

NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

POSITION APPLIED FOR: _____

CITY OF EMERSON POLICE DEPARTMENT



BACKGROUND INVESTIGATION BOOKLET

PERSONAL DATA

Name: _____
Last
First
Middle
Suffix

List below **ANY** other **NAMES** you have ever used or been known by. Include any aliases, nicknames, maiden names, previous married names, etc. If none, so state.

List all addresses for the last ten (10) years. Start with your current address and work backwards. Include all college addresses and any addresses or bases where you were stationed while in the military

From Month/Year	To Month/Year	Address	City	State	Zip Code
--------------------	------------------	---------	------	-------	----------

Telephone Numbers:

Home: () - -

Work: () - - Ext. _____

Cell: () - -

Email: _____

Other: () - - Specify: _____

PERSONAL DATA cont.

Race: _____ **Sex:** _____ **Date of Birth:** _____

Height: _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____

Social Security Number: _____

Are you a: U.S. Citizen by Birth [] Naturalized Citizen [] Resident Alien []

List any scars, marks or tattoos including location and description:

Marital Status: Single { } Married { } Divorced { } Separated { } Widowed { }

Name of Current Spouse: _____
Last First Middle Maiden

Date of Marriage: _____ **Place of Marriage:** _____
(Month/Day/Year) (City/State)

Spouse's Employer: _____

Employer's Address: _____

Work Phone Number: (____) - _____ - _____ **Ext.** _____

Former Spouse's (include maiden name):

Name **Address** **City** **State** **Zip Code**

Dependants:

Name **Sex** **Date of Birth** **Place of Birth** **Resides with**

PERSONAL DATA cont.

List all organizations, clubs and associations which you are or have been a member of or associated with. If none, state so.

List any special skills, abilities and/or hobbies you have which may be useful to the position for which you are applying. If none, state so.

List any foreign language skills you have and for each indicate your knowledge (excellent, good, fair, etc) in the following areas:

Language	Speaking	Reading	Writing	Understanding
-----------------	-----------------	----------------	----------------	----------------------

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FAMILY HISTORY

List all members of your immediate family. Include father, mother, sisters, brothers (step, blood and half), father-in-law and mother-in-law. If deceased, denote in occupation space. Do not include spouse or children.

Name: _____

Relationship: _____

Address: _____

Date of Birth: _____

Home Phone: (_____) - _____ - _____

Work Phone: (_____) - _____ - _____

Occupation: _____

Name: _____

Relationship: _____

Address: _____

Date of Birth: _____

Home Phone: (_____) - _____ - _____

Work Phone: (_____) - _____ - _____

Occupation: _____

Name: _____

Relationship: _____

Address: _____

Date of Birth: _____

Home Phone: (_____) - _____ - _____

Work Phone: (_____) - _____ - _____

Occupation: _____

FAMILY HISTORY cont.

Name: _____

Relationship: _____

Address: _____

Date of Birth: _____

Home Phone: (_____) - _____ - _____

Work Phone: (_____) - _____ - _____

Occupation: _____

Name: _____

Relationship: _____

Address: _____

Date of Birth: _____

Home Phone: (_____) - _____ - _____

Work Phone: (_____) - _____ - _____

Occupation: _____

Name: _____

Relationship: _____

Address: _____

Date of Birth: _____

Home Phone: (_____) - _____ - _____

Work Phone: (_____) - _____ - _____

Occupation: _____

FAMILY HISTORY cont.

Name: _____

Relationship: _____

Address: _____

Date of Birth: _____

Home Phone: (_____) - _____ - _____

Work Phone: (_____) - _____ - _____

Occupation: _____

Name: _____

Relationship: _____

Address: _____

Date of Birth: _____

Home Phone: (_____) - _____ - _____

Work Phone: (_____) - _____ - _____

Occupation: _____

Name: _____

Relationship: _____

Address: _____

Date of Birth: _____

Home Phone: (_____) - _____ - _____

Work Phone: (_____) - _____ - _____

Occupation: _____

EDUCATION

Are you a high school graduate? Yes { } No { } If yes complete below:

High School Name: _____ City/State: _____

Month/Year Graduated: _____ Name Used: _____

Do you possess a High School Equivalency(GED)Certificate? Yes{ }No { } If yes complete below

Issuing Authority: _____

Number: _____

Date Obtained: _____

Name Used: _____

Indicate below the schools that you have attended, their location (City/State) and the years you attended. Include schools you dropped out without completing. Start with most recent or present and work backwards.

Name of School/College: _____

From _____ Until _____ City/State: _____
Month/Year Month/Year

Graduate: Yes{ } No { } Course of Study: _____

Name of School/College: _____

From _____ Until _____ City/State: _____
Month/Year Month/Year

Graduate: Yes{ } No { } Course of Study: _____

Name of School/College: _____

From _____ Until _____ City/State: _____
Month/Year Month/Year

Graduate: Yes{ } No { } Course of Study: _____

Name of School/College: _____

From _____ Until _____ City/State: _____
Month/Year Month/Year

Graduate: Yes{ } No { } Course of Study: _____

PERSONAL REFERENCES

Please provide in the spaces below the names, phone numbers, addresses and other required data of five persons who you have known for at least five (5) years. These references must not be relatives, former employers or supervisors. These people will be asked to appraise your character, ability, experience, personality and other qualities.

Name: _____ **Years Known:** _____

Address: _____
Complete Street Address City State Zip Code

Home Phone: _____ **Other Contact Number:** _____

Business or Occupation: _____

Name: _____ **Years Known:** _____

Address: _____
Complete Street Address City State Zip Code

Home Phone: _____ **Other Contact Number:** _____

Business or Occupation: _____

Name: _____ **Years Known:** _____

Address: _____
Complete Street Address City State Zip Code

Home Phone: _____ **Other Contact Number:** _____

Business or Occupation: _____

Name: _____ **Years Known:** _____

Address: _____
Complete Street Address City State Zip Code

Home Phone: _____ **Other Contact Number:** _____

Business or Occupation: _____

Name: _____ **Years Known:** _____

Address: _____
Complete Street Address City State Zip Code

Home Phone: _____ **Other Contact Number:** _____

Business or Occupation: _____

EMPLOYMENT HISTORY

Have you ever applied, prior to this application, for employment with the City of Emerson?
Yes { } No { } If yes give details including when, what position and the outcome.

Have you ever worked for the Emerson Police Department before? Yes { } No { } If yes provide details.

Are you seeking full time or part time employment? Full Time { } Part Time { }

How did find out about this job? _____

Have you ever applied for a position in public safety (law enforcement, fire, EMS, etc.)? If yes please provide details:

Agency Applied With	Position Applied For	Date	Outcome

If the position you are applying for requires you to wear a uniform do you object? Yes { } No { }

If the position you are applying for requires you to be clean shaven do you object? Yes { } No { }

If offered full time employment are you available to work any day of the week, any hour of the day, including holidays? Yes { } No { } if no please explain _____

If offered part time employment what days and times will you be available to work? _____

Do you have experience with shift work? Yes { } No { }

Have you ever been engaged in any business as an owner, partner or corporate member?
Yes { } No { } If yes explain: _____

EMPLOYMENT cont.

Have you ever worked for any member of your family? Yes { } No { } If yes please explain: _____

Have you had any arguments concerning job duties/working conditions? Yes { } No { } if yes please explain: _____

Has a supervisor ever reprimanded you for being late or absent? Yes { } No { } If yes please explain: _____

Has a supervisor ever reprimanded you for misconduct or not doing the job right? Yes { } No { } If yes please explain: _____

Have you ever been the subject of an internal investigation by an employer? Yes { } No { } if yes please explain: _____

Have you ever resigned after being told that an employer intended to fire you, been asked to resign or been fired from a job? Yes { } No { } if yes please explain: _____

Have you ever quit a job without giving notice? Yes { } No { } If yes please explain: _____

Would contacting your present employer during the course of the background investigation cause you any problems at your job? Yes { } No { } If yes please explain: _____

If you answer yes to the question above we will not contact your employer at this time and it will not be held against you. However, all information will be verified at a later date if an offer of employment is made. Falsification will result in the termination of your offer or employment.

EMPLOYMENT RECORD

List all jobs you have held. Start with your present or most recent job and work backwards. Include all jobs whether full time, part time, temporary or voluntary. Also include military service and any periods of unemployment. Do not leave any dates unaccounted for during your life since your eighteenth (18th) birthday.

From: _____ To: _____
Month/Year Month/Year

This job was: Full Time { } Part Time { } Temporary { } Voluntary { } Unemployed { }

Name of Employer/Business: _____

Street Address: _____
Complete Street Address City State Zip Code

Your Title/Duties: _____

Your Supervisor's Name: _____

Business Telephone Number: (_____) - _____ - _____ Ext _____

Beginning Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Reason for Leaving: _____

From: _____ To: _____
Month/Year Month/Year

This job was: Full Time { } Part Time { } Temporary { } Voluntary { } Unemployed { }

Name of Employer/Business: _____

Street Address: _____
Complete Street Address City State Zip Code

Your Title/Duties: _____

Your Supervisor's Name: _____

Business Telephone Number: (_____) - _____ - _____ Ext _____

Beginning Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Reason for Leaving: _____

EMPLOYMENT RECORD cont.

From: _____ To: _____
Month/Year Month/Year

This job was: Full Time { } Part Time { } Temporary { } Voluntary { } Unemployed { }

Name of Employer/Business: _____

Street Address: _____
Complete Street Address City State Zip Code

Your Title/Duties: _____

Your Supervisor's Name: _____

Business Telephone Number: (____) - _____ - _____ Ext _____

Beginning Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Reason for Leaving: _____

From: _____ To: _____
Month/Year Month/Year

This job was: Full Time { } Part Time { } Temporary { } Voluntary { } Unemployed { }

Name of Employer/Business: _____

Street Address: _____
Complete Street Address City State Zip Code

Your Title/Duties: _____

Your Supervisor's Name: _____

Business Telephone Number: (____) - _____ - _____ Ext _____

Beginning Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Reason for Leaving: _____

EMPLOYMENT RECORD cont.

From: _____ **To:** _____
Month/Year Month/Year

This job was: Full Time { } Part Time { } Temporary { } Voluntary { } Unemployed { }

Name of Employer/Business: _____

Street Address: _____
Complete Street Address City State Zip Code

Your Title/Duties: _____

Your Supervisor's Name: _____

Business Telephone Number: (_____) - _____ - _____ **Ext** _____

Beginning Salary \$ _____ **per** _____ **Ending Salary \$** _____ **per** _____

Reason for Leaving: _____

From: _____ **To:** _____
Month/Year Month/Year

This job was: Full Time { } Part Time { } Temporary { } Voluntary { } Unemployed { }

Name of Employer/Business: _____

Street Address: _____
Complete Street Address City State Zip Code

Your Title/Duties: _____

Your Supervisor's Name: _____

Business Telephone Number: (_____) - _____ - _____ **Ext** _____

Beginning Salary \$ _____ **per** _____ **Ending Salary \$** _____ **per** _____

Reason for Leaving: _____

FINANCIAL HISTORY

What income other than salary do you receive at the present time? _____

How many persons are dependant upon you for financial support? _____

Do you pay child support? Yes { } No { } If yes give amount \$ _____ per _____

Is your child support current? Yes { } No { } If no amount in arrears: \$ _____

Are you currently paying debts ordered by any court (excluding child support)? Yes { } No { }

Have you ever filed bankruptcy? Yes { } No { } If yes, please complete below:

Year Filed	State/County Filed	Chapter	Date of Discharge

What is your monthly rent/mortgage payment? _____

Have you ever had a foreclosure? Yes { } No { } If yes state year: _____

Are you behind on any payments or are any creditors pressing you for payment Yes { } No { }

Have you ever had anything repossessed? Yes { } No { } If yes please explain: _____

Have your wages ever been garnished? Yes { } No { } If yes please explain: _____

Do you have any debts/accounts assigned to collection now? Yes { } No { } If yes explain: _____

If offered employment with this agency, will this be your primary source of income?

Yes { } No { }

FINANCIAL HISTORY cont.

List below any person(s), companies, entities or firms which you now owe money. Include any deferred loans, medical bills, child support, alimony, mortgage loans, etc.

Creditor	Balance	Monthly Payment

LAWSUITS

Have you ever been a plaintiff or defendant in any civil or criminal lawsuit? Yes { } No { }

If yes please explain: _____

Do you have any pending incidents which a lawsuit may arise? Yes { } No { } If yes please explain: _____

MILITARY HISTORY

If you were never in the active military, reserve or national guard, check here and skip this section.

Are you now a member of any military organization? Yes No

Identify what component(s) of the military you are/were enlisted in:

Regular Active Reserve National Guard

Identify which branch(es) you are/were enlisted in or a member of:

Army Air Force Marines Navy Coast Guard

From	To	Branch	Highest Rank Held	Type Discharge

What was your service number? _____

List any medals, decorations, awards and citations you received while in the military: _____

Were you ever listed as AWOL (Absent Without Leave) or U/A (Unauthorized Absence)?

Yes No If yes explain: _____

Were you ever court-martialed, tried on charges or punished under the Uniform Code of Military Justice including Article 15, Captain's Mast, Office hours, Page 11, Deck Court, company punishment or any other disciplinary action while a member of any armed forces (including active duty as well as Reserves or National Guard)? Yes No If yes explain:

MILITARY HISTORY cont.

Were you ever reduced in rank? Yes { } No { } If yes explain: _____

List any other trouble you have been involved in (on or off duty) while in the military:

Other than the United States, were you ever a member of any foreign armed forces?

Yes { } No { } If yes explain: _____

List any special training you received while in the military: _____

ALCOHOL / SUBSTANCE ABUSE

It is a fact that some individuals experiment with different substances during their life. If you once had a problem that no longer exists, do not be duly concerned.
Answer each question truthfully.

Do you drink alcoholic beverages? Yes { } No { } If yes, list the type, how often and how much:

Have you ever been fired, lost a job, been penalized or counseled by an employer because of an alcohol related problem? Yes { } No { } If yes please explain: _____

Have you ever called in sick on a job because you suffered from a hangover? Yes { } No { }

If yes please explain: _____

Have you ever consumed alcohol while working? Yes { } No { } If yes please explain: _____

Have you ever held a job where the use of alcohol on the job was a common practice?

Yes { } No { } If yes please explain: _____

Have you ever had any trouble with a spouse or family member(s) due to drinking alcohol?

Yes { } No { } If yes please explain: _____

List any other trouble you have had due to consuming alcohol? _____

Have you ever used marijuana or any other illegal drugs? Yes { } No { }

Have you ever used marijuana or any other illegal drug during working hours (this includes lunch and coffee breaks, as well as while actually working)? Yes { } No { } If yes explain: _____

Have you ever sold marijuana or any other illegal drugs to friends or anyone with or without profit to yourself? Yes { } No { } If yes please explain (include when, number of times, type(s) of drugs, total amount sold and how much profit was made): _____

ALCOHOL / SUBSTANCE USE cont.

Please describe your use (experimental or otherwise) of any of the below substances. Answer each line truthfully in the space provided. Indicate when you first tried the drugs listed, when you last used the drugs listed and the approximate number of times you used them.

SUBSTANCE	APPROXIMATE DATE OF FIRST USE	APPROXIMATE DATE OF LAST USE	APPROXIMATE NUMBER OF TIMES USED
Marijuana			
Hashish			
Angel Dust			
Cocaine			
Crack Cocaine			
Crank			
Crystal Meth			
Ecstasy			
Heroin			
Ice			
LSD			
Magic Mushrooms			
Mescaline			
Methamphetamine Amphetamine			
Morphine			
Opium			
Psilocybin			
Speed (Specify type)			
Steroids			
STP			
THC			
Prescription Drugs-Not prescribed to you (Specify type)			
Other illegal drugs (Specify Type)			

CRIMINAL ACTIVITY

Indicate any of the following you have ever done, even if you were not caught:

- | | | | |
|--------------------------|---|--------------------------|-------------------------|
| <input type="checkbox"/> | Arson | <input type="checkbox"/> | Kidnapping |
| <input type="checkbox"/> | Assault | <input type="checkbox"/> | Murder |
| <input type="checkbox"/> | Breaking and Entering | <input type="checkbox"/> | Passing Bad Checks |
| <input type="checkbox"/> | Credit Card Fraud | <input type="checkbox"/> | Possession of Marijuana |
| <input type="checkbox"/> | Cruelty to Animals | <input type="checkbox"/> | Possession of Narcotics |
| <input type="checkbox"/> | Drug Sales | <input type="checkbox"/> | Robbery |
| <input type="checkbox"/> | DWI / DUI | <input type="checkbox"/> | Shoplifting |
| <input type="checkbox"/> | Extortion | <input type="checkbox"/> | Steal Anything |
| <input type="checkbox"/> | Forgery | <input type="checkbox"/> | Theft from an Employer |
| <input type="checkbox"/> | Grand Theft Auto | <input type="checkbox"/> | Vandalism |
| <input type="checkbox"/> | Any Sex Crimes (including Rape, Child Molestation, Incest, Aggravated Sodomy Peeping Tom, Stalking, Etc.) | | |

Give a brief explanation below on any of the above you checked (include your age at the time of the incident): If you have never done any of the above state so: _____

Have you ever been the subject of any criminal investigation by a law enforcement agency (including military authorities) concerning any alleged misconduct on your part? Yes { } No { }

If yes please explain: _____

Have you ever been questioned in connection with any violation of the law (other than a traffic offense)? Yes { } No { } If yes please explain: _____

Has there ever been a warrant, TPO and / or restraining order issued against you? Yes { } No { }

If yes please explain: _____

Have you ever been placed on probation or parole? Yes { } No { } If yes please explain: _____

Could you be wanted by any law enforcement agency (foreign or domestic)? Yes { } No { }

If yes please explain: _____

CRIMINAL ACTIVITY cont.

Have you ever been a member of or associated with any foreign or domestic organization, association, movement, group or combination of persons whose policies or ideas advocate or approve 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 { }

Have you ever been arrested, detained or had to post bond by any police, sheriff, military police or other City, County, State or Federal agency? This includes juvenile arrests, City or County ordinance arrests or citations, charges that were dismissed, dropped, handled as First Offenders or expunged. Yes { } No { } If yes please provide details below:

Crime Charged	Misd or Felony	Date of Arrest	Arresting Agency	Disposition

Are you applying with the City of Emerson for any dishonest reason(s)? Yes { } No { }

Are you currently under any subpoenas? Yes { } No { } If yes please give explain: _____

Have you ever given a false statement to an official or in an official proceeding? Yes { } No { }

If yes please explain: _____

Are you being paid or urged by any person or organization to work for the City of Emerson?

Yes { } No { } If yes please explain: _____

Have you ever pawned any item(s) that belonged to you or someone else? Yes { } No { }

If yes please provide details below:

Item Pawned	When	Where Pawned

DRIVING HISTORY

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

The current status of your driver's license is:

{ } Valid { } Suspended { } Revoked { } Other (specify _____)

State of Issue	License Number	Class	Expiration Date

List below any restrictions (corrective lenses, daytime only, etc.) If none state so:

Do you hold any other valid driver's license? Yes { } No { }

Have you ever had a driver's license issued by any other State? Yes { } No { } If yes list below:

Issuing State	License Number	Approximate Date

Has any State ever refused to issue you a driver's license? Yes { } No { } If yes please explain:

Have you ever obtained a driver's license under any other name other than the one you are applying under now? Yes { } No { } If yes please explain: _____

Has any driver's license you ever had been suspended, cancelled or revoked? Yes { } No { }

If yes please explain: _____

Do you have any unpaid traffic citations (including parking violations)? Yes { } No { }

If yes please explain: _____

Have you ever received a traffic citation while driving an employer's vehicle? Yes { } No { }

If yes please explain: _____

DRIVING HISTORY cont.

List below all traffic citations (including parking) that you have ever received. If none check the box and skip to next question. None { }

Location (City/State)	Approximate Date	Nature of Violation	State of License	Penalty / Disposition

Have you ever struck a person, vehicle or object without stopping and/or reporting the accident?

Yes { } No { } If yes please explain: _____

Have you ever been involved in an accident while driving your employer's vehicle? Yes { } No { }

If yes please explain: _____

List below all accidents that you have ever been involved in as a driver, whether reported or not. If none check the box and skip to the next question. None { }

Approximate Date	Location (Jurisdiction)	Injuries	Who was cited?

PROFESSIONAL LICENSE

Have you ever attended a State Mandate school for Police, Sheriff or Corrections Officer or any EMS or Fire certification?

Yes { } No { } If yes give details below:

Type of Certification	Certification Number	Dates Attended	Place Attended

Have you received any additional training which qualified you as a specialist in any field (include SWAT, Dive Training, Hazmat, etc)? Yes { } No { } If give details below:

Type of Classification	Details (Include Applicable Dates)

Have you ever had any certification suspended or revoked? Yes { } No { } If yes please explain:

Have you ever been suspended while working as either a Law Enforcement Official, Fire Fighter, Paramedic, EMT or Correction Officer? Yes { } No { } If yes please explain:_____

Have you ever been sued as a result of an on duty related incident? Yes { } No { } If yes please explain:_____

List any other professional license, certification or certificates you hold:

Type of Certification	Certification Number	Dates Attended	Place Attended

CONTINUATION PAGE

Use the spaces below to continue any section which you did not have enough room to complete. Indicate what page and title of section your continuation is in reference to.

From page number _____ **Section** _____

From page number _____ **Section** _____

From page number _____ **Section** _____

From page number _____ **Section** _____

From page number _____ **Section** _____

EMERSON POLICE DEPARTMENT
700 HWY 293 • P. O. BOX 300 • EMERSON, GA. 30137
PHONE: 770/386-6696 OR 770/386-6717
FAX: 770/386-6697

APPLICANTS RELEASE AGREEMENT

I, _____, do hereby swear or affirm that there are no misrepresentations, omissions or false answers to questions in my City of Emerson employment application or background investigation booklet or in any verbal or written statement made to any official of the City of Emerson. I am aware that should an investigation disclose such misrepresentations, falsifications or omissions my application will be rejected and I will be removed from the selection process. I am also aware that should I be accepted for employment with the City of Emerson and subsequent investigations disclose misrepresentations. Falsifications or omissions it will be just cause for my immediate dismissal from employment. My signature below further acknowledges that I do hereby agree to notify any duly authorized agent of the City of Emerson of any changes regarding information I have provided. This notification would include but is not limited to the following:

- | | |
|-------------------|--|
| Arrests | Financial Responsibilities Assigned to Collections |
| Traffic Citations | Civil and Criminal Litigation |
| Job Terminations | Drug Use |
| Change of Jobs | Change of Address or Phone Number |
| Bankruptcies | Any other information pertinent to an employment |
| | Background investigation |

I realize failure to report such information to the City of Emerson could affect my status as an applicant. Additionally, if hired, failure to disclose pertinent information during the hiring process could result in termination of my employment.

By signing below I further expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation, as conducted by the City of Emerson, realizing that such information must remain confidential. Additionally, I understand that this background booklet and any other applications, documents or paperwork I have submitted is the property of the City of Emerson. As such I acknowledge that I cannot for any reason view this background booklet nor can I obtain either the original or a copy of it at a later date.

Signature of Applicant

Notary Public

Date

Kyle Teems
Chief of Police

EMERSON POLICE DEPARTMENT
700 HWY 293 • P. O. BOX 300 • EMERSON, GA. 30137
PHONE: 770/386-6696 OR 770/386-6717
FAX: 770/386-6697

MILITARY AFFIRMATION

I, _____, do hereby swear or affirm that I have never been enlisted nor served in any of the military forces of the United States or in any foreign military service. I further swear or affirm that I have never served in any branch of the United States Reserve Forces or in any State National Guard.

Signature of Applicant

Social Security Number

Notary Public

Date

Kyle Teems
Chief of Police

EMERSON POLICE DEPARTMENT
700 HWY 293 • P. O. BOX 300 • EMERSON, GA. 30137
PHONE: 770/386-6696 OR 770/386-6717
FAX: 770/386-6697

**AUTHORIZATION FOR THE RELEASE OF
PERSONAL MILITARY INFORMATION**

I, _____ do hereby authorize the National Personnel Records Center, St. Louis, Missouri, or any other custodian of my personal or criminal military records to release and provide the City of Emerson any information or photocopies of my military personnel records. These records include, but are not limited to, copies of my undeleted DD214, medical records, drug or alcohol information, Report of Separation, Article 15's and/or non-judicial punishments or any other derogatory 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.

Signature of Applicant

Social Security Number

Notary Public

Date

Kyle Teems
Chief of Police

EMERSON POLICE DEPARTMENT
700 HWY 293 • P. O. BOX 300 • EMERSON, GA. 30137
PHONE: 770/386-6696 OR 770/386-6717
FAX: 770/386-6697

CONSENT FORM

I, _____ hereby do authorize the City of Emerson to receive any criminal history and/or driving history record information pertaining to me which may be in the files of any State criminal justice agency.

Full Name: _____
 Last First Middle Suffix

Social Security Number: _____

Date of Birth: _____ / _____ / _____ Race: _____ Sex: _____
 (Month) (Day) (Year)

Signature of Applicant

Notary Public

Date

EMERSON POLICE DEPARTMENT
700 HWY 293 • P. O. BOX 300 • EMERSON, GA. 30137
PHONE: 770/386-6696 OR 770/386-6717
FAX: 770/386-6697

PERSONAL INFORMATION RELEASE AUTHORIZATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Emerson Police Department, or to any authorized agent of a criminal justice agency or any private agency upon the request of the City of Emerson Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records 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 records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records of recollection s 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 the City of Emerson Police Department will consider any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part, upon this release authorization, in determining my suitability for employment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving the information; and I 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.

Full Printed Name

Notary Public

Signature of Applicant

Date

Kyle Teems
Chief of Police

EMERSON POLICE DEPARTMENT
700 HWY 293 • P. O. BOX 300 • EMERSON, GA. 30137
PHONE: 770/386-6696 OR 770/386-6717
FAX: 770/386-6697

IMPORTANT INFORMATION

This employment application is not an offer of employment nor a contract for employment. The completion of this application does not stand as an agreement, or a promise to hire the applicant.

The answers that you provide for each question on this application must be full and complete. Do not leave any blanks in this booklet. Answer all questions accurately, truthfully and in complete detail. The applicant must neatly print the answers in this booklet in black ink. All yes/no questions must be answered with either a yes or no response. Do not use N/A anywhere in this booklet. If more writing space is needed throughout this booklet, see the continuation page toward the back of the booklet. If necessary you may also attach additional sheets. Be sure to provide the page number and section to be further explained.

In order to avoid either misplaced and/or out of place pages, do not remove the staple from this booklet. If you are unsure about any question, contact the Emerson Police Department at 770-386-6696 Monday thru Friday between the hours of 8am and 5pm.

It is necessary that all information be complete, truthful and accurate. (Georgia Peace Officer Standards and Training Council, Chapter 464-4.12: "The Council shall deny certification to any applicant supplying false information.....or the use of fraud in securing employment...")

The discovery of deliberate omissions, intentional misrepresentations or any falsified information will be a basis for the termination of the application process or employment and could result in criminal prosecution under the Official Code of Georgia Annotated 16-10-20.

It is imperative that any conviction be listed (to include a finding or a verdict of guilt, a plea of guilty, a plea of nolo contendere in a criminal proceeding, regardless of whether the judgment of guilt or sentence is withheld or not entered thereon, and/or expungement). This includes First Offenders. (OCGA 35-8-7.1)

All information will be subject to verification through polygraph, voice stress analysis and/or administrative investigation. All information obtained is confidential and will not be given to the applicant.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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.

SIGNATURE OF APPLICANT

DATE

**Kyle Teems
Chief of Police**