Office use only	
Received by	Date

BYRON POLICE DEPARTMENT
401 MAIN STREET
BYRON, GEORGIA 31008
TELEPHONE: (478)956-2880

City of Byron Municipal Government

Application for Employment

Position Applied For: _____

All information provided on this application **MUST BE COMPLETE** so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, sex, sexual orientation, gender identity, religion, national origin, citizenship, age, disability or pregnancy. The City of Byron Municipal Government will hire only authorized workers, regardless of national origin. This application must be typed or printed. Please complete one application for each position for which you are applying.

YOU MUST SIGN AND DATE YOUR APPLICATION IN INK. RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION. INCOMPLETE APPLICATIONS MAY BE REJECTED.

PERSONAL DATA

Salary Requirement: _____

_____

Last Name First (given) Middle Other Name(s) under which you have been employed

_____

Address: Street Apt# City State Zip Code

Email Address: _____

Telephone: _____ Home Phone # _____ Work Phone # _____ Cell Phone #

How did you hear of this opening? _____ Date available to begin: _____

WILL YOU ACCEPT: Temporary Work? ☐ Part-Time Work? ☐ Shift Work? ☐ Weekend/Holiday? ☐
(Check all that apply)

Are you over 18 years old?_____ Are you eligible to work in the United States either because you are a U.S. Citizen or have U.S. Government permission to do so?
NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Revised 10/05/2009

Have you ever worked for us before? ☐ Yes ☐ No If yes, when and where? _____

Give name, relationship, & department of any relatives who are employed by the City of Byron Municipal Government.

_____

Do you use tobacco products? ☐ Yes ☐ No If yes, explain: _____

_____

DRIVER'S HISTORY INFORMATION:

Do you have a valid Drivers License? ☐ Yes ☐ No

License # _____ Class _____ State _____

Have you received any traffic violations in the past 3 years? ☐ Yes ☐ No If yes, list type of offense and dates:

_____

_____

CRIMINAL HISTORY INFORMATION:

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor? (for example: DUI, Bad Checks, etc.) ☐ Yes ☐ No (Omit non-moving traffic violations/parking tickets and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law). If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

_____

_____

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony? ☐ Yes ☐ No If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

_____

_____

_____

NOTE: An applicant convicted of a criminal offense involving the manufacture, distribution, trafficking, or sale of a controlled substance, dangerous drugs or marijuana, or convicted of any felony involving a violent crime such as assault with a deadly weapon, aggravated assault or murder are ineligible for employment with the City of Byron Municipal Government. Such applicants shall be automatically rejected. Applicants convicted of any other felony will be considered on a case-by-case basis. An applicant who has been convicted of any felony or misdemeanor and has received a pardon from the appropriate State Pardons Parole Board shall be eligible for employment with the City of Byron Municipal Government.

Have you ever been suspended, demoted, dismissed or asked to resign from any job? ☐ Yes ☐ No

If yes, explain in detail: _____

_____

_____

We are an Equal Opportunity Employer

EDUCATION

High School

Name_____ Address:_____
(name of the high school or state authority issuing the diploma or certificate)

Check highest grade completed: ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 Graduated? ☐ Yes ☐ No
If not a high school graduate, do you have a GED? ☐ Yes ☐ No

Colleges/Universities

Please complete the following section for post-secondary education (Technical Schools/Colleges/Universities):

Name of School	City	State	If No Degree, Hours Earned		Major	Type of Degree	Degree Earned
			Quarter	Semester			yes/no

Describe any specialized training, qualifications, apprenticeship, skills, and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying. **Use additional sheets if necessary.**

_____

_____

_____

REFERENCES – Give names, addresses, and telephone numbers of three (3) references that **ARE NOT** related to you and **ARE NOT** previous employers.

1. _____
Name **Phone #**

_____
Address: Street **Apt #** **City** **State** **Zip Code**

2. _____
Name **Phone #**

_____
Address: Street **Apt #** **City** **State** **Zip Code**

3. _____
Name **Phone #**

_____
Address: Street **Apt #** **City** **State** **Zip Code**

Work History

Describe your work history **beginning with your current or most recent job.** Include military, volunteer experience and periods of unemployment. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. **A resume may be attached only as additional information and will not be accepted in lieu of completing this section. Use additional sheets if necessary.**

Name of Organization or Firm: _____ Telephone: _____

Address: _____
Street

_____
City State Zip Code

Dates Employed:
From Mo/Yr _____ To Mo/Yr _____

Total Time Employed: _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____

_____

_____

Name of Organization or Firm: _____ Telephone: _____

Address: _____
Street

_____
City State Zip Code

Dates Employed:
From Mo/Yr _____ To Mo/Yr _____

Total Time Employed: _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____

_____

_____

Name of Organization or Firm: _____ Telephone: _____

Address: _____
Street

_____
City State Zip Code

Dates Employed:
From Mo/Yr _____ To Mo/Yr _____

Total Time Employed: _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____

_____

_____

Name of Organization or Firm: _____ Telephone: _____

Address: _____
Street

_____
City State Zip Code

Dates Employed:
From Mo/Yr _____ To Mo/Yr _____

Total Time Employed: _____

Name of Your Supervisor: _____ Pay Start: _____ End: _____

Your Official Job Title: _____

Specific Reason for Leaving: _____

Describe Your Specific Job Duties: _____

_____

_____

Please use this space for additional information pertinent to your education, training and experience:

_____

_____

_____

Authorization to Release Information
Conditions of Employment

I have made application for employment with the City of Byron Municipal Government. I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, whether or not it is in their records, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage whatsoever for issuing same.

Furthermore, if I am employed by the City of Byron Municipal Government, I agree to conform to the policies, rules, orders and regulations of the government set forth in the City of Byron Municipal Government, the City of Byron Police Dept.., Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I become employed with the City of Byron Municipal Government, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until such time that I am no longer on my initial trial period, and become a regular status employee.

If required by City of Byron Municipal Government for the position which I am applying, I consent to undergo a physical examination and/or psychological examination after I have received a conditional offer of employment, as deemed

THIS APPLICATION WILL REMAIN ACTIVE <u>FOR NINETY (90) DAYS ONLY</u> UNLESS RENEWED PERSONALLY BY ME IN WRITING.

Before an applicant can be employed with the City of Byron Municipal Government they must successfully pass a drug test. Should you become an employee with the City of Byron Municipal Government, your position may require random drug testing.

May we contact your present employer? ☐ Yes ☐ No ☐ Presently not employed

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Date: _____ Signature: _____

Alcohol and Controlled Substance Testing

As a condition of employment with the City of Byron Municipal Government., you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment, abide by our policies regarding the effects of drug use and the unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by the City of Byron Municipal Government, you must successfully pass the aforementioned testing.

By signing this form, I acknowledge the above and consent to such an examination and test.

Date: _____ Signature: _____

Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of employment. The City of Byron Municipal Government is hereby authorized to make any investigation of my prior educational and work history. Finally, I agree that all records generated for purposes of employment are property of and shall remain the sole and exclusive property of the City of Byron Municipal Government.

Date _____ Applicant's Signature _____

Resumes, letters of reference, etc. submitted with the application become the property of the City of Byron Municipal Government. and will not be returned. The information you have provided on the application is subject to public disclosure under the Georgia Open Records Act.

Applicant's Certification of Employment Eligibility

By my signature below, I certify that I am in compliance with O.C.G.A. 13-10-91 and that I am a citizen, legal permanent resident, or a qualified alien or nonimmigrant and I am eligible to work in the United States.

Date _____ Applicant's Signature _____

ALL OFFICIAL APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES.

THE CITY OF BYRON MUNICIPAL GOVERNEMENT
PUBLIC SAFETY RELEASE OF CRIMINAL HISTORY
CONSENT FORM

The intent of this authorization is to give my ongoing consent for full and complete disclosure of *my* criminal history.

_____
Last Name First Name Middle

_____ _____ _____
Social Security Number Height Weight Eye Color Hair Color

_____ _____ _____
Date of Birth Sex Race

_____
Street Address City State Zip

Authorize: **CITY OF BYRON MUNICIPAL GOVERNMENT**
CITY OF BYRON POLICE DEPT.
P.O. BOX 129
401 MAIN ST.
BYRON, GA 31008

to receive my criminal history record from the NCIC/GCIC database. I understand this request will only be used for employment purposes.

_____
Signature

_____
Signature of Parent/Guardian
**** Parental/Guardian consent is required for applicants under age 18.***

Employment provisions (check all that apply):

☐ General Employment
☐ Employment with children
☐ Employment with criminal justice agency — non-sworn (i.e. police dept. records technicians, intake clerks)
☐ Employment with criminal justice agency — sworn (i.e. Police Officer, Deputy Sheriff, Correctional Officer, Communications Officer)

Where information provided through your criminal history indicates criminal charges outside the state of Georgia, it is your responsibility as an applicant to provide the City of Byron Municipal Government t with a copy of all criminal history records in all other applicable states. Failure to provide the required information may result in the disqualification of your application.

Notice: unless all blanks are completed on this form and the form is notarized no information will be released.

Sworn To and Subscribed Before Me

This _____ Day of _____, 20___

_____
Notary Public

THE CITY OF BYRON MUNICIPAL GOVERNMENT
THE CITY OF BYRON POLICE DEPARTMENT

AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

I understand that driving a City of Byron Municipal Government vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I hereby authorize the City of Byron Municipal Government, within twelve (12) months of this date, to obtain any information in my files pertaining to my driving record for the time period indicated below.

This release is executed with full knowledge and understanding that the information is for official use of the City of Byron Municipal Government for purposes of employment or underwriting of insurance and will not be used for any other purpose.

Consent is granted for the City of Byron Municipal Government to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

COMPLETE ONLY IF VALID DRIVER'S LICENSE IS REQUIRED FOR THE POSITION YOU ARE APPLYING FOR

Full Name: _____ ☐ Male ☐ Female
(Print)

Date of Birth: _____ Driver's License Number: _____ State Where Issued: _____

Driver's License Expiration Date: _____ Request: Three-year____ Seven-Year ____

Signature: _____ Date: _____

Sworn to and Subscribed Before Me

This _____ Day of _____, 20 _____

Notary Public: _____

Notary Expiration: _____

Dear Public Safety Applicant:

Thank you for your interest in a public safety position with the City of Byron Municipal Government. We are accepting applications for the position of Police Officer. Attached you will find the information and application you will need to complete for this position. For your convenience there is a checklist included in your packet. Please provide all of the information that is requested. Failure to do so could disqualify you from consideration for this position.

To be considered for the position of Police Officer you may be asked to participate in the following processes:

Physical Ability/Fitness Examination
Peace Officer Standard & Training Academy Entrance Examination

At a later date you may be asked to participate in further testing, i.e. polygraph examination, medical examination (including a routine drug screen), and psychological examination. All procedures must be passed, however passing DOES NOT guarantee employment.

Again, thank you for your interest in employment with the City of Byron Municipal Government. If you have any questions, please call (478) 956-2880.

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS AND INFORMATION

PLEASE READ CAREFULLY BEFORE BEGINNING

1. Please print or type all information you list in this application.
2. Copies of the following documents **MUST** accompany this application when submitted; otherwise, your application may not be considered:

   a. copy of your high school diploma or GED certificate
   b. copy of your birth certificate
   c. copy of your current driver's license
   d. a recent photograph of yourself
   e. if you are a veteran, copy of your DD-214
   f. copy of your social security card

   If you are a GEORGIA Certified Peace Officer (i.e., registered with the Georgia Peace Officers Standards and Training Council, or P.O.S.T.) please attach a copy of your basic certificate displaying your certification number and a recent copy of your current P.O.S.T. Training Record (may be obtained from P.O.S.T. website).

3. You **will not** be considered for employment with the City of Byron Municipal Government, if any of the following exists:

   a. conviction in any court for any felony offense
   b. conviction in any court for any drug-related offense
   c. any pending criminal action in any court
   d. presently under investigation for any criminal offense by this or any other law enforcement or criminal justice agency
   e. seven (7) or more points accumulated against driving record at the time of application
   f. unable to obtain a Georgia driver's license
      unable to satisfactorily perform assigned duties or comply with regulations of the Georgia Peace Officers Standards and Training Council (P.O.S.T.)
   g. less than 21 years of age at time of application
   h. if you are not eligible to work in the United States because you are not a citizen
   i. An applicant who has received an official pardon or other similar action for any offense or applicable condition as stated above, is not obligated to disclose the offense or condition in this application. If, however, during the course of a background investigation, facts are discovered regarding the offense or condition, the applicant may be required to produce proof of such pardon or action to remain in consideration for employment.

4. If you have any questions regarding this application, contact the Police Department at (478) 956-2880.

5. The following is a checklist for your convenience. We urge you to use it, as an incomplete application may not be processed. Upon completion of the application, refer to this checklist to make sure no information has been omitted.

- ☐ All questions are answered. Those not applying to me are marked "N/A" or "No"
- ☐ I have attached a copy of the following documents:
  - ☐ Georgia Certified Peace Officer certificate (if applicable)
  - ☐ copy of birth certificate
  - ☐ high school diploma or GED
  - ☐ valid driver's license
  - ☐ military discharge-DD214 (if applicable)
  - ☐ recent photograph
  - ☐ social security card
- ☐ The application is signed, dated, and notarized. (Our office has several notaries for your convenience).
- ☐ In addition to the required copies of documentation, I have attached the following:

_____

_____

Upon returning this application, you will be notified of when and where to report for further processing and physical qualification test. Further processing may include psychological exam, polygraph exam, employment physical and drug test.

CITY OF BYRON MUNICIPAL GOVERNMENT

REFERENCE RELEASE STATEMENT

I authorize the addressed individual, company, or institution to furnish City of Byron Municipal Government with any information that they may have concerning me which they have on record or otherwise; and I release such individual, company, or institution and City of Byron Municipal Government from any and all liability for any damage whatsoever incurred in furnishing such information. A photocopy of my signature on this page will suffice as an original.

Printed Name of Applicant _____ Social Security Number _____

Signature of Applicant _____ Date of Signature _____

Applicant—do not write below this line

To: _____

From: City of Byron Police Dept.
P.O. Box 129
Byron, Ga 31008
Attn: Chief Of Police
Phone: (478)956-2880
Fax: (478) 956-2133

The job applicant named above has applied for employment with an agency of City of Byron Municipal Government and lists your organization as a present or previous employer. We would very much appreciate your help and cooperation by candidly evaluating this applicant's performance while employed by your organization. You may return this form to us by mail (address above), by FAX, or call our representative named above.

PLEASE RATE THE FOLLOWING:	EXCELLENT	GOOD	FAIR	POOR
Responsiveness to Supervision				
Cooperation				
Quality				
Quantity of Work				
Timeliness of Work				
Attendance/Punctuality				

Dates of employment: from: _____ to: _____ Position: _____

Reason for leaving: _____

Would you reemploy? _____ If no, why not? _____

Other pertinent comments _____

Completed by: _____ Date: _____

" " " " "Thank you for your time and cooperation* * * *

AUTHORITY TO RELEASE INFORMATION TO CITY OF BYRON MUNICIPAL GOVERNMENT

To Whom It May Concern:

I hereby authorize representatives of the City of Byron Municipal Government bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and/or educational records, including but not limited to, academic achievement, attendance, athletic, and disciplinary records. I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding that the information is for the official use of my public safety application. Consent is granted for the City of Byron Municipal Government to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or their education institution, or other consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me at the address indicated below.

I understand that my application will be subject to verification through a comprehensive background investigation, a part of which may be a polygraph.

Falsification and/or misrepresentation of facts during any phase of the employment process will be grounds for termination of applicant's employment process and/or dismissal.

FULL NAME: _____
(Signature)

FULL NAME: _____
(Print or Type)

SOCIAL SECURITY NUMBER: _____ PHONE NUMBER: _____

CURRENT ADDRESS: _____

_____

NOTARY PUBLIC: _____
Must have signature and seal/stamp

CITY OF BYRON MUNICPAL GOVERNMENT

Position Applied For:
(CHECK ONLY ONE PER APPLICATION)

☐ POLICE OFFICER
☐ CIVILIAN EMPLOYEE
☐ VOLUNTEER RESERVE or AUXILLARY

BACKGROUND INVESTIGATION INFORMATION

This information is required by Georgia Peace Officer Standard & Training Council

PERSONAL DATA:

Full Name (last name, first name, middle name) _____

Address: (Street or P.O. Box) (City) (State) (Zip) _____

Social Security Number _____ Driver's License Number _____ State _____

Date of Birth _____ Place of Birth (City/State) _____

PHYSICAL DESCRIPTION:

Race Sex Height (Win) Weight (lbs) Hair Color Eye Color

COMPLETED MILITARY SERVICE:

Branch Service # From month/year to month/year

Branch Service # From month/year to month/year

CURRENT MILITARY SERVICE

Member of Reserve or National Guard Unit: _____

Name and Address of Reserve or National Guard Unit: _____

_____

Name/Phone Number of Commanding Officer: _____

PREVIOUS ADDRESSES:

List the information requested regarding all addresses at which you have resided within the past 10 years, excluding present address. Begin with the most recent. Add additional page if necessary.

Address: _____ From/to _____

Own or rent? If rent, list landlord's name: _____

Roommates: _____ _____ _____

Address: _____ From/to _____

Own or rent? If rent, list landlord's name: _____

Roommates: _____ _____ _____

Address: _____ From/to _____

Own or rent? If rent, list landlord's name: _____

Roommates: _____ _____ _____

Address: _____ From/to _____

Own or rent? If rent, list landlord's name: _____

Roommates: _____ _____ _____

Address: _____ From/to _____

Own or rent? If rent, list landlord's name: _____

Roommates: _____ _____ _____

CRIMINAL RECORD:

If you have ever been convicted of an offense against the law or are now under charges for any offense against the law please provide the following information. OMIT non-moving violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law.

Felonies, Misdemeanors (either civilian or military):

Crime/Charge	Court	Date	Crime/Charge	Court	Date
Disposition of Case (dismissed, fined, probation)			Disposition of Case (dismissed, fined, probation)		

Convictions (traffic, including pleas and nolo contendere):

Crime/Charge	Court	Date	Crime/Charge	Court	Date
Disposition of Case (dismissed, fined, probation)			Disposition of Case (dismissed, fined, probation)		

Criminal Record of Other Adults in Household

Crime/Charge	Court	Date	Crime/Charge	Court	Date
Disposition of Case (dismissed, fined, probation)			Disposition of Case (dismissed, fined, probation)		

In the space provided below, give a brief biography or history of yourself. Begin with your past, bring yourself into the present, and project yourself into the future. Tell where you were born, where you grew up, significant experiences and what you have done with your life so far. Tell something about your hobbies, special interests and any other subject which "zeros in" on your individuality. If you need additional space, attach a separate sheet to the application.

LIST ALL OTHER ADULTS CURRENTLY LIVING IN HOUSEHOLD. ****NOTICE: EACH ADULT LISTED HAS TO SIGN A CRIMINAL HISTORY RELEASE FORM.

LAW ENFORCEMENT EMPLOYMENT HISTORY

NOTICE: COMPLETE THIS SECTION ONLY IF YOU ARE CURRENTLY OR HAVE BEEN A LAW ENFORCEMENT OFFICER. THIS DOES NOT INCLUDE PRIVATE SECURITY EXPERIENCE.

Are you currently a peace officer? ☐ Yes ☐ No

If "yes", continue: _____ _____ _____

State of Certification | Certification Date | Certification Number

_____ _____

Name of Academy you attended | Address of Academy

_____ _____

Your overall average | Years of Law Enforcement experience

Have you ever been the subject of an internal investigation? ☐ Yes ☐ No

If "yes", attach an explanation to this application giving full and complete details.

Have you ever qualified with a weapon? ☐ Yes ☐ No

If "yes", continue:

WEAPON MAKE	MODEL	CALIBER	SCORE	DATE	INSTRUCTOR OR INSTITUTION

Check any of the following areas in which you have received specialized training:

- ☐ HOMICIDE INVESTIGATION
- ☐ RAPE INVESTIGATION
- ☐ ROBBERY INVESTIGATION
- ☐ BURGLARY INVESTIGATION
- ☐ AUTO THEFT INVESTIGATION
- ☐ ARSON INVESTIGATION
- ☐ CRIME SCENE TECHNICIAN
- ☐ FORGERY INVESTIGATION
- ☐ PATROL TECHNIQUES
- ☐ TRAFFIC ACCIDENT INVESTIGATION
- ☐ CRIME PREVENTION
- ☐ JUVENILE
- ☐ DRUG INVESTIGATION
- ☐ CRIMINAL INVESTIGATION
- ☐ OTHER: _____
- ☐ LAW ENFORCEMENT MANAGEMENT
- ☐ HUMAN RESOURCES SUPERVISION
- ☐ SEX CRIMES
- ☐ COURTROOM PROCEDURES
- ☐ EVIDENCE PRESENTATION
- ☐ FIRST AID
- ☐ CPR
- ☐ EMT/ADVANCED EMT
- ☐ SELF PROTECTION/MECHANICS OF ARREST
- ☐ PURSUIT/DEFENSIVE DRIVING
- ☐ FIREARMS
- ☐ SWAT/ERT
- ☐ REPORT WRITING
- ☐ INTERVIEWS & INTERROGATIONS

Law Enforcement Experience:

- ☐ PATROL
- ☐ SUPERVISOR
- ☐ DETECTIVE
- ☐ MANAGEMENT
- ☐ TRAFFIC
- ☐ OTHER: _____

POSITION REQUIRMENTS:

This position may require you to:

Work a rotating shift. Do you object to doing so? ☐ Yes ☐ No

Work overtime. Do you object to doing so? ☐ Yes ☐ No

Have you had experience working shift work? ☐ Yes ☐ No
If yes, where and when?

_____

FINGERPRINT HISTORY:

If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answers will be checked with the F.B.I. and other agencies.

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

ILLEGAL SUBSTANCE USE

Have you ever tried/used marijuana? ☐ Yes ☐ No

If yes, what was the date you last tried/used marijuana? _____

How many times have you tried/used marijuana in your lifetime? _____

What were the circumstances? _____

_____

_____

Have you ever tried/used any other illegal drugs or used legal drugs in an illegal manner?
☐ Yes ☐ No

If yes, what were the circumstances (dates, type of drug(s) etc.)? _____

_____

_____

DRIVING HISTORY:

Can you operate a motor vehicle? ☐ Yes ☐ No

Do you possess a valid State of Georgia operator's license? ☐ Yes ☐ No

License Number _____ Year Issued _____ Expiration Date _____

Have you ever possessed an operator's license issued by any state other than Georgia?
☐ Yes ☐ No If yes, give state and license number _____
State Number

Have you successfully completed a safe driving or driver's education course?
☐ Yes ☐ No If yes, who sponsored the course? _____

Has your license ever been suspended or revoked? ☐ Yes ☐ No
If yes, state whether a suspension or revocation and reason.

_____

Was your license restored? ☐ Yes ☐ No When? _____

Have you ever been refused an operator's license by any state? ☐ Yes ☐ No
If yes, give details _____

_____

Have you ever been involved in a motor vehicle accident? ☐ Yes ☐ No
If yes, give complete details for each accident whether collision or non-collision:

Date: _____ Police Investigation? ☐ Yes ☐ No
Location: _____
Cause of Accident: _____
Injuries? ☐ Yes ☐ No Who was legally at fault? _____

Date: _____ Police Investigation? ☐ Yes ☐ No
Location: _____
Cause of Accident: _____
Injuries? ☐ Yes ☐ No Who was legally at fault? _____

Date: _____ Police Investigation? ☐ Yes ☐ No
Location: _____
Cause of Accident: _____
Injuries? ☐ Yes ☐ No Who was legally at fault? _____

EMPLOYMENT HISTORY:

Have you ever been fired from or permitted to resign employment for breach of trust, embezzlement, theft, or any other crime? ☐ Yes ☐ No

Have you ever been fired from or permitted to resign employment for abuse of authority or for any disciplinary reasons? ☐ Yes ☐ No

IF IT BECAME NECESSARY IN THE COURSE OF LAW ENFORCEMENT DUTIES TO TAKE A HUMAN LIFE, WOULD YOU TAKE THAT LIFE? ☐ Yes ☐ No

As a law enforcement officer when would you take the life of another human? Please explain:

_____

_____

_____

_____

_____

_____

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE, AND UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION AS AN APPLICANT, OR DISMISSAL IF HIRED.

_____
Date completed

_____
Signature in Full

_____
Print Name

How did you learn of this opening? (Check all that apply)

Classified Ad ☐ Current Employee ☐ Dept. of Labor ☐
Dept. of Labor ☐ Walk-In ☐ ACCPD Web Site ☐
☐ Current Employee ☐

PRE-EMPLOYMENT QUESTIONS
POLYGRAPH EXAMINATION

Please complete with application.

GENERAL QUESTIONS:	YES	NO
1. Have you told me your correct name?	☐	☐
2. Have you told me your correct age?	☐	☐
3. Have you ever had a polygraph test before?	☐	☐
4. Have you taken any drugs or medicine today?	☐	☐
5. Have you been truthful about your military record?	☐	☐
6. Are you eligible to work in the United States?	☐	☐
7. Have you been truthful about your education?	☐	☐
8. Do you live at the address listed on this application?	☐	☐
9. Do you ever drink on the job?	☐	☐
RESPONSIBILITY AND STABILITY QUESTIONS:		
10. Do you feel qualified for this job?	☐	☐
11. Are you seeking permanent employment?	☐	☐
12. Have you ever been fired for dishonesty?	☐	☐
13. Have you ever quit a job without required notice?	☐	☐
14. Have you falsified any part of your application?	☐	☐
15. Have you told the truth about your employment?	☐	☐
16. Did you deliberately leave any employer off your application?	☐	☐
17. Do you want this job for any reason other than employment?	☐	☐
DRIVING RECORD:		
18. Has your driver's license ever been suspended?	☐	☐
19. Have you been truthful about your driving record?	☐	☐
20. Have you ever had a vehicle accident?	☐	☐
21. Have you ever had a commercial vehicle accident?	☐	☐
SECURITY QUESTIONS:		
22. Have you ever tried or used narcotics, drugs or marijuana illegally?	☐	☐
23. Have you knowingly cashed a bad check?	☐	☐
24. Did you ever forge a check?	☐	☐
25. Did you ever steal merchandise or materials from an employer?	☐	☐
26. Did you ever steal money from your employer?	☐	☐
27. Did you ever participate in a theft ring?	☐	☐
28. Did you ever commit a serious, undetected crime?	☐	☐
29. Are you wanted by a law enforcement agency?	☐	☐
30. Have you ever been arrested?	☐	☐
31. Have you ever been in jail or prison?	☐	☐
32. Have you ever been refused by a bonding company?	☐	☐
33. Are you now on probation or parole?	☐	☐
34. Have you ever been involved in a criminal offense?	☐	☐
35. Have you ever committed any act that would leave you for pressure or blackmail?	☐	☐

_____
Signature