

ACWORTH POLICE DEPARTMENT



EMPLOYMENT APPLICATION FOR PATROL AND DETENTION POSITIONS

4400 Acworth Industrial Drive
Acworth, Georgia 30101
Main- 770-974-1232
Fax- 678-801-4059



**Acworth Police Department
Job Application Questionnaire**

NAME: _____
 LAST FIRST MIDDLE

Incomplete applications will not be accepted.

This employment application is not an offer of employment nor a contract for employment. The completion of this application does not stand as an agreement, or a promise to hire the applicant.

This employment application is the basis for the employment screening process and background investigation conducted by the Acworth Police Department on each applicant for a position of employment.

The answers that you provide for each question on this application must be full and complete. Any information that is erroneous in nature or not provided on this application, whether intentional or unintentional, may constitute the basis for your elimination from consideration for the employment for which you now seek. Please be sure that you carefully consider each and every question asked of you by this application and that you provide honest and complete information. If the question does not apply to you, put "N/A" for the answer to that particular question or section. Any answer which requires more space than is provided may be answered on the reverse side of the page, with the question number indicated beside the information.

I understand that if I do not wish to answer a question in this booklet, I may choose not to do so and my application may be terminated.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

SIGNED: _____

DATE: _____



Last Name	First	MI	Email	
Street address			Position Applying For	Social Security Number
City	State	Zip	Home Phone Number	Cell Phone Number
Are you currently or have you been a certified peace officer? YES ___ NO ___ Are you currently or have you been a certified detention officer? YES ___ NO ___ Have you ever been under a P.O.S.T. investigation? YES ___ NO ___ If yes, please explain: _____ _____ _____ _____				
How did you hear of this position? _____				

Please read carefully and complete by printing in ink or typing. Place N/A if question does not apply.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time. DO NOT include any additional paperwork ie. resumes, reference letters, certificates, etc. Any additional paperwork will be discarded.

Employment Record

Starting with present or most recent, list all previous employers for the past TEN (10) years. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet.

Last or present company		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	Zip code	
Supervisor's name		Phone number	
Dates worked		Rate of pay	
From	To		
Reason for leaving			
May we contact your present employer? YES ____ NO ____			
Last or present company		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	Zip code	
Supervisor's name		Phone number	
Dates worked		Rate of pay	
From	To		
Reason for leaving			
Last or present company		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	Zip code	
Supervisor's name		Phone number	
Dates worked		Rate of pay	
From	To		
Reason for leaving			

Employment Record (continued)

Last or present company		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	Zip code	
Supervisor's name		Phone number	
Dates worked		Rate of pay	
From	To		
Reason for leaving			
Last or present company		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	Zip code	
Supervisor's name		Phone number	
Dates worked		Rate of pay	
From	To		
Reason for leaving			
Last or present company		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	Zip code	
Supervisor's name		Phone number	
Dates worked		Rate of pay	
From	To		
Reason for leaving			

Have you ever been fired or asked to resign from any place of employment?

YES ____ NO ____

If YES, Explain: _____

Military Record

Branch of service	Rank	Service Number	From	To
Present military affiliation:		Type of Discharge:	MOS?	
None	Reserve (active)	Reserve (inactive)		
Kinds of training and duty while in service:				

Driving History

DO YOU HAVE A CURRENT DRIVER'S LICENSE? YES ___ No ___
 DOES IT CONTAIN ANY RESTRICTIONS? YES ___ No ___

LIST ANY AND ALL PREVIOUS LICENSES

LICENSE NUMBER (IF KNOWN)	STATE OF ISSUE

HAVE YOU EVER HAD A LICENSE SUSPENDED, REVOKED OR REFUSED?

YES ___ No ___ IF YES EXPLAIN:

List all Traffic Citations within the past ten (10) years.

Driver's License Number	State	Traffic Violations (except Parking)	Approximate Dates	Comments

Criminal Activities

HAVE YOU EVER BEEN DETAINED OR CONVICTED FOR ANY CRIMINAL OFFENSE ? (INCLUDE JUVENILE OFFENSES) :

YES _____ No _____

IF YES PROVIDE FOLLOWING INFORMATION:

<i>DATE</i>	<i>CHARGE</i>	<i>AGENCY</i>	<i>CIRCUMSTANCES</i>

HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ARRESTED FOR OR CONVICTED OF A FELONY CRIME?

YES _____ No _____

IF YES, PLEASE EXPLAIN: _____



References

List five (5) persons **not related to you by blood or marriage and not former employers**, who have known you for at least five (5) years. All persons you name may be asked to appraise your character, ability, experience, personality and other qualities.

Name	Relationship	Address (street, city, state, ZIP code)	Phone no.	Years Known

Acquaintances

List five (5) persons **not related to you by blood or marriage and not former employers** and not listed above, who have known you for at least one (1) year. All persons you name may be asked to appraise your character, ability, experience, personality and other qualities.

Name	Relationship	Address (street, city, state, ZIP code)	Phone no.	Years Known

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for rejection of my application. I understand that my acceptance may be contingent upon verification of birth, and any other pertinent information bearing upon my acceptance. **I further understand that I will be on a twelve month probation period and must complete the training requirements of the Department.**

_____ Date

_____ Signature