

**SKY VALLEY POLICE  
DEPARTMENT**



**APPLICATION FOR EMPLOYMENT:  
CERTIFIED POLICE OFFICER**

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**APPLICANT'S FULL NAME**

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**APPLICANT PHONE**

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**APPLICANT EMAIL**

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**APPLICATION DATE**

**AN EQUAL OPPORTUNITY EMPLOYER**

## AUTOMATIC DISQUALIFICATION LIST

### PLEASE REVIEW THE FOLLOWING INFORMATION!

These additional minimum standard requirements are mandated at the discretion of the City of Sky Valley and the Chief of Police. The following list will cause disqualification of the applicant from further consideration:

- Any Felony Conviction.
- Any Misdemeanor Conviction (other than minor traffic violations) within the past five (5) years.
- Any conviction of more than three (3) moving violations in the past three (3) years.
- Any driver's license suspension as referenced in Georgia Code **40-5-52 (concerning other states) within the past 12 months, 40-5-54 (concerning certain convicted offenses) within the past 12 months, 40-5-55 (concerning implied consent) within the past five years, 40-5-56 (concerning failure to respond to a citation) within the past 12 months, 40-5-57 (concerning assessment of points) within the past 12 months, 40-5-75 (concerning marijuana conviction) within the past five years.** Other suspensions will be determined on a case-by-case basis.
- Any Dishonorable, General, or other than Honorable Discharge from any branch of the Armed Forces.
- Shall not have used, tried, tasted, experimented with, delivered, sold, or possessed any illegal controlled substance that would constitute a misdemeanor violation of Georgia State Law within the twelve (12) months prior to application.
- Shall not have used, tried, tasted, experimented with, delivered, sold, or possessed any illegal controlled substance that would constitute a felony violation of Georgia State Law within the three (3) years prior to application.
- Any conviction of the crime of domestic violence.

- Refusal to submit to a polygraph or Computer Voice Stress Analyzer Examination.
- Currently under active investigation by Federal, State, or Local authorities, or under investigation by POST.
- Currently under POST probation or other POST sanction.
- Refusal to submit to a physical examination by a doctor chosen by the City of Sky Valley.
- Refusal to submit to drug and alcohol screening.
- Refusal to submit to a psychological screening examination.
- Refusal to submit to and pass the agency's physical agility test.
- Applicants must answer truthfully and fully all questions asked of them. Any misrepresentation or omission of any material fact on the application; during the background investigation; or in any phase of the selection process shall disqualify the applicant. If an investigation discloses a willful misrepresentation, omission, or falsification, the application will be rejected and the applicant may be permanently disqualified from applying in the future for any position with the Sky Valley Police Department.

If at any time during the application process one or more of the above listed factors becomes applicable to an applicant, such as the applicant is arrested, taken into custody, detained for investigation, charged with a crime by any police agency or state/federal attorney's officer or declares bankruptcy, the applicant must immediately notify the recruiting contact or background investigator conducting the applicant's background investigation.

The applicant is responsible for providing complete information and any or all reports; records or other documentation related to any factor discovered that requires further review or evaluation. The application will be temporarily suspended until all requested information is received.

HAVE YOU READ, AND DO YOU UNDERSTAND, ALL OF THE ITEMS LISTED ABOVE?

YES  NO

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**PERSONAL INFORMATION & HISTORY**

<b>Full Name:</b>	
<b>Current Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	
<b>Are you at least 21 years of age?</b>	Select One
<b>What is your Date of Birth?</b>	
<b>Are you an American citizen?</b>	Select One
<b>What is your Social Security Number?</b>	
<b>Have you ever been convicted of a Felony? If yes, you are disqualified from serving as a peace officer.</b>	Select One
<b>Have you ever been convicted of a crime of domestic violence? If yes, you are disqualified from serving as a peace officer.</b>	Select One
<b>Are you currently certified as a peace officer in GEORGIA?</b>	Select One
<b>If certified, what is your OKey?</b>	
<b>If POST certified, have you ever been placed on POST probation or had your certification suspended?</b>	Select One
<b>If you have been placed on POST probation or had your certification suspended, please explain:</b>	

**List all organizations, clubs, and associations of which you are or have been a member, or with which you are or have been associated.**

### FAMILY HISTORY

**Please provide the requested information on all living immediate family members. This should include living parents, siblings, and in-laws.**

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

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

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: _____	Relationship: _____
Address: _____	
DOB: _____	Phone: _____ Occupation: _____
Name: _____	Relationship: _____
Address: _____	
DOB: _____	Phone: _____ Occupation: _____
Name: _____	Relationship: _____
Address: _____	
DOB: _____	Phone: _____ Occupation: _____

### RESIDENCES

List all of your addresses for the last 10 years, beginning with your current:

FROM	TO	ADDRESS

### EDUCATION & TRAINING

Are you a high school graduate?	Select One
High school equivalency/GED?	Select One

**If you graduated from high school, list the name of the school, location (city & state), and graduation year:**

High School \_\_\_\_\_  
 City/State \_\_\_\_\_ Graduation Year \_\_\_\_\_

**Are you a college graduate?**

Select One

**If so, what is your highest degree?**

Select One

**If you graduated from college, list the name of the college, location (city & state), graduation year, and highest degree earned:**

College \_\_\_\_\_  
 City/State \_\_\_\_\_ Graduation Year \_\_\_\_\_  
 Degree Earned: \_\_\_\_\_

**If you are POST certified in Georgia, please list the name of the training academy you attended and graduation date:**

Training Academy: \_\_\_\_\_  
 Graduation Date: \_\_\_\_\_

**If you are POST certified in Georgia, please list any additional POST certifications that you have earned (i.e. Speed Detection, FTO, Instructor, etc.):**

Certification	Date	Academy



## REFERENCES

**Please provide the names of five (5) persons not related to you - and not former employers - who have known you for at least five (5) years.**

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

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ How are you acquainted? \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ How are you acquainted? \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ How are you acquainted? \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ How are you acquainted? \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ How are you acquainted? \_\_\_\_\_

## WORK HISTORY

<b>Have you ever been employed by the City of Sky Valley?</b>	Select One
<b>Why did you leave your last job, or why would you leave your present job for this position?</b>	
<b>Have you ever been reprimanded for being late or having unexcused absences from work?</b>	Select One

<b>Have you ever been sued due to your actions while on duty?</b>	Select One
<b>If yes, please explain:</b>	
<b>Have you ever been suspended, demoted, or terminated from <u>any</u> previous job?</b>	Select One
<b>If you have ever been suspended, demoted, or terminated from any previous job, please explain:</b>	
<b>Do you object to wearing a uniform?</b>	Select One
<b>Do you object to shift work?</b>	Select One
<b>Do you object to working:</b>  7:00 am to 7:00 pm? <input type="checkbox"/> Yes <input type="checkbox"/> No 7:00 pm to 7:00 am? <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, please explain:</b>	

**Do you object to working:**In extreme heat?  Yes  NoIn extreme cold?  Yes  NoIn inclement weather?  Yes  NoIn extremely hazardous conditions?  Yes  NoIn conditions in which you may have to use  
force against another human being?  Yes  No**List your five (5) most recent jobs starting with your present or most recent:**

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_  
 Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Your Duties \_\_\_\_\_  
 Name & Title of Supervisor \_\_\_\_\_  
 Number you supervised, if any: \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_  
 Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Your Duties \_\_\_\_\_  
 Name & Title of Supervisor \_\_\_\_\_  
 Number you supervised, if any: \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_  
 Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Your Duties \_\_\_\_\_  
 Name & Title of Supervisor \_\_\_\_\_  
 Number you supervised, if any: \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

From _____ To _____ Title _____
Employer _____ Phone _____
Address _____
City & State _____ Zip Code _____
Your Duties _____
Name & Title of Supervisor _____
Number you supervised, if any: _____ Pay Rate _____
Reason for Leaving _____
From _____ To _____ Title _____
Employer _____ Phone _____
Address _____
City & State _____ Zip Code _____
Your Duties _____
Name & Title of Supervisor _____
Number you supervised, if any: _____ Pay Rate _____
Reason for Leaving _____

### FINANCIALS

<b>Do you have any outstanding garnishments?</b>	Select One
<b>Are any of your accounts currently in the collections process?</b>	Select One
<b>Have you filed for bankruptcy within the past 7 years?</b>	Select One

### MILITARY

<b>Have you ever served in the United States Armed Forces?</b>	Select One
<b>If yes, which branch?</b>	
<b>Highest Rank Held?</b>	
<b>Enlistment Date:</b>	
<b>Discharge Date:</b>	
<b>Was your discharge honorable?</b>	Select One

### CRIMINAL ACTIVITY

It is important that you answer each of the following questions truthfully, regardless of whether or not you were arrested for the activity.

Have you ever committed any of the following:

- |                                |  |             |
|--------------------------------|--|-------------|
| <b>Burglary</b>                | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Narcotics Possession</b>    | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Narcotics Distribution</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>DUI</b>                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Robbery</b>                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Theft</b>                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Arson</b>                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Sex Crimes</b>              | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Crimes Against Children</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Assault</b>                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |
| <b>Family Violence</b>         | <input type="checkbox"/> Yes <input type="checkbox"/> No | When? _____ |

**Have you ever been convicted of any offense not listed above?**

Select

**If yes, explain:**

Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, or group which is Totalitarian, Fascist, Communist, or Subversive or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Select

<b>Have you ever fraudulently used a credit card or forged a check?</b>	Select
If yes, explain:	

### DRUG USE HISTORY

<b>Have you ever used marijuana?</b>	Select
<b>If yes, what was the extent of your use and when was the last time you used?</b>	
<b>Have you ever used any other illegal drugs?</b>	Select
<b>If yes, what was the extent of your use and when was the last time you used?</b>	
<b>Have you ever used prescription drugs illegally?</b>	Select
<b>If yes, what was the extent of your use and when was the last time you used?</b>	
<b>Have you ever used any illegal drugs while working?</b>	Select
If yes, explain:	
<b>If you are a certified police officer, have you used any illegal drugs since becoming certified?</b>	Select
If yes, explain:	

### DRIVING RECORD

<b>Do you have a valid Georgia driver's license?</b>	Select
<b>If so, what is your license number?</b>	
<b>When does it expire?</b>	
<b>List any traffic citations you have received in the past five (5) years (except for parking):</b>	
Jurisdiction: _____ Year: _____ Charge: _____ Penalty/Disposition: _____	
Jurisdiction: _____ Year: _____ Charge: _____ Penalty/Disposition: _____	
Jurisdiction: _____ Year: _____ Charge: _____ Penalty/Disposition: _____	
Jurisdiction: _____ Year: _____ Charge: _____ Penalty/Disposition: _____	
Jurisdiction: _____ Year: _____ Charge: _____ Penalty/Disposition: _____	
Jurisdiction: _____ Year: _____ Charge: _____ Penalty/Disposition: _____	
Jurisdiction: _____ Year: _____ Charge: _____ Penalty/Disposition: _____	
<b>Has your license ever been suspended or revoked?</b>	Select
<b>If yes, explain:</b>	
<b>Have you ever been involved in an auto accident?</b>	Select

**If yes, provide the following details:**Date: \_\_\_\_\_ Police Investigation?  Yes  No

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

Cause of Accident: \_\_\_\_\_

Injury or Non-Injury? \_\_\_\_\_

Who was legally at fault? \_\_\_\_\_

Date: \_\_\_\_\_ Police Investigation?  Yes  No

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

Cause of Accident: \_\_\_\_\_

Injury or Non-Injury? \_\_\_\_\_

Who was legally at fault? \_\_\_\_\_



**APPLICANT'S AFFIDAVIT**

I hereby certify that my answers to the questions in this application are true and complete. I further understand that any untruthful misstatement of material fact, if discovered at any time, will result in the disqualification of my application or dismissal from employment with the SkyValleyPolice Department.

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Applicant's Signature

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Date

CJ RELEASE WAIVER

CONSENT TO BACKGROUND INVESTIGATION, DRUG TESTING, AND PHYSICAL AND PSYCHOLOGICAL TESTING

TO: CHIEF VAUGHN ESTES  
 SKY VALLEY POLICE DEPARTMENT  
 3444 HIGHWAY 246  
 SKY VALLEY, GA 30537

RE: \_\_\_\_\_  
 Printed Name SSN  
 \_\_\_\_\_  
 Address Driver's License#/State  
 \_\_\_\_\_  
 City, State, Zip DOB  
 \_\_\_\_\_  
 Phone Number Sex Race Ht. Wt.

Accept this instrument as my personal request and authorization to conduct a comprehensive personal background investigation, including pending charges of any description, a complete traffic history, criminal history (including first offender status, if applicable,) credit history report, financial statements and records, wherever filed; Veterans administration; employment and pre-employment records, including background reports, polygraph examinations or reports, voice stress analysis or reports; efficiency rating; complaints or grievances filed by or against me. Furthermore, I voluntarily, FULLY CONSENT TO UNDERGO PHYSICAL, PSYCHOLOGICAL, PSYCHOMETRIC, AND URINALYSIS DRUG SCREEN TESTING. I am fully aware, and consent, that the information gathered in this screening process, be made known to the officers and employees of the Sky Valley Police Department, as well as the officers and employees of the City of Sky Valley Personnel Department, and the Georgia Peace Officers Standard and Training Council. I am aware that such information is required for application for P.O.S.T. certification as a law enforcement officer, and for employment with the Sky Valley Police Department. 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. Therefore, I AGREE THAT THE INFORMATION ACQUIRED IN THIS INVESTIGATION BE USED FOR EMPLOYMENT, TERMINATION, OR DISCIPLINARY DETERMINATION, and that such information becomes a matter of public information and is accessible to the public under existing state laws.

I UNDERSTAND THAT THIS CONSENT CAN AND MAY BE USED DURING ANY TIME OF MY EMPLOYMENT WITH THE SKY VALLEY POLICE DEPARTMENT FOR ANY RANDOM TESTING, INTERNAL INVESTIGATION, CRIMINAL INVESTIGATION, DISCIPLINARY ACTIONS OR TERMINATION.

In consideration of making application for employment, and in complete understanding of the foregoing facts and possible results, I agree to hold to all elements of this release waiver, and further agree TO HOLD HARMLESS, CHIEF VAUGHN ESTES, AND ALL OTHER EMPLOYEES OF THE SKY VALLEY POLICE DEPARTMENT, AND THE CITY OF SKY VALLEY, FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION, INCLUDING ANY ACT OF OMISSION OR COMMISSION.

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.

Prior to signing this request authorization, I have fully read and understand the provisions of this writing. My request authorization is freely made without fear of punishment or promise of reward, and with full and complete understanding of the terms and consequences of my action.

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 LEGAL SIGNATURE

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

**Georgia Driver's History Consent Form**

I hereby authorize the **SKY VALLEY POLICE DEPARTMENT** 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.

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Full Name (Print)

---

Address

---

Sex

---

Date of Birth

---

Driver's License Number

---

Signature

---

Date

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby give consent for the SKYVALLEYPOLICE DEPARTMENT to receive any Georgia or Ill 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)

<input type="checkbox"/>	<b>Civilian Employment with a Criminal Justice Agency (J)</b> – Provides complete Georgia and Ill Criminal History Record Information except juvenile or restricted records.
<input type="checkbox"/>	<b>P.O.S.T. Certified Employment with a Criminal Justice Agency (Z)</b> - Provides Georgia and Ill 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)

<input type="checkbox"/>	No Georgia or Ill CHRI results available.
<input type="checkbox"/>	Georgia / Ill CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.

Wanting Agency Name:	
Agency Telephone:	

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