supervisor: _____ Phone: _____
 Position Held: _____ Full-time Part-time Number of hours per week: _____
 Dates employed From: _____ To: _____ Rate of Pay: _____
 Describe duties in detail: _____

 Reason for Leaving: _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.
 Yes No (If yes, explain fully on an additional sheet.)

REFERENCES: References should include people who can attest to your skills/knowledge as they relate to the position in which you are applying.

NAME	POSITION	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION OF APPLICANT:
 I hereby certify that all answers and statements in this application are true and given of my own free will. I am aware that should investigation disclose misrepresentation or falsification, I may be dismissed.

Signature _____ Date _____

Authorization for Release of Information

I am an applicant for a justice officer position with the _____ .

In order to determine my suitability for this position and for justice officer certification or continued certification, I understand that both the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, DOB _____, Operators License # _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. And, I hereby release the issuing Agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this Authorization for Release of Information shall remain valid for the duration of the application process through the North Carolina Sheriffs' Education and Training Standards Commission and shall not expire until such time as my application for certification is ultimately denied. In the event that I am issued certification, I further acknowledge that this Authorization for Release of Information shall remain valid until such time as my certification expires, is permanently surrendered to the Commission, or is revoked by entry of a Final Agency Decision.

A copy of this document is considered valid, just as the original. I have read and fully understand the above statements.

STATE OF NORTH CAROLINA
COUNTY OF _____

Applicant Signature:

Subscribed and sworn to before me, this is the
_____ day of _____, 20 _____

Printed Name:

Notary Public Seal

Address:

My Commission Expires _____

Phone Number:
