



**FORSYTH COUNTY SHERIFF'S OFFICE**  
**AFFIDAVIT OF APPLICATION**

As the applicant, I state that I understand and/or certify the following:

1. That if I do not wish to answer a question in the application process, I may do so, however, my application will not be processed.
2. Exclusive of the aforementioned statement, all information that is recorded in the application process will be used in relation to consideration or qualification of the applicant for employment only, and no other purpose.
3. That I have read and understand all questions and instructions in this application and that my answers during the application process are true and complete to the best of my knowledge and belief.
4. That truthful and complete responses in the application process are required.
5. That discovery of intentional omissions or incorrect answers may be basis for the termination of the application process and may result in criminal prosecution for the offense of False Statements under Georgia Code Section 16-10-20, a felony punishable by a maximum fine of \$1,000.00 or imprisonment for not less than one (1) or more than five (5) years, or both; or for the offense of False Swearing under Georgia Code Section 16-10-7, a felony punishable by a maximum fine of \$1,000.00 or imprisonment for not less than one (1) or more than five (5) years, or both.
6. That falsification during the application process by an individual hired may result in termination of employment with this agency.
7. That the Forsyth County Sheriff's Office operates within the scope of a Standard Operating Procedure (SOP) and if an offer of employment is made and accepted, the applicant agrees to work in accordance with these policies and procedures.
8. That all information provided will be verified either by interview, testing, psychological testing, medical examination, drug screening, layered voice analysis, and/or computer verification of driver's/criminal history and driver's license status.
9. I understand that if offered employment, my probation period will be one year as stated in the Forsyth County Civil Service Manual. In the event I achieve agency work performance standards within the probationary period, I will be classified as a regular employee. I also understand as a regular employee, should my work performance fall below agency standards, that I may be disciplined, up to and including termination. I further understand that if I am terminated, I must return all property issued to me by the Forsyth County Sheriff's Office, or make suitable restitution for same.
10. That I may be terminated for any good and sufficient cause, to include, but not limited to criminal activity or violation of Sheriff's Office policies and procedures. I understand that I may have appeal rights as provided for in the Forsyth County Sheriff's Standard Operating Procedures Manual and the Forsyth County Civil Service Manual.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Before me personally appeared the above said person who says that he/she executed the above Affidavit of his/her own accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature

(Place Commission Information and Seal)