



Internship Program

Henry County Sheriff's Office

120 Henry Parkway, McDonough, GA 30253

Henry County Sheriff's Office is an Equal Opportunity and Drug Free Employer

Instructions: Read the application carefully. Print all answers by hand. All questions must have answers, if the question does not apply to you, enter N/A as the answer. Applications are to be returned to the Henry County Sheriff's Office before the published closing date. Carefully follow the Instructions for Submission on the last page of this application.

PERSONAL DATA

Name: (Last)		(First)	(Middle)
Address: (Street)		(City)	(State) (Zip)
Home Telephone:	Other Phone:	Email Address (required):	Available Date:
Are you at least 20 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Would you accept shift or night work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a U.S. Citizen?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any relatives working for Henry County Government or Sheriff's Office? If yes, List names, relationship and the department:			
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been or are you now employed with Henry County Government or Sheriff's Office? If yes, which department and dates employed:			
			Yes <input type="checkbox"/> No <input type="checkbox"/>
List your Tattoos that are visible while wearing a short sleeve shirt and/or with hair not covering ears or neck (tattoo design and size):			

Position Applying For: (An application is required for each position)

EDUCATION

HIGH SCHOOL	
Did you graduate from High School? Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Name:
If not, do you have a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	City, State
Check Highest Grade Completed:	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
Specialty Courses:	

COLLEGE				
Name and Location of College/University/Tech	Major Courses of Study	Semester/Qtr Hours Completed	Years Completed	Type of Certificate or Degree Received:

MILITARY SERVICE	
Branch of Service:	Branch of Service:
Dates Served:	Dates Served:
Type of Discharge:	Type of Discharge:

LAW ENFORCEMENT CERTIFICATION			
State Certified:	Type: Jailer <input type="checkbox"/> Peace Officer <input type="checkbox"/>	State Certified:	Type: Jailer <input type="checkbox"/> Peace Officer <input type="checkbox"/>
Date Certified:	Certification #:	Date Certified:	Certification #:

DRIVING HISTORY

Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which State?	Restrictions?	Driver's License No.	Date of Expiration
Do you have a commercial driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which State?	Which Type?	Driver's License No.	Date of Expiration

SKILLS AND TRAINING

TECHNOLOGY SKILLS: (Check the boxes below only if you have experience with these items for a minimum of 3 months)

Operating Systems <input type="checkbox"/> MS Windows 10 <input type="checkbox"/> MS Windows 7 <input type="checkbox"/> Mac/Apple OS <input type="checkbox"/> Other	Word/Document Processing <input type="checkbox"/> Microsoft Word (version) <input type="checkbox"/> Docuware <input type="checkbox"/> Apple Doc <input type="checkbox"/> Other	Spreadsheets <input type="checkbox"/> Microsoft Excel (version) <input type="checkbox"/> Other
Social Media <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn <input type="checkbox"/> Reddit <input type="checkbox"/> Instagram <input type="checkbox"/> Other	E-Mail <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> On-line Email (version) <input type="checkbox"/> Other	Other Programs <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> Internet Explorer <input type="checkbox"/> Others:

OTHER SKILLS

Are you able to speak any other languages besides English (If yes, please list): Yes No

What special skills, qualifications or certifications have you gained from former employers or other experiences which relate to the type of work for which you are applying?

GENERAL INFORMATION

Can you submit legal verification of your right to work in the United States? (In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of or pleaded guilty or nolo to a felony or misdemeanor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, when:	Where:
For what:	

PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT

Please complete this section only if applying for a safety sensitive position.

I hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having no evidence of prohibited drug use.

Print Name: _____ Signature: _____

Date: _____

(Your application will not be considered for employment unless this acknowledgement is completed and signed.)