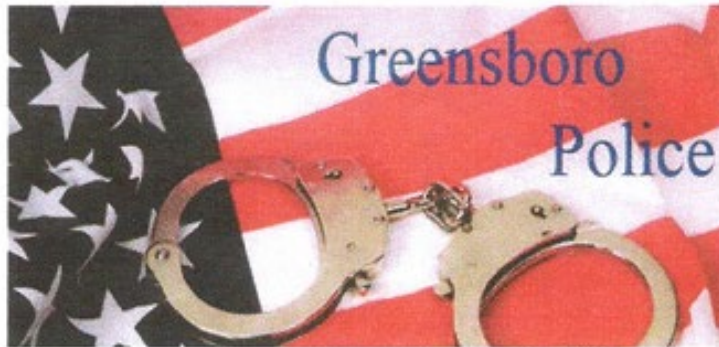


Name: _____

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 ADDRESS.**
3. **COMPLETE ALL QUESTIONS DETAILS 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.

THE CITY OF GREENSBORO POLICE DEPARTMENT DOES NOT OFFER TENURED OR GUARANTEED EMPLOYMENT. EITHER THE CITY OF GREENSBORO OR THE EMPLOYEE CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE. THIS EMPLOYMENT "AT WILL" RELATIONSHIP EXISTS REGARDLESS OF ANY OTHER WRITTEN STATEMENTS OR POLICIES CONTAINED WITHIN THE STANDARD OPERATION PROCEDURES MANUAL OR ANY OTHER COMPANY DOCUMENTS OR ANY VERBAL STATEMENT TO THE CONTRARY.

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 REASON. (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. WHEN WERE YOU BORN? _____ WHERE? _____
MONTH DAY YR CITY COUNTY STATE

6. ARE YOU A CITIZEN OF THE UNITED STATES? _____ YES _____ NO
NATURAL BORN: _____ NATURALIZED: _____

7. ARE YOU A VETERAN? ___ YES ___ NO IF SO WHAT BRANCH? _____

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

EDUCATION

1. WHAT IS THE HIGHEST LEVEL OF YOUR EDUCATION? _____

HIGH SCHOOL	ADDRESS	YEAR GRADUATED
-------------	---------	----------------

COLLEGE	ADDRESS	DATES	DEGREE
---------	---------	-------	--------

VOCATIONAL SCHOOL	ADDRESS	DATES	DEGREE
-------------------	---------	-------	--------

GRADUATE SCHOOL	ADDRESS	DATES	DEGREE
-----------------	---------	-------	--------

REFERENCES

2. FILL IN BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, AND NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR THE PAST FIVE (5) YEARS.

ALL PERSONS YOU NAME MAY BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES.

NAME _____ BUS. PHONE _____ RES. PHONE _____

ADDRESS _____
STREET AND NUMBER CITY STATE ZIP CODE

BUSINESS, OCCUPATION, OR PROFESSION _____

NAME _____ BUS. PHONE _____ RES. PHONE _____

ADDRESS _____
STREET AND NUMBER CITY STATE ZIP CODE

BUSINESS, OCCUPATION, OR PROFESSION _____

NAME _____ BUS. PHONE _____ RES. PHONE _____

ADDRESS _____
STREET AND NUMBER CITY STATE ZIP CODE

BUSINESS, OCCUPATION, OR PROFESSION _____

15. 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 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 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 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: _____

MILITARY

1. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF THE UNITED STATES OF AMERICA? _____ YES _____ NO

2. GIVE BRANCH OF SERVICE: _____ COMPANY: _____

3. WHAT IS YOUR SERVICE NUMBER? _____

4. HIGHEST RANK HELD? _____

5. LIST ALL MEDALS AND DECORATIONS AWARDED TO 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 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? _____

IF YES, STATE: _____ REGIMENT: _____ UNIT: _____

RANK: _____ FROM: _____ TO: _____ TYPE OF DISCHARGE: _____

11. WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES, OR WERE YOU IN 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: _____

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. DURING THE LAST TEN YEARS, HOW MANY TIMES HAVE YOU USED ALCOHOL DURING WORK HOURS? (THIS WOULD INCLUDE LUNCH OR BREAKS AS WELL AS WHILE ACTUALLY WORKING). _____
3. DO YOU DRINK ALCOHOLIC BEVERAGES? _____ YES _____ NO
4. HAVE YOU EVER BEEN ARRESTED BECAUSE OF DRINKING? _____ YES _____ NO
5. 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? _____

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/DWI			
5. PASSING BAD CHECKS			
6. BURGLARY			
7. ARMED ROBBERY			
8. GRAND THEFT AUTO			
9. SHOPLIFTING			
10. ASSAULT			
11. MURDER			
12. THEFT FROM 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? _____ YES _____ NO

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 RIGHT UNDER THE CONSTITUTION OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? _____. IF YES, EXPLAIN: _____

3. DID YOU EVER COMMIT A SERIOUS UNDETECTED CRIME? _____ YES _____ NO

4. HAVE YOU EVER BEEN TURNED DOWN BY A BONDING COMPANY?
_____ YES _____ NO

5. HAVE YOU EVER INTENTIONALLY PERJURED YOURSELF IN A COURT OF LAW?
_____, IF YES, EXPLAIN: _____

6. ARE YOU BEING PAID OR URGED BY ANY PERSON OR ORGANIZATION TO WORK FOR THIS DEPARTMENT? _____ YES _____ NO

7. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____
IF YES, CRIME CHARGED: _____ POLICE AGENCY: _____
DATE: _____ DIPOSITION OF CASE: _____

8. HAVE YOU EVER BEEN PLACED OR PROBATION OR PAROLE? _____
IF YES, GIVE DETAILS: _____

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

I, _____ do hereby authorize a review of all 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 Administrative; 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.

In 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.

S.S.N

