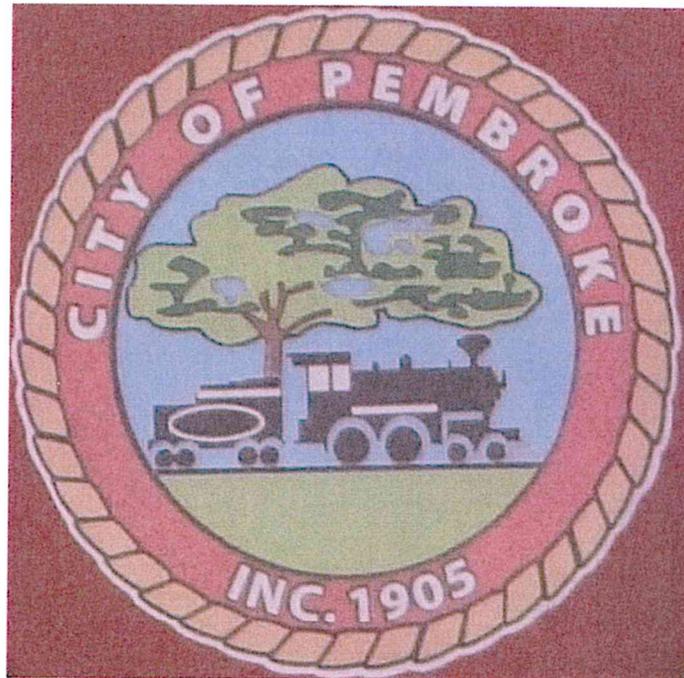


EMPLOYMENT APPLICATION PEMBROKE POLICE DEPARTMENT

NAME: _____

DATE RECEIVED: _____



POSITION APPLIED FOR: _____

CHIEF: _____

SGT: _____

INV: _____

Dear Applicant:

Attached is an application for employment with the **Pembroke Police Department**.

Please fill it out completely and attach the following documents:

Copy of your Birth certificate

Copy of your Driver's License

Copy of your Social Security Card

Copy of your High School diploma or GED certificate

Copies of any certificates of training in the area of Law Enforcement or Security work

Copy of your Marriage License & Divorce Decree (if applicable)

Certified Driver History for 7 years. Must be obtained from GA State Patrol at your expense.

When you have completed the application and have all copies of all needed documentation, please bring your application to:

Pembroke Police Department

154 W Rail Road Street

Pembroke GA 31321

**WITHOUT THE ABOVE DOCUMENTATION YOUR APPLICATION
WILL NOT BE PROCESSED.**

Applications will be held for a period of 6 months.

IMPORTANT NOTICE

IT IS TO YOUR ADVANTAGE TO BE ABSOLUTELY TRUTHFUL IN ANSWERING ALL QUESTIONS IN YOUR INTERVIEWS, ON YOUR APPLICATION AND PERSONAL HISTORY STATEMENT.

A MISSTATEMENT OF FACT OR THE OMISSION OF REQUESTED INFORMATION IS GROUNDS FOR AUTOMATIC REJECTION.

WE HAVE FOUND IN THE PAST THAT SOME APPLICANTS HAVE BEEN REJECTED BECAUSE OF A MISSTATEMENT OR OMISSION WHERE THE FACT WHICH THEY ATTEMPTED TO HIDE WOULD NOT HAVE BEEN A REASON FOR REJECTION.

WE ENCOURAGE YOU TO BE ABSOLUTELY TRUTHFUL IN THESE MATTERS.

INSTRUCTIONS AND INFORMATION

PLEASE READ CAREFULLY BEFORE BEGINNING

1. An investigation will be conducted by personnel in the Internal Affairs unit based on the information you provided in this application. It is critical that you fill out this application completely, truthfully and accurately. At any point during the background investigation, or thereafter, it is found that you misrepresented, deliberately omitted or falsified any information, you will be automatically disqualified from further consideration.

It is imperative that you list any convictions to include a finding or a verdict of guilt, a plea of guilty, or a plea of nolo contendere in a criminal proceeding, regardless of whether the judgment of guilt or sentence is withheld or not entered thereon. This includes first offenders (OCGA 35-8-7.1) . Do not leave any blanks in this booklet. If an item does not apply, write NA.

I fully understand what I have read.

Signature

Date

Notary Public

Date

Investigator Signature

Date

2. Please complete the application in **YOUR OWN HANDWRITING.**
3. If you are a Georgia Certified Peace Officer (Registered with the Georgia Peace Officers Standards and Training Council, POST) please attach a copy of your basic certificate displaying your certification number.
4. The following situation **WILL** prohibit an applicant from serving as a law enforcement officer:
 - a. Conviction in any Court of a felony offense.
 - b. Conviction in any Court of a drug related offense.
 - c. Less than twenty-one (21) years of age at time of appointment.
 - d. Any medical, physical, or mental condition which would prevent an applicant from satisfactorily performing assigned duties or complying with regulations of the Georgia POST Council.

5. The following situations MAY prohibit an applicant from serving as a law enforcement officer:
 - a. Any pending criminal action in any court.
 - b. A military Discharge other than Honorable.
 - c. Seven (7) or more points accumulated against drivers' license at the time of the application
 - d. Not a citizen of the United States.

**** An applicant who has received an official pardon or other similar action for any offense or applicable condition as stated above is not obligated to disclose the offense or condition in this application. If, however, during the course of a background investigation, facts are discovered regarding the offense or condition, the applicant may be required to produce proof of such pardon or action to remain in consideration for employment.

6. If you have any questions regarding this application please contact the Police Department's office at (912)653-4414 and ask for Sgt. Price Or Chief Alexander or Email the Chief at chief@pembrokega.net
7. The following is a checklist for your convenience. You are urged to use it as an incomplete application cannot be processed. Upon completion of the application, refer to this check list to make sure no information has been omitted.

_____ All questions answered. Those not applicable to be marked "NA" or "NO"

_____ I have attached copies of the following:

_____ Birth Certificate _____ High School Diploma/GED

_____ Valid Drivers License _____ Social Security Card

_____ DD214 Long Form (if Applicable) showing character of service

_____ Application is signed and dated.

All forms so noted have been signed in the presence of a Notary Public. These forms MUST bear the signature, stamp and seal of a Notary Public.

PEACE OFFICER APPLICANTS ONLY

I, _____, hereby acknowledge that I am a Peace officer applicant.

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 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 accordance 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

My Commission Expires: _____

Signature of Notary

PERSONAL INFORMATION

1. Name: _____
2. Present Address: _____
City _____ State _____ Zip Code _____
3. Date of Birth: _____ / _____ / _____
4. Social Security Number: _____
5. Height: _____ Weight: _____ Hair Color: _____ Eye Color _____
6. Have you ever used any other name? Yes _____ No _____
7. Have you ever legally changed you name? _____ If "Yes" what was your Former name? _____
8. Phone number: _____ 2nd Phone Number: _____
9. How long at present address? _____
Rent? Yes _____ No _____ Name of Land lord: _____
Phone Number: _____
Own? Yes _____ No _____
Live with family? Yes _____ No _____
10. Previous addresses if less than 10 years at current address:
 1. _____
 2. _____
 3. _____
11. Have you ever filed an application with Bryan County/City of Pembroke Government before? Yes _____ No _____ If so, when and for what positions?

MILITARY SERVICE

12. Complete Military Service:

Branch of Service: _____ Active/Guard/Reserve(Circle all that apply)

Service Number: _____ Dates of service: _____

Highest Rank Attained: _____ MOS/Rating _____

Honorable Discharge: Yes _____ No _____

(If other than honorable, please explain on a separate sheet:)

13. If a member of Reserve or Guard Unit , specify Branch and Unit: _____

14. Did you ever receive any type of disciplinary action? Yes _____ No _____

Court Martial? _____ AWOL? _____ Reduction in Rank _____

Article 15? _____ Any Other? _____

15. Name of your last supervisor: _____

Phone Number and Unit: _____

FORMAL EDUCATION

16. Highest grade of school completed: _____

17. Did you graduate from High School? Yes _____ No _____

Dates Attended: _____

18. Name of High School _____

City / State: _____

19. If you did not graduate from high school, do you have a GED certificate?

Yes _____ No _____ Date Obtained: _____

20. Give names and locations of any Colleges and Universities you have attended, and major course work studied.

21. Circle highest year of college completed: 1 2 3 4 Degree / Year obtained: _____

22. Graduate School: 1 2 3 4 Degree/Year obtained: _____

23. Do you have any special skills or training that would be helpful to you if you were selected for the position applied for? _____

24. Do you read, write or speak any foreign language? Yes _____ No _____ If so

Please List: _____

25. If you wear corrective lenses (glasses or contacts) and if you lost them in a scuffle with an inmate or suspect, could you still function? Yes _____ No _____

LAW ENFORCEMENT EMPLOYMENT HISTORY

List ALL Previous LAW ENFORCEMENT employment starting with the most recent first

26. Name / Address of Agency: _____

Dates of Employment: _____

Reasons for leaving: _____

Type of POST Discharge: Voluntary Resignation: _____

Resign in Lieu of Termination: _____ Termination: _____

Name and phone number of immediate supervisor: _____

Job title: _____

May we contact this agency? Yes _____ No _____

.....
27. Name / Address of Agency: _____

Dates of Employment: _____

Reasons for leaving: _____

Type of POST Discharge: Voluntary Resignation: _____

Resign in Lieu of Termination: _____ Termination: _____

Name and phone number of immediate supervisor: _____

Job title: _____

May we contact this agency? Yes _____ No _____

.....

28. Name / Address of Agency: _____

Dates of Employment: _____

Reasons for leaving: _____

Type of POST Discharge: Voluntary Resignation: _____

Resign in Lieu of Termination: _____ Termination: _____

Name and phone number of immediate supervisor: _____

Job title: _____

May we contact this agency? Yes _____ No _____

.....

29. Name / Address of Agency: _____

Dates of Employment: _____

Reasons for leaving: _____

Type of POST Discharge: Voluntary Resignation: _____

Resign in Lieu of Termination: _____ Termination: _____

Name and phone number of immediate supervisor: _____

Job title: _____

May we contact this agency? Yes _____ No _____

.....

30. Name / Address of Agency: _____

Dates of Employment: _____

Reasons for leaving: _____

Type of POST Discharge: Voluntary Resignation: _____

Resign in Lieu of Termination: _____ Termination: _____

Name and phone number of immediate supervisor: _____

Job title: _____

May we contact this agency? Yes _____ No _____

Attach additional Sheet if more space is required.

.....
COMPLETE THIS SECTION **ONLY** IF YOU HAVE A CERTIFICATION
NUMBER ISSUED BY POST OR ANY OTHER CERTIFYING DIVISION IN
ANOTHER STATE.

31. Are you currently a Peace Officer? Yes _____ No _____

32. State of Certification: _____ Certification #: _____

33. Certification Type (Check all that apply) :

Basic Police : _____ Jail Officer: _____

Corrections: _____ Communications: _____

34. Have you ever been the subject of an internal investigation? Yes _____ No _____

If "Yes", attach an explanation to this application giving full details.

35. Has disciplinary action ever been taken by your certifying agency (POST)?

Yes _____ No _____

If "yes", attach an explanation to this application giving full details.

NON-LAW ENFORCEMENT EMPLOYMENT HISTORY

List previous employment for the past **ten years**, or back to your 18th birthday, whichever is longer.

36. Name of Employer: _____

City/ State: _____

Phone Number: _____

Dates of Employment: _____ To _____

Reasons for leaving: _____

Voluntary resignation: _____ Termination: _____

Name of immediate Supervisor: _____

Job Title & Duties: _____

May we contact this agency? Yes _____ No _____

37. Name of Employer: _____

City/ State: _____

Phone Number: _____

Dates of Employment: _____ To _____

Reasons for leaving: _____

Voluntary resignation: _____ Termination: _____

Name of immediate Supervisor: _____

Job Title & Duties: _____

May we contact this agency? Yes _____ No _____

38. Name of Employer:

City/ State: _____

Phone Number: _____

Dates of Employment: _____ To _____

Reasons for leaving: _____

Voluntary resignation: _____ Termination: _____

Name of immediate Supervisor: _____

Job Title & Duties: _____

May we contact this agency? Yes _____ No _____

39. Name of Employer: _____

City/ State: _____

Phone Number: _____

Dates of Employment: _____ To _____

Reasons for leaving: _____

Voluntary resignation: _____ Termination: _____

Name of immediate Supervisor: _____

Job Title & Duties: _____

May we contact this agency? Yes _____ No _____

Attach additional sheet if more space is required.

CRIMINAL RECORD

40. Have you ever been arrested, charged, indicted, or convicted of a felony offense?

Yes _____ No _____

41. Have you ever been arrested, charged, indicted, or convicted of a firearms or explosive charge?

Yes _____ No _____

42. Have you ever been arrested, charged, indicted, or convicted of any offenses related to alcohol or drugs (including DUI)?

Yes _____ No _____

43. Are there currently any charges pending against you for any criminal offense?

Yes _____ No _____

44. Have you ever been arrested, booked, charged, indicted, or convicted of any type of offense (including **traffic citations**, warrants, or misdemeanors)?

Yes _____ No _____

45. Have you ever been arrested, charged, booked, indicted or convicted of a domestic violence offence?

Yes _____ No _____ Convicted: _____

46. Have you ever been named a defendant in a protective order from any court?

Yes _____ No _____

EXPLAIN BELOW ANY QUESTION THAT YOU ANSWERED YES TO ABOVE.

Date of Offense

Offense

Law Enforcement Authority/ Court

DRIVING RECORD

47. Do you possess a valid Georgia Drivers License? Yes _____ No _____

License Number & expiration date : _____

48. Has your license ever been suspended or revoked? Yes _____ No _____

If yes, for what reason? _____

49. Have you ever been refused a license by any State? Yes _____ No _____

If Yes, what State & why? _____

50. How many accidents have you been involved in over the past 7 years? _____

PERSONAL REFERENCES

51. Personal references (other than family members and former supervisors)

Name: _____

Occupation: _____

Address: _____

Telephone: _____ Years Known: _____

Name: _____

Occupation: _____

Address: _____

Telephone: _____ Years Known: _____

CREDIT REFERENCE

52. Name: _____

Address: _____

Telephone: _____

Type of Account: _____

Name: _____

Address: _____

Telephone: _____

Type of Account: _____

53. Have you ever filed Bankruptcy? Yes _____ No _____

If yes, When and what chapter? _____

BACKGROUND INFORMATION

(Marital/Family Information)

54. Marital Status:

Single _____ Married _____ Separated _____

Divorced _____ Widowed _____

55. Spouse's Name: _____

56. Spouse's Maiden name (if applicable): _____

57. Spouse date of birth _____ Place of birth _____

58. Spouse's Employer: _____

59. Spouse's Employer's address: _____

60. Spouse's Employer's telephone: _____

61. Spouse's length of Employment: _____

62. Date of Marriage: _____

63. Is your spouse in support of you becoming a law enforcement officer?

Yes _____ No _____

64. Closest Living relative: _____

65. Are you related to any City of Pembroke Employee? Yes _____ No _____

If Yes, , Please give the name and department of the employee:

66. Do you know any employees of the Police Department? Yes _____ No _____

If Yes, Please give their names: _____

OTHER INFORMATION

67. This position may require you to wear a uniform, work a rotation shift and work overtime to include off site training:

Do you object to doing so? _____

68. Have you ever had experience working shift work? Yes _____ No _____

69. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answer will be checked with the FBI and other agencies.

Agency

Date

Purpose

Agency	Date	Purpose

70. Do you drink alcoholic beverages? Yes _____ No _____

If Yes, when was the last time? _____

71. Have you ever used marijuana? Yes _____ No _____

If Yes, when was the last time? _____

72. Have you ever used any other illegal drugs, opiates, pills, etc.?

Yes _____ No _____

73. Do you now or have you ever associated with anyone that used drugs?

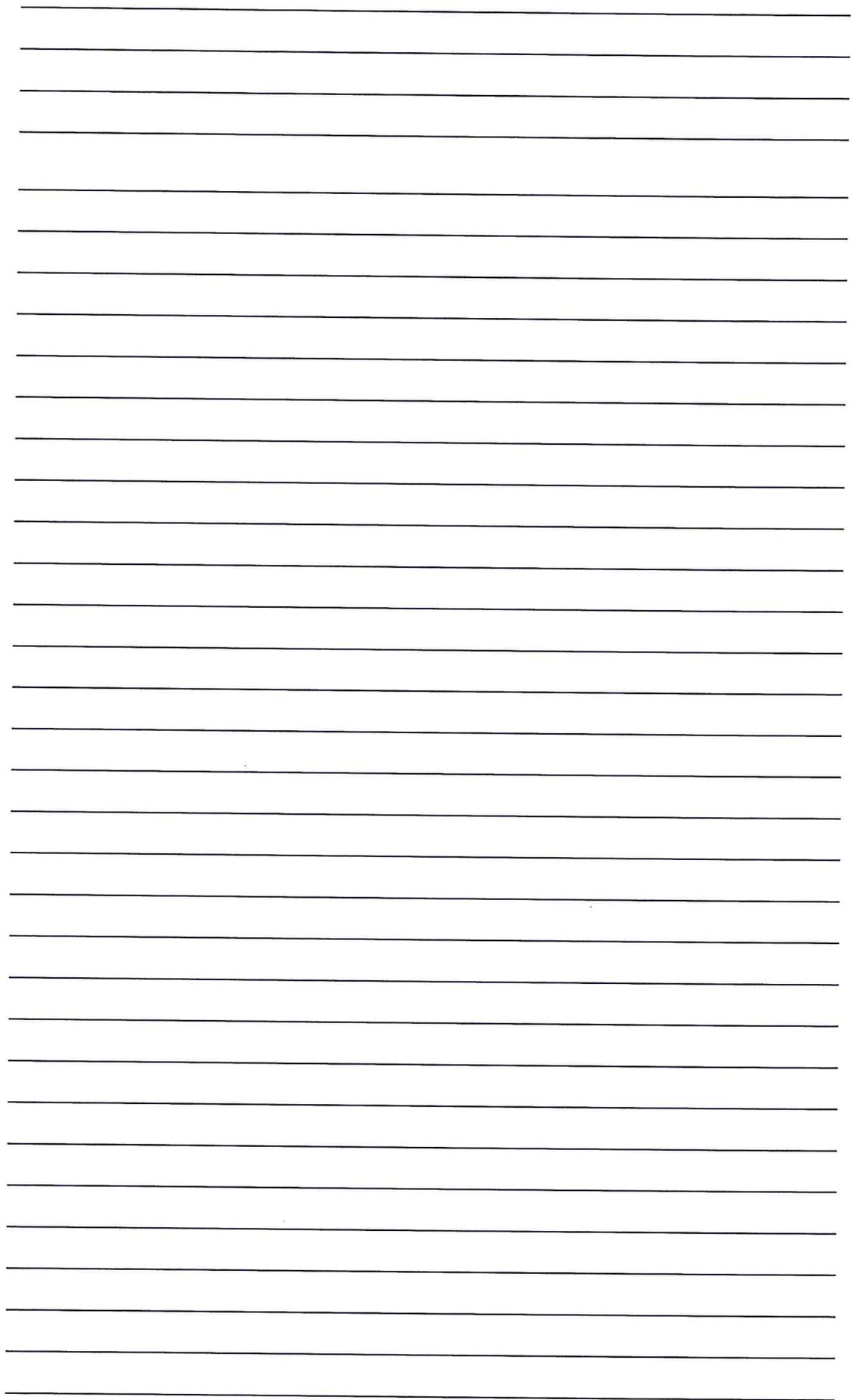
Yes _____ No _____

74. Have you ever been fired or permitted to resign employment for breach of trust, embezzlement, theft or other crime? Yes _____ No _____

If yes, please provide the circumstances:

75. Have you ever been fired or permitted to resign employment for abuse of authority, insubordination or for ANY other disciplinary reason? Yes _____ No _____

If yes, Please provide the circumstances:



PEMBROKE POLICE DEPARTMENT

FAIR CREDIT REPORTING ACT AUTHORIZATION TO OBTAIN INFORMATION

In undertaking this agreement, I understand that I have certain rights under the fair credit reporting act which include but are not limited to the following:

- You must be told if information in your file has been used against you.
- You can find out what is in you file
- You can dispute inaccurate information with the CRA
- Inaccurate information must be corrected or deleted
- You can dispute inaccurate items with the source of the information
- Your consent is required for reports that are provided to employers, or reports that contain medical information
- You may choose to exclude your name from CRA list for unsolicited credit and insurance offers.
- You may seek damages from violators.

Being knowledgeable of my right under the Fair Credit Reporting Act, I hereby authorize the Pembroke Police Department, City of Pembroke to order and obtain a consumer report to be used for employment consideration purposes.

Printed Full Name

Date

Signature

Department Witness

CRIMINAL JUSTICE EMPLOYMENT RELEASE

WAIVER FOR NEW APPLICANTS

CONSENT TO BACKGROUND INVESTIGATION; DRUG TESTING; PHYSICAL AND PSYCHOLOGICAL TESTING; AS WELL AS CONSENT TO A POLYGRAPH EXAM.

TO: Chief Randy Alexander

Pembroke Police Department

154 W Rail Road Street

PO Box 790

Pembroke GA 31321

RE: NAME: _____

PRINTED NAME: _____

SSN: _____ DOB: _____

DRIVERS LICENSE NUMBER & STATE _____

ADDRESS: _____

CITY/ STATE/ZIP: _____

SEX _____ RACE _____ HGT _____ WGT _____

Accept this instrument as my personal request and authorization to conduct a comprehensive personal background investigation, including pending charges of any description, a complete traffic history, criminal history(including first offender status,(if applicable),credit history report, medical records, full and complete disclosure of the records of educational institutions, financial statements and records, wherever filed; veterans administration; employment and re-employment records, including background reports, polygraph examinations or reports, efficiency rating, complaints or grievances filed by or against me. Furthermore, I voluntarily, FULLY CONSENT TO UNDERGO PHYSICAL, PSYCHOLOGICAL, PSYCHOMETRIC, AND URINALYSIS DRUG SCREEN TESTING. I am fully aware, and consent that the information gathered in this screening process, be made known to the officers and Department and the Georgia Peace Officer Standards and Training Council. I am aware that such information is required for application for POST certification as a law enforcement officer, and for employment with the Pembroke Police Department. 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. Therefore, I AGREE THAT THE INFORMATION ACQUIRED IN THIS INVESTIGATION BE USED FOR EMPLOYMENT, TERMINATION, OR DISCIPLINARY DETERMINATIONS, and that such information becomes a matter of public information and is accessible to the public under existing state laws.

In consideration of making application for employment, and in complete understanding of the forgoing facts and possible results, I agree to hold to all elements of this release waiver, and further agree TO HOLD HARMLESS, CHIEF RANDY ALEXANDER AND FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION, and INCLUDING ANY ACT OF OMISSION OR COMMISSION.

This declaration is made freely and voluntarily without fear of punishment of promise or reward, and with full and complete understanding of the terms and consequences of my actions.

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.

This _____ day of _____, 20 _____

(LS)
Legal Signature

Sworn to in the presence of _____

Notary Public

SEAL

**GEORGIA BUREAU OF INVESTIGATION
GEORGIA CRIME INFORMATION CENTER
Georgia Driver's History Consent Form**

I hereby authorize the Pembroke Police Department to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Print Full Name

Sex

Date of Birth

Driver's License Number

Signature

Date