

# EMPLOYMENT FACT SHEET

CITY OF FOREST PARK  
PERSONNEL DEPARTMENT

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## THINGS YOU NEED TO KNOW

Thank you for your interest in Forest Park as a potential employer. In order to process your employment inquiry, we require that you complete an application for employment. You will not be considered an official applicant for any city position until we have your application on file. All sections of the application and supplements must be completed entirely, even if you have (or will) submit a resume. Please be advised that an incomplete application may result in an applicant receiving no further consideration for employment.

When your completed application is received, it will be evaluated to determine if you meet minimum employment qualifications. The Hiring Department will select applicants for interviews. **NOT EVERY ELIGIBLE APPLICANT WILL BE INTERVIEWED.** You will be either CONTACTED for an interview or will be NOTIFIED when the job vacancy has been filled.

Since we do not review applications on file, it will be your responsibility to keep up-to-date on our vacancies and to notify us by mail or by coming to our office at 785 Forest Parkway, Forest Park, Georgia, prior to the closing date of an open position.

**JOB LINE**  
**(404) 608-2309**

If you have any questions, please contact us at (404) 608-2347.

### SPECIAL NOTES

In order to comply with the 1986 Immigration Reform and Control Act, all employees will be requested to show proof of citizenship or authorized alien registration cards through verification of drivers license, Social Security card, birth certificate or other authorized document.

Any applicant selected to fill a vacancy is required to take and pass an employment medical exam prior to becoming an employee of the City. The medical examination is conducted by the City's designated physician, and is paid for by the City.

**BENEFITS:** 10 paid holidays; vacation/sick leave; paid medical and life insurance; retirement program; and credit union availability .

# Application For Employment

CITY OF FOREST PARK  
Support Services/  
PERSONNEL DEPARTMENT  
785 FOREST PARKWAY  
FOREST PARK, GA 30297  
(404) 608-2347

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

(PLEASE TYPE, PRINT IN INK OR COMPLETE, PRINT & SIGN USING ADOBE READER)

## PERSONAL

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

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle Initial

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

Home/Cell Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email \_\_\_\_\_

Are you related to anyone employed by the City of Forest Park? Yes \_\_\_ No \_\_\_

If yes whom: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Date you can begin: \_\_\_\_\_

Have you ever been employed with us before? Yes  No

If yes, give date: \_\_\_\_\_

Are you currently employed? Yes  No  May we contact your present employer? Yes  No

Do you have a valid drivers license? Yes  No  State: \_\_\_\_\_ License#: \_\_\_\_\_  
(If required by job)

Type of license: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Have you been convicted of a felony within the last seven (7) years? Yes  No

Conviction will not necessarily disqualify an applicant from employment. If yes, please explain below:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



**EMPLOYMENT HISTORY**

EXPERIENCE: Begin with your present or last job and describe in detail all periods of employment, including self-employment. Include military service and part-time employment. Account for your time during any intervals of unemployment other than those when you were attending school. **(use additional sheet if necessary)**

Note: A resume of your employment record will not be accepted in lieu of the above information, although you may include a resume as a supplement to the application.

Employer:	Complete Address (street, city, state, zip)	
Telephone Number:	Supervisor's Name:	
Job Title:	Salary:	Hrs/Week
Dates Employed: From:                      To:	Reason for leaving:	
Summarize the type of work performed and job responsibilities:		

Employer:	Complete Address (street, city, state, zip)	
Telephone Number:	Supervisor's Name:	
Job Title:	Salary:	Hrs/Week
Dates Employed: From:                      To:	Reason for leaving:	
Summarize the type of work performed and job responsibilities:		

Employer:	Complete Address (street, city, state, zip)	
Telephone Number:	Supervisor's Name:	
Job Title:	Salary:	Hrs/Week
Dates Employed: From:                      To:	Reason for leaving:	
Summarize the type of work performed and job responsibilities:		

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

Have you ever had any job related training in the United States Military? Yes  No

If yes, please describe:

Kind of office equipment operated:

Typing speed: \_\_\_\_\_ Shorthand speed: \_\_\_\_\_

Kind of machines, tools and motor equipment operated:

## EDUCATIONAL BACKGROUND

Elementary School: Name \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

High School: Name \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

Highest school year completed: 1  2  3  4  5  6  7  8  9  10  11  12

High school graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

If you did not graduate, do you have a high school equivalency? \_\_\_\_\_

## EDUCATION BEYOND HIGH SCHOOL

College or University: Name \_\_\_\_\_ Location \_\_\_\_\_

Attended From \_\_\_\_\_ To \_\_\_\_\_ No. years completed: 1  2  3  4

Did you graduate? \_\_\_\_\_ Degree/Certificate \_\_\_\_\_ Major subject \_\_\_\_\_

Graduate or Profession: Name \_\_\_\_\_ Location \_\_\_\_\_

Attended From \_\_\_\_\_ To \_\_\_\_\_ No. years completed: 1  2  3  4

Did you graduate? \_\_\_\_\_ Degree/Certificate \_\_\_\_\_ Major subject \_\_\_\_\_

Other Education: Name \_\_\_\_\_ Location \_\_\_\_\_

Attended From \_\_\_\_\_ To \_\_\_\_\_ No. years completed: 1  2  3  4

Did you graduate? \_\_\_\_\_ Degree/Certificate \_\_\_\_\_ Major subject \_\_\_\_\_

Describe any honors you have received:



# APPLICANT'S CERTIFICATION AND AGREEMENT

## AGREEMENTS:

PROBATION PERIOD – It is understood that I shall be considered a probationary employee for no less than six (6) months but no more than nine (9) months from date of hire. Police Officer Probationary Period is twelve (12) months not including probation extension if needed. I may be discharged or laid off before the expiration of that period *without recourse*.

STATEMENT BY APPLICANT – I hereby certify that there are no willful misrepresentations, omissions or falsehoods in the foregoing statements and answers to questions and that the information I have provided in this application for employment is subject to verification by the City of Forest Park. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated.

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

Thank you for completing this application and your interest in employment with the City of Forest Park.

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## FOR OFFICIAL USE ONLY

### Verifications:

Social Security Card _____	Work Permit _____
High School Completion _____	Drivers License _____
College Transcripts _____	Professional License/Cert. _____
Military DD214 _____	Reference Check _____

### Test Results:

Typing _____	Score _____	Date _____
Other _____	Score _____	Date _____
Other _____	Score _____	Date _____

Arrange Interview: Yes \_\_\_ No \_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed: Yes \_\_\_ No \_\_\_ Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Department: \_\_\_\_\_

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

To be completed by Applicant on voluntary basis.

**COMPLETE AND RETURN WITH APPLICATION**

**APPLICANT CONTROL SHEET**

The City of Forest Park is required by the Equal Employment Opportunity Commission of the United States to collect and maintain the information required below for EEO statistical reporting purposes. This information will be maintained separately from your application and **WILL NOT** be considered in the application evaluation process.

(PLEASE PRINT)

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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

How did you learn about this vacancy? \_\_\_\_\_

Racial/Ethnic Data (Check One)

American Indian or Alaskan Native

Asian or Pacific Islander

Black

Hispanic

White

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

Check if any of the following are applicable:

Vietnam Era Veteran

Disabled Veteran

Handicapped Individual



## **\*\*\*Important\*\*\***

### **Selection Process:**

Once an application is received, it is reviewed by the recruiting officer for completeness and compliance with basic minimum standards. The applications passing this review are forwarded to the Operations Commander for scheduling of an initial interview.

Applicants receiving a favorable recommendation during initial interview phase will be scheduled to submit to Computer Voice Stress Analysis Exam (CVSA). The CVSA will be comprised of questions addressing the following areas: work history, theft, illegal drug usage, subversive group or gang affiliation, acts involving moral turpitude, domestic violence, or any act in violation of law. The recruiting officer will then review the application and test results. Applications passing this review will be forwarded to the criminal investigations divisions and assigned to a background investigator for a more thorough review.

If the outcome is favorable, the applicant will be scheduled for an Executive Interview. If the applicant is given a conditional offer of employment, the applicant must pass a psychological and medical exam before starting employment. Applicants for the position of police officer, that are not certified, are required to pass the P.O.S.T. entrance exam prior to their start date. At the discretion of the police department, this exam may be administered anytime during the hiring process.

Provided the application is complete, the processing time is 45 to 90 days.

Applicants that are rejected may reapply after 1 year as long as all minimum departmental requirements are met and the department has not specified a longer waiting period.

### **Application Requirements:**

If you have had a driver's license in any other state in the last 10 years you must include a driver's history from that state.

Include the following documents/copies:

- Driver's License
- Birth Certificate
- High School Diploma OR G.E.D
- College Diploma and transcripts (if applicable)
- Citizenship Papers (if applicable)
- DD214 (Military discharge paperwork) Member 4 will be printed in bottom right corner
- Any certificates involving schools or a police academy
- Any other information you feel pertinent

**REMEMBER, fill in all blanks on the application even if it is "none" or "n/a". Following instructions is imperative. You must have 3 pages notarized, and you must sign the back of the application.**

**Failure to include the above documents or leaving blanks on the application may result in denial of your application.**

Additionally, complete the attached questionnaire and turn it in with your application. Our Drug Use Disqualification Table is also attached for your review. Please use this table to determine if you meet our standards for employment.

**Thank you!**

**For questions regarding your application please contact at 404-366-7280.  
Form # 408 11/06/14 ads**



**Applicant Drug Use Disqualification Table**

The drug disqualification table reflects the Forest Park Police Department's standards for considering job applicants who have some history of illegal drug usage. The standards are based on the drug used, the frequency of use, and how recently the drug use occurred.

FREQUENCY	DEFINITIONS
<b>Seldom</b>	Very limited "lifetime" use – generally 1 to 5 times total
<b>Occasional</b>	1 x per week or less. E.g. 52 uses in one year equal weekly use
<b>Frequent</b>	More than 1 x per week over a long period of time (months or years)
<b>Dealing</b>	Selling, transporting to sell, distributing or manufacturing illegal substances at any level
RESULT	DEFINITIONS
<b>(A)Acceptable</b>	Applicant will not be disqualified for stated use
<b>(C)Considered</b>	Applicant's drug history will be evaluated on case-by-case basis
<b>(D)Disqualified</b>	Applicant will not be considered for employment

WHEN USED	DRUG / SUBSTANCE USED	FREQUENCY OF USE	RESULT
Used within last 12 months	Any illegal drug	Any use.....	D
WHEN USED	DRUG / SUBSTANCE USED	FREQUENCY OF USE	RESULT
Used within 1 to 3 years ago	Marijuana	Seldom or Occasional use...	C
		Frequent use or Dealing.....	D
	Any other illegal drug	Any use OR DEALING.....	D
WHEN USED	DRUG / SUBSTANCE USED	FREQUENCY OF USE	RESULT
Used within 3 to 7 years ago	Marijuana	Seldom or Occasional use...	A
		Frequent use.....	C
		Dealing.....	D
	Steroids, Prescription Drugs <sup>1</sup> , speed Cocaine or any Other Illegal Drug	Seldom or Occasional use.....	C
		Frequent use or Dealing.....	D
Heroin, PCP, LSD	Any use.....	D	
WHEN USED	DRUG / SUBSTANCE USED	FREQUENCY OF USE	RESULT
Used 7 years ago or longer	Marijuana	Seldom, Occasional or Frequent use	A
		Dealing.....	C
	Steroids, Prescription Drugs, or Any Other Illegal Drug	Any use or dealing.....	C
		Heroin, PCP, LSD, Cocaine, Speed	Seldom or Occasional use.....
	Frequent use or Dealing.....		D

**Important Notice**

This is intended as a general guide only, and is not a guarantee or promise of specific treatment in any particular situation. The Forest Park Police Department reserves the right to apply different standards: more strict, more lenient or new standards based on the facts of individual situations and in the context of an applicant's overall background and suitability for employment with the Forest Park Police Department. Nothing in this guide is intended to contravene Federal or state laws. All protection extended to individuals based on disability or protected status will be extended to job applicants.

<sup>1</sup>"Prescription Drugs" refers to abuse and/or fraudulent acquisition of drugs prescribed by a physician.



Form PS2

**INVESTIGATION AUTHORIZATION**

I, \_\_\_\_\_, do hereby authorize the review of, and full disclosure of, all records concerning myself to the duly authorized agent of the City of Forest Park.

The intent of this authorization is to give my consent to the City of Forest Park to obtain from any previous employer, police agency, credit bureau, education institutions, person, or any other organization, agency, or entity, public or private, any information relative to myself so that a thorough examination of my character and credentials may be examined prior to my being considered for employment by the City of Forest Park.

I understand that any information obtained by a personal investigation, which is developed directly or indirectly, in whole or part, upon this release authorization, will be considered in any report for the City of Forest Park. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature (Including Maiden Name)

\_\_\_\_\_  
Date

Sworn to and subscribed before  
me this \_\_\_\_ day of \_\_\_\_\_  
20 .

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

State of: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_



Form PS3

STATE OF GEORGIA  
COUNTY OF CLAYTON

**CONSENT, WAIVER AND RELEASE**  
**FOREST PARK APPLICANT DRUG SCREENING CONSENT**

I, \_\_\_\_\_, do hereby consent to allow the City of Forest Park, its agents and employees, to conduct a urine analysis for the purpose of screening my urine sample for evidence of marijuana, alcohol, or other chemical substances. I understand that this urine analysis and drug screening will be conducted if I am offered employment with the City of Forest Park. I also understand that the results of said urine analysis will be kept confidential by the City of Forest Park.

I hereby waive any rights to object to the taking and sampling of my urine specimen in this regard and further release the City of Forest Park, its agents and employees, from any liability for any claim or cause of action or damage whatsoever arising from the taking and sampling of my urine.

I understand that I am entitled to provide the Forest Park Personnel Department with information of any narcotic drug or other medication, be it prescribed or over-the-counter, of which I am taking at the time of the sample and testing.

I give this consent, waiver and release freely and voluntarily, and I understand the consequences of giving said consent, release, and waiver.

This is \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

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

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_  
20\_\_.

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

State of : \_\_\_\_\_  
Expiration date: \_\_\_\_\_



**CITY OF FOREST PARK**  
**SUPPLEMENTAL APPLICATION INFORMATION**

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE:** as (Police, Fire, Corrections)

Previous Employment as (Police, Fire, Corrections) (most recent first):

1. Name/Address of Employer \_\_\_\_\_  
From (Mo/Yr) to (Mo/Yr) \_\_\_\_\_ Position Held \_\_\_\_\_
2. Name/Address of Employer \_\_\_\_\_  
From (Mo/Yr) to (Mo/Yr) \_\_\_\_\_ Position Held \_\_\_\_\_
3. Name/Address of Employer \_\_\_\_\_  
From (Mo/Yr) to (Mo/Yr) \_\_\_\_\_ Position Held \_\_\_\_\_
4. Name/Address of Employer \_\_\_\_\_  
From (Mo/Yr) to (Mo/Yr) \_\_\_\_\_ Position Held \_\_\_\_\_

**RESIDENCE HISTORY**

Working back from the residence you listed on the City application (your present address) list each address of which you resided for the last five (5) years.

<u>From (Mo/Yr) TO (Mo/Yr)</u>	<u>Street</u>	<u>City/State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**CHARACTER REFERENCES**

List three (3) character references (not relatives) who are responsible adults of reputable character and standing in their communities, whom have known you well during the past five (5) years.

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Residence Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Residence Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Residence Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

CRIMINAL RECORD (Conviction will not necessarily disqualify an applicant from employment)

Convictions (felonies, misdemeanors, either civilian or military):

Crime                      Court                      Date

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Convictions (traffic, including pleas of guilty and nolo contendere):

Crime                      Court                      Date

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Pending Charges or Indictments:

<u>Crime or Offense</u>	<u>Court Having Jurisdiction</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments on above: \_\_\_\_\_  
\_\_\_\_\_

Has your Driver's License ever been suspended? ( ) Yes ( ) No  
If Yes, explain: (Provide dates) \_\_\_\_\_  
\_\_\_\_\_

GENERAL QUESTIONS

Have you ever been bonded? ( ) Yes ( ) No If yes, when \_\_\_\_\_  
By whom \_\_\_\_\_

Have you ever been refused a bond? ( ) Yes ( ) No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been rejected for employment with any Fire, Police or Corrections  
Department? ( ) Yes ( ) No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated by another Fire, Police or Corrections Department?  
( ) Yes ( ) No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been certified by either the Georgia Firemen Minimum Standards  
Council or the Georgia Police Officers Standards and Training Council? ( ) Yes ( ) No

Will you be available to work any shift - Day, Evening, or Night? ( ) Yes ( ) No

Are you related to anyone employed by the City of Forest Park?  
( ) Yes ( ) No. If yes, give their name/relationship \_\_\_\_\_  
\_\_\_\_\_

Do you have any personal friends/acquaintances employed by the City of Forest Park?  
( ) Yes ( ) No.  
\_\_\_\_\_



CERTIFICATION

I, \_\_\_\_\_, do hereby swear that all the information stated on the City application and this supplement as well as any pages attached hereto is true and correct to the best of my knowledge. I understand also that any material misrepresentation or omission of fact may be cause for rejection before appointment or termination after appointment.

\_\_\_\_\_  
Date

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

FOR OFFICE USE ONLY

Investigator Comments:

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

Should you be hired as a Police Officer it shall be necessary for you to attend The Peace Officer Standards and Training Council (P.O.S.T.) school as soon as one can be scheduled. It shall also be necessary for you to attend advanced schooling when and if the need arises as determined by the Director of the Division.

Failure to complete these courses and pass the State exam would be cause for dismissal.

I have read the above and understand clearly.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

#362 1/29/01



**SHIFT WORK REQUIRMENT**

The position for which you have applied with the Police Department, \_\_\_\_\_  
requires that you work shift work.

You may also be required to work split shifts, if the need arises and your supervisor  
deems necessary.

I have read and understand fully.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#135 Rev. 1/29/01

## SUPPLEMENTAL INFORMATION FORM

Position: Police Officer

Class Code: 515

Thank you for your interest in employment with the City of Forest Park. The following questionnaire provides you with information relative to the requirements, duties and demands of the above referenced classification. Read each statement very carefully and then truly assess yourself to determine your suitability for employment in this classification. ANSWER THESE QUESTIONS HONESTLY.

You may provide additional information not specifically requested on the questionnaire that you believe will assist the Personnel Department in evaluating your application. Please attach additional pages if desired. However, the information requested will form the primary basis of your evaluation.

YOU MUST COMPLETE THIS QUESTIONNAIRE AND RETURN IT WITH YOUR APPLICATION TO RECEIVE FURTHER CONSIDERATION.

POLICE OFFICER

### NATURE OF WORK

This is general law enforcement work assigned to incumbents who are performing in the capacity of police trainees.

Work involves assisting certified peace officers in routine patrol work such as responding to emergency calls, citizen complaints and alarms. Duties may also be assigned by higher ranking officers that relate to the watch command station and higher ranking officers in accordance with training and certification requirements as stipulated by the City and the State of Georgia.

This classification is considered to be a "transitional" classification. Under Georgia law, basic certification as a Georgia peace officer is required during the first year (twelve months) of employment. Failure to achieve such certification may result in termination of employment as a police officer with the City.



Name of Applicant: \_\_\_\_\_ SSN \_\_\_\_\_

POLICE OFFICER - CLASS CODE 515

Describe your experience and/or training in each of the following areas. For each area, indicate: 1.) Where the experience and/or training was gained, and 2.) The length of experience and/or training in months or years.

1.) Performing routine patrol and traffic control duties.

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2.) Checking vehicle and license papers.

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3.) Completing standardized reports and maintaining records.

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4.) Skill in communicating with a variety of people in stressful and emergency situations.

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5.) Ability to gather information and interpret pertinent facts.

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6.) Additional information: \_\_\_\_\_

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STATEMENT BY APPLICANT - I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statement and answers to questions and that the information I have provided is subject to verification by the City of Forest Park. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated.

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

\_\_\_\_\_  
Date

Thank you for your interest in employment  
with the City of Forest Park.

FOR OFFICE USE ONLY

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**City of Forest Park  
Department of Police Services**

**Job Applicant Questionnaire**

Complete this form and turn it in to the background investigator. If you answer "yes" to any of the questions please provide an explanation in the space provided or on a separate piece of paper. (Circle yes or no for each question)

1. Have you ever been fired or asked to leave a job? Yes No \_\_\_\_\_

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2. Have you ever stolen any property or currency from an employer? Yes No \_\_\_\_\_

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3. Have you ever stolen any property valued over \$50 from anyone? Yes No \_\_\_\_\_

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4. Did you ever commit a crime so serious that, if known, would keep you from being hired by this agency? Yes No \_\_\_\_\_

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5. Have you ever used marijuana of any form? Yes No \_\_\_\_\_

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6. Have you ever used cocaine in any form before? Yes No \_\_\_\_\_

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7. Have you intentionally withheld or altered required information on your employment application? Yes No \_\_\_\_\_

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8. Have you ever belonged to an anti-government or subversive group or gang? Yes No \_\_\_\_\_

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**Job Applicant Questionnaire continued:**

9. Have you ever committed, or been accused of any acts of domestic violence? Yes No \_\_\_\_\_

\_\_\_\_\_

10. Do you regularly associate with persons know to commit criminal acts? Yes No \_\_\_\_\_

\_\_\_\_\_

11. Have you ever solicited anyone for a sexual act? Yes No \_\_\_\_\_

\_\_\_\_\_

12. Have you ever used any illegal drugs? Yes No \_\_\_\_\_

\_\_\_\_\_

13. Did you ever knowingly file a false insurance claim? Yes No \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, swear/affirm the answers provided in this  
(Print name)  
questionnaire are truthful.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**Georgia Peace Officer Standards & Training Council**  
**Application for Certification**

**PERSONAL HISTORY RELEASE**

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photo copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

Last Name		First Name	Middle Name
DATE OF BIRTH <i>(m/d/yyyy)</i>	MAIDEN NAME		PHONE NUMBER <i>(AREA CODE) - NUMBER</i> (   ) -   -
Social Security Number:			
EMAIL ADDRESS			
ADDRESS: <i>Street</i>		Apartment/Unit#	
City:	State:	Zip Code:	

\_\_\_\_\_  
Candidate Signature (including maiden name)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



City of Forest Park  
 Department of Police Services  
Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the \_\_\_\_\_ to receive any Georgia or  
 Criminal Justice Agency

III criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date of inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_ Operator's initials: \_\_\_\_\_

Purpose Code used: (check one)

	<b>Civilian Employment with a Criminal Justice Agency (J)</b> – Provides complete <i>Georgia</i> and <i>III</i> Criminal History Record Information except juvenile or restricted records and
	<b>P.O.S.T. Certified Employment with a Criminal Justice Agency (Z)</b> - Provides <i>Georgia</i> and <i>III</i> Criminal History Record Information including restricted records that contain completed first offender sentences for any offense

The inquiry resulted in the following: (check all that apply)

	No Georgia or III CHRI results available.
	Georgia / III CHRI attached/released.

	No NCIC/GCIC Warrant results available.
	Possible NCIC/GCIC Warrant. Contact Agency listed below.

Wanting Agency Name:	
Agency Telephone:	

\_\_\_\_\_  
Agency Designee Signature and Title

\_\_\_\_\_  
Date



**Forest Park Department of Police Services  
Georgia Driver's History Consent Form**

I hereby authorize the \_\_\_\_\_  
(law enforcement agency name)

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

**City of Forest Park**  
**Department of Police Services**

**( APPLICANT RELEASE AND HOLD HARMLESS AGREEMENT )**

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 application 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 to such 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)

Sworn to Before Me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

Notary Public

\_\_\_\_\_  
Signature of Notary

My commission expires: \_\_\_\_\_