

City of Social Circle

An Equal Opportunity Employer and Drug Free Workplace
Public Safety Police and Fire Employment Application

Last Name		First		Middle	Mother's Maiden Name
Mailing Address				Apartment/Unit #	
Physical Address				Apartment/Unit #	
City			State		ZIP
Home #	Cell #		Work #		Email Address
Position Applied For				Social Security Number <small>(Providing SSN on initial application is voluntary in accordance with the Privacy Act of 1974)</small>	
Date Available				Desired Annual Salary	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you ever worked for the City? YES <input type="checkbox"/> NO <input type="checkbox"/>				If so, when?	

AVAILABILITY	
Will your schedule allow you to fulfill all of the job requirements? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you available to work overtime? YES <input type="checkbox"/> NO <input type="checkbox"/> Shifts? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Travel out of town and out-of-state overnight? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION		
High School		Address
		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College		Address
		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address
		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

Attach additional sheets if needed to completely answer every item.

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REFERENCES Please list three professional references.	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

FIRE - POLICE CERTIFICATION
Are you a Georgia Certified Peace Officer or certified in any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter certificate # and attach copy.
Are you a Georgia Certified Firefighter or certified in any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter certificate # and attach copy.

MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

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PAST 10 YEARS OF EMPLOYMENT HISTORY BEGINNING WITH MOST RECENT EMPLOYMENT		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact this supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

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RESIDENCES List below all addresses where you have lived for the past 10 years, beginning with your present address.

FROM	To	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
Address			
City		State	Zip
FROM	To	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
Address			
City		State	Zip
FROM	To	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
Address			
City		State	Zip
FROM	To	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
Address			
City		State	Zip
FROM	To	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
Address			
City		State	Zip

Have you ever been evicted? Yes No If yes, please explain

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DRUG - ALCOHOL USE

Do you currently take any prescription medications not prescribed to you by a physician? Yes No If yes, please explain.

List the types of illegal drugs you have used and the date you last used them.

Have you ever been disciplined or terminated from an employer because of illegal drug use? Yes No If yes, please explain.

Have you ever used illegal drugs or alcohol while at work or while operating an employer's vehicle? Yes No
If yes, please explain.

CONVICTIONS

Have you ever been convicted of a crime? Yes No If yes, please explain.

Have you ever been convicted of a crime involving Domestic Violence? Yes No If yes, please explain.

EMPLOYMENT ACTIONS

Have you been terminated or forced to resign from an employer? Yes No If yes, please explain.

Have you ever been terminated or disciplined for being late to work? Yes No If yes, please explain.

If you are certified in GA or any other state, do you have any previous investigations? Yes No If yes, please explain.

If you are certified in GA or any other state, do you have any pending investigations? Yes No If yes, please explain.

WORK ISSUES

Do you object to wearing a uniform? Yes No

Do you object to wearing a firearm while off duty? Yes No

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AFFIRMATION AND SIGNATURE

I swear and affirm that my answers are true and complete to the best of my knowledge. If this application package leads to employment, I understand that false or misleading information in my application package or interview may result in my release at any time. I understand that the City of Social Circle (ID# 99723) is required by law to use E-Verify when making employment decisions. I understand that E-Verify is an Internet-based system that compares information from Federal Form I-9, Employment Eligibility Verification, to data from U.S. Department of Homeland Security and Social Security Administration records to confirm employment eligibility. I understand that any offer of employment is contingent upon all information provided being accurate and complete, including information submitted with Federal Form I-9 between acceptance of an offer and the first day of work.

Signature

Date

PLEASE ATTACH COPIES

- | | |
|---|--|
| <input type="checkbox"/> Military DD214 Discharge | <input type="checkbox"/> POST certification |
| <input type="checkbox"/> Valid driver's license | <input type="checkbox"/> FF certification |
| <input type="checkbox"/> GED/DIPLOMA | <input type="checkbox"/> Any other certifications or degrees |

These will not be returned to you.

CONSENT FORMS

- | | |
|--|---|
| <input type="checkbox"/> Authorization for Release of Personal Information | Please complete consent form in the next section. |
|--|---|

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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, (enter your full name here) _____
do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized officer or agent of the Social Circle Police Department, or their designee, such as the Georgia Bureau of Investigation, whether such 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 military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed, as well as U.S. Veterans Administration records, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me).

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in completely or in part, upon this release authorization will be used in determining my suitability for employment with or for the Social Circle Police Department or appointment to a governmental position of trust. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Social Circle Police Department to be a participant in the determination process of such suitability. I also certify that any person(s) who may furnish such 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.

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

I have read and fully understand the contents of this Authorization for Release of Personal Information document.

Signature (including maiden name)			Date
Last Name	First	Middle	Mother's Maiden Name
Street Address		City/State	Zip
Mailing Address (if different from Street Address)		City/State	Zip
Social Security Number	Date of Birth	Sex	Race

Attach additional sheets if needed to completely answer every item.