

Do you feel you can properly perform the essential functions of the job for which you are making this application? Yes No

List professional, trade, business or civic activities and offices held. You may exclude those which indicate your race, color, religion, sex, national origin or disability. _____

Please list the names, addresses and telephone numbers of **three references** who are not related to you and are not previous employers. _____

=====

Employment Experience

Begin with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer 1.	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary		Ending Salary
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 2.	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 3.	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 4	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 5	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Special Skills and Qualifications

Please summarize any special skills and qualifications acquired from employment or other experience. _____

Special skills and experience (check any that apply to you).

Dictaphone Drivers License Typing WPM Bookkeeping
 Keypunch CDL License POST Training # of hours Work nights

	<u>High School</u>	<u>College/Technical School/University</u>	<u>Graduate School</u>
Name of School			
Number of Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Degree/Year			
Course of Study	General Education		
Describe Specialized Training, Apprenticeships, Skills and Extracurricular Activities			
Honors & Recognitions Received			

Please state any additional information you feel may be helpful to us in considering your application. _____

Applicant's Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or other agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

SUBSTANCE ABUSE TESTING

Effective March 6, 2001, all job applicants at the City of Glennville will undergo testing for the presence of alcohol or illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be denied employment.

Applicants will be required to submit voluntarily to a drug screening test at a facility chosen by this company, and by signing consent agreement will release this company from liability.

If the official or lab personnel have reasonable suspicion to believe that the job applicant has tampered with the specimen, the applicant will not be considered for employment.

The City of Glennville will not discriminate against applicants for employment because of a past history of drug abuse. It is the current abuse of drugs, preventing employees from performing their jobs properly, that this company will not tolerate.

Individuals who have failed a pre-employment test may initiate another inquiry with the company after a period of not shorter than six (6) months; but they must present themselves drug free as demonstrated by screening tests selected by this company.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Signature of Applicant

Date Signed

<u>For Hiring Department to Complete</u>	
Arrange interview? <input type="checkbox"/> Yes <input type="checkbox"/> No Interviewer: _____	
Remarks: _____	
Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Employment: _____	
Job Title: _____ Department: _____	
Completed by: _____ Date: _____	

Applicant Data Record

City of Glennville
An Equal Opportunity Employer

- Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.
- As employers/government contractors, we comply with government regulations and affirmative action requirements.
- Completion of this form is **totally voluntary** in nature and is used solely to help us comply with government record-keeping, reporting, and other legal requirements.
- This data is for periodic government reporting and will be kept in a Confidential File separate from the application for employment, and will not be disclosed to any person charged with the responsibilities of hiring for this position.

(PLEASE PRINT)

Position(s) Applied For: _____ Date of Application: _____

Referral Source: __ Advertisement __ Friend __ Relative __ Walk In
 __ Employment Agency __ Other _____

Name _____
 Last First Middle

Address _____
 House Number Street City State Zip

=====

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmation action only. Submission of information is voluntary.

Please circle one: Male Female

Please circle one: White/Caucasian Black/African-American
 Hispanic American Indian/Alaskan Native
 Asian/Pacific Islander

Circle if any of the following are applicable: Vietnam Era Veteran Disabled Veteran
 Handicapped Individual

For Personnel Department Use Only
Position(s) applied for is/are open: Yes No Date: _____
Position(s) considered for: _____

**GLENNVILLE POLICE DEPARTMENT
705 N CASWELL STREET
GLENNVILLE, GA 30427
(912) 654-2103/FAX (912) 654-1879**

CONFIDENTIAL
QUESTIONNAIRE

APPLICANT'S NAME _____

POSITION APPLYING FOR: _____

Again, answer each question completely and honestly. All police department personnel are subject to a polygraph examination. Many people are not accepted because of omissions and concealment rather than because of previous behavior. While indiscretion or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.

If a job offer is made, you made be required to provide the following items:

- 1. Your birth certificate**
- 2. Your High School diploma/GED**
- 3. Your College transcripts (if applicable)**
- 4. Your DD-214 (if applicable)**
- 5. Your Naturalization Certificate (if applicable)**
- 6. Your Drivers License**
- 7. Your Social Security Card**
- 8. A copy of your POST Certification card, if you are a certified Georgia Peace Officer.**

IN ADDITON TO THE ABOVE:

RETURN THE ENCLOSED PERSONAL INQUIRY WAIVER COMPLETED AND NOTARIZED. RETURN THE ORIGINAL ONLY - NO ADDITIONAL COPIES ARE REQUIRED.

APPLICANT INFORMATION

Applicant's name _____
Last **First** **Middle**

Present Address: _____

Home Phone: _____ **Work Phone:** _____

Nicknames: _____

Maiden Name (if applicable): _____

Date of Birth: _____

Social Security Number _____ - _____ - _____

Place of Birth: _____

FAMILY BACKGROUND OF APPLICANT

Provide complete address, zip codes and phone numbers.

Father: _____
 Last **First** **Middle** **DOB**

Address: _____
 Street Address **City** **State** **Zip**

Home Phone: _____ **Work Phone:** _____

Mother: _____
 Last **First** **Middle** **DOB**

Address: _____
 Street Address **City** **State** **Zip**

Home Phone: _____ **Work Phone:** _____

NOTE: If you were reared by anyone other than your parents, give the following information concerning those who raised you below:

Name of Person: _____
 Last **First** **Middle** **DOB**

Address: _____
 Street Address **City** **State** **Zip**

Home Phone: _____ **Work Phone:** _____

Dates you were under this person's charge: From: _____
 Month **Day** **Year**

To: _____
 Month **Day** **Year**

List applicant's previous addresses for the past ten years. (Work backwards, list current address first.)

Address	From	To

Use reverse side for additional space, if necessary.

EDUCATION/TRAINING/SKILLS

HIGH SCHOOL/VOCATIONAL SCHOOL GRADUATED FROM:

SCHOOL ADDRESS CITY/STATE/ZIP

Graduated High School/GED awarded: _____

Highest Grade completed: _____

COLLEGES/UNIVERSITIES

What colleges or universities have you attended? (List most recent first and work backwards.)

College/University	Location	Graduated Yes or No	Major

Have you ever been suspended or expelled for academic probation from any school?
Yes _____ No _____ if yes, explain.

FOREIGN LANGUAGE SKILLS

Are you able to communicate in any language other than English (including sign language)? Yes _____ No _____ if yes, specify and state fluency and reading levels:

Use reverse side for additional space, if necessary.

MILITARY STATUS OF APPLICANT

Have you served in the armed forces of the U.S.? Yes _____ No _____

If yes, branch of service: _____

Date of Service from: _____ To: _____

Type of Discharge: (**exclude specific Medical Reasons**) _____

Any reserve obligation: Yes _____ No _____

If yes, supply reserve organization name and address below:

Organization: _____

Address: _____

Supervisor: _____ Business Phone: _____

Were you ever subject to any type of disciplinary action while serving in the Armed Forces? If yes, describe in detail: _____

Have you ever been denied entry into any Armed Forces? Yes ____ No _____

If yes explain the basis for your denial (**exclude specific Medical Reasons**)

Use reverse side for additional space, if necessary.

APPLICANT'S EMPLOYMENT BACKGROUND

List all employment including part-time, beginning with current employer first, and work backwards **FOR A PERIOD OF TEN (10) YEARS**. You must include any employment from which you were terminated, regardless of when it occurred in your work history.

Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ to: _____

Reason for leaving: **(exclude specific Medical Reasons)** _____

We will contact your current employer in the course of our background investigation.

Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ to: _____

Reason for leaving: **(exclude specific Medical Reasons)** _____

Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ to: _____

Reason for leaving: **(exclude specific Medical Reasons)** _____

Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ to: _____

Reason for leaving: **(exclude specific Medical Reasons)** _____

Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ to: _____

Reason for leaving: **(exclude specific Medical Reasons)** _____

Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ to: _____

Reason for leaving: **(exclude specific Medical Reasons)** _____

If you answer “yes” to any of the questions below, give full details including the name and address of each employer, approximate dates and the circumstances in each case.

Have you ever been discharged or disciplined at any employment? Yes ___ No___ If yes, explain. _____

Have you ever resigned (quit) while anticipating your employer intended to discharge (fire) you for any reason? Yes _____ No _____ if yes, explain. _____

Have you ever resigned (quit) while anticipating that your employer intended to take any form of disciplinary action against you? Yes _____ No _____, if yes, explain. _____

Use reverse side for additional space, if necessary

MISCELLANEOUS

SPECIAL SKILLS/TRAINING

DO YOU HAVE SKILLS OR TRAINING IN THE FOLLOWING AREAS?

SKILL/TRAINING	NO	YES	SPECIFY COURSE/CERTIFICATION
EMT /Paramedic			
Emergency Driving			
Firearms Training			
Legal/ Paralegal			
Leadership Course(s)			
Martial Arts			
Other (Specify)			

Is there anything else in your background that you feel we should be aware of as we consider your employment application? Yes _____ No_____ (if yes, explain)

Is there any reason that would prevent you from?

A) Taking an oath with or without an affirmation?
 Yes _____ No _____ if yes, Explain: _____

B) Supporting and defending the Constitution of the United States, The State of Georgia, and the laws and ordinances of the City of Glennville?
 Yes _____ No _____ if yes, explain: _____

C) Taking of life in pursuit of duty? Yes ____ No ____ if yes, explain: _____

Use reverse side for additional space, if necessary.

POLICE/SECURITY EXPERIENCE

Do you have experience as a sworn officer? Yes _____ No _____ if yes, explain, list any State certifications held and date of certification:

Do you have experience in private security? Yes _____ No _____, if yes, explain:

Do you have experience as a police intern, volunteer, cadet or explorer? Yes _____ No _____
If yes, explain:

Have you ever had an extended work absence for reasons other than medical or earned vacation? Yes _____ No _____ If yes, explain:

Use reverse side for additional space, if necessary.

CHARACTER REFERENCES

List five (5) character references: (Not related to you by blood or marriage and who has known you for at least 5 years).

1) Name and Address: _____

_____ # years known: _____

Phone Number: _____ Occupation: _____

2) Name and Address: _____

_____ # years known: _____

Phone Number: _____ Occupation: _____

3) Name and Address: _____

_____ # years known: _____

Phone Number: _____ Occupation: _____

4) Name and Address: _____

_____ # years known: _____

Phone Number: _____ Occupation: _____

5) Name and Address: _____

_____ # years known: _____

Phone Number: _____ Occupation: _____

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION

1. List all motor vehicles currently owned or operated by applicant.

	Vehicle #1	Vehicle #2	Vehicle #3
Make			
Model			
Tag Number			
State			

2. Motor vehicle insurance company(s): _____
 Address: _____
 Agent: _____ Phone No.: _____

3. Has your automobile insurance ever been canceled for non-medical reasons?
 Yes _____ No _____ if yes explain on reverse side of page.

4. List all current and past drivers licenses issued to applicant:
 Number: _____ State: _____ Type: _____
 Valid? _____ Expiration: _____ Restrictions: _____
 Number: _____ State: _____ Type: _____
 Valid? _____ Expiration: _____ Restrictions: _____
 Number: _____ State: _____ Type: _____
 Valid? _____ Expiration: _____ Restrictions: _____

5. Has your license or privileges to operate a motor vehicle ever been revoked, refused, suspended or canceled? Yes _____ No _____ if yes, explain in detail supplying reasons, dates, locations, etc. _____

6. Has your vehicle registration ever been canceled, refused revoked or suspended for any reason? Yes _____ No _____ if yes, explain: _____

7. Have you ever been arrested or charged with DRIVING WHILE INTOXICATED or DRIVING UNDER THE INFLUENCE? Yes _____ No _____ If yes, explain:

8. To the best of your knowledge, how many points are currently on your driver's license? _____ Points
9. How many years have you been driving? _____ Years
10. What type of equipment have you driven? _____

11. In what geographical areas have you operated a vehicle? _____

12. Have you received any safe driving awards? Yes _____ No _____ if yes, furnish a copy of the award or certificate.
13. Have you received driver's education? Yes _____ No _____ if yes, furnish a copy of the certificate.

Use area below for additional space, if necessary.

TRAFFIC RECORD

List all traffic violations (except parking tickets) you have received.

Violation: _____ Date: _____

Disposition: _____

Agency Location: _____

Violation: _____ Date: _____

Disposition: _____

Agency Location: _____

Violation: _____ Date: _____

Disposition: _____

Agency Location: _____

Violation: _____ Date: _____

Disposition: _____

Agency Location: _____

Use reverse side for additional space, if necessary.

TRAFFIC ACCIDENTS

List all traffic accidents in which you were the driver of the vehicle.

Date: _____ City: _____ State: _____

Did you receive a citation? Yes _ No _ If yes, what was the violation? _____

Disposition: _____

Date: _____ City: _____ State: _____

Did you receive a citation? Yes _ No _ If yes, what was the violation? _____

Disposition: _____

Date: _____ City: _____ State: _____

Did you receive a citation? Yes _ No _ If yes, what was the violation? _____

Disposition: _____

Date: _____ City: _____ State: _____

Did you receive a citation? Yes _ No _ If yes, what was the violation? _____

Disposition: _____

Date: _____ City: _____ State: _____

Did you receive a citation? Yes _ No _ If yes, what was the violation? _____

Disposition: _____

Use reverse side for additional space, if necessary.

CRIMINAL HISTORY

Have you ever committed or participated in any of the following crimes (whether you were caught or not)?

CRIME	YES	NO	CRIME	YES	NO
Vandalism			Telephone Related Crime		
Child Abuse or Molestation			Computer Related Crime		
Hunting/Fish Law Violation			Impersonating a Police Officer		
Trespassing			Assault		
Arson			Weapons Violation		
Theft or Unauthorized Use Of a Motor Vehicle			Aided or Abetted in the Commission of a Crime		
False Alarm			Fraud (Bad Checks)		
Embezzlement			Sexual Assault		
Extortion			Public Intoxication		
Prostitution			Disorderly Conduct		
Theft			Wiretapping		
Perjury			Burglary		
Bigamy			Robbery		
Giving False Information			Other		

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN IN DETAIL BELOW, INCLUDE DATES AND DISPOSITION.

Use reverse side for additional space, if necessary.

HAVE YOU EVER:

	Yes	No
Used a weapon of any kind during a fight?		
Been placed on parole or probation for any reason?		
Injured anyone as a result of a fight?		
Been present at, witness to or involved in any way in any kind of murder, killing, manslaughter, or other unnatural death of a human being?		
Has your car been used in the commission of a crime?		
Have you been named in any manner, in a civil law suit?		
Have you used any illegal drugs in the past (5) five years?		

If you answered yes to any of the above questions, explain fully below. _____

Is there anything in your past, which if ascertained at a later date, may prove to be embarrassing to you or to the Department, if employed? Yes _____ No _____ If yes, explain in detail. _____

Use reverse side for additional space, if necessary.

CRIMINAL HISTORY

Have you ever been arrested, interviewed, interrogated or detained by any law enforcement agency? Yes ____ No _____ if yes, explain in detail. Give date(s), reason(s), agency(s) and disposition(s): _____

Have you ever been placed on probation or parole? Yes _____ No _____ if yes, explain in detail. Give date(s), reason(s), authority(s) and disposition(s): _____

Have you ever been convicted of a criminal offense? (Exclude traffic related offenses). Yes ____ No ____ if yes, provide all details: _____

Are you friends with anyone whom you suspect of being a seller of illegal drugs? Yes _____ No _____ if yes, explain in detail _____

**GLENNVILLE POLICE DEPARTMENT
201 SOUTH CHURCH STREET
GLENNVILLE, GA 30427
(912) 654-2103/ FAX (912) 654-1879**

I certify that all entries made by me in this booklet are true and correct to the best of my knowledge. I further understand and that if at any time during my employment with the Glennville Police Department it is discovered that I have made an untruthful statement, falsified my application, omitted requested pertinent information or given any misleading statements, it shall be sufficient cause for my immediate termination.

Signature of Applicant

Print Name

Date

City of Glennville
134 S. Downing Musgrove Hwy
Glennville, GA 30427

I, _____, hereby understand that, as a condition of my employment, I may be subject to drug and/or alcohol testing for any of the following reasons:

- Pre-employment
- Post-Hire
- Post-Accident
- For Cause or Suspicion
- Random
- Promotion and/or Job Transition

I understand that when I am requested to produce a specimen for drug and/or alcohol testing, I must comply immediately. I also understand that a positive drug or alcohol test or that my refusal to produce a specimen upon request can be cause for termination. I further understand that the illegal use, sale, possession, or distribution of drugs or alcohol, as well as any illegally obtained prescription medication, is a violation of company policy and is cause for immediate termination.

I understand and accept the terms of this agreement as a condition of my employment. _____
(Employee Initials)

RELEASE OF CRIMINAL RECORDS

I, the undersigned, do hereby authorize the above company to examine any and all criminal records and arrests on file in the counties in the State of Georgia or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history. I also hereby release any parties concerned from any actions whatsoever, arising out of or relating to the release of the requested information.

At this time would your Criminal/Background History Report show any derogatory information at all?
(Circle One.) Yes No

Answering "yes" will not automatically disqualify you from employment consideration.

If yes, please explain in detail. _____

Signature

Date

Print Name

Social Security Number

Date of Birth

Driver's License Number

Street Address

City

State

Zip

**Georgia Bureau of Investigation
Georgia Crime Information Center
Georgia Driver's History Consent Form**

I hereby authorize the _____
(fire department/law enforcement agency name)

to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (print)

Address

Sex Date of Birth Driver's License Number

Signature

Date