



## City of Walthourville

222 Busbee Road \* P. O. Box K

Walthourville, GA 31333

Phone: 912-368-7501 \* Fax: 912-368-2803

[www.cityofwalthourville.com](http://www.cityofwalthourville.com)

### Police Department Employment Application

The City of Walthourville is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, national origin, material or veteran status, age, disability, prior EEO activity, or genetic information.

Name (Last, First, Middle)	Address (Street, Apt. #)
City, State, Zip Code	Home telephone
Alternate telephone	Email address
Position for which you are applying	Salary desired
Is salary negotiable?	Previous name(s) used in employment/school

**Instructions:** You must complete this application even if a resume is attached. Type or print in ink. Please answer all questions completely and accurately. If more space is needed, attach additional sheets referring to an applicable section of the application.

This application will be considered active for six (6) months.

The applicant must complete the enclosed forms accurately, legibly, and completely. Do not leave any blank spaces. It is to your advantage to **be absolutely truthful** in answering all questions on your application and during all interviews. A false statement or the omission of requested information is grounds for automatic rejection before appointment or termination after employment. Often, an applicant is suspended from the hiring process due to falsification or omission of information that otherwise would not have disqualified them. If you answer "yes" to a question, you need to be complete in explaining the circumstances. Do not omit an explanation because you think the incident was minor and/or of no importance.

The following documents, along with this employment application, are **required to begin the application process.** They **must be returned in one sealed envelope, separate from but attached to your application.** If you submit your application electronically, these documents **must be scanned along with your application,** and they will be printed and placed in a sealed envelope prior to review of your application packet by the Background Investigator:

- A copy of your high school diploma, certified transcripts, or G.E.D. certificate
- A copy of your birth certificate from the Bureau of Vital Statistics
- A copy of your current valid driver's license
- A copy of your social security card <sup>1</sup>
- DD214 Form, showing an honorable discharge (if applicable)
- Sealed certified college transcripts (if applicable)
- Name change documents – i.e., marriage license, court order, etc. (if applicable)
- Citizenship papers (if applicable) <sup>2</sup>

The completed application and required documents must be returned to the City of Walthourville Human Resources Department:

**City of Walthourville**  
**Human Resources Department**  
**P. O. Box K**  
**Walthourville, Georgia 31333**  
**hr@cityofwalthourville.com**

Upon submission, your application will be reviewed for completeness. **If your application is incomplete, it will not be considered.** Applicants whose materials are complete, and who meet minimum requirements, will be processed. A successful applicant will undergo a thorough background check, a medical evaluation/drug and alcohol screen, an interview before the Oral Interview Board, depending on the position, an interview with the Chief of Police may be required.

If you require special accommodations for testing, interviewing or any part of the application or employment process, please contact the **City of Walthourville Human Resources Department at (912) 368-7501 or hr@cityofwalthourville.com.** Any request for special accommodations should be made, if at all possible, at the time of your appointment is scheduled. If any accommodation is requested, the applicant must provide verification from an appropriate professional.

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<sup>1</sup> In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. Your Social Security Number will be used to help verify your identity and the information contained on your application, to facilitate the necessary background check, and to ensure that proper records are maintained. Should you be hired, disclosure of your Social Security Number will be required.

<sup>2</sup> This is required for applications for sworn law enforcement positions only. Examples include birth certificate, passport, certificate of citizenship, certificate of naturalization, etc.

**Please answer the following questions:**

Are you at least 21 years of age?

- Yes
- No

Do you have a driver's license?

- Yes

State \_\_\_\_\_ License No: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Class: \_\_\_\_\_

- No

Are you currently GA P.O.S.T. Peace Officer certified?

- Yes
- No

Are you currently up to date with GA P.O.S.T. training hours as of the date of this application?

- Yes
- No

Are you in good standing with GA P.O.S.T.?

- Yes
- No

Are you now or have you ever been employed by the City of Walthourville?

- Yes
- No

If yes, when and in what capacity? \_\_\_\_\_

Have you ever applied for employment with the City of Walthourville?

- Yes
- No

If yes, please give date. \_\_\_\_\_

Are any members of your family or any relative, by blood or marriage, employed by the City of Walthourville?

- Yes
- No

If yes, give name, relationship and department where employed: \_\_\_\_\_

\_\_\_\_\_

Have you ever served on active duty with U.S. Armed Forces?

- Yes
- No

If yes, what branch? \_\_\_\_\_

Date entered active duty: \_\_\_\_\_

Date discharged/separated: \_\_\_\_\_

Final rank: \_\_\_\_\_

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

**Employment desired:**

- Full-Time Only
- Part-Time Only
- Full- or Part-Time

If you are not available for work now, enter the earliest date you could begin work (mo./day/yr.):

\_\_\_\_\_

If offered employment, will you be able to provide proof of identity/authorization to work in the U.S.?

- Yes
- No

**Computer Skills:**

- Word
- Excel
- Outlook
- Power Point
- Other: \_\_\_\_\_

**General Computer Knowledge:**

- Basic
- Intermediate
- Advanced

**Education:**

Name of High School	Address (City, State, Zip)	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you did not graduate from high school, do you have a G.E.D equivalent? Yes    No    Date received:		Is the G.E.D military or civilian?	
University Name/Address (city, state, zip)	Dates Attended (Mo./Yr.)		Did You Graduate?
	From	To	

Business, Trade, Technical Schools and other Training	Dates Attended (Mo./Yr.)		Hours Per Week	Certificates Received	Subject Taken
	From	To			

List the name of any profession that you are licensed to practice.	Date Issued/Date Expires	Issuing Agency	License Number



**Employment History:**

**Complete the entire section in detail. Do not use "see resume."** List chronologically all employment for the last ten (10) years including current, part-time, and volunteer employment. All time must be accounted for. Please indicate dates of unemployment for any length of time not employed. Please attach a separate sheet of paper for additional employment history, if necessary. You must complete addresses with zip code and telephone numbers for all employers. Failure to give complete information regarding each job held could result in disqualification.

Name of Present or Last Employer:		
Address:		
Job Title:	Beginning Salary:	Ending Salary:
From: Month                  Year	To: Month                  Year	
Supervisor's Name:		Phone Number:
Duties & Responsibilities:		
Reason for Leaving:		

Employer Name:		
Address:		
Job Title:	Beginning Salary:	Ending Salary:
From: Month                  Year	To: Month                  Year	
Supervisor's Name:		Phone Number:
Duties & Responsibilities:		
Reason for Leaving:		

Employer Name:		
Address:		
Job Title:	Beginning Salary:	Ending Salary:
From: Month                  Year	To: Month                  Year	
Supervisor's Name:		Phone Number:
Duties & Responsibilities:		
Reason for Leaving:		

May we contact your current employer for a reference?  Yes  No  Not Applicable

Have you ever been suspended, dismissed or asked to resign from any job?

- Yes
- No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions or counselings, taken against you for any employment or position you have held?

- Yes
- No

If yes, please provide details or documents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you resigned or left a job by mutual agreement for any reason?

- Yes
- No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied to or worked with any law enforcement agencies?

- Yes
- No

If yes, please provide details or documents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own a business or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer?

- Yes
- No

If yes, please provide name and address of business, corporation, or organization and describe your relationship or position: \_\_\_\_\_  
\_\_\_\_\_

Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer, to include extra duty details and auxiliary?

- Yes
- No

If yes, please provide name and address of business, corporation, or organization and describe your relationship or position: \_\_\_\_\_  
\_\_\_\_\_

**Personal References:**

(A) Give two (2) personal references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in the community, such as property owners or business/professional men or women, who have known you well for the past five (5) years. If retired, give former occupation. Provide complete mailing addresses and phone numbers.

Complete Name:	Relationship:
Home Address:	Home Phone:
Business Address:	Business Phone:
Occupation:	# of Years Acquainted:
E-mail Address:	

Complete Name:	Relationship:
Home Address:	Home Phone:
Business Address:	Business Phone:
Occupation:	# of Years Acquainted:
E-mail Address:	

(B) Give one (1) professional reference. If retired, give former occupation. Provide complete mailing addresses and phone numbers.

Complete Name:	Relationship:
Home Address:	Home Phone:
Business Address:	Business Phone:
Occupation:	# of Years Acquainted:
E-mail Address:	

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

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

## APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application For Employment.

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(Please print)

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Position(s) Applied for \_\_\_\_\_

Referral Source:

- Friend or relative
- Newspaper
- Job Service
- Other (Specify) \_\_\_\_\_
- Other Job Placement Agency (Specify)
- School Placement Office/Guidance Counselor
- Community Action Group (Specify)

## AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check One:  Male  Female

Check One:  Caucasian  Black  American Indian  
 Hispanic  Asian/Oriental  Other (specify)



Have you ever been charged with a crime (other than a minor traffic infraction)? Yes  No

If yes, when & where: \_\_\_\_\_ Please Explain: \_\_\_\_\_

Are you related by blood or marriage to any person now employed by the City of Walthourville? Yes  No

If yes, give name and relationship to you:

### CERTIFICATION

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either the City of Walthourville or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes  No

### AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, an applicant for employment with the City of Walthourville, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorized agent of the City of Walthourville, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by the City of Walthourville. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

DATED: \_\_\_\_\_

Printed Name, including all names I have previously used or been known by: