

INSTRUCTION SHEET

The applicant must complete the enclosed forms accurately, legibly, and completely. Do not leave any blank spaces. **PRINT ANSWERS** to questions with a **BLACK BALL POINT PEN OR USE A TYPEWRITER**. It is to your advantage to **BE ABSOLUTELY TRUTHFUL** in answering all questions on your application and during all interviews. A false statement or the omission of requested information is grounds for automatic rejection before appointment or termination after employment. Often, an applicant is suspended from the hiring process due to falsification or omission of information that would not have disqualified them otherwise. If you answer "yes" to a question, you need to be complete in explaining the circumstances. Do not omit an explanation because you think the incident was minor and of no importance. If the space on pages 25-27 is insufficient to complete your answers, please attach supplementary pages.

The following documents are **required to begin the application process** and must be returned with the application.

- **A COPY OF YOUR HIGH SCHOOL DIPLOMA, CERTIFIED TRANSCRIPTS, OR G.E.D. CERTIFICATE**
- **A COPY OF YOUR BIRTH CERTIFICATE – FROM THE BUREAU OF VITAL STATISTICS**
- **A COPY OF YOUR CURRENT/VALID DRIVER'S LICENSE**

The following documents **are required if they are applicable to you** and must be returned with the application.

- **DD214 FORM, SHOWING AN HONORABLE DISCHARGE (IF A VETERAN)**
- **CERTIFIED COLLEGE TRANSCRIPTS (SEALED)**
- **NAME CHANGE DOCUMENTS (I.E., MARRIAGE LICENSE, COURT ORDER, ETC.)**
- **CITIZENSHIP PAPERS**
- **COPY OF BANKRUPTCY DISCHARGE PAPERS**

The completed application and required documents must be returned to the Clarkston Police Department Recruiting Office at the following address:

Clarkston Police Department
Background/Recruitment
3921 Church Street
Clarkston, GA 30021

****NOTE: Some pages require Notary.**

Upon submission, your application and supporting documents will be reviewed for completeness. If your application is incomplete, it will be returned to you. Applicants whose materials are complete, and who meet minimum requirements, will be scheduled for a series of examinations. Applicants will be notified of date, time and place of the examinations. If you pass these exams, a thorough background investigation will be conducted. A medical examination and an in-person psychological interview will be required upon offer of employment.

If you have any questions concerning this process, please call the Clarkston Police Department at **(404) 292-9465**.

CLARKSTON POLICE DEPARTMENT

SHIFT/OFF DAY ACKNOWLEDGEMENT

I UNDERSTAND AND I AM AWARE THAT THE CLARKSTON POLICE DEPARTMENT IS A SEVEN DAY A WEEK, TWENTY-FOUR HOUR A DAY OPERATION.

I UNDERSTAND AND AGREE TO BE ASSIGNED TO ANY ROTATION, (8 HOUR, 10 HOUR, 12 HOUR), OR ANY SHIFT (DAY OR NIGHT) AND HOLIDAYS, BUT WILL ALSO BE ASSIGNED DAYS OFF.

I FURTHER UNDERSTAND AND AGREE THAT IN THE EVENT OF AN UNUSUAL OCCURRENCE, I MAY BE CALLED IN TO WORK DURING MY REGULARLY SCHEDULED OFF DAY.

PRINT NAME _____

SIGNATURE _____

DATE _____

WITNESS _____

EMPLOYMENT WAIVER

I, _____, HEREBY ACKNOWLEDGE THAT I FULLY UNDERSTAND THAT MY EMPLOYMENT WITH THE CLARKSTON POLICE DEPARTMENT IS CONTINGENT ON THE RESULTS OF THE INVESTIGATION OF MY BACKGROUND.

FURTHERMORE, I FULLY UNDERSTAND THAT IF THIS INVESTIGATION REVEALS ANY INFORMATION THAT WOULD PROHIBIT MY CONTINUED EMPLOYMENT WITH THIS DEPARTMENT THAT MY APPOINTMENT IS SUBJECT TO IMMEDIATE TERMINATION.

I, _____, WITHOUT ANY COERCION, VOLUNTARILY AGREE TO EXECUTE AND SIGN THIS WAIVER.

APPLICANTS SIGNATURE

SOCIAL SECURITY NUMBER

DATE

POSITION

WITNESS SIGNATURE

DATE

CLARKSTON POLICE DEPARTMENT

POLYGRAPH EXAMINATION

I UNDERSTAND AND AGREE TO VOLUNTARILY SUBMIT TO AN EXAMINATION BY A PROFESSIONAL POLYGRAPHER PRIOR TO BEING ACCEPTED FOR EMPLOYMENT WITH THE CLARKSTON POLICE DEPARTMENT.

THE UNDERSIGNED PERSON ALSO UNDERSTANDS AND AGREES THAT HE OR SHE WILL VOLUNTARILY SUBMIT TO AN EXAMINATION BY A PROFESSIONAL POLYGRAPHER AT ANY TIME DURING THEIR EMPLOYMENT WITH THE CLARKSTON POLICE DEPARTMENT.

THE UNDERSIGNED PERSON ALSO UNDERSTANDS AND AGREES TO RELEASE, ABSOLVE, AND FOREVER HOLD THE CLARKSTON POLICE DEPARTMENT, ITS OFFICERS, AGENTS AND EMPLOYEES; AND THE PROFESSIONAL POLYGRAPHER, POLYGRAPH FIRM CONDUCTING THE POLYGRAPH EXAMINATIONS, THEIR AGENTS, OFFICERS AND EMPLOYEES FROM ANY LIABILITY RESULTING FROM THE OPERATION OF THE EQUIPMENT OR USE OF THE RESULTS OBTAINED THEREFROM. THIS ALSO APPLIES TO ANY AND ALL SUITS, ACTIONS, OR CAUSES OF ACTIONS AT LAW, CLAIM, DEMAND, OR LIABILITY WHICH THE UNDERSIGNED, HIS OR HER SUCCESSORS, ASSIGNS, HEIRS, EXECUTORS, OR ADMINISTRATORS HAVE NOW OR MAY EVER HAVE RESULTING DIRECTLY, OR REMOTELY FROM THE UNDERSIGNED PERSON HAVING TAKEN SAID POLYGRAPH EXAMINATION.

SIGNATURE

WITNESS

DATE

CLARKSTON POLICE DEPARTMENT CONSENT FORM

I, _____, DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS CONCERNING MYSELF TO ANY DULY AUTHORIZED AGENT OF THE CITY OF CLARKSTON POLICE DEPARTMENT, OR TO ANY AUTHORIZED AGENT OF A CRIMINAL JUSTICE AGENCY OR ANY PRIVATE AGENCY UPON REQUEST OF THE CITY OF CLARKSTON POLICE DEPARTMENT, WHETHER THE SAID RECORDS ARE OF A PUBLIC, PRIVATE, OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORDS OF MILITARY SERVICE RECORDS, "AUTHORITY TO RELEASE LAW ENFORCEMENT OR CRIMINAL RECORDS OR INFORMATION FROM A LAW ENFORCEMENT AGENCY;" EDUCATIONAL INSTITUTIONS; FINANCIAL OR CREDIT INSTITUTIONS, INCLUDING RECORDS OF LOANS, THE RECORDS OF COMMERCIAL OR RETAIL CREDIT AGENCIES (INCLUDING CREDIT REPORTS AND/OR RATING) AND FINANCIAL STATEMENTS AND RECORDS WHEREVER FILED; MEDICAL AND PSYCHIATRIC TREATMENT AND/OR CONSULTATION INCLUDING HOSPITALS, CLINICS, PRIVATE PRACTITIONERS, AND THE U.S. VETERAN'S ADMINISTRATION; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS, INCLUDING BACKGROUND REPORTS, EFFICIENCY RATINGS, COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME AND THE RECORDS AND RECOLLECTIONS OF ATTORNEYS AT LAW, OR OF OTHER COUNSEL WHETHER REPRESENTING ME OR ANOTHER PERSON IN ANY CASE, EITHER CRIMINAL OR CIVIL, IN WHICH I PRESENTLY HAVE OR HAVE HAD AN INTEREST; AND SOCIAL NETWORKING MEDIA.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION, WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION, WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR EMPLOYMENT BY THE CITY OF CLARKSTON POLICE DEPARTMENT. 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 HEREBY RELEASE SAID PERSON(S) FROM ANY AND ALL LIABILITY, WHICH MAY BE INCURRED AS A RESULT OF FURNISHING SUCH INFORMATION.

I ALSO AGREE TO PAY ANY AND ALL CHARGES OR FEES CONCERNING THIS REQUEST AND CAN BE BILLED FOR SUCH CHARGES AT THE BELOW LISTED ADDRESS.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

APPLICANT SIGNATURE (include maiden name) WITNESS

DATE DATE

COMPLETE ADDRESS NOTARY PUBLIC

DATE OF BIRTH DATE

SOCIAL SECURITY NUMBER

PERSONAL DATA

Social Security Number: _ _ _ - _ _ - _ _ _

In which state was your SS# issued? _____

Today's Date: _____

How long have you lived at current address?

Years

Months

Full Name: _____, _____, _____
Last Name First Name Middle Name

Home Address: _____
Street Number (or PO BOX #) Street Name

City State Zip Code

Telephone Numbers: Area Code + Phone Number

Home Telephone Number: _____

Business Telephone Number: _____

Other Telephone Number: _____

Pager Number: _____

Citizenship

Are you a citizen of the United States? Yes No

If "no", are you a permanent resident? Yes No

Are you: Natural Born

Need Certified Copy of your birth certificate from the Bureau of Vital Statistics in the state you were born.

Naturalized

Need original Naturalization Papers

Resident Alien

Need Alien Registration ("Green Card")

Place of Birth: _____
City County State/Country

When would you be available to begin employment? _____

PERSONAL DATA (continued)

Have you ever used another name or had your name changed? Yes No

Note: This includes, but is not limited to, Maiden Names, Former Married Names, Adopted Names, Nicknames, etc. If Yes, fill in the information in the table below.

Previous Name	Date of Change	Location of Change	Reason for Change

In case of an emergency, please list someone we can contact:

Name of Person to Contact	Relationship
Home Address City State Zip Code	
Home Telephone Number	Business Telephone Number

How did you learn about the position?

- | | |
|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> NEWSPAPER | <input type="checkbox"/> MAILING LIST |
| <input type="checkbox"/> TELEVISION | <input type="checkbox"/> STATE EMPLOYMENT OFFICE |
| <input type="checkbox"/> BILLBOARD | <input type="checkbox"/> CITY PERSONNEL OFFICE |
| <input type="checkbox"/> RADIO (STATION NAME _____) | <input type="checkbox"/> JOB FAIR OR CAREER DAY |
| <input type="checkbox"/> INTERNET WEB PAGE | <input type="checkbox"/> EMPLOYEE OF THE DEPARTMENT |
| <input type="checkbox"/> TRADE PERIODICAL | <input type="checkbox"/> SCHOOL PLACEMENT OFFICE |

Have you filed an application with the City of Clarkston before? YES__ NO__

Position(s) last applied for and date: _____

Are you presently employed by the City of Clarkston? YES__ NO__

If YES, list: Department _____ Date Hired _____

Have you been employed previously by the City of Clarkston? YES__ NO__

If so, did you leave in good standing? YES__ NO__

If YES: Date(s) started _____ Date(s) left _____ Position(s) Held _____

Do you hold a valid driver's license? YES__ NO__

License Number _____ State _____ Expires on _____

EDUCATION

Circle the highest grade completed

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

If you graduated from high school, complete the following information:

Name of High School Dates Attended: From/ To

Street Number Street Name City State Zip

Telephone Number Date Graduated

If you received a GED certificate, complete the following information:

Name of School (If School No Longer Exists, List Name Of the Local Board Of Education)

Complete Mailing Address of School (If School No Longer Exists, List the Address Of The Local Board Of Education)

Year GED Obtained State GED Obtained

List any degrees that you have received: **Such as A.A., A.A.S., B.S., M.P.A., ETC.**

Type of Degree Major and Minor Area of Study Year Received

Type of Degree Major and Minor Area of Study Year Received

Since high school, have you ever been expelled or suspended from any school or been disciplined by any school official? Yes No If YES, explain:

NOTE: The applicant is responsible for furnishing SSPD with a COPY OF HIS/HER HIGH SCHOOL DIPLOMA and SEALED COLLEGE TRANSCRIPTS (where applicable) at the applicant's own expense.

EDUCATION (continued)

List below any colleges, universities, vocational/technical schools/graduate schools that you have attended:

NAME OF SCHOOL	COMPLETE ADDRESS (INCLUDE STREET NUMBER, STREET NAME, CITY, STATE AND ZIP CODE)	DATES ATTENDED (MONTH AND YEAR)		MAJOR COURSE OF STUDY	DID YOU GRADUATE?
		FROM	TO		

Please list any technical skills that you have acquired and the extent of your proficiency:

Computers: Data processing __ (Proficiency) - Some knowledge Functional Expert
 Desktop publishing __ (Proficiency) - Some knowledge Functional Expert

Types of software/hardware used _____

Typing: _____ wpm

List any foreign language that you have learned and the extent of your proficiency:

Language _____ proficiency some moderate fluent

Language _____ proficiency some moderate fluent

List any other specialized training:

LAW ENFORCEMENT EXPERIENCE

List all public safety agencies that you have applied with (law enforcement, fire department, correctional, etc.) Include agency name, date you applied, and how far you got in their hiring process. Also list contact name (if available).

1. _____
2. _____
3. _____
4. _____
5. _____

List the number of years and months experience as a certified law enforcement officer:

YEARS _____ MONTH _____

List your P.O.S.T. Certification Number: _____

In the table below, list any and all disciplinary action received while working in a law enforcement position. Include any oral or written reprimands, suspensions, demotions or terminations; date of the action; reason for the action (i.e., auto accident, insubordination, violation of departmental policy, etc); and indicate whether you are currently involved in an open Internal Affairs investigation.

Name of Agency (Include address)	Type of disciplinary action	Date of action	If an Internal Affairs investigation; open or closed	Reason for disciplinary action

MILITARY SERVICE

Have you ever attempted to enlist in any branch of the United States Armed Forces? This can also include Reserves, National Guard, or Coast Guard.

YES NO If YES, what branch _____

Have you ever served in any branch of the United States Armed Forces? This can also include Reserves, National Guard, or Coast Guard.

YES NO If YES, what branch _____

What type of military discharge did you receive? (Honorable, Dishonorable, General, Under Honorable Conditions, Entry Level Separation, Medical, etc.) Be Specific:

Have you ever served in any branch of a foreign military?

YES NO If YES, what branch _____

Have you ever been involved in, or been accused of being involved in, a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.?

YES NO If YES, fully explain on an attached sheet of paper

APPLICANTS WHO HAVE SERVED IN THE MILITARY MUST COMPLETE THE FOLLOWING:

BRANCH OF SERVICE	ENLISTMENT PERIOD	HIGHEST RANK HELD	SERVICE NUMBER

Have you ever been court-martialed, tried on charges, or subject of an Article 15, company punishment, OR ANY OTHER disciplinary action while a member of any branch of the Armed Forces?

YES NO If YES, fill in the information in the table below and explain offense(s) in detail on an attached sheet of paper.

TYPE OF DISCIPLINARY ACTION	BRANCH OF SERVICE	DATE OF ACTION	DISPOSITION OF ACTION

Marital Status and Family Information

Spouse (if applicable)

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City/County/State

Telephone: Home _____ Cell _____

Employer Employers Address (number, street, city, state) Telephone

Former Spouse (if applicable)

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City/County/State

Telephone: Home _____ Cell _____

Employer Employers Address (number, street, city, state) Telephone

Former Spouse (if applicable)

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City/County/State

Telephone: Home _____ Cell _____

Employer Employers Address (number, street, city, state) Telephone

List other family members living in your household.

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City/County/State

Telephone: Home _____ Cell _____

Employer Employers Address (number, street, city, state) Telephone

Relationship: _____

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City/County/State

Telephone: Home _____ Cell _____

Employer Employers Address (number, street, city, state) Telephone

Relationship: _____

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City/County/State

Telephone: Home _____ Cell _____

Employer Employers Address (number, street, city, state) Telephone

Relationship: _____

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City/County/State

Telephone: Home _____ Cell _____

Employer Employers Address (number, street, city, state) Telephone

Relationship: _____

Give the name of every member of your immediate family. Include father, mother, sisters, brothers (step, blood, and half), father-in-law and mother-in-law. If deceased, so note on occupation space. Also list children (step and blood) not residing with you.

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City/County/State

Telephone: Home _____ Cell _____

Employer Employers Address (number, street, city, state) Telephone

Relationship: _____

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City/County/State

Telephone: Home _____ Cell _____

Employer Employers Address (number, street, city, state) Telephone

Relationship: _____

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City/County/State

Telephone: Home _____ Cell _____

Employer Employers Address (number, street, city, state) Telephone

Relationship: _____

Name: _____
Last First Middle Maiden
Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City/County/State

Telephone: Home _____ Cell _____

Employer Employers Address (number, street, city, state) Telephone

Relationship: _____

Name: _____
Last First Middle Maiden
Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City/County/State

Telephone: Home _____ Cell _____

Employer Employers Address (number, street, city, state) Telephone

Relationship: _____

Name: _____
Last First Middle Maiden
Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City/County/State

Telephone: Home _____ Cell _____

Employer Employers Address (number, street, city, state) Telephone

Relationship: _____

Name: _____
Last First Middle Maiden
Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City/County/State

Telephone: Home _____ Cell _____

Employer Employers Address (number, street, city, state) Telephone

Relationship: _____

CHARACTER / SOCIAL REFERENCES

Provide five (5) references (not relatives, those within your household, or employers) who are responsible adults of reputable standing in their communities, such as heads of households, property owners, business or professional men or women, who have known you well for the past five (5) years. Please confirm that all addresses and telephone numbers are current before you submit the application.

REFERENCE 1

NAME		RELATIONSHIP	HOME PHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION		BUSINESS TELEPHONE NUMBER			

REFERENCE 2

NAME		RELATIONSHIP	HOME PHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION		BUSINESS TELEPHONE NUMBER			

REFERENCE 3

NAME		RELATIONSHIP	HOME PHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION		BUSINESS TELEPHONE NUMBER			

REFERENCE 4

NAME		RELATIONSHIP	HOME PHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION		BUSINESS TELEPHONE NUMBER			

NEIGHBOR/LANDLORD REFERENCES

Provide three (3) current or recent neighbors or landlord references. The neighbor reference may live next door to you or within three (3) houses or apartments in any direction of your residence. Do not list references that are related to you by blood or marriage. All persons may be asked to appraise your character, ability, experience, personality, and other qualities. Please confirm that all addresses and telephone numbers are current before you submit the application.

REFERENCE 1

NAME		RELATIONSHIP	LENGTH OF TIME KNOWN	
HOME STREET #	STREET NAME	CITY	STATE	ZIP CODE
OCCUPATION	BUSINESS TELEPHONE NUMBER	HOME TELEPHONE NUMBER		

REFERENCE 2

NAME		RELATIONSHIP	LENGTH OF TIME KNOWN	
HOME STREET #	STREET NAME	CITY	STATE	ZIP CODE
OCCUPATION	BUSINESS TELEPHONE NUMBER	HOME TELEPHONE NUMBER		

REFERENCE 3

NAME		RELATIONSHIP	LENGTH OF TIME KNOWN	
HOME STREET #	STREET NAME	CITY	STATE	ZIP CODE
OCCUPATION	BUSINESS TELEPHONE NUMBER	HOME TELEPHONE NUMBER		

EMPLOYMENT HISTORY

In the following tables, list all jobs worked in the LAST 15 YEARS. Include military, volunteer experience, self-employment, internships, periods of unemployment, ANY part-time work, and ANY full-time work. For any gap of unemployment, write UNEMPLOYED under the "NAME OF ORGANIZATION" and explain your means of support (i.e. spouses income, parents, unemployment benefits, etc.). Be prepared to show supporting documentation such as tax returns, Dept. Of Human Resources letters, etc. Failure to properly complete the employment history section may result in your disqualification. A resume may be attached only as additional information and will not be accepted in lieu of completing this section. Follow the example:

EXAMPLE JOB 1

NAME OF ORGANIZATION OR COMPANY (CODE)	TELEPHONE (INCLUDE AREA)	DATES EMPLOYED: FROM MO/YR TO MO/YR
Clarkston Police Department	(404) 292-9465	6/1998 Present
COMPLETE ADDRESS: 3921 Church Street Clarkston, GA 30021		TOTAL TIME EMPLOYED: 4 years
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR:	OUT OF BUSINESS? YES NO
Police Officer	Sgt. John Doe	NO
DESCRIBE SPECIFIC JOB DUTIES: Patrol officer. Responsible for answering calls for service, report writing, and accident investigation.		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED
END OF ASSIGNMENT		

EXAMPLE JOB 2

NAME OF ORGANIZATION OR COMPANY (CODE)	TELEPHONE (INCLUDE AREA)	DATES EMPLOYED: FROM MO/YR TO MO/YR
Bruce Construction	(770)555-6979	1/1995 6/1998
COMPLETE ADDRESS: 7675 Peachtree Industrial Blvd. Norcross, GA 32222		TOTAL TIME EMPLOYED: 3 years / 6 months
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR:	OUT OF BUSINESS? YES NO
Construction Foreman	Roy Davis	YES - 1993
DESCRIBE SPECIFIC JOB DUTIES: Supervised 20 construction laborers. Responsible for safety rules compliance, payroll, and inventory control.		
SPECIFIC REASON FOR LEAVING: Company went out of business in 1993 - lay off		
FIRED	LAY OFF	RESIGNED
END OF ASSIGNMENT		

EMPLOYMENT HISTORY - LIST JOBS IN DESCENDING ORDER BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB.

JOB 1

NAME OF ORGAINZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED
END OF ASSIGNMENT		

JOB 2

NAME OF ORGANIZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED
END OF ASSIGNMENT		

JOB 3

NAME OF ORGANIZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED
END OF ASSIGNMENT		

EMPLOYMENT HISTORY (continued)

JOB 4

NAME OF ORGAINZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED END OF ASSIGNMENT

JOB 5

NAME OF ORGAINZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED END OF ASSIGNMENT

JOB 6

NAME OF ORGAINZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED END OF ASSIGNMENT

EMPLOYMENT HISTORY (continued)

JOB 7

NAME OF ORGANIZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED END OF ASSIGNMENT

JOB 8

NAME OF ORGANIZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED END OF ASSIGNMENT

JOB 9

NAME OF ORGANIZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:		TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR	OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON FOR LEAVING:		
FIRED	LAY OFF	RESIGNED END OF ASSIGNMENT

APPLICATION QUESTIONNAIRE

Instructions: If you answer “yes” to questions 3-27, you must explain the “yes” answer fully on the following answer sheet (page 25). Remember to indicate the question number that you are addressing. Failure to follow instructions will result in your application being returned to you.

	YES	NO
1. Will you consent to a thorough background investigation of your character?	_____	_____
2. Will you consent to a rigid medical examination by a physician, upon conditional offer of employment?	_____	_____
3. Have you ever been rejected for employment, for any reason, by any law enforcement agency? If “yes”, what agency and why.	_____	_____
4. Have you ever been terminated by any law enforcement agency? If “yes”, give the date of termination and reason for termination.	_____	_____
5. Have you ever been terminated or asked to resign from ANY job? If “yes”, list the name of the job(s), dates of employment, and reason for termination or resignation under pressure.	_____	_____
6. Have you EVER been physically arrested or given a copy of charges for violation of any city, municipal, state, or federal law?	_____	_____
7. Have you EVER appeared in any court (including juvenile) as a defendant to answer any city, municipal, state, or federal criminal charge? If so, give the court in which you appeared and the disposition of the case (i.e. conviction, First Offenders, charges dismissed, etc).	_____	_____
8. Have you EVER been detained by any law enforcement representative, been the subject of any criminal investigation, or been named as the accused on a warrant? If “yes”, explain in detail.	_____	_____
9. Have you EVER received any tickets for traffic violations (excluding parking tickets) on any license that you have held since you began driving? If “yes”, list type of violation, date received, jurisdiction, and disposition (i.e. fine, suspension, charges dismissed).	_____	_____
10. Have you EVER used, tried, ingested, or experimented with marijuana (including as a juvenile or even one experimental use)? If “yes”, write the date of the first use and the date of the last use.	_____	_____
11. Have you EVER used, tried, ingested, or experimented with ANY other type of illegal narcotics or dangerous drugs (i.e. heroin, cocaine, hashish, speed, lsd, anabolic steroids, etc.)? If “yes” indicate what type of drug and when you used it?	_____	_____
12. Have you EVER sold any type of illegal drug, delivered illegal drugs, shared drugs with another person, or directed another person where to buy drugs? If yes, indicate what type of drug and when.	_____	_____
13. Have you ever filed or declared bankruptcy, had any judgments, repossessions, foreclosures, or collections?	_____	_____
14. Do you know of anything that might prevent you from obtaining the position you have applied for?	_____	_____
15. Have you ever been a Plaintiff or Defendant in a lawsuit?	_____	_____
16. Have you ever had your wages garnished?	_____	_____

	YES	NO
17. Are there any unpaid judgments against you?	_____	_____
18. Are you delinquent in property taxes or other taxes?	_____	_____
19. Have you ever had a charge, complaint, or lawsuit filed against you alleging the use of excessive force?	_____	_____
20. Have you ever had a charge, complaint, or lawsuit filed against you alleging false arrest?	_____	_____
21. Have you ever been a complainant, victim, or been involved in a complaint of domestic violence?	_____	_____
22. Do you have any visible tattoos and/or brands? Visible is defined as the area that is exposed to public view in short sleeves or the areas that are exposed in shorts. If yes, provide location and meaning of each one on the explanation sheet.	_____	_____
23. Are you now or have you ever been, engaged in any business as an owner, partner, or corporate member?	_____	_____
24. Have you received written reprimands from supervisors or employers for not doing your job correctly or conduct violations?	_____	_____
25. Have you been counseled or received warning for being late or absent from work?	_____	_____
26. Have you ever been suspended from a job for a period of time with or without pay?	_____	_____
27. Have you purposely omitted any information from your employment application?	_____	_____
28. Are you available to work any hour of the day, day of the week, including holidays and be available during unusual occurrences for call-outs?	_____	_____
29. Did you file Federal and State Income Taxes last year?	_____	_____
30. Were you able to understand all of the questions in this application?	_____	_____

SWORN STATEMENT

I HEREBY SWEAR THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE. I ALSO UNDERSTAND THAT ANY MISSTATEMENTS, OMISSIONS, OR FALSIFICATIONS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION AND TERMINATION FROM THE HIRING PROCESS, AND COULD RESULT IN CRIMINAL PROSECUTION UNDER OCGA sec. 16-10-20.

APPLICANT'S FULL LEGAL NAME (PRINT)

RECRUITMENT OFFICER'S SIGNATURE

SIGNATURE OF APPLICANT

DATE

APPLICANT'S SOCIAL SECURITY NUMBER

DATE

NOTARY PUBLIC

DATE

CLARKSTON POLICE DEPARTMENT

EMPLOYEE REIMBURSEMENT AGREEMENT

The Official Code of Georgia Annotated Title 35 Chapter 8 Section 22 (O.C.G.A. 35-8-22) states the following:

35-8-22.

(GCA § 92A-2122.1) **Reimbursement for Peace Officer’s Mandated or Formalized Training**

(a) Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any county or municipality thereof employs a peace officer and said peace officer is hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. If said officer is hired by another agency during a period of 15 to 24 months after mandated or formalized training requirements are completed, then one-half of the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. The council shall set standards for reimbursement by hiring agencies based upon actual expenses incurred in mandated or formalized training by individual departments.

(b) The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment thereof and **may enforce collection of such obligation through civil remedies and procedures.**

(c) Effective July1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgment of the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officers employment with the demanding governmental unit. Otherwise, this Code section shall not apply to such demand for reimbursement.

For good consideration and as an inducement for the Clarkston Police Department (Employer) to employ _____ (Employee/Applicant), the undersigned Employee/Applicant acknowledges that he/she has read and hereby agrees to abide by the provisions of O.C.G.A. 35-8-22 **Reimbursement for Peace Officer’s Mandated or Formalized Training.**

This agreement shall be binding upon _____ until such time as the parameters of O.C.G.A. 35-8-22 become exhausted.

Signed this _____ day of _____ 20_____.

Employee / Applicant (Print Name)

Witness

Employee / Applicant (Signature)

Notary