



# Grovetown Department of Public Safety

## Application for Employment An Equal Opportunity Employer January 2020



**THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION**

Date: \_\_\_\_\_ You **MUST** attach a photo to the back page

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
No. Street City State Zip Code

How long at this address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Other: \_\_\_\_\_

Sex:  Male  Female

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

Date of Birth: \_\_\_\_\_ Are you a citizen of the USA?  Yes  No  
Month Day Year

### Position(s) applied for:

- Police Officer   
  Dispatcher   
  Firefighter   
  Records Division / Clerical  
 Reserve Police Officer   
 Volunteer Firefighter / Rescue   
 Internship

Were you ever previously employed by the Grovetown Department of Public Safety?  Yes  No  
If so, when? \_\_\_\_\_

Are you Bonded?  Yes  No

Please list any friends or relatives that work for the City of Grovetown or the Grovetown Department of Public Safety:

\_\_\_\_\_

# Education, Experience, Skills:

## EDUCATION:

Highest year of grade school completed: \_\_\_\_\_ College degree: \_\_\_\_\_

Name of high school: \_\_\_\_\_ Address: \_\_\_\_\_

Name of college or technical school: \_\_\_\_\_

Address of college or technical school: \_\_\_\_\_

## Law Enforcement Certification Information:

Applicant **MUST** attach a copy of all related certifications to application

Are you a Ga. Certified Peace Officer:  Yes  No If yes, your OKey #: \_\_\_\_\_

Georgia certified Peace Officers **MUST** attach current P.O.S.T. Officer fact sheet.

ASP / Baton Certification  Yes  No  
OC Certification  Yes  No  
Taser Certification  Yes  No  
RADAR Certification (Georgia)  Yes  No Permit #: \_\_\_\_\_

If you are not Georgia certified, but are certified with another state list state(s) certified in and certification numbers, and certificates, then attach them to this application.



## Fire / Rescue / EMT Certification Information:

Applicant **MUST** attach a copy of all related certifications to application

Georgia Fire Fighter Certified  Yes  No Certification Number: \_\_\_\_\_  
NPQ Fire Fighter I  Yes  No  
NPQ Fire Fighter II  Yes  No  
Georgia EMT Certified  Yes  No Certification Number: \_\_\_\_\_  
Haz-Mat Certification  Yes  No **Must attach certificate to application**  
Georgia First Responder  Yes  No

Certified Firefighter of another state?  Yes  No State: \_\_\_\_\_

## MILITARY EXPERIENCE:

Please make copies of all applicable service records including any discharge papers and attach to this application.

If you have military experience you must attach a copy of your DD214

Branch: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date of service: \_\_\_\_\_ to \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ If not honorable,

Explain: \_\_\_\_\_

Grade and duty assignment at discharge/separation: \_\_\_\_\_

Are you registered for the Selective Service?  Yes  No

Selective Service Number: \_\_\_\_\_

Classification: \_\_\_\_\_

Are you a member of the Reserves or National Guard?  Yes  No

If yes, give unit, location, grade, and duty assignment:

Unit: \_\_\_\_\_ Location: \_\_\_\_\_

Duty Assignment: \_\_\_\_\_

## SKILLS, QUALIFICATIONS, AND ABILITIES:

List any skills, experiences, or qualifications that you feel especially fit you to work with this agency:

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Do you have any physical defects which preclude you from performing certain kinds of work:  Yes  No .If yes, describe defects and or limitations: \_\_\_\_\_

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# *Employment History:*

**LIST BELOW ALL PRESENT AND PAST EMPLOYERS, BEGINNING WITH YOUR MOST RECENT:**

I

Name employer: _____	PH# _____
Address of employer: _____	
Describe work performed: _____	
_____	
Dates worked: _____	Title: _____
Name of supervisor: _____	Reason for leaving: _____

II

Name employer: _____	PH# _____
Address of employer: _____	
Describe work performed: _____	
_____	
Dates worked: _____	Title: _____
Name of supervisor: _____	Reason for leaving: _____

# *Employment History:*

Continued:

III

Name employer: _____	PH# _____
Address of employer: _____	
Describe work performed: _____	
_____	
Dates worked: _____	Title: _____
Name of supervisor: _____	Reason for leaving: _____

IV

Name employer: _____	PH# _____
Address of employer: _____	
Describe work performed: _____	
_____	
Dates worked: _____	Title: _____
Name of supervisor: _____	Reason for leaving: _____

May we contact your past employers:  Yes  No

## *Personal References:*

Do not list former employers or relatives.

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## *Criminal & Driving History:*

The Grovetown Department of Public Safety will conduct a criminal history and a driving history as part of your background information.

Please provide:

**Drivers License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

Have you received any traffic citations in the past 3 years?  Yes  No

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor?  Yes  No

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony?  Yes  No

Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation?  Yes  No

# DRUG HISTORY

Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year? Yes No

Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?

Yes No If yes, please complete the following:

a. Drug: \_\_\_\_\_

b. How taken: \_\_\_\_\_

c. Last time illegally experimented with or used: \_\_\_\_\_

Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug? Yes No

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Grovetown Department of Public Safety. I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

**LAW ENFORCEMENT Applicants MUST Read and Sign This Form  
All Others Can Omit This Form**

I, \_\_\_\_\_, hereby acknowledge that I am a Peace Officer applicant, or a candidate for appointment or certification to a position as a Peace officer in the State of Georgia, or for attendance at a basic training course required for such appointment and certification.

1. I hereby request that my former employers release to any law enforcement agency requesting Employment related information as defined in O.C.G.A. 35-8-8(c)(1) the following:

*All written information contained in a prior employer's records or personnel files that relates to an applicant's, candidate's, or peace officer's performance or behavior while employed by such prior Employer, including performance evaluations, records of disciplinary actions, and eligibility for rehire. Such term shall not include information prohibited from disclosure by federal law or any document not in the possession of the employer at the time a request for such information is received.*

2. In consideration of your providing such information to my prospective Law Enforcement employer, I hereby forever release and agree to hold harmless and to defend from all liability for any claims, causes of action or suits or charges by every former employer who provides such complete and accurate information about my employment to the requesting law enforcement agency in accord with O.C.G.A. 35-8-8(c)(2).
3. I understand that O.C.G.A. 35-8-8(c)(5) provides as follows:

*Before taking final action on an applicant for employment based, in whole or in part, on any unfavorable employment related information received from a previous employer, a law enforcement agency shall inform the applicant, candidate, or peace officer that it has received such employment related information, and that the applicant, candidate, or peace officer may inspect and respond in writing to such information. Upon the applicant's, candidate's, or peace officer's request, the law enforcement agency shall allow him or her to inspect the employment related information and to submit a written response information. The request for inspection shall be made within five business days from the date that the applicant, candidate, or peace officer is notified of the law enforcement agency's receipt of such employment related information. The inspection shall occur not later than ten business days after said notification. Any response to the employment related information shall be made by the applicant, candidate, or peace officer not later than three business days after his or her inspection.*

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
(Print Name)

## DOMESTIC VIOLENCE CONVICTION ATTESTATION

I \_\_\_\_\_, do hereby swear and affirm that I have never been convicted of any crime, misdemeanor, or felony involving and act of family violence or domestic violence in the state of Georgia or any other state in the United States. I understand it is a Federal Law that anyone convicted of a crime involving domestic/family violence must surrender all of his/her firearms and may not be in possession of any firearms. I further understand that if I knowingly and willfully lie on this form, I may be charged with criminal and administrative charges.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**Georgia Bureau of Investigations**

**Georgia Crime Information Center  
Consent Form**

**I hereby authorized the Grovetown Department of Public Safety to receive any Georgia criminal history records information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.**

**Print full name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Sex** \_\_\_\_\_

**Race** \_\_\_\_\_

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

**Social Security number** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Special employment provisions (check if applicable)**

**Employment with mentally disable (purpose code M)**

**Employment with elderly care (purpose code N)**

**Employment with children (purpose code W)**

**Records notes** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GCIC Consent Form**

All Applicants must read and sign this form  
January 2020

**Georgia Bureau of Investigation  
Georgia Crime Information Center  
Georgia Driver's History Consent Form**

I hereby authorized the Grovetown Department of Public Safety to receive a copy of my Georgia Driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

GCIC Consent Form  
January 2020



# Grovetown Department of Public Safety



306 East Robinson Avenue  
Grovetown, Georgia 30813  
(706) 863-1212  
Fax: (706) 863-0522

Scott Wheatley  
Director

## Signature, Certification, and Release of Information

**INCOMPLETE APPLICATIONS MAYBE REJECTED.  
RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETED APPLICATIONS**

- A false statement on any part of your application may be grounds for not hiring you, or firing you after you begin work.
- I hereby authorize the Grovetown Department of Public Safety to conduct a criminal and driver's history record on me.
- I hereby certify that all of the foregoing statements are true, correct, complete, and made in good faith.
- I consent to the release of information about my ability and fitness for City employment by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, or authorized employees of the Department of Public Safety.
- I do hereby authorize a review and full disclosure of all records concerning myself to the Grovetown Department of Public Safety, whether the said records are of public, private or confidential nature. This includes background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me.
- I hereby authorize any employee or authorized representative bearing release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of the requesting agency. Consent is granted for the agency to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signature: \_\_\_\_\_

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

### YOU MUST SIGN THIS APPLICATION

The Grovetown Department of Public Safety is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected item.