



Are you available to work? \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Shift \_\_\_ Temporary

## **CHARACTER REFERENCES**

List three (3) character references: (Not related to you by blood or marriage and who have known you for at least 5 years).

1) Name and Address: \_\_\_\_\_  
# years known: \_\_\_\_\_

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

2) Name and Address: \_\_\_\_\_  
# years known: \_\_\_\_\_

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

3) Name and Address: \_\_\_\_\_  
# years known: \_\_\_\_\_

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

## **EMPLOYMENT EXPERIENCE**

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

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

1) Organization: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

2) Organization: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

3) Organization: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

4) Organization: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

5) Organization: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

**SPECIAL SKILLS**

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

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

| Address | From | To |
|---------|------|----|
|         |      |    |
|         |      |    |
|         |      |    |

Use reverse side for additional space, if necessary.

**EDUCATION/TRAINING/SKILLS**

HIGH SCHOOL/VOCATIONAL SCHOOL GRADUATED FROM:

SCHOOL CITY/STATE/ZIP

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

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

**COLLEGES/UNIVERSITIES**

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

| College/University | Location | Graduated Yes or No | Major |
|--------------------|----------|---------------------|-------|
|                    |          |                     |       |
|                    |          |                     |       |
|                    |          |                     |       |

Have you ever been suspended or expelled for academic probation from any school?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOREIGN LANGUAGE SKILLS**

Are you able to communicate in any language other than English (including sign language)?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, specify and state fluency and reading levels:

\_\_\_\_\_

\_\_\_\_\_

Use reverse side for additional space, if necessary.

**MILITARY STATUS**

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

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

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

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

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

If yes, supply reserve organization name and address below:

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

## **EMPLOYMENT BACKGROUND**

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

Have you ever been discharged or disciplined at any employment?

Yes \_\_\_ No \_\_\_ If yes, explain. \_\_\_\_\_

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Have you ever resigned (quit) while anticipating your employer intended to discharge (fire) you for any reason?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain. \_\_\_\_\_

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Have you ever resigned (quit) while anticipating that your employer intended to take any form of disciplinary action against you?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain. \_\_\_\_\_

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# **DRIVING HISTORY**

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

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

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

\_\_\_\_\_

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

\*\*\*\*\*

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

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

\_\_\_\_\_

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

\*\*\*\*\*

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

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

\_\_\_\_\_

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

\*\*\*\*\*

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

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

\_\_\_\_\_

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

\*\*\*\*\*

Use reverse side for additional space, if necessary.

## CRIMINAL HISTORY

Have you ever been arrested, interviewed, interrogated or detained by any law enforcement agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain in detail. Give date(s), reason(s), agency(s) and disposition(s):

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Have you ever been placed on probation or parole? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain in detail.

Give date(s), reason(s), authority(s) and disposition(s): \_\_\_\_\_

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Have you ever been convicted of a criminal offense? (Exclude traffic related offenses).

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide all details: \_\_\_\_\_

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DOERUN POLICE DEPARTMENT  
226 WEST BROAD AVE  
DOERUN, GA 31744  
(229) 782-5441 / FAX (229) 782-5224

I certify that all entries made by me in this booklet are true and correct to the best of my knowledge. I further understand that if at any time during my employment with the Doerun Police Department it is discovered that I have made an untruthful statement, falsified my application, omitted requested pertinent information or given any misleading statements, it shall be sufficient cause for my immediate termination.

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

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

\_\_\_\_\_  
Date

CRIMINAL HISTORY RECORD  
CONSENT FORM  
LAW ENFORCEMENT OFFICERS – PURPOSE CODE J

Revisions to the Federal Omnibus Consolidation Appropriations Act of 1997 and amendments to the Gun Control Act of 1968 makes it unlawful for any person convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. There are no provisions in this law for exemptions.

I hereby give my consent for a criminal history record check to be conducted. I understand that this consent is voluntary, however I acknowledge that refusal to give this consent may have an adverse effect on my continued employment as a law enforcement officer.

\_\_\_\_\_  
**Full name**

\_\_\_\_\_  
**Sex**                      **Race**                      **Date of Birth**                      **Social Security #**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_, 20 \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

### CITY OF DOERUN GEORGIA

TO WHOM IT MAY CONCERN: I am an applicant for a position with the City of Doerun. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information is concerning my personal and employment history be disclosed to the City. I hereby authorize any representative of the City of Doerun bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Doerun, whether said records are of public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of any personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Doerun to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work records, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or 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, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organizations, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or 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. I direct you to release such information upon request of the duly accredited representative of the City of Doerun regardless of any agreement I may have made with you previously to the contrary. The governmental organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Doerun, acceptance and processing of my application for employment, I agree to hold the custodian of such records, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Doerun. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Doerun in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my

signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on the rear of this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

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

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

Notary Public: \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Statement

- I certify that answers herein are true and complete to the best of my knowledge.
- **I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.** I understand that this application is not, and is not intended to be, a contract for employment.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the City of Doerun.
- I agree for the City/Department to require a medical exam, drug screen, criminal and motor vehicle history background check on me prior to employment.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date Signed

|                                     |                           |
|-------------------------------------|---------------------------|
| For Hiring Department to Complete   |                           |
| Arrange interview? ____ Yes ____ No | Interviewer: _____        |
| Remarks: _____                      |                           |
| Hire? ____ Yes ____ No              | Date of Employment: _____ |
| Job Title: _____                    | Department: _____         |
| Completed by: _____                 | Date: _____               |