

CITY OF STATHAM POLICE DEPARTMENT

Chief Ira Underwood
1906-C Railroad St
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 service, 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 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. Applications 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 St
Statham, Georgia 30666
770-725-5992 Ext. 2001**

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

**CITY OF STATHAM
POLICE DEPARTMENT**

1906-C Railroad St
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 hospitals, 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 acknowledgments, 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 _____, 202_

Notary Public

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; impounds abandoned vehicles as warranted.
- Assumes control at traffic accidents, assists 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 investigations.
- 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.
- Answers questions asked by the general public; works with juveniles and adults in related matters; refers public to persons 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 and custody of persons and property, and crime 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 a police radio system.
- Office procedures, methods, and equipment including computers and applicable software applications such as word processing, spreadsheets, and databases.
- Occupational hazards and standard safety practices.

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. Function 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 a 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 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 weights; 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 the 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.

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

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.

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 ☐ NO ☐

CERTIFICATION #: _____

GEORGIA POST-CERTIFIED CORRECTIONS OFFICER, JAILER, OR COMMUNICATIONS OFFICER? _____

YES ☐ NO ☐

POST-CERTIFIED PEACE OFFICER ELSEWHERE? _____

YES ☐ NO ☐

WHERE? _____

HAVE YOU EVER WORKED FOR THE CITY OF STATHAM BEFORE? _____

YES ☐ NO ☐

WHEN: _____

DEPARTMENT: _____

POSITION: _____

REASON FOR LEAVING: _____

HAVE YOU EVER FILED AN APPLICATION HERE BEFORE? _____

YES ☐ NO ☐

WHEN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

YES ☐ NO ☐

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OF DOMESTIC VIOLENCE? _____

YES ☐ NO ☐

IF YES TO EITHER OF THE ABOVE, PLEASE DESCRIBE BELOW:

DATE	CHARGE	DISPOSITION

HAVE YOU EVER SERVED IN THE U.S. MILITARY? _____

YES ☐ NO ☐

BRANCH: _____

PERIOD OF MILITARY SERVICE: _____

FROM: _____

TO: _____

TYPE OF DISCHARGE: _____

RANK AT DISCHARGE: _____

WERE YOU EVER THE SUBJECT OF A COURT MARTIAL? _____

YES ☐ NO ☐

EDUCATION

SCHOOL NAME AND LOCATION

DID YOU GRADUATE?

DEGREE/DIPLOMA?

HIGH SCHOOL

YES ☐ NO ☐

COLLEGE

YES ☐ NO ☐

OTHER (SPECIFY)

YES ☐ NO ☐

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 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 rules and regulations of the City of Statham.

Signature of Applicant

Date

CITY OF STATHAM

1906-C Railroad St.
Statham, Georgia 30666

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

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.

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 Drivers 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 Certificates If Applicable
10. Medical Release From Your Physician (physician's note or office form)
11. Your Driver's History (7 Year)

IN ADDITON TO THE ABOVE:

RETURN THE ENCLOSED PERSONAL INQUIRY WAIVER COMPLETED AND NOTARIZED ALONG WITH THE COMPLETED AND NOTORIZED AUTHORIZATION FOR RELEASE OF INFORMATION. RETURN THE ORIGINALS 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.

1) 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.

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)** _____

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

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 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.

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 of applicant

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 Act of 1968 makes it unlawful for any person convicted of a misdemeanor crime of domestic violence to ship, transport, possess, 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 continue employment as a law enforcement officer.

Full name

Sex

Race

Date of Birth

Social Security #

Signature

Date

Notary Public

My commission expires _____, 20 _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize City of Statham / Statham Police Department to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- ☐ This authorization is valid for _____ days from date of signature.
- ☒ I, _____, give consent to the above-named
entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title