

# Port Wentworth Police Department Application

(Peace Officer, Police Recruit, Police Clerk, Code Enforcement)

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.** Please submit applications to email: [mmcphaul@portwentworthga.gov](mailto:mmcphaul@portwentworthga.gov)

"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?  Y E S  N O

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? \_\_\_\_\_

## REQUIRED DOCUMENTS:

- Each applicant must submit with this application **legible photocopies** of each of the following documents:
  - Birth Certificate / Naturalization Certificate
  - Copy of Driver's License
  - High School Diploma or Transcript /GED (Transcript Preferred)
  - 7-year Driver's License History
  - 7-year Driver's License Histories for any **Out of State** Licenses held.)
  - Social Security Card
  - **DD214 showing Honorable Discharge (prior military)**
  - Marriage License (If you took your spouse's name)
  - Any other name changes documentation

**\*\*\*NOTE: PAGES 20,21,22, & 24 MUST BE NOTARIZED\*\*\***

## **PORT WENTWORTH POLICE DEPARTMENT EMPLOYMENT APPLICATION INSTRUCTION SHEET**

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 Polygraph, Voice Stress Analysis examination and/or background investigation.

**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.**

## **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 tasks and/or physical fitness test. Test measures performance of running, lifting, etc. This test is the state required Physical Agility Test which can be located 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.

## QUALIFICATIONS

**All applicants MUST meet the following qualifications to apply:**

- U. S. Citizen
- Minimum Age: 21 (Police officer)
- Minimum Age: 18 (Code Enforcement Officer)
- Minimum Age: 18 (Police Clerk)
- High School Diploma or state-issued GED Certificate
- **Honorable Discharge (if applicable)**
- General Discharge (Pending a Review)
- NO felony convictions
- NO convictions for crimes involving false statements or moral turpitude.
- NO pattern of misdemeanor or traffic convictions which would represent a deliberate disregard for the law.
- Good moral character
- Good physical condition
- Successfully complete ALL phases of hiring process
- **Former police officers must be in good standing with P.O.S.T. and have not been fired or asked to resign from any previous employer.**

## ESSENTIAL INFORMATION

2. Appropriate business attire is required for all interviews.
3. Do not bring children to any phase of the hiring process.
4. If you have any questions regarding the qualifications, the hiring process, or this packet, please contact Recruitment / Background Investigations at **(912) 966-7405**
5. **ALL required documents must accompany this packet. Photocopies will not be made by Recruitment / Background Investigations personnel. (Read Application Instruction Sheets).**

## 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 covered by the City.

**Life Insurance** — Life insurance is available at no additional cost to Full Time employees. The current benefits are \$50,000 for the employee, \$10,000 for the employee’s spouse, and \$10,000 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 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	160 hours
2 - 5 years of service	200 hours
6 - 10 years of service	240 hours
11 - 15 years of service	264 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 14 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 information 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

OKEY NUMBER (If Applicable) \_\_\_\_\_

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](http://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).

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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: \_\_\_\_\_

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NAME OF EMPLOYER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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NAME OF EMPLOYER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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NAME OF EMPLOYER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_





**IX. MARITAL AND FAMILY INFORMATION**

MARITAL STATUS:             MARRIED                             SINGLE             WIDOWED              
DIVORCED             SEPARATED

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**\*\*\*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

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

FATHER’S NAME: (FIRST, MIDDLE, MAIDEN, LAST): \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ DAYTIME OR MOBILE TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

MOTHER’S NAME: (FIRST, MIDDLE, MAIDEN, LAST): \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ DAYTIME OR MOBILE TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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**\*\*\* 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: \_\_\_\_\_

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

FULL NAME: (FIRST, MIDDLE, LAST): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

FULL NAME: (FIRST, MIDDLE, LAST): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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**\*\*\* 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

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**\*\*\* AFFILIATIONS \*\*\***

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

IF "YES" LIST EMPLOYEE'S NAME: \_\_\_\_\_

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**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:**

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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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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.

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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 \_\_\_\_\_.

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Notary Public





**Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form**

I hereby authorize \_\_\_\_\_ to conduct an inquiry for  
Agency/Company  
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

<b>Full Name (print)</b>			
<b>Address</b>			
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

**Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.**

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
<input type="checkbox"/>	<b>E</b> Employment
<input type="checkbox"/>	<b>M</b> Employment direct care with Mentally Ill/Developmentally Disabled
<input type="checkbox"/>	<b>N</b> Employment direct care with Elderly
<input type="checkbox"/>	<b>W</b> Employment direct care with Children
<input type="checkbox"/>	<b>F</b> Probate Court/Weapons Carry License
<b>CRIMINAL JUSTICE EMPLOYMENT</b>	
<input type="checkbox"/>	<b>J</b> Civilian Criminal Justice Employment (state and Ill data received)
<input type="checkbox"/>	<b>Z</b> Sworn Criminal Justice Employment (state and Ill data received)

**This inquiry resulted in the following (check all that apply):**

<input type="checkbox"/>	No criminal history available
<input type="checkbox"/>	Criminal history available (attached/released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (list Wanting agency below)
<input type="checkbox"/>	Wanting Agency Name:
<input type="checkbox"/>	Wanting Agency Telephone:

\_\_\_\_\_  
 Agency Designee Signature and Title

**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 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.

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Full Name (print)

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Address

---

Sex

---

Date of Birth

---

Driver's License Number

---

Signature

---

Date