

APPLICATION FOR POLICE EMPLOYMENT

City of Oxford
110 West Clark St.
Oxford, GA 30054
770-786-7004

Invalid after 60 days

The City of Oxford, Georgia is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Title or Position Applied For		Date
Last Name	First Name	Middle or Maiden Name
Street Number and Street Name		Apt. Number
City	State	Zip Code
Day	Evening	
Telephone Numbers		OKEY NUMBER

Have you been employed with us before? _____

If "Yes" indicate department in which you were employed: _____

Date Left: _____ Did you leave in good standing? _____

May we contact your present employer? _____

Are you available to work: _____ Full Time _____ Shift Work

What date are you available to work? _____

Are you currently on "lay off" status and subject to recall? _____

Can you travel if a job requires? _____

Have you ever had any job related training in the United States military? _____

If yes, please describe:

--

Education

ELEMENTARY SCHOOL		LOCATION	
HIGH SCHOOL		LOCATION	
YEAR COMPLETED		DIPLOMA / GED	
COLLEGE/UNIVERSITY		LOCATION	
YEAR COMPLETED		DIPLOMA /DEGREE	COURSE OF STUDY

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRA-CURRICULAR ACTIVITIES

DESCRIBE ANY HONORS YOU HAVE RECEIVED

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD. YOU MAY EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY, OR OTHER PROTECTED STATUS.

SPECIAL SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS AQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCES

Employment Experience

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES FOR THE LAST **TEN (10) YEARS**. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITY, OR OTHER PROTECTED STATUS.

Employer	From	To	Description of work performed
Address:			
Telephone Number:			
Job Title:			
Reason for leaving:			

Employer	From	To	Description of work performed
Address:			
Telephone Number:			
Job Title:			
Reason for leaving:			

Employer	From	To	Description of work performed
Address:			
Telephone Number:			
Job Title:			
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Employer	From	To	Description of work performed
Address:			
Telephone Number:			
Job Title:			
Reason for leaving:			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

Employment Experience (Cont.)

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES FOR THE LAST TEN (10) YEARS. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITY, OR OTHER PROTECTED STATUS.

Employer	From	To	Description of work performed
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Address:			
Telephone Number:			
Job Title:			
Reason for leaving:			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

MILITARY SERVICE (List in order beginning with the most recent period. Indicate Reserve/National Guard Service)

From YYMMDD	To YYMMDD	Branch of Service	Rank	Service Number(s)	Country	Type of Discharge

RESIDENCES (List in chronological order beginning with current address. Give the inclusive dates for each period of residence. If you list a Rural Route address, provide instructions or map for locating that residence. Do not list Post Office Box addresses.)

Dates		Address				
From	To	Numbers, Street, Apt.	City	State	Zip Code	Country
	Present					

PERSONAL REFERENCES (Must have known at least three (3) years and not related)

Name	Address	Years Known	Telephone Number

FAMILY / ASSOCIATES (Give requested data for Father, Mother, Spouse, Cobabitant, and Children. All brothers and sisters not born in the U.S. All relatives or friends to whom you, your spouse, or cobabitant are bound by affection or obligation. If such persons are residing, are citizens of, or employed by or otherwise acting as representatives of ANY foreign country.)

Relationship and Name (Last, First, Middle Initial)	Present Address (Street, City, State and Zip Code)	Date of Birth YYMMDD	Place of Birth (City, State, Country)	Citizenship
Father:				
Mother (Maiden Name)				
Spouse (Maiden Name if Applicable)				

ARRESTS: ANSWERS TO THE FOLLOWING ITEMS ARE NOT LIMITED TO THE LAST 5, 10, OR 15, YEARS BUT PERTAIN TO YOUR ENTIRE LIFE

YES	Have you ever been arrested, charged, cited, held, or detained by Federal, State, or other law enforcement or juvenile authorities regardless of whether the charge was dropped or dismissed or you were found not guilty?
NO	

You must list ALL arrest information regardless of whether you have previously listed or disclosed the information or whether the record in your case has been "sealed", expunged, or otherwise stricken from the court record. You must also include all court-martial or non-judicial punishment (Article 15 UCMJ or Captain's Mast.)

You may NOT exclude minor traffic violations for which a fine or forfeiture of \$100 or less was imposed. You must list ALL traffic violations.

List Details of "Yes" Answers

Dates	Nature of Offense or Violation	Name and Location of Law Enforcement Agency (City and State)	Name and Location of Court/Magistrate (City and State)	Penalty Imposed or Other Disposition in Each Case

CREDIT HISTORY

Yes	No	<i>("Yes" answers must be explained on a separate sheet of paper)</i>
		Have you ever filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?
		Have you ever had your wages garnished or anything repossessed?
		Have you ever had a lien placed upon your property for failing to pay taxes?
		Do you have any judgments against you which you not paid?
		Are you now or have you been significantly delinquent on debts? (Paid more than 120 days from scheduled payment due date?)

DRUG/ALCOHOL USE AND MENTAL HEALTH

Yes	No	<i>("Yes" answers must be explained on a separate sheet of paper)</i>
		Have you ever tried or used or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), even one-time or on an experimental basis, except as prescribed by a licensed physician?
		Have you ever been involved in the illegal purchase, manufacture, trafficking, production, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis?
		Have you ever misused or abused any drug prescribed by a licensed physician for yourself or someone else?
		Has your use of alcoholic beverages (such as liquor, beer, wine) ever resulted in the loss of a job, disciplinary action, arrest by police, or any alcoholic-related treatment or counseling (such as for alcohol abuse or alcoholism)?
		Have you ever been treated for a mental, emotional, psychological, or personality disorder/condition/problem?
		Have you ever consulted or been counseled by any mental health professional?

Are you physically or otherwise unable to perform the essential duties of the job for which you are applying? _____

If "Yes", please describe:

ORGANIZATIONS

Yes	No	<i>("Yes" answers must be explained on a separate sheet of paper)</i>
		Are you now or have you ever been a member of the Communist Party or any Communist Organization?
		Are you now or have you ever been affiliated with any organization, association, movement, group, or combination of persons which:
		(1) Advocates the overthrow of our constitutional form of government?
		(2) Advocates or approves the commission of acts of force, violence, coercion, or intimidation to deny persons their rights under the Constitution of the U.S.?
		(3) Seeks to alter the form of government of the United States by force, violence, or other unconstitutional means?
		(4) Advocates or engages in the disruption or halting of U.S. government activities through force, violence, or infiltration of the government service?

List all organizations in which you hold or have held membership since age 16. (You may omit labor unions, political parties, and religious organizations)

Name (Do Not Abbreviate)	Address	From (YYMM)	To (YYMM)	Type

SECURITY CLEARANCE

Yes	No	Have you ever held a security clearance, to include a contractor-granted Confidential? <i>(If "Yes" give details below)</i>		
		Level:	Date Granted (YYMMDD)	Granted by:
				Name of Employer:
		Have you ever had a security clearance denied, suspended, or revoked? <i>(If "Yes" give details)</i>		

FOREIGN TRAVEL / CONNECTIONS

Yes	No	<i>("Yes" answers must be explained on a separate sheet of paper)</i>
		Do you have any foreign property, business connections, or financial interest?
		Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?
		Have you ever traveled outside the United States on other than official U.S. Government orders? (Include even short trips to Canada or Mexico)
		Have you ever had any contact with a foreign government, its establishments (e.g. embassies, consulates, or its representatives, whether inside the U.S., other than on official U.S. Government business?

CERTIFICATION BY PERSON COMPLETING FORM: I certify that the entries made by me are true, complete, and accurate to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both.

Typed Name (Last, First, Middle Initial)	Signature	Date Signed (YYMMDD)
Social Security No.		

REMARKS (You may provide any additional information which you feel may have a bearing or impact on your security eligibility which has not been specifically asked for on this form.)



CITY OF OXFORD POLICE DEPARTMENT

110 W. Clark St.
Oxford, GA 30054
(770) 788-1390 Fax: (770) 788-7420



QUESTIONNAIRE

IF "YES" FOR ANSWERS 1-12, EXPLAIN ON SEPRATE 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

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DATE



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REQUIRED COPY OF APPLICABLE DOCUMENTS

1. Driver's License
2. Driver's History (Last 3-Years)
3. Social Security Card
4. Birth Certificate
5. High School Diploma or GED
6. DD214 (Long Form)
7. College/ Technical School Transcripts/College Diploma
8. Current P.O.S.T. Record
9. Training Certificates

****CRIMINAL HISTORY FORM ONLY NEEDS APPLICANT'S SIGNATURE****

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

Georgia's Driver's History Consent Form

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

Full Name (Print)

Address

Date of Birth

Driver's License Number

Sex

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



Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize City of Oxford Police Department to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

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

Please check **ONLY** one of the boxes listed below:

This authorization is valid for _____ days from date of signature.

I, _____, give consent to the above-named entity
to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date _____

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES

E - Employment
M - Working with Mentally Disabled
N - Working with Elderly
W - Working with Children
P - Public Records (no consent required)
F - Probate Court / Weapons Carry License

PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)

U - Personal Copy

CRIMINAL JUSTICE

J - Civilian Criminal Justice Employment (State & III Info Received)
Z - Sworn Criminal Justice Employment (State & III Info Received)

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

No Criminal Record Available
Criminal Record (Attached/Released)
No NCIC/GCIC Warrant
Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: City of Oxford Police Department

Wanting Agency Telephone: 770 788-1390

Agency Designee Signature and Title: _____ Date: _____