



Carl F. Moulder
Chief of Police

CITY OF AUBURN POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

An equal opportunity employer



Linda Blechinger
Mayor

Applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Type or Print clearly in ink and sign this application

Position applied for: _____ Date: _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk In
_____ Employment Agency _____ Other _____

Name _____
Last First Middle

Address _____
House # Street City State Zip

Telephone (____) _____ Social Security Number _____

Please circle correct answer:

Do you have any relatives presently employed by the City of Auburn? Yes No
If yes, who and how related? _____

Have you ever previously been employed by the City of Auburn? Yes No
Dates and Title of previous City of Auburn employment _____

Are you presently employed? Yes No
If so, may we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment)
Yes No

On what date would you be available for work? _____
Are you available to work? _____ Full time _____ Part Time _____ Shift _____ Temporary

Have you been convicted of a felony? Yes No
If yes, please explain: _____
(Conviction will not necessarily disqualify applicant from employment)

Are you a veteran of the United States military service? Yes No
 If yes, which Branch? _____ Dates? _____
 Do you feel you can properly perform the essential functions of the job for which you are making this application? Yes No

List professional, trade, business or civic activities and offices held. You may exclude those which indicate your race, color, religion, sex, national origin or disability. _____

Please list the names, addresses and telephone numbers of **three references** who are not related to you and are not previous employers. _____

Employment Experience

Begin with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer 1.	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 2.	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 3.	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 4	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Please state any additional information you feel may be helpful to us in considering your application. _____

Applicant's Statement

- I certify that answers herein are true and complete to the best of my knowledge.
- **I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.** I understand that this application is not, and is not intended to be, a contract for employment.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the City of Auburn.
- I agree for the City/Department to require a medical exam, drug screen, criminal and motor vehicle history background check on me prior to employment.

Signature of Applicant

Date Signed

For Hiring Department to Complete

Arrange interview? Yes No Interviewer: _____

Remarks: _____

Hire? Yes No Date of Employment: _____

Job Title: _____ Department: _____

Completed by: _____ Date: _____

**AUBURN POLICE DEPARTMENT
1361 4TH AVENUE
AUBURN, GA 30011
(770) 513-8657 / FAX (770) 682-4428**

**CONFIDENTIAL
QUESTIONNAIRE**

APPLICANT'S NAME _____

POSITION APPLYING FOR: _____

Again, answer each question completely and honestly. All police department personnel are subject to a polygraph examination. Many people are not accepted because of omissions and concealment rather than because of previous behavior. While indiscretion or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.

Finally, when you have fully completed this booklet, return it with your application along with one (1) copy of the following documents.

1. Your birth certificate
2. Your High School diploma/GED
3. Your College transcripts (if applicable)
4. Your DD-214 (if applicable)
5. Your Naturalization Certificate (if applicable)
6. Your Drivers License
7. Your Social Security Card
8. A copy of your POST Certification Certificate, if you are a Georgia Post Certified Peace Officer
9. Your Police Related Training Certificates If Applicable
10. Medical Release From Your Physician (physician's note or office form)
11. Your Driver's History (7 Year)

IN ADDITON TO THE ABOVE:

RETURN THE ENCLOSED PERSONAL INQUIRY WAIVER COMPLETED AND NOTARIZED ALONG WITH THE COMPLETED AND NOTORIZED AUTHORIZATION FOR RELEASE OF INFORMATION. RETURN THE ORIGINALS ONLY - NO ADDITIONAL COPIES ARE REQUIRED.

FAMILY BACKGROUND OF APPLICANT

Provide complete address, zip codes and phone numbers.

Father: _____
 Last First Middle DOB

Address: _____
 Street Address City State Zip

Home Phone: _____ Work Phone: _____

Mother: _____
 Last First Middle DOB

Address: _____
 Street Address City State Zip

Home Phone: _____ Work Phone: _____

NOTE: If you were reared by anyone other than your parents, give the following information concerning those who raised you below:

Name of Person: _____
 Last First Middle DOB

Address: _____
 Street Address City State Zip

Home Phone: _____ Work Phone: _____

Dates you were under this person's charge: From: _____
 Month Day Year

To: _____
 Month Day Year

List applicant's previous addresses for the past ten years. (Work backwards, list current address first.)

Address	From	To

Use reverse side for additional space, if necessary.

EDUCATION/TRAINING/SKILLS

HIGH SCHOOL/VOCATIONAL SCHOOL GRADUATED FROM:

SCHOOL

ADDRESS

CITY/STATE/ZIP

Graduated High School/GED awarded: _____

Highest Grade completed: _____

COLLEGES/UNIVERSITIES

What colleges or universities have you attended? (List most recent first and work backwards.)

College/University	Location	Graduated Yes or No	Major

Have you ever been suspended or expelled for academic probation from any school?

Yes _____ No _____ if yes, explain.

FOREIGN LANGUAGE SKILLS

Are you able to communicate in any language other than English (including sign language)? Yes

_____ No _____ if yes, specify and state fluency and reading levels:

Use reverse side for additional space, if necessary.

MILITARY STATUS OF APPLICANT

Have you served in the armed forces of the U.S.? Yes _____ No _____

If yes, branch of service: _____

Date of Service from: _____ To: _____

Type of Discharge: (**exclude specific Medical Reasons**) _____

Any reserve obligation: Yes _____ No _____

If yes, supply reserve organization name and address below:

Organization: _____

Address: _____

Supervisor: _____ Business Phone: _____

Were you ever subject to any type of disciplinary action while serving in the Armed Forces? If yes, describe in detail: _____

Have you ever been denied entry into any Armed Forces? Yes _____ No _____
If yes explain the basis for your denial (**exclude specific Medical Reasons**)

Use reverse side for additional space, if necessary.

APPLICANT'S EMPLOYMENT BACKGROUND

List all employment including part-time, beginning with current employer first, and work backwards **FOR A PERIOD OF TEN (10) YEARS**. You must include any employment from which you were terminated, regardless of when it occurred in your work history.

1) Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ to: _____

Reason for leaving: **(exclude specific Medical Reasons)** _____

We will contact your current employer in the course of our background investigation.

2) Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ to: _____

Reason for leaving: **(exclude specific Medical Reasons)** _____

3) Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ to: _____

Reason for leaving: **(exclude specific Medical Reasons)** _____

4) Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ to: _____

Reason for leaving: **(exclude specific Medical Reasons)** _____

5) Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ to: _____

Reason for leaving: **(exclude specific Medical Reasons)** _____

6) Organization: _____

Address: _____ Phone: _____

Applicant's Supervisor: _____

Applicant's Position: _____

Dates of Employment: From: _____ to: _____

Reason for leaving: **(exclude specific Medical Reasons)** _____

If you answer "yes" to any of the questions below, give full details including the name and address of each employer, approximate dates and the circumstances in each case.

Have you ever been discharged or disciplined at any employment? Yes ___ No ___ If yes, explain. _____

Have you ever resigned (quit) while anticipating your employer intended to discharge (fire) you for any reason? Yes _____ No _____ if yes, explain. _____

Have you ever resigned (quit) while anticipating that your employer intended to take any form of disciplinary action against you? Yes ___ No ___, if yes, explain. _____

Use reverse side for additional space, if necessary

MISCELLANEOUS

SPECIAL SKILLS/TRAINING

DO YOU HAVE SKILLS OR TRAINING IN THE FOLLOWING AREAS?

SKILL/TRAINING	NO	YES	SPECIFY COURSE/CERTIFICATION
EMT /Paramedic			
Emergency Driving			
Firearms Training			
Legal/ Paralegal			
Leadership Course(s)			
Martial Arts			
Other (Specify)			

Is there anything else in your background that you feel we should be aware of as we consider your employment application? Yes _____ No _____ (if yes, explain)

Is there any reason that would prevent you from?

A) Taking an oath with or without an affirmation?
 Yes _____ No _____ if yes, Explain: _____

B) Supporting and defending the Constitution of the United States, The State of Georgia, and the laws and ordinances of the City of Auburn?
 Yes _____ No _____ if yes, explain: _____

C) Taking of life in pursuit of duty? Yes ____ No ____ if yes, explain: _____

Use reverse side for additional space, if necessary.

POLICE/SECURITY EXPERIENCE

Do you have experience as a sworn officer? Yes _____ No _____ If yes, explain, list any State certifications held and date of certification:

Do you have experience in private security? Yes _____ No _____, If yes, explain:

Do you have experience as a police intern, volunteer, cadet or explorer? Yes _____ No _____ If yes, explain:

Have you ever had an extended work absence for reasons other than medical or earned vacation? Yes _____ No _____ If yes, explain:

Use reverse side for additional space, if necessary.

CHARACTER REFERENCES

List five (5) character references: (Not related to you by blood or marriage and who has known you for at least 5 years).

1) Name and Address: _____

_____ # years known: _____

Phone Number: _____ Occupation: _____

2) Name and Address: _____

_____ # years known: _____

Phone Number: _____ Occupation: _____

3) Name and Address: _____

_____ # years known: _____

Phone Number: _____ Occupation: _____

4) Name and Address: _____

_____ # years known: _____

Phone Number: _____ Occupation: _____

5) Name and Address: _____

_____ # years known: _____

Phone Number: _____ Occupation: _____

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION

1. List all motor vehicles currently owned or operated by applicant.

	Vehicle #1	Vehicle #2	Vehicle #3
Make			
Model			
Tag Number			
State			

2. Motor vehicle insurance company(s): _____
 Address: _____
 Agent: _____ Phone No.: _____

3. Has your automobile insurance ever been canceled for non-medical reasons?
 Yes _____ No _____ If yes explain on reverse side of page.

4. List all current and past drivers licenses issued to applicant:
 Number: _____ State: _____ Type: _____
 Valid? _____ Expiration: _____ Restrictions: _____
 Number: _____ State: _____ Type: _____
 Valid? _____ Expiration: _____ Restrictions: _____
 Number: _____ State: _____ Type: _____
 Valid? _____ Expiration: _____ Restrictions: _____

5. Has your license or privileges to operate a motor vehicle ever been revoked, refused, suspended or canceled? Yes _____ No _____ If yes, explain in detail supplying reasons, dates, locations, etc. _____

6. Has your vehicle registration ever been canceled, refused revoked or suspended for any reason? Yes _____ No _____ If yes, explain: _____

7. Have you ever been arrested or charged with DRIVING WHILE INTOXICATED or DRIVING UNDER THE INFLUENCE? Yes _____ No _____ If yes, explain:

8. To the best of your knowledge, how many points are currently on your driver's license?
_____ Points
9. How many years have you been driving? _____ Years
10. What type of equipment have you driven? _____

11. In what geographical areas have you operated a vehicle? _____

12. Have you received any safe driving awards? Yes _____ No _____ If yes, furnish a copy of the award or certificate.
13. Have you received driver's education? Yes _____ No _____ If yes, furnish a copy of the certificate.

Use area below for additional space, if necessary.

TRAFFIC RECORD

List all traffic violations (except parking tickets) you have received.

Violation: _____ Date: _____

Disposition: _____

Agency Location: _____

Violation: _____ Date: _____

Disposition: _____

Agency Location: _____

Violation: _____ Date: _____

Disposition: _____

Agency Location: _____

Violation: _____ Date: _____

Disposition: _____

Agency Location: _____

Use reverse side for additional space, if necessary.

TRAFFIC ACCIDENTS

List all traffic accidents in which you were the driver of the vehicle.

Date: _____ City: _____ State: _____

Did you receive a citation? Yes _ No _ If yes, what was the violation? _____

Disposition: _____

Date: _____ City: _____ State: _____

Did you receive a citation? Yes _ No _ If yes, what was the violation? _____

Disposition: _____

Date: _____ City: _____ State: _____

Did you receive a citation? Yes _ No _ If yes, what was the violation? _____

Disposition: _____

Date: _____ City: _____ State: _____

Did you receive a citation? Yes _ No _ If yes, what was the violation? _____

Disposition: _____

Date: _____ City: _____ State: _____

Did you receive a citation? Yes _ No _ If yes, what was the violation? _____

Disposition: _____

Use reverse side for additional space, if necessary.

CRIMINAL HISTORY

Have you ever committed or participated in any of the following crimes (whether you were caught or not)?

CRIME	YES	NO	CRIME	YES	NO
Vandalism			Telephone Related Crime		
Child Abuse or Molestation			Computer Related Crime		
Hunting/Fish Law Violation			Impersonating a Police Officer		
Trespassing			Assault		
Arson			Weapons Violation		
Theft or Unauthorized Use Of a Motor Vehicle			Aided or Abetted in the Commission of a Crime		
False Alarm			Fraud (Bad Checks)		
Embezzlement			Sexual Assault		
Extortion			Public Intoxication		
Prostitution			Disorderly Conduct		
Theft			Wiretapping		
Perjury			Burglary		
Bigamy			Robbery		
Giving False Information			Other		

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN IN DETAIL BELOW, INCLUDE DATES AND DISPOSITION.

Use reverse side for additional space, if necessary.

HAVE YOU EVER:

	Yes	No
Used a weapon of any kind during a fight?		
Been placed on parole or probation for any reason?		
Injured anyone as a result of a fight?		
Been present at, witness to or involved in any way in any kind of murder, killing, manslaughter, or other unnatural death of a human being?		
Has your car been used in the commission of a crime?		
Have you been named in any manner, in a civil law suit?		
Have you used any illegal drugs in the past (5) five years?		

If you answered yes to any of the above questions, explain fully below. _____

Is there anything in your past, which if ascertained at a later date, may prove to be embarrassing to you or to the Department, if employed? Yes _____ No _____ If yes, explain in detail. _____

use reverse side for additional space, if necessary.

CRIMINAL HISTORY

Have you ever been arrested, interviewed, interrogated or detained by any law enforcement agency? Yes ___ No ___ If yes, explain in detail. Give date(s), reason(s), agency(s) and disposition(s): _____

Have you ever been placed on probation or parole? Yes _____ No _____ If yes, explain in detail. Give date(s), reason(s), authority(s) and disposition(s): _____

Have you ever been convicted of a criminal offense? (Exclude traffic related offenses). Yes _____ No _____ If yes, provide all details: _____

Are you friends with anyone whom you suspect of being a seller of illegal drugs? Yes _____ No _____ If yes, explain in detail _____

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I certify that all entries made by me in this booklet are true and correct to the best of my knowledge. I further understand that if at any time during my employment with the Auburn Police Department it is discovered that I have made an untruthful statement, falsified my application, omitted requested pertinent information or given any misleading statements, it shall be sufficient cause for my immediate termination.

Signature of Applicant

Print Name

Date

CRIMINAL HISTORY RECORD

CONSENT FORM

LAW ENFORCEMENT OFFICERS – PURPOSE CODE J

Revisions to the Federal Omnibus Consolidation Appropriations Act of 1997 and amendments to the Gun Control Act of 1968 makes it unlawful for any person convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. There are no provisions in this law for exemptions.

I hereby give my consent for a criminal history record check to be conducted. I understand that this consent is voluntary, however I acknowledge that refusal to give this consent may have an adverse effect on my continue employment as a law enforcement officer.

Full name

Sex Race Date of Birth Social Security #

Signature

Date

Notary Public

My commission expires _____, 20 _____

AUTHORIZATION FOR RELEASE OF INFORMATION

CITY OF AUBURN GEORGIA

TO WHOM IT MAY CONCERN: I am an applicant for a position with the City of Auburn. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information is concerning my personal and employment history be disclosed to the City. I hereby authorize any representative of the City of Auburn bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Auburn, whether said records are of public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of any personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Auburn to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work records, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organizations, and all others from liability or damages that my result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Auburn regardless of any agreement I may have made with you previously to the contrary. The governmental organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Auburn, acceptance and processing of my application for employment, I agree to hold the custodian of such records, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Auburn. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Auburn in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on the rear of this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signed this _____ day of _____ 20_____

Applicant signature: _____

Print Name: _____

Date of Birth _____

Notary Public: _____ Date _____