

Grovetown Department of Public Safety



Application for Employment



An Equal Opportunity Employer and Provider

Jamey Kitchens
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:** _____

Email Address: _____

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 Other
 Firefighter Volunteer Firefighter Internship _____

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

If so, when and what position? _____

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(s) to application

Do you have any GA POST Certifications: Yes No. If yes, your OKey # _____

GA POST certified applicants **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# _____

Other Certifications and Numbers: _____

Are you under any employment contract? Yes No

If yes, where and end date? _____

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 all present and past employers, beginning with your most recent:

I

Name employer: _____ **Phone #** _____

Address of employer: _____

Describe work performed: _____

Dates worked: _____ **Title:** _____

Name of Supervisor: _____ **Salary:** _____

Reason For Leaving: _____

II

Name employer: _____ **Phone #** _____

Address of employer: _____

Describe work performed: _____

Dates worked: _____ **Title:** _____

Name of Supervisor: _____ **Salary:** _____

Reason For Leaving: _____

III

Name employer: _____ **Phone #** _____

Address of employer: _____

Describe work performed: _____

Dates worked: _____ **Title:** _____

Name of Supervisor: _____ **Salary:** _____

Reason For Leaving: _____

Employment History:

Continued:

IV

Name employer: _____ **Phone #** _____

Address of employer: _____

Describe work performed: _____

Dates worked: _____ **Title:** _____

Name of Supervisor: _____ **Salary:** _____

Reason For Leaving: _____

V

Name employer: _____ **Phone #** _____

Address of employer: _____

Describe work performed: _____

Dates worked: _____ **Title:** _____

Name of Supervisor: _____ **Salary:** _____

Reason For Leaving: _____

VI

Name employer: _____ **Phone #** _____

Address of employer: _____

Describe work performed: _____

Dates worked: _____ **Title:** _____

Name of Supervisor: _____ **Salary:** _____

Reason For Leaving: _____

May we contact your past employer: Yes No

Personal References:

Do not list former employers or relatives.

Name	Address	Phone#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Driving History:

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

Please provide:

Driver's 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 and the City of Grovetown. 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 qualify 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: _____

Date: _____

Printed Name: _____

DOMESTIC VIOLENCE CONVICTION STATEMENT

I, _____, do hereby swear and affirm that I have never been convicted of any crime, misdemeanor or felony, involving any act of Family Violence or Domestic Violence in the state of Georgia or any other state or territory 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: _____



**Georgia Peace Officer Standards & Training
Council**

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 (m/yyyy)	MAIDEN NAME		PHONE NUMBER (AREA CODE) - NUMBER ()- -
Social Security Number:			
Email Address @			
ADDRESS: Street		Apartment/Unit#	
City:	State:	Zip Code: -	

Candidate Signature (including maiden name)

Date

Notary Public Signature

Date



GCIC CONSENT FORM
All Applicants must read and sign

Georgia Driver's History Consent Form

I hereby authorize the Grovetown Department of Public Safety and the City of Grovetown 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 and the City.

Full Name: (print) _____

Address: _____

Sex: _____ **Date of Birth:** _____ **Driver's License #** _____

Signature: _____

Date: _____

Revised December 3, 2021



Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize The Grovetown Department of Public Safety to receive any Georgia
(list name of Board above)
criminal history record information pertaining to me which maybe in the files of any state or local criminal justice
agency in Georgia.

Full Name (print)

Address (to include city, state, zip code)

Sex Race Date of Birth Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice Applicant's Privacy Rights
and the Privacy Act Statement (Title 28 United States Code § 534).

Signature

Date

Special employment provisions (check if applicable):

___ Employment with mentally disabled (Purpose code 'M')

___ Employment with elder care (Purpose code 'N')

___ Employment with children (Purpose code 'W')

You must select one of the four options below for the number of days for authorization:

This authorization is valid for (select one option from below):

1. ___ 90 days, or
2. ___ 180 days, or
3. ___ days from date of signature, or
4. I, _____, give consent to the above
named to perform periodic criminal history background checks for the duration of
my employment with this company.

Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.

If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.

If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), and Section 16.34.

If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.

In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3- 35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history maybe obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Attachment B
PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, maybe predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics maybe provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Grovetown Department of Public Safety



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



Jamey Kitchens
Director

Signature, Certification, and Release of Information

**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 and the City of Grovetown 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 and the City of Grovetown.
- I do hereby authorize a review and full disclosure of all records concerning myself to the Grovetown Department of Public Safety and the City of Grovetown whether the said records are of public, private, or confidential nature. This includes 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 and driver's 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 their official responsibilities. I hereby release you, as the custodian of such records, employer, education institution, physician, hospital, 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 for the release of information, or any attempt to comply with.

Signature: _____ Date: _____

YOU MUST SIGN THIS APPLICATION

The Grovetown of Department of Public Safety and the City of Grovetown is an Equal Opportunity Employer and Provider. We do not discriminate in employment for all positions on the basis of Race, Color, National Origin, Ancestry, Sex (Including Pregnancy and Gender Identity or Expression), Sexual Orientation, Political Affiliation, Citizenship, Genetic Information, Age, Disability, Marital Status, Parental Status, Religion, Protected Veteran Status, Membership in an Employee Organization, any other legally protect item, or other Non-Merit Factors.

APPLICANT NOTICE

Applicants requesting employment with the Grovetown Department of Public Safety must provide copies of the below listed documents when submitting an application:

- Driver's License
- Full body length photograph of frontal and side profile in business casual
- Social Security Card
- Birth Certificate
- High School / College Diploma
- DD214 (if prior military)

Please provide phone numbers for personal references and ensure that present / past employer information is current. Please do not provide pager numbers.

Failure to comply with above requests will result in rejection of your application. Thank you for your interest.

The elements of the selection process are as follows: Interview, Administrative Review, Qualifications (if appropriate), psychological (police), polygraph (police), and medical/drug screens.

Additional information about the process may be found on the City of Grovetown website at www.cityofgrovetown.com under the Jobs Opportunities tab.

Reapplication – Rejected applicants may reapply for consideration in six months; however, those applicants who are disqualified for reasons which assure another rejection shall not be reconsidered.

Duration of the Selection Process – Completion of the recruitment and selection process can take from 30 to 120 days. Applicants found eligible, but not immediately selected, may be contacted for subsequent placement. Reapplication shall be required if the applicant is not selected within one year.