



Chris Hodge
Chief of Police



POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT
An equal opportunity employer

POSITION APPLIED FOR
DATE OF APPLICATION
DATE AVAILABLE TO START

REFERRAL SOURCE			
AD	FRIEND	RELATIVE	WALK-IN
RECRUITER	CURRENT OFFICER	OTHER	

APPLICANT INFORMATION

LAST	FIRST	MIDDLE

STREET	CITY	STATE	ZIP CODE

TELEPHONE NUMBER	EMAIL ADDRESS

		<u>YES</u>	<u>NO</u>
Do you have any relatives currently employed by the City of Auburn	Name and relation		
Have you previously been employed by the City of Auburn?	Dates and Title		
Are you presently employed?			
May we contact your current employer?			

		<u>YES</u>	<u>NO</u>
Are you prevented from lawfully becoming employed in the United States because of visa or immigration status?			
Have you ever been convicted of a felony?	If yes, please explain...		
Are you a veteran of the United States Armed Forces?	If yes, which branch and dates...		
Do you feel you can adequately perform the essential functions of the job for which you are applying?			

List any professional, trade, business, or civic activities and offices held...		
Please list the name, address, and telephone numbers of 3 references who are not related to you and are not previous employers		
NAME	ADDRESS	PHONE #

PREVIOUS EMPLOYMENT
(Begin with Most Recent)

Employer	Telephone	Beginning Date	Ending Date
Address	City	State	Zip Code
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer	Telephone	Beginning Date	Ending Date
Address	City	State	Zip Code
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer	Telephone	Beginning Date	Ending Date
Address	City	State	Zip Code
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer	Telephone	Beginning Date	Ending Date
Address	City	State	Zip Code
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

EDUCATION

	<u>High School</u>	<u>College/Technical School/University</u>	<u>Graduate School</u>
Name of School			
Number of Years Completed			
Degree/Year			
Course of Study	General Education		
Describe Specialized Training, Apprenticeships, Skills and Extracurricular Activities			
Honors & Recognitions Received			

Applicant's Statement

- I certify that answers herein are true and complete to the best of my knowledge.
- **I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.** I understand that this application is not a contract for employment.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the City of Auburn.
- I agree for the City/Department to require a medical exam, drug screen, criminal and motor vehicle history background check on me prior to employment.

Signature of Applicant

Date Signed

**AUBURN POLICE DEPARTMENT
1 AUBURN WAY
AUBURN, GA 30011
(770) 513-8657**

CONFIDENTIAL

QUESTIONNAIRE

APPLICANT NAME	
POSITION APPLIED FOR	

Again, answer each question completely and honestly. All police department personnel are subject to a polygraph examination. Many people are not accepted because of omissions and concealment rather than because of previous behavior. While indiscretion or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.

Finally, when you have fully completed this booklet, return it with your application along with one (1) copy of the following documents.

- 1. Your birth certificate**
- 2. Your High School diploma/GED**
- 3. Your College transcripts (if applicable)**
- 4. Your DD-214 (if applicable)**
- 5. Your Naturalization Certificate (if applicable)**
- 6. Your Drivers License**
- 7. Your Social Security Card**
- 8. A copy of your POST Certification Certificate, if you are a Georgia Post Certified Peace Officer**
- 9. Your Police Related Training Certificates If Applicable**
- 10. Medical Release From Your Physician (physician's note or office form)**
- 11. Your Driver's History (7 Year)**

IN ADDITON TO THE ABOVE:

RETURN THE ENCLOSED PERSONAL INQUIRY WAIVER COMPLETED AND NOTARIZED ALONG WITH THE COMPLETED AND NOTORIZED AUTHORIZATION FOR RELEASE OF INFORMATION. RETURN THE ORIGINALS ONLY - NO ADDITIONAL COPIES ARE REQUIRED.

APPLICANT INFORMATION

	LAST	FIRST	MIDDLE	
APPLICANT NAME				
	STREET	CITY	STATE	ZIP
ADDRESS				
	CELL	HOME	WORK	
PHONE NUMBERS				
	NICKNAMES	MAIDEN NAME (IF APPLICABLE)		
OTHER NAMES				
	DATE OF BIRTH	SOCIAL SECURITY NUMBER		
INFO				

FAMILY INFORMATION

	LAST	FIRST	MIDDLE	
MOTHER				
	STREET	CITY	STATE	ZIP
ADDRESS				
	CELL	HOME	WORK	
PHONE NUMBERS				
DATE OF BIRTH				

	LAST	FIRST	MIDDLE	
FATHER				
	STREET	CITY	STATE	ZIP
ADDRESS				
	CELL	HOME	WORK	
PHONE NUMBERS				
DATE OF BIRTH				

QUESTIONS

	YES	NO	IF YES, PLEASE EXPLAIN
HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FOR ACADEMIC PROBATION FROM ANY SCHOOL?			
ARE YOU ABLE TO COMMUNICATE IN ANY OTHER LANGUAGE OTHER THAN ENGLISH?			
HAVE YOU EVER BEEN DISCHARGED OR DISCIPLINED AT ANY EMPLOYMENT?			
HAVE YOU EVER RESIGNED IN LIEU OF DISCIPLINARY ACTION BEING TAKEN?			
HAVE YOU EVER RESIGNED IN LIEU OF TERMINATION?			
IS THERE ANY REASON THAT WOULD PREVENT YOU FROM TAKING AN OATH WITH OR WITHOUT AFFIRMATION?			
IS THERE ANY REASON THAT WOULD PREVENT YOU FROM SUPPORTING AND DEFENDING THE U.S. CONSTITUTION, GEORGIA CONSTITUTION, AND LAWS AND ORDINANCES OF THE CITY OF AUBURN?			
IS THERE ANY REASON THAT WOULD PREVENT YOU FROM THE TAKING OF LIFE IN THE LINE OF DUTY?			
DO YOU HAVE EXPERIENCE AS A SWORN OFFICER?			
DO YOU HAVE EXPERIENCE IN PRIVATE SECURITY?			

	YES	NO	IF YES, PLEASE EXPLAIN
DO YOU HAVE EXPERIENCE AS A POLICE INTERN, VOLUNTEER, CADET, OR EXPLORER?			
HAVE YOU EVER HAD AN EXTENDED WORK ABSENCE FOR REASONS OTHER THAN MEDICAL OR EARNED VACATION?			
IS THERE ANYTHING ELSE IN YOUR BACKGROUND YOU FEEL WE SHOULD BE AWARE OF?			

MILITARY STATUS

	YES	NO	IF YES, BRANCH OF SERVICE
HAVE YOU EVER SERVED IN THE ARMED SERVICES OF THE UNITED STATES?			
			DATES OF SERVICE
			TYPE OF DISCHARGE
	YES	NO	RESERVE ORG. NAME AND ADDRESS
DO YOU HAVE A RESERVE OBLIGATION?			
	YES	NO	IF YES, DESCRIBE IN DETAIL
WERE YOU EVER SUBJECT TO ANY TYPE OF DISCIPLINARY ACTION WHILE SERVING IN THE ARMED FORCES?			
	YES	NO	IF YES, EXPLAIN REASON FOR DENIAL
HAVE YOU EVER BEEN DENIED ENTRY INTO ANY ARMED FORCES?			

SPECIAL SKILLS/TRAINING

SKILL/TRAINING	YES	NO	SPECIFY COURSE/CERTIFICATION
EMT/PARAMEDIC			
EMERGENCY DRIVING			
FIREARMS TRAINING			
LEGAL/PARALEGAL			
LEADERSHIP COURSE(S)			
MARTIAL ARTS			
OTHER			

CHARACTER REFERENCES

List five (5) character references: (Not related to you by blood or marriage and who has known you for at least 5 years).

NAME	ADDRESS	YEARS KNOWN
PHONE NUMBER	EMAIL ADDRESS	OCCUPATION

NAME	ADDRESS	YEARS KNOWN
PHONE NUMBER	EMAIL ADDRESS	OCCUPATION

NAME	ADDRESS	YEARS KNOWN
PHONE NUMBER	EMAIL ADDRESS	OCCUPATION

NAME	ADDRESS	YEARS KNOWN
PHONE NUMBER	EMAIL ADDRESS	OCCUPATION

NAME	ADDRESS	YEARS KNOWN
PHONE NUMBER	EMAIL ADDRESS	OCCUPATION

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION

(List all motor vehicles currently owned or operated by applicant)

VEHICLE 1			
MAKE	MODEL	TAG NUMBER	STATE
VEHICLE 2			
MAKE	MODEL	TAG NUMBER	STATE
VEHICLE 3			
MAKE	MODEL	TAG NUMBER	STATE
VEHICLE 4			
MAKE	MODEL	TAG NUMBER	STATE

INSURANCE

COMPANY	ADDRESS	AGENT	PHONE

	YES	NO	IF YES, PLEASE EXPLAIN
HAS YOUR MOTOR VEHICLE INSURANCE EVER BEEN CANCELLED FOR NON-MEDICAL REASONS?			

DRIVER'S LICENSES

CURRENT				
NUMBER	TYPE	RESTRICTIONS	STATE	VALID
				YES NO
PREVIOUS				
NUMBER	TYPE	RESTRICTIONS	STATE	VALID
				YES NO
PREVIOUS				
NUMBER	TYPE	RESTRICTIONS	STATE	VALID
				YES NO
PREVIOUS				
NUMBER	TYPE	RESTRICTIONS	STATE	VALID
				YES NO

LICENSE HISTORY

	YES	NO	IF YES, PLEASE EXPLAIN
HAS YOUR LICENSE TO OPERATE A MOTOR VEHICLE EVER BEEN REVOKED, SUSPENDED, REFUSED, OR CANCELLED?			
HAS YOUR VEHICLE REGISTRATION EVER BEEN CANCELLED, REFUSED, REVOKED, OR SUSPENDED FOR ANY REASON?			
HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH DWI OR DUI?			
TO THE BEST OF YOUR KNOWLEDGE, HOW MANY POINTS ARE CURRENTLY ON YOUR DRIVER'S LICENSE?			
HAVE YOU RECEIVED ANY SAFE DRIVING AWARDS?			
HAVE YOU GRADUATED FROM A DRIVER'S EDUCATION COURSE?			
HOW MANY YEARS HAVE YOU BEEN DRIVING?			
WHAT TYPE OF EQUIPMENT HAVE YOU DRIVEN?			
IN WHAT STATES OR COUNTRIES HAVE YOU BEEN LICENSED AND REGISTERED TO OPERATE A MOTOR VEHICLE?			

TRAFFIC RECORD
(LIST ALL MOVING TRAFFIC VIOLATIONS YOU HAVE RECEIVED)

VIOLATION	DISPOSITION	AGENCY	DATE
VIOLATION	DISPOSITION	AGENCY	DATE
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VIOLATION	DISPOSITION	AGENCY	DATE
VIOLATION	DISPOSITION	AGENCY	DATE
VIOLATION	DISPOSITION	AGENCY	DATE
VIOLATION	DISPOSITION	AGENCY	DATE

TRAFFIC ACCIDENTS
(List all traffic accidents in which you were the driver of the vehicle)

DATE	CITY	STATE	DISPOSITION	CITATION RECEIVED?
				YES NO
DATE	CITY	STATE	DISPOSITION	CITATION RECEIVED?
				YES NO
DATE	CITY	STATE	DISPOSITION	CITATION RECEIVED?
				YES NO

DATE	CITY	STATE	DISPOSITION	CITATION RECEIVED?
				YES NO
DATE	CITY	STATE	DISPOSITION	CITATION RECEIVED?
				YES NO
DATE	CITY	STATE	DISPOSITION	CITATION RECEIVED?
				YES NO

CRIMINAL HISTORY

Have you ever committed or participated in any of the following crimes (whether you were caught or not)?

CRIME	YES	NO	CRIME	YES	NO
VANDALISM			TELEPHONE RELATED CRIME		
CHILD ABUSE OR MOLESTATION			COMPUTER RELATED CRIME		
HUNTING/FISHING LAW VIOLATION			IMPERSONATING A POLICE OFFICER		
TRESPASSING			ASSAULT		
ARSON			WEAPONS VIOLATION		
THEFT OR UNAUTHORIZED USE OF MOTOR VEHICLE			AIDED OR ABETTED COMMISION OF A CRIME		
FALSE ALARM			CHECK FRAUD		
EMBEZZLEMENT			SEXUAL ASSAULT		
EXTORTION			PUBLIC INTOXICATION		
PROSTITUTION			DISORDERLY CONDUCT		
THEFT			WIRETAPPING		
PERJURY			BURGLARY		
BIGAMY			ROBBERY		
GIVING FALSE INFORMATION			OTHER		

EXPLANATION FOR ANY ANSWERS OF "YES" ABOVE	
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ADDITIONAL CRIMINAL QUESTIONS	YES	NO
HAVE YOU USED A WEAPON OF ANY KIND DURING A FIGHT?		
HAVE YOU BEEN PLACED ON PROBATION OR PAROLE FOR ANY REASON?		
HAVE YOU INJURED ANYONE AS A RESULT OF A FIGHT?		
HAVE YOU BEEN PRESENT AT, WITNESS TO, OR INVOLVED IN ANY WAY IN ANY KIND OF MURDER, KILLING, MANSLAUGHTER, OR ANY UNNATURAL DEATH OF A HUMAN BEING?		
HAS YOUR CAR EVER BEEN USED IN THE COMMISSION OF A CRIME?		
HAVE YOU BEEN NAMED, IN ANY MANNER, IN A CIVIL LAWSUIT?		
HAVE YOU USED ANY ILLEGAL DRUGS IN THE PAST 5 YEARS?		
HAVE YOU EVER BEEN ARRESTED, INTERVIEWED, OR DETAINED BY ANY LAW ENFORCEMENT AGENCY?		
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE NOT INCLUDING TRAFFIC OFFENSES?		
ARE YOU FRIENDS WITH ANYONE WHOME YOU SUSPECT OF BEING A SELLER OF ILLEGAL DRUGS?		
IS THERE ANYTHING IN YOUR PAST, WHICH IF ASCERTAINED AT A LATER DATE, MAY PROVE EMBARRASSING TO YOU OR TO THE DEPARTMENT, IF EMPLOYED?		
PLEASE PROVIDE EXPLANATION AND DETAILS FOR ANY QUESTION ABOVE ANSWERED IN THE AFFIRMATIVE		

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I certify that all entries made by me in this booklet are true and correct to the best of my knowledge. I further understand that if at any time during my employment with the Auburn Police Department it is discovered that I have made an untruthful statement, falsified my application, omitted requested pertinent information or given any misleading statements, it shall be sufficient cause for my immediate termination.

Signature of Applicant

Print Name

Date

CRIMINAL HISTORY RECORD

CONSENT FORM

LAW ENFORCEMENT OFFICERS – PURPOSE CODE J

Revisions to the Federal Omnibus Consolidation Appropriations Act of 1997 and amendments to the Gun Control Act of 1968 makes it unlawful for any person convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. There are no provisions in this law for exemptions.

I hereby give my consent for a criminal history record check to be conducted. I understand that this consent is voluntary, however I acknowledge that refusal to give this consent may have an adverse effect on my continue employment as a law enforcement officer.

Full name

Sex

Race

Date of Birth

Social Security #

Signature

Date

Notary Public

AUTHORIZATION FOR RELEASE OF INFORMATION

CITY OF AUBURN GEORGIA

TO WHOM IT MAY CONCERN: I am an applicant for a position with the City of Auburn. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information is concerning my personal and employment history be disclosed to the City. I hereby authorize any representative of the City of Auburn bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Auburn, whether said records are of public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of any personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Auburn to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work records, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or 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, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organizations, and all others from liability or damages that my result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and 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. I direct you to release such information upon request of the duly accredited representative of the City of Auburn regardless of any agreement I may have made with you previously to the contrary. The governmental organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Auburn, acceptance and processing of my application for employment, I agree to hold the custodian of such records, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Auburn. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Auburn in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on the rear of this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signed this _____ day of _____ 20____

Applicant signature: _____

Print Name: _____

Date of Birth _____

Notary Public: _____ Date _____