



# DOUGLASVILLE POLICE DEPARTMENT

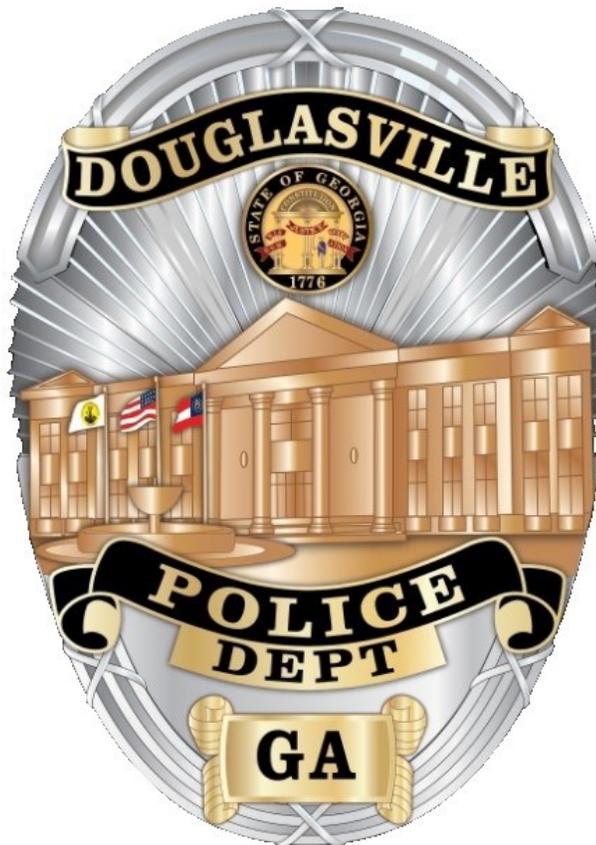
2083 FAIRBURN RD

DOUGLASVILLE, GA 30135

(770) 920-3010 PHN · (678) 293-1600 FAX



# Sworn Peace Officer Employment Application



FOR OFFICIAL USE ONLY

Assigned for Background

Received by HR  
(Date and Initial)

Reviewed by DVPD  
(Date and Initial)

Not Assigned for Background

Updated 09-23-15

# Douglasville Police Department

## Employment Application: Personal Documentation List

Your interest in employment with the Douglasville Police Department is greatly appreciated. In order to properly process your background investigation, a photocopy of the following documents, when applicable, will be needed when you turn in this employment application. No application will be accepted without this information. Place a check mark beside the information you have enclosed with the booklet.

### Required Documents

- Birth Certificate
- Social Security Card or  
Naturalization Card or  
Authorization to work in the U.S.
- Valid Drivers License
- Automobile Insurance Card
- High School Diploma or G.E.D.
- College/Technical School Diploma
- College/Technical School Original  
Transcript

### Required When Applicable

- Police Academy Diploma
- P.O.S.T. Basic Certification
- P.O.S.T. Certifications
- P.O.S.T Training Certificates
- Military DD-214 (Long form)
- Military Discharge Certificate
- Commendations and Awards

Should you have any questions concerning the employment application or obtaining copies of the above listed documents, contact the Training Lieutenant at the Douglasville Police Department at (678) 293-1787. When you have completed the employment application and made copies of the above listed documents, return the entire application and forms to the City of Douglasville's Human Resources Department. The application **WILL NOT** be accepted without all the proper documentation attached. The applications can either be returned in person to the Douglasville City Hall: 6695 Church St. Douglasville, Ga. 30134 or mailed to the following address: City of Douglasville  
P.O. Box 219  
Douglasville, Ga. 30133  
Attention: Human Resources Director



# Douglasville Police Department

## Employment Application: Release From Liability Agreement

### Agility / Fitness Test

I \_\_\_\_\_, will participate in the Agility/Fitness Test required by the City of Douglasville  
(Applicant Name)  
Police Department as part of its pre-employment process, do here by agree as follows:

1. That I release the City of Douglasville and their employees and agents from all liability for myself and for my heirs, executors, administrators, insurers, personal representatives and assigns, waive all claims, and remise, release, and forever discharge the City of Douglasville, Georgia, their agents, insurers, elected officials and employees, the Georgia Interlocal Risk Management Agency, and their heirs, executors, administrators, insurers, personal representatives, and assigns (collectively, the "City") from any and all claims (known and unknown), demands, damages, costs, expenses, loss of services, actions and causes of action, arising from any act or occurrence, up to the present time and to arise in the future, sustained or to be sustained due to my participation in the agility/fitness test.
2. That I certify that I understand what the Agility/Fitness Test is comprised of ( see below) and that I am mentally and physically capable of performing the Agility/Fitness Test and that I do not have any physical and mental impairment that would in any way create any danger to my health or wellbeing.
3. That I understand that the minimum requirements for passing the Agility/Fitness test are as follows:  
Push-ups- Requirement: Ten (10) correct push-ups in sixty (60) seconds  
Sit-ups- Requirement: Fifteen (15) correct sit-ups in sixty (60) seconds  
Step Test- Requirement: Step up on 12 inch bench at a rate of 120 steps a minute for five (5) minutes  
Lift/Carry/Drag- Requirement: Lift/Carry 50 pounds and Drag/Push/Pull 160 pounds
4. I understand if I do not meet the minimum requirements for passing the Agility/Fitness test I will have thirty (30) days to retake the Agility/Fitness test at my own expense and at a location chosen by the City of Douglasville before my application process is terminated. I understand that I must notify the City of Douglasville in writing that I desire to retake the test and that this notification must be done within 48hrs of failing the examination. If I fail to notify or fail to retake the Agility /Fitness test or fail to pass the test within thirty days of the first test my application with the Douglasville Police Department will be terminated.

I have read and understand the above statement.

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

Signed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_ Produced Identification

Notary Seal

Notary Public

# Douglasville Police Department

## Employment Application: Consent to Drug Testing and Reporting

I \_\_\_\_\_, hereby consent to the testing of my blood, urine, breath, or other bodily fluids  
(Applicant Name)  
for the presence of alcohol or controlled substances and to the reporting of the results to the Douglasville Police Department and/or the City of Douglasville Human Resources Department. These tests will be performed by a facility of the choosing of the City of Douglasville.

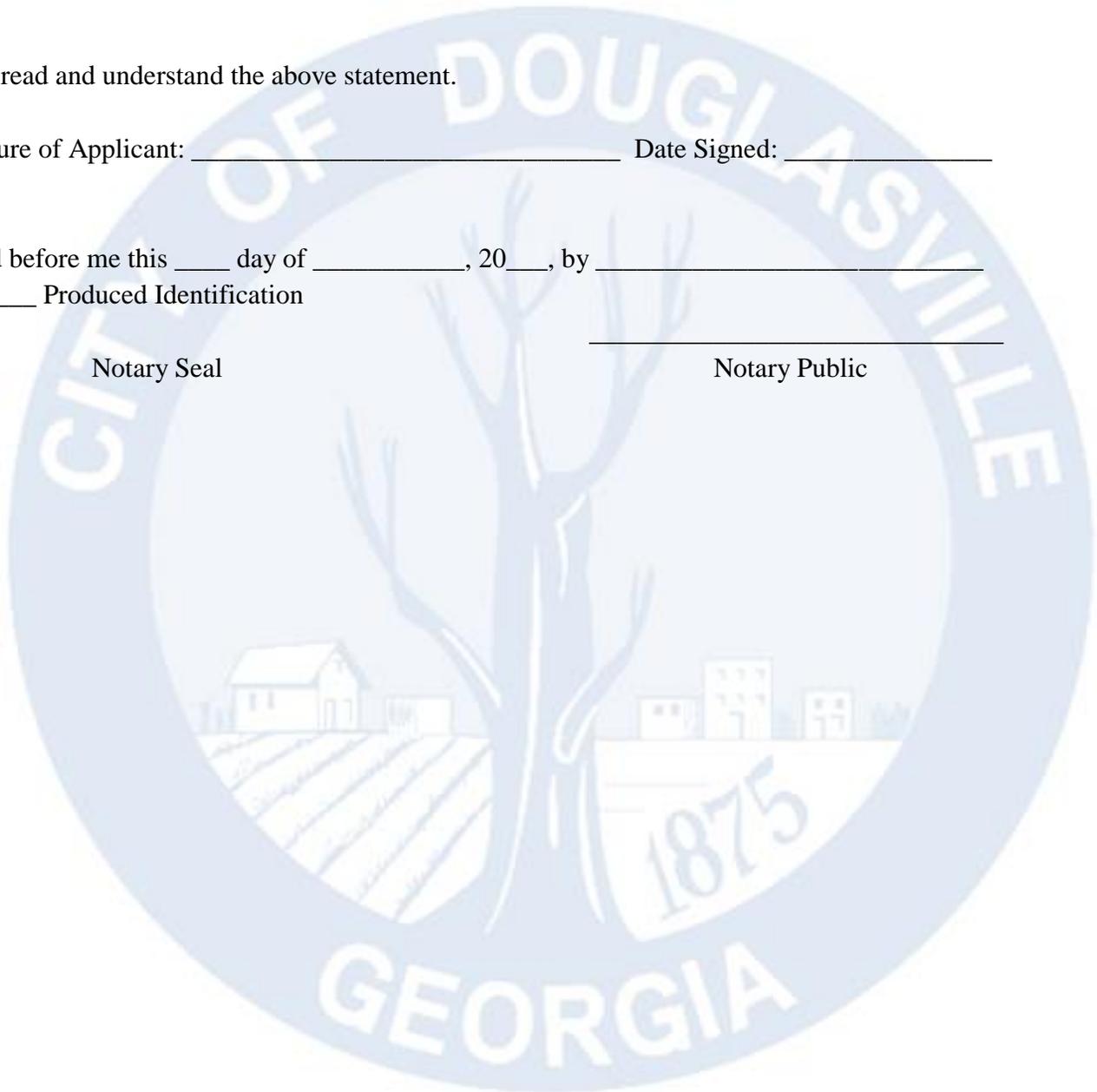
I have read and understand the above statement.

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

Signed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_ Produced Identification

Notary Seal

Notary Public



# Douglasville Police Department

## Employment Application: Authorization to Release Information

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agency of the City of Douglasville, or to any authorized agent of a criminal justice agency or any private agency upon request of the City of Douglasville Police Department, whether the said records are of public, private or confidential nature. I direct release of such records regardless of any agreement I may have made previously to the contrary. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultations including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorney's at law or of other counsel whether representing me or another person in my case, wither criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Douglasville. I also 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 for damages of whatever kind or nature which may at any time result to me on account of compliance on any attempts to comply with this authorization.

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.

\_\_\_\_\_  
Applicants Signature (including maiden name)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Telephone Number (include area code)

Signed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.  
\_\_\_\_\_  
Produced Identification

Notary Seal

\_\_\_\_\_  
Notary Public

# Douglasville Police Department

## Employment Application :Release and Hold Harmless Agreement

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 that my former employers release to any law enforcement agency requesting employment related information as defined in O.C.G.A. §35-8-8(c)(1) the following:

All written information contained in a prior employer's records or personnel files that relates to an applicant's, candidate's, or peace officer's performance or behavior while employed by such prior 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 your 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. §35-8-8(c)(2).

3. I understand that O.C.G.A. §35-8-8(c)(5) provides as follows:

Before taking final action on an application for employment based, in whole or in part, on any unfavorable employment related information received from a 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 to such 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

\_\_\_\_\_  
(Print Name)

Sworn to Before Me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Notary Public

\_\_\_\_\_  
Signature of Notary

My commission expires: \_\_\_\_\_

# Douglasville Police Department

## Employment Application: Polygraph Examination Agreement

The undersigned applicant for the position of Police Officer with the Douglasville Police Department understands and agrees to voluntarily submit to an examination by a professional polygraphist prior to being accepted for employment with the Douglasville Police Department. The undersigned person also understands and agrees that he/she will voluntarily submit to an examination by a professional polygraphist pursuant to an administrative investigation and at any time during their employment with the Douglasville Police Department.

The undersigned person also understands and agrees that the results of any polygraph examination given then will only be considered for administrative or departmental purposes relating to their employment by the Douglasville Police Department. The undersigned person further agrees and understands to release, absolve, and forever hold harmless the Douglasville Police Department, its officers, agents, and employees and the polygraph firm conducting the polygraph examination, their agents, officers, and employees from any liability resulting from the operation of the equipment or use of the results obtained there from. This also applies to any and all suits, actions, or causes of action at law, claim, demand or liability, which the executors, or administrators may have resulting directly, indirectly, or remotely from the undersigned person having taken such polygraphs.

The undersigned person also understands and agrees that, if the City of Douglasville makes a conditional offer of employment, the undersigned will submit to a polygraph examination, and that successful completion of the polygraph examination will be one of the conditions of for receiving a firm offer of employment from the City of Douglasville

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

Signed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Produced Identification

\_\_\_\_\_  
Notary Seal

\_\_\_\_\_  
Notary Public

# Douglasville Police Department

## Employment Application : Criminal and Driver History Consent

### Georgia Bureau of Investigation Georgia Crime Information Center (GCIC) Criminal History and Drivers History Consent Form

I hereby give my consent for the **DOUGLASVILLE POLICE DEPARTMENT** to receive any Georgia or III criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency. I further authorize **DOUGLASVILLE POLICE DEPARTMENT** to receive a copy of my Georgia Drivers History as part of my application for criminal justice employment, or for use relative to the performance of my official duties with the agency.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Sex      Race      Date of Birth      Social Security Number      Driver's License Number      State

I understand that this authorization is valid for 180 days from date of my signature.

Upon my employment I, \_\_\_\_\_ give consent to **DOUGLASVILLE POLICE DEPARTMENT** to perform periodic driver's history and criminal history background checks for the duration of my employment with the department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,

Produced Identification

Notary Seal

Notary Public

#### DO NOT WRITE IN THIS BLOCK. FOR POLICE DEPARTMENT USE ONLY.

Special employment provisions (check applicable):

- Employment with criminal justice agency – civilian (Purpose code 'J')
- Employment with criminal justice agency – P.O.S.T. certified (Purpose code 'Z')

A CHECK OF CRIMINAL HISTORY FILES WAS CONDUCTED AND REVEALED THAT THE ABOVE NAMED INDIVIDUAL HAS **NO RECORD** \_\_\_\_\_  
THE ATTACHED \_\_\_\_\_ RECORD OF \_\_\_\_\_ PAGES

SEARCH CONDUCTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**Douglasville Police Department**  
**Employment Application: Authorization to Obtain a Consumer**  
**Credit Report for Employment Purposes**

The City of Douglasville is hereby authorized to obtain a consumer credit report regarding my credit history for employment purposes. I understand that if the City of Douglasville plans to reject my application based on my credit history, the City of Douglasville will give me a warning and a copy of my credit report; if the City of Douglasville later fails to hire me based on my credit report, I will be given an official adverse action notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

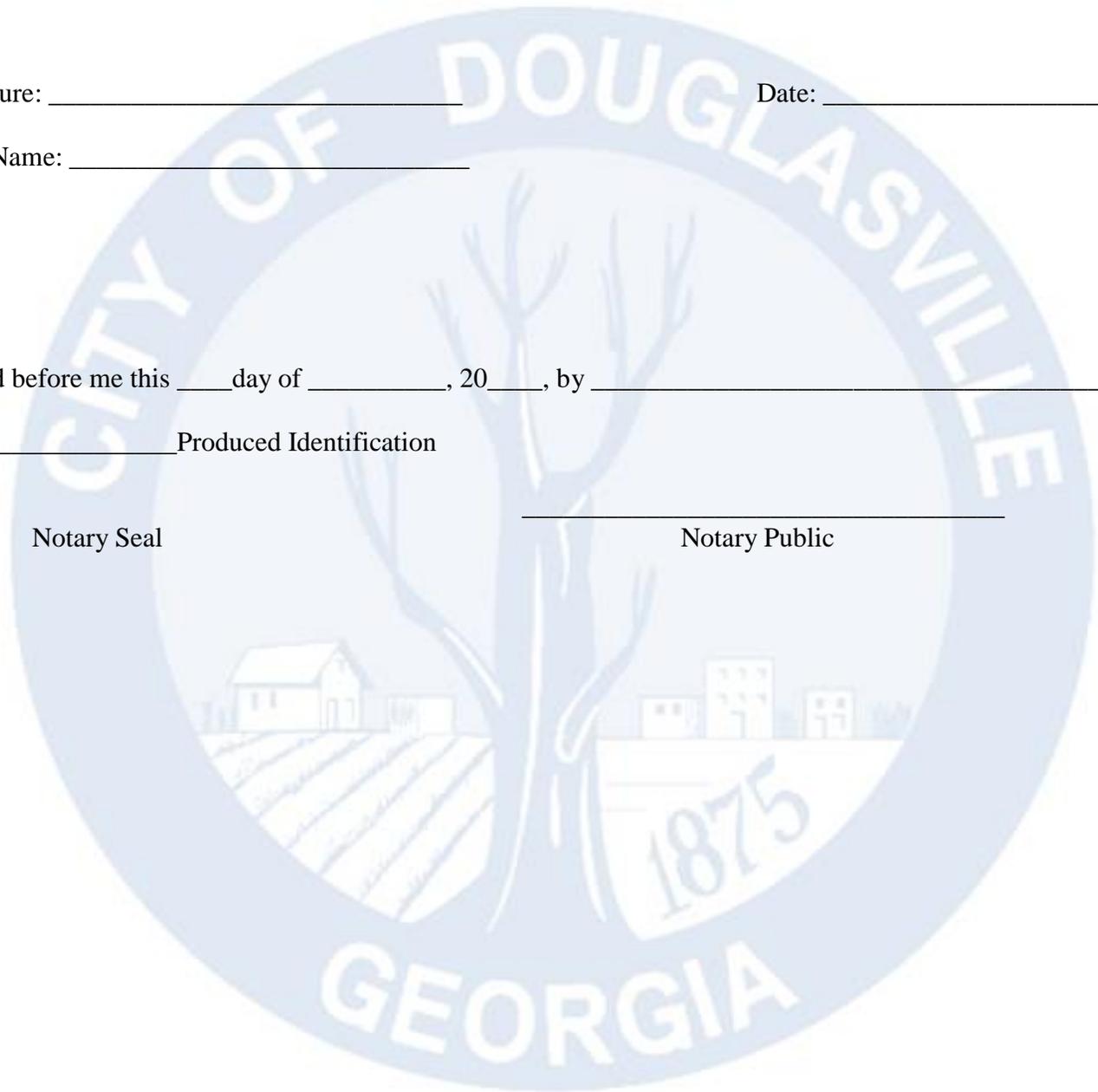
Print Name: \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,

\_\_\_\_\_ Produced Identification

Notary Seal

\_\_\_\_\_  
Notary Public



# Douglasville Police Department

## Employment Application : Employee Reimbursement Agreement

The Official Code of Georgia Annotated Title 35 Chapter 8 Section 22 (O.C.G.A. 35-8-22) states the following: 35-8-22.

### (GCA § 92A-2122.1) Reimbursement for Peace Officer's Mandated or Formalized Training

(a) Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any county or municipality thereof employs a peace officer and said peace officer is hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. If said officer is hired by another agency during a period of 15 to 24 months after mandated or formalized training requirements are completed, then one-half of the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. The council shall set standards for reimbursement by hiring agencies based upon actual expenses incurred in mandated or formalized training by individual departments.

(b) The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment thereof and may enforce collection of such obligation through civil remedies and procedures.

(c) Effective July1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgment of the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officers employment with the demanding governmental unit. Otherwise, this Code section shall not apply to such demand for reimbursement.

For good consideration and as an inducement for the Douglasville Police Department (Employer) to employ \_\_\_\_\_ (Employee/Applicant), the undersigned Employee/Applicant acknowledges that he/she has read and hereby agrees to abide by the provisions of O.C.G.A. 35-8-22 Reimbursement for Peace Officer's Mandated or Formalized Training.

This agreement shall be binding upon \_\_\_\_\_ until such time as the parameters of O.C.G.A. 35-8-22 become exhausted.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Employee / Applicant (Print Name)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Employee / Applicant (Signature)

\_\_\_\_\_  
Notary



# Douglasville Police Department

## Employment Application: Personal References

List four (4) individuals who have knowledge of you and your qualifications, exclude relatives and former employers.

(1) Name, Street Address, City, State, ZIP

\_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship: \_\_\_\_\_

(2) Name, Street Address, City, State, ZIP

\_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship: \_\_\_\_\_

(3) Name, Street Address, City, State, ZIP

\_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship: \_\_\_\_\_

(4) Name, Street Address, City, State, ZIP

\_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship: \_\_\_\_\_

# Douglasville Police Department

## Employment Application: Driving History Statement

Do you have a current Driver's License? Yes:  No:

Current Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

List any past Driver's License information: License Number, State, and Dates (Ex:#123456, OH, 2003-2007)

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Have you ever had a driver's license suspended, revoked, or refused? Yes:  No:

If "Yes", explain why: \_\_\_\_\_

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List all traffic citations that you have ever received.

Type of Violation	City/County/State	Date of Violation
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Do you have liability insurance at the present time? Yes:  No:

Did you ever have your vehicle insurance cancelled? Yes:  No:

If "Yes", explain: \_\_\_\_\_

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# Douglasville Police Department

## Employment Application: Employment History

How did you find out about this position: \_\_\_\_\_

Please list all jobs you have had in the past twenty (20) years including Military Service. List the most current employer first:

Name of Employer: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for Leaving: Resigned:  Terminated:  Laid-off:  Resigned Under Investigation:

Name of Employer: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for Leaving: Resigned:  Terminated:  Laid-off:  Resigned Under Investigation:

Name of Employer: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for Leaving: Resigned:  Terminated:  Laid-off:  Resigned Under Investigation:

# Douglasville Police Department

## Employment Application: Employment History

Name of Employer: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for Leaving: Resigned:  Terminated:  Laid-off:  Resigned Under Investigation:

Name of Employer: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for Leaving: Resigned:  Terminated:  Laid-off:  Resigned Under Investigation:

Name of Employer: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for Leaving: Resigned:  Terminated:  Laid-off:  Resigned Under Investigation:

# Douglasville Police Department

## Employment Application: Employment History

Would any problem result if your present employer were contacted during the background investigation?

Yes:  No:

Did a supervisor ever reprimand you for misconduct or not doing your job? Yes:  No:

If "Yes", explain: \_\_\_\_\_

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Did a supervisor ever reprimand you for being late or for being absent? Yes:  No:

If "Yes", explain: \_\_\_\_\_

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Have you ever been fired or asked to resign from any place of employment? Yes:  No:

If "Yes", explain: \_\_\_\_\_

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# Douglasville Police Department

## Employment Application : Military Employment History

Have you ever served in the United States Military?  
If "No", you can move on to the next page.

Yes:  No:

Branch: \_\_\_\_\_

Service Number: \_\_\_\_\_

Date of Service: From: \_\_\_\_\_

To: \_\_\_\_\_

Job duties: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

(A copy of your DD214 will need to be provided).

Were you ever court-martialed, tried on charges, received an Article 15, or the subject of company punishment, or any other disciplinary action while a member of the Armed Forces? Yes:  No:

If "Yes", explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently a member of the National Guard or any reserve unit? Yes:  No:

If "Yes", list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Douglasville Police Department

## Employment Application: Criminal Activity

Have you ever been detained, arrested, or convicted for any criminal offense? (Include juvenile offenses)

Yes:  No:

Date/Charge/Agency/Circumstances

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Have you ever committed or been involved in a serious or undetected crime? Yes:  No:

(NOTE: The next page of this application denotes those offenses in the Georgia Criminal Code, which we consider serious offenses. Please read this list prior to responding).

Has any member of your family ever been arrested for or convicted of a felony crime? Yes:  No:

If "Yes", explain: \_\_\_\_\_

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Do you have gambling debts? Yes:  No:

If "Yes", explain: \_\_\_\_\_

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Have you ever been placed on probation or parole? Yes:  No:

If "Yes", explain: \_\_\_\_\_

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Has alcohol or drug use ever affected your ability to come to work or perform on the job?

Yes:  No:

If "Yes", explain: \_\_\_\_\_

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# Douglasville Police Department

## Employment Application: Serious Offense Disclosure List

The purpose of this page is to provide you, the applicant, with a readily available list of those criminal offenses, which have been established by the State of Georgia as prosecutable offenses under the Criminal Code of the State of Georgia. Should you have any questions as to the meaning of any particular offense, please ask your recruitment officer to explain the offense to you.

- Criminal Solicitation
- Conspiracy
- Murder
- Voluntary Manslaughter
- Involuntary Manslaughter
- Aggravated Battery
- Kidnapping
- False Imprisonment
- Hijacking
- Interference with Custody
- Reckless Conduct
- Cruelty to Children
- Feticide
- Rape
- Sodomy
- Aggravated Sodomy
- Statutory Rape
- Child Molestation
- Bestiality
- Necrophilia
- Public Indecency
- Prostitution
- Pimping
- Pandering
- Solicitation of Sodomy
- Masturbation for Hire
- Bigamy
- Incest
- Sexual Battery
- Criminal Damage to Property
- Interference with Government Property
- Vandalism
- Arson
- Criminal Possession of Explosives
- Criminal Possession of Incendiary Device
- Theft
- Armed Robbery
- Robbery
- Forgery
- Issuance of Bad Checks
- Illegal use of a Credit Card
- Fraud
- Bribery
- Impersonating a Police Officer
- Giving False Information
- False Report of a Crime
- Concealing a Death
- Hindering the Apprehension of a Criminal
- Escape
- Perjury
- False Swearing
- Embracery
- Influencing Witnesses
- Tampering with Evidence
- Treason
- Inciting an Insurrection
- Possession of an Unlawful Weapon
- Carrying a Pistol without a License
- Gambling
- Contributing to the Delinquency of a minor
- Violation of the Georgia Controlled Substances Act
- D.U.I.
- Obstruction
- Attempting to Elude an Officer
- Any Acts of Domestic Violence
- Burglary
- Entering Auto
- Violation of the Street Gangs and Terrorism Act
- Possession of Crime Tools
- Wiretapping
- Eavesdropping
- Peeping Tom

# Douglasville Police Department

## Employment Application: Criminal Activity

Have you ever tried or used Marijuana illegally?

Yes:

No:

If "Yes", explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever tried or used any other illegal drug?

Yes:

No:

If "Yes", explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever sold, manufactured, or delivered any illegal drugs including marijuana?

Yes:

No:

If "Yes", explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever carried a firearm or weapon illegally?

Yes:

No:

If "Yes", explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been in a physical altercation or fight?

Yes:

No:

If "Yes", explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Douglasville Police Department

## Employment Application: Record of Education

List the name and address of the Schools attended:

### High School

Name and Address: \_\_\_\_\_  
Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

### High School (if more than one)

Name and Address: \_\_\_\_\_  
Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

### College

Name and Address: \_\_\_\_\_  
Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

### College (if more than one)

Name and Address: \_\_\_\_\_  
Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

### College (if more than one)

Name and Address: \_\_\_\_\_  
Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

### Other (Specify)

Name and Address: \_\_\_\_\_  
Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

Were you ever formally disciplined by your high school or college for any reason? Yes:  No:

If "Yes", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Douglasville Police Department

## Employment Application: Pre-Certified Background Questions

Are you or have you ever been a certified police officer? Yes:  No:   
If "No", you can move to the next page.

If you are a certified officer, have you ever been involved in a shooting incident? Yes:  No:

If "Yes" where, when, and for what reason?

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If you are a certified officer, have you ever been the subject of an Internal Affairs Investigation?

Yes:  No:

If "Yes" where, when, and for what reason?

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If you are a certified officer, have you ever been involved in a use of force incident that was deemed improper?

Yes:  No:

If "Yes" where, when, and for what reason?

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If you are a certified officer, have you ever been suspended from duty for any reason? Yes:  No:

If "Yes" where, when, and for what reason?

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# Douglasville Police Department

## Employment Application: Additional Questions

Do you have any applications now pending with any other Law Enforcement Agencies? Yes:  No:

If "Yes", which agencies? \_\_\_\_\_

Are you willing to withdraw your pending applications in writing, from those agencies and supply us with a copy of the letter of withdrawal? Yes:  No:

Do you understand that you will be required to conform to a strict dress code, which does include items such as hair length, facial hair, jewelry and personal hygiene? Yes:  No:

If offered a position, are you willing to conform to the dress code? Yes:  No:

Do you have any tattoos? Yes:  No:  If "Yes", are they visible in a short sleeved shirt: Yes:  No:

List what all tattoos depict: \_\_\_\_\_

Law Enforcement is a twenty-four hour per day, seven days a week vocation. Do you have any objection to working any shift, nights, weekends, or holidays? Yes:  No:

Do you have any specialized skills that may be beneficial to this department? (Photography, computers, firearms, etc.) Yes:  No:

If "Yes", explain: \_\_\_\_\_

Do you know any Law Enforcement Officer who works for the Douglasville Police Department?

Yes:  No:  If "Yes", what are their names? \_\_\_\_\_

Are you related to any person who is employed by the City of Douglasville? Yes:  No:

If "Yes", who is the relative and what is your relation to this individual? \_\_\_\_\_

You have been given a written job description listing the essential job functions of the position for which you have applied. Please review the job description and answer the following questions.

Are you able to perform each of the essential job functions listed for each position for which you have applied?

Yes:  No:

If "No", list the functions you are unable to perform and explain why you are unable to perform them

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_





**Douglasville Police Department  
Employment Application : End of Application**

**Attach all other  
personal documents  
after this page.**

