



"An Internationally Accredited Agency"

COLUMBIA COUNTY SHERIFF'S OFFICE

Clay N. Whittle, Sheriff
2273 County Camp Road
Post Office Box 310
Appling, Georgia 30802-0319
(706) 541-1043

CITIZENS AUXILIARY APPLICATION

PERSONAL INFORMATION

Name _____

First Middle Last

Address _____

Street

City State Zip

Telephone No. _____

Home Work Other

SSN _____ Driver's License # _____

Date of Birth _____ Sex M F

Height _____ Weight _____ Eyes _____ Hair _____

Are you a U.S. citizen? Yes _____ No _____

Have you ever been employed by the Columbia County Sheriff's Office?

Yes ___ No ___ If so, please explain: _____

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony? Yes ___ No ___

If yes to either question, please explain circumstances: _____

List any friends or relatives working for the Columbia County Sheriff's Office: _____

Current Employer and phone number: _____

REFERENCES

List 3 personal references. Do not list relatives.

NAME ADDRESS PHONE # YRS. KNOWN

List any special services or talents you'd like to provide to Columbia County Sheriff's Office. (Ex.: Speak a foreign

language, can provide equipment such as a chainsaw in an emergency?) _____

Authorization and Release

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification on any part of this application form, or credentials, may disqualify me or result in my immediate dismissal, regardless of when discovered.

Furthermore, I hereby authorize the Columbia County Sheriff's Office, its agents or representatives, to contact any person or entity named on my application, and any attached credentials, for the purpose of confirming the information contained therein and/or obtaining other information which may be material to my qualifications. I also authorize the Columbia County Sheriff's Office to perform a criminal background investigation and driving history. I hereby release the Columbia County Sheriff's Office, its agents, or representatives, and any entity providing information pursuant to this Authorization and Release of information, from all liability upon the provision of that information.

SIGNATURE: _____ DATE: _____

An Equal Opportunity Employer