

CITY OF STATHAM POLICE DEPARTMENT

Chief Ira Underwood
1906-C Railroad Street
Statham, Georgia 30666
770-725-5992

POLICE OFFICER/POLICE SUPPORT PERSONNEL EMPLOYMENT APPLICATION PACKET

Attached are the application, the Release of Information Waiver, and reference sheets, which must be completely filled out and returned by the applicant. The Release of Information Waiver must be notarized. Failure to complete any part of the application package may result in the applicant's disqualification from further consideration for the position applied for.

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED AT THE TIME OF APPLICATION:

1. A copy of your birth certificate
2. Proof of citizenship if you are a naturalized citizen of the United States.
3. A copy of your high school diploma, GED, or high school transcripts. If you are a college graduate, a copy of your college diploma is also required.
4. A copy of your Georgia POST Certificate if you are a certified Peace Officer. If you are a commissioned Police Officer in another state, proof of that certification is also necessary.
5. A copy of your DD-214 if you are a veteran of the United States armed forces; and
6. A seven (7) year driver's history from the Georgia Department of Motor Vehicle Safety.

A background investigation of all applicants will be conducted by the Statham Police Department. This investigation may include verification of education, employment, military services, and law enforcement training and certifications; review of driver's and criminal histories from all states in which the applicant has resided; and interviews of personal and work references.

Applicants receiving continued consideration after the preliminary background investigation will be scheduled for an oral interview with the Chief of Police and possibly other members of the Statham Police Department. After the oral interviews, and further consideration you will be scheduled for a psychological evaluation, and polygraph/voice stress analysis, applicants who receive conditional offers of employment will be required to submit to a pre-employment drug screening at the expense of the City of Statham.

The City of Statham reserves the right to disqualify any applicant without further notification based on information received during the preliminary background investigation. Applicants disqualified from consideration will be notified in writing of the status of their application. Applicants will remain on file for a period of six (6) months and will be reviewed in the event of additional openings.

QUESTIONS REGARDING THE POSITION AND/OR STATUS OF YOUR APPLICATION SHOULD BE DIRECTED TO:

**STATHAM POLICE DEPARTMENT
1906-C Railroad Street
Statham, Georgia 30666
770-725-5992 Ext. 2001**

Please detach this sheet for your application and keep for future reference.

CITY OF STATHAM POLICE DEPARTMENT

1906-C Railroad Street
Statham, Georgia 30666

RELEASE OF INFORMATION WAIVER

I do hereby authorize a review and full disclosure of all records concerning myself to the Statham Police Department, whether 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 all records of my driver's history, criminal history, educational background, military personnel records, records of my military service, all records of 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 hospital, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including background reports, polygraph reports and charts, efficiency ratings, complaints or grievance files by or against me.

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 appointment. I authorize the disclosing agent of the aforementioned personal 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.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Statham in conjunction with employment procedures.

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

I have read and fully understand the contents of this authorization for release of information.

Signature of Applicant

Date

Printed Name of Applicant

_____, personally appeared before me, the undersigned authority duly authorized to administer oaths and take acknowledgements, also known to me to be the person described herein and who executed the foregoing application for appointment as his/her time, act, and deed.

WITNESSED BY HAND THIS _____ DAY OF _____, 20__

Notary Public

CITY OF STATHAM POLICE DEPARTMENT

POLICE OFFICER JOB DESCRIPTION

Under general supervision of a Police Lieutenant, Police Sergeant, Police Corporal or other Supervisory and/or management staff, performs a variety of duties related to the protection of public health, safety, and welfare and the enforcement of applicable federal, state, and local laws; provides traffic enforcement and control; and carries out special assignments in a particular phase of police work.

Overview of Duties, Responsibilities and Position Requirements

The following duties are typical for this classification. Incumbents may not perform all of the listed duties and/or may be required to perform additional or different duties from those set forth below to address business needs and changing business practices. In addition, specifications are intended to outline the minimum qualifications necessary for entry into the class and do not necessarily convey the qualifications of incumbents within the position.

- Maintains a current knowledge of criminal law, city ordinances and other critical elements of law enforcement and peace keeping.
- Patrols assigned zone to maintain visibility and observe and deter possible criminal activity.
- Responds to all requests for assistance relayed by communications officers.
- Issues tickets to moving and parked traffic violators; impound abandoned vehicles as warranted.
- Assumes control at traffic accidents, assist victims, and investigates causes of accidents.
- Directs traffic and assists motorists, attends to malfunctioning traffic signals, monitors school crossings, provides escort for funeral processions or other situations.
- Investigates crimes, interviews witnesses, complainants, and victims. Processes crime scenes; collects, analyzes, and preserves evidence for court use. Contacts complainants and/or victims of crimes to inform them of progress of investigation.
- Serves warrants, summonses, subpoenas, civil and other official papers. Seizes evidence and contraband uncovered in such duties.
- Conducts surveillance of known and suspected criminals. Works undercover to obtain evidence of criminal activity and further investigations. Directs and documents the activities of confidential informants.
- Detains, apprehends, and arrests criminal suspects and law violators when necessary; follows proper procedures when making arrests. Transports arrestees to detention centers and oversees booking.
- Serves as a witness in court as required.
- Investigates complaints, accidents, or hazardous conditions which might endanger Police.
- Investigates and reports fires or other related events, provides backup and security and crowd control for Fire Department/EMS or other officials.
- Prepares various official reports as required; submits reports to superior officer.
- Maintains uniforms, weapons, and other assigned equipment in functional and presentable condition.
- Transports mental patients and detainees to prescribed locations as necessary.
- Answer questions asked by the general public; works with juveniles and adults in related matters; refers public to person or agencies which can provide further assistance as required.
- Watches for wanted or missing persons and lost children; administers first-aid to the injured in emergencies; reports stray animals to proper authorities.
- Performs other duties as assigned.

Required Knowledge, Skills, and Abilities

Knowledge of:

- Operations and standard operating procedures of a Police Department.
- Pertinent federal, state, and local laws, codes, and regulations including laws governing the apprehension, arrest, and custody of persons accused of felonies, misdemeanors, and petty offenses.
- Modern methods, procedures, and techniques used in providing the full range of law enforcement and crime prevention services and activities including investigation and identification, patrol, traffic control, juvenile programs, record keeping, records management, automated records systems, search and seizure, care of custody of persons and property, and crimes prevention.
- Care, maintenance, and operation of firearms and other modern police equipment.
- Principles and practices of data collection and analysis.
- Methods and techniques of report preparation and writing.
- English usage, spelling, grammar, and punctuation.
- Principles and practices used in the identification, preservation, and presentation of evidence.
- Techniques and applications of self defense and proper use of force.
- Methods and techniques used in interviewing witnesses, victims, or suspects.
- Investigative techniques, procedures, and sources of information.
- Principles and applications of public relations.
- Geography of the local area.
- Standard broadcasting procedures of police radio system.
- Office procedures, methods, and equipment including computers and applicable software applications such as word processing, spreadsheets, and databases.
- Occupational hazards and standards safety procedures.

Ability to:

- Understand, interpret, apply, enforce, and make decisions in accordance with applicable federal, state, and local policies, laws, and regulations.
- Interpret and explain law enforcement policies and procedures.
- Perform a wide range of law enforcement assignments. Functions with a significant degree of independence.
- Gather, analyze, and evaluate facts and evidence and reach sound conclusions.
- Act quickly and calmly in emergency situations.
- Effectively use and qualify with law enforcement tools and weapons including firearms, batons, defensive tactics, and other safety equipment.
- Operate specialized law enforcement equipment including specialized police vehicles, radios, video systems, and radars. Judge situations/people accurately.
- Think clearly and act quickly in a variety of situations. Conduct a variety of criminal and special investigations.
- Gather, assemble, analyze, evaluate, and use facts and evidence. Interview victims, complainants, witnesses, and suspects.
- Accurately observe and remember names, faces, numbers, incidents, and places.
- Control violent people and affect arrests.
- Administer first aid.
- Prepare clear and concise reports and routine correspondence.
- Maintain contact and preserve good relations with the public, respond to requests and inquiries from the general public.

- Meet standards for physical endurance, agility, health, and vision.
- Work flexible hours, including nights, weekends, holidays, and varied shifts.
- Understand and carry out oral and written directions.
- Operate office equipment including computers and supporting word processing, spreadsheet, and database applications.
- Communicate clearly and concisely, both orally and in writing.
- Establish and maintain effective working relationships with those contacted in the course of work.

Minimum Qualifications

Any combination of education and experience sufficient to successfully perform the essential functions of the job is qualifying.

- High school diploma or GED equivalency.
- At least 21 years of age.
- Graduation from P.O.S.T. Certified Georgia Police Academy. Additional certifications may be required for specialized assignments.
- In-service training with the Field Training Officer.
- Must maintain required level of proficiency and certification in the use of firearms and evasive action/driving skills.
- Must complete a minimum of 20 hours of required in-service training annually to maintain P.O.S.T. certification.
- No felony convictions.
- Possession of a valid Georgia Class C driver's license and a satisfactory driving record are conditions of initial and continued employment.

Physical Demands

Physical: Primary functions require sufficient physical ability to work in a law enforcement setting; an office setting; restrain or subdue individuals; walk, stand, sit, or run for prolonged periods of time; occasionally stoop, bend, kneel, crouch, reach, and twist; occasionally climb and balance; regularly push, pull, lift and/or carry light to moderate weight; frequently lift and/or move moderate to heavy weights; occasionally lift and/or move heavy weights; operate office equipment including use of computer keyboard; requires a sense of touch, finger dexterity, and gripping with hands and fingers; ability to speak and hear to exchange information; ability to operate a vehicle to travel to various locations; ability to operate and use specialized law enforcement tools and equipment including guns and handcuffs; and to verbally communicate to exchange information.

Vision: See in the normal visual range with or without correction.

Hearing: Hear in the normal audio range with or without correction.

This job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

I have read the job description for the position of Police Officer with Statham Police Department. I understand the job responsibilities and my signature below certifies that I am able to meet the minimum requirements and perform the activities and duties of the position.

Applicant/Officer Signature

Chief of Police

Date

Date

CITY OF STATHAM

1906-C Railroad St
Statham, Georgia 30666

POLICE OFFICER/POLICE SUPPORT PERSONNEL APPLICATION FOR EMPLOYMENT

<i>We consider applications for all positions without regard to race, color, religion, age, marital, or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.</i>			
DATE:		POSITION APPLIED FOR:	
NAME (LAST, FIRST M.I.):			
STREET ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE: ()		WORK PHONE: ()	
SSN:	DRIVER'S LICENSE #:	STATE:	CLASS:
GEORGIA POST-CERTIFIED PEACE OFFICER?		YES <input type="checkbox"/> NO <input type="checkbox"/>	CERTIFICATION #:
GEORGIA POST-CERTIFIED CORRECTIONS OFFICER, JAILER, OR COMMUNICATIONS OFFICER?			YES <input type="checkbox"/> NO <input type="checkbox"/>
POST-CERTIFIED PEACE OFFICER ELSEWHERE?		YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?
HAVE YOU EVER WORKED FOR THE CITY OF STATHAM BEFORE?		YES <input type="checkbox"/> NO <input type="checkbox"/>	WHEN:
DEPARTMENT:		POSITION:	
REASON FOR LEAVING:			
HAVE YOU EVER FILED AN APPLICATION HERE BEFORE?		YES <input type="checkbox"/> NO <input type="checkbox"/>	WHEN:
HAVE YOU EVER BEEN ARRESTED?		YES <input type="checkbox"/> NO <input type="checkbox"/>	EXPLAIN:
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER BEEN CONVICTED OF A MISDEANOR OF DOMESTIC VIOLENCE?			YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES TO EITHER OF THE ABOVE, PLEASE DESCRIBE BELOW:			
DATE	CHARGE	DISPOSITION	
HAVE YOU EVER SERVED IN THE U.S. MILITARY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	BRANCH:
PERIOD OF MILITARY SERVICE:		FROM:	TO:
TYPE OF DISCHARGE:		RANK AT DISCHARGE:	
WERE YOU EVER THE SUBJECT OF A COURT MARTIAL?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
EDUCATION	SCHOOL NAME AND LOCATION	DID YOU GRADUATE?	DEGREE/DIPLOMA?
HIGH SCHOOL		YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE		YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER (SPECIFY)		YES <input type="checkbox"/> NO <input type="checkbox"/>	

WORK EXPERIENCE

EMPLOYER:		JOB TITLE:	
EMPLOYED FROM:		EMPLOYED TO:	
STREET ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:()		IMMEDIATE SUPERVISOR:	
REASON FOR LEAVING:			
EMPLOYER:		JOB TITLE:	
EMPLOYED FROM:		EMPLOYED TO:	
STREET ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:()		IMMEDIATE SUPERVISOR:	
REASON FOR LEAVING:			
EMPLOYER:		JOB TITLE:	
EMPLOYED FROM:		EMPLOYED TO:	
STREET ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:()		IMMEDIATE SUPERVISOR:	
REASON FOR LEAVING:			
WHY DO YOU WANT TO WORK WITH THE STATHAM POLICE DEPARTMENT?			

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all the rules and regulations of the City of Statham.

Signature of Applicant

Date

PERSONAL REFERENCES

NAME:	HOW LONG KNOWN:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	
EMPLOYER:	JOB TITLE:	

NAME:	HOW LONG KNOWN:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	
EMPLOYER:	JOB TITLE:	

NAME:	HOW LONG KNOWN:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	
EMPLOYER:	JOB TITLE:	

WORK REFERENCES

NAME:	HOW LONG KNOWN:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	
EMPLOYER:	JOB TITLE:	

NAME:	HOW LONG KNOWN:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	
EMPLOYER:	JOB TITLE:	

NAME:	HOW LONG KNOWN:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	
EMPLOYER:	JOB TITLE:	

CONFIDENTIAL QUESTIONNAIRE

APPLICANTS NAME: _____

POSITION APPLYING FOR: _____

Again, answer each question completely and honestly. All police department personnel are subject to polygraph examination. Many people are not accepted because of omission 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.

Finally, when you have fully completed this booklet, return it with your application along with one (1) copy of the following documents.

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 Driver's License
7. Your Social Security Card
8. A copy of your POST Certification Certificate (if you are a Georgia POST certified Peace Officer).
9. Your Police Related Training Certificate (if applicable)
10. Medical Release form your physician (physician's note or office form)
11. Your Driver's History (7 years)

IN ADDITION TO THE ABOVE:

RETURN THE ENCLOSED PERSONAL INQUIRY WAIVER COMPLETED AND NOTARIZED ALONG WITH THE COMPLETED AND NOTARIZED AUTHORIZATION FOR RELEASE OF INFORMATION. RETURN THE ORIGINALS ONLY - NO ADDITIONAL COPIES ARE REQUIRED.

APPLICATION 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 raised 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 if more space is needed)

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?	Major
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

Have you ever been suspended or expelled from 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 if more space is needed)

MILITARY STATUS OF APPLICANT

Have you served in the armed forces of the United States? **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? **YES** **NO**

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)**

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.

1) Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ To: _____

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

2) Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ To: _____

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

3) Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ To: _____

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

4) Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ To: _____

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

5) Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: **(exclude specific Medical Reasons)** _____

6) Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: **(exclude specific Medical Reasons)** _____

7) Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: **(exclude specific Medical Reasons)** _____

8) 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?

SKILLS/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 the following?

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 **YES** **NO** If yes, explain: _____

C. Taking of life in pursuit of duty? **YES** **NO** If yes, explain: _____

Have you applied for another agency? **YES** **NO** If yes, where: _____

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: _____

CHARACTER REFERENCES

List five (5) character references: **(Not related to you by blood or marriage and who has known you for at least five (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: _____
 Address: _____
 Agent: _____ Phone Number: _____
3. Has your automobile insurance ever been canceled for non-medical reasons? **YES** **NO** If yes, explain: _____

4. List all current and past driver's license 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 reason, 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 area 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 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: _____

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)

CITY OF STATHAM POLICE DEPARTMENT

1906-C Railroad Street
Statham, Georgia 30666

I certify that all entries made by me in this booklet are true and correct to the best of my knowledge. I further understand that if at any time during my employment with the Statham 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

Print Name

Date

CRIMINAL HISTORY RECORD

CONSENT FORM

LAW ENFORCEMENT OFFICERS - PURPOSE CODE J

Revisions to the Federal Omnibus Consolidation Appropriations Act of 1997 and amendments to the Gun Control Acts of 1968 makes it unlawful for any person convicted of a misdemeanor crime of domestic violence to shop, transport, posses, or receive firearms or ammunition. There are no provisions in this law for exemptions.

I hereby give my consent for a criminal history record check to be conducted. I understand that this consent is voluntary, however I acknowledge that refusal to give this consent may have an adverse effect on my continued employment as a law enforcement officer.

Full Name

Sex

Race

Date of Birth

Social Security #

Signature

Date

Notary Public

My commission expires _____, 20_____

DRUG/ALCOHOL TEST REQUEST

Employer: City of Statham

Address: 327 Jefferson Street/ P.O. Box 28

Statham, Ga 30666

Phone: 770-725-5455

Representative: _____

Donor Name: _____

Social Security Number: _____

Test Date: _____

Donor is required by the following federal government body:

- _____ FHWA (Truck drivers)
- _____ RSPA (Pipeline workers)
- _____ FAA (Air transportation)
- _____ Coast Guard
- _____ NOT REGULATED

The following procedure(s) should be completed:

(Please check one)

- _____ Drug screen urine specimen collection only
- _____ Breath alcohol test only
- _____ Both urine collection and breath alcohol test

The reason for testing is:

(Please check one)

- _____ Pre-Employment
- _____ Random
- _____ Post-Accident
- _____ Reasonable Suspicion
- _____ Follow-Up
- _____ Return to duty

Collection Site: Project Adam

Address 112 Lanthier Street, P.O. Box 2, Winder, GA, 30680

Phone: 770-867-8003

Fax: 770-867-3935

After Hours: 770-868-3302

PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

**CITY OF STATHAM
327 JEFFERSON ST
P.O. BOX 28
STATHAM, GA 30666**

I hereby consent to submit to urinalysis and/or other tests as shall be determined by **COS** in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I hereby acknowledge that I have been notified of the requirements of the **COS** Substance Abuse Policy.

I agree that **COS** may collect these specimens for those tests and may test them or forward them to a testing laboratory designated by the **COS** for analysis.

I further agree to and hereby authorize the release of the results of said tests to **COS**.

I understand that it is the current use of illegal drugs that prohibits me from being considered for employment with **COS**.

I further agree to hold harmless **COS** and its agents (including the above-named physician or clinic) from any liability arising in whole or in part, out of collection of specimens, testing, and use of the information from said testing in connection with **COS** consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicants Printed Name: _____ SS# _____ - _____ - _____

Applicants Signature: _____ Date: _____

Witness Printed Name: _____

Witness Signature: _____

DRUG TEST

BLOOD ALCOHOL

BREATH ALCOHOL

PRE-EMPLOYMENT

CAUSE/REASONABLE SUSPICION

POST-ACCIDENT

RANDOM

FOLLOW-UP

OTHER _____

**GEORGIA MUNICIPAL EMPLOYEES BENEFIT SYSTEM
AFFIDAVIT VERIFYING APPLICANT'S LAWFUL IMMIGRATION STATUS**

As an applicant for benefits administered by the Georgia Municipal Employees Benefit System (GMEBS), I, (Print applicant's first, middle, and last name here): _____

State the following under oath (check (1), (2), or (3) below):

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other Federal Immigration agency. My alien registration number* issued by the Department of Homeland Security is: _____

I also hereby verify that I am 18 years of age or older and have provided at least one secure and verifiable document, as required by **O.C.G.A. § 50-36-1(e)(1)**, with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as: _____.

I understand that this affidavit is not complete until I have provided such documentation.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of **O.C.G.A. § 16-10-20**, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Date of Signature (Month/Day/Year)

City Of Statham
GMEBS Member Employer

SUBSCRIBED AND SWORN
BEFORE ME ON THIS DATE

Notary Public
My Commission Expires: _____

*Note: **O.C.G.A. § 50-36-1(e)(2)** requires that qualified aliens or non-immigrants under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. If you are a qualified alien but you do not have an alien registration number, you may supply another identifying number, as well as its source (providing government entity), below.

Note to GMEBS Member Employer: This application will not be deemed complete unless a copy of the Applicant's secure and verifiable document, as approved and posted by the Attorney General pursuant to O.C.G.A. § 50-36-2(a)(3), is attached to this affidavit.