

# Grovetown Department of Public Safety

## Application for Employment

An Equal Opportunity Employer



Scott  
Wheatley  
Director



**Date:** \_\_\_\_\_ **You must attach a photo to the back page**

**Name:** \_\_\_\_\_  
**Last First Middle**

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

**Present Address:** \_\_\_\_\_  
**No. Street City State Zip Code**

**How long at this address:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Sex:**  Male  Female **Height:** \_\_\_\_\_ ft. \_\_\_\_\_ in. **Weight:** \_\_\_\_\_ lbs.

**Date of Birth:** \_\_\_\_\_ **Are you a USA citizen?**  Yes  No  
**Month Day Year**

**Position(s) Applied for:**

- Police Officer       Dispatcher       Records  
 Firefighter       Volunteer Firefighter       Internship

**Were you ever previously employed by the Grovetown Department of Public Safety?**  Yes  No

**If so, when?** \_\_\_\_\_

**Please list any friends or relatives that work for the City of Grovetown or the Grovetown Department of Public Safety.**

**Education, Experience, Skills:**  
**Education: High School Diploma**

**GED:**  Yes  No

**Highest year of grade school completed:** \_\_\_\_\_

**Name of high school:** \_\_\_\_\_

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

**College Degree:** \_\_\_\_\_

**Name of college or technical school:** \_\_\_\_\_

**Address of college or technical school:** \_\_\_\_\_

**Law Enforcement Certification Information:**

Applicants **MUST** attach a copy of all related certification to application

**Are you a GA. Certified Peace Officer:**  Yes  No **If yes your OKey #** \_\_\_\_\_

Georgia certified Peace Officers **MUST** attach current P.O.S.T Officer fact sheet

**ASP/Baton Certification**  Yes  No

**Taser Certification**  Yes  No

**Radar Certification (Georgia)**  Yes  No **Permit#** \_\_\_\_\_

**Firefighter /EMT Certification Information**

Applicant **MUST** attach a copy of all related certifications to application

**Georgia Firefighter Certified**  Yes  No **Certification Number:** \_\_\_\_\_

**NPQ Firefighter I**  Yes  No

**NPQ Firefighter II**  Yes  No

**Georgia EMT Certified**  Yes  No **Certification Number:** \_\_\_\_\_

**Certified Firefighter of another state**  Yes  No **State:** \_\_\_\_\_

## Employment History

**LIST BELOW ALL PRESENT AND PAST EMPLOYERS, BEGINNING WITH YOUR MOST RECENT:**

I

**Name employer** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address of employer:** \_\_\_\_\_

**Describe work perform:** \_\_\_\_\_

\_\_\_\_\_

**Dates worked:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_

\_\_\_\_\_

II

**Name employer:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address of employer:** \_\_\_\_\_

**Describe work perform:** \_\_\_\_\_

\_\_\_\_\_

**Dates worked:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_

\_\_\_\_\_

**Employment History:**

**Continued:**

**III**

**Name employer:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address of employer:** \_\_\_\_\_

**Describe work perform:** \_\_\_\_\_

\_\_\_\_\_

**Dates worked:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_

\_\_\_\_\_

**IV**

**Name employer:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address of employer:** \_\_\_\_\_

**Describe work perform:** \_\_\_\_\_

\_\_\_\_\_

**Dates worked:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_

\_\_\_\_\_

**May we contact your past employer:**  Yes  No

**Personal References:**  
**Do not list former employers or relatives.**

<b>Name</b>	<b>Address</b>	<b>Phone#</b>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Driving History:**

**The Grovetown Department of Public Safety will conduct a driving history as part of your background information.**

**Please provide:**

**Drivers License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Have you received any traffic citations in the past 5 years? Yes No**

**Have you (since the age of 18) ever been convicted or plead guilty or no contest to a misdemeanor? Yes No**

**Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony? Yes No**

**Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you been the subject of or a suspect in any criminal investigation? Yes No**

## Drug History

**Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year?**

Yes  No

**Have you ever illegally experimented with or used any narcotic or controlled substance such as, but no limited to: cannabinoids, PCP, hallucinogen, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? Yes No**

**If yes, please complete the following.**

**A. Drugs:** \_\_\_\_\_

**B. How Taken:** \_\_\_\_\_

**C: Last time illegally experimented with or used:** \_\_\_\_\_

**I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with Grovetown Department of Public Safety. I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.**

**MILITARY EXPERIENCE:**

**If you have military experience you must attach a copy of your DD214**

**Branch:** \_\_\_\_\_ **Serial Number:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_ **to** \_\_\_\_\_ **Reserve Status:** \_\_\_\_\_

**Type of discharge:** \_\_\_\_\_

**If not honorable explain:** \_\_\_\_\_

**Grade and duty assignment at discharge/separation:** \_\_\_\_\_

**Are you registered for Selective Service?** Yes No

**Selective Service Number:** \_\_\_\_\_

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

**Are you a member of the Reserves or National Guard** Yes No

**If yes, give unit, location, grade and duty assignment:**

**Unit:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Duty Assignment:** \_\_\_\_\_

**SKILLS, QUALIFICATION AND ABILITIES:**

**List any skills, experiences, or qualifications that you feel especially fit you to work with this agency:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any physical defects which preclude you from performing certain kinds of work:** Yes No. **If yes, describe defects and or limitations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LAW ENFORCEMENT Applicants MUST Read and Sign This Form**  
**All Others Can Omit This Form**

I, \_\_\_\_\_, hereby acknowledge that I am a peace Officer applicant, or a candidate for appointment or certification to a position as a Peace Officer in the State of Georgia, or for attendance at a basic training course required for such appointment and certification.

1. I hereby request my former employers release to any law enforcement agency requesting Employment related information as defined in O. C. G. A. 35-8(c)(1) the following.

All written information contained in a prior employer's records or personnel files that relate to an applicant's, candidate's or peace officer's performance or behavior while employed by such Employer, including performance evaluations, records of disciplinary actions, and eligibility for rehire. Such term shall not include information prohibited from disclosure by federal law or any document not in the possession of the employer at the time a request for such information is received.

2. In consideration of you providing such information to my prospective Law Enforcement employer, I hereby forever release and agree to hold harmless and to defend from all liability for any claims, causes of action or suits or charges by every former employer who provides such complete and accurate information about my employment to the requesting law enforcement agency in accord with O. C. G. A. 35-8(c)(2).

3. I understand that O. C. G. A. 35-8(c)(5). Provides as follows:

Before taking final action on an applicant for employment based, in whole or in part, on any unfavorable employment related information received from previous employer, a law enforcement agency shall inform the applicant, candidate, or peace officer that it has received such employment related information, and that the applicant, candidate, or peace officer may inspect and respond in writing to such information. Upon the applicant's, candidate's or peace officer's request, the law enforcement agency shall allow him or her to inspect the employment related information and to submit a written response information. The request for inspection shall be made within five business days from the date that the applicant, candidate, or peace officer is notified of the law enforcement agency's receipt of such employment related information. The inspection shall occur not later than ten business days after said notification. Any response to the employment related information shall be made by the applicant, candidate or peace officer not later than three business days after his or her inspection.

\_\_\_\_\_  
Applicant signature:

\_\_\_\_\_  
(Print Name)



**DOMESTIC VIOLENCE CONVICTION STATEMENT**

**I \_\_\_\_\_, do hereby swear and affirm that I have never been convicted of any crime, misdemeanor, or felony involving and act of Family Violence or Domestic Violence in the state of Georgia or any other state in the United States.**

**I understand it is a Federal Law that anyone convicted of a crime involving domestic/family violence must surrender all of his/her firearms and may not be in possession of any firearms,**

**I further understand that if I knowingly and willfully lie on this form, I may be charged with criminal and administrative charges.**

**Print Name: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



**Georgia Peace Officer Standards & Training Council**  
**Pre-Service Application for Certification**

Pg \_\_\_  
 Of \_\_\_  
 Initial \_\_\_

**PERSONAL HISTORY RELEASE - PAGE 3**

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or 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 developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. 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 photo copy 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.

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

Last Name		First Name	Middle Name
DATE OF BIRTH <i>(m/d/yyyy)</i>	MAIDEN NAME		PHONE NUMBER <i>(AREA CODE) - NUMBER</i> ( ) - -
Social Security Number:			
Email Address @			
ADDRESS: <i>Street</i>		Apartment/Unit#	
City:	State:	Zip Code: -	

\_\_\_\_\_  
 Candidate Signature (including maiden name)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Notary Public Signature

\_\_\_\_\_  
 Date



**Georgia Bureau of Investigations**

**Georgia Crime Information Center  
Consent Form**

I hereby authorized the Grovetown Department of Public Safety to receive any Georgia criminal history records information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Print full name \_\_\_\_\_

Address \_\_\_\_\_

Sex \_\_\_\_\_

Race \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security number \_\_\_\_\_

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

Special employment provisions (check if applicable)

Employment with mentally disable (purpose code M)

Employment with elderly care (purpose code N)

Employment with children (purpose code W)

Records notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **GCIC CONSENT FORM**

**All Applicants must read and sign**

### **Georgia Driver's History Consent Form**

**I hereby authorized the Grovetown Department of Public Safety to receive a copy of my Georgia's Driver's History information 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 #** \_\_\_\_\_

**Signature** \_\_\_\_\_

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

**Revised JUNE 2020**

# Grovetown Department of Public Safety



306 East Robinson Avenue  
Grovetown, Georgia 30813  
(706) 863-1212 Fax: (706) 863-0522



## Signature, Certification, and Release of Information

Scott Wheatley  
Director

**INCOMPLETE APPLICATIONS MAY BE REJECTED.  
RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETED APPLICATIONS**

- A false statement of any part of your application may be grounds for not hiring you, or firing you after you begin work.
- I hereby authorize the Grovetown Department of Public Safety to conduct a criminal and driver's history record on me.
- I hereby certify that all of the foregoing statements are true, correct, complete and made in good faith.
- I consent to the release of information about my ability and fitness for City employment by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, or authorized employees of the Department of Public Safety.
- I do hereby authorize a review and full disclosure of all records concerning myself to the Grovetown Department of Public Safety whether the said records are of public, private, or confidential nature. This includes a background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me.
- I hereby authorize any employee or authorized representative bearing release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to achievement, attendance, personal history, disciplinary records, medical records, credit records and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of the requesting agency. Consent is granted for the agency to furnish such information, as described above, to third parties while fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physical, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and 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 release information, or any attempt to comply with.

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

**YOU MUST SIGN THIS APPLICATION**

The Grovetown of Department of Public Safety is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to Race, Color, National Origin, Sex, Age, Disability, Marital Status, Religion or any legally protect item.