# **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, p	revious married names, etc. If none, so	o state.
List all addresses for the last t	en (10) years. Start with your current a	address and work
Backwards. Include all college	e addresses and any addresses or bases	s where you were stationed
while in the military		
From To		
Month/Year Month/Year Add	ress City State Zip Code	
Telephone Numbers:		
Home: ()		
Work: ()	Ext	·
Cell: ()	<del>-</del>	
Email:		
Other: ( ) -		fy:

# **PERSONAL DATA cont.**

Race:	Sex:	Date of Birth:		
Height:	Weight:	Hair Color:	Eye Color:	
Social Security N	Number:			
Are you a: U.S.	Citizen by Birth [	] Naturalized Citizen [ ] F	Resident Alien [ ]	
List any scars, m	narks or tattoos i	ncluding location and de	scription:	
		d { } Divorced { } Separate		
Name of Curren	it Spouse:			
Last First Middle	e Maiden			
Date of Marriag	e:	Place of N	//arriage:	
(Month/Day/Ye	ar) (City/State)			
Spouse's Emplo	yer:			
Employer's Add	ress:			
		<del>-</del> <del>-</del>		
Do you have a v	alid Driver's Lice	ense?		
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:	
	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 { } Temporar	ry { } Voluntary { } Unen	nployed { }
Name of Employer/Business:			
Street Address:			
Complete Street Address City S	State Zip Code		
Your Title/Duties:			
Your Supervisor's Name:			
Business Telephone Number: (	)	<del>-</del>	Ext
Beginning Salary \$	_per	Ending Salary \$	per
Reason for Leaving:			
From:	To:		
Month/Year Month/Year			
This job was: Full Time { } Part	Time { } Temporar	ry { } Voluntary { } Uner	nployed { }
Name of Employer/Business:			
Street Address:			
Complete Street Address City S	State Zip Code		
Your Title/Duties:			
Your Supervisor's Name:			
Business Telephone Number: (	)	<del>-</del>	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	{ } Tempora	ary { } Voluntary { } Unen	nployed { }	
Name of Employer/Business:				
Street Address:				
Complete Street Address City State	Zip Code			
Your Title/Duties:				
Your Supervisor's Name:				
Business Telephone Number: (	)	<del>-</del>	Ext	
Beginning Salary \$per		Ending Salary \$	per	_
Reason for Leaving:				
From:	To:			
Month/Year Month/Year				
This job was: Full Time { } Part Time	{ } Tempora	ary { } Voluntary { } Unen	nployed { }	
Name of Employer/Business:				
Street Address:				
Complete Street Address City State	Zip Code			
Your Title/Duties:				
Your Supervisor's Name:				
Business Telephone Number: (	)	<del>-</del>	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 { } Tempora	ry { } Voluntary { } Unen	nployed { }
Name of Employer/Business:_			
Street Address:			
Complete Street Address City	State Zip Code		
Your Title/Duties:			
Your Supervisor's Name:			
Business Telephone Number:	)	<del>-</del>	Ext
Beginning Salary \$	_per	Ending Salary \$	per
Reason for Leaving:			
From:	To:		
Month/Year Month/Year			
This job was: Full Time { } Part	Time { } Tempora	ry { } Voluntary { } Unem	nployed { }
Name of Employer/Business:_			
Street Address:			
Complete Street Address City	State Zip Code		
Your Title/Duties:			
Your Supervisor's Name:			
Business Telephone Number:			
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



NAME:	 	
SOCIAL SECURITY NUMBER:	 	
DATE OF BIRTH:		
POSITION APPLIED FOR:		