



CITY OF PORTERDALE POLICE DEPARTMENT

Application for Employment

Full Name: _____

Position Applied For: _____

Full Time _____

Part Time _____

Reserve _____

Thank you for your interest in the City of Porterdale Police Department. Please complete this employment application and return it as soon as possible. If there is a position available, and your application is activated, you will be notified via telephone or mail of when to report for an interview. By accepting your application, the City of Porterdale Police Department does not imply nor guarantee that you will gain employment, nor does it make any promises of employment until a position is offered to you by the Chief of Police. Please complete the application as thoroughly as a possible and return it, along with any requested supportive documentation, to Porterdale City Hall, Monday through Friday 8:30 am till 4:30 pm and it will be forwarded to the Chief of Police for review.

Along with your completed application, you will need to submit one copy each of the following documents when you turn in your application (copies will not be made at a City Hall):

- Valid Georgia Drivers License
- Certified Birth Certificate
- Social Security card
- High School diploma or GED
- Military Discharge or DD214 showing type of discharge
- Current 3 year Motor Vehicle record obtained within the past 14 days. Must be the original from the Department of Public Safety (copies will not be accepted)
- All training Certificates

The Following questions must be filled out completely:

PERSONAL INFORMATION

Name _____
Last First Middle

Address _____
Number Street City State Zip

Height: _____

Weight: _____

Hair: _____

Eyes: _____

Sex: _____

Race: _____

DOB: ____/____/____ Social Security Number: ____-____-____

Mother's Maiden Name: _____

U.S. Citizen: Yes _____ NO _____

Drivers License #: _____ State: _____ Expires _____

Phone Numbers

Home: _____ Cell/Pager: _____

***Note: Race is used for statistical purposes only and is not required for employment with the City of Porterdale Police Department. Providing this information is voluntary.

EDUCATION

High School Graduate: Yes _____ No _____ GED: Yes _____ No _____

Name of High School City State Graduation Date

Name of College City State Graduation Date

The City of Porterdale is an Equal Opportunity Employer and supports the American with Disabilities Act.

Note:

This application must be filled out completely and legibly in black ink. Any omission or misrepresentation of information will result in the applicant being disqualified from consideration of employment with the City of Porterdale Police Department.

EDUCATION CONTINUED

Additional College	City	State	Type of Degree
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Are you Georgia P.O.S.T. Certifies as a police officer? Yes _____ No _____

Certification Number: _____

Do you have any previous P.O.S.T. investigations? Yes ___ No _____

Do you have any pending P.O.S.T. investigations? Yes ___ No _____

Do you object to shift work? Yes ___ No _____

Do you object to working night shifts? Yes ___ No _____

Do you object to working holidays? Yes ___ No _____

Do you object to wearing a uniform? Yes ___ No _____

Do you object to wearing a firearm while off duty? Yes ___ No _____

Have you ever been convicted of a FELONY? Yes _____ No _____

If yes, please explain:

Have you ever been convicted of a crime involving DOMESTIC VIOLENCE?

Yes _____ No _____ If yes, please explain:

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DRUG/ ALCOHOL ABUSE

Have you ever been treated for alcohol or drug abuse? Yes ____ No ____
If yes please explain:

Have you ever been disciplined or terminated from an employer because of drug or alcohol abuse? Yes ____ No ____ if yes please explain:

Have you ever used drugs or alcohol while at work or while operating an employer's vehicle? Yes ____ No ____ if yes, please explain:

List below the types of drugs you have used and the date you last used them:

Do you currently take any prescription medications not prescribed to you by a physician? Yes ____ No ____ if yes, please explain:

EMPLOYMENT HISTORY

List below all previous employers for the past 10 years beginning with your present employer. Attach additional pages if necessary.

Company	Address	Phone	Dates
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EMPLOYMENT HISTORY CONTINUED

Company Address Phone Dates

May we contact your present employer? Yes ___ No ___ if no, please explain:

**Have you ever been terminated or forced to resign from an employer?
Yes ___ No ___ if yes, please explain(give employer name and dates):**

**Have you ever been terminated or disciplined for being late to work?
Yes ___ No ___ if yes, please explain:**

**List any experience you have which might assist you in the position for which
you are applying:**

MILITARY

If no military service, check here _____ and go to next section.

Branch: _____

Dates of enlistment: _____ to _____

Type of discharge: _____

**If type of discharge is anything other than honorable, attach an explanation and a
copy of the discharge if possible.**

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RESIDENCES

List below all addresses you have lived at for the past 10 years, beginning with your present address. Attach additional pages if necessary.

Address	City	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been evicted from a place that you have lived? Yes _____ No _____
If yes, please explain:

Currently, do you own your home or do you rent? Own _____ Rent _____

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PERSONAL HISTORY RELEASE

I, _____, do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the City of Porterdale.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; 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 examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

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 compiling any report for the City Of Porterdale. I 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 valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that this information may be obtained through the use of this waiver at any time during which I am an applicant or employed with the City of Porterdale.

_____ Signature (including maiden name)			_____ Date
_____ Address			_____ Phone Number
_____ City	_____ State	_____ Zip	_____ Social Security #
_____ Date of Birth			
_____ Notary Public			_____ Date

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