

CITY OF OXFORD POLICE DEPARTMENT

110 W. Clark St.

Oxford, GA 30054

(770) 788-1390 Fax: (770) 788-7420

BACKGROUND INVESTIGATION QUESTIONNAIRE

IF "YES" FOR ANSWERS 1-12, EXPLAIN ON SEPARATE PAGE

- | | |
|---|-----------|
| 1. Do you have a problem with shift work? | YES
NO |
| 2. Have you ever had an application rejected or have you ever withdrawn an application from any Department of Public Safety, Police, or Sheriff's Department? | YES
NO |
| 3. Have you ever been fired or asked to resign in lieu of termination from any employment? | YES
NO |
| 4. Has an employer ever told you that your attendance/punctuality was a problem? | YES
NO |
| 5. Have you ever tried/used, manufactured/grown, or sold any drugs (including designer drugs) which are contrary to the law? | YES
NO |
| 6. Do you drink alcoholic beverages? | YES
NO |
| 7. Have you ever been told you are a problem drinker? | YES
NO |
| 8. Have you ever been arrested, had to post bond or been detained by any police, sheriff, military police, or other county, state, or federal agency? | YES
NO |
| 9. Has the police/sheriff ever responded to your home or other location for a disturbance, domestic dispute or breach of the peace where you were either the victim or suspect? | YES
NO |
| 10. Have you ever been convicted of a felony or misdemeanor? | YES
NO |
| 11. Have you ever been granted the provisions of the First Offender's Act? | YES
NO |
| 12. Has your Driver's License ever been suspended or revoked in any state? | YES
NO |
| 13. You may go through the entire hiring process and not be selected due to a limited number of positions currently available or due to other applicants being considered who may be better suited for the position. Do you understand? | YES
NO |
| 14. Have you read, understood, and answered all of the above questions truthfully? | YES
NO |

SIGNATURE

DATE

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Driver's History Consent Form

I hereby authorize the Oxford Police Department to receive a copy of my driver's history information as part of my application for criminal justice employment, and for use relative to the performance of my official duties with this agency.

Full Name (Print)

Address

Date of Birth

Driver's License Number

Sex

State

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I have applied to the City of Oxford, Georgia for employment. Part of the employment process is an investigation and verification of information I provide on my application for employment and in occasional reports during my employment with the City of Oxford, Georgia.

I do hereby authorize a review of and full disclosure of all records concerning me to the City of Oxford. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including background reports, efficiency ratings, complaints or grievances filed by or against me whether representing me or another person in any case either criminal or civil, in which I presently have or have not had an interest; motor vehicle record; criminal history record information which may be in the files of any state or local criminal justice agency and/or any other information contained in your files relevant to my employment with the City of Oxford, Georgia.

I hereby fully and finally release and discharge the City of Oxford, Georgia 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 of 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.

Full Name (Printed or Typed)

Date

Address

Date of Birth

Social Security Number

Applicant's Signature

Notary Public

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I understand that as a prospective employee, I must verify identity and employment eligibility prior to employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. If I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted at that time.

I understand that a medical examination and/or drug screening may be required for the job which I have applied and agree to submit to such medical examination and/or drug screening. I understand that any offer of employment is conditional upon the results of the medical examination and/or drug screening

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the City of Oxford, Georgia.

Signature of Applicant

Date

Criminal History Consent Form

LAW ENFORCEMENT EMPLOYMENT



I hereby authorize the City of Oxford Police Department to receive any and all criminal history record information pertaining to me which may be in the files of any local or national criminal justice agency. This name-based criminal history will be completed using the Georgia Criminal Information Center (GCIC) system and the NCIC System.

Please print the following:

Name

Last: _____ First: _____ Middle: _____

Maiden: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

Date of Birth: _____ - _____ - _____ Race: _____ Sex: _____
(MONTH) (DAY) (YEAR)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

***Signature :** _____ (Required)

Criminal History for mandated position (PC "Z") **Criminal History for civilian position (PC "J")**

*Date of request : _____ (Required)

*****Sheriff's Office Use Only*****

Signature of operator completing history request:

DATE: _____

*****This authorization is valid for 30 DAYS from date requestor signs*****

*****Release will not be processed if submitted incomplete*****

