



**PRE-EMPLOYMENT
BACKGROUND
PACKET**



Social Circle Police Department



138 E. Hightower Trail, Social Circle, Georgia 30025
Office: (770) 464-2366 | Fax: (770) 464-4088 | www.socialcircle.com
Will Brinkley, Chief of Police

Dear Applicant,

Thank you for taking an interest in employment with the Social Circle Police Department. All applicants for any position within the Social Circle Police Department are required to successfully complete an intensive background investigation. If you are still interested in employment, the next step in the application process will be the completion and submission by you of the information requested herein. Enclosed you will find the Social Circle Police Department Background Packet consisting of a Pre-Employment Questionnaire, Personal Data Form and Authorization for Release of Personal Information, along with instructions for each. Please complete and return by mail or in person to the address shown below. **Any applicant, who fails to complete the required forms and to supply proper documents such as birth certificate, transcripts, etc., will be removed from further employment consideration.**

**Social Circle Police Department
138 East Hightower Trail
Social Circle, Georgia 30025**

It is vitally important that you provide full and complete information. Any evasion, omission or deliberate false statement by you will invalidate your application.

After review of your background packet, you may be contacted for an interview. The purpose of the interview will be to determine your suitability for employment.

Sincerely,

Will Brinkley
Chief of Police

Instructions for Completing Pre-Employment Background Packet

1. If forms are handwritten, use *blue* or *black* ink and be sure forms are clear and legible.
2. If additional space is needed for any section or question in the enclosed forms, or if you wish to furnish additional information, attach sheets of paper the same size as these forms, and assign numbered answers to correspond to the questions.
3. ***All information must be completed and returned within 15 days. Copies are acceptable until formal documents are received.***
4. ***Incomplete forms / packets will not be accepted.***
5. You must answer all questions correctly. **Do not use “N/A”**, meaning not applicable. *Failure to furnish the pertinent information requested on the application may result in the Social Circle Police Department being unable to complete a background investigation and may disqualify you as a candidate for employment. Intentional omissions or false answers will be a basis for termination of the application process.*
6. If you are unable to provide any of the information requested, an explanation must be given as to the reason.
7. ***The information provided by you will be subject to polygraph or CVSA examination and background investigation.***
8. Questions concerning your pre-employment background packet may be directed to the Social Circle Police Department at (770) 464-2366.
9. Any information received throughout the employment process including, but not limited to, the background packet, release forms, employment information, psychological reports, credit information, medical information, etc., are the sole property of the Social Circle Police Department and no information will be released back to the applicant.

Please read the following statements, then sign and date this form. Your signature denotes that you have read and understand the statement:

- 1) **I understand that if I do not wish to answer a question in this Pre-Employment packet, I may choose not to so and my application will be terminated.**
- 2) **I understand that in order to promote and encourage candid evaluations by persons interviewed during applicant background investigations, all evaluations shall be confidential, pursuant to the Open Records Act. Confidential evaluations are information or records which assess work performance, prejudices, integrity, ethical conduct, honesty, financial responsibilities, or past personal behavior.**

Signature

Date

Documents to be Submitted with your Background Packet

Enclose all the following applicable documents with your completed Background Packet in the envelope provided for your convenience

- 1) **Copy** of your Birth Certificate and / or **Certified Copy** of Court Orders authorizing any name change. If name change is due to marriage and / or divorce, include Certified Copies of Marriage Certificate(s) and Divorce Decree(s) as applicable.
- 2) **Copy** of Certification of Naturalization (if you are a Naturalized Citizen) or **Photocopy** of your INS Card (issued by U.S. Immigration and Naturalization).
- 3) A recent **Full-Length Photograph**.
- 4) **Photocopy** of P.O.S.T. certification (if currently certified in the State of Georgia).
- 5) **Photocopy** of Selective Service Registration Card if you are a male applicant between the ages of 18 and 26 years of age. (Proof may also be obtained online from Selective Service System website at <https://www.sss.gov/RegVer/wfVerification.aspx> or at the Selective Service Automated telephone number (847) 688-6888. *

**Any male applicant between the ages of 18 and 26 years of age must present proof of having registered with the Selective Service System as required by federal law, or of being exempt from such registration.*

Authorization for Release of Personal Information

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Social Circle Police Department, whether such records are of public, private, or confidential nature.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of my driver's history, criminal history, educational history, 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; medical and psychiatric treatment and / or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal agencies.

I understand that any information obtained by a personal history background investigation, which is developed directly and indirectly, in whole or in part, upon this release authorization, will be used in determining my suitability and continuing suitability for employment. I authorize the discloser of my personal information to any person(s) deemed by the Social Circle Police Department to be a participant in the determination process of employment 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 if Personal Information Document.

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

Authorization for Release of Credit History

I do hereby authorize a review and full disclosure of Credit History records concerning myself to any duly authorized Investigator with the Social Circle Police Department.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and / or rating), and other financial statements and records wherever filed.

I understand that any information obtained by a credit history which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability and continuing suitability for employment. I authorize the disclosure of my personal information to any person(s) deemed by the Social Circle Police Department to be a participant in the determination process of my employment suitability. I hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I understand that under the Federal Fair Credit Reporting Act, I have the right to:

- a) **Obtain (under section 612) information contained in my credit file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against me because of information supplied by the consumer reporting agency if I request the report within 60 days of receiving notice of the action.**

- b) **Dispute (under section 611) with a consumer reporting agency the accuracy or completeness of any information in a consumer report furnished by the agency.**

I understand that the consumer reporting agency does not make decisions regarding any adverse action taken by the Social Circle Police Department nor is the consumer reporting agency able to provide any specific reasons why an adverse action was taken. The Social Circle Police Department obtains credit history records from Database Systems International, 3525 Highway 138, SE, Stockbridge, Georgia 30281, toll-free telephone number 1-866-773-3675.

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 Credit History.

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
Signature		Date	

Probation Period Policy Statement

I understand that employment with the Social Circle Police Department begins with a 6-month probationary period during which I must demonstrate my fitness for continued employment. In addition, I understand that failure to successfully complete this probationary period will result in the termination of employment.

I further understand that any employment tendered to me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willingly withholding information or making false statements in any part of the Pre-Employment Background Packet can be the basis for dismissal from the Social Circle Police Department. I agree to these conditions and I hereby certify that all statements made by me on these documents are true and complete, to the best of my knowledge.

Signature

Date

Personal History

Date: _____ Position Applied For: _____

Name: _____
Last First Middle

List any other names you have used or been known by and why:

Date of Birth: _____ Place of Birth: _____
Month Day Year City State

Social Security Number: _____

Marital Status: Married Single Divorced

Age: _____ Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Do you have any tattoos that would be visible while wearing a short sleeve Uniform Shirt?

Yes No

Are you a citizen of the United States? Yes No Natural Born Naturalized

Home Address: _____
Street

_____ City State Zip County

Home Phone: _____ Cell Phone: _____ Other: _____

E-Mail Address: _____

Your Current Occupation: _____

Business Name: _____

Business Address: _____

Family History

Spouse's Occupation: _____

Spouse's Employer: _____

Work Phone: _____

If divorced, list former spouse's name(s), address and current phone number:

List all dependents, including all children who may not live in your household:

Name	Date of Birth	Residence Address

List the names of every member of your immediate family who are currently living, including father, mother, sisters, brothers, father-in-law and mother-in-law:

Name	Relationship	Address	Phone

Residential History

List addresses of all residences for the last ten (10) years, starting with the present:

From Month / Year	To Month / Year	Address	City	State
	(Present)			

Litigation

Have you ever been named as a defendant in any type of lawsuit? Yes No

If yes, complete the following:

Date	Title of action or proceeding	Court Disposition
Date	Title of action or proceeding	Court Disposition

Have you ever filed a lawsuit against any other person, company, or employer? Yes No

If yes, complete the following:

Date	Title of action or proceeding	Court Disposition
Date	Title of action or proceeding	Court Disposition

Driving Record

Do you have a current driver's license? Yes No

If yes, provide the following information:

Driver's License Number: _____ State of Issue: _____

Classification: _____ Expiration Date: _____

List **ALL** traffic citations you have ever received except parking: **(If none, so state)**.

Location (City / State)	Approximate Date	Violation	Disposition

Have you ever possessed a driver's license issued by any other state other than Georgia? Yes No

If yes, give state, license number, dates and name issued to:

State	License Number	Name Issued To	Year(s)

Has your license ever been suspended or revoked by any state? Yes No

Have you ever been refused a driver's license by any state? Yes No

Has your auto insurance ever been canceled? Yes No

Were you ever denied auto insurance? Yes No

Have you ever obtained a driver's license under another name? Yes No

Have you ever been involved in an accident you failed to report? Yes No

Have you ever been involved in any accident as the driver? Yes No

If yes, how many: _____

If you answered "yes" to any of the above questions, an explanation is required:

Alcohol

- | | | |
|---|-----|----|
| Have you ever operated a vehicle / boat under the influence of alcohol?
<i>If yes, when was the last time?</i> _____ | Yes | No |
| Have you ever been stopped for driving under the influence but not taken to jail?
<i>If yes, when was the last time?</i> _____ | Yes | No |
| Did you ever call in sick because of a “hangover”? | Yes | No |
| Did you ever consume alcoholic beverages prior to reporting for work? | Yes | No |
| Did you ever consume alcoholic beverages while at work? | Yes | No |

If you answered “yes” to any of the above questions, an explanation is required:

Gambling

Do you have gambling debts? Yes No

If yes, an explanation is required:

What is the most money you have ever illegally bet at one time? _____

What is the largest amount of money you have ever lost? _____

Did you ever borrow money to pay a gambling dept? Yes No

If yes, how many times?

Did you ever steal money to pay a gambling dept? Yes No

If yes, how many times?

Criminal History

Have you ever been convicted or been the subject of a criminal complaint or indictment or been required to appear as a suspect or defendant in any criminal (including juvenile) proceeding or before any prosecuting officer or investigative agency? Yes No

Have you ever been convicted or pled guilty or pled nolo contendere to a misdemeanor crime?

Yes No

Have you ever been convicted or pled guilty or pled nolo contendere to a felony crime?

Yes No

Have you ever received a sentence under the First Offender Act or are you currently serving probation as a sentence under First Offender? Yes No

Were you ever arrested as a juvenile? Yes No

Have you ever been a member of a Street Gang? Yes No

Have you ever been:

Sentenced to incarceration? Yes No

Placed in a police lineup? Yes No

Place on probation? Yes No

Placed in a holding cell? Yes No

Placed in a military stockade? Yes No

Placed in a disciplinary school? Yes No

Questioned by the police as a suspect of a crime? Yes No

*If you answered "yes" to any of the above questions, an explanation is required:
(Please included name of arresting agency and Court of Jurisdiction)*

Have you ever committed or participated in any of the following crimes or offenses? The question applies even though you might not have been arrested or detected.

Murder	Yes	No	Age:_____
Voluntary Manslaughter	Yes	No	Age:_____
Involuntary Manslaughter	Yes	No	Age:_____
Aggravated Assault	Yes	No	Age:_____
Battery / Simple or Aggravated	Yes	No	Age:_____
Kidnapping	Yes	No	Age:_____
False Imprisonment	Yes	No	Age:_____
Hijacking an Aircraft	Yes	No	Age:_____
Child Abuse	Yes	No	Age:_____
Driving on Revoked Driver's License	Yes	No	Age:_____
Fleeing and Attempting to Elude	Yes	No	Age:_____
Driving Under the Influence (DUI)	Yes	No	Age:_____
Vehicular Homicide	Yes	No	Age:_____
Rape	Yes	No	Age:_____
Aggravated Sodomy	Yes	No	Age:_____
Statutory Rape	Yes	No	Age:_____
Child Molestation	Yes	No	Age:_____
Bestiality	Yes	No	Age:_____
Necrophilia	Yes	No	Age:_____
Public Indecency	Yes	No	Age:_____
Prostitution	Yes	No	Age:_____
Pimping	Yes	No	Age:_____
Bigamy	Yes	No	Age:_____
Incest	Yes	No	Age:_____
Cruelty to Animals	Yes	No	Age:_____
Burglary	Yes	No	Age:_____
Criminal Damage to Property	Yes	No	Age:_____
Vandalism	Yes	No	Age:_____
Arson	Yes	No	Age:_____
Criminal Possession of Explosives	Yes	No	Age:_____
Theft by Taking	Yes	No	Age:_____
Theft by Deception	Yes	No	Age:_____
Theft by Conversion	Yes	No	Age:_____
Theft of Services	Yes	No	Age:_____
Theft of Lost or Mislaid Property	Yes	No	Age:_____
Theft by Receiving Stolen Property	Yes	No	Age:_____
Hit and Run	Yes	No	Age:_____
Shoplifting	Yes	No	Age:_____
Theft of Motor Vehicle, Parts, Components	Yes	No	Age:_____
Robbery	Yes	No	Age:_____
Armed Robbery	Yes	No	Age:_____
Forgery	Yes	No	Age:_____
Credit Card Fraud	Yes	No	Age:_____

Accessing Computers for Fraudulent Purposes	Yes	No	Age:_____
Unauthorized Access, Altercation, Destruction of Computers	Yes	No	Age:_____
Bribery	Yes	No	Age:_____
Violation of Oath by Public Officer	Yes	No	Age:_____
Impersonation of Public Officer or Public Employee	Yes	No	Age:_____
Obstruction of Hindering of Law Enforcement Officers	Yes	No	Age:_____
Obstruction or Hindering of Firefighters	Yes	No	Age:_____
Giving False Name or Address to Law Enforcement Officers	Yes	No	Age:_____
False Report of a Crime	Yes	No	Age:_____
False Report of a Fire	Yes	No	Age:_____
Concealing the Death of Another Person	Yes	No	Age:_____
Escape	Yes	No	Age:_____
Perjury	Yes	No	Age:_____
Tampering with Evidence	Yes	No	Age:_____
Treason	Yes	No	Age:_____
Advocating Overthrow of Government	Yes	No	Age:_____
Riot	Yes	No	Age:_____
Inciting a Riot	Yes	No	Age:_____
Terroristic Threats and Acts	Yes	No	Age:_____
Peeping Tom	Yes	No	Age:_____
Unlawful Eavesdropping	Yes	No	Age:_____
Illegal Possession of Sawed-Off Shotgun, Machine Gun, Silencer	Yes	No	Age:_____
Commercial Gambling	Yes	No	Age:_____
Dog Fighting	Yes	No	Age:_____
Sexual Exploitation of Children	Yes	No	Age:_____
Child Pornography	Yes	No	Age:_____
Illegal Possession, Manufacture, Distribution, Use of Illegal Drugs or Marijuana	Yes	No	Age:_____
Trafficking in Cocaine, Illegal Drugs or Marijuana	Yes	No	Age:_____
Use of Fictitious Name or False Address When Obtaining Drugs	Yes	No	Age:_____
Intentional Inhalation of Model Glue	Yes	No	Age:_____
Domestic Family Violence	Yes	No	Age:_____
Stalking	Yes	No	Age:_____

If you answered “yes” to any of the above, an explanation is required:

Thefts

Did you ever steal any money from an employer?	Yes	No
Did you ever steal anything from an employer?	Yes	No
Did you ever steal any property or money from a fellow employee?	Yes	No
Did you ever deliberately “shortchange” a customer?	Yes	No
As an adult, did you ever steal anything from a store or business?	Yes	No
Did you ever alter a price tag in a store?	Yes	No
Did you ever forge a check?	Yes	No
Did you ever intentionally write a bad check?	Yes	No
Did you ever steal anything from a vehicle?	Yes	No
Did you ever act a lookout when anyone else was stealing	Yes	No

If you answered “yes” to any of the questions above, an explanation is required:

Security

Have you ever been a member of any group or organization that advocates violent dissent or the overthrow of this government or any other government?	Yes	No
Have you ever been a member of a group or organization that advocates violence, racism, or other illegal activities?	Yes	No
Have you ever been refused a security clearance or bond?	Yes	No
Have you ever been involved in any type of riot, illegal demonstration or illegal strike?	Yes	No
Have you ever participated in the use or manufacture of explosive devices or firebombs?	Yes	No

If you answered “yes” to any of the questions above, an explanation is required:

Drug History

Check the appropriate column(s) for each of the following drugs which you have recreationally and/or casually used **or** which you are currently using **without a medical prescription**.

<i>Name of Drug</i>	<i>Never Used</i>	<i>Tried/Used</i>	<i>Last Time Month/Year</i>	<i>First Time Month/Year</i>	<i>Number of Times</i>
Amphetamines/Uppers					
Ativan					
Barbiturates/Downers					
Benzedrine					
Biphphetamine					
Cocaine/Coke					
Codeine					
Crack					
Crank/Meth/Ice					
Darvon					
Darvon/Darvocet					
Demerol					
Dexedrine					
Dilaudid					
Ecstasy(XTC)/ MDMA/MDA					
Equanil					
GHB/Liquid Ecstasy					
Glue					
Hash Oil					
Hashish					
Heroin					
Huffing/Inhalant Use					
Ketamine/Cat Valium					
Librium					
Lortab/Lorcet					
LSD/Acid/STP					
Marijuana/THC					
Meperidine					
Mescaline					
Methadone					
Methamphetamine					
Methaqualone					
Morphine					
Mushrooms/Psilocybin					
Nembutal					
Nexus					
Nitrous Oxide					

Are you currently using any illegal drugs? Yes No

_____ _____ _____
Type of Drug Last Time Used Number of Times Used

_____ _____ _____
Type of Drug Last Time Used Number of Times Used

How many of your friends, associate or family members are Street Gang members? _____

How many of your current friends or associates use illegal drugs? _____

When was the last time that someone used illegal drugs in your presence? _____

Describe the type of drug and circumstances:

Have you attended a Rave? Yes No

Number of Times Attended: _____ Last Time Attended: _____

Have you ever tried / used illegal drugs just prior to reporting to work? Yes No

Have you ever tried / used illegal drugs a lunch or breaks at work? Yes No

Have you ever tried / used illegal drugs at lunch or breaks at work? Yes No

Have you ever tried / used illegal drugs just after getting off work? Yes No

Describe the type of drug and circumstances:

Have you ever taken alcohol and illegal drugs together? Yes No

Drug: _____ ***Last Time:*** _____ ***Number of Times Used:*** _____

Have you ever operated a vehicle / boat under the influence of illegal drugs? Yes No

Drug: _____ ***Last Time:*** _____ ***Number of Times Used:*** _____

Have you ever grown or participated in growing Marijuana? Yes No

How much? _____

When? _____

Where? _____

What did you do with the Marijuana? _____

Have you ever manufactured or participated in manufacturing illegal drugs? Yes No

What type? _____

How much? _____

When? _____

Where? _____

What did you do with the drugs? _____

Have you ever purchased and / or received any illegal drugs? Yes No

Drug: _____ **Last Time:** _____ **Number of Times Used:** _____

Describe the type of drug and circumstances:

Have you ever sold any illegal drug(s) or any substance that you purported or claimed to be an illegal drug? Yes No

Have you ever transported or stored any illegal drugs? Yes No

Have you ever set up a drug buy for yourself or anyone else? Yes No

Have you ever overdosed on illegal drugs? Yes No

Have you ever illegally used anyone else's drug prescription? Yes No

Have you ever forged, illegally obtained, sold or stolen a drug prescription? Yes No

Have you ever passed or attempted to pass a forged or stolen drug prescription? Yes No

Have you ever stolen drugs from anyone? Yes No

Do you own / possess any drug paraphernalia?

Yes No

If you answered “yes” to any of the above questions, an explanation is required:

Professional License(s) and / or Associations

List all professional license(s) held by you. *(if none, so state).*

Have you ever had a professional license revoked or suspended for any reason?

Yes No

If yes, give details including type of license and reason for revocation or suspension:

List any special skill(s) or certificate(s) held by you. *(if none, so state).*

List all organizations and associations of which you are or have been a member of within the past 10 years.

Name	City / State

Do you serve on any local, state, or federal board, commission, authority, or in any elected office?

Yes No

Name of board, commission, authority or office:

Have you ever been the subject of any previous background investigation by any federal, state or local agency? Yes No

If yes, list agencies:

Education

What is the highest year of education that you successfully completed?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

If you graduated from high school or received a GED Certificate, complete the following:

School	Address	Year Graduated

If you attended a University / College / Vocational-Trade School, list the name of the school, location, years attended, major course of study and any degree or certificate obtained:

School: _____ Location (City & State): _____

Dates Attended: _____ Major: _____ Degree / Certificate: _____

School: _____ Location (City & State): _____

Dates Attended: _____ Major: _____ Degree / Certificate: _____

School: _____ Location (City & State): _____

Dates Attended: _____ Major: _____ Degree / Certificate: _____

If you attended graduate school or have a graduate degree, list the name of the college or university attended, address, major area of study and degree obtained:

College / University	Address	Years Attended
Graduate Degree	Year Degree Obtained	Major

If you have any technical skills not necessarily acquired through formal education, list them here:

Were you ever expelled or suspended from any school, college or university? Yes No

If yes, explain:

Work History

Have you or any companies in which you are or were a principal ever been the subject of an investigation or litigation that was conducted by a federal, state, or local agency?

Yes No

If yes, explain:

Are you now or gave you ever been engaged in any business as an owner, partner or corporate member?

Yes No

If yes, give details below:

Do you have any affiliation with any company that does business with the City of Social Circle?

Yes No

If yes, explain:

Has a supervisor ever given you a verbal or written reprimand, been suspended or disciplined for any reason?

Yes No

If yes, explain and give name of employer and dates:

Have you ever cheated an employer? (Unauthorized Sick Leave, Padded Expense Accounts, etc.)

Yes No

If yes, explain:

Have you deliberately destroyed any property of an employer? Yes No

If yes, explain:

Check the number of times you have been asked to resign or have been fired from a job within the last ten (10) years?

0 1 2 3 4 5 6 7 8 9 10

Explain the circumstances of each in the space below:

Have you ever quit a job to avoid being fired? Yes No

If yes, explain:

Have you ever been a party to a lawsuit, resulting from your actions in the performance of your job?

Yes No

If yes, explain:

Are you willing and able to work nights and weekends? (*Note: all applicants for the position of Police Officer, Investigator or Supervisory / Management Officers are expected to any shift assigned*).

Yes No

If “no”, please explain:

Do you have any obligation or commitment, which would prevent you from working varying shifts, days, or position assignments as requested by the Social Circle Police Department?

Yes No

If “yes”, please explain:

List all jobs you have held since high school. Put your *present* or *most recent job first*. **Including Military Service in proper time sequence**. List temporary or part-time jobs regardless of how little time was involved. If you need more space, you may attach additional pages. (*All addresses and phone numbers must be current. Do not use post office box as an address*).

From: _____ To: _____ Title: _____

Name of Employer: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Full-Time Job

Salary per Month: _____ Part-Time Job

Your Duties and Responsibilities:

Name and Title of Supervisor: _____

Reason for Leaving: _____

Please Note: May we contact your current employer prior to Conditional Officer? They will be contacted Post Officer. Yes No

From: _____ To: _____ Title: _____

Name of Employer: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Full-Time Job

Salary per Month: _____ Part-Time Job

Your Duties and Responsibilities:

Name and Title of Supervisor: _____

Reason for Leaving: _____

From: _____ To: _____ Title: _____

Name of Employer: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Full-Time Job

Salary per Month: _____ Part-Time Job

Your Duties and Responsibilities:

Name and Title of Supervisor: _____

Reason for Leaving: _____

From: _____ To: _____ Title: _____

Name of Employer: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Full-Time Job

Salary per Month: _____ Part-Time Job

Your Duties and Responsibilities:

Name and Title of Supervisor: _____

Reason for Leaving: _____

From: _____ To: _____ Title: _____

Name of Employer: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

Full-Time Job

Salary per Month: _____

Part-Time Job

Your Duties and Responsibilities:

Name and Title of Supervisor: _____

Reason for Leaving: _____

From: _____ To: _____ Title: _____

Name of Employer: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

Full-Time Job

Salary per Month: _____

Part-Time Job

Your Duties and Responsibilities:

Name and Title of Supervisor: _____

Reason for Leaving: _____

From: _____ To: _____ Title: _____

Name of Employer: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

Full-Time Job

Salary per Month: _____

Part-Time Job

Your Duties and Responsibilities:

Name and Title of Supervisor: _____

Reason for Leaving: _____

From: _____ To: _____ Title: _____

Name of Employer: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Full-Time Job

Salary per Month: _____ Part-Time Job

Your Duties and Responsibilities:

Name and Title of Supervisor: _____

Reason for Leaving: _____

Prior Criminal Justice Employment History

If you were ever employed by a Criminal Justice or Law Enforcement agency, answer the following questions:

Have you ever accepted a payoff?	Yes	No
Have you ever stolen anything from someone you arrested?	Yes	No
Have you ever stolen anything from the evidence room?	Yes	No
Did you ever carry a “thrown down” weapon?	Yes	No
Have you ever unlawfully entered a business or residence?	Yes	No
Have you ever stolen anything from an impounded vehicle?	Yes	No
Did you ever falsify an expense voucher?	Yes	No
Have you ever received any type of gratuity for dropping a case or disposing of an arrest ticket?	Yes	No
Have you ever tampered with evidence?	Yes	No
Have you ever kept for personal use or for resale any illegal drugs taken from someone that had been arrested / detained or questioned?	Yes	No
Have you ever warned anyone that they were the subject of a criminal investigation?	Yes	No
Did you ever “cover up” a crime committed by a fellow officer?	Yes	No
Did you ever make a false official report?	Yes	No
Did you ever make a false entry on a log?	Yes	No
Have you ever illegally destroyed a case file, computer record or official report?	Yes	No
Have you ever illegally retained seized weapons or property?	Yes	No
Have you ever intentionally falsified a case file, computer record or official report?	Yes	No

Have you ever “planted” evidence?	Yes	No
Were you ever suspended from your job?	Yes	No
Have you ever “tipped-off” a friend, acquaintance or relative about an active investigation involving them or someone they know?	Yes	No
Did you ever “cover-up” a criminal offense for a friend or relative?	Yes	No
While employed by a criminal justice agency, have you ever illegally possessed or sold marijuana, cocaine or other illegal drugs?	Yes	No
Have you ever stolen anything from a crime scene?	Yes	No
While employed by a criminal justice agency, did you ever violate your oath of office?	Yes	No
Have you ever lied under oath during a trial?	Yes	No
Have you ever been a party to a lawsuit resulting from your actions in the performance of your job?	Yes	No
Have you ever been investigated by Georgia P.O.S.T. Council or any other state’s agency that regulates peace officer certification?	Yes	No

If you answered “yes” to any of the above questions, and explanation is required, including dates and agency with whom you were employed and outcome of any disciplinary or investigation:

Military History

Are you registered for the Draft? Yes No Not Applicable

Any male applicant between the ages of 18 and 26 years of age must present proof of having registered with the Selective Service System as required by federal law, or of being except from such registration.

Have you ever served in the Armed Forces of the United States Yes No

If Yes, list Branch: _____

Service Number: _____ Highest Rank Held: _____

Give Date and Location of Entrance to Active Duty: _____

Give Date and Location of Discharge: _____

What type of Discharge did you receive?

Honorable Dishonorable General Honorable Under General Conditions

Medical

Are you now, or were you ever an active or inactive member of any branch of the United States Reserve Forces? Yes No

If yes, list Branch: _____ Unit: _____

Highest Rank held: _____ Location: _____

From: _____ To: _____ Type of Discharge: _____

List all decorations and / or service medals awarded to you as a member of the Armed Forces, National Guard or Reserve Forces? If none, so state.

Were you ever court-martialed, tried on charges, or were you the subject of a summary court, desk court, captain's mast or company punishment, or any other formal disciplinary action while a member of the Armed Forces, National Guard or Reserve Forces? Yes No

If "Yes", explain:

Reference and Acquaintances

List the names of *five* persons not related to you and not former employers, who are friends, fellow students, or co-workers who have seen you frequently during the past year and preferably those who have known you for the past (5) years. These persons may be asked to appraise your reputation for honesty, trustworthiness, sobriety, reliability, and discretion. *Please provide both business and residential phone numbers where possible.*

Name: _____

Business Phone: _____ Cell / Home Phone: _____

Best Time to Contact: _____ Best Time to Contact: _____

Address: _____

Number & Street

City

State

Zip Code

Business, Occupation or Profession: _____

Name: _____

Business Phone: _____ Cell / Home Phone: _____

Best Time to Contact: _____ Best Time to Contact: _____

Address: _____

Number & Street

City

State

Zip Code

Business, Occupation or Profession: _____

Name: _____

Business Phone: _____ Cell / Home Phone: _____

Best Time to Contact: _____ Best Time to Contact: _____

Address: _____

Number & Street

City

State

Zip Code

Business, Occupation or Profession: _____

Name: _____

Business Phone: _____ Cell / Home Phone: _____

Best Time to Contact: _____ Best Time to Contact: _____

Address: _____
 Number & Street City State Zip Code

Business, Occupation or Profession: _____

Name: _____

Business Phone: _____ Cell / Home Phone: _____

Best Time to Contact: _____ Best Time to Contact: _____

Address: _____
 Number & Street City State Zip Code

Business, Occupation or Profession: _____

Financial Information

Have you declared bankruptcy in the past 10 years? Yes No

If “Yes”, provide date filed, location, circumstances and date cleared or discharged:

Are any of your payments to creditors past due? Yes No

If “Yes”, list creditors and explain circumstances:

Have you failed to file income tax returns for any past years? Yes No

If “Yes”, give year and details:

Are you or any company in which you have a controlling interest delinquent in filing any local, state or federal taxes? Yes No

If “Yes”, give details:

Do you owe any past due federal, state or local taxes? (*Including IRS, State Department of Revenue, Property, Ad Valorem, Income, etc*) Yes No

If “Yes”, give year, amount owed and to whom. If you are on an approved payment plan to repay, provide details:

Have you ever defaulted on a student loan? Yes No

If “Yes”, explain:

Do you owe any past-due child support payments? Yes No

If “Yes”, give name of person dept is owed and amount owed:

Have you ever had your wages garnished? Yes No

If “Yes”, explain:

Have you ever intentionally declined to pay a debt? Yes No

If “Yes”, explain:

Have you ever been ordered by a court to make financial payments? Yes No

If “Yes”, explain:

What income, other than salary, do you have at present? *Include spouse’s salary.*

Social Circle Police Department

Pre-Employment Questionnaire

Certification That My Answers Are True

I have read and understand each question on this questionnaire. My responses on this questionnaire are true, complete and correct to the best of my knowledge and are made in good faith. I understand that making a knowing and willful false statement on this questionnaire is a crime. I further understand that making a false or misleading statement or failing to answer a question(s) will result in my disqualification from consideration for employment with the Social Circle Police Department. I do hereby authorize the Social Circle Police Department to conduct a review of all records concerning myself, whether such records are of a public, private or confidential nature.

Full Name Printed: _____

Signature: _____

Date: _____

Request for Educational Record

(For Applicant Use Only)

*It will be the responsibility of the applicant to order his / her transcripts
(Both High School and College)*

Date: _____

To: Registrar or Records Manager

Name of High School / College / University

Address

City / State / Zip Code

It is requested that you forward official transcripts of my educational record to me at the following address:

From: _____
Name of Applicant

Address

City / State / Zip Code

Signature

I.D. Data

Maiden Name: _____

Social Security Number: _____

Date of Birth: _____

Student Number: _____

Request for Educational Record

(For Applicant Use Only)

*It will be the responsibility of the applicant to order his / her transcripts
(Both High School and College)*

Date: _____

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City / State / Zip Code

Signature

I.D. Data

Maiden Name: _____

Social Security Number: _____

Date of Birth: _____

Student Number: _____

Stephens J. Sampson

3444 Club Forest Drive
Lawrenceville, Ga. 30044

**CONSENT TO ASSESSMENT AND RELEASE OF
PSYCHOLOGICAL ASSESSMENT FINDINGS**

I have been asked to undergo a psychological assessment for the purpose of determining my fitness to serve as a peace officer in the State of Georgia. In accordance with the Health Insurance Portability and Accountability Act (HIPPA), I hereby authorize the Dr. Stephen J. Sampson, and its assigned agents to receive full and complete disclosure of the records pertaining to me.

I understand this information will be used by Dr. Stephen J. Sampson, in accordance with Georgia Law and may be disclosed to the Georgia Peace Officer Standards and Training Council, or prospective employer in consideration of employment. _____ (Initial of Candidate / Applicant)

I recognize and understand that some information may be a matter of public record and otherwise accessible to me, however it may also be inextricably interwoven with other confidential information, or data to which I would not be privy. I have been informed that responses from persons contacted, whether solicited or unsolicited, for purposes of this background investigation may enjoy absolute privilege under Georgia Law.

I hereby exonerate, release, and discharge Dr. Stephen J. Sampson, the City of Social Circle, Georgia and any medical office, facility, their officers, agents, or assigns from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents or assigns for their refusal to make available any and all information contained in any pre-employment background investigation report declared confidential pursuant to law, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information provided which might identify the person.

A photocopy or facsimile of this information consent and hold harmless release will be valid as the original even though the photocopy or facsimile does not contain any original writing of my signature.

Sworn to and subscribed me this _____ day of _____, 20 ____ in the County of _____, State of Georgia. (*This release will remain in effect for 12 months*)

Signature of Candidate / Applicant

Signature of Notary
(Seal)

Social Circle Police Department

138 East Hightower Trail
Social Circle, Georgia 30025

POLYGRAPH / CVSA WAIVER & RELEASE OF LIABILITY

I understand that I will be required to take a standard public safety pre-employment polygraph and or CVSA examination at the time and place to be determined by the Social Circle Police Department as part of the background screening process for the position of Police Officer with the Social Circle, Georgia Police Department. The pre-employment polygraph and / or CVSA examination will be administered only after receiving a “conditional job / placement offer” from a public safety agency, or Georgia Pre-Service Academy and will be administered in accordance with all applicable federal and state laws.

I acknowledge that I freely and voluntarily agree to be interviewed and undergo a polygraph and / or CVSA examination administered by employees of the Social Circle Police Department. I further acknowledge that I have the following right:

1. I may refuse to be interviewed or examined and in doing so, I authorize the Social Circle Police Department to inform the respective public safety agency, Georgia Pre-Service Academy, or the Georgia Peace Officer Standards and Training Council of my refusal.
2. The interview and / or polygraph / CVSA examination will be terminated at any time I request and in doing so, I authorize the Social Circle Police Department to inform the respective public safety agency, Georgia Pre-Service Academy, or the Georgia Peace Officer Standards and Training Council of my request.

I hereby authorize and request that employees of the Social Circle Police Department disclose any and all information, conclusions, and opinions arising out of, or connected with my interview(s) and polygraph / CVSA examinations(s), even though such information, conclusions, and opinions may be unfavorable or may result in adverse consequences to me.

I hereby release and forever discharge the City of Social Circle, Georgia, their employees, agents, representatives, partners, directors, and their successors from all liability, and from each and every demand, claim, or cause of action existing, or which may hereafter arise, resulting directly or indirectly from the conduct of my interview(s) and / or polygraph / CVSA examination(s) and / or publication, communication or dissemination of any information, conclusions, and opinions arising out of or connected with my interview(s) and / or polygraph / CVSA examination(s).

By signing below, I acknowledge that I have reviewed and completed this “Waiver and Release of Liability” personally and with sufficient time to deliberate upon its contents.

Printed Name of Candidate / Applicant

Date

Signature of Candidate / Applicant

Date