

## APPLICATION FOR EMPLOYMENT

### INSTRUCTIONS AND INFORMATION

PLEASE READ CAREFULLY BEFORE BEGINNING

1. Please print or type all information you list in this application.
2. Copies of the following documents **MUST** accompany this application when submitted; otherwise, your application may not be considered:
  - a. copy of your high school diploma or GED certificate
  - b. 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
  - f. copy of your social security card

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

3. You will not be considered for employment with the Athens-Clarke County Police Department, Clarke County Sheriff's Department, or Clarke County Corrections if any of the following exists:
  - a. conviction in any court for any felony offense
  - b. conviction in any court for any drug-related offense
  - c. any pending criminal action in any court
  - d. presently under investigation for any criminal offense by this or any other law enforcement or criminal justice agency
  - e. seven (7) or more points accumulated against driving record at the time of application
  - f. unable to obtain a Georgia driver's license
  - g. unable to satisfactorily perform assigned duties or comply with regulations of the Georgia Peace Officers Standards and Training Council (P.O.S.T.)
  - h. less than 21 years of age at time of application
  - i. if you are not eligible to work in the United States because you are not a U.S. citizen

\* An applicant who has received an official pardon or other similar action for any offense or applicable condition as stated above, is not obligated to disclose the offense or condition in this application. If, however, during the course of a background investigation, facts are discovered regarding the offense or condition, the applicant may be required to produce proof of such pardon or action to remain in consideration for employment.
4. If you have any questions regarding this application, contact the Personnel Department at 706-613-3090. For specific questions about the position applying for, contact 613-3250 for Sheriff's Department, 613-3330 for Police Department or 613-3400 for Corrections.

5. The following is a checklist for your convenience. We urge you to use it, as an incomplete application may not be processed. Upon completion of the application, refer to this checklist to make sure no information has been omitted.

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

\_\_\_ I have attached a copy of the following documents:

\_\_\_ Georgia Certified Peace Officer certificate (if applicable)

\_\_\_ copy of birth certificate

\_\_\_ high school diploma or GED

\_\_\_ valid driver's license

\_\_\_ military discharge-DD214 (if applicable)

\_\_\_ recent photograph

\_\_\_ social security card

(The Personnel Office cannot make copies)

\_\_\_ The application is signed, dated, and notarized. (Our office has several notaries for your convenience).

\_\_\_ In addition to the required copies of documentation, I have attached the following:

\_\_\_\_\_  
\_\_\_\_\_

Upon returning this application, you will be notified of when and where to report for an entry level assessment center and physical qualification test. Further processing will include a P.O.S.T. entrance exam, psychological exam, polygraph examination, and employment physical.

# ATHENS-CLARKE COUNTY PERSONNEL DEPARTMENT

## AUTHORIZATION TO RELEASE INFORMATION ON DRIVING HISTORY

I hereby authorize the Athens-Clarke County Personnel Department or other authorized representative of Athens-Clarke County bearing this release or copy thereof, within twelve (12) months of its date, to obtain any information in my files pertaining to my driving record. This release is executed with full knowledge and understanding that the information is for official use of the Athens-Clarke County Personnel Department. Consent is granted for Athens-Clarke County to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities. Should there be any questions as to validity of this release, you may contact me.

I hereby authorize my previous employers to provide Athens-Clarke County Government and its agents any and all information that they may request. I hereby release my former employers from liability for providing such information.

Full Name: _____ Print
Driver's License Number: _____ State Where Issued: _____
Expiration Date: _____ Date of Birth: _____
Full Name: _____ Signature
Notary Public: _____
Notary Expiration: _____

**ATHENS-CLARKE COUNTY PUBLIC SAFETY**  
**RELEASE OF CRIMINAL HISTORY CONSENT FORM**

I,

\_\_\_\_\_ Last Name                      \_\_\_\_\_ First Name                      \_\_\_\_\_ Middle Name

\_\_\_\_\_ Social Security Number      \_\_\_\_\_ Height      \_\_\_\_\_ Weight      \_\_\_\_\_ Eye Color      \_\_\_\_\_ Hair Color

\_\_\_\_\_ Date of Birth                      \_\_\_\_\_ Race                      \_\_\_\_\_ Sex

\_\_\_\_\_ Street Address                      \_\_\_\_\_ City                      \_\_\_\_\_ State                      \_\_\_\_\_ Zip

authorize:

Athens-Clarke County Police Department  
Name of Agency

\_\_\_\_\_  
Name of Person to Pick Up Record

Athens    GA    30606    706/613-3330  
City       State    Zip       Telephone #

to receive my criminal history record from the Athens-Clarke County Police Department.

\_\_\_\_\_  
Signature of Subject

NOTICE: unless all blanks are completed on this form and the form is notarized, no information will be released.

Sworn to and Subscribed Before Me  
This \_\_\_\_ Day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

**AUTHORITY TO RELEASE INFORMATION TO ATHENS-CLARKE COUNTY POLICE DEPARTMENT**

To Whom it May Concern:

I hereby authorize the Athens-Clarke County Police Department or other authorized representative of the Athens-Clarke County government bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and/or educational records, including but not limited to, academic achievement, attendance, athletic, and disciplinary records. I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Athens-Clarke County Police Department. Consent is granted for the Athens-Clarke County Personnel Department to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or their education institution, or other consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me at the address indicated below.

I understand that my application will be subject to verification through a comprehensive background investigation, a part of which may be a polygraph.

Falsification and/or misrepresentation of facts during any phase of the employment process will be grounds for termination of applicant's employment process and/or dismissal.

FULL NAME: \_\_\_\_\_  
(signature)

FULL NAME: \_\_\_\_\_  
(print or type)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_  
Must have signature and seal

# ATHENS-CLARKE COUNTY, GEORGIA

## REFERENCE RELEASE STATEMENT

I authorize the addressed individual, company, or institution to furnish Athens-Clarke County Government with any information that they may have concerning me which they have on record or otherwise; and I release such individual, company, or institution and Athens-Clarke County Government from any and all liability for any damage whatsoever incurred in furnishing such information. A photocopy of my signature on this page will suffice as an original.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

**Applicant—do not write below this line**

---

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attn: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: (706) \_\_\_\_\_

The job applicant named above has applied for employment with an agency of Athens-Clarke County Government and lists your organization as a present or previous employer. We would very much appreciate your help and cooperation by candidly evaluating this applicant's performance while employed by your organization. You may return this form to us by mail (address above), by FAX, or call our representative named above.

PLEASE RATE THE FOLLOWING:	EXCELLENT	GOOD	FAIR	POOR
Responsiveness to Supervision				
Cooperation				
Quality				
Quantity of Work				
Timeliness of Work				
Attendance/Punctuality				

Dates of employment: from: \_\_\_\_\_ to: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Would you reemploy? \_\_\_\_\_ If no, why not? \_\_\_\_\_

Other pertinent comments \_\_\_\_\_

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*Thank you for your time and cooperation\*\*\*\*\*

**ATHENS-CLARKE COUNTY PUBLIC SAFETY APPLICATION**

Position Applied For:  
(CHECK ONLY ONE PER APPLICATION)

- Police Officer
- Deputy Sheriff
- Correctional Officer

**BACKGROUND INVESTIGATION INFORMATION**

This information is required by Georgia Peace Officer Standard & Training Council

**PERSONAL DATA:**

\_\_\_\_\_  
Full Name (last name, first name, middle name)

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

\_\_\_\_\_  
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

**COMPLETED MILITARY SERVICE:**

\_\_\_\_\_  
Branch                      Service #                      From month/year to month/year

\_\_\_\_\_  
Branch                      Service #                      From month/year to month/year

**CURRENT MILITARY SERVICE**

Member of Reserve or National Guard Unit: \_\_\_\_\_

Name and Address of Reserve or National Guard Unit: \_\_\_\_\_

\_\_\_\_\_  
Name/Phone Number of Commanding Officer: \_\_\_\_\_

**PREVIOUS ADDRESSES:**

List the information requested regarding all addresses at which you have resided within the past 10 years, excluding present address. Begin with the most recent. Add additional page if necessary.

Address: \_\_\_\_\_ From/to \_\_\_\_\_

Own or rent? If rent, list landlord's name: \_\_\_\_\_

Roommates: \_\_\_\_\_

Address: \_\_\_\_\_ From/to \_\_\_\_\_

Own or rent? If rent, list landlord's name: \_\_\_\_\_

Roommates: \_\_\_\_\_

Address: \_\_\_\_\_ From/to \_\_\_\_\_

Own or rent? If rent, list landlord's name: \_\_\_\_\_

Roommates: \_\_\_\_\_

Address: \_\_\_\_\_ From/to \_\_\_\_\_

Own or rent? If rent, list landlord's name: \_\_\_\_\_

Roommates: \_\_\_\_\_

Address: \_\_\_\_\_ From/to \_\_\_\_\_

Own or rent? If rent, list landlord's name: \_\_\_\_\_

Roommates: \_\_\_\_\_

**CRIMINAL RECORD:**

If you have ever been convicted of an offense against the law or are now under charges for any offense against the law please provide the following information. **OMIT** non-moving violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law.

**Felonies, Misdemeanors (either civilian or military):**

\_\_\_\_\_  
Crime/Charge                  Court                  Date

\_\_\_\_\_  
Crime/Charge                  Court                  Date

\_\_\_\_\_  
Disposition of Case  
(dismissed, fined, probation)

\_\_\_\_\_  
Disposition of Case  
(dismissed, fined, probation)

**Convictions (traffic, including pleas and nolo contendere):**

\_\_\_\_\_  
Crime/Charge                  Court                  Date

\_\_\_\_\_  
Crime/Charge                  Court                  Date

\_\_\_\_\_  
Disposition of Case  
(dismissed, fined, probation)

\_\_\_\_\_  
Disposition of Case  
(dismissed, fined, probation)

**Criminal Record of Other Adults in Household**

\_\_\_\_\_  
Crime/Charge                  Court                  Date

\_\_\_\_\_  
Crime/Charge                  Court                  Date

\_\_\_\_\_  
Disposition of Case  
(dismissed, fined, probation)

\_\_\_\_\_  
Disposition of Case  
(dismissed, fined, probation)



## 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 peace officer?       Yes     No

If "yes", continue: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
    State of Certification      Certification Date      Certification Number

\_\_\_\_\_  
 Name of Academy you attended      Address of Academy

\_\_\_\_\_  
 Your overall average      Years of Law Enforcement experience

Have you ever been the subject of an internal investigation?       Yes     No  
 If "yes", attach an explanation to this application giving full and complete details.

Have you ever qualified with a weapon?       Yes     No  
 If "yes", continue:

WEAPON MAKE	MODEL	CALIBER	SCORE	DATE	INSTRUCTOR OR INSTITUTION

- Check any of the following areas in which you have received specialized training:
- |   |  |
|---|--|
| <input type="checkbox"/> HOMICIDE INVESTIGATION         | <input type="checkbox"/> LAW ENFORCEMENT MANAGEMENT          |
| <input type="checkbox"/> RAPE INVESTIGATION             | <input type="checkbox"/> PERSONNEL SUPERVISION               |
| <input type="checkbox"/> ROBBERY INVESTIGATION          | <input type="checkbox"/> SEX CRIMES                          |
| <input type="checkbox"/> BURGLARY INVESTIGATION         | <input type="checkbox"/> COURTROOM PROCEDURES                |
| <input type="checkbox"/> AUTO THEFT INVESTIGATION       | <input type="checkbox"/> EVIDENCE PRESENTATION               |
| <input type="checkbox"/> ARSON INVESTIGATION            | <input type="checkbox"/> FIRST AID                           |
| <input type="checkbox"/> CRIME SCENE TECHNICIAN         | <input type="checkbox"/> CPR                                 |
| <input type="checkbox"/> FORGERY INVESTIGATION          | <input type="checkbox"/> EMT/ADVANCED EMT                    |
| <input type="checkbox"/> PATROL TECHNIQUES              | <input type="checkbox"/> SELF PROTECTION/MECHANICS OF ARREST |
| <input type="checkbox"/> TRAFFIC ACCIDENT INVESTIGATION | <input type="checkbox"/> PURSUIT/DEFENSIVE DRIVING           |
| <input type="checkbox"/> CRIME PREVENTION               | <input type="checkbox"/> FIREARMS                            |
| <input type="checkbox"/> JUVENILE                       | <input type="checkbox"/> SWAT/ERT                            |
| <input type="checkbox"/> DRUG INVESTIGATION             | <input type="checkbox"/> REPORT WRITING                      |
| <input type="checkbox"/> CRIMINAL INVESTIGATION         | <input type="checkbox"/> INTERVIEWS & INTERROGATIONS         |
| <input type="checkbox"/> OTHER: _____                   |  |

Law Enforcement Experience:

- |                                     |                                     |                                       |
|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> PATROL     | <input type="checkbox"/> DETECTIVE  | <input type="checkbox"/> TRAFFIC      |
| <input type="checkbox"/> SUPERVISOR | <input type="checkbox"/> MANAGEMENT | <input type="checkbox"/> OTHER: _____ |

**POSITION REQUIRMENTS:**

This position may require you to:

Work a 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?  
If yes, where and when?  Yes  No

---

**FINGERPRINT HISTORY:**

If you have ever been fingerprinted 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:\_\_\_\_\_

**ILLEGAL SUBSTANCE USE**

Have you ever used marijuana?  Yes  No

If yes, what was the date you last used marijuana?\_\_\_\_\_

How many times have you used marijuana in your lifetime?\_\_\_\_\_

What were the circumstances?\_\_\_\_\_

---

---

Have you ever used any other illegal drugs or used legal drugs in an illegal manner?  
 Yes  No

If yes, what were the circumstances?\_\_\_\_\_

---

---

**DRIVING HISTORY:**

Can you operate a motor vehicle?  Yes  No

Do you possess a valid State of Georgia operator's license?  Yes  No

License Number \_\_\_\_\_ Year Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever possessed an operator's license issued by any state other than Georgia?

Yes  No If yes, give state and license number \_\_\_\_\_  
State Number

Have you successfully completed a safe driving or driver's education course?

Yes  No If yes, who sponsored the course? \_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No

If yes, state whether a suspension or revocation and reason.

Was your license restored?  Yes  No When? \_\_\_\_\_

Have you ever been refused an operator's license by any state?  Yes  No

If yes, give details \_\_\_\_\_

Have you ever been involved in a motor vehicle accident?  Yes  No

If yes, give complete details for each accident whether collision or non-collision:

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Injuries?  Yes  No Who was legally at fault? \_\_\_\_\_

\*\*\*\*\*

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Injuries?  Yes  No Who was legally at fault? \_\_\_\_\_

\*\*\*\*\*

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Injuries?  Yes  No Who was legally at fault? \_\_\_\_\_

**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 ever been fired from or permitted to resign employment for abuse of authority or for any disciplinary reasons?    \_\_\_Yes    \_\_\_No

IF IT BECAME NECESSARY IN THE COURSE OF LAW ENFORCEMENT DUTIES TO TAKE A HUMAN LIFE, WOULD YOU TAKE THAT LIFE?    \_\_\_Yes    \_\_\_No

As a law enforcement officer when would you take the life of another human? Please explain:

---

---

---

---

---

---

---

**I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE, AND UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION AS AN APPLICANT, OR DISMISSAL IF HIRED.**

\_\_\_\_\_  
Date completed

\_\_\_\_\_  
Signature in Full

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

**PRE-EMPLOYMENT QUESTIONS  
POLYGRAPH EXAMINATION**

Please complete with application.

GENERAL QUESTIONS:		YES	NO
1.	Have you told me your correct name? . . . . .	___	___
2.	Have you told me your correct age? . . . . .	___	___
3.	Have you ever had a polygraph test before? . . . . .	___	___
4.	Have you taken any drugs or medicine today? . . . . .	___	___
5.	Have you been truthful about your military record? . . . . .	___	___
6.	Are you eligible to work in the United States? . . . . .	___	___
7.	Have you been truthful about your education? . . . . .	___	___
8.	Do you live at the address listed on this application? . . . . .	___	___
9.	Do you ever drink on the job? . . . . .	___	___

RESPONSIBILITY AND STABILITY QUESTIONS?			
10.	Do you feel qualified for this job? . . . . .	___	___
11.	Are you seeking permanent employment? . . . . .	___	___
12.	Have you ever been fired for dishonesty? . . . . .	___	___
13.	Have you ever quit a job without required notice? . . . . .	___	___
14.	Have you falsified any part of your application? . . . . .	___	___
15.	Have you told the truth about your employment? . . . . .	___	___
16.	Did you deliberately leave any employer off your application? . . . . .	___	___
17.	Do you want this job for any reason other than employment? . . . . .	___	___

DRIVING RECORD:			
18.	Has your driver's license ever been suspended? . . . . .	___	___
19.	Have you been truthful about your driving record? . . . . .	___	___
20.	Have you ever had a vehicle accident? . . . . .	___	___
21.	Have you ever had a commercial vehicle accident? . . . . .	___	___

SECURITY QUESTIONS:			
22.	Have you ever used narcotics, drugs or marijuana illegally? . . . . .	___	___
23.	Have you knowingly cashed a bad check? . . . . .	___	___
24.	Did you ever forge a check? . . . . .	___	___
25.	Did you ever steal merchandise or materials from an employer? . . . . .	___	___
26.	Did you ever steal money from your employer? . . . . .	___	___
27.	Did you ever participate in a theft ring? . . . . .	___	___
28.	Did you ever commit a serious, undetected crime? . . . . .	___	___
29.	Are you wanted by a law enforcement agency? . . . . .	___	___
30.	Have you ever been arrested? . . . . .	___	___
31.	Have you ever been in jail or prison? . . . . .	___	___
32.	Have you ever been refused by a bonding company? . . . . .	___	___
33.	Are you now on probation or parole? . . . . .	___	___
34.	Have you ever been involved in a criminal offense? . . . . .	___	___
35.	Have you ever committed any act that would leave you for pressure or blackmail? . . . . .	___	___

\_\_\_\_\_  
Signature

