



**CITY OF KINGSLAND POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT**

The City of Kingsland is an equal opportunity employer. It adheres to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, ethnic origin, national origin, marital or veteran status, citizenship, age, or disability.

Instructions: You must complete this application even if a resume is attached. Type or print in ink. Please answer all questions completely and accurately. If more space is needed, attach additional sheets referring to an applicable section of the application.

Position applying for: _____

Name: _____ Social Security Number: _____
(Last, First, Middle)

Address: _____
(Street, Apt. #) City, State, Zip Code

Home Telephone: _____ Business Telephone: _____

Email Address: _____ Other Telephone: _____

Please answer the following questions:

Are you 21 years of age or older? Yes No

Do you have a driver's license? Yes No State _____ Expiration date: _____ Class: _____

Are you now or have you ever been employed by the City of Kingsland? Yes No

Are any members of your family or any relative employed by The City of Kingsland? Yes No

If yes, give name, relationship and where employed: _____

Have you ever served on active duty with U.S. Armed Forces? Yes No If yes, what branch? _____

Date entered active duty: _____ Date discharged/separated: _____ Final rank: _____

List other names under which you have worked, applied for work, or attended school: _____

Employment desired: Full-Time Only Part-Time Only Full- or Part-Time

If you are not available for work now, enter the earliest date you can begin work (mo./day/yr.): _____

Have you ever been discharged or asked to resign from any position? Yes No

If yes, give details: _____

Will you be able to provide proof of identity/authorization to work in the U.S.? Yes No

Computer Skills: Word Excel Outlook Power Point Other _____

General Computer Knowledge: Basic Intermediate Advanced

EDUCATION:

Name of High School	Address	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you did not graduate from high school do you have a G.E.D. equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the G.E.D.: <input type="checkbox"/> Military or <input type="checkbox"/> Civilian
Date received:		

College/University Name/Address	Dates Attended (Mo/Yr)		Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree
	From	To		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Business, Trade, Technical Schools and other Training	Dates Attended (Mo/Yr)		Certificates Received or Subjects Taken
	From	To	

Give the name of any professional (engineering, police, CPA, etc.) license you hold.	Date of Issuance	Expiration Date	License Number

EMPLOYMENT HISTORY:

Complete the entire section in detail; do not use "see resume." List chronologically all employment for the last 10 years including current, part-time and volunteer employment. All time must be accounted for. Any length of time not employed, indicate dates and reason for unemployment. Please attach a separate sheet of paper for additional employment history.

May we contact your current employer for a reference? Yes No Not Applicable

1. Name of Present or last employer:			
Address:			
Job Title:	From:	To:	
Beginning Annual Salary:	Ending Annual Salary:		
Supervisor's Name:		Phone Number:	
Duties & Responsibilities:			
Reason for Leaving:			

2. Name of Present or last employer:		
Address:		
Job Title:	From:	To:
Beginning Annual Salary:	Ending Annual Salary:	
Supervisor's Name:		Phone Number:
Duties & Responsibilities:		
Reason for Leaving:		

3. Name of Present or last employer:		
Address:		
Job Title:	From:	To:
Beginning Annual Salary:	Ending Annual Salary:	
Supervisor's Name:		Phone Number:
Duties & Responsibilities:		
Reason for Leaving:		

4. Name of Present or last employer:		
Address:		
Job Title:	From:	To:
Beginning Annual Salary:	Ending Annual Salary:	
Supervisor's Name:		Phone Number:
Duties & Responsibilities:		
Reason for Leaving:		

5. Name of Present or last employer:		
Address:		
Job Title:	From:	To:
Beginning Annual Salary:	Ending Annual Salary:	
Supervisor's Name:		Phone Number:
Duties & Responsibilities:		
Reason for Leaving:		

Have you ever been dismissed or asked to resign? Yes No

If yes, please explain _____

Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions, and counseling's, taken against you for any employment or position you have held? Yes No

If yes, please provide details or documents _____

Have you resigned or left a job by mutual agreement for any reason? Yes No

If yes, please provide details _____

Personal References: Give three (3) references (not relatives, former or present employer, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation. Provide complete mailing addresses and phone numbers.

Complete Name	Relationship
Home Address:	Home Phone
Business Address:	Business Phone
Occupation:	# of Year Acquainted:

Complete Name	Relationship
Home Address:	Home Phone
Business Address:	Business Phone
Occupation:	# of Year Acquainted:

Complete Name	Relationship
Home Address:	Home Phone
Business Address:	Business Phone
Occupation:	# of Year Acquainted:

**COMPLETE THE FOLLOWING SECTIONS ONLY IF APPLYING
FOR A SWORN POLICE POSITION**

Have you ever applied or worked with any law enforcement agencies? Yes No

If yes, please provide the following:

1. Agency and/or Department:		
Address:		
Date Applied:	Position Applied for:	Status:

2. Agency and/or Department:		
Address:		
Date Applied:	Position Applied for:	Status:

3. Agency and/or Department:		
Address:		
Date Applied:	Position Applied for:	Status:

Do you own a business or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No

If yes, please provide name and address of business, corporate or organization and describe your relationship or position: _____

Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer to include extra duty details and auxiliary? Yes No

If yes, please provide name and address of business, corporation, or organization and describe your relationship or position: _____

MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Service #: _____ Duty Dates: From: _____ To: _____ Job Specialty: _____

2. Are you now or have you ever been a member of the Reserve Unit or the National Guard? Yes No
If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps: _____

3. Was any type of disciplinary action taken against you in the service? Yes No
If yes, please provide:
Date: _____ Place: _____ Nature of Offense: _____

Action Taken: _____

ARREST HISTORY / COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations? Yes No

2. Have you ever been convicted or charged of a felony or misdemeanor? Yes No

3. To your knowledge, has any member of your family ever been arrested for a felony or misdemeanor?
 Yes No

4. If you answered yes to questions 1-3, list all such matters even if not formally charged, no court appearance or found not guilty or nolo contendere to any charges for which adjudication was withheld or matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile charges and charges which have been sealed, if any.)

Applicant	Place & Department	Charge	Court & Plea	Date of Charge	Disposition
Relative's Name/Relationship	Place & Department	Charge	Court & Plea	Date of Charge	Disposition

5. Have you or your spouse ever been a plaintiff or defendant in a court action? Yes No

6. Have you ever been detained by any law enforcement officer for investigation purposes **OR** have you ever been the subject of **OR** a suspect in any criminal investigation? Yes No

7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No

If yes to questions #5 and #6, please provide details: _____

DRIVING HISTORY

1. Are you a licensed Georgia automobile operator? Yes License No.: _____
 Date of Expiration: _____ Restrictions: _____ Endorsements: _____

2. Do you hold or have you ever held an operator license in another state? Yes No
 If yes, please provide state(s), name used, driver license(s) number and approximate dates license(s) was/were held, if known: _____

3. Have you ever received a ticket or been charged with a traffic violation? Yes No
 If yes, list charge, date, and disposition: _____

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?
 Yes No If yes, please provide complete details including reason and place: _____

5. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No
 If yes, please provide completed details: _____

RESIDENCES

List chronologically all address, including residences while at school and in the military. For college or campus residences, give dormitory name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office. If apartment complex, give name, phone number and point of contact/manager. Attach a separate sheet of paper for additional residences if necessary.

Dates – Mo./Yr.		Street Address.	City	County	State	Zip
From	To					

ORGANIZATION MEMBERSHIP

List all clubs and societies of which you are or have been a member.

Name	City & State	Former Member	Present Member List position held & describe activity

1. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force of violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No
2. Have you ever made a financial or other material contribution to any organization of the type described in question 1 above? Yes No
3. At the time of your membership, participation, or contribution, did you know of any unlawful aims to the organization? Yes No
4. Did you intend to promote any unlawful aims of the organization? Yes No

If yes to questions #1-4 above, explain including name of the organization and location: _____

BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale of distribution of alcoholic beverages? Yes No
2. Are you now issued or ever been issued a license to engage in a business or profession? Yes No
3. Was the license ever canceled, suspended, or revoked? Yes No

If yes to questions 1-3, please provide details including the type of license or certificate, the agency that issued the license, effective date of the license, and license number: _____

APPLICANT CERTIFICATION

CERTIFICATION: (Please read the application and your answers carefully before signing.)

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the City of Kingsland (the City) to thoroughly investigate my references, work records, personnel records, education, criminal background and other matters related to my suitability for employment and, further authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release the City, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. If I am an applicant for a sworn law enforcement position, I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the City and that it and the information received in response to the background examination are public records.

I understand that if offered employment through a formal written offer letter, the offer is contingent on my passing the drug screen and physical. Refusal to submit or failure to pass the drug screen/physical will result in withdrawal of the offer of employment.

Applicant's Signature _____ Date _____

COMPLETE THE FOLLOWING CERTIFICATION ONLY IF APPLYING FOR A POLICE DEPARTMENT POSITION

In addition to the above statement, by signing this application I voluntarily agree to submit to the required pre-employment tests that may include physical ability, psychological test, CVSA and drug screen/physical. I understand that passing the required pre-employment tests are required in order to be employed in sworn law enforcement with the City. I understand that the physical agility, CVSA and psychological test will be administered prior to an offer of employment and if offered employment through a formal written offer letter, the offer is contingent on my passing the drug screen and physical.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City is of an "at will" nature, which means that I may resign at any time and the City may discharge me at any time with or without cause.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

AFFIDAVIT *(Must be notarized)*

Applicant's Signature _____ Date _____

The foregoing was acknowledge before me this _____ day of _____ Year _____

By, _____, who is personally known by me or who has produced _____ as identification.

Signature of person taking acknowledgment _____ Printed Name _____

Title or Rank