

Port Wentworth Police Department Application

(Peace Officer, Police Recruit, Police Clerk)

All information provided on this application MUST BE CURRENT AND COMPLETE so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, sex, sexual orientation, gender identity, religion, national origin, citizenship, age disability, or pregnancy. The City of Port Wentworth will hire only authorized workers regardless of national origin. Please print legibly and use ink when signing this application. Please complete one application for each position for which you are applying. **APPLICATIONS THAT ARE NOT SIGNED AND DATED OR ARE INCOMPLETE WILL BE REJECTED. YOU MAY ATTACH A RESUME TO YOUR COMPLETED APPLICATION; HOWEVER, RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION.**

"The City of Port Wentworth is an Equal Opportunity Employer"



Position applied for: _____ Salary Requirement: _____

Date of Application: _____ Referred By: _____

How did you hear about this opening? _____

Date available for work: _____ Are you over the age of 18? YES NO

Are you eligible to work in the United States because you are a U.S. Citizen or have the U.S. Government's permission to do so? YES NO

NOTE: if offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in termination.

Give name, relationship, & department of any family or friends that you have working for the City? _____

**PORT WENTWORTH POLICE DEPARTMENT
EMPLOYMENT APPLICATION INSTRUCTION SHEET
(POST CERTIFIED/POLICE CLERK POSITION)**

1. This sheet has been prepared to assist you in completing this application for employment with the Port Wentworth Police Department.
2. If additional space is needed for any section or question on this application, or you wish to furnish additional information, attach sheets of paper the same size as this application, and assign numbered answers to correspond to the question.
3. The application must be printed using black or blue ink. Print must be clear and legible.
4. Any question not pertaining to you individually, should be marked as "N/A", meaning "Not Applicable".
5. If you are unable to obtain any information requested on this application, an explanation must be given as to the reason.
6. Failure to furnish the pertinent information requested on the application may result in an incomplete background investigation and may disqualify you as a candidate for employment with the Port Wentworth Police Department.
7. Intentional omission or false answers will result in the termination of the application process.
8. The information provided by you will be subject to a Voice Stress Analysis examination and background investigation.
9. Please attach a copy driver's license, DD 214, and any college transcripts.

I UNDERSTAND THAT IF I DO NOT WISH TO ANSWER THE QUESTIONS IN THIS APPLICATION, I MAY CHOOSE NOT TO DO SO, AND MY APPLICATION FOR EMPLOYMENT WITH THE PORT WENTWORTH POLICE DEPARTMENT WILL BE TERMINATED.

I FURTHER UNDERSTAND THAT I SHOULD NOT CONTACT THE PORT WENTWORTH POLICE DEPARTMENT TO INQUIRE ABOUT THE STATUS OF THIS APPLICATION.

Signature

Date

**PORT WENTWORTH POLICE DEPARTMENT
EMPLOYMENT APPLICATION INSTRUCTION SHEET
(POLICE RECRUIT POSITION)**

1. This sheet has been prepared to assist you in completing this application for employment with the Port Wentworth Police Department.
2. If additional space is needed for any section or question on this application, or you wish to furnish additional information, attach sheets of paper the same size as this application, and assign numbered answers to correspond to the question.
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5. If you are unable to obtain any information requested on this application, an explanation must be given as to the reason.
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7. Intentional omission or false answers will result in the termination of the application process.
8. The information provided by you will be subject to a Voice Stress Analysis examination and background investigation.
9. Please attach a copy driver's license, DD 214, any college transcripts, high school diploma, and birth certificate.

I UNDERSTAND THAT IF I DO NOT WISH TO ANSWER THE QUESTIONS IN THIS APPLICATION, I MAY CHOOSE NOT TO DO SO, AND MY APPLICATION FOR EMPLOYMENT WITH THE PORT WENTWORTH POLICE DEPARTMENT WILL BE TERMINATED.

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Signature

Date

PORT WENTWORTH POLICE DEPARTMENT ELEMENTS OF THE SELECTION PROCESS

The selection process for the Port Wentworth Police Department involves the following progressive evaluation steps. A candidate may be eliminated as unqualified or undesirable at any level.

1. **WRITTEN APPLICATION** - Application will be made on the attached forms and will remain active for a period of six months.
2. **PRELIMINARY BACKGROUND INVESTIGATION** — A criminal history and driving history will be conducted on all candidates for prior arrest and driving records.
3. **ORAL INTERVIEW BOARD** – An extensive interview conducted by a three-member panel consisting of active members of the Port Wentworth Police Department.
4. **PHYSICAL AGILITY TESTING (POLICE RECRUIT)**— A series of tests designed to measure the candidate’s physical ability to perform job related task and/or physical fitness test. Test measures performance of running, lifting, etc. This test is state required Physical Agility Test which can be location on GPSTC website.
5. **INTERVIEW WITH POLICE CHIEF** — At the conclusion of the follow-up interview with the Chief of Police a candidate may be offered employment with the Port Wentworth Police Department. Those candidates not chosen will remain on an active roster for a period of six months, or until the roster is exhausted. A candidate on the active roster may be considered for employment during this six-month period.

6. THOROUGH BACKGROUND INVESTIGATION

If a candidate is chosen for employment, the following steps in the employment process will be completed:

1. **DRUG SCREENING**
2. **DIGITAL VOICE STRESS ANALYSIS OR POLYGRAPH EXAM**
2. **PSYCHOLOGICAL EVALUATION**
3. **MEDICAL AND GENERAL EVALUATION**

ALL SWORN AND CIVILIAN ENTRY LEVEL PERSONNEL WILL COMPLETE A SIX-MONTH PROBATIONARY PERIOD BEFORE BEING GRANTED PERMANENT FULL TIME STATUS.

PORT WENTWORTH POLICE DEPARTMENT BENEFIT PACKAGE

(THIS IS INTENDED ONLY AS A GENERAL DESCRIPTION OF BENEFITS AS OF THE DATE THIS PACKET WAS PRINTED. THE BENEFITS ARE SUBJECT TO CHANGE AND TO THE APPLICATION PLAN DOCUMENTS, WHICH CONTROL IN THE EVENT OF ANY OF ANY DISCREPANCY WITH WHAT IS SET FORTH HEREIN.)

INSURANCE:

Medical Insurance — Medical insurance is available for the employee and the employee’s dependents via payroll deduction.

Life Insurance — Life insurance is available at no additional cost to employees who elect to purchase medical insurance. The current benefits are \$25,000 for the employee, \$5,000 for the employee’s spouse, and \$2,500 for the employee’s children.

Workmen's Compensation — If an employee is incapacitated by injury resulting from city employment, the employee is entitled to workmen's compensation.

RETIREMENT:

A retirement plan is available at no cost to the employee through Georgia Municipal Association.

A copy of this plan is available for review at the Port Wentworth City Hall.

LEAVE:

Personal Time Off (12 Hour Employee)

1 year of service	146 hours
2 - 5 years of service	189 hours
6 - 10 years of service	232 hours
11 - 15 years of service	275 hours
16 - 20 years of service	318 hours
21 -25 years of service	361 hours
26 years of service and over	404 hours

Personal Time Off (8 Hour Employee)

1 year of service	136 hours
2 - 5 years of service	176 hours
6 - 10 years of service	216 hours
11 - 15 years of service	256 hours
16 - 20 years of service	296 hours
21 -25 years of service	336 hours
26 years of service and over	376 hours

Holiday Leave — The City of Port Wentworth recognizes 13 holidays during the calendar year. Police officers who work a holiday recognized by the city will be granted additional pay at their regular rate.

Eligibility Requirements — Employees are not eligible for all employment benefits until the satisfactory completion of the probationary period. Medical insurance will take effect after thirty- (30) days of employment.

NOTE: Please be advised that all benefits are subject to change and may be calculated different for 8 hour or 12 hours shifts. Nothing in this informational sheet should be considered an offer or guarantee.

APPLICANT STATEMENT

I understand that if I am hired it will be "at will". I further understand that I have the right to terminate my employment at any time with or without notice, and under certain circumstances; the city has the same right.

Georgia employers have a qualified privilege to disclose factual information on job performance or abilities of employee or former employee, made at request of employee or a prospective employer, including disclosures involving violations of law. Employers are presumed to be acting in good faith when disclosing factual information concerning job performance, ability, or violations of law (GA. Code §34-1-4). I understand that the City of Port Wentworth may contact any and/or all of my previous employers and I authorize those employers to disclose to the City all records and other information pertinent to my employment with them. I also authorize the City to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I understand that the first **SIX MONTHS** of regular employment represent a provisional period during which I will not be eligible to apply for a transfer or promotion and during which I may be terminated without the right of appeal. If employed, I agree to conform to the employment policies and procedures of the City. I understand that completion of this application for employment does not guarantee that I have been employed by this Company. If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the City of Port Wentworth.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made on this Employment Application may result in my not being considered for employment, and if not discovered by the City until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that the City requires the successful completion of a drug test, background check, and/or medical examination (where applicable for certain positions) to the extent permitted by law as a condition of employment. I authorize the City of Port Wentworth to investigate my driving record, my criminal record, and my credit history (when applicable for certain positions). By submitting this Application for Employment, I hereby consent to either or both of said tests, at the City of Port Wentworth's discretion.

Print Name: _____ Signature: Date: _____

I. PERSONAL INFORMATION:

LAST NAME: _____ FIRST (LEGAL): _____ MIDDLE: _____

STREET: _____ APT#: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ OTHER: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PLACE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

US CITIZEN: YES NO NATURALIZED: YES NO

HOW LONG HAVE YOU LIVED AT YOUR RESIDENCE: _____ RENT OWN

NAME OF LANDLORD: _____ LANDLORD PHONE NUMBER: _____

HAVE YOU EVER USED ANOTHER NAME? YES NO

IF YES, LIST MAIDEN OR OTHER NAMES/ALIASES YOU HAVE USED: _____

HAVE YOU EVER LEAGALLY CHANGED YOIUR NAME? YES NO

IF YES, LIST YOUR FORMER NAME: _____

WHAT COURT ORDERED THE NAME CHANGE? _____

HAVE YOU EVER BELONGED TO ANY SOCIAL NETWORKING SITES: YES NO

IF YES, PLEASE LIST ANY SITES: _____

DO YOU OWN OR HAVE EVER OWNED ANY PERSONAL WEBSITE DOMAINS? (ie www.yourname.com) YES NO

LIST ANY INTERNET FORUMS WHICH YOU SUBSCRIBE OR POST TO IN YOUR LIFETIME: _____

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM A JOB? YES NO

IF YES EXPLAIN: _____

II. FORMAL EDUCATION:

HIGH SCHOOL:

Name & Location: _____
 (Name of High School, City and State)

Check highest grade completed: 9 10 11 12 Graduated: YES NO

If not a high school graduate, do you have a GED: YES NO

COLLEGE/UNIVERSITY:

LIST NAMES OF ANY COLLEGES OR UNIVERSITIES ATTENDED AND MAJOR COURSE OF STUDY:

NAME OF SCHOOL	City and State	Graduated? Yes or No	MAJOR

Describe any specialized training, qualifications, apprenticeships/internships, skills, and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying. (Use additional pages if necessary).

DO YOU SPEAK OR WRITE ANY FOREIGN LANGUAGES? YES NO

IF YES, PLEASE LIST: _____

III. MILITARY SERVICE INFORMATION

BRANCH: _____ DATES OF SERVICE: _____ TO _____ HIGHEST RANK: _____

OCCUPATION/MOS: _____ TYPE OF DISCHARGE: _____

BRANCH: _____ DATES OF SERVICE: _____ TO _____ HIGHEST RANK: _____

OCCUPATION/MOS: _____ TYPE OF DISCHARGE: _____

DISABILITY STATUS: _____

DID YOU EVER RECEIVE ANY TYPE OF DISCIPLINARY ACTION? YES NO (CHECK ALL THAT APPLY)

COURT MARTIAL AWOL ARTICLE 15 RANK REDUCTION OTHER: _____

DD 214 ATTACHED TO APPLICATION: YES NO N/A

IV. LAW ENFORCEMENT EMPLOYMENT HISTORY
(COMPLETE THIS SECTION ONLY IF YOU ARE CURRENTLY OR HAVE BEEN A SWORN LAW ENFORCEMENT OFFICER. THIS DOES NOT INCLUDE SECURITY EXPERIENCE)

ARE YOU CURRENTLY A PEACE OFFICER? YES NO

IF YES, LIST STATE OF CERTIFICATION: _____ CERTIFICATION DATE: _____

NAME OF POLICE ACADEMY ATTENDED: _____

HOW MANY YEARS OF EXPERIENCE DO YOU HAVE? _____

HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL AFFAIRS INVESTIGATION? YES NO

IF YES, GIVE DETAILED EXPLANATION: _____

HAVE YOU EVER QUALIFIED WITH A WEAPON? YES NO

WEAPON TYPE(S): _____

V. PREVIOUS LAW ENFORCEMENT EMPLOYMENT

(LIST PREVIOUS LAW ENFORCEMENT EMPLOYMENT, STARTING WITH THE MOST RECENT FIRST)
IF ADDITIONAL SHEETS ARE NEEDED, PHOTOCOPY THIS BLANK SHEET AND ATTACH
ALL PREVIOUS EMPLOYERS WILL BE CONTACTED. YOUR CURRENT EMPLOYER WILL BE CONTACT LAST AFTER PASSING FINAL PHASE.

AGENCY NAME: _____

ADDRESS: _____ DATES EMPLOYED: _____ TO _____

REASON FOR LEAVING: _____

IMMEDIATE SUPERVISOR: _____ PHONE NUMBER: _____

JOB TITLE AND DUTIES: _____

AGENCY NAME: _____

ADDRESS: _____ DATES EMPLOYED: _____ TO _____

REASON FOR LEAVING: _____

IMMEDIATE SUPERVISOR: _____ PHONE NUMBER: _____

JOB TITLE AND DUTIES: _____

AGENCY NAME: _____

ADDRESS: _____ DATES EMPLOYED: _____ TO _____

REASON FOR LEAVING: _____

IMMEDIATE SUPERVISOR: _____ PHONE NUMBER: _____

JOB TITLE AND DUTIES: _____

VI. NON-LAW ENFORCEMENT EMPLOYMENT HISTORY

(LIST PREVIOUS EMPLOYMENT FOR THE LAST TEN (10) YEARS STARTING WITH THE MOST RECENT)
IF ADDITIONAL SHEETS ARE NEEDED, PHOTOCOPY THIS BLANK SHEET AND ATTACH

ALL PREVIOUS EMPLOYERS WILL BE CONTACTED. YOUR CURRENT EMPLOYER WILL BE CONTACT LAST AFTER PASSING FINAL PHASE.

NAME OF EMPLOYER: _____ DATES EMPLOYED: _____ TO _____

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ PHONE NUMBER: _____

REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____ DATES EMPLOYED: _____ TO _____

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ PHONE NUMBER: _____

REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____ DATES EMPLOYED: _____ TO _____

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ PHONE NUMBER: _____

REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____ DATES EMPLOYED: _____ TO _____

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ PHONE NUMBER: _____

REASON FOR LEAVING: _____

VII. CRIMINAL RECORD INFORMATION

(FOR ALL: PROVIDE DETAILS; DATES, NAMES, AGENCY, DISPOSITION)

HAVE YOU EVER BEEN ARRESTED, CHARGED, OR CONVICTED OF A FELONY OFFENSE?

YES NO

HAVE YOU EVER BEEN ARRESTED, CHARGED, OR CONVICTED OF A FIREARMS OR EXPLOSIVE CHARGE?

YES NO

ARE THERE ANY CHARGES PENDING AGAINST YOU FOR ANY CRIMINAL OFFENSE?

YES NO

HAVE YOU EVER BEEN ARRESTED, CHARGED, OR CONVICTED OF ANY OFFENSE RELATED TO DRUGS OR ALCOHOL?

YES NO

HAVE YOU EVER BEEN ARRESTED, CHARGED, OR CONVICTED OF A DOMESTIC VIOLENCE INCIDENT?

YES NO

HAVE YOU EVER BEEN ARRESTED, CHARGED, CITED, OR CONVICTED OF ANY OTHER TYPE OF OFFENSE (INCLUDING, BUT NOT LIMITED TO, TRAFFIC CITATIONS, WARRANTS, OR MISDEMEANORS)?

YES NO

EXPLAIN ANY QUESTIONS ANSWERED "YES" ABOVE:

VIII. DRIVING RECORD INFORMATION

DO YOU POSSESS A VALID GEORGIA DRIVERS LICENSE? YES NO

IF YES, LIST THE LICENSE NUMBER AND EXPIRATION DATE: _____

HAVE YOU EVER POSSESSED A DRIVERS LICENSE FROM ANOTHER STATE? YES NO

IF YES, LIST THE STATE OF LICENSE AND THE LICENSE NUMBER: _____

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES, LIST THE REASON FOR SUSPENSION OR REVOCATION: _____

WAS YOUR DRIVERS LICENSE RESTORED? YES NO N/A

HAVE YOU EVER BEEN DENIED A DRIVERS LICENSE FROM ANY STATE? YES NO

IF YES, LIST THE REASON FOR DENIAL: _____

HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT IN WHICH YOU WERE LISTED AS BEING AT FAULT? YES NO

GIVE DETAILS BELOW OF ANY MOTOR VEHICLE ACCIDENTS IN WHICH YOU HAE BEEN INVOLVED.

IX. MARITAL AND FAMILY INFORMATION

MARITAL STATUS: MARRIED SINGLE WIDOWED DIVORCED SEPARATED

*****SPOUSE*****

SPOUSE NAME: (FIRST, MIDDLE, MAIDEN, LAST): _____

DATE OF BIRTH: _____ DATE OF MARRIAGE: _____ OCCUPATION: _____

EMPLOYER: _____ LENGTH OF EMPLOYMENT: _____

EMPLOYER ADDRESS: _____ PHONE NUMBER: _____

IS YOUR SPOUSE IN FAVOR OF YOU BECOMING A LAW ENFORCEMENT OFFICER? YES NO

***** FATHER LIVING DECEASED *****

FATHER'S NAME: (FIRST, MIDDLE, MAIDEN, LAST): _____

HOME TELEPHONE: _____ DAYTIME OR MOBILE TELEPHONE: _____

ADDRESS: _____

***** MOTHER LIVING DECEASED *****

MOTHER'S NAME: (FIRST, MIDDLE, MAIDEN, LAST): _____

HOME TELEPHONE: _____ DAYTIME OR MOBILE TELEPHONE: _____

ADDRESS: _____

***** SISTERS *****

(1) NAME: _____ AGE: _____ PHONE NUMBER: _____

ADDRESS: _____

(2) NAME: _____ AGE: _____ PHONE NUMBER: _____

ADDRESS: _____

(3) NAME: _____ AGE: _____ PHONE NUMBER: _____

ADDRESS: _____

MARITAL AND FAMILY INFORMATION CONTINUED

***** BROTHER *****

(1) NAME: _____ AGE: _____ PHONE NUMBER: _____

ADDRESS: _____

(2) NAME: _____ AGE: _____ PHONE NUMBER: _____

ADDRESS: _____

(3) NAME: _____ AGE: _____ PHONE NUMBER: _____

ADDRESS: _____

***** FATHER IN LAW LIVING DECEASED *****

FULL NAME: (FIRST, MIDDLE, LAST): _____

PHONE NUMBER: _____

ADDRESS: _____

***** MOTHER IN LAW LIVING DECEASED *****

FULL NAME: (FIRST, MIDDLE, LAST): _____

PHONE NUMBER: _____

ADDRESS: _____

***** EMERGENCY CONTACT *****

CLOSEST LIVING RELATIVE: _____ RELATION: _____

ADDRESS: _____

HOME TELEPHONE: _____ DAYTIME OR MOBILE TELEPHONE: _____

MARITAL AND FAMILY INFORMATION CONTINUED

*****CHILDREN: (LIST ALL CHILDREN BORN TO YOU) *****

(1) NAME: _____ AGE: _____

ADDRESS: _____

(2) NAME: _____ AGE: _____

ADDRESS: _____

(3) NAME: _____ AGE: _____

ADDRESS: _____

(4) NAME: _____ AGE: _____

ADDRESS: _____

ARE YOU SUPPORTING ALL CHILDREN BORN TO YOU OR ADOPTED BY YOU? YES NO

***** AFFILIATIONS *****

ARE YOU RELATED TO ANY CURRENT EMPLOYEE OF THE CITY OF PORT WENTWORTH? YES NO

IF "YES" LIST EMPLOYEE'S NAME: _____

X. REFERENCES

Give the names and addresses of persons who know you (not relatives). (All References will be contacted)

(1) NAME: _____ PHONE NUMBER: _____

PROFESSION: _____ YEARS KNOWN: _____

(2) NAME: _____ PHONE NUMBER: _____

PROFESSION: _____ YEARS KNOWN: _____

(3) NAME: _____ PHONE NUMBER: _____

PROFESSION: _____ YEARS KNOWN: _____

XI. MISCELLANEOUS INFORMATION

THIS POSITION MAY REQUIRE YOU TO DO THE FOLLOWING:

WORK SHIFT WORK. DO YOU OBJECT TO DOING SO? YES NO

WEAR A UNIFORM. DO YOU OBJECT TO DOING SO? YES NO

WORK OVERTIME. DO YOU OBJECT TO DOING SO? YES NO

DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO

HAVE YOU EVER USED MARIJUANA? YES NO IF YES, LIST LAST TIME USED: _____

HAVE YOU EVER USED ANY OTHER ILLEGAL DRUGS (COCAINE, OPIATES, PILLS, ETC...)? YES NO

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN EMPLOYMENT FOR ABUSE OF AUTHORITY OR DISCIPLINARY REASONS? YES NO

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN EMPLOYMENT FOR BREACH OF TRUST, EMBEZZELMENT, THEFT, OR OTHER CRIME? YES NO

DO YOU NOW OR HAVE YOU EVER ASSOCIATED WITH ANYONE THAT USES OR SELLS ILLEGAL DRUGS?
 YES NO

EXPLAIN ANY QUESTIONS ANSWERED "YES" ABOVE:

IF YOU HAVE EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR ARREST, LIST THE AGENCIES BELOW. YOUR ANSWER WILL BE CHECKED WITH THE F.B.I AND OTHER AGENCIES:

AGENCY: _____ PURPOSE: _____ DATE: _____

AGENCY: _____ PURPOSE: _____ DATE: _____

IF IT BECAME NECESSARY IN THE COURSE OF POLICE DUTIES TO TAKE A HUMAN LIFE, WOULD YOU HAVE ANY RELUCTANCE TO DO SO DUE TO RELIGIOUS OR OTHER BELIEFS? YES NO

IF YOU ANSWERED "YES" LIST DETAILS: _____

XII. LIENS / JUDGEMENTS / GARNISHMENTS

(LIST ANY FINANCIAL OBLIGATIONS WHICH ARE CURRENTLY OVERDUE OR ARE REMOVED FROM YOUR PAY)

PAYMENT: _____ DEBTHOLDER: _____ BALANCE: _____

PAYMENT: _____ DEBTHOLDER: _____ BALANCE: _____

PAYMENT: _____ DEBTHOLDER: _____ BALANCE: _____

LIST ALL CIVIL PROCEEDINGS YOU ARE PARTY TO:

DATE: _____ COURT: _____ LOCATION: _____

NAME OF PARTIES: _____

BRIEF DESCRIPTION: _____

DATE: _____ COURT: _____ LOCATION: _____

NAME OF PARTIES: _____

BRIEF DESCRIPTION: _____

AUTHORIZATION FOR PERSONAL INFORMATION RELEASE WAIVER OF LIABILITY FOR RELEASE

I do hereby authorize the review of, and disclosure of, all records concerning myself to the duly authorized agent of the Port Wentworth Police Department.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial statements and records wherever filed; medical and psychiatric treatment and/or consultations including hospitals, clinics, private practitioners, and the United States Veteran's Administration; employment and preemployment records, including grievances filed by or against me, and the records and recollections of attorneys at law, or of 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.

I understand that any information obtained by a personal history background investigation, which is directly or indirectly, in whole or in part, upon this release authorization will be considered in compiling any report for the Port Wentworth 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.

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.

Print full name (including maiden name)Signature

Social Security NumberDate of Birth

Street AddressCityStateZip

Sworn to and subscribed before me
This _____ day of _____.

Notary Public

**PORT WENTWORTH POLICE DEPARTMENT
DRUG SCREEN RELEASE**

I freely and voluntarily agree to submit to a drug screen as a part of my application for employment with the Port Wentworth Police Department. I understand that refusal to submit to the drug screen or the detection of illegal drugs in this screen may disqualify me from further consideration for employment with the Port Wentworth Police Department.

I further understand that upon commencement of employment with the Port Wentworth Police Department I may again be required to submit to a drug screen. I understand that refusal to take the requested drug screen, or the detection of illegal drugs or non-prescribed medications in this screen may result in immediate suspension or dismissal. I have read this form in full and understand the above statements and conditions of employment.

Full printed name	Signature	Date
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Street Address	City	State	Zip
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Sex	Race	Date of Birth
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Social Security Number

Sworn to and subscribed before me
This _____ day of _____.

Notary Public

**PORT WENTWORTH POLICE DEPARTMENT
FAIR LABOR AND STANDARDS ACT
AND
TRAINING REIMBURSEMENT AGREEMENT**

In compliance with the Fair Labor and Standards Act, I understand that while employed with the Port Wentworth Police Department, I may be required to work up to 168 hours within a 28-day period without receiving overtime.

Also, pursuant to OCGA 35-8-22(a) that if I am hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary and/or benefits paid during training, shall be reimbursed by the hiring agency to the Port Wentworth Police Department. If I am hired by another agency during a period of 15 -24 months after completing mandated or formalized training requirements, then one-half total expense of training, including salary and/or benefits.

Full printed name	Signature	Date
-------------------	-----------	------

Street Address	City	State	Zip
----------------	------	-------	-----

Sex	Race	Date of Birth
-----	------	---------------

Social Security Number

Sworn to and subscribed before me
This _____ day of _____.

Notary Public

HEPATITIS VACCINE AGREEMENT

In compliance with OCGA 31-35-3, I understand that while employed with the Port Wentworth Police Department, upon request I am afforded the opportunity to be vaccinated for protection against hepatitis B and/or screened for exposure to hepatitis C. The cost of such vaccination or screening shall be paid by the City of Port Wentworth.

I have read and fully understand the contents of this agreement concerning this vaccination program and make the following selection:

Initial One:

1. _____ I would like to be scheduled to receive the aforementioned vaccine at the first available time.
2. _____ I would NOT like to receive the aforementioned vaccine.
3. _____ I have already received and completed the aforementioned vaccination process.

Full printed name	Signature	Date
-------------------	-----------	------

Street Address	City	State	Zip
----------------	------	-------	-----

Sex	Race	Date of Birth
-----	------	---------------

Social Security Number

GEORGIA BUREAU OF INVESTIGATION GEORGIA CRIME INFORMATION CENTER CONSENT FORM

I hereby give my consent for the **PORT WENTWORTH POLICE 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

Signature

Date

Special employment provisions (check if applicable):

- Employment with criminal justice agency – civilian (Purpose code "J")
- Employment with criminal justice agency – P.O.S.T. certified (Purpose code "Z")

One of the following must be checked:

- 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.

Sworn to and subscribed before me
This _____ day of _____.

Notary Public

**GEORGIA BUREAU OF INVESTIGATION
GEORGIA CRIME INFORMATION CENTER**

GEORGIA DRIVER'S HISTORY CONSENT FORM

I hereby give my consent for the **PORT WENTWORTH 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

GCIC Consent Form
July 2006