

The City of Helen Police Department

P.O. Box 280
HELEN, GA 30545
(706) 878-2722 Fax (706) 878-2956

APPLICANT'S NAME: _____
LAST FIRST M.I.

Police Officer () Communications Officer ()

Requirements for Police Officer and Communications Officer:

Age: Minimum age is 18 years

Education: High School graduate or equivalent

Physical Condition: Must be in good general physical condition. A statement from your physician of your choice that you are physically and mentally able to undergo the required training.

Citizenship : You must be a naturalized citizen or born in the United States

Instructions

This application is an important and essential part of the recruitment process for a protective service position. Please answer all questions completely. If the requested information is not provided, you cannot be considered for a position with the Helen Police Department. Type or print clearly and sign the application after completion.

If questions do not pertain to you , write "N/A" (not applicable). If the information is unknown, write "unknown." If additional space is needed for an answer or if you wish to provide additional information, attach additional sheets to the application.

You must complete all sections of the application. Incomplete applications will not be processed.

Documentation required with application:

Copy of Georgia Drivers License

Copy of Social Security Card

Copy of Police Certification if one is possessed #: _____

Birth Certificate

Proof of Citizenship

DD for 214 (if applicable)

**HELEN CITY HALL AND POLICE DEPARTMENT ARE
DESIGNATED "NON-SMOKING" ENVIRONMENTS**

THE CITY OF HELEN POLICE DEPARTMENT IS AN EQUAL

OPPORTUNITY EMPLOYER. Qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, marital status, veteran status, or the presence of a non-job related medical conditions, physical or mental handicap unrelated to ability and without discrimination on provision of service.

POSITION APPLIED FOR: POLICE OFFICER ()
COMMUNICATION OFFICER ()

NAME OF APPLICANT: _____ **DATE:** _____

ADDRESS: _____

TELEPHONE: _____ **SOCIAL SECURITY NUMBER:** _____

OVER 18 YEARS OF AGE? () YES () NO

EMAIL ADDRESS: _____

THIS DEPARTMENT REQUIRES, AS PART OF AN APPLICANT'S BACKGROUND INVESTIGATION, A SET OF FINGERPRINTS. ARE YOU WILLING TO SUBMIT TO A SET OF FINGERPRINTS?

() YES () NO

IF YES, PLEASE FILL OUT THE FOLLOWING:

DATE OF BIRTH: _____ **SEX:** _____ **RACE:** _____
MM/DD/YY

HEIGHT: _____ **WEIGHT:** _____ **EYES:** _____ **HAIR:** _____

PLACE OF BIRTH: _____

THE ABOVE INFORMATION IS FOR FINGERPRINT INFORMATION ONLY!

GENERAL INFORMATION

Is there any additional information relative to change of name, use of assumed name or nickname necessary to enable a check on background, work, or educational record? (Please include all maiden names, etc.)

YES NO If yes, please list: _____

Have you ever been convicted of an offense against the law or forfeited collateral? (You may omit traffic violations for which you paid a fine of \$150.00 or less.) YES NO

Was there any offense you committed before your 21st birthday which was adjudicated in juvenile court or under the Youth Offender Law?

YES NO If yes, give details: _____

NOTE: A conviction will not necessarily bar employment. Factors such as age and time of the offense, seriousness and nature of violation, and rehabilitation will be taken into consideration.

Have you ever worked in a position of trust that gave you availability to confidential information or privileged information of a security/law enforcement nature, etc.?

YES NO If yes, explain the general nature of work: _____

Do you have the legal right to live in the United States? YES NO

LIST THREE REFERENCES. INCLUDE COMPLETE ADDRESSES AND PHONE NUMBERS

NAME: _____ PHONE NUMBER: _____
ADDRESS: _____

NAME: _____ PHONE NUMBER: _____
ADDRESS: _____

NAME: _____ PHONE NUMBER: _____
ADDRESS: _____

WORK EXPERIENCE

Beginning with the most recent, list all jobs you've held within the past five years. If more space is needed, attach additional page(s) to this application.

FAILURE TO FILL OUT THIS PORTION OF THE APPLICATION SHALL BE JUST CAUSE FOR THE REJECTION OF THE APPLICATION

Beginning Date	Name of Employer	P/T or F/T
Ending Date	Address of Employer	Phone Number
Beginning Salary	Job Title	Supervisor
Ending Salary Reason For Leaving:	Description of Duties	

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EMPLOYMENT INFORMATION

What skills do you have that will assist you in the job for which you are applying?

Do you object to working nights? () YES () NO

Have you ever had experience with shift work? () YES () NO

Occasionally, you will be given short notice to work in the event of another employee's absence. Should this situation arise, how much notice do you require?

MILITARY INFORMATION

Have you ever served in the Armed Forces of the United State, including R.O.T.C.? () YES () NO If yes, which branch?

Are you a member of the National Guard or U.S. Reserves? () YES () NO

What military training have you had that would be an asset to the job for which you are applying?

What specialized training did you receive in the Armed Forces?

GENERAL INFORMATION

In your own words, tell why you would like work to in the Police field:

If you are a certified Police Officer, give certificate number:

Date on which you were certified:

Attach copy of certification to application

EDUCATION & TRAINING

List all Elementary, Middle, Junior High and Senior High Schools you have attended. Include copies of all certificates, diplomas, transcripts, etc.

NAME OF SCHOOL	LOCATION / ADDRESS	YEARS COMPLETED	GRADUATED
_____	_____	_____	() YES () NO
_____	_____	_____	() YES () NO
_____	_____	_____	() YES () NO
_____	_____	_____	() YES () NO

If more space is required, continue on a separate sheet of paper

Higher Education

List information below for all Colleges or Universities you attended. Include official transcripts from last institution of higher education you attended.

Name of College or University: _____

Location: _____

Credit Hours: _____

Semester/Quarter (circle one)

Degree received? () YES () NO

Year received: _____

Name of College or University: _____

Location: _____

Credit Hours: _____

Semester/Quarter (circle one)

Degree received? () YES () NO

Year received: _____

Name of College or University: _____

Location: _____

Credit Hours: _____

Semester/Quarter (circle one)

Degree received? () YES () NO

Year received: _____

EDUCATION & TRAINING (continued)

OTHER SCHOOLS OR TRAINING (Trade, Vocational, Military or Other)

List the name and location of school, subject studied, certificates and any other pertinent information.

<u>Name & Location of School</u>	<u>Course Studied</u>	<u>Certificate</u> () YES () NO
_____	_____	

Other Information: _____

<u>Name & Location of School</u>	<u>Course Studied</u>	<u>Certificate</u> () YES () NO
_____	_____	

Other Information: _____

<u>Name & Location of School</u>	<u>Course Studied</u>	<u>Certificate</u> () YES () NO
_____	_____	

Other Information: _____

If more space is required, continue on a separate sheet of paper.

Professional Societies: List membership or offices held in any job-related or professional society

<u>Name of Organization</u>	<u>Member or Position</u>	<u>Other Information</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is required, continue on a separate sheet of paper.

EMPLOYMENT WAIVER

I, _____ thoroughly understand that I am being considered for employment as a Police Employee and must successfully complete a background investigation. I understand, that should unfavorable information develop, I could be denied employment. I also understand that any expenses incurred by me in pursuit of a Public Safety position with the City of Helen will be my complete responsibility. I recognize that the time required to process and select a Public Safety employee applicant is lengthy and time-consuming. No promises or commitments are expected as to when hiring will take place or if actual hiring will take place. I understand and agree to the contents of this statement.

Signature: _____

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to the question. I am aware that, should investigation disclose same, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the City of Helen Police Department; or, if after my acceptance for employment, subsequent investigation should disclose any of the above listed, it will be just cause for immediate dismissal.

Date: _____ **Signature:** _____

Sworn and Subscribed to me this _____ day of _____, 20 ____

Notary Public _____

My commission expires _____

OPTIONAL INFORMATION

What is your greatest strength? _____

What is your greatest weakness? _____

How do you deal with stress? _____

How would you respond to emergency situations? _____

Why did you select the Helen Police Department? _____

Why are you interested in Law Enforcement? _____

Do you intend to make Law Enforcement your career? _____

You may possibly be subjected to profane language. Does this offend you? _____

How would you feel about handling multiple task simultaneously? _____

What is your view of responsibility of a Communication Officer? _____

Can you maintain a constant train of thought while constantly interrupted? _____

Are you seeking permanent employment? _____

PERSONAL HISTORY RELEASE/CONSENT FORM

I do hereby authorize the review of, and full disclosure of all records concerning myself to the duly authorized agent of Helen Police Department , its officers and/or assignees.

The intent of this authorization is to give my consent for full and complete disclosure of criminal history records information, records of educational institutions; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's 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, or criminal history record information, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Helen 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.

I understand that this information may be obtained through the use of this waiver at anytime during which my tenure of employment is maintained with the Helen Police Department.

<hr/> Full Name (Printed-Include Maiden name)			<hr/> Date
<hr/> Address			<hr/> Phone Number
<hr/> City	<hr/> State	<hr/> Zip	<hr/> Social Security Number
<hr/> Date of Birth	<hr/> Race	<hr/> Sex	<hr/> Signature

Sworn to before me this _____ day of _____, 20____

Notary Signature/Seal