

APPLICATION FOR EMPLOYMENT

City of Locust Grove Police Department

Position Applying For: _____

Date of Application: _____

PERSONAL DATA:

Name: _____,
(last) (first) (middle)

Present Address: _____

(city) (state) (zip code)

Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____ Date of Birth: _____

Social Security Number: _____ Place of Birth: _____ U.S. citizen? _____

Marital Status: Single: _____ Married: _____ Separated: _____ Divorced: _____

If married list spouses full name & date of birth: _____

Home phone: _____ Cell phone: _____

Email: _____

Referred by: _____

Do you have any relatives working for the City of Locust Grove: ___Y ___N

If yes, please list the relationship & department: _____

EDUCATION:

Circle the highest year completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 (Undergraduate = 13-16 / Post Graduate = 17-18)

High School Graduate? ___Y ___N Year Graduated: _____

High School Name: _____ City: _____ State: _____

High School Equivalency/GED? ___Y ___N Date: _____

College/University: _____ Years Attended: _____

City/State: _____ Graduated? ___Y ___N

Degree or Certification Earned: _____

College/University: _____ Years Attended: _____

City/State: _____ Graduated? ___Y ___N

Degree or Certification Earned: _____

Have you attended a State Mandate School for Police, Sheriff, or Correctional Officer: ___Y ___N

Certification Number: _____ School Name: _____

City/State: _____ Dates Attended: _____

MILITARY SERVICE:

Have you ever served in a military or naval organization of the United States? ___Y ___N

If so, what branch of service? _____ Highest rank held? _____

Date and location of entrance to active duty: _____

Date and location of discharge: _____

Type of Discharge? (Honorable, Dishonorable, General, Medical, Hardship, Other) _____

Are you now or where you ever an active or inactive member of any branch of the U.S. Reserves?

___Y ___N If yes, what branch? _____ Unit: _____ Rank: _____

From: _____ To: _____

Are you now or where you ever a member of the National Guard? ___Y ___N

If yes, what branch of service? _____ State: _____

Unit: _____ Rank: _____

From: _____ To: _____

Were you ever the subject of any disciplinary action while a member of the armed forces? ___Y ___N

If yes, explain: _____

Are you now, or have you ever received any disability compensation from any of the Armed Services or VA? Y N If yes, explain: _____

EMPLOYMENT HISTORY:

Present Occupation: _____ Date Started: _____

Why would you leave your present job for this position? _____

Have you ever been or are you now employed with the City of Locust Grove? Y N

If yes, which department and dates employed: _____

Will you accept shift work? y N

Did a supervisor ever reprimand you for being late or being absent? Y N If yes, explain: _____

Were you ever fired or disciplined because of an accident? Y N If yes, explain: _____

Have you ever been asked to resign or been fired from a job? Y N If yes, explain: _____

Have you ever been accused of racial or ethnic bias or sexual harassment? Y N If yes, explain: _____

List all jobs you have held in the last (10) years. Put your present or most recent job first. Include military service in proper time sequence and temporary/part-time employment. If you need additional space continue to list the information on the back of this page.

From: _____ To: _____ Title: _____

Name of Employer: _____

Address: _____ City: _____ State: _____

Phone # _____ Supervisor Name/Title: _____

Your Duties: _____

Gross Salary Per Month: _____

Reason for Leaving: _____

From: _____ To: _____ Title: _____

Name of Employer: _____

Address: _____ City: _____ State: _____

Phone # _____ Supervisor Name/Title: _____

Your Duties: _____

Gross Salary Per Month: _____

Reason for Leaving: _____

From: _____ To: _____ Title: _____

Name of Employer: _____

Address: _____ City: _____ State: _____

Phone # _____ Supervisor Name/Title: _____

Your Duties: _____

Gross Salary Per Month: _____

Reason for Leaving: _____

From: _____ To: _____ Title: _____

Name of Employer: _____

Address: _____ City: _____ State: _____

Phone # _____ Supervisor Name/Title: _____

Your Duties: _____

Gross Salary Per Month: _____

Reason for Leaving: _____

List any pending applications for other police positions:

REFERENCES:

List below the names of three (3) persons not related to you who have known you for the past five (5) years. All persons you name may be asked to appraise your character, ability, experience, and personality. Name: _____

Address: _____, _____, _____
(city) (state)

Business, Occupation, or Profession: _____

Phone: _____

Name: _____

Address: _____, _____, _____
(city) (state)

Business, Occupation, or Profession: _____

Phone: _____

Name: _____

Address: _____, _____, _____
(city) (state)

Business, Occupation, or Profession: _____

Phone: _____

CRIMINAL ACTIVITY:

It is important that you answer each of the following questions truthfully. If you would like to write any explanations, please use the back of this page. Have you ever in any way been involved in (conspired with, participated in, or assisted anyone) in the following activity:

OFFENSE	YES	NO	AGE
Arrested for DWI or DUI			
Shoplifting			
Receiving or distributing an item you knew or suspected was stolen			
Passing a bad check			
Falsely reporting a crime			
Making a phony or inflated insurance claim			
Knowingly making a false statement			
Causing a person's death or person to be hospitalized			

OFFENSE	YES	NO	AGE
Smoking marijuana			
Changing a price tag			
Stealing from an employer			
Borrowing money to gamble			
Using phony or false identification			
Selling, buying, distributing, or manufacturing ANY illegal substance			
Been the subject of a restraining order or a protective order			
Using a computer to commit a crime			
Having sexual relationship with a minor			
Being arrested or detained by the police			
Stolen anything			
Possess, sell, produce, or distribute any child pornographic material			

Are you or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is Totalitarian, Fascist, Communist, or Subversive, or 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 or government of the United States by unconstitutional means. ___Y ___N

Have you ever been convicted of a felony or misdemeanor? ___Y ___N

Have you ever been placed on probation or parole? ___Y ___N

Have you ever been fingerprinted? ___Y ___N If yes, when? and for what purpose?

DRIVING RECORD:

Current driver's license: _____, _____, _____
 (number) (state) (expiration)

Do you have any license restrictions? ___Y ___N If so, explain:

Do you have corrected vision? ___Y ___N Do you wear glasses/contacts? ___Y ___N

Was your license ever suspended or revoked? ___Y ___N If yes, explain:

List below all traffic citations you have ever received (except parking):

Location (city): _____ Approximate Date: _____

Violation: _____ Penalty/Disposition: _____

Location (city): _____ Approximate Date: _____

Violation: _____ Penalty/Disposition: _____

Location (city): _____ Approximate Date: _____

Violation: _____ Penalty/Disposition: _____

Location (city): _____ Approximate Date: _____

Violation: _____ Penalty/Disposition: _____

CITY OF LOCUST GROVE
POLICE DEPARTMENT

BACKGROUND INVESTIGATION
RELEASE FORM

*I hereby authorize the **LOCUST GROVE POLICE DEPARTMENT** 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.*

Full Name Printed: _____

Current Address: _____, _____, _____, _____
(street) (city) (state) (zip code)

Sex ___ **Race** ___ **Date of Birth** _____ **Social Security Number** _____

Driver's License Number _____ **State** _____

Other states in which you have been issued a driver's license: _____

Other states in which you have resided: _____

I hereby attest that this information furnished by me is true and correct,

This _____ **day of** _____, **2021**

Legal Signature _____

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 statement 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 16-10-71), punishable by a maximum fine of \$1,000 plus imprisonment for not less than one (1) year nor more than five (5) years, or both.

APPLICANT PRINTED NAME

APPLICANT SIGNATURE

Date Signed: _____

**STATE OF GEORGIA
COUNTY OF HENRY**

Before me personally appeared _____ who says that he/she executed the above statement of his/her own free will and accord, with full knowledge of the purpose, therefore.

Sworn and subscribed in my presence his _____ day of _____, 2021

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

**LOCUST GROVE POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

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 the City of 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 are released from all liability of any kind or nature including but not limited to, defamation (libel and slander) related to my references and background checks.

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

Applicant Name: _____

Signature: _____

Address: _____

Phone: _____

Date of Birth: _____

**STATE OF GEORGIA
COUNTY OF HENRY**

Before me personally appeared _____ who says that he/she executed the above statement of his/her own free will and accord, with full knowledge of the purpose, therefore.

Sworn and subscribed in my presence his _____ day of _____, 2021

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____