

Fort Valley Police Department Applicant Questionnaire

Applicant's Name: _____

Position Applied For: _____

Date of Application: _____

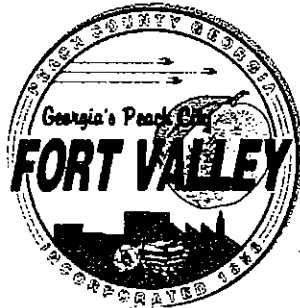
I, the undersigned, am aware that any position applied for with this agency will consist of a working test of twelve months. I further understand that my position during the working test is an "at will" position. I also understand that all employment with the City of Fort Valley is "at will". I understand that my position may also have certain requirements that if not met or achieved to the Department's satisfaction will result in being summarily dismissed from employment with the Fort Valley Police Department.

Applicant's Signature: _____

Agency Investigator: _____

Date Received: _____

Date Completed: _____



City Motto:

"Where Caring is a Way of Life!"

**Fort Valley Police Department
Vision Statement**

The vision of the Fort Valley Police Department is to contribute to a community where the police and the public are united in striving for justice and the welfare of all citizens.

Mission Statement

The mission of the Fort Valley Police Department is to exceed the expectations of our customers and demonstrate excellence in professional police service by promoting continued education of officers and citizens, demonstrating the highest ethical and moral standards, and adapting to ever changing community needs. The Fort Valley Police Department shall take a leadership role in the development of strong collaborative working partnerships with our community and service providers in order to solve problems, with a dedication and a commitment to the philosophy of community policing. The Fort Valley Police Department is guided by a leadership philosophy, which promotes respect and mutual trust among all members.

Read

No other document that you will prepare during the application process will be as important as this document. Information submitted by you in this document will be closely checked. Information found not to be true or of a factual nature will result in your immediate dismissal from employment no matter the date of discovery. Please submit **All** required paperwork and documentation as requested; failure to do so will result in the application being dismissed outright.

All entries into this document must be made in black ink and hand written by the applicant

Applicant, as you refer to persons in this questionnaire, you must provide the full name of the individual. Correct address and contact information will be required on every person listed.

When listing your residence include all residences with all the correct information for the last ten years. Begin with your current residence and work backwards leaving no gaps in time or information.

All current and past employers listed will be contacted. Leave no unexplained time gaps for the ten year period required for past employment. Dates and times that you were not employed or at schools must be listed as well. Most importantly if you were ever involuntarily separated from any employer for any reason you must list that employer regardless of the ten year time span requested. You may use the back page if needed or attach pages as needed.

The position of Police Officer carries with it a public decree to be truthful. Applicants who fail to list information as required in order to appear more favorable will not be accepted. Past indiscretions may or may not disqualify you for the position of Police Officer; deceit in any form certainly will.

In the event you are not selected for the position applied for at this time, you may re-apply and be reconsidered. Applicants who are not selected for the position initially have no reason to believe that they would not be successful on a subsequent application. The Fort Valley Police Department operates under Title VII and will make every needed arrangement for qualified applicants with ADA disabilities.

Once you have fully completed this questionnaire, you will need to return it with the following documents:

1. Birth Certificate
2. High School Diploma
3. College Diplomas if applicable
4. DD-214 if applicable
5. Naturalization Certificate, if applicable
6. Driver's License
7. Social Security Card
8. Completed POST form Application for Certification
9. Copy of POST Certification, if applicable
10. Copy of Credit Report
11. Statement of Physician "Fit for Duty" based on job description.

You are also required to provide 3 written letters of reference. These letters can be mailed directly to the police department and do not have to be submitted at the same time as the application. However, it is the applicant's responsibility to ensure the letters are provided. Otherwise the application will be disqualified.

The State of Georgia has determined that the primary qualification for Peace Officers is that "they be able to execute a violent physical arrest". Applicants will be judged on this standard as a basis for further consideration. Additionally, attitude and behavior will be measured as a performance standard in determining your potential employment as well as continued employment with the Fort Valley Police Department.

Thank you for your interest in the Fort Valley Police Department.

Sincerely,

John David Anderson
Chief of Police

AUTHORIZATION FOR RELEASE
OF PERSONAL INFORMATION
AND CRIMINAL HISTORY
INFORMATION

I, _____, do hereby authorize the review and full disclosure of all records concerning myself to a duly authorized agent(s) of the **Fort Valley Police Department**, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions; including records of commercial or retail credit agencies (including credit reports and/or rating) and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the united states veteran's administration; employment and pre-employment records, including internal investigations, reports, background reports, polygraph exam results, performance appraisal, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me, and the records, recollections of attorney's 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, and any other document or article of information deemed pertinent for the purposes of assessing my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part, upon this release authorization will be considered in determining my suitability as a candidate for employment by the **Fort Valley Police Department**. I also certify that any person(s) who may furnish such information concerning me will not be held accountable for giving this, and hereby specifically release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize the **Fort Valley Police Department** to release any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal agency, to include Georgia and national crime information center files. A photocopy of this release form will be valid as an original there of, even though the said photocopy does not contain any original writing of my signature.

Applicant Signature

Date

Fort Valley Police Department

This is to certify that the below named applicant has never been convicted in any court of a "misdemeanor or felony crime of domestic violence." Domestic violence, for the purpose of this document is defined as any misdemeanor or felony that has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

The below named applicant understands that such a conviction would make it illegal for him/her to possess a firearm and thus make him/her unsuitable for law enforcement duty. Further, the below named applicant understands that falsification of this form or failure to report a future conviction is grounds for the removal from the selection process or immediate dismissal.

PRINTED APPLICANT NAME

DATE

APPLICANT SIGNATURE

DATE

AN NCIC – GCIC CRIMINAL HISTORY CHECK OF THIS APPLICANT REVEALED NO RELEVANT CONVICTIONS.

INVESTIGATOR

BADGE #

COMMENTS: _____

RESIDENCES OF APPLICANT

List your addresses for the past ten years, listing current addresses first. Provide the name and address of the landlord on the back of this page if you rented your home.

1. _____ from: _____ to: _____ own: _____ rent: _____
2. _____ from: _____ to: _____ own: _____ rent: _____
3. _____ from: _____ to: _____ own: _____ rent: _____
4. _____ from: _____ to: _____ own: _____ rent: _____
5. _____ from: _____ to: _____ own: _____ rent: _____
6. _____ from: _____ to: _____ own: _____ rent: _____
7. _____ from: _____ to: _____ own: _____ rent: _____
8. _____ from: _____ to: _____ own: _____ rent: _____

USE REVERSE SIDE FOR ADDITIONAL SPACE, IF NECESSARY.

FAMILY BACKGROUND
OF APPLICANT

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 RAISED BY ANYONE OTHER THAN YOUR PARENTS, GIVE THE FOLLOWING INFORMATION CONCERNING THOSE WHO RAISED YOU BELOW:

NAME: _____
 LAST FIRST MIDDLE DOB

ADDRESS: _____
 STREET ADDRESS CITY STATE ZIP

HOME PHONE: () _____ WORK PHONE: () _____

RELATIONSHIP: _____

DATES YOU WERE UNDER THIS PERSON'S CHARGE:

FROM: _____ TO _____
 MONTH DAY YEAR MONTH DAY YEAR

ALPHABETICALLY BY LAST NAME, LIST THE FULL NAME OF YOUR SPOUSE, FORMER SPOUSES, AND ANY SIBLINGS:

	NAME	AGE	RELATIONSHIP	LIVING WITH YOU?
1.	_____			
2.	_____			
3.	_____			

EDUCATION / TRAINING SKILLS

HIGH SCHOOL/VOCATIONAL SCHOOL GRADUATED FROM:

HIGHEST GRADE COMPLETED: _____

DATE GRADUATED/GED AWARDED: _____

COLLEGE/UNIVERSITIES

WHAT COLLEGE OR UNIVERSITIES HAVE YOU ATTENDED?

COLLEGE/UNIVERSITY	LOCATION	GRADUATED	DEGREE
_____	_____	YES ___ NO ___	_____
_____	_____	YES ___ NO ___	_____
_____	_____	YES ___ NO ___	_____

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOLS?

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:

MILITARY STATUS OF APPLICANT

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE U.S.? YES _____ NO _____

IF YES, BRANCH OF SERVICE: _____

DATES OF SERVICE: FROM: _____ TO: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: (EXCLUDE MEDICAL REASONS)

ANY RESERVE OBLIGATION? YES _____ NO _____

(IF YES, ACTIVE _____ OR INACTIVE _____)

IF YES, SUPPLY RESERVE ORGANIZATION NAME AND ADDRESS BELOW:

ORGANIZATION: _____

ADDRESS: _____

SUPERVISOR: _____ BUSINESS PHONE: _____

WERE YOU EVER SUBJECT TO ANY TYPE OF DISCIPLINARY ACTION (INCLUDING REPRIMANDS) WHILE SERVING IN THE ARMED FORCES?

YES _____ NO _____ IF YES, DESCRIBE IN DETAIL:

HAVE YOU EVER BEEN DENIED ENTRANCE TO ANY OF THE ARMED FORCES?

YES _____ NO _____ IF YES, EXPLAIN THE BASIS FOR YOUR DENIAL (EXCEPT FOR MEDICAL REASONS)

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

.....
.....

ORGANIZATION: _____

ADDRESS: _____ PHONE: _____

APPLICANT'S SUPERVISOR: _____

APPLICANT'S POSITION: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

REASON FOR LEAVING: (EXCLUDE MEDICAL REASONS)

.....
.....

.....
.....

ORGANIZATION: _____

ADDRESS: _____ PHONE: _____

APPLICANT'S SUPERVISOR: _____

APPLICANT'S POSITION: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

REASON FOR LEAVING: (EXCLUDE MEDICAL REASONS)

.....
.....

ORGANIZATION: _____

ADDRESS: _____ PHONE: _____

APPLICANT'S SUPERVISOR: _____

APPLICANT'S POSITION: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

REASON FOR LEAVING: (EXCLUDE MEDICAL REASONS)

.....
.....

ORGANIZATION: _____

ADDRESS: _____ PHONE: _____

APPLICANT'S SUPERVISOR: _____

APPLICANT'S POSITION: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

REASON FOR LEAVING: (EXCLUDE MEDICAL REASONS)

.....

.....

ORGANIZATION: _____

ADDRESS: _____ PHONE: _____

APPLICANT'S SUPERVISOR: _____

APPLICANT'S POSITION: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

REASON FOR LEAVING: (EXCLUDE MEDICAL REASONS)

.....

.....

MISCELLANEOUS

SPECIAL SKILLS / TRAINING

Do you have any special skills or training in the following areas?

SKILL OR TRAINING	NO	YES	SPECIFY COURSE OR CERTIFICATION
EMT OR PARAMEDIC			
EMERGENCY DRIVING			
FIREARMS TRAINING			
COUNSELING			
LEGAL OR PARALEGAL			
LEADERSHIP COURSE(S)			
MARTIAL ARTS			
COMPUTER			
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 Fort Valley police department?

Yes _____ no _____ (if yes, explain)

(c) The taking of a life in pursuit of duty?

Yes _____ no _____ (if yes, explain)

CHARACTER REFERENCES

LIST AT LEAST FIVE (5) CHARACTER REFERENCES:
(NOT RELATED TO YOU BY BLOOD OR MARRIAGE WHO
HAVE KNOWN YOU FOR AT LEAST FIVE (5) YEARS).

1. NAME _____ YEARS KNOWN _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

OCCUPATION _____

.....
.....

2. NAME _____ YEARS KNOWN _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

OCCUPATION _____

.....
.....

3. NAME _____ YEARS KNOWN _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

OCCUPATION _____

.....
.....

4. NAME _____ YEARS KNOWN _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

OCCUPATION _____

.....
.....

5. NAME _____ YEARS KNOWN _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

OCCUPATION _____

.....
.....

LIST ALL TRAFFIC VIOLATIONS (EXCLUDING PARKING TICKETS) YOU HAVE RECEIVED:

VIOLATION: _____ DATE: _____

DISPOSITION: _____

CIRCUMSTANCES: _____

ISSUING AGENCY NAME AND LOCATION: _____

.....
.....

VIOLATION: _____ DATE: _____

DISPOSITION: _____

CIRCUMSTANCES: _____

ISSUING AGENCY NAME AND LOCATION: _____

.....
.....

VIOLATION: _____ DATE: _____

DISPOSITION: _____

CIRCUMSTANCES: _____

ISSUING AGENCY NAME AND LOCATION: _____

.....
.....

TRAFFIC ACCIDENTS

LIST ALL TRAFFIC ACCIDENTS IN WHICH YOU WERE THE DRIVER OF A VEHICLE:

DATE: _____ CITY/COUNTY: _____ STATE: _____

WERE YOU ISSUED A CITATION: YES _____ NO _____

IF YES, FOR WHAT VIOLATION? _____

CIRCUMSTANCES: _____

DISPOSITION: _____

DATE: _____ CITY/COUNTY: _____ STATE: _____

WERE YOU ISSUED A CITATION: YES _____ NO _____

IF YES, FOR WHAT VIOLATION? _____

CIRCUMSTANCES: _____

DISPOSITION: _____

DATE: _____ CITY/COUNTY: _____ STATE: _____

WERE YOU ISSUED A CITATION: YES _____ NO _____

IF YES, FOR WHAT VIOLATION? _____

CIRCUMSTANCES: _____

DISPOSITION: _____

DATE: _____ CITY/COUNTY: _____ STATE: _____

WERE YOU ISSUED A CITATION: YES _____ NO _____

IF YES, FOR WHAT VIOLATION? _____

CIRCUMSTANCES: _____

DISPOSITION: _____

CRIMINAL HISTORY

Have you ever committed or participated in any of the following crimes (whether you were caught or not)? **Answer YES or NO**

Arson		Bribery	
Burglary		Identity Theft	
Shoplifting		Credit card fraud	
Illegal Drugs		Illegal possession of Firearm	
Assault		Illegal possession/manufacture Of explosives	
Theft		Computer hacking	
Gambling		Trespassing	
Murder		Stalking	
Vandalism		Family violence	
Kidnapping		Child pornography	
Escape		Armed robbery	
Rape		Public drunkenness	
Forgery		Child molestation	
Perjury		Terroristic threats	
Incest		Receiving stolen property	

**IF YOU ANSWERED "YES" TO ANY OF THE ABOVE,
PLEASE EXPLAIN, INCLUDE DATES AND DISPOSITION.**

Are you now or have you ever been a member of any organization, association, movement, group, or other combination of individuals whose purpose is to advocate the overthrow of our constitutional form of government or which has adopted the 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 seek to alter the form of government of the United States by unconstitutional means?

Yes _____ no _____ if yes, what is the organization and what is your association with it?

CRIMINAL HISTORY (CONT.)

HAVE YOU EVER BEEN ARRESTED, INTERVIEWED, INTERROGATED, OR DETAINED BY ANY LAW ENFORCEMENT AGENCY? YES _____ NO _____
(IF YES, EXPLAIN IN DETAIL BELOW GIVING DATE, REASON, AGENCY, AND DISPOSITION.)

HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON, INCLUDING EMPLOYMENT? YES ___ NO _____
(IF YES, EXPLAIN IN DETAIL BELOW GIVING DATE, REASON, AGENCY, AND DISPOSITION.)

HAVE YOU EVER BEEN POLYGRAPHED FOR ANY REASON, INCLUDING EMPLOYMENT? YES ___ NO _____
(IF YES, EXPLAIN IN DETAIL BELOW GIVING DATE, REASON, AGENCY, AND DISPOSITION.)

HAVE YOU EVER BEEN PLACED ON PROBATION OR PAROLE? YES _____ NO _____
(IF YES, EXPLAIN IN DETAIL BELOW GIVING DATE, REASON, AUTHORITY, AND DISPOSITION.)

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL
OFFENSE? YES _____ NO _____
(IF YES, PROVIDE ALL DETAILS)

ARE YOU FRIENDS WITH ANYONE WHOM YOU SUSPECT
OF BEING A SELLER OR USER OF ILLEGAL DRUGS?
YES _____ NO _____
(IF YES, EXPLAIN IN DETAIL)

HAVE YOU EVER?:

1. USED A WEAPON OF ANY KIND
DURING A FIGHT? YES ___ NO ___
2. INJURED ANYONE AS A RESULT
OF A FIGHT? YES ___ NO ___
3. 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? YES ___ NO ___
4. HAS YOUR CAR BEEN USED IN
THE COMMISSION OF A CRIME? YES ___ NO ___
5. HAVE YOU BEEN NAMED IN ANY
MANNER, IN A CIVIL LAWSUIT? YES ___ NO ___
6. HAVE YOU EVER USED ANY
ILLEGAL DRUGS? YES ___ NO ___
7. DO YOU CONSUME ALCOHOL? YES ___ NO ___
8. HAVE YOU EVER OWNED A
FIREARM? YES ___ NO ___
9. HAVE YOU EVER BEEN DENIED
A FIREARM'S LICENSE? YES ___ NO ___
10. HAVE YOU EVER BEEN AN
INVOLVED PARTY IN ANY CIVIL
LITIGATION? (IF SO, PROVIDE A COPY
OF DOCUMENTS.) YES ___ NO ___

IF YOU ANSWERED YES TO ANY OF THE ABOVE
QUESTIONS, EXPLAIN FULLY ON THE REVERSE SIDE OF
THIS PAGE.

IS THERE ANYTHING IN YOUR PAST, 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.)

I CERTIFY THAT ALL ENTRIES WERE MADE IN THIS BOOKLET BY ME, AND THAT THEY ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT IF AT ANY TIME DURING THE COURSE OF THE BACKGROUND INVESTIGATION OR DURING MY EMPLOYMENT WITH THE FORT VALLEY POLICE DEPARTMENT, IT IS DISCOVERED THAT I HAVE MADE ANY UNTRUTHFUL STATEMENT, FALSIFIED MY APPLICATION IN ANY WAY, OR GIVEN ANY MISLEADING STATEMENTS, IT WILL BE SUFFICIENT CAUSE FOR MY IMMEDIATE TERMINATION.

SIGNATURE OF APPLICANT

PRINTED NAME

DATE