

FOR OFFICE USE ONLY	
Possible Work Location	Possible Positions

FOR OFFICE USE ONLY	
Work Location:	Rate:
Position:	Date:

City of Toccoa
An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL DATA

Name _____ Social Security No. _____
(Last) (First) (Middle)

Present Address _____
(No.) (Street) (City) (State) (Zip)

Telephone No. _____
(Area Code)

Are you legally eligible for employment in the USA? Yes _____ No _____ (If yes, verification will be required)

Are you of the legal age to work? Yes _____ No _____

Position Applied for _____

Have you ever been employed by the City of Toccoa? Yes _____ No _____

If yes, when and what position did you hold? _____

If your application is chosen, on what date will you be available for work? _____ 20 _____

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?

(Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

RECORD OF EDUCATION

(Check last year completed in high school or college)

SCHOOL	SCHOOL NAME AND ADDRESS	COURSE OF STUDY	LAST YR. COMPLETED	DID YOU GRADUATE? (Y/N)	If no, GED? (Y/N)
HIGH SCHOOL			1 2 3 4		
COLLEGE			1 2 3 4		
OTHER (SPECIFY)			1 2 3 4		

PERSONAL REFERENCES

(Not Former Employers or Relatives)

Name & Occupation	Address	Phone Number

City of Toccoa
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APPLICATION FOR EMPLOYMENT

RESUME

(List below present and past employment, beginning with your most recent)

Name & Address of Company Type of Business	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Describe below the work you did:						
Position Held:						
Phone #						

Name & Address of Company Type of Business	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Describe below the work you did:						
Position Held:						
Phone #						

Name & Address of Company Type of Business	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Describe below the work you did:						
Position Held:						
Phone #						

Name & Address of Company Type of Business	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Describe below the work you did:						
Position Held:						
Phone #						

I hereby give permission to contact the employers listed above concerning my prior work employment and experience.

Signed _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s). Why?

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes _____ No _____ If yes, what branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?

Toccoa Police Department Consent for Criminal History Report

I hereby give my consent for THE TOCCOA POLICE DEPARTMENT to receive any Georgia or III criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable)

Employment with criminal justice agency - civilian (Purpose Code J)

Employment with criminal justice agency - P.O.S.T. certified (Purpose Code Z)

One of the following must be checked:

This authorization is valid for 90/180 (circle one) days from date of signature.

I, _____ give consent to the Toccoa Police Department to perform periodic background checks for the duration of my employment with this agency.

OFFICIAL USE ONLY

INSTRUCTIONS AND INFORMATION

PLEASE READ CAREFULLY BEFORE BEGINNING

1. Please print or type all information you list in this booklet

2. If you are a GEORGIA Certified Peace Officer or GEORGIA Certified Communications officer or a Certified Peace Officer in another state (i.e., registered with the Georgia or other state Peace Officers Standards and Training Council or P.O.S.T.) please attach a copy of your basic certificate displaying your certification number and a recent photograph.

Use the following list to check off the documents that MUST accompany this application when submitted.

- _____ a. copy of your high school diploma or GED certificate
- _____ b. a certified copy of your birth certificate
- _____ c. copy of your current driver's license
- _____ d. a recent photograph of yourself
- _____ e. if you are a veteran, copy of your DD-214 with discharge
- _____ f. copy of your social security card
- _____ g. copy of all certifications you already have in any area of public safety to include EMS and Fire

_____ All questions are answered. Those not applying to me are marked "N/A" or "No"

_____ I have attached a copy of the following documents:

_____ In addition the the required copies of documentation, I have attached the following:

TOCCOA POLICE DEPARTMENT APPLICANT DETAIL BOOKLET

Position Applied For: _____ Police Officer
(check only one per application)
_____ Communications Officer
_____ Other

BACKGROUND INVESTIGATION INFORMATION

The information obtained by this booklet will be used to complete a thorough background investigation as required by Georgia Peace Officer Standard & Training Council and Georgia Law 35-8-71.

PERSONAL DATA

Name:

Last First Middle

List any other name you have been known by including maiden name, nicknames and names given in marriage or legal name changes and dates they were used. _____

Address: (Street or P.O. Box) (City) (State) (Zip)

With whom do you reside? _____

Home Phone _____ Work Phone _____ Other Phone _____

Social Security Number Driver's License Number State

Date of Birth Place of Birth (City/State)

PHYSICAL DESCRIPTION

Race Sex Height (ft/in) Weight (lbs) Hair Color Eye Color

Natural born U.S. Citizen _____ Naturalized U.S. Citizen _____ Resident Alien _____

Does any member of your family presently work for the City of Toccoa and if so, who?

List all of your addresses for the past 10 years. Start with your present address and include military addresses, listing landlord's name and address.

DATES To/From	ADDRESS

LANDLORD	ADDRESS

DATES To/From	ADDRESS

LANDLORD	ADDRESS

DATES To/From	ADDRESS

LANDLORD	ADDRESS

DATES To/From	ADDRESS

LANDLORD	ADDRESS

DATES To/From	ADDRESS

LANDLORD	ADDRESS

DATES To/From	ADDRESS

LANDLORD	ADDRESS

DATES To/From	ADDRESS
LANDLORD	ADDRESS

FORMAL EDUCATION

High School:

Name of School	Address	Dates Attended	Diploma?
GED _____	USAF1 _____		
		Place Where Test Administered	Date
Equivalency Diploma or Certificate Awarded?		Yes _____	No _____

Name/Address of State Authority Issuing Diploma

List any colleges, universities, vocational/technical schools or graduate schools that you attended whether you graduated or not:

school	complete address	date attended
major course of study		
school	complete address	date attended
major course of study		

If you have technical skills ,not necessarily acquired through formal education, list them below.

PERSONAL REFERENCES

Fill in the names of six (6) persons not related to you by blood or marriage and not former employers or supervisors, who have known you for the past five (5) years. All persons you name may be asked to appraise your character, ability, experience, personlity and other qualities. We must have a certain number of responses to continue processing your application.

Name _____ Years known _____

Address _____

complete street/mailing address City State Zip

Home phone _____ Work Phone _____

Business or occupation _____

Name _____ Years known _____

Address _____

complete street/mailing address City State Zip

Home phone _____ Work Phone _____

Business or occupation _____

Name _____ Years known _____

Address _____

complete street/mailing address City State Zip

Home phone _____ Work Phone _____

Business or occupation _____

Name _____ Years known _____

Address _____

complete street/mailing address City State Zip

Home phone _____ Work Phone _____

Business or occupation _____

Name _____ Years known _____

Address _____

complete street/mailing address City State Zip

Home phone _____ Work Phone _____

Business or occupation _____

EMPLOYMENT HISTORY

What is your present occupation? _____

Have you ever been declined employment? Yes _____ No _____ If so, explain:

Do you have any experience with shift work? Yes _____ No _____

Have you ever been engaged in any business as an owner, as a partner or as a corporate member?

Yes _____ No _____ If so, explain:

Have you ever worked for a member of your family? Yes _____ No _____ If so, explain:

Have you had any arguments concerning job duties or working conditions with an employer?

Yes _____ No _____ If so, explain:

Has a supervisor ever reprimanded you for being late or for being absent?

Yes _____ No _____ If so, explain:

Has a supervisor ever reprimanded you for misconduct or for not performing your job properly?

Yes _____ No _____ If so, explain:

Circle the number of times that you have been asked to resign or have been fired from a job in the last 10 years

10 9 8 7 6 5 4 3 2 1 0

Circle the number of times in the past ten years that you have resigned after being told that your employer intended to fire you or take any form of disciplinary action against you.

10 9 8 7 6 5 4 3 2 1 0

List ALL jobs you have held in the last ten years. Start with your present job and work backward. Include all periods of full time, part time, temporary, voluntary and military service of employment.

Indicate periods of unemployment and be prepared to explain.

Employer _____
Complete Address _____
From _____ To _____ Position _____
Supervisor's Name _____ Phone # _____

Employer _____
Complete Address _____
From _____ To _____ Position _____
Supervisor's Name _____ Phone # _____

Employer _____
Complete Address _____
From _____ To _____ Position _____
Supervisor's Name _____ Phone # _____

Employer _____
Complete Address _____
From _____ To _____ Position _____
Supervisor's Name _____ Phone # _____

Employer _____
Complete Address _____
From _____ To _____ Position _____
Supervisor's Name _____ Phone # _____

Employer _____
Complete Address _____
From _____ To _____ Position _____
Supervisor's Name _____ Phone # _____

Employer _____
Complete Address _____
From _____ To _____ Position _____
Supervisor's Name _____ Phone # _____

Employer _____
Complete Address _____
From _____ To _____ Position _____
Supervisor's Name _____ Phone # _____

Employer _____
Complete Address _____
From _____ To _____ Position _____
Supervisor's Name _____ Phone # _____

Employer _____
Complete Address _____
From _____ To _____ Position _____
Supervisor's Name _____ Phone # _____

Employer _____
Complete Address _____
From _____ To _____ Position _____
Supervisor's Name _____ Phone # _____

Employer _____
Complete Address _____
From _____ To _____ Position _____
Supervisor's Name _____ Phone # _____

MILITARY RECORD

Have you ever attempted to join any branch of the armed forces?
Yes _____ No _____ If so, explain: _____

Have you ever served active duty in any branch of the armed forces?
Yes _____ No _____ If so, explain: _____

What is your service number? _____

List date and location of entrance of active duty: _____

List your type of discharge (Honorable, dishonorable, general, entry level separation, etc.) And be exact:

What was your highest rank held ? _____

List periods of active military service:

From: _____ To: _____ Rank Held: _____
From: _____ To: _____ Rank Held: _____
From: _____ To: _____ Rank Held: _____
From: _____ To: _____ Rank Held: _____

List all medals and decorations awarded to you as a member of the armed forces:

Have you ever been an active or inactive member of any branch of the United States Reserve Forces?

Yes _____ No _____ If yes, what branch? _____ From _____ To _____

Were you active or inactive? _____ Rank Held _____

If active, list location: _____

Have you ever been a member of the National Guard? Yes _____ No _____

If yes, what State? _____ From _____ To _____

Location: _____

Rank Held _____ Type Discharge _____

Have you ever been court-martialed, tried on charges, or the subject of an Article 15, Company punishment or any other disciplinary action while a member of any of the armed forces (including active duty, Reserves or National Guard)? Yes _____ No _____ If yes, explain:

Are you registered for the Draft? Yes _____ No _____

GRATUITIES

This section deals with gratuities (tips, gifts, rewards, bonuses, etc.) Some companies have strict rules about accepting gratuities and other companies have little or no guidelines. In some jobs, regular gratuities are a way of life. In such companies, refusing a gratuity may alienate a valuable business contact. Answer the questions below:

Circle the approximate value of all gratuities you have received during the last five years:

\$25,000	\$20,000	\$15,000	\$10,000	\$5,000	\$2,500	\$1,000
\$750	\$500	\$200	\$100	\$50	\$25	0

Have you ever knowingly violated an employer's rule regarding gratuities? Yes _____ No _____

If yes, explain:

Have you ever been offered money or other gifts to do a special favor for someone, which was considered improper? Yes _____ No _____

CRIMINAL RECORD

CRIMINAL Convictions (felonies, misdemeanors, either civilian or military)

Crime	Court	Date
-------	-------	------

Disposition of case (dismissed, paid fine, probation)

Crime	Court	Date
-------	-------	------

Disposition of case (dismissed, paid fine, probation)

Conviction (traffic, including pleas of guilty and nolo contendere):

Offense	Court	Date
---------	-------	------

Disposition of case (dismissed, paid fine)

Have you ever been reported as a missing person or as a runaway? Yes _____ No _____

If yes, explain:

Have you ever been fingerprinted? If yes, give details:

Fingerprinted by:

Agency	Date	Purpose
--------	------	---------

Agency	Date	Purpose
--------	------	---------

Have you ever used narcotics, drugs, or marijuana illegally, whether caught/charged or not?

Yes _____ No _____ If yes, explain:

Have you ever knowingly cashed a bad check? Yes _____ No _____

Have you ever forged a check? Yes _____ No _____ If yes, explain:

Have you ever taken merchandise or materials from an employer? Yes_____ No_____

If yes, explain: _____

Have you ever taken money from an employer? Yes_____ No_____

If yes, explain: _____

Have you ever participated in a theft ring? Yes_____ No_____

If yes, explain: _____

Have you ever committed a serious undetected crime? Yes_____ No_____

If yes, explain: _____

Are you presently wanted by any law enforcement agency? Yes_____ No_____

If yes, explain: _____

Have you ever been arrested? Yes_____ No_____

If yes, explain: _____

Have you ever been in jail or prison? Yes_____ No_____

If yes, explain: _____

Have you ever been refused by a bonding company? Yes_____ No_____

If yes, explain: _____

Have you ever been assigned to probation/parole or community service? Yes_____ No_____

If yes, explain: _____

Are you involved in any lawsuits? Yes_____ No_____

If yes, explain: _____

Have you ever bounced a check that has turned into a warrant for your arrest?

(regardless of whether arrested or not) Yes_____ No_____

If yes, explain: _____

DRIVING RECORD

Your current driver's license number _____ State _____

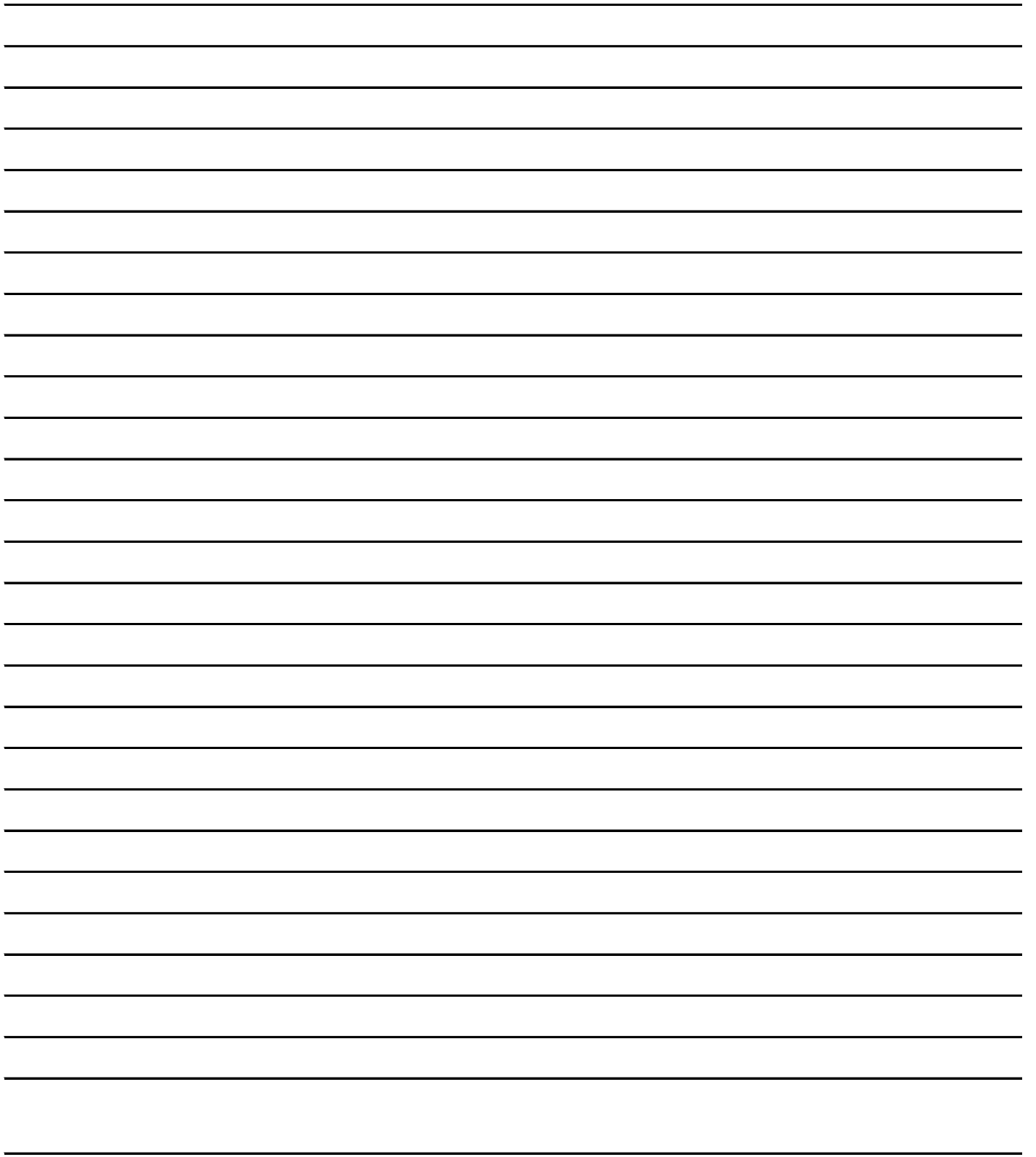
Expiration Date _____ Restrictions _____

Have you ever possessed a driver's license issued by another State? Yes_____ No_____

If yes, list States and license numbers and names if other than present name at the time issued:

Have you ever been refused a driver's license by any State? Yes_____ No_____

If yes, give details:



LAW ENFORCEMENT EMPLOYMENT HISTORY

NOTICE: COMPLETE THIS SECTION ONLY IF YOU ARE CURRENTLY OR HAVE BEEN A LAW ENFORCEMENT OFFICER. THIS DOES NOT INCLUDE PRIVATE SECURITY EXPERIENCE

Are you currently a certified peace officer? Yes _____ No _____

Check any of the following areas in which you have received specialized training (DO NOT INCLUDE TRAINING PROVIDED IN BASIC MANDATE)

- | | |
|--------------------------------------|--|
| _____ Homicide Investigation | _____ Law Enforcement Management |
| _____ Rape Investigation | _____ Personnel Supervision |
| _____ Robbery Investigation | _____ Sex Crimes |
| _____ Auto Theft Investigation | _____ Courtroom Procedures |
| _____ Arson Investigation | _____ Evidence Presentation |
| _____ Crime Scene Technician | _____ First Aid |
| _____ Forgery Investigation | _____ CPR |
| _____ Patrol Techniques | _____ EMT/Advanced EMT |
| _____ Traffic Accident Investigation | _____ Self Protection/ Mechanics of Arrest |
| _____ Crime Prevention | _____ Pursuit/Defensive Driving |
| _____ Juvenile Crime Investigation | _____ Firearms |
| _____ Drug Investigation | _____ SWAT/ERT |
| _____ Criminal Investigation | _____ Report Writing |
| _____ First Responder | _____ Interviews & Interrogations |
| _____ Health/Wellness Awareness | _____ Officer Survival |
| _____ Interpersonal Relations | _____ Advanced Firearms |

Other: _____

Law Enforcement Experience:

- | | | |
|------------------|------------------|---------------|
| _____ Patrol | _____ Detective | _____ Traffic |
| _____ Supervisor | _____ Management | _____ Other |

This position may require you to:

Wear a uniform. Do you object to doing so? Yes _____ No _____

Work a rotating shift. Do you object to doing so? Yes _____ No _____

Work a non-rotating shift. Do you object to doing so? Yes _____ No _____

Work overtime. Do you object to doing so? Yes _____ No _____

Have you had experience working shift work? Yes _____ No _____

If yes, where and when?

If you have ever been finger printed by a police agency other than for an arrest, give details below. Your answers will be checked with the F.B.I. and other agencies.

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

Have you ever used marijuana? Yes _____ No _____

If yes, when was the last time?

How many times have you used marijuana in your lifetime?

What were the circumstances?

Have you ever used any other illegal drug, opiates, pills, etc.? Yes _____ No _____

If yes, What were the circumstances?

EMPLOYMENT HISTORY

Have you ever been fired from or permitted to resign employment for breach of trust, embezzlement, theft or any other crime? Yes _____ No _____

Have you been fired or permitted to resign employment for abuse of authority or for any disciplinary reasons?
Yes _____ No _____

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? Yes _____ No _____

IF IT BECAME NECESSARY IN THE COURSE OF POLICE DUTIES TO TAKE A HUMAN LIFE,
WOULD YOU HAVE ANY RELUCTANCE TO DO SO? Yes _____ No _____

Explain your answer in detail.

FINANCIAL

Bank _____ Savings # _____
Checking # _____ Loan Account # _____

List all sources of household income and monthly amounts:

List real estate and/or homes owned or being purchased by you:

Value	Loan Amount	Balance	Payment Amount
-------	-------------	---------	----------------

List vehicles you currently own or are paying on:

Year Make Model	Loan Amount	Balance	Payment Amount
-----------------	-------------	---------	----------------

AFFADAVIT

I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL QUESTIONS AND INSTRUCTIONS IN THIS BOOKLET. I ALSO CERTIFY MY ANSWERS ARE TRUE AND COMPLETE AND THAT I HAVE NOT ENTERED FALSE OR MISLEADING INFORMATION. I FURTHER UNDERSTAND THAT MY UNTRUTHFUL MISSTATEMENT OF MATERIAL FACT COULD RESULT IN PROSECUTION AND WILL RESULT IN MY BACKGROUND INVESTIGATION BEING TERMINATED WITHOUT RESULTS.

AFFIANT

DATE

STATE OF GEORGIA

COUNTY OF _____

BEFORE ME PERSONALLY APPEARED THE SAID _____ WHO SAYS THAT HE/SHE EXECUTED THE ABOVE STATEMENT OF HIS/HER OWN FREE WILL AND ACCORD, WITH FULL KNOWLEDGE OF THE PURPOSE THEREOF.

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE

THIS _____ DAY OF _____ 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

