



PRE-EMPLOYMENT BACKGROUND PACKET

*Clarkston Police Department
3921 Church Street
Clarkston, Georgia 30021*

**Christine Hudson
Chief of Police**

Dear Applicant,

Thank you for taking an interest in employment with the Clarkston Police Department. All applicants for any position within the Clarkston Police Department are required to successfully complete an intensive background investigation. If you are still interested in employment, the next step in the application process will be the completion and submission by you of the information requested herein. Enclosed you will find the Clarkston Police Department Background Packet consisting of a Pre-Employment Questionnaire, Personal Data Form and Authorization for Release of Personal Information, along with instructions for each. Please complete and return by mail or in person to the address shown below. **Any applicant, who fails to complete the required forms and to supply proper documents such as birth certificate, transcripts, etc., will be removed from further employment consideration.**

Clarkston Police Department

3921 Church Street

Clarkston, Georgia 30021

It is vitally important that you provide full and complete information. **Any evasion, omission or deliberate false statement by you will invalidate your application.**

After review of your background packet, you may be contacted for an interview. The purpose of the interview will be to determine your suitability for employment.

Sincerely,



Harry Hess
Assistant Chief of Police

CLARKSTON POLICE DEPARTMENT

INSTRUCTIONS FOR COMPLETION OF YOUR PRE-EMPLOYMENT BACKGROUND PACKET

1. If forms are handwritten, use blue or black ink and be sure forms are clear and legible.
 2. If additional space is needed for any section or question in the enclosed forms, or if you wish to furnish additional information, attach sheets of paper the same size as these forms, and assign numbered answers to correspond to the questions.
 3. **All information must be completed and returned within 15 days.**
 4. **Incomplete forms/packets will not be accepted.**
 5. You must answer all questions correctly. **Do not use "N/A"**, meaning not applicable. *Failure to furnish the pertinent information requested on the application may result in the Clarkston Police Department being unable to complete a background investigation and may disqualify you as a candidate for employment. Intentional omissions or false answers will be a basis for the termination of the application process.*
 6. If you are unable to provide any of the information requested, an explanation must be given as to the reason.
 7. **The information provided by you will be subject to both polygraph examination and background investigation.**
 8. Questions concerning your pre-employment background packet may be directed to the Clarkston Police Department at (404) 292-9465.
 9. Any information received throughout the employment process including, but not limited to, the background packet, release forms, employment information, psychological reports, credit information, medical information, etc., are the sole property of the Clarkston Police Department and no information will be released back to the applicant.
- Please read the following statements, then sign and date this form. Your signature denotes that you have read and understand the statement:
 - 1) **I UNDERSTAND THAT IF I DO NOT WISH TO ANSWER A QUESTION IN THIS BOOKLET, I MAY CHOOSE NOT TO DO SO AND MY APPLICATION WILL BE TERMINATED.**
 - 2) **I UNDERSTAND THAT IN ORDER TO PROMOTE AND ENCOURAGE CANDID EVALUATIONS BY PERSONS INTERVIEWED DURING APPLICANT BACKGROUND INVESTIGATIONS, ALL EVALUATIONS SHALL BE CONFIDENTIAL, PURSUANT TO THE OPEN RECORDS ACT. CONFIDENTIAL EVALUATIONS ARE INFORMATION OR RECORDS WHICH ASSESS WORK PERFORMANCE, PREJUDICES, INTEGRITY, ETHICAL CONDUCT, HONESTY, FINANCIAL RESPONSIBILITY, OR PAST PERSONAL BEHAVIOR.**

Signature

Date

DOCUMENTS TO BE SUBMITTED WITH YOUR BACKGROUND PACKET

Enclose all of the following applicable documents with your completed Background Packet in the envelope provided for your convenience.

- (1) **Certified Copy** of your Birth Certificate and/or **Certified Copy** of Court Orders Authorizing Any Name Change. If name change due to marriage and/or divorce, include Certified Copies of Marriage Certificate(s) and Divorce Decree(s) as applicable.
- (2) **Certified Copy** of Certification of Naturalization (if you are a Naturalized Citizen) OR **Photocopy** of your INS Card (issued by U.S. Immigration & Naturalization)
- (3) **Photocopy** of P.O.S.T. Certification (if currently certified)
- (4) **Photocopy** of DD-214 for each period of Military Service (Must be Member-4 copy showing lines 23-30 regarding separation and discharge information)
- (5) **Photocopy** of Selective Service Registration Card if you are a male applicant between the ages of 18 and 26 years of age. (Proof may also be obtained online from the Selective Service System Website at <https://www.sss.gov/RegVer/wfVerification.aspx> or at the Selective Service Automated Line telephone number (847) 688-6888). *

**Any male applicant between the ages of 18 and 26 years of age must present proof of having registered with the Selective Service System as required by federal law, or of being exempt from such registration.*

**NO PHOTOCOPIES WILL BE ACCEPTED
IN LIEU OF CERTIFIED COPIES**

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Clarkston Police Department, whether such records are of a public, private, or confidential nature.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

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 used in determining my suitability and continuing suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Clarkston Police Department to be a participant in the determination process of employment suitability. 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 do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

_____	_____
Full Name Printed	Signature
_____	_____
Street Address	Date
_____	_____
City/State/Zip	Sex Race
_____	_____
Social Security Number	Date of Birth & Driver License Number/State

CLARKSTON POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF CREDIT HISTORY

I do hereby authorize a review and full disclosure of Credit History records concerning myself to any duly authorized investigator of the Clarkston Police Department.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or rating), and other financial statements and records wherever filed.

I understand that any information obtained by a credit history which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability and continuing suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Clarkston Police Department to be a participant in the determination process of my employment suitability. I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I understand that under the Federal Fair Credit Reporting Act, I have the right to:

- (a) obtain (under section 612) information contained in my credit file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against me because of information supplied by the consumer reporting agency if I request the report within 60 days of receiving notice of the action.
- (b) dispute (under section 611) with a consumer reporting agency the accuracy or completeness of any information in a consumer report furnished by the agency.

I understand that the consumer reporting agency does not make decisions regarding any adverse action taken by the Clarkston Police Department nor is the consumer reporting agency able to provide any specific reasons why an adverse action was taken.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Credit History.

Full Name Printed

Signature

Street Address

Date

City/State/Zip

Sex

Race

Social Security Number

Date of Birth

CLARKSTON POLICE DEPARTMENT

PROBATION PERIOD POLICY STATEMENT

I understand that employment with the Clarkston Police Department begins with a probationary period during which I must demonstrate my fitness for continued employment. In addition, I understand that failure to successfully complete this probationary period will result in the termination of employment.

I further understand that any employment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willingly withholding information or making false statements in any part of the Pre-Employment Background Packet can be the basis for dismissal from the Clarkston Police Department. I agree to these conditions and I hereby certify that all statements made by me on these documents are true and complete, to the best of my knowledge.

Signature

Date

PERSONAL HISTORY

DATE: _____ POSITION APPLIED FOR: _____

NAME: _____
Last First Middle

LIST ANY OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY & WHY:

IF NONE, SO STATE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Month Day Year City State

SOCIAL SECURITY NUMBER: _____

MARITAL STATUS: _____ AGE: _____ SEX: _____ RACE: _____

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

DO YOU HAVE ANY TATTOOS THAT WOULD BE VISIBLE WHILE WEARING A SHORT SLEEVE

UNIFORM SHIRT?

YES NO

IF SO, DO YOU UNDERSTAND THAT CPD POLICY REQUIRES THE SUCCESSFUL REMOVAL or COVERING BEFORE APPLICANTS MAY BE CONSIDERED FOR EMPLOYMENT?

YES NO

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO NATURAL BORN NATURALIZED

HOME ADDRESS: _____
Street

City State Zip County

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ E-mail address: _____

WITH WHOM DO YOU RESIDE? (GIVE NAMES AND RELATIONSHIPS) _____

YOUR OCCUPATION: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

FAMILY HISTORY

Spouse's Occupation _____

Spouse's Employer _____ Work Phone _____

If divorced, list former spouse's name(s), address and current phone number:

Current Address _____

Current Phone Number _____

List all dependents, include all children who may not live in your household.

Name

Date of Birth

Residence Address

List the names of every member of your immediate family who are currently living, including father, mother, sisters, brothers, father-in-law and mother-in-law.

Name

Relationship

Address

Phone

RESIDENTIAL HISTORY

List addresses of all residences for the last ten (10) years, starting with present.

<u>From</u> <i>Month / Year</i>	<u>To</u> <i>Month / Year</i>	<u>Address</u>	<u>City</u>	<u>State</u>
	(Present)			
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LITIGATION

Have you ever been named as a defendant in any type of lawsuit?

Yes No

If yes, complete the following:

<i>Date</i>	<i>Title of action or proceeding</i>	<i>Court Disposition</i>
<i>Date</i>	<i>Title of action or proceeding</i>	<i>Court Disposition</i>

Have you ever filed a lawsuit against any other person, company, or employer?

Yes No

If yes, complete the following:

_____	_____	_____
<i>Date</i>	<i>Title of action or proceeding</i>	<i>Court Disposition</i>
_____	_____	_____
<i>Date</i>	<i>Title of action or proceeding</i>	<i>Court Disposition</i>

DRIVING RECORD

Do you have a current driver's license? Yes No

If "yes", provide the following information:

State of Issue: _____ Driver's License Number: _____

Classification: _____ Expiration Date: _____

List **ALL** traffic citations you have ever received except parking: **(If none, so state).**

<u>Location (City/State)</u>	<u>Approximate Date</u>	<u>Violation</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you ever possess a driver's license issued by any state other than Georgia? **If yes, give state, license number, dates & name issued to:** Yes No

_____	_____	_____	_____
<i>State</i>	<i>License Number</i>	<i>Name Issued To</i>	<i>Year(s)</i>
_____	_____	_____	_____
<i>State</i>	<i>License Number</i>	<i>Name Issued To</i>	<i>Year(s)</i>
_____	_____	_____	_____
<i>State</i>	<i>License Number</i>	<i>Name Issued To</i>	<i>Year(s)</i>

Has your license ever been suspended or revoked by any state? Yes No

Have you ever been refused a driver's license by any state? Yes No

Has your auto insurance ever been canceled? Yes No

Were you ever denied auto insurance? Yes No

Did you ever obtain a driver's license under another name? Yes No

Have you ever been involved in an accident you failed to report? Yes No

Have you ever been involved in any accident as a driver? Yes No

If yes, how many. _____

If you answered "yes" to any of the above questions, an explanation is required:

ALCOHOL

Did you ever operate a vehicle/boat under the influence of alcohol? Yes No

If yes, when was the last time? _____

Have you ever been stopped for driving under the influence but not taken to jail? *If yes, when was the last time?* Yes No

Did you ever call in sick because of a "hangover"? Yes No

Did you ever consume alcoholic beverages prior to reporting for work? Yes No

Did you ever consume alcoholic beverages while at work? Yes No

If you answered "yes" to any of the above questions, an explanation is required: _____

GAMBLING

Do you have gambling debts? Yes No

If yes, an explanation is required: _____

What is the most money you have ever illegally bet at one time?

What is the largest amount of money you have ever lost? _____

Did you ever borrow money to pay a gambling debt?
If yes, how many times? _____

Yes No

Did you ever steal money to pay a gambling debt?
If yes, how many times? _____

Yes No

CRIMINAL HISTORY

Have you ever been arrested or been the subject of a criminal complaint or indictment or been required to appear as a suspect or defendant in any criminal (including juvenile) proceeding or before any prosecuting officer or investigative agency?

Yes No

Have you ever been convicted or pled guilty or pled nolo contendere to a misdemeanor crime?

Yes No

Have you ever been convicted or pled guilty or pled nolo contendere to a felony crime?

Yes No

Have you ever received a sentence under the First Offender Act or are you currently serving probation as a sentence under First Offender?

Yes No

Were you ever arrested as a juvenile?

Yes No

Have you ever been a member of a Street Gang?

Yes No

Have you ever been:

Sentenced to incarceration?

Yes No

Placed in a police lineup?

Yes No

Placed on probation?

Yes No

Placed on parole?

Yes No

Placed in a holding cell?

Yes No

Placed in a military stockade?

Yes No

Placed in a disciplinary school?

Yes No

Questioned by the police as a suspect of a crime? Yes No

***If you answered "yes" to any of the above questions, an explanation is required:
(Please include name of Arresting Agency and Court of Jurisdiction)***

HAVE YOU EVER COMMITTED OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES OR OFFENSES? THE QUESTION APPLIES EVEN THOUGH YOU MAY NOT HAVE BEEN ARRESTED OR DETECTED.

	YES	NO	AGE
Murder			
Voluntary Manslaughter			
Involuntary Manslaughter			
Aggravated Assault			
Battery/Simple or Aggravated			
Kidnapping			
False Imprisonment			
Hijacking an Aircraft			
Child Abuse			
Driving on Revoked Driver's License			
Fleeing and Attempting to Elude			
Driving Under the Influence (DUI)			
Vehicular Homicide			
Rape			
Aggravated Sodomy			
Statutory Rape			
Child Molestation			
Bestiality			
Necrophilia			
Public Indecency			
Prostitution			
Pimping			
Bigamy			
Incest			
Cruelty to Animals			
Burglary			
Criminal Damage to Property			
Vandalism			
Arson			
Criminal Possession of Explosives			
Theft by Taking			
Theft by Deception			
Theft by Conversion			

Theft of Services			
Theft of Lost or Mislaid Property			
Theft by Receiving Stolen Property			
Hit and Run			
Shoplifting			
Theft of Motor Vehicle, Parts, Components			
Robbery			
Armed Robbery			
Forgery			
Credit Card Fraud			

	YES	NO	AGE
Accessing Computers for Fraudulent Purposes			
Unauthorized Access, Alteration, Destruction of Computers			
Bribery			
Violation of Oath by Public Officer			
Impersonation of Public Officer or Public Employee			
Obstruction or Hindering of Law Enforcement Officers			
Obstruction or Hindering of Firefighters			
Giving False Name or Address to Law Enforcement Officers			
False Report of a Crime			
False Report of a Fire			
Concealing Death of Another Person			
Escape			
Perjury			
Tampering with Evidence			
Treason			
Advocating Overthrow of Government			
Riot			
Inciting a Riot			
Terroristic Threats and Acts			
Peeping Tom			
Unlawful Eavesdropping			
Illegal Possession of Sawed-Off Shotgun, Machine Gun, Silencer			
Commercial Gambling			
Dog fighting			
Sexual Exploitation of Children			
Child Pornography			
Illegal Possession, Manufacture, Distribution, Use of Illegal Drugs or Marijuana			
Trafficking in Cocaine, Illegal Drugs or Marijuana			
Use of Fictitious Name or False Address When Obtaining Drugs			
Intentional Inhalation of Model Glue			
Domestic Family Violence			
Stalking			

If you answered "yes" to any of the above, an explanation is required: _____

THEFTS

- Did you ever steal any money from an employer? Yes No
- Did you ever steal anything from an employer? Yes No
- Did you ever steal any property or money from a fellow employee? Yes No
- Did you ever deliberately "shortchange" a customer? Yes No
- As an adult, did you ever steal anything from a store or business? Yes No
- Did you ever alter a price tag in a store? Yes No
- Did you ever forge a check? Yes No
- Did you ever intentionally write a bad check? Yes No
- Did you ever steal anything from a vehicle? Yes No
- Did you ever act as a lookout when anyone else was stealing? Yes No

If you answered "yes" to any of the questions above, an explanation is required:

SECURITY

Have you ever been a member of any group or organization that advocates violent dissent or the overthrow of this government or any other government? Yes No

Have you ever been a member of a group or organization that advocates violence, racism, or other illegal activities? Yes No

Have you ever been refused a security clearance or bond? Yes No

Have you ever been involved in any type of riot, illegal demonstration or illegal strike? Yes No

Have you ever participated in the use or manufacture of explosive devices or firebombs? Yes No

If you answered "yes" to any of the above questions, an explanation is required:

DRUG HISTORY

Check the appropriate column(s) for each of the following drugs which you have recreationally and/or casually used or which you are currently using **without a medical prescription.**

<i>Name of Drug</i>	<i>Never Used</i>	<i>Tried/Used</i>	<i>Last Time Month/Year</i>	<i>First Time Month/Year</i>	<i>Number of Times</i>
Amphetamines/Uppers					
Ativan					
Barbiturates/Downers					
Benzedrine					
Biphetamine					
Cocaine/Coke					
Codeine					
Crack					
Crank/Meth/Ice					
Darvon					
Darvon/Darvocet					
Demerol					
Dexedrine					
Dilaudid					
Ecstasy(XTC)/ MDMA/MDA					
Equanil					
GHB/Liquid Ecstasy					
Glue					
Hash Oil					
Hashish					
Heroin					
Huffing/Inhalant Use					
Ketamine/Cat Valium					

Librium					
Lortab/Lorcet					
LSD/Acid/STP					
Marijuana/THC					
Meperidine					
Mescaline					
Methadone					
Methamphetamine					
Methaqualone					
Morphine					
Mushrooms/Psilocybin					
Nembutal					
Nexus					
Nitrous Oxide					

<i>Name of Drug</i>	<i>Never Used</i>	<i>Tried/ Used</i>	<i>Last Time Month/Year</i>	<i>First Time Month/Year</i>	<i>Number of Times</i>
Opium					
Oxycodone					
OxyContin					
PCP/Angel Dust					
Percodan/Percocet					
Peyote					
Phenobarbital					
Preludin					
Rohypnol					
Qualudes					
Seconal					
Speed					
Steroids					
Talwin					
Thai Stick					
Tranxene					
Tylox					
Valium					
Vicodin					
Wygesic					
Xanax					
Other					

Explain fully any item(s) checked: _____

Have you ever used any illegal drug not listed in either chart? Yes No

If yes, list the drug(s) used, last time used and number of times used:

Type of Drug	Last Time Used	Number of Times Used
_____	_____	_____
Type of Drug	Last Time Used	Number of Times Used
_____	_____	_____

Are you currently using any illegal drugs? Yes No

If yes, list type of drug(s) used, amount used and how often used:

Type of Drug	Amount Used	_____
_____	_____	_____
Type of Drug	Amount Used	_____
_____	_____	_____

How many of your friends, associates or family members are Street Gang members? _____

How many of your current friends or associates use illegal drugs? _____

When was the last time that someone used illegal drugs in your presence? _____

Describe the type of drug and circumstances: _____

Have you attended a Rave? Yes No

Number of Times Attended: _____ **Last Time Attended:** _____

Have you ever tried/used illegal drugs just prior to reporting to work? Yes No

Have you ever tried/used illegal drugs while at work? Yes No

Have you ever tried/used illegal drugs at lunch or breaks at work? Yes No

Have you ever tried/used illegal drugs just after getting off work? Yes No

Describe the type of drug and circumstances: _____

Have you ever taken alcohol and illegal drugs together? Yes No

Drug: _____ **Last Time:** _____ **Number of Times Used:** _____

Have you ever operated a vehicle/boat under the influence of illegal drugs? Yes No

Drug: _____ **Last Time:** _____ **Number of Times Used:** _____

Have you ever grown or participated in growing marijuana? Yes No

How much? _____

When? _____

Where? _____

What did you do with the marijuana? _____

Have you ever manufactured or participated in manufacturing illegal drugs? Yes No

What type? _____

How much? _____

When? _____

Where? _____

What did you do with the drugs? _____

Have you ever purchased and/or received any illegal drugs? Yes No

Drug: _____ **Last Time:** _____ **Number of Times Used:** _____

Describe the type of drug and circumstances: _____

Have you ever sold any illegal drug(s) or any substance that you purported or claimed to be an illegal drug? Yes No

Have you ever transported or stored any illegal drugs? Yes No

Have you ever set up a drug buy for yourself or anyone else? Yes No

Have you ever overdosed on illegal drugs? Yes No

Have you ever illegally used anyone else's drug prescription? Yes No

Have you ever forged, illegally obtained, sold or stolen a drug prescription? Yes No

Have you ever passed or attempted to pass a forged or stolen drug prescription? Yes No

Have you ever stolen drugs from anyone? Yes No

Do you own/possess any drug paraphernalia? Yes No

If you answered "yes" to any of the above questions, an explanation is required:

PROFESSIONAL LICENSE(S) AND/OR ASSOCIATIONS

List all professional license(s) held by you. *(If none, so state).*

Have you ever had a professional license revoked or suspended for any reason?

Yes No

If yes, give details including type of license and reason for revocation or suspension:

List any special skill(s) or certificate(s) held by you. *(If none, so state).*

List all organizations, clubs and associations of which you are or have been a member of within the past ten (10) years.

Name

City/State

Do you serve on any local, state, or federal board, commission, authority, or in any elected office? Yes No

Name of board, commission, authority or office: _____

Have you ever been the subject of any previous background investigation by any federal, state or local agency? Yes No

If yes, list agencies: _____

EDUCATION

Circle highest year of education that you successfully completed:

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

If you graduated from high school or received a GED Certificate, complete the following:

<i>School</i>	<i>Address</i>	<i>Year Graduated</i>
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If you attended a University / College / Vocational-Trade School, list the name of the school, location, years attended, major course of study and any degree or certificate obtained:

<i>School</i>	<i>Location (City & State)</i>
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<i>Dates Attended</i>	<i>Major</i>	<i>Degree/Certificate</i>
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<i>School</i>	<i>Location (City & State)</i>
---------------	------------------------------------

<i>Dates Attended</i>	<i>Major</i>	<i>Degree/Certificate</i>
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<i>School</i>	<i>Location (City & State)</i>
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<i>Dates Attended</i>	<i>Major</i>	<i>Degree/Certificate</i>
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If you attended graduate school or have a graduate degree, list the name of the college or university attended, address, major area of study and degree obtained:

<i>College/University</i>	<i>Address</i>	<i>Years Attended</i>
<i>Graduate Degree</i>	<i>Year Degree Obtained</i>	<i>Major</i>

If you have any technical skills not necessarily acquired through formal education, list them here: _____

Were you ever expelled or suspended from any school, college or university?

Yes No *If yes, explain:* _____

WORK HISTORY

Have you or any companies in which you are or were a principal ever been the subject of an investigation or litigation that was conducted by a federal, state, or local agency?

Yes No *If yes, explain:* _____

Are you now or have you ever been engaged in any business as an owner, partner or corporate member?

Yes No *If yes, give details below:* _____

Do you have any affiliation with any company that does business with the City of Clarkston?

Yes No *If yes, give name of company and explain below:*

Have you ever been investigated, reprimanded, fined or suspended from doing business with any local, state or federal agency?

Yes No *If yes, explain:* _____

Has a supervisor ever given you a verbal or written reprimand, been suspended or disciplined for any reason?

Yes No *If yes, explain and give name of employer and dates:*

Have you ever cheated an employer? (Unauthorized Sick Leave, Padded Expense Accounts, etc.)

Yes No *If yes, explain:* _____

Have you deliberately destroyed any property of an employer?

Yes No *If yes, explain:* _____

Circle the number of times you have been asked to resign or have been fired from a job within the last ten (10) years?

0 1 2 3 4 5 6 7 8 9 10

Explain the circumstances of each in the space below:

Have you ever quit a job to avoid being fired? Yes No

If yes, explain: _____

Have you ever been a party to a lawsuit, resulting from your actions in the performance of your job? Yes No

If yes, explain: _____

Are you willing and able to work nights and weekends? (**NOTE: ALL APPLICANTS FOR THE POSITION OF POLICE OFFICER, INVESTIGATOR OR SUPERVISORY/MANAGEMENT OFFICERS ARE EXPECTED TO WORK ANY SHIFT ASSIGNED.**)

Yes No *If "no", please explain:* _____

Do you have any obligation or commitment, which would prevent you from working varying shifts, days, or position assignments as requested by the Clarkston Police Department?

Yes No *If "yes", please explain:* _____

List **ALL** jobs you have held since high school. ***Put your PRESENT or MOST RECENT JOB FIRST.*** Include Military Service in proper time sequence. List temporary or part-time jobs REGARDLESS OF HOW LITTLE TIME WAS INVOLVED. If you need more space, you may attach additional pages. (*All addresses and phone numbers must be current. DO NOT use post office box as an address.*)

From _____ To _____ Title _____

Name of Employer _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Full-Time Job

Salary per month _____ Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

**PLEASE NOTE: MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO
CONDITIONAL OFFER? Y__ NO__ THEY WILL BE CONTACTED POST OFFER.**

From _____ To _____ Title _____

Name of Employer _____

Street Address _____ *City* _____ *State* _____ *Zip Code* _____

Phone Number _____ Full-time Job

Salary per month _____ Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address _____ *City* _____ *State* _____ *Zip Code* _____

Phone Number _____ Full-time Job

Salary per month _____ Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____
Name of Employer _____

Street Address _____ *City* _____ *State* _____ *Zip Code* _____
Phone Number _____ Full-time Job
Salary per month _____ Part-time Job
Your duties _____

Name & title of supervisor
& best time to contact: _____
Reason for leaving _____

From _____ To _____ Title _____
Name of Employer _____

Street Address _____ *City* _____ *State* _____ *Zip Code* _____
Phone Number _____ Full-time Job
Salary per month _____ Part-time Job
Your duties _____

Name & title of supervisor
& best time to contact: _____
Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address

City

State

Zip Code

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address

City

State

Zip Code

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
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From _____ To _____ Title _____

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City

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Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

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From _____ To _____ Title _____

Name of Employer _____

Street Address

City

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Zip Code

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
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From _____ To _____ Title _____

Name of Employer _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Full-time Job

Salary per month _____ Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

PRIOR CRIMINAL JUSTICE EMPLOYMENT HISTORY

If you were ever employed by a criminal justice or law enforcement agency, answer the following questions:

Have you ever accepted a payoff? Yes No

Have you ever stolen anything from someone you arrested? Yes No

Have you ever stolen anything from an evidence room? Yes No

Have you ever kept the property of someone you arrested? Yes No

Did you ever carry a "throw down" weapon? Yes No

Have you ever unlawfully entered a business or residence? Yes No

Have you ever stolen anything from an impounded vehicle? Yes No

- Did you ever falsify an expense voucher? Yes No
- Have you ever received any type of gratuity for dropping a case or disposing of an arrest ticket? Yes No
- Have you ever tampered with evidence? Yes No
- Have you ever kept for personal use or for resale any illegal drugs taken from someone that had been arrested/detained or questioned? Yes No
- Have you ever used any illegal drugs/marijuana while a law enforcement officer? Yes No
- Did you ever warn anyone that they were the subject of a criminal investigation? Yes No
- Did you ever “cover up” a crime committed by a fellow officer? Yes No
- Did you ever make a false official report? Yes No
- Did you ever make a false entry on a log? Yes No
- Have you ever illegally destroyed a case file, computer record or official report? Yes No
- Have you ever illegally retained seized weapons or property? Yes No
- Have you ever intentionally falsified a case file, computer record or official report? Yes No
- Have you ever “planted” evidence? Yes No
- Were you ever suspended from your job? Yes No
- Have you ever “tipped-off” a friend, acquaintance or relative about an active investigation involving them or someone they know? Yes No
- Did you ever “cover up” a criminal offense for a friend or relative? Yes No
- While employed by a criminal justice agency, have you ever illegally possessed or sold marijuana, cocaine or other illegal drugs? Yes No

Have you ever stolen anything from a crime scene? Yes No

While employed by a criminal justice agency, did you ever violate your oath of office? Yes No

Have you ever lied under oath during a trial? Yes No

Have you ever been a party to a lawsuit resulting from your actions in the performance of your job? Yes No

Have you ever been investigated by Georgia P.O.S.T. Council or any other state's agency that regulates peace officer certification? Yes No

If you answered "yes" to any of the above questions, an explanation is required, including dates and agency with whom you were employed and outcome of any disciplinary or investigation: _____

MILITARY HISTORY

Are you registered for the Draft? Yes No Not Applicable

Any male applicant between the ages of 18 and 26 years of age must present proof of having registered with the Selective Service System as required by federal law, or of being exempt from such registration.

Have you ever served in the Armed Forces of the United States? Yes No

If Yes, list branch: _____

Service Number _____ *Highest Rank Held* _____

Give date and location of entrance to active duty. _____

Give date and location of discharge. _____

What is the type of your discharge? (*Honorable, Dishonorable, General, Honorable Under General Conditions, etc.*) _____

Are you now, or were you ever an active or inactive member of any branch of the United States Reserve Forces? Yes No

If yes, list branch: _____ Unit _____

Highest rank held _____ Location _____

From _____ To _____ Type of Discharge _____

Are you now or were you ever a member of the National Guard? Yes No

If yes, list State _____ Unit _____

Highest rank held _____ Location _____

From _____ To _____ Type of Discharge _____

List all decorations and/or service medals awarded to you as a member of the Armed Forces, National Guard or Reserve Forces? *If none, so state.*

Were you ever court-martialed, tried on charges, or were you the subject of a summary court, desk court, captain's mast or company punishment, or any other formal disciplinary action while a member of the Armed Forces, National Guard or Reserve Forces?

Yes No *If yes, explain:* _____

REFERENCES AND ACQUAINTANCES

List the names of **five** persons not related to you and not former employers, who are friends, fellow students, or co-workers who have seen you frequently during the past year and preferably those who have known you for the past (5) years. These persons may be asked to appraise your reputation for honesty, trustworthiness, sobriety, reliability, and discretion. *Please provide both business and residential phone numbers where possible.*

Name _____

Business Phone () _____ Cell/Home Phone () _____

Best Time to Contact _____ Best Time to Contact _____

Address _____

Number & Street _____ City _____ State _____ Zip Code _____

Business, Occupation or Profession _____

Name _____
Business Phone () _____ Cell/Home Phone () _____
Best Time to Contact _____ Best Time to Contact _____
Address _____
Number & Street City State Zip Code
Business, Occupation or Profession _____

Name _____
Business Phone () _____ Cell/Home Phone () _____
Best Time to Contact _____ Best Time to Contact _____
Address _____
Number & Street City State Zip Code
Business, Occupation or Profession _____

Name _____
Business Phone () _____ Cell/Home Phone () _____
Best Time to Contact _____ Best Time to Contact _____
Address _____
Number & Street City State Zip Code
Business, Occupation or Profession _____

Name _____
Business Phone () _____ Cell/Home Phone () _____
Best Time to Contact _____ Best Time to Contact _____
Address _____
Number & Street City State Zip Code
Business, Occupation or Profession _____

FINANCIAL INFORMATION

Have you ever declared, or are you about to declare bankruptcy? Yes No

If yes, provide date filed, location, circumstances and date cleared or discharged:

Are any of your payments to creditors past due? Yes No

If yes, list creditors and explain circumstances: _____

Have you failed to file income tax returns for any past years? Yes No

If yes, give year and details: _____

Are you or any company in which you have a controlling interest delinquent in filing any local, state or federal taxes? Yes No

If yes, give details: _____

Do you owe any past due federal, state or local taxes? (Including Yes No
IRS, State Dept of Revenue, Property, Ad Valorem, Income, etc)

If yes, give year, amount owed and to whom. If you are on an approved payment plan to repay, provide details: _____

Have you ever defaulted on a student loan? Yes No

If yes, explain: _____

Do you owe any past-due child support payments? Yes No

If yes, give name of person debt is owed and amount owed: _____

Have you ever had your wages garnished? Yes No

If yes, explain: _____

Have you ever intentionally declined to pay a debt? Yes No

If yes, explain: _____

Have you ever been ordered by a court to make financial payments? Yes No

If yes, explain: _____

What income, other than salary, do you have at present? *Include spouse's salary.*

Clarkston Police Department
Pre-Employment Questionnaire

CERTIFICATION THAT MY ANSWERS ARE TRUE

I have read and understand each question on this questionnaire. My responses on this questionnaire are true, complete and correct to the best of my knowledge and are made in good faith. I understand that making a knowing and willful false statement on this questionnaire is a crime. I further understand that making a false or misleading statement or failing to answer a question(s) will result in my disqualification from consideration for employment with the Clarkston Police Department. I do hereby authorize the Clarkston Police Department to conduct a review of all records concerning myself, whether such records are of a public, private or confidential nature.

Full Name Printed: _____

Signature: _____ **Date:** _____

REQUEST FOR EDUCATIONAL RECORD

(For Applicant Use Only)

IT WILL BE THE RESPONSIBILITY OF THE APPLICANT TO ORDER HIS/HER TRANSCRIPTS (BOTH HIGH SCHOOL AND COLLEGE).

DATE: _____

TO: Registrar or Records Manager

Name of High School/College/University

Address

City / State / Zip Code

It is requested that you forward official transcripts of my educational record to me at the following address:

FROM:

Name of Applicant

Address

City / State / Zip Code

Signature

I.D. Data

Maiden Name: _____

Social Security #: _____

Date of Birth: _____

Student Number: _____

REQUEST FOR EDUCATIONAL RECORD

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**IT WILL BE THE RESPONSIBILITY OF THE APPLICANT TO ORDER HIS/HER
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Signature

I.D. Data

Maiden Name: _____

Social Security #: _____

Date of Birth: _____

Student Number: _____

Georgia Public Safety Screening Service

367 Athens Highway

Suite 750

Loganville, Georgia 30052

(678) 924-6868

**CONSENT TO ASSESSMENT AND RELEASE OF
PSYCHOLOGICAL ASSESSMENT FINDINGS**

I have been asked to undergo a psychological assessment for the purpose of determining my fitness to serve as a peace officer in the State of Georgia. In accordance with the Health Insurance Portability and Accountability Act (HIPPA), I hereby authorize the Georgia Public Safety Screening Service (GPS3) and its assigned agents to receive full and complete disclosure of the records pertaining to me.

I understand this information will be used by the Georgia Public Safety Screening Service (GPS3) in accordance with Georgia Law and may be disclosed to the Georgia Peace Officer Standards and Training Council, or prospective employer in consideration of employment. _____ (Initial of Candidate/Applicant)

I recognize and understand that some information may be a matter of public record and otherwise accessible to me, however it may also be inextricably interwoven with other confidential information, or data to which I would not be privy. I have been informed that responses from persons contacted, whether solicited or unsolicited, for purposes of this background investigation may enjoy absolute privilege under Georgia Law.

I hereby exonerate, release, and discharge the Georgia Public Safety Screening Service (GPS3), the City of Clarkston, Georgia and any medical office, facility, their officers, agents, or assigns from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents or assigns for their refusal to make available any and all information contained in any pre-employment background investigation report declared confidential pursuant to law, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information provided which might identify the person.

A photocopy or facsimile of this informed consent and hold harmless release will be as valid as the original even though the photocopy or facsimile does not contain any original writing of my signature.

Sworn to and subscribed before me this _____ day of _____, 20 ____ in the County of

_____, State of Georgia. **(This release will remain in effect for 12 months)**

Signature of Candidate/Applicant
(Seal)

Signature of Notary

Georgia Public Safety Screening Service

367 Athens Highway
Suite 750
Loganville, Georgia 30052
678-924-6868

POLYGRAPH WAIVER & RELEASE OF LIABILITY

I understand that I will be required to take a standard public safety pre-employment polygraph examination at the time and place to be determined by the Georgia Public Safety Screening Service (GPS3) as part of the background screening process for the position of Police Officer with the Clarkston, Georgia Police Department.

The pre-employment polygraph examination will be administered only after receiving a "conditional job/placement offer" from a public safety agency, or Georgia Pre-Service Academy and will be administered in accordance with all applicable federal and state laws.

I acknowledge that I freely and voluntarily agree to be interviewed and to undergo a polygraph examination administered by employees of the Georgia Public Safety Screening Service (GPS3). I further acknowledge that I have the following rights:

1) I may refuse to be interviewed or examined and in doing so, I authorize the Georgia Public Safety Screening Service to inform the respective public safety agency, Georgia Pre-Service Academy, or the Georgia Peace Officer Standards and Training Council of my refusal.

2) The interview and/or polygraph examination will be terminated at any time I request and in doing so, I authorize the Georgia Public Safety Screening Service to inform the respective public safety agency, Georgia Pre-Service Academy, or the Georgia Peace Officer Standards and Training Council of my request.

I hereby authorize and request that employees of the Georgia Public Safety Screening Service disclose any and all information, conclusions, and opinions arising out of, or connected with my interview(s) and polygraph examination(s), even though such information, conclusions, and opinions may be unfavorable or may result in adverse consequences to me.

I hereby release and forever discharge the Georgia Public Safety Screening Service, the City of Clarkston, Georgia, their employees, agents, representatives, partners, officers, directors, and their successors from all liability, and from each and every demand, claim, or cause of action existing, or which may hereafter arise, resulting directly or indirectly from the conduct of my interview(s) and/or polygraph examination(s) and/or publication, communication or dissemination of any information, conclusions, and opinions arising out of or connected with my interview(s) and/or polygraph examination(s).

By signing below, I acknowledge that I have reviewed and completed this "Waiver and Release of Liability" personally and with sufficient time to deliberate upon its contents.

Printed Name of Candidate/Applicant

Date

Signature of Candidate/Applicant

Signature of Witness

The City of Clarkston Police Department, 3921 Church Street, Clarkston, GA
20021

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 such records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the 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 credit reports and ratings) and financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans 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 civil or criminal, 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.

I hereby give my consent for the City of Clarkston Police Department to receive any Georgia or III criminal history information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

- Employment with a criminal justice agency - civilian (Purpose code 'J')
- Employment with a criminal justice agency - P.O.S.T. certified (Purpose code 'Z')

One of the following must be checked:

- This authorization is valid for 90/ 180/ _____ (circle one) from date of signature.
- I, _____, give consent to the above named agency to perform periodic criminal history background checks for the duration of my employment with this agency.

Full Name (print) Complete Address
Sex ___ Race ___ Date of Birth _____ Social Security Number _____

Applicant Signature Date _____ Witness
Date _____
(Include maiden name)

Notary Public _____ Date _____