

Midway Police Department

Applicant's Name



“Always Ready”

Police Officer Application

Employment History

Dates of Employment: From: _____ To: _____

Name and Type of Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Position Held: _____

Duties: _____

Name of Immediate Supervisor: _____

Reason for Leaving: _____

Dates of Employment: From: _____ To: _____

Name and Type of Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Position Held: _____

Duties: _____

Name of Immediate Supervisor: _____

Reason for Leaving: _____

**Employment History
continued**

Dates of Employment: From: _____ To: _____

Name and Type of Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Position Held: _____

Duties: _____

Name of Immediate Supervisor: _____

Reason for Leaving: _____

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Dates of Employment: From: _____ To: _____

Name and Type of Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Position Held: _____

Duties: _____

Name of Immediate Supervisor: _____

Reason for Leaving: _____

Education History

High School Education

| High School Name/Address | From | To | Years Completed | Did You Graduate? | Type of Diploma |
|--------------------------|------|----|-----------------|-------------------|-----------------|
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University/College Education (Degree Programs Only)

| College/University Name/Address | From | To | Number of Quarters | Number of Semesters | Did You Graduate | Degree Awarded or Sought |
|---------------------------------|------|----|--------------------|---------------------|------------------|--------------------------|
| | | | | | | |
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Foreign Languages

Indicate any foreign languages you can speak, read or write. Next to each, indicate the degree of fluency on a scale of 1- to – 5, with 5 being the highest level of fluency:

Speak: _____ Level of Fluency: _____

Read: _____ Level of Fluency: _____

Write: _____ Level of Fluency: _____

Describe any awards, honors, citations, and positions held in school/college organizations, and any other special recognition you have received while attending school:

Law Enforcement Certification and Training

List the POST approved Law Enforcement Academy or Public Safety Institute from which you graduated and indicate the year of completion:

Address: _____

City _____ County _____ State _____ Zip Code _____

What was your relative ranking in your graduation class? (For example, first out of sixty eight, 1/68, etc.)

| | | | | |
|------------------------|--------------|--|-------------------------|--|
| What were your scores? | Academically | | Firearms Qualifications | |
|------------------------|--------------|--|-------------------------|--|

Please attach a copy of your certification.

In addition to your certification by the Peace Officer Standards and Training Council (POST) do you possess any special license, e.g., radio operator, breathalyzer, speed detection equipment, computer, etc., that may be of assistance in performing your tasks as a Midway Police Officer?

Do you possess any other trade, vocational, business, fire rescue, EMT, or military certifications or training certificates that may assist in your job duties as a Midway Police Officer? If so, please list:

| Name/Address | From | To | Credit Hours Earned | Area of Study | Did You Graduate | Type of Degree or Certificate |
|--------------|------|----|---------------------|---------------|------------------|-------------------------------|
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Motor Vehicle Operator Record

Can you operate a motor vehicle? _____ Yes _____ No

Do you possess a valid driver's license? _____ Yes _____ No

Driver's License Type: Chauffeurs _____ Operators _____ Other _____

License Restrictions: _____

License Number: _____ Expiration Date: _____ State: _____

Has your driver's license ever been suspended or revoked? _____ Yes _____ No

Have you ever been involved in a motor vehicle accident? _____ Yes _____ No

If yes, indicate the Date: _____ Location: _____

Injuries: _____

Charges, if any: _____

Final disposition of police charges or civil liability: _____

Have you ever been refused a driver's license by any state? _____ Yes _____ No

Have you ever received a traffic citation (non-parking violation)? _____ Yes _____ No

City: _____ County: _____ State: _____ Police Agency: _____

Type of Charge: _____ Final Disposition: _____

Do you have any unpaid summonses outstanding for any parking or moving violations?

_____ Yes _____ No If yes, list jurisdiction: _____

Agency: _____ City: _____ County: _____

State: _____ If State Agency, which Department: _____

Residential Information

Dates of Residence: _____ to _____ Rent _____ Own _____

Residence Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Complex Name: _____ Complex Telephone: _____

Landlord Address: _____ Landlord Telephone: _____

City: _____ State: _____ Zip Code: _____

.....

Dates of Residence: _____ to _____ Rent _____ Own _____

Residence Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Complex Name: _____ Complex Telephone: _____

Landlord Address: _____ Landlord Telephone: _____

City: _____ State: _____ Zip Code: _____

.....

Dates of Residence: _____ to _____ Rent _____ Own _____

Residence Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Complex Name: _____ Complex Telephone: _____

Landlord Address: _____ Landlord Telephone: _____

City: _____ State: _____ Zip Code: _____

Military History

Have you ever served in a military organization of the United States? Yes No

If yes, list times of active military service and other data requested:

Served From: _____ To: _____ Branch of Service: _____

Service Number: _____ Rank/Grade: _____

Type of Discharge Received: _____

Reason for Discharge: _____

Served From: _____ To: _____ Branch of Service: _____

Service Number: _____ Rank/Grade: _____

Type of Discharge Received: _____

Reason for Discharge: _____

Served From: _____ To: _____ Branch of Service: _____

Service Number: _____ Rank/Grade: _____

Type of Discharge Received: _____

Reason for Discharge: _____

Were you ever tried, punished, reprimanded or reduced in rank for any infraction of military rules and regulations? Yes No

If yes, indicate on an attached sheet of paper the date(s), charge(s) against you, type of court martial or other disciplinary proceedings and the disposition of the charge(s).

Has your discharge or separation ever been corrected or altered? Yes No

If yes, changed from _____ to _____

Authority: _____

Are you now or have you ever been an active member of any branch of the United States Military Reserve or State National Guard? Yes No

Branch: _____ Unit: _____ From _____ to _____

Criminal History

Please answer all questions accurately and completely. If you answer “yes” to any questions below, the question number and details **MUST** be listed and explained on the subsequent sheet. All dates, locations, arresting agencies and dispositions **MUST** be included in your explanation.

1. Have you ever committed a crime (any act that is illegal)? Yes No
2. Have you ever been arrested (taken into custody, issued a “Notice to Appear”, fingerprinted, booked etc.), whether or not charges were dropped or abandoned, or adjudication was withheld? Yes No
3. Have you ever been charged with or convicted of a crime by **ANY** court of law? Yes No
4. Have you ever had a criminal sentence plea-bargained? Yes No
5. Have you ever had criminal prosecution deferred? Yes No
6. Have you ever been placed on probation? Yes No
7. Have you ever served community service in lieu of a conviction? Yes No
8. Have you ever been reported as a missing person? Yes No
9. Has any immediate member of your family been convicted? Yes No
10. Do you know of anyone who is an enemy who might try to harm you Yes No
11. Are you now, or have you ever been subject to a court order restraining you from harassing, stalking or threatening an intimate partner or child of a partner? Yes No
12. Have you ever been charged and/or convicted of domestic violence? Please include the use or attempted use of physical force against a current or former spouse, parent, guardian, child, girlfriend, boyfriend or a person with similar relationship? Yes No
13. Do you now, or have you ever used, possessed, supplied or sold any illegal narcotic or illegal controlled substance, including but not limited to marijuana, hashish, cocaine, LSD, heroin, designer drug, or any illegal drug of a similar nature? Yes No
14. Do you currently use any illegal narcotic or illegal controlled substance, such as listed above? Yes No
15. Have you ever used any drug, which was not specifically prescribed to you? Yes No

Personal References

Please list at least four (4) responsible persons – other than relatives or past/present employers or supervisors – who have personal knowledge of your qualifications for employment. Addresses and telephone numbers **MUST** be complete and accurate.

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Residence Telephone: _____

What is your relationship with this person? _____

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Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Residence Telephone: _____

What is your relationship with this person? _____

.....

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Residence Telephone: _____

What is your relationship with this person? _____

.....

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Residence Telephone: _____

What is your relationship with this person? _____

**Consent to Perform a
Employment, Educational, Criminal and Drivers License History Check
Authorization and Release Form**

I, the undersigned authorize the **City of Midway** without reservation to conduct a background investigation as to my educational to include Georgia Peace Officer and Training Standards, employment, criminal or drivers history and to solicit and receive from any party or agency any criminal history or drivers license information pertaining to me which may be on file of any State, County or City Criminal Justice Agency or Department of Motor Vehicle.

Additionally, I hereby authorize the release of such information to the **City of Midway** or such person or entity they designate with a need to know, or as required by law for their use in evaluating my suitability for City employment.

Furthermore, I will not hold any agency or its employee responsible for the accuracy of information, invasion of privacy, negligence or any other claim in connection with any dissemination of such personal information.

Applicant Name: _____

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Driver's License Number: _____

Issued State: _____

Expiration Date: _____

Applicant's Signature: _____

Date: _____

Sworn to and subscribed to before me this _____ day of _____, 20____.

Notary _____

My Commission Expires _____

APPLICANT ATTESTMENT

ATTESTATION OF TRUTH AND ACCURACY

I, _____, have completed this application in whole and do swear that all information contained herein is truthful and accurate. I understand that any information found to be willfully misrepresented or false will result in rejection of my application for consideration. I further understand that if information provided is found to be false after my employment with the Midway Police Department, my employment may be terminated. Furthermore, I understand that my willful inclusion of false information could result in criminal prosecution as defined in O.C.G.A 16-10-20 and/or 16-10-71.

Sworn before a notary public this ____ day of _____, _____.

Signed

Sworn to and subscribed before me this ____ day of _____, _____.

Notary Public

My Commission Expires