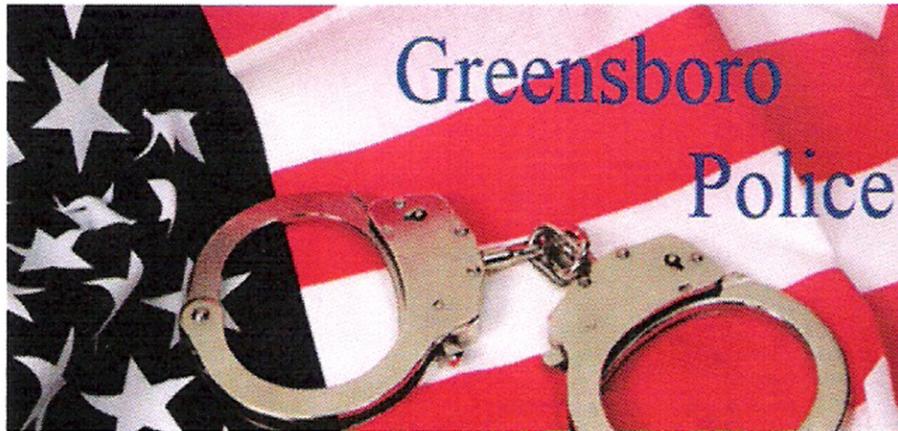


Name: _____

Address: _____

Home Phone: _____

Mobile Phone: _____



1141 Siloam Road
Greensboro, Georgia 30642

*Applicant 's Background
Investigation Booklet*



Date:

PERSONAL DATA

INSTRUCTION SHEET

1. PLEASE PRINT
2. ON COVER SHEET (PAGE 1), GIVE FULL NAME AND FULL ADDRESS.
3. COMPLETE ALL QUESTIONS IN DETAIL WHERE EXPLANATIONS ARE NECESSARY.
4. ANY QUESTIONS NOT PERTAINING TO YOU INDIVIDUALLY, LIST AS "N/A".
5. IF MORE WRITING SPACE IS NEEDED THROUGHOUT THIS APPLICATION FORM, USE REVERSE SIDE OF PAGE, LISTING THE NUMBER OF THE QUESTIONS TO BE FURTHER EXPLAINED.

IMPORTANT

TRUTHFUL AND COMPLETE RESPONSES TO THIS APPLICATION ARE A NECESSITY. DISCOVERY OF INTENTIONAL OMISSIONS OR INCORRECT ANSWERS WILL BE A BASIS FOR THE TERMINATION OF THE APPLICATION PROCESS OR EMPLOYMENT, AND COULD RESULT IN CRIMINAL PROSECUTION UNDER GEORGIA LAW SECTION 16-10-20.

THIS INFORMATION WILL BE SUBJECT TO POLYGRAPH AND ADMINISTRATIVE INVESTIGATION.

I UNDERSTAND THAT IF I DO NOT WISH TO ANSWER A QUESTION IN THIS BOOKLET, I MAY CHOOSE NOT TO DO SO AND MY APPLICATION WILL BE TERMINATED.

SIGNATURE _____ DATE _____

MUST BE PRINTED OR WRITTEN -- NO TYPING

CITY OF GREENSBORO POLICE DEPARTMENT

NAME _____ DATE _____

POSITION APPLIED FOR _____

INTERVIEWER _____

CITY OF GREENSBORO POLICE DEPARTMENT

TO BE PRINTED OR HANDWRITTEN LEGIBLY, WITH INK.

INSTRUCTIONS

FILL OUT THIS QUESTIONNAIRE COMPLETELY AND ACCURATELY. ALL STATEMENTS IN YOUR QUESTIONNAIRE ARE SUBJECT TO VERIFICATION AND MAY BE USED IN POLYGRAPH TESTING. INCORRECT STATEMENTS MAY BAR OR REMOVE YOU FROM EMPLOYMENT. IF MORE SPACE IS NEEDED, ADD ANOTHER PAGE AND IDENTIFY ADDITIONAL INFORMATION BY NUMBER.

PERSONAL

1. YOUR NAME (PRINT)

| | | |
|-------|--------|------|
| FIRST | MIDDLE | LAST |
|-------|--------|------|

GIVE ANY OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY AND ATTACH A STATEMENT GIVING REASONS. (IF NONE, SO STATE) _____

2. YOUR WEIGHT _____ lbs. HEIGHT _____ HAIR _____ EYES _____

3. YOUR SOCIAL SECURITY NUMBER _____ PHONE # _____

4. YOUR ADDRESS:

| | | | | |
|--------|--------|------|-------|-----|
| NUMBER | STREET | CITY | STATE | ZIP |
|--------|--------|------|-------|-----|

5. WITH WHOM DO YOU RESIDE? _____

6. WHEN WERE YOU BORN? _____ WHERE? _____
MONTH DAY YEAR CITY COUNTY STATE

7. ARE YOU A CITIZEN OF THE UNITED STATES? _____ YES _____ NO

NATURAL BORN: _____ NATURALIZED: _____

8. ARE YOU A VETERAN _____ YES _____ NO IF SO, WHAT BRANCH? _____

9. LIST ALL ORGANIZATIONS, CLUBS AND ASSOCIATIONS OF WHICH YOU ARE OR HAVE BEEN A MEMBER, OR WITH WHICH YOU ARE OR HAVE BEEN ASSOCIATED:

10. WHAT ARE YOUR HOBBIES AND SPECIAL SKILLS AND ABILITIES, INCLUDING SPEAKING OF FOREIGN LANGUAGES? _____

11. ARE YOU SINGLE, MARRIED, SEPARATED OR DIVORCED? _____

12. IF A MARRIAGE TO WHICH YOU WERE A PART DISSOLVED, LIST FORMER SPOUSE(S) NAME(S): _____

13. LIST ALL DEPENDANTS:
NAME RELATIONSHIP DATE OF BIRTH ADDRESS

14. GIVE THE NAMES OF EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO ARE STILL LIVING: INCLUDE FATHER, MOTHER, SISTERS, BROTHERS, FATHER-IN-LAW, AND MOTHER-IN-LAW.

NAME RELATIONSHIP ADDRESS TELEPHONE OCCUPATION

15. LIST ADDRESS FOR THE LAST TEN (10) YEARS STARTING WITH THE PRESENT :
FROM TO ADDRESS OF RESIDENCE CITY STATE
MONTH YEAR MONTH YEAR

WORK HISTORY

WORK HISTORY

1. WHAT IS YOUR PRESENT OCCUPATION ? _____
2. HOW DID YOU FIND OUT ABOUT THIS JOB? _____
3. ARE YOU SEEKING PERMANENT EMPLOYMENT WITH THIS DEPARTMENT? _____
4. HAVE YOU EVER WORKED FOR THE CITY OF GREENSBORO BEFORE? _____
IF YES, WHEN AND WHAT POSITION _____
5. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER, OR CORPORATE MEMBER? _____

IF YES, GIVE DETAILS: _____

6. WHY DID YOU LEAVE YOUR LAST JOB? _____

7. DID A SUPERVISOR EVER REPRIMAND YOU FOR BEING LATE OR ABSENT? _____
8. DID A SUPERVISOR EVER REPRIMAND YOU FOR MISCONDUCT OR FAILURE TO PERFORM YOUR JOB PROPERLY? _____
9. DID YOU HAVE ANY ARGUMENTS CONCERNING JOB DUTIES/WORKING CONDITIONS? _____
10. WERE YOU EVER FIRED? _____ EXPLAIN: _____

11. HAVE YOU EVER BEEN ASKED TO RESIGN FROM A JOB? _____

EXPLAIN: _____
12. DO YOU OBJECT TO WEARING A UNIFORM? _____
13. DO YOU OBJECT TO WORKING NIGHTS? _____
14. HAVE YOU HAD EXPERIENCE WITH SHIFT WORK? _____
15. HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THE CITY OF GREENSBORO? _____ IF YES, APPROXIMATE DATE _____

16. LIST ALL JOBS YOU HAVE HELD IN THE LAST TEN (10) YEARS. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE TEMPORARY AND PART-TIME JOBS NO MATTER HOW LITTLE TIME WAS INVOLVED.

FROM _____ TO _____ TITLE _____

NAME AND ADDRESS OF EMPLOYER _____

STREET AND NUMBER _____ CITY AND STATE _____ ZIP _____ PHONE _____

YOUR DUTIES _____

NAME AND TITLE OF SUPERVISOR _____

NUMBER YOU SUPERVISED _____ GROSS SALARY PER MONTH _____

REASON FOR LEAVING _____

FROM _____ TO _____ TITLE _____

NAME AND ADDRESS OF EMPLOYER _____

STREET AND NUMBER _____ CITY AND STATE _____ ZIP _____ PHONE _____

YOUR DUTIES _____

NAME AND TITLE OF SUPERVISOR _____

NUMBER YOU SUPERVISED _____ GROSS SALARY PER MONTH _____

REASON FOR LEAVING _____

FROM _____ TO _____ TITLE _____

NAME AND ADDRESS OF EMPLOYER _____

STREET AND NUMBER _____ CITY AND STATE _____ ZIP _____ PHONE _____

YOUR DUTIES _____

NAME AND TITLE OF SUPERVISOR _____

NUMBER YOU SUPERVISED _____ GROSS MONTHLY SALARY _____

REASON FOR LEAVING _____

PHYSICAL/MENTAL

1. WHEN DID YOU HAVE YOUR LAST PHYSICAL, OTHER THAN FOR THIS JOB? _____
2. HOW IS YOUR PHYSICAL CONDITION AT THE PRESENT TIME? GOOD FAIR POOR
3. HAVE YOU BEEN IN A HOSPITAL IN THE PAST 10 YEARS? _____
IF YES, EXPLAIN: _____
4. HAVE YOU EVER BEEN UNDER THE CARE OF A PSYCHIATRIST/PSYCHOLOGIST? _____
IF YES, EXPLAIN: _____
5. HAVE YOU EVER BEEN UNDER THE CARE OF A MEDICAL DOCTOR? _____
IF YES, EXPLAIN: _____
6. HAVE YOU EVER BEEN INJURED OR HURT ON ANY JOB? _____
IF YES, EXPLAIN: _____
7. ARE YOU NOW ENGAGED IN A PHYSICAL EXERCISE PROGRAM? _____
8. ARE YOU NOW TAKING MEDICATION OF ANY KIND? _____
IF YES, WHAT KIND? _____
9. DO YOU HAVE ANY PHYSICAL DISABILITIES AT THIS TIME OR HAVE YOU EVER HAD ANY? _____ IF YES, GIVE DETAILS: _____
10. LIST ANY EXTENDED ABSENCES FROM WORK YOU HAVE HAD BECAUSE OF PERSONAL ILLNESS AND DESCRIBE THE CAUSES. _____

11. HAVE YOU EVER SUED ANYBODY AS A RESULT OF AN INJURY? _____
IF YES, EXPLAIN: _____
12. DO YOU HAVE LIFE OR HEALTH INSURANCE? _____
13. HAVE YOU EVER BEEN REFUSED LIFE OR HEALTH INSURANCE? _____
14. HAVE YOU EVER BEEN DENIED EMPLOYMENT DUE TO ANY PHYSICAL / MENTAL ILLNESS? _____
15. IF MARRIED, ARE YOU AND YOUR SPOUSE EXPECTING A CHILD NOW? _____
16. HOW IS YOUR SPOUSE'S HEALTH? GOOD FAIR POOR

MILITARY

1. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF THE UNITED STATES OF AMERICA? _____
2. GIVE BRANCH OF SERVICE _____ COMPANY _____
3. WHAT IS YOUR SERVICE NUMBER? _____
4. HIGHEST RANK HELD? _____
5. LIST ALL MEDALS AND DECORATIONS AWARDED YOU AS A MEMBER OF THE FORCES: _____
6. WHAT IS THE TYPE OF YOUR DISCHARGE? (HONORABLE, DISHONORABLE, GENERAL, HONORABLE CONDITIONS, ETC.) BE EXACT: _____
7. GIVE DATE AND LOCATION OF ENTRANCE OF ACTIVE DUTY: _____

8. GIVE DATE AND LOCATION OF DISCHARGE: _____

9. ARE YOU NOW , OR WERE YOU EVER AN ACTIVE OR INACTIVE MEMBER OF ANY BRANCH OF THE UNITED STATES RESERVE FORCES? _____
IF YES, _____ BRANCH _____ UNIT _____ RANK _____
ADDRESS _____ FROM _____ TO _____
10. ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD? _____
STATE _____ REGIMENT _____ UNIT _____
RANK _____ FROM _____ TO _____ TYPE DISCHARGE _____
11. WERE YOU EVER COURT-MARTIALED, TRIED ON CHARGES, OR WERE YOU THE SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST OR COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION WHILE A MEMBER OF THE ARMED FORCES? _____ IF YES, EXPLAIN: _____

12. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR OTHER RESERVE UNIT: _____
13. ARE YOU REGISTERED FOR THE DRAFT? _____
14. ARE YOU RECEIVING ANY DISABILITY PENSION FROM ANY OF THE ARMED SERVICES OR VA? _____
15. DID YOU RECEIVE ANY AMOUNT OF DISABILITY COMPENSATION WHEN DISCHARGED FROM THE ARMED SERVICES? _____

ALCOHOL ABUSE /ILLEGAL DRUGS

THIS SECTION DEALS WITH ALCOHOL ABUSE . ANSWER EACH QUESTION TRUTHFULLY. IF YOU ONCE HAD A DRINKING PROBLEM, BUT THE PROBLEM NO LONGER EXISTS, YOU SHOULD NOT BE UNDULY CONCERNED

1. HAVE YOU EVER LOST A JOB BECAUSE OF A DRINKING PROBLEM? _____
2. HAVE YOU EVER BEEN COUNSELED BY AN EMPLOYER BECAUSE OF YOUR DRINKING HABITS? _____
3. HAVE YOU EVER BEEN TREATED IN A HOSPITAL OR AS AN OUTPATIENT BECAUSE OF A DRINKING PROBLEM? _____
4. DURING THE LAST TEN YEARS, HOW MANY TIMES HAVE YOU USED ALCOHOL DURING WORKING HOURS? (THIS WOULD INCLUDE LUNCH OR BREAKS AS WELL AS WHILE ACTUALLY WORKING). _____
5. DO YOU DRINK ALCOHOLIC BEVERAGES? _____
IF YES, TO WHAT EXTENT _____ DATE LAST INTOXICATED _____
6. HAVE YOU EVER BEEN ARRESTED BECAUSE OF DRINKING? _____
7. HAVE YOU EVER HAD ANY TROUBLE WITH YOUR SPOUSE OR FAMILY DUE TO DRINKING? _____
8. IF YOU HAVE SOLD ANY ILLEGAL DRUGS , EVEN TO A FRIEND OR RELATIVES AT NO PROFIT TO YOURSELF, HOW MANY DOLLARS WORTH OF ILLEGAL DRUGS HAVE YOU SOLD? _____
9. IN THE SPACE PROVIDED, INDICATE WHEN YOU FIRST TRIED ANY OF THE DRUGS LISTED DATE LAST USED AND NUMBER OF TIMES USED.

| | DATE FIRST USED | DATE LAST USED | NO. TIMES USED |
|--------------------|-----------------|----------------|----------------|
| MARIJUANA | _____ | _____ | _____ |
| HASHISH | _____ | _____ | _____ |
| PCP | _____ | _____ | _____ |
| ANGEL DUST | _____ | _____ | _____ |
| LSD | _____ | _____ | _____ |
| MUSHROOMS | _____ | _____ | _____ |
| HEROIN | _____ | _____ | _____ |
| COCAINE | _____ | _____ | _____ |
| QUAALUDES | _____ | _____ | _____ |
| OPIUM | _____ | _____ | _____ |
| SPEED-SPECIFY TYPE | _____ | _____ | _____ |
| UPPERS | _____ | _____ | _____ |
| DOWNERS | _____ | _____ | _____ |
| OTHER | _____ | _____ | _____ |

10. HOW MANY TIMES HAVE YOU USED ILLEGAL DRUGS DURING WORKING HOURS? (INCLUDES LUNCH AND BREAKS) _____

CRIMINAL ACTIVITY

IT IS IMPORTANT THAT YOU ANSWER EACH OF THE FOLLOWING QUESTIONS TRUTHFULLY. IF YOU WOULD LIKE TO WRITE EXPLANATIONS, THERE IS SPACE TO DO SO.

HAVE YOU EVER COMMITTED THE FOLLOWING?

| | YES | NO | AGE |
|-----------------------------------|-------|-------|-------|
| 1. BREAKING AND ENTERING | _____ | _____ | _____ |
| 2. BATTERY | _____ | _____ | _____ |
| 3. POSS. OF CONTROLLED SUBSTANCES | _____ | _____ | _____ |
| 4. DUI OR DWI | _____ | _____ | _____ |
| 5. PASSING BAD CHECKS | _____ | _____ | _____ |
| 6. BURGLARY | _____ | _____ | _____ |
| 7. ARMED ROBBERY | _____ | _____ | _____ |
| 8. GRAND THEFT AUTO | _____ | _____ | _____ |
| 9. SHOPLIFTING | _____ | _____ | _____ |
| 10. ASSAULT | _____ | _____ | _____ |
| 11. MURDER | _____ | _____ | _____ |
| 12. THEFT FROM AN EMPLOYER | _____ | _____ | _____ |
| 13. EXTORTION | _____ | _____ | _____ |
| 14. SEX CRIMES | _____ | _____ | _____ |

15. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSES NOT LISTED? _____

IF YES, GIVE DETAILS: _____

16. HAVE YOU EVER BEEN FINGERPRINTED? _____ IF YES, GIVE DETAILS BELOW.

AGENCY _____ DATE _____ PURPOSE _____

AGENCY _____ DATE _____ PURPOSE _____

AGENCY _____ DATE _____ PURPOSE _____

ARRESTS AND UNDETECTED CRIMES

1. ARE YOU A FUGITIVE FROM JUSTICE? _____

2. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? _____ IF YES, EXPLAIN.

3. DID YOU EVER COMMIT A SERIOUS UNDETECTED CRIME? _____

4. HAVE YOU EVER BEEN TURNED DOWN BY A BONDING COMPANY? _____

5. HAVE YOU EVER INTENTIONALLY PERJURED YOURSELF IN A COURT OF LAW? _____

IF YES, EXPLAIN: _____

6. ARE YOU INVOLVED IN ANY LAWSUITS? _____

7. ARE YOU BEING PAID OR URGED BY ANY PERSON OR ORGANIZATION TO WORK FOR THIS DEPARTMENT? _____

8. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____

IF YES, CRIME CHARGED _____ POLICE AGENCY _____

DATE _____ DISPOSITION OF CASE _____

9. HAVE YOU EVER BEEN PLACED ON PROBATION OR PAROLE? _____

IF YES, GIVE DETAILS: _____

10. HOW MUCH IN DOLLARS HAVE YOU TAKEN FROM EMPLOYERS INCLUDING ACTUAL TAKING OF GOODS OR MONEY, ILLEGALLY GIVING AWAY MERCHANDISE, AND BORROWING AND FAILING TO RETURN PROPERTY. _____

DRIVING RECORD

1. DO YOU HAVE A CURRENT DRIVER'S LICENSE? _____ WHAT STATE? _____

2. YOUR DRIVER'S LICENSE NUMBER: _____ EXPIRES: _____

3. DOES YOUR DRIVER'S LICENSE CONTAIN ANY PHYSICAL RESTRICTIONS? _____

4. LIST BELOW ALL TRAFFIC CITATIONS YOU HAVE RECEIVED:
LOCATION DATE NATURE OF VIOLATION DISPOSITION

5. DID YOU EVER POSSESS AN OPERATOR'S LICENSE ISSUED BY ANY STATE OTHER THAN GEORGIA? _____ IF YES, GIVE STATE AND LICENSE NUMBER _____
6. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? _____
7. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S LICENSE BY ANY STATE? _____
8. WAS YOUR LIABILITY INSURANCE EVER CANCELLED? _____ IF YES, EXPLAIN:

9. WERE YOU EVER DENIED AUTO INSURANCE? _____
10. DID YOU HAVE ANY HIT AND RUN ACCIDENTS? _____
11. WHAT ACCIDENTS HAVE YOU HAD THAT HAVE NOT BEEN REPORTED? _____

12. DO YOU HAVE ANY PENDING LAWSUITS? _____
13. HAVE YOU EVER BEEN CHARGED WITH DUI? _____
14. HAVE YOU EVER BEEN IN ANY MOTOR VEHICLE ACCIDENTS? _____

IF YES, GIVE DETAILS FOR EACH ACCIDENT:

.....
 DATE _____ POLICE INVESTIGATION _____ YES _____ NO _____

LOCATION _____

CAUSE OF ACCIDENT _____

INJURY OR NON-INJURY _____

WHO WAS LEGALLY AT FAULT? _____

DATE _____ POLICE INVESTIGATION _____ YES _____ NO _____

LOCATION _____

CAUSE OF ACCIDENT _____

INJURY OR NON-INJURY _____

WHO WAS LEGALLY AT FAULT? _____

DATE _____ POLICE INVESTIGATION _____ YES _____ NO _____

LOCATION _____

CAUSE OF ACCIDENT _____

INJURY OR NON-INJURY _____

**GREENSBORO POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____ do hereby authorize a review of and full Disclosure of all records concerning myself to any duly authorized agent of the Greensboro Police Department, whether the said records are of a public, private or confidential nature.

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 consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, polygraph reports and charts; efficiency ratings; complaints or 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 personnel 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 Greensboro Police Department. 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 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.

NOTARY

DATE

Signature: _____

Address: _____

Phone #: _____

D.O.B.: _____

SS #: _____