



**POLICE OFFICER  
EMPLOYMENT APPLICATION**  
**www.decaturga.com**

**IMPORTANT NOTICE:** The City of Decatur is an **EQUAL OPPORTUNITY EMPLOYER**, and does not discriminate against employees or applicants for employment because of race, color, religion, sex, age, national origin, handicap, sexual orientation, sexual preference, transgender status, or political affiliation.

**Employment with the City of Decatur is at will. Nothing in this application, the City of Decatur Rules and Regulations, or any other documents or practices is intended to create a contract for employment services. An employee is free to terminate employment with the City of Decatur at any time, with or without reason. Likewise, the City of Decatur has the right to terminate employment at its discretion. No employee of the City of Decatur can enter into an employment contract for a specified period of time. Any agreement to the contrary must be in writing, authorized by the City Commission and signed by the City Manager.**

**APPLICATION INSTRUCTIONS:**

Information provided on this application and background form is used for preliminary screening of applicants. All questions must be answered completely. Failure to complete detailed information (i.e. job responsibilities, employment dates, salary information, etc.) may result in your application not being considered. Answering the questions on the application with "see resume" and attaching your resume is not a complete answer. **Please make sure you also complete the Applicant Background Packet and include documents requested in the packet. Incomplete applications/background packets will not be accepted and will be returned to you for completion.**

**NOTICE OF CHANGES:**

Applicants should notify the Personnel Office of any changes in address, telephone number, education, training, or experience which has taken place after the "Employment Application" was filed. **All changes should be submitted in writing.**

**SELECTION PROCESS FOR POLICE OFFICER:**

**Once a completed application has been received by the Personnel Office, your application will be reviewed and the City of Decatur will perform a preliminary review of your criminal background and motor vehicle report.** If you meet the Georgia Peace Officer Standards and Training mandated minimum requirements, a representative from the City of Decatur will contact you to coordinate the next step to the selection process. Other requirements include passing a written assessment, oral interview, extensive personal/ professional background check, psychological evaluation, CVSA, pre-employment physical and stress test, and a pre-employment drug screen. Due to the nature of the selection process for the Police Officer position, it can take up to 3 months before a formal job offer is given.

During the selection process, please direct all questions to the Personnel Office at 404-370-4102, or send the Personnel Office an e-mail (personnel@decaturga.com).

**RETURN COMPLETED APPLICATIONS/BACKGROUND PACKETS TO:**

(By Mail)  
City of Decatur  
Personnel Office  
PO Box 220  
Decatur, GA 30031

(In Person)  
City of Decatur  
Personnel Office  
509 N. McDonough Street  
Decatur, GA 30030

## Applicant Information

Job(s) Applying For: \_\_\_\_\_ Application Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Education & Training

Name & Location of School/ Training Facility	Course of Study	Dates Attended From / To	Diploma, Degree, or Certificate Received? If yes, what type?
High School:			
College/ University:			
College/ University:			
Training/ Seminars:			
Training/ Seminars:			

## Work History

1. Have you ever been employed with the City of Decatur? **Y / N** From / To

If yes, please give position title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

2. Have you ever been asked to resign, forced to resign, or dismissed from any employment? **Y / N**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever received a written reprimand, been suspended from work, received a reduction in pay, been demoted, or been subject to other disciplinary action within the last 5 years? **Y / N**

If yes, please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Starting with your present or most recent job, list all the jobs you have held for the past 10 years. List all promotions separately. Include any service in the Armed Forces. Attach additional sheets if necessary. Resumes may be attached, but ARE NOT accepted as a substitute for a completed application. DO NOT WRITE IN "SEE RESUME."

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Job Title: \_\_\_\_\_ Annual Salary: (start) \_\_\_\_\_ (end) \_\_\_\_\_  
Employer: \_\_\_\_\_ Employment Dates: (start) \_\_\_\_\_ (end) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Annual Salary: (start) \_\_\_\_\_ (end) \_\_\_\_\_  
Employer: \_\_\_\_\_ Employment Dates: (start) \_\_\_\_\_ (end) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Annual Salary: (start) \_\_\_\_\_ (end) \_\_\_\_\_  
Employer: \_\_\_\_\_ Employment Dates: (start) \_\_\_\_\_ (end) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Annual Salary: (start)** \_\_\_\_\_ **(end)** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Employment Dates: (start)** \_\_\_\_\_ **(end)** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Job Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_

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## Background Information

(Please circle)

1. Are you 18 years of age or older? **Y / N**
2. Are you legally authorized to work in the United States? **Y / N**
3. Have you ever served in the Armed Forces? **Y / N**  
If yes, did you receive anything less than an honorable discharge? **Y / N**
4. Have you been convicted of a felony or entered a plea of nolo contendere to a felony charge? **Y / N**  
(please note that being convicted of a felony does not automatically disqualify you for employment)

If yes, please give an explanation and the date of the conviction: \_\_\_\_\_  
\_\_\_\_\_

5. Is any member of your immediate family now employed with the City of Decatur? (Immediate family is defined to include the following: wife, husband, mother, father, daughter, son, sister, brother, half-sister, half-brother, stepmother, stepfather, stepdaughter, stepson, stepsister, stepbrother, grandmother, grandfather, granddaughter, grandson, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law, and brother-in-law) **Y / N**  
If yes, please specify relationship, and in which department the family member works:  
\_\_\_\_\_  
\_\_\_\_\_

### **If you are applying for a position that requires a valid driver's license, please answer questions 7-11 (see job posting for requirement):**

7. Do you have a valid State of Georgia Driver's License? **Y / N**  
If yes, please give license number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
If no, can you obtain a Georgia driver's license within 30 days of this date? **Y / N**  
Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

8. Has your Driver's License ever been suspended or revoked? **Y / N**  
If yes, please explain: \_\_\_\_\_

9. Have you been convicted of or entered a plea of nolo contendere to a **MOVING TRAFFIC LAW** violation within the last five years? **Y / N**  
If yes, please explain: \_\_\_\_\_

10. Please list all vehicles/equipment that you are licensed to operate: \_\_\_\_\_

11. Have you been employed in a "safety sensitive job" that is regulated by the Department of Transportation and subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? **Y / N**

**Public Safety Applicants Only (Positions in the Police Department or Fire Department)-- Please answer questions 12-17:**

12. Have you ever been convicted of or entered a plea of nolo contendere to a misdemeanor charge (other than a traffic violation)? **Y / N**

If yes, please explain: \_\_\_\_\_

13. Within the last 24 months, have you used, consumed, purchased, sold, transported, or had in your personal possession or control any illegal drugs or controlled substance in any matter not authorized by law? **Y / N**

14. Are you willing to be fingerprinted and to allow use of your fingerprints as an aid in conducting a thorough investigation of your background? **Y / N**

15. If you are applying for **Police Officer**, do you currently have a pending felony charge against you? *(If you are not applying for Police Officer, leave blank)* **Y / N**

16. If you are applying for **Police Officer**, are you a United States Citizen? *(If you are not applying for Police Officer, leave blank)* **Y / N**

17. If you are applying for **Police Officer**, are you 21 years of age or older, or will you turn 21 within 30 days from the date of your application? *(If you are not applying for Police Officer, leave blank)* **Y / N**

**Additional Information**—Use the space provided to list any additional information or experience that you believe should be considered:

\_\_\_\_\_  
\_\_\_\_\_

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**IMPORTANT NOTICE: Before any offer of employment is finalized, applicants will be required to undergo and pass a criminal background check, written assessment, oral interview, work reference check, psychological evaluation, a pre-employment physical examination and other medical testing for controlled substances at a medical facility selected by the City of Decatur at the City's expense. Applicants will also be required to have a satisfactory motor vehicle record. As a part of the application process, applicants will have to sign the City's form authorizing the criminal background check, and agreeing to submit to medical testing and authorizing the release of the results to the City. If the applicant does not pass any part of the selection process, the applicant will not be permitted to begin work for the City.**

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**CERTIFICATION: By signing below, I hereby certify that the answers which I have given on this application are full and true to the best of my knowledge and belief. I understand that any false information, omission, or misrepresentation of the facts in my application, or throughout the City's selection process is cause for rejection of my application or dismissal from employment with the City of Decatur. I understand that employment by the City of Decatur is at-will, and that either myself or the City of Decatur may terminate the employment at any time, with or without reason. I understand that nothing in this application, the City of Decatur Rules and Regulations, or any other documents or practices is intended to create a contract for employment services. I understand that no employee of the City of Decatur can enter into an employment contract for a specified period of time and that any agreement to the contrary must be in writing, authorized by the City Commission, and signed by the City Manager.**

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

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



## Applicant Statistical Record

**Important Notice:** The information requested in this sheet is needed for statistical purposes and in order to comply with Federal Government Regulations. The information is confidential and will be filed separately from your application.

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Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
(Please circle)

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male / Female

Job (s) Applying For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### Please give us information about your race/ethnic background:

- |   |  |
|---|--|
| <input type="checkbox"/> White (non-Hispanic) | <input type="checkbox"/> Asian/ Pacific Islander           |
| <input type="checkbox"/> Black (non-Hispanic) | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Hispanic             | <input type="checkbox"/> Other: (specify) _____            |

### How did you hear about this job opportunity?

- |   |  |
|---|--|
| <input type="checkbox"/> Newspaper Ad: _____                | <input type="checkbox"/> Department of Labor         |
| <input type="checkbox"/> Website: (name) _____              | <input type="checkbox"/> Private Employment Agency   |
| <input type="checkbox"/> Career Fair: _____                 | <input type="checkbox"/> Journal/ publication: _____ |
| <input type="checkbox"/> Referral by friend/relative: _____ | <input type="checkbox"/> Walk-in                     |
| <input type="checkbox"/> Other: _____                       |  |



## DECATUR POLICE DEPARTMENT APPLICANT BACKGROUND INFORMATION

The following requested information must be provided by the applicant. Failure to provide all requested information or providing false/misleading information, may result in the disqualification of the applicant for employment.

**PRINT ALL ANSWERS**

### PERSONAL

1. Your Name

First	Middle	Last	DOB
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Give any other names you have used or have been known by and give reasons. (If none, so state.)

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2.

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Cellular Telephone Number

\_\_\_\_\_  
Email address

3.

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
State

4.

Current Address

Number Street	City	State	Zip
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Name of Apartment Complex	Apartment Number
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**CURRENT ADDRESS (cont'd)**

Type of Residence

House

Apartment

Dormitory

Other (specify) \_\_\_\_\_

Rent

Own

If renting, please provide name and telephone number of landlord/manager of complex:

\_\_\_\_\_

\_\_\_\_\_

If purchasing home, please provide name and telephone number of the financial institution who holds the mortgage on the property:

\_\_\_\_\_

\_\_\_\_\_

If residence is a dormitory, please provide the name of the school, name of the dormitory, housing manager's name and telephone number:

\_\_\_\_\_

\_\_\_\_\_

Length of Residency at current address: \_\_\_\_\_

FROM (Month/year) TO (Month/Year)

Name of law enforcement agency that would handle calls for service at your residence:

\_\_\_\_\_

**PRIOR RESIDENCES**

List all address where you resided for the last ten (10) years. Start with the most recent, prior to your current address. Include any addresses you had while in college or the military, if you resided there in the past ten years. **If more spaces are needed, attach additional pages.**

1. Residency Dates: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Number Street City State Zip

Name of Apartment Complex Apartment Number

**PRIOR RESIDENCES (cont'd)**

Type of Residence

House     Apartment     Dormitory     Other (specify) \_\_\_\_\_

Rent     Own

If renting, please provide name and telephone number of landlord/manager of complex:

\_\_\_\_\_

If purchasing home, please provide name and telephone number of the financial institution who holds the mortgage on the property:

\_\_\_\_\_

If residence is a dormitory, please provide the name of the school, name of the dormitory, housing manager's name and telephone number:

\_\_\_\_\_

\_\_\_\_\_

Name of law enforcement agency that would handle calls for service at your residence:

\_\_\_\_\_

2. Residency Dates:    FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Number Street    City    State    Zip

\_\_\_\_\_

Name of Apartment Complex

Apartment Number

Type of Residence

House     Apartment     Dormitory     Other (specify) \_\_\_\_\_

Rent     Own

If renting, please provide name and telephone number of landlord/manager of complex:

\_\_\_\_\_

If purchasing home, please provide name and telephone number of the financial institution who holds the mortgage on the property:

\_\_\_\_\_

**PRIOR RESIDENCES (cont'd)**

If residence is a dormitory, please provide the name of the school, name of the dormitory, housing manager's name and telephone number:

\_\_\_\_\_

Name of law enforcement agency that would handle calls for service at your residence:

\_\_\_\_\_

3. Residency Dates: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_  
Number Street City State Zip

\_\_\_\_\_  
Name of Apartment Complex Apartment Number

Type of Residence

House  Apartment  Dormitory  Other (specify) \_\_\_\_\_

Rent  Own

If renting, please provide name and telephone number of landlord/manager of complex:

\_\_\_\_\_

If purchasing home, please provide name and telephone number of the financial institution who holds the mortgage on the property:

\_\_\_\_\_

If residence is a dormitory, please provide the name of the school, name of the dormitory, housing manager's name and telephone number:

\_\_\_\_\_

Name of law enforcement agency that would handle calls for service at your residence:

\_\_\_\_\_

4. Residency Dates: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_  
Number Street City State Zip

\_\_\_\_\_  
Name of Apartment Complex Apartment Number

**PRIOR RESIDENCES (cont'd)**

Type of Residence

House     Apartment     Dormitory     Other (specify) \_\_\_\_\_

Rent               Own

If renting, please provide name and telephone number of landlord/manager of complex:

\_\_\_\_\_

If purchasing home, please provide name and telephone number of the financial institution who holds the mortgage on the property:

\_\_\_\_\_

If residence is a dormitory, please provide the name of the school, name of the dormitory, housing manager's name and telephone number:

\_\_\_\_\_

Name of law enforcement agency that would handle calls for service at your residence:

\_\_\_\_\_

5. Residency Dates:      FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_

Number Street                                      City                                      State                                      Zip

\_\_\_\_\_

Name of Apartment Complex                      Apartment Number

Type of Residence

House     Apartment     Dormitory     Other (specify) \_\_\_\_\_

Rent               Own

If renting, please provide name and telephone number of landlord/manager of complex:

\_\_\_\_\_

If purchasing home, please provide name and telephone number of the financial institution who holds the mortgage on the property:

\_\_\_\_\_

**PRIOR RESIDENCES (cont'd)**

If residence is a dormitory, please provide the name of the school, name of the dormitory, housing manager's name and telephone number:

\_\_\_\_\_

Name of law enforcement agency that would handle calls for service at your residence:

\_\_\_\_\_

**EDUCATION**

1. Circle the highest year of school completed:

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

2. If you graduated from high school, provide the following:

_____	_____	_____
Name of school	Main office telephone number	Registrar's office telephone number

_____	_____	_____	_____
Street address	City	State	Zip

Dates of Attendance: FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Month/Year) (Month/Year)

3. If you obtained a GED certificate, provide the following information about the school where it was obtained:

_____	_____	_____
Name of school	Main office telephone number	Registrar's office telephone number

_____	_____	_____	_____
Street address	City	State	Zip

Year of Completion: \_\_\_\_\_

If you attended any colleges, universities, vocational/technical schools or graduate schools, provide the information requested below. **If more spaces are needed, attach additional pages.**

4a. _____	_____	_____
Name of school	Main office telephone number	Registrar's office telephone number

_____	_____	_____	_____
Street address	City	State	Zip

**EDUCATION (cont'd)**

Dates of Attendance: FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Month/Year) (Month/Year)

\_\_\_\_\_  
Major Course of Study

Did you graduate? Yes  No

4b.

\_\_\_\_\_  
Name of school

\_\_\_\_\_  
Main office telephone number

\_\_\_\_\_  
Registrar's office telephone number

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Attendance: FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Month/Year) (Month/Year)

\_\_\_\_\_  
Major Course of Study

Did you graduate? Yes  No

4c.

\_\_\_\_\_  
Name of school

\_\_\_\_\_  
Main office telephone number

\_\_\_\_\_  
Registrar's office telephone number

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Attendance: FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Month/Year) (Month/Year)

\_\_\_\_\_  
Major Course of Study

Did you graduate? Yes  No

5. List any degrees that you have received that are not listed on your application:

\_\_\_\_\_

\_\_\_\_\_

6. List any technical skills you possess, not necessarily acquired through formal education:

\_\_\_\_\_

\_\_\_\_\_

7. Were you ever expelled or suspended from any school, or disciplined by any school officials?

YES  NO

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



**REFERENCES (cont'd)**

5. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

Business/Occupation: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Check the appropriate box.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Do you have any experience with shift work?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you object to working nights?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you object to wearing a uniform?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you object to working weekends and holidays?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been engaged in any business as an owner, partner, or corporate member? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

6. Have you ever worked for any member of your family? YES  NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

7. Have you ever had any arguments with a supervisor or employer about job duties or working conditions? YES  NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY (cont'd)**

8. Has an employer or supervisor ever reprimanded you for being late or being absent? YES  NO

If yes, explain: \_\_\_\_\_

9. Has an employer or supervisor ever reprimanded you for misconduct, or for not performing your job correctly? YES  NO

If yes, explain: \_\_\_\_\_

10. Have you ever left a job without giving notice? YES  NO

If yes, explain: \_\_\_\_\_

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

0    1    2    3    4    5    More than 5

12. Circle the number of times you have resigned a job in the last ten (10) years, after being told that your employer intended to fire you take any form of disciplinary action against you.

0    1    2    3    4    5    More than 5

**List all jobs you have held in the last ten (10) years.** Start with your most recent position. Include ALL periods of full time, part-time, temporary, voluntary, military service, and also PERIODS OF UNEMPLOYMENT. **If more spaces are needed, attach additional pages.**

1. EMPLOYMENT DATES: From \_\_\_\_\_ To \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_  
Complete Street Address                                  City                                  State                                  Zip

TELEPHONE NUMBERS: \_\_\_\_\_  
Main Company Telephone Number                                  Human Resources/Personnel Telephone Number

JOB TITLE/POSITION: \_\_\_\_\_

SALARY: Starting \_\_\_\_\_ Ending \_\_\_\_\_

**EMPLOYMENT HISTORY (cont'd)**

DESCRIPTION OF DUTIES:

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NAME & TITLE OF SUPERVISOR (list all immediate supervisors, beginning with most recent):

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TYPE OF EMPLOYMENT STATUS:

Full-time  Part-time  Temporary  Voluntary  Period of Unemployment

REASON FOR LEAVING: \_\_\_\_\_

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2. EMPLOYMENT DATES: From \_\_\_\_\_ To \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_  
Complete Street Address City State Zip

TELEPHONE NUMBERS: \_\_\_\_\_  
Main Company Telephone Number Human Resources/Personnel Telephone Number

JOB TITLE/POSITION: \_\_\_\_\_

SALARY: Starting \_\_\_\_\_ Ending \_\_\_\_\_

DESCRIPTION OF DUTIES:

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NAME & TITLE OF SUPERVISOR (list all immediate supervisors, beginning with most recent):

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TYPE OF EMPLOYMENT STATUS:

Full-time  Part-time  Temporary  Voluntary  Period of Unemployment

**EMPLOYMENT HISTORY (cont'd)**

REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_

3. EMPLOYMENT DATES: From \_\_\_\_\_ To \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_  
Complete Street Address City State Zip

TELEPHONE NUMBERS: \_\_\_\_\_  
Main Company Telephone Number Human Resources/Personnel Telephone Number

JOB TITLE/POSITION: \_\_\_\_\_

SALARY: Starting \_\_\_\_\_ Ending \_\_\_\_\_

DESCRIPTION OF DUTIES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME & TITLE OF SUPERVISOR (list all immediate supervisors, beginning with most recent):  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF EMPLOYMENT STATUS:

Full-time  Part-time  Temporary  Voluntary  Period of Unemployment

REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_

4. EMPLOYMENT DATES: From \_\_\_\_\_ To \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_  
Complete Street Address City State Zip

TELEPHONE NUMBERS: \_\_\_\_\_  
Main Company Telephone Number Human Resources/Personnel Telephone Number

JOB TITLE/POSITION: \_\_\_\_\_

**EMPLOYMENT HISTORY (cont'd)**

SALARY: Starting \_\_\_\_\_ Ending \_\_\_\_\_

DESCRIPTION OF DUTIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME & TITLE OF SUPERVISOR (list all immediate supervisors, beginning with most recent):

\_\_\_\_\_  
\_\_\_\_\_

TYPE OF EMPLOYMENT STATUS:

Full-time  Part-time  Temporary  Voluntary  Period of Unemployment

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

5. EMPLOYMENT DATES: From \_\_\_\_\_ To \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_  
Complete Street Address City State Zip

TELEPHONE NUMBERS: \_\_\_\_\_  
Main Company Telephone Number Human Resources/Personnel Telephone Number

JOB TITLE/POSITION: \_\_\_\_\_

SALARY: Starting \_\_\_\_\_ Ending \_\_\_\_\_

DESCRIPTION OF DUTIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME & TITLE OF SUPERVISOR (list all immediate supervisors, beginning with most recent):

\_\_\_\_\_  
\_\_\_\_\_

TYPE OF EMPLOYMENT STATUS:

Full-time  Part-time  Temporary  Voluntary  Period of Unemployment

**EMPLOYMENT HISTORY (cont'd)**

REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL HISTORY**

Place an X in the box beside ANY and/or ALL of the following acts, which you have **EVER COMMITTED**, not only those for which you were arrested or cited. It is important that you answer these questions truthfully and completely. Admissions to some of the acts will not automatically disqualify an applicant from employment. **Any false statements or omissions may disqualify you for employment.**

- |  |   |
|--|---|
| <input type="checkbox"/> Arson   | <input type="checkbox"/> Robbery                                |
| <input type="checkbox"/> Assault and/or Battery  | <input type="checkbox"/> Passing bad checks                     |
| <input type="checkbox"/> Burglary  | <input type="checkbox"/> Identity theft or fraud                |
| <input type="checkbox"/> Cruelty to Animals  | <input type="checkbox"/> Shoplifting                            |
| <input type="checkbox"/> Extortion   | <input type="checkbox"/> Theft from an employer                 |
| <input type="checkbox"/> Murder  | <input type="checkbox"/> Auto Theft                             |
| <input type="checkbox"/> Kidnapping  | <input type="checkbox"/> Any other thefts                       |
| <input type="checkbox"/> Vandalism   | <input type="checkbox"/> Stalking                               |
| <input type="checkbox"/> Driving under Influence of Alcohol or drugs   | <input type="checkbox"/> Sale of Illegal Drugs                  |
| <input type="checkbox"/> Possession or consumption of illegal drugs other than marijuana   | <input type="checkbox"/> Possession or consumption of marijuana |
| <input type="checkbox"/> Illegal possession or consumption of any controlled substance (to include prescription medication, not prescribed to you) |   |
| <input type="checkbox"/> Any sex crimes (including Rape, Child Molestation, Incest, Aggravated Sodomy, "peeping tom", public indecency, etc.)      |   |

**CRIMINAL HISTORY (cont'd)**

Place an X in the box beside ANY and/or ALL of the following acts, for which you have been **ARRESTED OR CHARGED**. It is important that you answer these questions truthfully and completely. Admissions to some of the acts will not automatically disqualify an applicant from employment. **Any false statements or omissions may disqualify you for employment.**

- |  |   |
|--|---|
| <input type="checkbox"/> Arson   | <input type="checkbox"/> Robbery                                |
| <input type="checkbox"/> Assault and/or Battery  | <input type="checkbox"/> Passing bad checks                     |
| <input type="checkbox"/> Burglary  | <input type="checkbox"/> Identity theft or fraud                |
| <input type="checkbox"/> Cruelty to Animals  | <input type="checkbox"/> Shoplifting                            |
| <input type="checkbox"/> Extortion   | <input type="checkbox"/> Theft from an employer                 |
| <input type="checkbox"/> Murder  | <input type="checkbox"/> Auto Theft                             |
| <input type="checkbox"/> Kidnapping  | <input type="checkbox"/> Any other thefts                       |
| <input type="checkbox"/> Vandalism   | <input type="checkbox"/> Stalking                               |
| <input type="checkbox"/> Driving under Influence of Alcohol or drugs   | <input type="checkbox"/> Sale of Illegal Drugs                  |
| <input type="checkbox"/> Possession or consumption of illegal drugs other than marijuana   | <input type="checkbox"/> Possession or consumption of marijuana |
| <input type="checkbox"/> Illegal possession or consumption of any controlled substance (to include prescription medication, not prescribed to you) |   |
| <input type="checkbox"/> Any sex crimes (including Rape, Child Molestation, Incest, Aggravated Sodomy, "peeping tom", public indecency, etc.)      |   |

Provide details on all of the acts marked above; to include your age at the time of the act, when you committed the act, and how many times you committed the act. **If more spaces are needed, attach additional pages.**

---

Act	Age	# of times act committed	How long ago did you commit the act?
-----	-----	-----------------------------	---

**CRIMINAL HISTORY (cont'd):**

Details: \_\_\_\_\_  
\_\_\_\_\_

---

Act	Age	# of times act committed	How long ago did you commit the act?
-----	-----	-----------------------------	---

Details: \_\_\_\_\_  
\_\_\_\_\_

---

Act	Age	# of times act committed	How long ago did you commit the act?
-----	-----	-----------------------------	---

Details: \_\_\_\_\_  
\_\_\_\_\_

---

Act	Age	# of times act committed	How long ago did you commit the act?
-----	-----	-----------------------------	---

Details: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been fingerprinted?                      YES                       NO

If yes, provide details below:

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

Purpose: \_\_\_\_\_

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

Purpose: \_\_\_\_\_

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

Purpose: \_\_\_\_\_

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

Purpose: \_\_\_\_\_

**CRIMINAL HISTORY (cont'd):**

Are you a fugitive from justice?

YES

NO

Have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons, which is totalitarian, fascist, communist, subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means?

YES

NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you being paid and/or urged by any person or organization to work for this department?

YES

NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever intentionally perjured yourself in a Court of Law?

YES

NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?

YES

NO

If yes, state the crime charged: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_

Sentence/Disposition: \_\_\_\_\_

Have you ever been placed on probation or parole?

YES

NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently under any subpoenas?

YES

NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been or are you currently the subject of a temporary restraining order (TPO)?

YES

NO

**CRIMINAL HISTORY (cont'd):**

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you presently, or have you been a party to a lawsuit, either as a plaintiff or defendant? YES  NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

List all states where you have possessed a driver's license in the space below. If more spaces are needed, attach additional pages.

STATE	LICENSE NUMBER
_____	_____
_____	_____
_____	_____

**SUBMIT the following items when you return this packet:**

1. Official certified copy of birth certificate (originals and Xerox copies **NOT** accepted)
2. Copy of High School Diploma or **official certified** transcript
3. Official certified college transcript, if applicable (online printouts and Xerox copies **NOT** accepted)
4. Copy of DD-214 form or similar record of military service
5. Copy of driver's license
6. Copy of Social Security card
7. Any training certificates pertinent to this position.
8. Notarized forms (where indicated)

The **certified** copies of the above items **must** be presented at the time of your application. Please be advised, City personnel **WILL NOT** make copies of any documentation requested, nor notarize any forms for you.

**IF YOU DO NOT SUBMIT THE REQUIRED DOCUMENTS, YOUR APPLICATION WILL BE INCOMPLETE AND RETURNED TO YOU.**

**CERTIFICATION:** I hereby certify that the answers, which I have given to the foregoing questions are full and true to the best of my knowledge and belief. I understand that any false information, omission, or misrepresentation of facts called for in my application for employment or any supplements thereto is cause for rejection of my application for employment or dismissal from employment with the City of Decatur. Furthermore, by signing below, I attest under penalty of perjury to being a United States citizen or national, alien admitted for permanent residence, or alien authorized for employment.

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

Print Name \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

By this document, the City of Decatur Police Department discloses to you that a consumer report and/or investigative consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

An investigative consumer report may include information as to your character, general reputation, personal characteristics and mode of living, whichever apply. The Fair Credit Reporting Act provides you with the right to request, in writing within a reasonable amount of time, a disclosure of the nature and scope of the investigation requested. You are also entitled to a written summary of your rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission ("Summary of Rights").

Your receipt below signifies receipt of the foregoing disclosure.

I, \_\_\_\_\_, hereby authorize the giving of the written and oral information and documents set out hereinafter to any agent or employee of the City of Decatur's Police Department or City Manager's Office bearing this authorization or any photostatic copy hereof:

(1) All persons, firms, governmental entities or corporations who have at any time employed me shall give any and all information relative to my record of employment, including compensation, attendance, safety, and performance record and the reason(s) for my termination of employment, if known.

(2) All druggists, drug stores, pharmacies, and other stores who have furnished any medicine or other goods of any nature to or for my use shall give any and all information relative to my medicinal and other purchases.

(3) All doctors and nurses who at any time treated me and all hospitals in which I have been a patient shall give all information, written and oral, relative to my physical and mental condition at any time.

(4) The Internal Revenue Service and the State of Georgia Department of Revenue, as well as any other taxing authorities with which I have or should have filed a tax return, shall give any and all information relative to tax returns which I have or have not filed with that respective taxing authority.

(5) All persons, corporations or other entities which have any knowledge, data, or information concerning any and all aspects of my life, including, but not limited to any occurrences which would relate to my fitness to perform work for the City of Decatur.

(6) This authorization will continue in full force and effect for ninety (90) days from its date of execution.

I hereby fully and finally release and discharge the City of Decatur and its officials, employees and agents from any and all liability for acts and omissions taken pursuant to this authorization. I similarly release all persons, corporations and other entities who release any information or documents pursuant to this authorization. I represent and warrant that I will not, directly or indirectly, seek disclosure or information obtained pursuant to this authorization, either to me or to anyone else.

I have carefully read and fully understand the contents of this authorization, and I execute it voluntarily as my own free act and deed.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
Applicant's Signature

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Signed and sealed in my presence:

\_\_\_\_\_  
Notary Public

