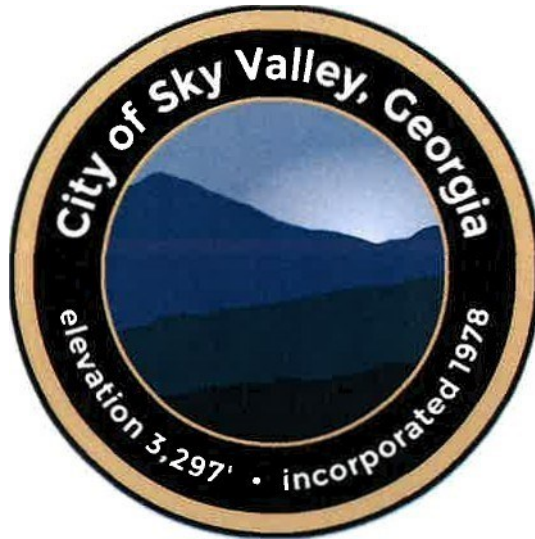


SKY VALLEY POLICE DEPARTMENT



APPLICATION FOR EMPLOYMENT: CERTIFIED POLICE OFFICER

APPLICANT'S FULL NAME

APPLICANT PHONE

APPLICANT EMAIL

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 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

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

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?	
High school equivalency/GED?	

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?

If so, what is your highest degree?

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

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

Have you ever been sued due to your actions while on duty?													
If yes, please explain:													
Have you ever been suspended, demoted, or terminated from a previous job?													
If you have ever been suspended, demoted, or terminated from any previous job, please explain:													
Do you object to wearing a uniform?													
Do you object to shift work?													
Do you object to working: <table data-bbox="558 1260 1063 1491"> <tr> <td>7:00 am to 7:00 pm?</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>7:00 pm to 7:00 am?</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Weekends?</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Holidays?</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>		7:00 am to 7:00 pm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	7:00 pm to 7:00 am?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Weekends?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Holidays?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7:00 am to 7:00 pm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
7:00 pm to 7:00 am?	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
Weekends?	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
Holidays?	Yes <input type="checkbox"/>	No <input type="checkbox"/>											
If yes, please explain:													

Do you object to working:

In extreme heat?

Yes ☐ No ☐

In extreme cold?

Yes ☐ No ☐

In inclement weather?

Yes ☐ No ☐

In extremely hazardous conditions?

Yes ☐ No ☐In 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

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

MILITARY

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

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:

Burglary	Yes	No	When?	_____
Narcotics Possession	Yes	No	When?	_____
Narcotics Distribution	Yes	No	When?	_____
DUI	Yes	No	When?	_____
Robbery	Yes	No	When?	_____
Theft	Yes	No	When?	_____
Arson	Yes	No	When?	_____
Sex Crimes	Yes	No	When?	_____
Crimes Against Children	Yes	No	When?	_____
Assault	Yes	No	When?	_____
Family Violence	Yes	No	When?	_____

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

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?

Have you ever fraudulently used a credit card or forged a check?	
If yes, explain:	

DRUG USE HISTORY

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

DRIVING RECORD

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

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 Sky Valley Police Department.

Applicant's Signature

Date

CJ RELEASE WAIVER

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

TO: 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 RON BAUMES, 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.

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 SK YVALLEY POLICE DEPARTMENT to receive any Georgia or 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"/>	Civilian Employment with a Criminal Justice Agency (J) - Provides complete Georgia and III Criminal History Record Information except juvenile or restricted records.
<input type="checkbox"/>	P.O.S.T. Certified Employment with a Criminal Justice Agency (Z) - Provides Georgia and III 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 III CHRI results available.
<input type="checkbox"/>	Georgia / III 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 _____