## **Part Time Deputy-Courthouse Security**

(Transportation & Court Services Division)

SALARY GRADE: 21

**JOB SUMMARY:** This position requires the individual to be available for up to twenty-five hours per week and forty weeks per year. This position is responsible for providing security, safety and order for the courts of Columbia County. This position is limited to one thousand hours per year.

CHAIN OF COMMAND: This position answers to the Chief Bailiff.

#### CRITICAL RESPONSIBILITIES/DUTIES:

- Provides for security for the courts in Columbia County
- Provides protection for officers of the court
- Opens court sessions
- Performs other duties as required

### KNOWLEDGE OR SPECIAL SKILLS REQUIRED FOR THIS POSITION:

- Knowledge of state, federal and local laws/ordinances
- Knowledge of law enforcement and court security procedures
- Basic knowledge in the administration of first aid and CPR
- Possess report writing skills
- Knowledge of audio, video and radio equipment operations

#### **MINIMUM QUALIFICATIONS:**

- Holds current Georgia peace officer certification
- Associate's Degree or that equivalent in training and experience
- One year of law enforcement experience
- Must qualify on the standard CCSO Handgun and Rifle Qualification Course
- Must become certified in the use of oleoresin capsicum (OC) spray and TASER CEW
- Must pass all drug screens

#### BASIC PHYSICAL CAPABILITIES REQUIRED:

- Walking, running moderate distances, bending, reaching, and climbing stairs and ladders
- Lifting, dragging, and pulling objects and people
- Pushing and pulling heavy objects
- Use of hands/feet for self-defense and maintaining a moderate duration of force
- Use of restraining and control holds and/or restraining devices

PHYSICAL REQUIREMENTS:	Must meet appearance standards as set forth b	y the Sheriff.
Print Name		
Employee Signature	Employee #	Date

"An Equal Opportunity Employer"



If yes, when

# COLUMBIA COUNTY SHERIFF'S OFFICE

An Internationally Accredited Law Enforcement Agency

### APPLICATION FOR EMPLOYMENT

#### **GENERAL INFORMATION**

Evaluations of applications are based on individual merit. Information MUST BE COMPLETE so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin, or disability. One application must be completed for each position for which you apply. THIS APPLICATION MUST BE SIGNED AND DATED. INCOMPLETE APPLICATIONS MAY BE REJECTED. RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETED APPLICATIONS.

PERSONAL INFORMATION first middle last Address\_\_\_\_\_ street apt.# city state zip Telephone Number\_\_\_\_\_ home work other Social Security Number\_\_\_\_\_ Drivers License Number\_\_\_\_\_ State\_\_\_\_ Date of Birth\_\_\_\_/\_\_\_\_/ M( ) F( ) Height ft. in. Weight: Sex: Eyes:\_\_\_\_\_ Are you over 18 years old? ( ) Yes ( ) No Are you a citizen of the U.S.? ( ) Yes ( ) No Have you ever been bonded? ( ) Yes ( ) No If yes, on what jobs\_\_\_\_\_ Were you previously employed by the Columbia County Sheriff's Office? ( ) Yes ( ) No

#### **EDUCATION**

HIGH SCHOOL				
Name and Location	<u> </u>			
Circle highest grade	completed:	7 8 9 10 11 1	2 Graduated?	( ) Yes ( ) No
If not a high school	graduate, do you	u have a GED? (	) Yes ( ) No	
COLLEGES/UNIVERSITIES				
NAME OF SCHOOL	А	DDRESS	MAJOR	DEGREE EARNED
Describe special vocations applying:		•		e job for which you ar
Special skills, qualifications, machine operating skills) w				iness equipment or
If you are applying for a cler	ical position plea	ase complete the follow	ving approximate number	of words per minute in:
Typing		Sh	orthand	
Have you received any traff Please indicate the type of o			( ) Yes ( )	No
Have you (since the age of		· -	ilty or no contest to a mise	demeanor?
Have you (since the age of	Yes ( ) 18) ever been co Yes ( )	onvicted of or plead gui	ilty or no contest to a felo	ny?
If yes, describe the circumst	ances:			
		Military Recor	d	
Selective Service Classificati	on			
Branch		Ra	nk Attained	
Date of Entry				
Date of Discharge Type of Discharge				

#### **EMPLOYMENT HISTORY**

Dates Employed

Describe the last nine jobs held beginning with your current or most recent job using the additional inserts supplied. Failure to give complete information may result in your disqualification.

Telephone:

Name of Company

	Fax:	
Street	City State Zip Code	May we contact employer?
		( ) Yes ( ) No
Official Job Title	Name of Supervisor	Pay
Official Job Title	Name of Supervisor	Start End
		Start
Describe Specific Job Duties		
Specific Peacen for Leaving		
Specific Reason for Leaving		
Name of Company	Telephone:	Dates Employed
, ,	'	,
	Fax:	
Street	City State Zip Code	May we contact employer?
		( ) Yes ( ) No
Official Job Title	Name of Supervisor	Pay
	Traine or Caper tises	Start End
Describe Specific Job Duties		
Specific Reason for Leaving		
Name of Company	Telephone:	Dates Employed
Street	Fax: City State Zip Code	May we contact employer?
Sileet	City State Zip Code	( ) Yes ( ) No
		( ) 163 ( ) 140
Official Job Title	Name of Supervisor	Pay
		Start End
Describe Specific Joh Duties		
Describe Specific Job Duties		
Specific Reason for Leaving		
***A resume may be attached only as	additional information and will not be	accepted in lieu of completing this section.

An Equal Opportunity Employer

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Describe the last nine jobs held beginning with your current or most recent job using the additional inserts supplied. Failure to give complete information may result in your disqualification.

**Dates Employed** 

Telephone:

Name of Company

	Fax:		
Street	City Sta	te Zip Code	May we contact employer? ( ) Yes ( ) No
Official Job Title	Name of Supervi	sor	Pay Start End
Describe Specific Job Duties			
Specific Reason for Leaving			
Name of Company	Telephone:		Dates Employed
Name of Company	relephone.		Dates Employed
	Fax:		
Street	City Sta	te Zip Code	May we contact employer? ( ) Yes ( ) No
Official Job Title	Name of Supervi	sor	Pay Start End
Describe Specific Job Duties			
Specific Reason for Leaving			
Name of Company	Telephone:		Dates Employed
	Fax:		
Street	City Sta	te Zip Code	May we contact employer? ( ) Yes ( ) No
Official Job Title	Name of Supervi	sor	Pay Start End
Describe Specific Job Duties			
Specific Reason for Leaving			
***A resume may be attached on	ly as additional informa	tion and will not be a	ccepted in lieu of completing this section.

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**Dates Employed** 

Telephone:

Name of Company

	rdX.			
Street	City St	tate 2	Zip Code	May we contact employer?
				( ) Yes ( ) No
Official Job Title	Name of Super	visor		Pay
	Trainie or Gapor			Start End
				Start
Describe Specific Job Duties				
Describe Specific Job Duties				
Specific Reason for Leaving				
Name of Company	Telephone:			Dates Employed
	Fax:			
Street		tate	Zip Code	May we contact employer?
30.000	J.C.		ip code	( ) Yes ( ) No
				( ) res ( ) NO
Official tale Title	Name of Company			Davi
Official Job Title	Name of Super	VISOr		Pay
				Start End
Describe Specific Job Duties				
Specific Reason for Leaving				
Name of Company	Telephone:			Dates Employed
,				
	Fax:			
Street		tate 2	Zip Code	May we contact employer?
Street	City	iale '	zip code	
				( ) Yes ( ) No
Official Job Title	Name of Super	visor		Pay
				Start End
Describe Specific Job Duties				
·				
Specific Reason for Leaving				
Specific neason for Leaving				
***A resume may be attached only as	additional inform	ation and w	ill not be acc	epted in lieu of completing this section.

An Equal Opportunity Employer

List three personal references. Do not list relatives or former employers

Name	Address	F	Phone #	Years
		Homos		Known
		Home: Work:		
		Mobile:		
		Fax:		
		Home:		
		Work:		
		Mobile:		
		Fax:		
		Home:		
		Work:		
		Mobile:		
		Fax:		
List relatives employed with t	•			
Name	Addr	ess	Phone #	Relationship
	AUTHORIZAT	ION AND RELEASE		
My signature on this applic knowledge. I am aware that disqualify me for employmen employment pursuant to the screening urinalysis test and appropriate county represent confidential	falsification on any part of nt or result in immediate d nis application shall be sul physical examination and t	f this application form a ismissal, regardless of w bject to the condition hat information regardir	nd attached resume or then discovered. I und that I pass the pre-e ng use of drugs may be	r credentials may derstand that any imployment drug e disclosed to the
Furthermore, I hereby author person or entity named on monoperson or entity named on monoperson or entity properson or entity problems. It is and any person or entity problems investigation and the provision of	ny application and any attact contained therein and/or nt. I also authorize the Coluctory. I hereby release the Coluctory information pursuar	ched resume or credenti obtaining other inforn umbia County Sheriff's C Columbia County Sheriff	ials, for employment for nation which may be office to perform a crir 's Office, it's agents or	or the purpose of material to my minal background representatives,
Signature:		Date:		

### APPLICANT DATA SHEET

#### Dear Applicant:

We are an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, national origin, sex, age, disability, or veteran status.

To help us comply with federal equal opportunity record keeping requirements, please answer the questions on this survey. In addition, the information will assist us in ensuring that our recruitment efforts are reaching all areas in the community and that all protected classes are represented in our applicant population.

vvnere did you ne	ar about this position? ( )	Recruitment Card	( ) Social Media
() Webpage	( ) Job/Career Fair location	າ:	
( ) Other			
_	eriodic government reporting a on for Employment.	and will be kept in a co	onfidential file separate
NAME		DATE OF A	PPLICATION
TITLE OF POSITIO	N FOR WHICH YOU ARE APPL	YING	
Confidential Inform	mation: Please indicate approp	oriate sex and ethnic b	ackground category
() Male	( ) Female		
( ) Caucasian	( ) African American	( ) Asian / Pacific	Islander
( ) Hispanic	( ) Native American / Am	erican Indian	
( ) Other:			

## **Notice to Applicants**

All applicants are entitled under the law to equal employment opportunity. If you believe you have been discriminated against in employment on the basis of race, color, religion, national origin, sex, age, disability or veteran status, you are entitled to notify the Equal Opportunity Commission, 2401 E Street N.W., Washington, D.C., 20506, or other appropriate agencies.

The selection process elements are:

Application Screening Interviews

Background Investigation Psychological Exam
Aptitude Testing Administrative Review

Medical Exam/Drug Screen

Completion of the recruitment and selection process can take from 30 to 120 days. Applicants rejected may reapply in one year, however those applicants who are disqualified for reasons which would assure another rejection shall not be reconsidered.

\*\*Visit our website at <a href="https://www.columbiacountyso.org">www.columbiacountyso.org</a> for complete details regarding the selection process and any current job vacancies. \*\*

# APPLICANT NOTICE

Applicants requesting employment with the Columbia County Sheriff's Office must provide copies of the below listed documents when submitting an application:

Driver's License
Full body length photograph of frontal and side profile in business casual
Social Security Card
Birth Certificate
High School / College Diploma
DD214 (if prior military)

Please provide phone numbers for personal references and insure that present / past employer information is current. Please **do not** provide pager numbers.

Failure to comply with above requests will result in rejection of your application. Thank you for your interest.

The elements of the selection process are as follows: Interview, Administrative Review, Qualifications (if appropriate), and psychological/medical/drug screens. Additional information about the process may be found on the Sheriff's Office website at <a href="https://www.columbiacountyso.org">www.columbiacountyso.org</a> under the Jobs tab.

<u>Reapplication</u> – 9-1-1 applicants who fail the multitasking data entry test may test again in 30 days, if no other disqualifying aspects exist. Rejected applicants may reapply for consideration in six months; however, those applicants who are disqualified for reasons which assure another rejection shall not be reconsidered.

<u>Duration of the Selection Process</u> – Completion of the recruitment and selection process can take from 30 to 120 days. Applicants found eligible, but not immediately selected, may be contacted for subsequent placement. Reapplication shall be required if the applicant is not selected within one year.

# DOMESTIC VIOLENCE CONVICTION ATTESTATION

l,	, do hereby swear
and affirm that I have neve	r been convicted of any crime, misdemeanor,
or felony involving an act o	f family violence or domestic violence in the
state of Georgia or any oth	er state of the United States. I understand it is
Federal law that anyone co	nvicted of a crime involving domestic / family
violence must surrender all	of his / her firearms and may not be in
possession of any firearm.	further understand that if I knowingly and
willfully lie on this form, I m	nay be charged with criminal and
administrative charges.	
PRINT NAME	DATE
SIGNATURE	DATE

# CRIMINAL HISTORY RECORD INFORMATION CONSENT FORM

(Sworn Position Purpose Code "Z") (Non-Sworn Position Purpose Code "J")

The passage of revisions to the federal Omnibus Consolidation Appropriations Act of 1997 and its amendment to the Gun Control Act of 1968 makes it unlawful for any person convicted if a "misdemeanor crime of domestic violence" to ship, transport, possess, or receive firearms or ammunition, including law enforcement personnel. There are no provisions in this law for exemptions.

I hereby give my consent for a criminal history record check to be conducted. I understand this consent is voluntary, however, I acknowledge that refusal to give this consent may have an adverse effect on my continued employment as a law enforcement officer.

PRINT NAME	SIGNATURE
DATE OF BIRTH	SOCIAL SECURITY NUMBER

# LAW ENFORCEMENT INVESTIGATION ATTESTATION

Ι,	, do attest	that I
have ( ) or have not	( ) been the subject of an investigation with any la	aw
enforcement agency.		
The circumstances sur	rounding the investigation are as follows:	
PRINT NAME	DATE	
SIGNATURE		

## Georgia Bureau of Investigation Georgia Crime Information Center Law Enforcement National Data Exchange (N-DEx) Notice and Consent

I authorize	e any empl	oyee or i	representative of		
to search the Law Enforcement National Data Exchange (N-DEx) to obtain information regarding my qualification and fitness to serve as a					
tribal, and users to se and invest informatio informatio employme will not be	I understand that N-DEx is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in N-DEx may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in N-DEx will not be disclosed to any other person or agency unless authorized and consistent with applicable law.				
	1' 1 '1'	1		minal justice agency	C C LC LC NDE
Redress:  If employment is denied solely due to information obtained from N-DEx, and the applicant challenges the accuracy or completeness of those records, the denying agency shall provide the applicant with the contact information of the agency owning the information underlying the decision to deny. After receiving a written request from the applicant challenging the accuracy or completeness of the record used to deny employment, the record-owning agency shall then review the relevant information and advise the applicant in writing whether it has confirmed the accuracy or completeness of its records or whether the records will be corrected. If the applicant does not receive a response from the record-owning agency within 30 days from the date of the applicant's written request, the applicant may contact the FBI CJIS Division N-DEx Unit, 1000 Custer Hollow Rd, Clarksburg, WV 26306. The FBI shall forward the challenge to the record-owning agency for verification or correction. The record-owning agency shall then review the relevant information and advise the applicants of their responsibility to provide any corrected information to the denying agency that may assist the record owning agency in its research on behalf of the applicant.					
Full Na	me (Print):				
	Address:				
Sex:		Race:		Date of Birth:	
Socia	al Security N	Number:			
Date					
Signature					

N-DEx Notice and Consent Revised: 20130918

# **MEMORANDUM OF AGREEMENT**

This Agreement is made this	day of	, 20, by and
between	, hereinafter referi	red to as "Applicant," and the
Columbia County Sheriff's Office	<b>).</b>	
Applicant has made application for		•
Office for a sworn position. As a condition of employment with the shall enroll in a course of studenrollment until an Associate's I taken.	ne Columbia County ly acceptable to thi	Sheriff's Office, Applicant s office and shall maintain
The Columbia County Sheriff's O Applicant's choice of said course choice Applicant makes that is no position for which Applicant had a	of study, but shall rot reasonably related	eserve the right to reject any
Applicant		
Columbia County Sheriff's Office	Representative	