

City of Port Wentworth Employment Application

All information provided on this application MUST BE CURRENT AND COMPLETE so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, sex, sexual orientation, gender identity, religion, national origin, citizenship, age disability, or pregnancy. The City of Port Wentworth will hire only authorized workers regardless of national origin. Please print legibly and use ink when signing this application. Please complete one application for each position for which you are applying. APPLICATIONS THAT ARE NOT SIGNED AND DATED OR ARE INCOMPLETE WILL BE REJECTED. YOU MAY ATTACH A RESUME TO YOUR COMPLETED APPLICATION; HOWEVER, RESUMES **ARE NOT** ACCEPTED IN LIEU OF A COMPLETED APPLICATION.

"The City of Port Wentworth is an Equal Opportunity Employer"

Position applied for: _____ Salary Requirement: _____

Date of Application: _____ Referred By: _____

How did you hear about this opening? _____

Date available for work: _____ Are you over the age of 18? YES NO

Are you eligible to work in the United States because you are a U.S. Citizen or have the U.S. Government's permission to do so? YES NO

NOTE: if offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in termination.

Give name, relationship, & department of any family or friends that you have working for the City? _____

PERSONAL INFORMATION

LAST NAME _____ FIRST (LEGAL) _____ MIDDLE _____

STREET _____ APT# _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ OTHER _____

EMAIL ADDRESS _____

EDUCATION

HIGH SCHOOL

Name & Location: _____

(Please list last high school that you attended)

Check highest grade completed: 9 10 11 12 Graduated: YES NO

If not a high school graduate, do you have a GED: YES NO

COLLEGE/UNIVERSITY

NAME OF SCHOOL	City and State	Graduated? Yes or No	MAJOR

Describe any specialized training, qualifications, apprenticeships/internships, skills and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying. (Use additional pages if necessary).

BACKGROUND INFORMATION

List any other names which you may have used and which will be necessary to verify your prior employment?

Have you ever been terminated or asked to resign from a job? YES NO

If yes, please explain: _____

Have you ever pled "no contest", *nolo contendere*, or guilty to a crime or traffic violation, or been convicted of a crime? YES NO

(Note: Public Safety applicants will not be hired with a Felony conviction)

If you answered yes, provide type of conviction, date of conviction and State: _____

Have you ever been a defendant in a lawsuit for an intentional tort? YES NO

What was the disposition of that lawsuit? _____

Are any charges currently pending against you? YES NO

MILITARY SERVICE INFORMATION
This information is furnished on a voluntary basis.

Check all that apply to you: Veteran Disabled Veteran Vietnam Era Veteran

Dates of Service: _____ to _____ Branch _____

If Vietnam Era Veteran, have you been certified by the State Office of Affirmative Action? YES NO

If yes, what is the Certification #? _____

(Please attach Form DD-214 or a copy of SOAA certification.)

WORK EXPERIENCE

The City of Port Wentworth reserves the right to contact all previous employers for references; however, we will not contact your current employer without your permission.

Current Organization or Firm: _____

Address: _____ Phone: _____
Dates Employed: From M/Yr _____
To M/Yr _____
City State Zip

Supervisor: _____ Pay Start _____ End _____

Job Title: _____ Department: _____

Reason for Leaving: _____ May we contact? YES NO

Job Duties: _____

Name of Organization or Firm: _____

Address: _____ Phone: _____
Dates Employed: From M/Yr _____
To M/Yr _____
City State Zip

Supervisor: _____ Pay Start _____ End _____

Job Title: _____ Department: _____

Reason for Leaving: _____ May we contact? YES NO

Job Duties: _____

Name of Organization or Firm: _____

Address: _____ Phone: _____
Dates Employed: From M/Yr _____
To M/Yr _____
City State Zip

Supervisor: _____ Pay Start _____ End _____

Job Title: _____ Department: _____

Reason for Leaving: _____ May we contact? YES NO

Job Duties: _____

Use this space to explain any gaps of 6 months or more in your work history: _____

REFERENCES

Give the names and addresses of persons who know you (not relatives). (We will assume we have your permission to contact these people unless you indicate to the contrary.)

Name	Name	Name
Phone #	Phone #	Phone #
Profession	Profession	Profession
Years Known _____	Years Known _____	Years Known _____

APPLICANT STATEMENT

I understand that if I am hired it will be "at will". I further understand that I have the right to terminate my employment at any time with or without notice, and under certain circumstances; the city has the same right.

Georgia employers have a qualified privilege to disclose factual information on job performance or abilities of employee or former employee, made at request of employee or a prospective employer, including disclosures involving violations of law. Employers are presumed to be acting in good faith when disclosing factual information concerning job performance, ability or violations of law (GA. Code §34-1-4). I understand that the City of Port Wentworth may contact any and/or all of my previous employers and I authorize those employers to disclose to the City all records and other information pertinent to my employment with them. I also authorize the City to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I understand that the first **SIX MONTHS** of regular employment represent a provisional period during which I will not be eligible to apply for a transfer or promotion and during which I may be terminated without the right of appeal. If employed, I agree to conform to the employment policies and procedures of the City. I understand that completion of this application for employment does not guarantee that I have been employed by this Company. If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the City of Port Wentworth.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made on this Employment Application may result in my not being considered for employment, and if not discovered by the City until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that the City requires the successful completion of a urinalysis for drug testing purposes, background check, and/or medical examination (where applicable for certain positions) to the extent permitted by law as a condition of employment. I authorize the City of Port Wentworth to investigate my driving record, my criminal record, and my credit history (when applicable for certain positions). By submitting this Application for Employment, I hereby consent to either or both of said tests, at the City of Port Wentworth's discretion.

NOTE: PUBLIC SAFETY APPLICANTS SELECTED FOR INTERVIEWS WILL BE REQUIRED TO COMPLETE AN ADDITIONAL APPLICATION.

Print Name: _____

Signature: _____ Date: _____

CITY OF PORT WENTWORTH EMPLOYMENT APPLICATION

Applicant Data Record

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

(PLEASE PRINT)

Position(s) Applied for _____ Date _____

AFFIRMATIVE ACTION SURVEY

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

Sex: Male Female

Race/Ethnic Group:

American Indian or Alaskan Native - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Black or African American - A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Hispanic or Latino (All races) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Hispanic or Latino (White race only) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

Hispanic or Latino (all other races) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

Race missing or unknown - Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

Check if any of the following are applicable:

Vietnam Era Veteran Veteran

Where did you learn of this job opening?

Advertisement Friend Relative Walk-In Employment Agency Other

**PORT WENTWORTH DEPARTMENT OF PUBLIC SAFETY
EMPLOYMENT APPLICATION INSTRUCTION SHEET**

1. This sheet has been prepared to assist you in completing this application for employment with the Port Wentworth Department of Public Safety.
2. If additional space is needed for any section or question on this application, or you wish to furnish additional information, attach sheets of paper the same size as this application, and assign numbered answers to correspond to the question.
3. The application must be typed or printed using black ink. Print must be clear and legible.
4. Any question not pertaining to you individually, should be marked as "N/A", meaning "Not Applicable".
5. If you are unable to obtain any information requested on this application, an explanation must be given as to the reason.
6. Failure to furnish the pertinent information requested on the application may result in an incomplete background investigation and may disqualify you as a candidate for employment with the Port Wentworth Department of Public Safety.
7. Intentional omission or false answers will result in the termination of the application process.
8. The information provided by you will be subject to a polygraph examination and background investigation.
9. Please attach a copy driver's license, DD 214, and any college transcripts.

I UNDERSTAND THAT IF I DO NOT WISH TO ANSWER THE QUESTIONS IN THIS APPLICATION, I MAY CHOOSE NOT TO DO SO, AND MY APPLICATION FOR EMPLOYMENT WITH THE PORT WENTWORTH DEPARTMENT OF PUBLIC SAFETY WILL BE TERMINATED.

I FURTHER UNDERSTAND THAT I SHOULD NOT CONTACT THE PORT WENTWORTH DEPARTMENT OF PUBLIC SAFETY TO INQUIRE ABOUT THE STATUS OF THIS APPLICATION.

Signature

Date

PORT WENTWORTH DEPARTMENT OF PUBLIC SAFETY BENEFIT PACKAGE

INSURANCE:

Medical Insurance — Medical insurance is available for the employee and the employee's dependants via payroll deduction.

Life Insurance — Life insurance is available at no additional cost to employees who elect to purchase medical insurance. The current benefits are \$25,000 for the employee, \$5,000 for the employee's spouse, and \$2,500 for the employee's children.

Workmen's Compensation — If an employee is incapacitated by injury resulting from city employment, the employee is entitled to workmen's compensation.

RETIREMENT:

A retirement plan is available at no cost to the employee through Georgia Municipal Association. A copy of this plan is available for review at the Port Wentworth City Hall.

LEAVE:

Personal Time Off

1 year of service	146 hours
2 - 5 years of service	189 hours
6 - 10 years of service	232 hours
11 - 15 years of service	275 hours
16 - 20 years of service	318 hours
21 -25 years of service	361 hours
26 years of service and over	404 hours

Holiday Leave — The City of Port Wentworth recognizes 13 holidays during the calendar year. Police officers who work a holiday recognized by the city will be granted additional pay at their regular rate.

Eligibility Requirements — Employees are not eligible for all employment benefits until the satisfactory completion of the probationary period. Medical insurance will take effect after thirty- (30) days of employment.

NOTE: Please be advised that all benefits are subject to change and may be calculated different for 8 hour or 12 hours shifts. Nothing in this informational sheet should be considered an offer or guarantee.

PORT WENTWORTH DEPARTMENT OF PUBLIC SAFETY ELEMENTS OF THE SELECTION PROCESS

The selection process for the Port Wentworth Department of Public Safety involves the following progressive evaluation steps. A candidate may be eliminated as unqualified or undesirable at any level.

1. **WRITTEN APPLICATION** - Application will be made on the attached forms and will remain active for a period of six months.
2. **PRELIMINARY BACKGROUND INVESTIGATION** — A criminal history and driving history will be conducted on all candidates for prior arrest and driving records.
3. **ORAL INTERVIEW BOARD** – An extensive interview conducted by a three member panel consisting of active members of the Port Wentworth Department of Public Safety.
4. **PHYSICAL AGILITY TESTING** — A series of test designed to measure the candidate's physical ability to perform job related task and/or physical fitness test. Test measures performance of running, lifting, etc
5. **INTERVIEW WITH DIRECTOR OF PUBLIC SAFETY** — At the conclusion of the follow-up interview with the Director of Public Safety, a candidate may be offered employment with the Port Wentworth Department of Public Safety. Those candidates not chosen will remain on an active roster for a period of six months, or until the roster is exhausted. A candidate on the active roster may be considered for employment during this six-month period
6. **THOROUGH BACKGROUND INVESTIGATION**

If a candidate is chosen for employment, the following steps in the employment process will be completed:

1. **DRUG SCREENING**
2. **PSYCHOLOGICAL EVALUATION**
3. **MEDICAL AND GENERAL EVALUATION**
4. **POLYGRAPH EXAMINATION**

ALL SWORN AND CIVILIAN ENTRY LEVEL PERSONNEL WILL COMPLETE A SIX MONTH PROBATIONARY PERIOD BEFORE BEING GRANTED PERMANENT FULL TIME STATUS

**AUTHORIZATION FOR PERSONAL INFORMATION RELEASE
WAIVER OF LIABILITY FOR RELEASE**

I do hereby authorize the review of, and disclosure of, all records concerning myself to the duly authorized agent of the Port Wentworth Department of Public Safety.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial statements and records wherever filed; medical and psychiatric treatment and/or consultations including hospitals, clinics, private practitioners, and the United States Veteran's Administration; employment and preemployment records, including 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 directly or indirectly, in whole or in part, upon this release authorization will be considered in compiling any report for the Port Wentworth Department of Public Safety. 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.

Print full name (including maiden name)

Signature

Social Security Number

Date of Birth

Street Address City State Zip

Sworn to and subscribed before me
This _____ day of _____.

Notary Public

**PORT WENTWORTH DEPARTMENT OF PUBLIC SAFETY
DRUG SCREEN RELEASE**

I freely and voluntarily agree to submit to a drug screen as a part of my application for employment with the Port Wentworth Department of Public Safety. I understand that refusal to submit to the drug screen or the detection of illegal drugs in this screen may disqualify me from further consideration for employment with the Port Wentworth Department of Public Safety.

I further understand that upon commencement of employment with the Port Wentworth Department of Public Safety I may again be required to submit to a drug screen. I understand that refusal to take the requested drug screen, or the detection of illegal drugs or non-prescribed medications in this screen may result in immediate suspension or dismissal.

I have read this form in full and understand the above statements and conditions of employment.

Full printed name	Signature	Date
-------------------	-----------	------

Street Address	City	State	Zip
----------------	------	-------	-----

Sex	Race	Date of Birth
-----	------	---------------

Social Security Number

Sworn to and subscribed before me
This _____ day of _____.

Notary Public

PORT WENTWORTH DEPARTMENT OF PUBLIC SAFETY

**FAIR LABOR AND STANDARDS ACT
AND
TRAINING REIMBURSEMENT AGREEMENT**

In compliance with the Fair Labor and Standards Act, I understand that while employed with the Port Wentworth Department of Public Safety, I may be required to work up to 168 hours within a 28 day period without receiving overtime.

Also, pursuant to OCGA 35-8-22(a) that if I am hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary and/or benefits paid during training, shall be reimbursed by the hiring agency to the Port Wentworth Department of Public Safety. If I am hired by another agency during a period of 15 -24 months after completing mandated or formalized training requirements, then one-half total expense of training, including salary and/or benefits.

Full printed name	Signature	Date
-------------------	-----------	------

Street Address	City	State	Zip
----------------	------	-------	-----

Sex	Race	Date of Birth
-----	------	---------------

Social Security Number

Sworn to and subscribed before me
This _____ day of _____.

Notary Public

HEPATITIS VACCINE AGREEMENT

In compliance with OCGA 31-35-3, I understand that while employed with the **Port Wentworth Department of Public Safety**, upon request I am afforded the opportunity to be vaccinated for protection against hepatitis B and/or screened for exposure to hepatitis C. The cost of such vaccination or screening shall be paid by the City of Port Wentworth.

I have read and fully understand the contents of this agreement concerning this vaccination program and make the following selection:

Initial One:

1. _____ **I would like to be scheduled to receive the aforementioned vaccine at the first available time.**
2. _____ **I would NOT like to receive the aforementioned vaccine.**
3. _____ **I have already received and completed the aforementioned vaccination process.**

Full printed name

Signature

Date

Street Address

City

State

Zip

Sex

Race

Date of Birth

Social Security Number

**GEORGIA BUREAU OF INVESTIGATION
GEORGIA CRIME INFORMATION CENTER**

CONSENT FORM

I hereby give my consent for the _____
(criminal justice agency)

to receive any Georgia or Ill criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with criminal justice agency – civilian (Purpose code "J")
- Employment with criminal justice agency – P.O.S.T. certified (Purpose code "Z")

One of the following must be checked:

- This authorization is valid for 90/180/____ (circle one) days from date of signature
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.

Sworn to and subscribed before me
This _____ day of _____.

Notary Public

I. PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH (MM/DD/YYYY)

DRIVERS LICENSE # & STATE:

SOCIAL SECURITY NUMBER:

HEIGHT:

WEIGHT:

EYE COLOR:

HAIR COLOR:

PLACE OF BIRTH: (LIST CITY/ STATE/ COUNTRY)

US CITIZEN?

YES NO

NATURAL BORN?

YES NO

NATURALIZED?

YES NO

CURRENT ADDRESS:

HOME PHONE:

CELLULAR PHONE:

HOW LONG?

RENT?

YES NO

OWN?

YES NO

NAME OF LANDLOARD:

LANDLOARD PHONE NUMBER:

PREVIOUS ADDRESS (IF LESS THAN 5 YRS AT CURRENT ADDRESS)

NAME OF LANDLOARD:

LANDLOARD PHONE NUMBER:

HOW LONG?

RENT?

YES NO

OWN?

YES NO

HAVE YOU EVER USED ANOTHER NAME?

YES NO

IF YES, LIST MAIDEN OR OTHER NAMES / ALIASES YOU HAVE USED:

HAVE YOU EVER LEAGALLY CHANGED YOUR NAME?

YES NO

IF YES, LIST YOUR FORMER NAME

WHAT COURT ORDERED THE NAME CHANGE?

INTERNET AND SOCIAL NETWORKING INFORMATION

HAVE YOU EVER BELONGED TO ANY SOCIAL NETWORKING SITES?

YES NO

IF YES, PLEASE LIST ANY SITES (facebook, myspace, linkedin, etc...):

DO YOU OWN OR HAVE YOU EVER OWNED ANY PERSONAL WEBSITE DOMAINS? (ie www.yourname.com)

YES NO

PLEASE LIST ANY INTERNET FORUMS WHICH YOU SUBSCRIBE OR POST TO:

II. MILITARY SERVICE INFORMATION

COMPLETED MILITARY SERVICE: (LIST BRANCH)

OCCUPATION / MOS:

DATES SERVED:

HIGHEST RANK:

TYPE OF DISCHARGE:

HAVE YOU EVER RECEIVED ANYTHING OTHER THAN AN HONORABLE DISCHARGE FROM THE MILITARY?

YES NO

DID YOU EVER RECEIVE ANY TYPE OF DISCIPLINARY ACTION? YES NO (CHECK ALL THAT APPLY)

COURT MARTIAL AWOL ARTICLE 15 RANK REDUCTION OTHER

DD 214 ATTACHED TO APPLICATION?

YES NO N/A

III. FORMAL EDUCATION

HIGHEST GRADE OF SCHOOL COMPLETED: (1-12)

GED CERTIFICATE?

YES N/A

DID YOU GRADUATE HIGH SCHOOL?

YES NO

DATE OF GRADUATION:

NAME OF HIGH SCHOOL:

CITY AND STATE OF SCHOOL:

LIST NAMES OF ANY COLLEGES OR UNIVERSITIES ATTENDED AND MAJOR COURSE OF STUDY:

CHECK HIGHEST YEAR OF COLLEGE COMPLETED

1 2 3 4

MAJOR:

DEGREE OBTAINED? YES NO YEAR OBTAINED:

GRADUATE SCHOOL: 1 2 3 4 DEGREE OBTAINED? YES NO YEAR OBTAINED:

DO YOU SPEAK OR WRITE ANY FOREIGN LANGUAGES? YES NO

IF YES, PLEASE LIST:

SPECIAL SKILLS / TRAINING THAT WOULD BE HELPFUL TO YOU IF SELECTED FOR A LAW ENFORCEMENT POSITION:

IV. LAW ENFORCEMENT EMPLOYMENT HISTORY

(COMPLETE THIS SECTION ONLY IF YOU ARE CURRENTLY OR HAVE BEEN A SWORN LAW ENFORCEMENT OFFICER. THIS DOES NOT INCLUDE SECURITY EXPERIENCE)

ARE YOU CURRENTLY A PEACE OFFICER? YES NO

IF YES, LIST STATE OF CERTIFICATION:

CERTIFICATION DATE:

NAME OF POLICE ACADEMY ATTENDED:

HOW MANY YEARS OF EXPERIENCE DO YOU HAVE?

HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL AFFAIRS INVESTIGATION? YES NO
(IF YES, ATTACH AN EXPLANATION GIVING FULL DETAILS TO THIS QUESTIONNAIRE)

HAVE YOU EVER QUALIFIED WITH A WEAPON?
 YES NO

WEAPON TYPE(S):

V. PREVIOUS LAW ENFORCEMENT EMPLOYMENT

(LIST PREVIOUS LAW ENFORCEMENT EMPLOYMENT, STARTING WITH THE MOST RECENT FIRST)

AGENCY NAME:

ADDRESS:

DATES EMPLOYED:

REASON FOR LEAVING:

IMMEDIATE SUPERVISOR:

PHONE:

JOB TITLE AND DUTIES:

MAY WE CONTACT:
 YES NO

AGENCY NAME:

ADDRESS:

DATES EMPLOYED:

REASON FOR LEAVING:

IMMEDIATE SUPERVISOR:

PHONE:

JOB TITLE AND DUTIES:

MAY WE CONTACT:
 YES NO

AGENCY NAME:

ADDRESS:

DATES EMPLOYED:

REASON FOR LEAVING:

IMMEDIATE SUPERVISOR:

PHONE:

JOB TITLE AND DUTIES:

MAY WE CONTACT:
 YES NO

VI. NON-LAW ENFORCEMENT EMPLOYMENT HISTORY

(LIST PREVIOUS EMPLOYMENT FOR THE LAST TEN (10) YEARS STARTING WITH THE MOST RECENT)
IF ADDITIONAL SHEETS ARE NEEDED, PHOTOCOPY THIS BLANK SHEET AND ATTACH

NAME OF EMPLOYER:

ADDRESS:

IMMEDIATE SUPERVISOR:

TELEPHONE:

DATES EMPLOYED:

MAY WE CONTACT THIS EMPLOYER?

YES NO

REASON FOR LEAVING:

NAME OF EMPLOYER:

ADDRESS:

IMMEDIATE SUPERVISOR:

TELEPHONE:

DATES EMPLOYED:

MAY WE CONTACT THIS EMPLOYER?

YES NO

REASON FOR LEAVING:

NAME OF EMPLOYER:

ADDRESS:

IMMEDIATE SUPERVISOR:

TELEPHONE:

DATES EMPLOYED:

MAY WE CONTACT THIS EMPLOYER?

YES NO

REASON FOR LEAVING:

NAME OF EMPLOYER:

ADDRESS:

IMMEDIATE SUPERVISOR:

TELEPHONE:

DATES EMPLOYED:

MAY WE CONTACT THIS EMPLOYER?

YES NO

REASON FOR LEAVING:

IX. PERSONAL REFERENCES – LIST AT LEAST FIVE (5)

(DO NOT LIST FAMILY MEMBERS)

NOTE – FAILURE TO LIST CURRENT OR ADEQUATE TELEPHONE NUMBERS MAY DELAY APPLICATION

NAME:	ADDRESS:	HOME PHONE:
YEARS KNOWN:	THEIR EMPLOYER:	DAYTIME OR CELLULAR:
NAME:	ADDRESS:	HOME PHONE:
YEARS KNOWN:	THEIR EMPLOYER:	DAYTIME OR CELLULAR:
NAME:	ADDRESS:	HOME PHONE:
YEARS KNOWN:	THEIR EMPLOYER:	DAYTIME OR CELLULAR:
NAME:	ADDRESS:	HOME PHONE:
YEARS KNOWN:	THEIR EMPLOYER:	DAYTIME OR CELLULAR:
NAME:	ADDRESS:	HOME PHONE:
YEARS KNOWN:	THEIR EMPLOYER:	DAYTIME OR CELLULAR:
NAME:	ADDRESS:	HOME PHONE:
YEARS KNOWN:	THEIR EMPLOYER:	DAYTIME OR CELLULAR:

X. LIENS / JUDGEMENTS / GARNISHMENTS

(LIST ANY FINANCIAL OBLIGATIONS WHICH ARE CURRENTLY OVERDUE OR ARE REMOVED FROM YOUR PAY)

PAYMENT:	DEBTHOLDER:	BALANCE:
PAYMENT:	DEBTHOLDER:	BALANCE:
PAYMENT:	DEBTHOLDER:	BALANCE:
PAYMENT:	DEBTHOLDER:	BALANCE:

XI. BACKGROUND INFORMATION

(MARITAL AND FAMILY INFORMATION)

MARITAL STATUS:

MARRIED SINGLE WIDOWED DIVORCED SEPARATED

SPOUSE

SPOUSE NAME: (FIRST, MIDDLE, MAIDEN, LAST)

SPOUSE DATE OF BIRTH:

DATE OF MARRIAGE:

SPOUSE OCCUPATION:

SPOUSE'S EMPLOYER:

LENGTH OF EMPLOYMENT:

SPOUSE'S EMPLOYER PHONE:

SPOUSE'S EMPLOYER ADDRESS:

IS YOUR SPOUSE IN FAVOR OF YOU BECOMING A LAW ENFORCEMENT OFFICER?

YES NO

FATHER

FATHER'S FULL NAME: (FIRST, MIDDLE, LAST)

LIVING

DECEASED

HOME TELEPHONE:

DAYTIME OR MOBILE TELEPHONE:

ADDRESS:

MOTHER

MOTHER'S FULL NAME: (FIRST, MIDDLE, MAIDEN, LAST)

LIVING

DECEASED

HOME TELEPHONE:

DAYTIME OR MOBILE TELEPHONE:

ADDRESS:

SISTER(S)

NAME:

AGE:

ADDRESS:

PHONE:

NAME:

AGE:

ADDRESS:

PHONE:

XI. BACKGROUND INFORMATION (CONTINUED)

(MARITAL AND FAMILY INFORMATION)

SISTER(S)

NAME:

AGE:

ADDRESS:

PHONE:

BROTHER(S)

NAME:

AGE:

ADDRESS:

PHONE:

NAME:

AGE:

ADDRESS:

PHONE:

NAME:

AGE:

ADDRESS:

PHONE:

FATHER IN LAW

FATHER IN LAW'S FULL NAME: (FIRST, MIDDLE, LAST)

PHONE:

ADDRESS:

MOTHER IN LAW

MOTHER IN LAW'S FULL NAME: (FIRST, MIDDLE, MAIDEN, LAST)

PHONE:

ADDRESS:

EMERGENCY CONTACT

CLOSEST LIVING RELATIVE:

RELATION:

ADDRESS:

HOME PHONE:

DAYTIME OR MOBILE TELEPHONE:

XI. BACKGROUND INFORMATION (CONTINUED)

CHILDREN:

(LIST ALL CHILDREN BORN TO YOU)

NAME:	AGE:
ADDRESS:	
NAME:	AGE:
ADDRESS:	
NAME:	AGE:
ADDRESS:	
NAME:	AGE:
ADDRESS:	

ARE YOU SUPPORTING ALL CHILDREN BORN TO YOU OR ADOPTED BY YOU? YES NO

AFFILIATIONS

ARE YOU RELATED TO ANY CURRENT EMPLOYEE OF THE CITY OF PORT WENTWORTH? YES NO

IF "YES" LIST EMPLOYEE'S NAME:

XII. MISCELLANEOUS INFORMATION

THIS POSITION MAY REQUIRE YOU TO DO THE FOLLOWING:

WORK SHIFT WORK. DO YOU OBJECT TO DOING SO? YES NO

WEAR A UNIFORM. DO YOU OBJECT TO DOING SO? YES NO

WORK OVER TIME. DO YOU OBJECT TO DOING SO? YES NO

DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO

HAVE YOU EVER USED MARIJUANA? YES NO

