



# BALDWIN COUNTY SHERIFF'S OFFICE

119 OLD MONTICELLO ROAD - MILLEDGEVILLE, GEORGIA 31061  
P.O. BOX 830 - MILLEDGEVILLE, GEORGIA 31059-0830  
NLETS/GA0050000 TERM/BALD  
PHONE: (478) 445-4891

BILL MASSEE, SHERIFF

## APPLICATION FOR BALDWIN COUNTY SHERIFF'S POSSE

### PERSONAL HISTORY

NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE # \_\_\_\_\_ SS# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

### EDUCATION AND TRAINING (includes any diplomas, specialized training, certifications, etc)

High School Diploma or GED \_\_\_\_\_

Attach copy of certificate or diploma to this application.

Did you attend college or vocational school? \_\_\_\_\_

If so, how many hours of credit obtained? \_\_\_\_\_

Did you graduate? \_\_\_\_\_

Any certifications, specialized training, that you feel would be an asset to this posse, please list here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a GA Weapon Carry Permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Permit Number: \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Current Employer Information

Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Are you licensed to drive a vehicle? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, give license # \_\_\_\_\_

Please attach a copy of your license or picture ID.

Please describe in your own words why you would be a benefit to the Baldwin County Sheriff's Office Posse. Please handwrite this section.

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Do you have any special equipment that will benefit our agency?

(example: 4-wheeler, sea doo, boat, etc) yes \_\_\_\_\_ no \_\_\_\_\_

If yes, list:

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**CRIMINAL HISTORY  
AND DRIVER'S LICENSE CONSENT FORM**

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Last Name _____	First Name _____	Middle Initial _____
Race _____	Date of Birth _____	
Sex _____	Social Security No. _____	
Driver's License No. _____		

I hereby authorize the Baldwin County Sheriff's Department to obtain criminal histories through G.C.I.C. and N.C.I.C. and all driver's license information through the Georgia Department of Public Safety or any other state for which I am personally licensed to operate a vehicle.

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

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Notary Public, Georgia State at Large

\*\*\*Please have form notarized before returning to the Baldwin County Sheriff's Department.

## NOTICE TO ALL APPLICANTS

The Baldwin County Sheriff's Department is an equal opportunity employer. All applications returned to the Baldwin County Sheriff's Department are considered to be the property of this department and no guarantees are made that any reproductions or copies will be produced for any applicant after they are returned to this department.

The only applications retained by the Baldwin County Sheriff's Department are forms on any applicants that have successfully completed all phases of this hiring process.

The names of all individuals who successfully complete this process shall be placed on our hiring register. The only individuals that shall be considered for employment with this agency are those listed on our departmental hiring register.

### \*Public Safety Application Notice\*

I hereby acknowledge that all questions answered on this application are true to the best of my knowledge and ability. I also understand that this application is for employment in a law enforcement related field. Since this is a public safety application it is necessary for more personal information to be obtained so a background investigation can be completed. I further realize questions regarding age, sex, and race are necessary for accurate criminal histories and driver's information to be obtained.

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Signature of Applicant

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Witness



RELEASE

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning me to any duly authorized agent of Baldwin Co. S.O. and/or any agent of a criminal justice agency, and/or private agency.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment, and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I UNDERSTAND that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Baldwin County Sheriff's Office.

I HEREBY CERTIFY that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I HEREBY CERTIFY that the answers given by me to the foregoing questions and statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, or misrepresentation of facts called for in this application or any supplements, thereof, is cause for rejection of my application or discharge at anytime during my employment.

A photocopy of this release form will be valid as an original, thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Address

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

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature (Including Maiden Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date