

City Of White Police Department



NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

POSITION APPLIED FOR: _____

PERSONAL DATA

Name: _____

Last

First

Middle Suffix

List below ANY other NAMES you have ever used or been known by. Include any aliases, Nicknames, maiden names, previous married names, etc. If none, so state.

List all addresses for the last ten (10) years. Start with your current address and work Backwards. Include all college addresses and any addresses or bases where you were stationed while in the military

From To

Month/Year Month/Year Address City State Zip Code

Telephone Numbers:

Home: (_____) - _____ - _____

Work: (_____) - _____ - _____ Ext. _____

Cell: (_____) - _____ - _____

Email: _____

Other: (_____) - _____ - _____ Specify: _____

PERSONAL DATA cont.

Race: _____ Sex: _____ Date of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Social Security Number: _____

Are you a: U.S. Citizen by Birth [] Naturalized Citizen [] Resident Alien []

List any scars, marks or tattoos including location and description:

Marital Status: Single { } Married { } Divorced { } Separated { } Widowed { }

Name of Current Spouse: _____

Last First Middle Maiden

Date of Marriage: _____ Place of Marriage: _____

(Month/Day/Year) (City/State)

Spouse's Employer: _____

Employer's Address: _____

Work Phone Number: (____) - _____ - _____ Ext. _____

Do you have a valid Driver's License? _____

Driver's License # _____

Dependents:

Name Sex Date of Birth Place of Birth Resides with

PERSONAL REFERENCES

Please provide in the spaces below the names, phone numbers, addresses and other required data of five persons who you have known for at least five (5) years. These references must not be relatives, former employers or supervisors. These people will be asked to appraise your character, ability, experience, personality and other qualities.

Name: _____ Years Known: _____

Address: _____

Complete Street Address City State Zip Code

Phone Number: _____ Business/Occupation: _____

Name: _____ Years Known: _____

Address: _____

Complete Street Address City State Zip Code

Phone Number: _____ Business/Occupation: _____

Name: _____ Years Known: _____

Address: _____

Complete Street Address City State Zip Code

Phone Number: _____

Business/Occupation: _____

Name: _____ Years Known: _____

Address: _____

Complete Street Address City State Zip Code

Phone Number: _____

Business/Occupation: _____

Name: _____ Years Known: _____

Address: _____

Complete Street Address City State Zip Code

Phone Number: _____

Business/Occupation: _____

EDUCATION

Are you a high school graduate? Yes { } No { } If yes complete below:

High School Name: _____ City/State: _____

Month/Year Graduated: _____ Name Used: _____

Do you possess a High School Equivalency(GED)Certificate? Yes{ }No { } If yes complete below

Issuing Authority: _____

Number: _____

Date Obtained: _____

Name Used: _____

Indicate below the schools that you have attended, their location (City/State) and the years you attended. Include schools you dropped out without completing. Start with most recent or present and work backwards.

Name of School/College: _____

From _____ Until _____ City/State: _____

Month/Year Month/Year

Graduate: Yes{ } No { } Course of Study: _____

Name of School/College: _____

From _____ Until _____ City/State: _____

Month/Year Month/Year

Graduate: Yes{ } No { } Course of Study: _____

Name of School/College: _____

From _____ Until _____ City/State: _____

Month/Year Month/Year

Graduate: Yes{ } No { } Course of Study: _____

Name of School/College: _____

From _____ Until _____ City/State: _____

Month/Year Month/Year

Graduate: Yes{ } No { } Course of Study: _____

EMPLOYMENT RECORD

List all jobs you have held within the past 10 years. Start with your present or most recent job and work backwards. Include all jobs whether full time, part time, temporary or voluntary. Also include military service and any periods of unemployment. Do not leave any dates unaccounted for during the last 10 years.

From: _____ To: _____

Month/Year Month/Year

This job was: Full Time { } Part Time { } Temporary { } Voluntary { } Unemployed { }

Name of Employer/Business: _____

Street Address: _____

Complete Street Address City State Zip Code

Your Title/Duties: _____

Your Supervisor's Name: _____

Business Telephone Number: (_____) - _____ - _____ Ext _____

Beginning Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Reason for Leaving: _____

From: _____ To: _____

Month/Year Month/Year

This job was: Full Time { } Part Time { } Temporary { } Voluntary { } Unemployed { }

Name of Employer/Business: _____

Street Address: _____

Complete Street Address City State Zip Code

Your Title/Duties: _____

Your Supervisor's Name: _____

Business Telephone Number: (_____) - _____ - _____ Ext _____

Beginning Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Reason for Leaving: _____

EMPLOYMENT RECORD cont.

From: _____ To: _____

Month/Year Month/Year

This job was: Full Time { } Part Time { } Temporary { } Voluntary { } Unemployed { }

Name of Employer/Business: _____

Street Address: _____

Complete Street Address City State Zip Code

Your Title/Duties: _____

Your Supervisor's Name: _____

Business Telephone Number: (_____) - _____ - _____ Ext _____

Beginning Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Reason for Leaving: _____

From: _____ To: _____

Month/Year Month/Year

This job was: Full Time { } Part Time { } Temporary { } Voluntary { } Unemployed { }

Name of Employer/Business: _____

Street Address: _____

Complete Street Address City State Zip Code

Your Title/Duties: _____

Your Supervisor's Name: _____

Business Telephone Number: (_____) - _____ - _____ Ext _____

Beginning Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Reason for Leaving: _____

EMPLOYMENT RECORD cont.

From: _____ To: _____

Month/Year Month/Year

This job was: Full Time { } Part Time { } Temporary { } Voluntary { } Unemployed { }

Name of Employer/Business: _____

Street Address: _____

Complete Street Address City State Zip Code

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Street Address: _____

Complete Street Address City State Zip Code

Your Title/Duties: _____

Your Supervisor's Name: _____

Business Telephone Number: (_____) - _____ - _____ Ext _____

Beginning Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Reason for Leaving: _____

EMPLOYMENT HISTORY

Have you ever applied, prior to this application, for employment with the City of White?

Yes { } No { } If yes give details including when, what position and the outcome.

Have you ever worked for the White Police Department before?

Yes { } No { } If yes provide

details. _____

Are you seeking full time or part time employment? Full Time { } Part Time { }

How did find out about this job? _____

If the position you are applying for requires you to wear a uniform do you object? Yes { } No { }

If the position you are applying for requires you to be clean shaven do you object? Yes { } No { }

If offered full time employment are you available to work any day of the week, any hour of the day, including holidays? Yes { } No { } if no please explain _____

If offered part time employment what days and times will you be available to work? _____

Do you have experience with shift work? Yes { } No { }

What are your salary expectations? _____

Do you currently hold a Peace Officer Certification from Georgia? Yes { } No { }

If yes what is your Okey # _____

Please list any Certifications you hold as a Peace Officer.



City of White Police Department
29 W. Rocky Street White Ga, 30184
Phone (770)382-9383 Fax (770) 382-2242

CONSENT FORM

I, _____ hereby do authorize the City of White to receive any criminal history and/or driving history record information pertaining to me which may be in the files of any State criminal justice agency.

Full Name: _____

Last

First

Middle Suffix

Social Security Number: _____

Date of Birth: _____ / _____ / _____

(Month)

(Day)

(Year)

Race: _____

Sex: _____

Signature of Applicant

Notary Public

Date