



**City of Duluth Police Department  
3276 Buford Highway  
Duluth GA 30096  
(770) 476-4151**

## **Employment Application & Background Information**

Name: \_\_\_\_\_

Position Desired: \_\_\_\_\_

Application Date: \_\_\_\_\_

### ***Equal Opportunity Employer***

**The City of Duluth is an Equal Opportunity Employer. The City will conform with all applicable local, state, and federal laws concerning employment and will not illegally discriminate with regard to age, sex, sexual orientation, gender identity, race, color, religion, national or ethnic origin, disability, genetic information or other legally protected status or classification, except where mandated or permitted by law as a bona fide occupational qualification.**

Last revision (2018-02-08)

This employment application is **not** an offer of employment, or a contract for employment. The completion of this application does not stand as an agreement or promise to hire the applicant; and any statement to the contrary by any unauthorized employee is void. This application will be held on file in accordance with current Georgia law. Qualified applicants will be given consideration for open positions only.

### **Instructions for Completing this Application**

- (1) Print legibly or type.
- (2) Complete all questions. Attach all documents requested.
- (3) Any questions not pertaining to you individually, list as "N/A" for Not Applicable. Do not leave blank.
- (4) If more writing space is needed throughout this application form, you may write your answers on paper and attach them to the application or write on the back of pages. Be sure to clearly identify the question number to which you are referring.
- (5) **The Affidavit of Applicant and Authorization for Release of Personal and Criminal History Record Information on the following pages must be signed ONLY in the presence of a Notary Public.**
- (6) **If specific portions of this application are not notarized, the application will not be processed.**
- (7) Attach copies\* of the following:
  - a. Birth Certificate (naturalized U.S. citizens must also attach copy of naturalization papers; persons legally permitted employment in the United States must also attach copies of such permits)
  - b. High School Diploma or G.E.D. Certificate.
  - c. All post-secondary (college, vocational school, etc.) diplomas and transcripts.
  - d. If you were in the military, documentation of military training/experience, and a DD-214.
  - e. Peace Officer Certification Certificate from Ga. POST and Diploma from police academy.
  - f. Criminal Justice (police, corrections officer, jailor, etc.) training certificates/records and all certification records, from all states.
  - g. **Driver's License – a photocopy of your driver's license must be attached.**

\* If some of these documents are not readily obtainable, you may omit attaching them, if you explain the reason they cannot be attached at time of submission. Copies of all documents are acceptable for application submission purposes, but original/certified copies are required if an offer of employment is made and accepted. Verification will be made of all documents submitted.

\_\_\_\_\_ **Initial Here**

## **Affidavit of Applicant**

As the Applicant, I acknowledge 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 decline to do so; however my application will not be processed and I will not be considered for employment.
2. Exclusive of the aforementioned statement, all information which is recorded in the application process will be used only for identification and/or in relation to consideration of qualification of the applicant for employment only.
3. That I have read and understand all questions and instructions in this application and that my answers during the application process are factual and complete to the best of my knowledge and belief.
4. That truthful and complete responses in the application process are required and will be verified.
5. That discovery of intentional fraudulent submission, omissions or incorrect answers may be a basis for the termination of the application process and or employment, and may result in criminal prosecution for the offense of False Statements under Georgia law section 16-10-20, a felony punishable by a maximum fine of \$1,000 or imprisonment for not less than one (1) or more than five (5) years, or both; and/or for the offense of False Swearing under Georgia code section 16-10-71, a felony punishable by a maximum fine of \$1,000 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 will result in termination of employment with this Agency and criminal prosecution.
7. That the City of Duluth Police Department operates within the scope of a Standard Operation Procedures (SOP) Manual and that if an offer of employment is made and accepted, the applicant agrees to work in accordance with the policies and procedures of this manual.
8. That all information provided will be verified by: written request, interview, testing, psychological test, physical agility testing, medical exam, drug screening, polygraph exam or computer verification of drivers/criminal history and drivers license status; that the present and all former employers will be contacted for information to determine qualifications for employment with this Agency. Personal references will be checked.
9. That if I am offered employment with the City of Duluth Police Department and if I accept such employment, that I will be considered an "at will" employee at all times during my employment with the city.
10. That my work performance will be evaluated periodically; and if I do not maintain agency standards of work performance, that my employment with the City of Duluth Police Department will be terminated. I understand that upon such termination all salary, compensation and other employee benefits will also be terminated. I further understand that upon termination that I must return all property issued to me by the City of Duluth Police Department, or make suitable restitution for same.

\_\_\_\_\_ **Initial Here**

11. That in the event I achieve agency work performance standards and should my work performance fall below agency standards, that I may be terminated or lesser disciplinary action taken.
12. I understand I may be terminated for violations of Department policies and procedures. I understand that as an employee I have appeal rights only as provided in the City of Duluth Police Department's Standard Operating Procedures manual.
13. That in accordance with Georgia law 35-8-22, I accept full and complete responsibility for any and all expenses for my law enforcement training received from my present and any an all previous law enforcement agencies. That I fully and completely relieve the City of Duluth and all its employees from any responsibility from the incursion of any debts or expenses from any law enforcement training from my present employer, and any and all former employers.
14. If terminated within one year of employment, I agree to pay the City of Duluth within 30 days of employment termination, a minimum of \$500 and a maximum of \$1, 000 (based on job assignment, pre employment testing costs, equipment and uniforms bought and issued to me) as liquidated damages in recognition for expenses incurred by the City of Duluth as part of the employment process.
15. That I understand that: (a) federal law 18 USC 922 prohibits persons who have been convicted of domestic violence related crimes from access to, possession of, shipment to or transport of firearms and/or ammunition; and (b) most jobs with the City of Duluth Police Department involve contact with firearms or ammunition and thus are covered under this federal law; and (c) that all applicants and employees are required to submit to a review of their criminal history record prior to employment and as a condition of continued employment and (d) that I give my consent for such criminal history record check to be conducted prior to employment and at any time during my continued employment.
16. That the City of Duluth has an employment process as provided in the department's SOP section 51-02. The process begins when an application is submitted. A background investigation is performed to include a check of: (1) criminal history record information, (2) driver's history record and (3) work history check at a minimum. Oral interviews are conducted by the Chief of Police and/or his designee. Should a conditional offer of employment be extended to the applicant: the applicant must pass all pre employment tests to include but not limited to: (1) psychological tests and interview, (2) physical examination, (3) polygraph examination and (4) other tests as may be applicable (to include but not limited to academy entrance examination). The process may take 30 to 60 days for completion in some instances. The applicant who has been extended a conditional offer of employment will be informed if at any time they fail to meet standards on any part of the process.

The City of Duluth receives applications on a continuous basis. As such is the case, it is not possible for the department to respond to all applicants. The department only responds when it wishes to interview for open positions. If the department does not wish to interview the applicant, the applicant will not be notified. It is incumbent upon the applicant to contact the department to determine the status of their application as they wish. Applicants are encouraged to contact the agency to update or check the status of their application.

\_\_\_\_\_ **Initial Here**

17. That I understand and acknowledge that if any information presented in this application changes between the time I submit the application and any conditional offer of employment is made, that I must advise the Duluth Police Department of those changes in writing.
18. The City of Duluth Police Department is an equal opportunity employer (EOE), and in accordance with applicable federal and state laws does not unlawfully discriminate on the basis of race, color, religion, national origin, disability, age, gender or any other legally protected status or classification.

It is the policy and practice of the City of Duluth Police to provide equal employment opportunity (EEO) for all applicants and employees. This EEO policy applies to all areas of employment including recruitment, hiring, training, promotion, compensation, benefits, transfer, assignment and other terms and conditions of employment.

The minimum age for all positions is 18 years of age. Under Georgia law, police officers and communications officers must be citizens of the United States. Georgia law, Georgia P.O.S.T. regulations and departmental policy requires that all applicants possess at time of employment a high school diploma. A certified copy of said high school diploma must be provided to the agency at the time of employment.

19. I understand that if I am employed by the department and any equipment is issued to me that I am responsible for that equipment. I understand that if I leave employment from the department I will return all equipment in good working order with 48 hours or I will reimburse the department at replacement costs for any lost or damaged equipment.

**SIGN ONLY IN THE PRESENCE OF THE NOTARY PUBLIC.**

\_\_\_\_\_

Applicant's Signature	Date
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Before me personally appeared the above said person who says that he/she executed the above Affidavit of his/her own free will and accord, with full knowledge of the purpose therefore.

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

\_\_\_\_\_

Notary Public's Signature

Place Commission information and Seal:

Duluth Police Department  
3276 Buford Highway  
Duluth, GA 30096  
(770) 476-4151

**Authorization for Release of  
Personal Information and  
Criminal History Record Information**

I, \_\_\_\_\_, do hereby authorize the review of and full disclosure of all records concerning myself to any duly authorized agent(s) of the City of Duluth, whether the said records are of a public, private, or confidential nature.

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 commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations, reports, background reports, polygraph/cvsa exam results, performance appraisal, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me; and the records, recollections of attorneys' at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presented have or have had an interest; and any other document or article of information deemed pertinent for the purposes of assessing my suitability for employment or other service to the City of Duluth.

I understand that any information obtained by a 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 or other service by the City of Duluth.

I further specifically release, discharge and exonerate the City of Duluth, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information from any and all liabilities of every nature arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by or on behalf of the City of Duluth.

For the purpose of a personal history background check to determine suitability for employment or other service to the City of Duluth, I hereby specifically waive my rights to privacy of records under the federal Family Education Rights and Privacy Act of 1974, as amended.

I hereby authorize the City of Duluth to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice or other governmental agency, to include Georgia and National Crime Information Center files. This authorization shall remain in effect from now through any period of employment or other service to the City of Duluth and I understand that such on-going consent is a condition of employment or other service to the City of Duluth.

I recognize and acknowledge the right of the City of Duluth to treat, at its sole discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such confidential informed sources and information obtained from them.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Other Names I Have Been Known By or Worked Under: \_\_\_\_\_

Race: \_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**EXACT** Name on Driver's License: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Sworn to me and subscribed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Place Commission information and Seal:

**DISCLOSURE STATEMENT  
PURSUANT TO FAIR CREDIT REPORTING ACT (FCRA)**

By this document the City of Duluth, Georgia discloses to you that a consumer report regarding your credit history, criminal history and other background information and/or an investigative consumer report containing information as to your character general reputation, personal characteristics and/or mode of living may be obtained from consumer reporting agencies, personal interviews or other sources in connection with your application for employment or any time during your employment (including independent contractor assignments, as applicable). The information obtained shall be used solely for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee or independent contractor.

All terms are used as defined in the FCRA, 15 U.S.C. § 1681 et seq.

**AUTHORIZATION TO PROCURE A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT**

I HEREBY authorize the City of Duluth, Georgia or those authorized by them to procure consumer reports and/or investigative consumer reports on me in connection with my application for employment or any time during my employment, which shall be used solely for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee or as an independent contractor. I understand that reports may include information about my prior employment, D.O.T. commercial driver experience as outlined in Parts 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations (FMCSRs), driving records, military record, education, credit worthiness and history, character, general reputation, criminal record, and mode of living, residency, general reputation, personal characteristics, performance, experience, reasons for termination of past employment and other qualities pertinent to my qualifications for employment.

I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, consumer reporting agencies, and personal interviews with my current and former employers, friends, neighbors and associates. I understand that upon written request to the Human Resources Manager, City of Duluth, 3167 Main Street, Duluth, Georgia 30096, I will be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. I understand that upon written request to the Human Resources Manager, City of Duluth, 3167 Main Street, Duluth, Georgia, 30096 a copy of this Authorization will be provided to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed **FULL** Name: \_\_\_\_\_

CALIFORNIA, MINNESOTA AND OKLAHOMA RESIDENTS ONLY: <input type="checkbox"/> I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report concerning me that is requested.
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**Identification Information:**

Other Names I Have Been Known By or Worked Under (for example, birth name; names by marriage, divorce, or adoption; or other name changes, etc.):

\_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**(Race, Sex, Date of Birth, Other Names and Social Security Number are used only for identification purposes to ensure accuracy of reports.)**



**APPLICANT RELEASE AND HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_ hereby acknowledge that I am Peace Officer applicant, or a candidate for appointment or certification to a position as a Peace Officer in the State of Georgia, or for attendance at a basic training course required for such appointment and certification.

1. I hereby request that my former employers release to any law enforcement agency requesting employment related information as defined in O.C.G.A. §35-8-8(c)(1) the following:

All written information contained in a prior employer's records or personnel files that relates to an applicant's candidate's or peace officer's performance or behavior while employed by such prior employer, including performance evaluations, records of disciplinary actions, and eligibility for rehire. Such term shall not include information prohibited from disclosure by federal law or any document not in the possession of the employer of the employer at the time a request for such information is received.

2. In consideration of your providing such information to my prospective Law Enforcement employer, I hereby forever release and agree to hold harmless and to defend from all liability for any claims, causes of action or suits or charges by every former employer who provides such complete and accurate information about my employment to the requesting law enforcement agency in accord with O.C.G.A. §35-8-8(c)(2).

3. I understand that O.C.G.A. §35-8-8(c)(5) provides as follows:

Before taking final action on an application for employment based, in whole or in part, on any unfavorable employment related information received from a previous employer, a law enforcement agency shall inform the applicant, candidate, or peace officer that it has received such employment related information, and that the applicant, candidate, or peace officer may inspect and respond in writing to such information. Upon the applicant's, candidate's, or peace officer's request, the law enforcement agency shall allow him or her to inspect the employment related information and to submit a written response to such information. The request for inspection shall be made within five business days from the date that the applicant, candidate, or peace officer is notified of the law enforcement agency's receipt of such employment related information. The inspection shall occur not later than ten business days after said notification. Any response to the employment related information shall be made by the applicant, candidate, or peace officer not later than three business days after his or her inspection.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
(Print Name)

Sworn to Before Me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

\_\_\_\_\_  
Signature of Notary

My commission expires: \_\_\_\_\_

**Section A: Job Task**

A-1 Are you capable of performing the duties and tasks for the position for which you have applied?      Yes      No

This will be verified by interview, psychological testing, medical examination, physical agility testing, and/or other forms of testing to determine your ability to perform the tasks directly related to the position for which you have applied.

These tests will be performed based on a job task analysis and in accordance with current departmental requirements for all candidates being considered for employment.

A-2 Police officer and Communications office positions require employees to work various shifts that rotated to include working nights, week ends and holidays. Are you able to work shifts ?

Days            No \_\_\_\_ Yes \_\_\_\_  
Evenings       No \_\_\_\_ Yes \_\_\_\_  
Nights          No \_\_\_\_ Yes \_\_\_\_  
Weekends      No \_\_\_\_ Yes \_\_\_\_  
Holidays       No \_\_\_\_ Yes \_\_\_\_

If unable to works shifts, explain

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A-3 If employed by this Agency, do you agree to work rotating shift assignments based on the needs of the Agency? Yes \_\_\_\_ No \_\_\_\_

A-4 Do you object to adherence to following policies, procedures and directives of your supervisors?

Yes \_\_\_\_ No \_\_\_\_ If yes, explain:

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**Section B: Personal Information**

B-1 Name: (Print)

\_\_\_\_\_

FIRST	MIDDLE	LAST
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Other Names You Have Used:

\_\_\_\_\_

B-2 Have you read the job description for the job for which you are applying?  Yes  No

If no, why not? \_\_\_\_\_

Are you capable of performing the essential functions of the job, with or without accommodation?  Yes  No

B-3 Social Security Number: \_\_\_\_\_

B-4 Home Address: \_\_\_\_\_

Number	Street	Apt No.
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\_\_\_\_\_

City	State	ZIP
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B-5 Phone Numbers (with Area Codes):

Home : \_\_\_\_\_ Business: \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

B-6 Are you a citizen of the United States, or legally authorized to work in the United States?  
Yes \_\_\_ No \_\_\_ (\* Police Officers and Communications Operator/Jailers **MUST** be a U.S. citizen, pursuant to OCGA 35-8-8.)

B-7 Are you being paid, urged, or coerced by any person or organization to work for this Agency?  
Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

B-8 How did you find out about this position?

\_\_\_\_\_

B-9 Are you a fugitive from justice? Yes \_\_\_ No \_\_\_

If yes, where? \_\_\_\_\_

B-10 Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes \_\_\_ No \_\_\_ If yes, explain:

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B-11 Have you ever been fingerprinted? Yes \_\_\_ No \_\_\_ If yes, give details below:

<u>Agency Fingerprinted By</u>	<u>Date</u>	<u>Purpose</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B-12 List the city and state you were born in, and each city and state in which you resided, were employed, attended school, or were stationed in the military service.

<u>City</u>	<u>State</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Section C: Work History**

C-1 List all jobs you have held. Start with your present or most recent job first. If you need more space, you may attach additional sheets. Include Military Service in proper time sequences and temporary or part-time jobs no matter how little time was involved. This information will be verified by background investigation. If you do not authorize contact to your present employer, your application will not be processed. **You MUST provide complete addresses of all employers.**

From \_\_\_\_\_ To \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Your Title: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

Name & Title of your Supervisor: \_\_\_\_\_

Number of people you supervised: \_\_\_\_\_ Salary: \$\_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List and give contact information for 3 of your co-workers at this job:

1. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Your Title: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Name & Title of your Supervisor: \_\_\_\_\_

Number of people you supervised: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List and give contact information for 3 of your co-workers at this job:

1. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Your Title: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Name & Title of your Supervisor: \_\_\_\_\_

Number of people you supervised: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List and give contact information for 3 of your co-workers at this job:

1. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Your Title: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Name & Title of your Supervisor: \_\_\_\_\_

Number of people you supervised: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List and give contact information for 3 of your co-workers at this job:

1. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_



From \_\_\_\_\_ To \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Your Title: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Name & Title of your Supervisor: \_\_\_\_\_

Number of people you supervised: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List and give contact information for 3 of your co-workers at this job:

1. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Your Title: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Name & Title of your Supervisor: \_\_\_\_\_

Number of people you supervised: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List and give contact information for 3 of your co-workers at this job:

1. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Your Title: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Name & Title of your Supervisor: \_\_\_\_\_

Number of people you supervised: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List and give contact information for 3 of your co-workers at this job:

1. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Your Title: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Name & Title of your Supervisor: \_\_\_\_\_

Number of people you supervised: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List and give contact information for 3 of your co-workers at this job:

1. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

Phone Number(s): Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

C-2 Have you ever been bonded? Yes \_\_\_ No \_\_\_

If yes, for what purpose? \_\_\_\_\_

\_\_\_\_\_

C-3 Have you ever been asked to resign or have been terminated from a job in the last ten (10) years?

Yes \_\_\_ No \_\_\_ If yes, explain:

\_\_\_\_\_

**Section D: Military Service**

For all of the following questions, military service includes active duty, reserve duty and National Guard service.

D-1 List periods of all military service:

<b>From</b>	<b>To</b>	<b>Rank Held</b>	<b>Assignment</b>	<b>Branch</b>

D-2 Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while in military service? Yes \_\_\_ No \_\_\_ If yes, explain:

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D-3 Did you ever commit any criminal act while in the military service? Yes \_\_\_ No \_\_\_ If yes, explain:

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**Section E: Education/Training**

E-1 High School Graduate or G.E.D.? Yes \_\_\_ No \_\_\_

Name of High School or GED Issuing authority: \_\_\_\_\_

Full Address: \_\_\_\_\_

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

**NOTE \* You must attach copy of H.S. Diploma or G.E.D.**

E-2 Indicate below the schools you have attended, location (city and state), your degree and/or major area, and the number and type (quarter hours, semester hours, clock hours) of credits earned.

College/Vocational Schools

Name of School: \_\_\_\_\_

City & State: \_\_\_\_\_

Major Area: \_\_\_\_\_ Degree: \_\_\_\_\_

Number & Type of Credits Earned: \_\_\_\_\_

Name of School: \_\_\_\_\_

City & State: \_\_\_\_\_

Major Area: \_\_\_\_\_ Degree: \_\_\_\_\_

Number & Type of Credits Earned: \_\_\_\_\_

Name of School: \_\_\_\_\_

City & State: \_\_\_\_\_

Major Area: \_\_\_\_\_ Degree: \_\_\_\_\_

Number & Type of Credits Earned: \_\_\_\_\_

Name of School: \_\_\_\_\_

City & State: \_\_\_\_\_

Major Area: \_\_\_\_\_ Degree: \_\_\_\_\_

Number & Type of Credits Earned: \_\_\_\_\_

E-3 List any specific or technical skills and abilities, including speaking foreign languages:

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E-4 Typing Skills: Yes \_\_\_\_\_ No \_\_\_\_\_ Words per minute: \_\_\_\_\_

E-5 Computer Skills: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, then list programs and computer hardware you are familiar with. Indicate your level of experience and knowledge.

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E-6 Military Training/Experience: List relevant military training and experience below:

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E-7 Have you ever been expelled or suspended from any school, or were you ever disciplined by any school official? Yes \_\_\_ No \_\_\_ If yes, explain:

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**Section F: Police Officer Status & Training**

F-1 Have you ever attended a basic mandate school for police officers?  
Yes \_\_\_ No \_\_\_ If yes, then:

Where attended: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Graduate: \_\_\_\_\_

Certification/Registration Number: \_\_\_\_\_ State: \_\_\_\_\_

F-2 Are you a Georgia Certified/Registered Police Officer? Yes \_\_\_ No \_\_\_

Georgia Certification/Registration Number: \_\_\_\_\_

F-3 What is your current status with P.O.S.T. (All states)

Georgia: \_\_\_\_\_

Other states: \_\_\_\_\_

F-4 Attach a copy of your P.O.S.T. Profile to this application.

List below police related training you have received which is **NOT** on the P.O.S.T. Profile:

<b>DATE</b>	<b>COURSE/SUBJECT MATTER</b>	<b>LOCATION</b>	<b>HOURS</b>

## Section G: Criminal Activity

It is important that you answer each of the following questions factually and truthfully. Applicant acknowledges that this will be verified with an extensive background investigation including Georgia/National Crime Information Center and local checks.

G-1 Have you ever committed any criminal offense(s) {to include theft from employers}?  
Yes \_\_\_ No \_\_\_ If yes, explain:

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G-2 Have you ever been prosecuted or convicted of a criminal violation?  
Yes \_\_\_ No \_\_\_ If yes, explain:

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G-3 Do you have any illegal drug/gambling debts? Have you ever stolen money to gamble or buy drugs? Yes \_\_\_ No \_\_\_ If yes, explain:

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G-4 Did you ever work for an illegal drug dealer/gambler or someone you knew to be involved in criminal drug/gambling activity? Yes \_\_\_ No \_\_\_ If yes, explain:

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G-5 Have you ever been placed on probation or parole? Yes \_\_\_ No \_\_\_ If yes, give details:

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**Section H: Traffic History**

H-1 Do you have a driver's license? Yes \_\_\_ No \_\_\_  
If yes, then give the following details:

Name on License: \_\_\_\_\_

License Number: \_\_\_\_\_ DOB: \_\_\_\_\_

License State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

List any restrictions: \_\_\_\_\_

H-2 Have you ever possessed an operator's license issued by any state other than Georgia?  
Yes \_\_\_ No \_\_\_ If yes, then:

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on License: \_\_\_\_\_

License Number: \_\_\_\_\_

H-8 List below traffic citations you have been issued in the last 10 years. This will be verified  
by computer check.

Location (State & City): \_\_\_\_\_

Approximate Date: \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

Penalty/Disposition: \_\_\_\_\_

Location (State & City): \_\_\_\_\_

Approximate Date: \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

Penalty/Disposition: \_\_\_\_\_

Location (State & City): \_\_\_\_\_

Approximate Date: \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

Penalty/Disposition: \_\_\_\_\_

**Section I: Alcohol/Drug Use**

I-1 Have you, within the past six months, used, possessed, or sold marijuana or any other illegal drugs?

Yes\_\_\_ No\_\_\_ If yes, fully explain:

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I-2 Have you, within the past six months, used alcohol during working hours?

Yes\_\_\_ No\_\_\_ If yes, fully explain:

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I-3 Have you, within the past six months, been disciplined by an employer because of alcohol or illegal drug use?

Yes\_\_\_ No\_\_\_ If yes, fully explain:

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I-4 Have you, within the past six months, ever called in sick because of drunkenness or because of illegal drug use?

Yes\_\_\_ No\_\_\_ If yes, fully explain:

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I-5 Have you, within the past six months, reported to work under the influence of alcohol or illegal drugs?

Yes\_\_\_ No\_\_\_ If yes, fully explain:

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Additional questions will be asked on alcohol and drug backgrounds should an offer of employment be made.



**Section K: Personal References**

Please provide five (5) personal references that are personally known to you, the applicant. The references may not live with the applicant or be related by blood or marriage to the applicant.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Relationship: \_\_\_\_\_

5. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Relationship: \_\_\_\_\_