



Do you feel you can properly perform the essential functions of the job for which you are making this application? Yes    No

List professional, trade, business or civic activities and offices held. You may exclude those which indicate your race, color, religion, sex, national origin or disability. \_\_\_\_\_

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Please list the names, addresses and telephone numbers of **three references** who are not related to you and are not previous employers. \_\_\_\_\_

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**Employment Experience**

**Begin with your present or last job.** Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer 1.	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 2.	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 3.	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 4	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 5	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

**Special Skills and Qualifications**

Please summarize any special skills and qualifications acquired from employment or other experience. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special skills and experience (check any that apply to you).

Dictaphone     Drivers License     Typing WPM     Bookkeeping  
 Keypunch     CDL License     POST Training # of hours     Work nights

	<u>High School</u>	<u>College/Technical School/University</u>	<u>Graduate School</u>
Name of School			
Number of Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Degree/Year			
Course of Study	General Education		
Describe Specialized Training, Apprenticeships, Skills and Extracurricular Activities			
Honors & Recognitions Received			

Please state any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_

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**Applicant's Statement**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or other agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

**SUBSTANCE ABUSE TESTING**

Effective March 6, 2001, all job applicants at the City of Glennville will undergo testing for the presence of alcohol or illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be denied employment.

Applicants will be required to submit voluntarily to a drug screening test at a facility chosen by this company, and by signing a consent agreement will release this company from liability.

If the official or lab personnel have reasonable suspicion to believe that the job applicant has tampered with the specimen, the applicant will not be considered for employment.

The City of Glennville will not discriminate against applicants for employment because of a past history of drug abuse. It is the current abuse of drugs, preventing employees from performing their jobs properly, that this company will not tolerate.

Individuals who have failed a pre-employment test may initiate another inquiry with the company after a period of not shorter than six (6) months; but they must present themselves drug free as demonstrated by screening tests selected by this company.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

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

\_\_\_\_\_  
Date Signed

<b><u>For Hiring Department to Complete</u></b>	
Arrange interview? <input type="checkbox"/> Yes <input type="checkbox"/> No    Interviewer: _____	
Remarks: _____	
Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No    Date of Employment: _____	
Job Title: _____                            Department: _____	
Completed by: _____                            Date: _____	



**GLENNVILLE POLICE DEPARTMENT  
201 SOUTH CHURCH STREET  
GLENNVILLE, GA 30427  
(912) 654-2103/FAX (912) 654-1879**

**CONFIDENTIAL**  
**QUESTIONNAIRE**

**APPLICANT'S NAME** \_\_\_\_\_

**POSITION APPLYING 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 with your application it 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 card, if you are a certified Georgia Peace Officer.**

**IN ADDITON TO THE ABOVE:**

**RETURN THE ENCLOSED PERSONAL INQUIRY WAIVER COMPLETED AND NOTARIZED. RETURN THE ORIGINAL ONLY - NO ADDITIONAL COPIES ARE REQUIRED.**

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**APPLICANT INFORMATION**

**Applicant's name** \_\_\_\_\_  
**Last** **First** **Middle**

**Present Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Nicknames:** \_\_\_\_\_

**Maiden Name (if applicable):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

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**FAMILY BACKGROUND OF APPLICANT**

Provide complete address, zip codes and phone numbers.

**Father:** \_\_\_\_\_  
                     **Last**                            **First**                            **Middle**                            **DOB**

**Address:** \_\_\_\_\_  
                     **Street Address**                            **City**                            **State**                            **Zip**

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Mother:** \_\_\_\_\_  
                     **Last**                            **First**                            **Middle**                            **DOB**

**Address:** \_\_\_\_\_  
                     **Street Address**                            **City**                            **State**                            **Zip**

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**NOTE: If you were reared by anyone other than your parents, give the following information concerning those who raised you below:**

**Name of Person:** \_\_\_\_\_  
                                     **Last**                            **First**                            **Middle**                            **DOB**

**Address:** \_\_\_\_\_  
                     **Street Address**                            **City**                            **State**                            **Zip**

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Dates you were under this person's charge: From:** \_\_\_\_\_  
   **Month**            **Day**            **Year**

**To:** \_\_\_\_\_  
                                     **Month**            **Day**            **Year**

List applicant's previous addresses for the past ten years. (Work backwards, list current address first.)

Address	From	To

Use reverse side for additional space, if necessary.

**EDUCATION/TRAINING/SKILLS**

HIGH SCHOOL/VOCATIONAL SCHOOL GRADUATED FROM:

SCHOOL ADDRESS CITY/STATE/ZIP

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Graduated High School/GED awarded: \_\_\_\_\_

Highest Grade completed: \_\_\_\_\_

**COLLEGES/UNIVERSITIES**

What colleges or universities have you attended? (List most recent first and work backwards.)

College/University	Location	Graduated Yes or No	Major

Have you ever been suspended or expelled for academic probation from any school?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain.

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**FOREIGN LANGUAGE SKILLS**

Are you able to communicate in any language other than English (including sign language)? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, specify and state fluency and reading levels:

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Use reverse side for additional space, if necessary.

**MILITARY STATUS OF APPLICANT**

Have you served in the armed forces of the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, branch of service: \_\_\_\_\_

Date of Service from: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge: (**exclude specific Medical Reasons**) \_\_\_\_\_

Any reserve obligation: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, supply reserve organization name and address below:

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Were you ever subject to any type of disciplinary action while serving in the Armed Forces? If yes, describe in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been denied entry into any Armed Forces? Yes \_\_\_\_ No \_\_\_\_\_  
If yes explain the basis for your denial (**exclude specific Medical Reasons**)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use reverse side for additional space, if necessary.

**APPLICANT'S EMPLOYMENT BACKGROUND**

List all employment including part-time, beginning with current employer first, and work backwards **FOR A PERIOD OF TEN (10) YEARS**. You must include any employment from which you were terminated, regardless of when it occurred in your work history.

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Supervisor: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to: \_\_\_\_\_

Reason for leaving: **(exclude specific Medical Reasons)** \_\_\_\_\_

\_\_\_\_\_  
We will contact your current employer in the course of our background investigation.

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Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Supervisor: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to: \_\_\_\_\_

Reason for leaving: **(exclude specific Medical Reasons)** \_\_\_\_\_

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Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Supervisor: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to: \_\_\_\_\_

Reason for leaving: **(exclude specific Medical Reasons)** \_\_\_\_\_

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Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Supervisor: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to: \_\_\_\_\_

Reason for leaving: **(exclude specific Medical Reasons)** \_\_\_\_\_

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Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Supervisor: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to: \_\_\_\_\_

Reason for leaving: **(exclude specific Medical Reasons)** \_\_\_\_\_

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Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Supervisor: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to: \_\_\_\_\_

Reason for leaving: **(exclude specific Medical Reasons)** \_\_\_\_\_

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If you answer “yes” to any of the questions below, give full details including the name and address of each employer, approximate dates and the circumstances in each case.

Have you ever been discharged or disciplined at any employment? Yes \_\_\_ No\_\_\_ If yes, explain. \_\_\_\_\_

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Have you ever resigned (quit) while anticipating your employer intended to discharge (fire) you for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain. \_\_\_\_\_

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Have you ever resigned (quit) while anticipating that your employer intended to take any form of disciplinary action against you? Yes \_\_\_\_\_ No \_\_\_\_\_, if yes, explain. \_\_\_\_\_

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Use reverse side for additional space, if necessary

**MISCELLANEOUS**

**SPECIAL SKILLS/TRAINING**

DO YOU HAVE SKILLS OR TRAINING IN THE FOLLOWING AREAS?

<b>SKILL/TRAINING</b>	<b>NO</b>	<b>YES</b>	<b>SPECIFY COURSE/CERTIFICATION</b>
EMT /Paramedic			
Emergency Driving			
Firearms Training			
Legal/ Paralegal			
Leadership Course(s)			
Martial Arts			
Other (Specify)			

Is there anything else in your background that you feel we should be aware of as we consider your employment application? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, explain)

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Is there any reason that would prevent you from?

- A) Taking an oath with or without an affirmation?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, Explain: \_\_\_\_\_  
\_\_\_\_\_
- B) Supporting and defending the Constitution of the United States, The State of Georgia, and the laws and ordinances of the City of Glennville?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- C) Taking of life in pursuit of duty? Yes \_\_\_\_ No \_\_\_\_ if yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Use reverse side for additional space, if necessary.

**POLICE/SECURITY EXPERIENCE**

Do you have experience as a sworn officer? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain, list any State certifications held and date of certification:

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Do you have experience in private security? Yes \_\_\_\_\_ No \_\_\_\_\_, If yes, explain:

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Do you have experience as a police intern, volunteer, cadet or explorer? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain:

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Have you ever had an extended work absence for reasons other than medical or earned vacation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

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Use reverse side for additional space, if necessary.

## 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).

1) Name and Address: \_\_\_\_\_

\_\_\_\_\_ # years known: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

2) Name and Address: \_\_\_\_\_

\_\_\_\_\_ # years known: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

3) Name and Address: \_\_\_\_\_

\_\_\_\_\_ # years known: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

4) Name and Address: \_\_\_\_\_

\_\_\_\_\_ # years known: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

5) Name and Address: \_\_\_\_\_

\_\_\_\_\_ # years known: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

**APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION**

1. List all motor vehicles currently owned or operated by applicant.

	Vehicle #1	Vehicle #2	Vehicle #3
Make			
Model			
Tag Number			
State			

2. Motor vehicle insurance company(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Agent: \_\_\_\_\_ Phone No.: \_\_\_\_\_

3. Has your automobile insurance ever been canceled for non-medical reasons?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes explain on reverse side of page.

4. List all current and past drivers licenses issued to applicant:  
 Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_  
 Valid? \_\_\_\_\_ Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_  
 Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_  
 Valid? \_\_\_\_\_ Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_  
 Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_  
 Valid? \_\_\_\_\_ Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

5. Has your license or privileges to operate a motor vehicle ever been revoked, refused, suspended or canceled? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain in detail supplying reasons, dates, locations, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Has your vehicle registration ever been canceled, refused revoked or suspended for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Have you ever been arrested or charged with DRIVING WHILE INTOXICATED or DRIVING UNDER THE INFLUENCE? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

8. To the best of your knowledge, how many points are currently on your driver's license? \_\_\_\_\_ Points
9. How many years have you been driving? \_\_\_\_\_ Years
10. What type of equipment have you driven? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. In what geographical areas have you operated a vehicle? \_\_\_\_\_  
\_\_\_\_\_
12. Have you received any safe driving awards? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, furnish a copy of the award or certificate.
13. Have you received driver's education? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, furnish a copy of the certificate.

Use area below for additional space, if necessary.

## TRAFFIC RECORD

List all traffic violations (except parking tickets) you have received.

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

Disposition: \_\_\_\_\_

\_\_\_\_\_

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

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

Disposition: \_\_\_\_\_

\_\_\_\_\_

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

\*\*\*\*\*

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

Disposition: \_\_\_\_\_

\_\_\_\_\_

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

\*\*\*\*\*

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

Disposition: \_\_\_\_\_

\_\_\_\_\_

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

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Use reverse side for additional space, if necessary.

**TRAFFIC ACCIDENTS**

List all traffic accidents in which you were the driver of the vehicle.

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Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you receive a citation? Yes \_ No \_ If yes, what was the violation? \_\_\_\_\_

Disposition: \_\_\_\_\_

\*\*\*\*\*

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you receive a citation? Yes \_ No \_ If yes, what was the violation? \_\_\_\_\_

Disposition: \_\_\_\_\_

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Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you receive a citation? Yes \_ No \_ If yes, what was the violation? \_\_\_\_\_

Disposition: \_\_\_\_\_

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Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you receive a citation? Yes \_ No \_ If yes, what was the violation? \_\_\_\_\_

Disposition: \_\_\_\_\_

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Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you receive a citation? Yes \_ No \_ If yes, what was the violation? \_\_\_\_\_

Disposition: \_\_\_\_\_

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Use reverse side for additional space, if necessary.

## CRIMINAL HISTORY

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

<b>CRIME</b>	<b>YES</b>	<b>NO</b>	<b>CRIME</b>	<b>YES</b>	<b>NO</b>
Vandalism			Telephone Related Crime		
Child Abuse or Molestation			Computer Related Crime		
Hunting/Fish Law Violation			Impersonating a Police Officer		
Trespassing			Assault		
Arson			Weapons Violation		
Theft or Unauthorized Use Of a Motor Vehicle			Aided or Abetted in the Commission of a Crime		
False Alarm			Fraud (Bad Checks)		
Embezzlement			Sexual Assault		
Extortion			Public Intoxication		
Prostitution			Disorderly Conduct		
Theft			Wiretapping		
Perjury			Burglary		
Bigamy			Robbery		
Giving False Information			Other		

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN IN DETAIL BELOW, INCLUDE DATES AND DISPOSITION.

Use reverse side for additional space, if necessary.

HAVE YOU EVER:

	Yes	No
Used a weapon of any kind during a fight?		
Been placed on parole or probation for any reason?		
Injured anyone as a result of a fight?		
Been present at, witness to or involved in any way in any kind of murder, killing, manslaughter, or other unnatural death of a human being?		
Has your car been used in the commission of a crime?		
Have you been named in any manner, in a civil law suit?		
Have you used any illegal drugs in the past (5) five years?		

If you answered yes to any of the above questions, explain fully below. \_\_\_\_\_

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Is there anything in your past, which if ascertained at a later date, may prove to be embarrassing to you or to the Department, if employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain in detail. \_\_\_\_\_

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Use reverse side for additional space, if necessary.

**CRIMINAL HISTORY**

Have you ever been arrested, interviewed, interrogated or detained by any law enforcement agency? Yes \_\_\_\_ No \_\_\_\_ If yes, explain in detail. Give date(s), reason(s), agency(s) and disposition(s): \_\_\_\_\_

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Have you ever been placed on probation or parole? Yes \_\_\_\_ No \_\_\_\_ If yes, explain in detail. Give date(s), reason(s), authority(s) and disposition(s): \_\_\_\_\_

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Have you ever been convicted of a criminal offense? (Exclude traffic related offenses). Yes \_\_\_\_ No \_\_\_\_ If yes, provide all details: \_\_\_\_\_

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Are you friends with anyone whom you suspect of being a seller of illegal drugs? Yes \_\_\_\_ No \_\_\_\_ If yes, explain in detail \_\_\_\_\_

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**GLENNVILLE POLICE DEPARTMENT  
201 SOUTH CHURCH STREET  
GLENNVILLE, GA 30427  
(912) 654-2103/ FAX (912) 654-1879**

I certify that all entries made by me in this booklet are true and correct to the best of my knowledge. I further understand and that if at any time during my employment with the Glennville 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.

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Signature of Applicant

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Print Name

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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**

**My commission expires \_\_\_\_\_, 20 \_\_\_\_\_**