CITY OF LOCUST GROVE

POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

07/16

DATE SUBMITTED:

LOCUST GROVE POLICE DEPARTMENT PRE-EMPLOYMENT QUESTIONNAIRE INSTRUCTION SHEET

This employment application is not an offer of employment, or a contract for employment. The completion of this pre-employment questionnaire, or any other instrument does not stand as an agreement, or promise to hire the applicant, and any statement the contrary by an employee is void. Please follow the below instructions:

- 1) Please print or type (blue or black ink only)
- 2) Complete all questions in detail where explanations are necessary.
- 3) Any questions not pertaining to you individually, list as "N/A"
- 4) If more writing space is needed throughout this application form, use the reverse side of the page, listing the number of the questions to be further explained.

IMPORTANT

TRUTHFUL and complete responses to this application are a necessity.

Discovery of intentional omissions or incorrect answers will be a basis for termination of the application process, and could result in criminal prosecution under Georgia law section 16-10-20.

This information will be subject to confirmation by administrative investigation, voice stress analysis and other forms of testing.

I understand that if I do not wish to answer a question in this booklet, I may do so, however, my application process will be terminated.

Exclusive of the aforementioned statement, all information which is recorded in this application will be used only in relation to determining the suitability and qualifications of the applicant for employment only, and no other purpose.

	•
SIGNATURE	DATE

INSTRUCTIONS

Fill out this questionnaire completely and accurately. Incomplete questionnaires will not be accepted. All statements in your questionnaire are subject to verification. Incorrect statements will disqualify or remove you from possible employment consideration.

	PLEASE PRINT
POS	SITION APPLIED FOR:
	PERSONAL HISTORY STATEMENT
1)	Name:FIRST MIDDLE LAST
	List any other names you have used or have been known by, including maider name or any name associated with marriage/divorce, and attach a statement giving reasons. If none write N/A.
2)	Weight: Height: Hair Color: Eye Color:
3)	Present Address:
4)	Home Phone Number:
	Work Phone Number:
5)	Social Security Number:

6)	Date of Birth:
7)	Place of Birth:
8)	Are you a citizen of the United States? Yes No* *Include a copy of your Birth or Naturalization Certificate
9)	List all organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated:
10)	What are your hobbies, special skills and abilities, including fluency in
10)	speaking foreign languages, which may be utilized by this department.
11)	Do you type? Yes No How many words per minute?
12)	Are you: Single Married Separated Divorced
13)	If married, list spouses full name (including maiden name), social security number and date of birth.
	Name:DOB:SSN:
14)	If married, are you living with your spouse? Yes No If no, state reason (s):
,	
,	If no, state reason (s):
,	If no, state reason (s): Is your spouse employed? Yes No
14) 15)	If no, state reason (s): Is your spouse employed? Yes No Employer's Name: Address:

₹*

	If yes, state full details:	
18)	Have you ever been bonded? Yes	No If yes, for what purpose
19)	Did you ever intentionally perjure you YesNo	urself in a Court of Law?
20)	Did you ever fraudulently misuse a cr If yes explain:	edit card? Yes No
21)	Did you ever forge a check? Yes	No If yes, explain:
2) Are you being paid or urged by any person or organization department? Yes No If yes, explain:		-
		ł
	FAMILY HIS	<u>TORY</u>
live the	e name of every adult member of your in father, mother, sisters, brothers, father-i	nmediate family who are still living; n-law and mother-in-law.
lame		Relationship
11		
OB:	Phone#	Occupation
lame .ddress		
	Phone#	Occupation
ame		
uuress_	Phone#	Occupation
/UD:	rhone#	Occupation_

D0B:	Phone #	Occupation
Nama		Polotionship
A 1.1		
Address DOB:	Phone #	Occupation
Name		Relationship
Address	Dhana#	
DOB:	Phone#	Occupation_
Name		Relationship
Address		
DOB:	Phone#	Occupation
Name		Relationship
Address		
DOB:	Phone #	Occupation_
Name		Relationship
Address	Diraca #	
DOB:	Phone #	Occupation

NAME	ARRESTING AGENCY	DATE	CHARGE	DISPOSITION
	•			

RESIDENCES

List all addresses for the last 15 years, starting with present address at top.

FROM MO/YR	TO- MO/YR	ADDRESS	CITY/STATE/ZIP
		-	
			·

EDUCATION

1)	Circle the highest year completed:
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
	High School Graduate? Yes No
	High School Name: Address (city/state): Year Graduated:
	High School Equivalency/GED? Yes No Date:
2)	Indicate below, the schools you have attended, location (city/state) and the years attended. Include your diploma for high school and all colleges attended.
	Grammer School: Years Attended: Location (city/state):

Grammer School:	
Location (city/state):	
Junior High School:	Years Attended:
Location (city/state):	
Junior High School:	Years Attended:
Location (city/state):	
High School:	Years Attended:
Location (city/state):	
High School:	Vapre Attandad
Location (city/state)	Years Attended:
Location (ony/state)	
G 11	**
College:	Years Attended:
Location (city/state):	If yes, what date?
Graduated? Yes No	If yes, what date?
College:	Years Attended:
Conege	i cara Auchidea.
Location (city/state).	
Graduated? Yes No If you have any technical skill	If yes, what Date?ls, not necessarily acquired through forma
If you have any technical skill education, list them here:	o If yes, what Date?
Graduated? Yes No If you have any technical skill education, list them here: Were you ever expelled or sus	o If yes, what Date?ls, not necessarily acquired through forma
Graduated? Yes No If you have any technical skill education, list them here: Were you ever expelled or sus disciplined by any school office. Have you ever attended a State Correctional Officer? Yes Certification Number: School Name:	Is, not necessarily acquired through formations, not necessarily a
Graduated? Yes No If you have any technical skill education, list them here: Were you ever expelled or sus disciplined by any school office. Have you ever attended a State Correctional Officer? Yes Certification Number: School Name: Location (city/state):	If yes, what Date? Is, not necessarily acquired through formates spended from any school, or were you ever cial? Yes No If yes, explain: e Mandate School for Police, Sheriff, or No

7)	relating to specific topic	ls, mechanical or technicals, acquired through attendate benefit the Locust Grove	ance at a school, academy or
	please list these skills or to the related knowledge wa		learning institution from
	SKILL OR TOPIC	LEARNING INSTITU	TION CERTIFICATE OF COMPLETION (Y/I
			,
		REFERENCE	<u>S</u>
the pa		ons you name may be ask	you, who have known you for ted to appraise your character,
NAME		HOME#	WORK#
ADDRE	ESS	CITY	STATE/ZIP
BUSINI	ESS, OCCUPATION, OR PROFE	SSION	
NAME		HOME#	WORK #
ADDRE	SSS	CITY	STATE/ZIP
BUSINI	ESS, OCCUPATION, OR PROFE	SSION	
NAME		HOME #	WORK#
ADDRE	SS	CITY	STATE/ZIP
BUSINE	ESS, OCCUPATION, OR PROFE	SSION	

NAME	HOME#	WORK #
ADDRESS	CITY	STATE/ZIP
BUSINESS, OCCUPATION, OR	PROFESSION	, I
NAME	HOME#	WORK #
ADDRESS	CITY	STATE/ZIP
BUSINESS, OCCUPATION, OR	PROFESSION	
List the name of four (4) friends, fellow students or	ACQUAINTANCES persons not related to you, (no fellow co-workers.	_
NAME	HOME#	WORK#
	HOME #	WORK # STATE/ZIP
ADDRESS	CITY	
ADDRESS	CITY	
ADDRESS BUSINESS, OCCUPATION, OR	CITY	
ADDRESS BUSINESS, OCCUPATION, OR NAME	PROFESSION	STATE/ZIP
ADDRESS BUSINESS, OCCUPATION, OR NAME ADDRESS	PROFESSION HOME # CITY	STATE/ZIP WORK #
ADDRESS BUSINESS, OCCUPATION, OR NAME ADDRESS	PROFESSION HOME # CITY	STATE/ZIP WORK #
ADDRESS BUSINESS, OCCUPATION, OR NAME ADDRESS BUSINESS, OCCUPATION, OR	PROFESSION HOME # CITY	STATE/ZIP WORK #
ADDRESS BUSINESS, OCCUPATION, OR NAME ADDRESS BUSINESS, OCCUPATION, OR	PROFESSION HOME # CITY PROFESSION	WORK # STATE/ZIP
NAME ADDRESS BUSINESS, OCCUPATION, OR NAME ADDRESS BUSINESS, OCCUPATION, OR NAME ADDRESS BUSINESS, OCCUPATION, OR	PROFESSION HOME # CITY PROFESSION HOME # CITY	WORK # STATE/ZIP WORK #
ADDRESS BUSINESS, OCCUPATION, OR NAME ADDRESS BUSINESS, OCCUPATION, OR NAME ADDRESS BUSINESS, OCCUPATION, OR	PROFESSION HOME # CITY PROFESSION HOME # CITY PROFESSION	WORK # STATE/ZIP WORK # STATE/ZIP
ADDRESS BUSINESS, OCCUPATION, OR NAME BUSINESS, OCCUPATION, OR NAME ADDRESS	PROFESSION HOME # CITY PROFESSION HOME # CITY	WORK # STATE/ZIP WORK #

WORK HISTORY

What is your present occupation?
How did you find out about this position?
Are you seeking permanent employment with this department? YesNo
Have you ever applied with the City of Locust Grove? Yes No If so, when?
Have you ever applied with any other law enforcement agency? If so, list agency and date of application:
Why did you leave your last job?
Why would you leave your present job for this position?
Yes No If yes, explain Did a supervisor ever reprimand you for misconduct or not doing your job right? Yes No If yes, explain:
Were you ever fired or disciplined because of an accident? Yes No If yes, please explain
Have you been asked to resign or been fired from a job in the last ten (10) years? Yes No If yes, how many times has this occurred? Explain the circumstances:
Have your employers always treated you fairly?
Have had experience with shift work? Yes No
Do you object to working: Days Yes No Nights Yes No Weekends Yes No

15)	If it became necessary in the course of your law enforcement duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? Yes No If yes, explain:
16)	Have you ever been sued? Yes No Have you ever sued anyone? Yes No If yes, give details:
17)	List all jobs you have held in the last (10) years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time employment no matter how little time was involved.
	From: To:
	crt d
	Name of Employer:
	Street Address:
	Dhanatt
	Your Duties:
	Name and Title of Supervisor:
	Gross Salary Per Month:
	Reason For Leaving:

	From: To: Title:
	Name of Employer:
	Street Address:
	Phone#
	Phone#Your Duties:
	Name and Title of Supervisor:
	Gross Salary Per Month:
	Reason For Leaving:

	From: To: Title:
	Name of Employer:
	Street Address:
	Phone#
	Your Duties:
	Name and Title of Supervisor:
	Gross Salary Per Month:
	Reason For Leaving:

Fro	m: To:	Title:
Nar	ne of Employer:	
Stre	et Address:	
Pho	ne#	
You	ır Duties:	or:
Nar	ne and Title of Supervise	or:
Gro	ss Salary Per Month:	
Rea	son For Leaving:	
***		************************
Fro	m· To·	Title:
Nar	ne of Employer:	
Stre	et Address	
Pho	ne#	
You	ir I hities:	
Nar	ne and Title of Superviso	or:
Gro	ss Salary Per Month:	
Rea	son For Leaving	
1100	Jon I of Boaving,	
	m	T'A
From	m:10:	Title:
Ivan	ne of Employer:	
Stre	et Address:	
Pno	ne#	
You	ir Duties:	
Nan	ne and Title of Superviso	Dr:
Gro	ss Salary Per Month:	
Rea	son For Leaving:	·

		<u>MILITARY</u>
1)		d in a military or naval organization of the United If yes, which branch of service?
2)	What was the highes	t rank held?
3)	• • • • • • • • • • • • • • • • • • • •	our discharge? (Honorable, Dishonorable, General, Conditions, etc.) Be exact:
4)	Date and location of	entrance to active duty:
5)	Date and location of	discharge:

branch of the U.S. Reserve l	Force? Ye	ive or inactive member of any sNo	
Unit: R	ank:		
Address:			
From	To		
State: Regime Rank: Fron	ent: n:	Unit: To:	
Were you ever the subject of	f any disci	iplinary action while a member of	
from any of the Armed Se	ervices or	VA? Yes No If yes	
onpium			
ILLEGA			
	branch of the U.S. Reserve I If yes, which branch? Unit: R Address: Regime Rank: Regime Rank: Fron Type of Discharge: P Were you ever the subject of the armed forces? Yes P Are you now, or have you from any of the Armed Se	branch of the U.S. Reserve Force? Ye If yes, which branch? Unit: Rank: Rank: Rodress: To	branch of the U.S. Reserve Force? YesNo

1.

2.

GAMBLING

1	Y .1 1	(10)	• .1	· ·	1 1.	41	C 11 ·	
1.		(10) years, what					e followin	g:
	Dice	1	vumbers					
			Pinhal	1				
	Machines		1111041	•				
	Sports		_Lottery					
2.		ambling debts?				s, plea	ase	
3.		borrowed mone explain:						
4.	Would you gar	mble more if you	ı had the mo	ney? Yes	No			
5.		vork for a gamblexplain:						
		<u>CRIMINAI</u>	L ACTIV	<u>/ITY</u>				
QUES	TIONS TRUT	THAT YOU HFULLY. IF LEASE USE TH	YOU V	VOULD L	IKE T			
		OFFENSE(S)		YES	NO	AGE A'	
Breaki	ng & Entering	A to the second	Contract 100 1	6350116133113613941396134 ₁₁₀ 466.04	7-10-11-11-0-11-0-1		<u>h anhiri da ka kama kilo ka Milo Anhiri kilo hi</u>	<u> </u>
Drug F	ushing (Sales)							
	sion of Narcotic							
	sion of Marijua	na						
	OR DUI						•	
	g Bad Checks							
Burgla								
	Robbery Theft Auto							
Grand	LIGH AUU							

Shoplifting Assault Murder

Extortion

Steal Anything

Theft From an Employer

Possession of Controlled Substance

Sex Crimes (Rape, Child Molestation, Incest, Agg. Sodomy

	Agency:	Date:	Purpose:
	Agency:	Date:	Purpose:Purpose:
	Agency	Date	ruipose
2)	Are you a fugitive from justice?	Yes No	
3)	association, movement, group or Communist, or Subversive, or v approving the commission of act	r combination of perwhich has adopted or ts of force or violence United States, or which was a second control of the control o	of foreign or domestic organization, sons which is Totalitarian, Fascist, or shows a policy of advocating or to deny other persons their rights which seeks to alter the form of means?
4)	Have you ever been arrested or d If yes, please explain:		?
5)	Have you ever been convicted of	f a felony or misdeme	eanor?
6)	Have you ever been placed on pr	obation or parole?	
		GRATUITIES	<u>S</u>
	Some companies have strict rules guidelines. In some jobs, regular refusing a gift may actually alien	gratuities are a way	
~	Since the rules vary from compardeal with gratuities.	ny to company, the fi	nal section of this application will
1)	In the last five (5) years, have yo Yes No If yes, explain:		• •
2)	If the answer was yes, what was received during this five year pe		•
3)	Did your,former company(s) hav	e rules regarding acc	eptance of gratuities?
4)	If yes, briefly explain the rules in		romulas vivoild ha "ma mila at all?"

THEFT FROM EMPLOYERS

have frien merc mucl years	y people have taken something from a place where they worked that they really didn't permission to take. This includes actual taking, illegally giving away merchandise to ds, relatives or co-workers, borrowing with or without permission and failing to return chandise, property or company equipment, or to make reimbursement. Figure out how h, in dollars, you may have taken from all employers combined during the last five (5) s, and list the amount closest to that total dollars in merchandise you have taken
Briet	fly explain:
	DRIVING RECORD
1.	Do you have a current driver's license? Yes No
2.	What state?
3.	Driver's license number:
4.	Expiration date:
5.	Does it contain any physical restrictions? Yes No If yes, explain:
6.	List below all traffic citations you have ever received (except for parking):
	Location (city):
	Location (city):
	Location (city):
7.	Did you ever possess an operator's license issued by any state other than Georgia? Yes No If yes, give state and license number:

8.	Was your license ever suspended or revoked? Yes _ and give reason:	No If yes, state which
9.	Do you have liability insurance at the present time?	Yes No
10.	Were you ever denied auto insurance? Yes No	-

AFFIDAVIT OF APPLICANT

I hereby certify that I have read and understand all questions and instructions in this application, and that my answers are true and complete.

I understand that any untruthful misstatement of material fact will result in:

- 1. Disqualification of my application or dismissal from employment with the Locust Grove Police Department, and
- 2. Prosecution for the offense of False Swearing (Georgia Code 1981, S16-10-71), a felony, punishable by a maximum fine of \$ 10,000.00 plus imprisonment for not less than one (1) year no more than five (5) years, or both.

DATE :	SIGNED
s/her own free will a	who says
is day of	, 2016.
	s/her own free will and is day of

LOCUST GROVE POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I,
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 loans, the records of commercial or retail credit agencies, (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; employment and preemployment records, including internal investigative reports, background reports, polygraph reports and charts; efficiency rating, complaints or grievances filed by or against me; and the records and recollections of attorneys at law or of other counsel; whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and any other document or article of information deemed pertinent for the purpose of assessing my suitability for employment.
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 as a candidate for employment by Locust Grove. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and, I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.
A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.
Signature
Address
NOTARY
DATE

CITY OF LOCUST GROVE POLICE DEPARTMENT

BACKGROUND INVESTIGATION RELEASE FORM

I hereby authorize the <u>LOCUST GROVE POLICE DEPARTMENT</u> to receive any criminal history and/or driver history record information pertaining to me which may be in the files of any local, state, or federal agency, on this date, or anytime during my employment.

urrent Address:	
x Race Date of Birth	Social Security Number
ivers License Number	State
her states in which you have been is	sued a drivers license:
her states in which you have been is her states in which you have resided	sued a drivers license:!: