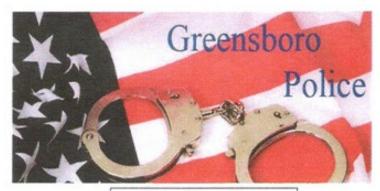
Name: Address:	
Home Phone: Mobile Phone:	



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 NEEEDED 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 OMMISSIONS 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 STATEMNTS 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 _	
INTEDVIEWED	

# CITY OF GREENSBORO POLICE DEPARTMENT

TO B	E PRINTED OR HANDW	RITTEN <u>LEGIBLY</u> V	WITH INK.		
INST	RUCTIONS				
STAT BE US REM	OUT THIS QUESTIONNA EMENTS IN YOUR QUES SED IN POLYGRAPH TE OVE YOU FROM EMPLO E AND IDENTIFY ADDITO	STIONNAIRE ARE S STING. INCORREC DYMENT. IF MORE	SUBJECT TO V CT STATEMEN SPACE IS NE	VERIFICATION A TS MAY BAR OR EDED, ADD ANO	
PERS	<u>SONAL</u>				
1.	YOUR NAME (PRINT)				
	FIRST	MIDDLE		LAST	
	GIVE ANY OTHER NAM STATEMENT GIVING RE				
2. 3. 4.	YOUR WEIGHTYOUR SOCIAL SECURITY YOUR ADDRESS:	LBS HEIGHT ГҮ NUMBER	HAIR _	EYES PHONE #	
	NUMBER STREET	CITY	STATE	ZIP	
5.	WHEN WERE YOU BOR	N? MONTH DAY	YR WHERE?	CITY COUNTY	STATE
6.	ARE YOU A CITIZEN OF NATURAL BORN:	THE UNITED STATE	ES? TURALIZED: _	YES	NO
7.	ARE YOU A VETERAN?	YES NO	F SO WHAT BE	RANCH?	
8.	WHAT ARE YOUR HOBI SPEAKING OF FOREIGN				

# **EDUCATION**

HIGH SCHOOL	ADDRESS	YEAR	GRADUATED
COLLEGE	ADDRESS	DATES	DEGREE
VOCATIONAL SCHOOL	ADDRESS	DATES	DEGREE
GRADUATE SCHOOL	ADDRESS	DATES	DEGREE
	REFERENCES	<u>3</u>	
NOT FORMER EMPLOYE YEARS. ALL PERSONS YOU NAM ABILITY, EXPERIENCE, I	ERS, WHO HAVE KNO ME MAY BE ASKED TO PERSONALITY AND O	O APPRAISE YOUR OTHER QUALITIES.	PAST FIVE (5) CHARACTER,
YEARS. ALL PERSONS YOU NAM	ERS, WHO HAVE KNO ME MAY BE ASKED TO PERSONALITY AND O	O APPRAISE YOUR OTHER QUALITIES.	PAST FIVE (5) CHARACTER,
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# **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?
	HAVE YOU EVER WORKED FOR THE CITY OF GREENSBORO BEFORE?
	IF YES, WHEN AND WHAT POSITION?  DATES  POSITION  WHY DID YOU LEAVE YOUR LAST 10P?
5.	WHY DID YOU LEAVE YOUR LAST JOB?
6.	DID A SUPERVISOR EVER REPRIMAND YOU FOR BEING LATE OR ABSENT?
7.	DID A SUPERVISOR EVER REPRIMAND YOU FOR MISCONDUCT OR FAILURE TO PERFORM YOUR JOB PROPERLY?
8.	DID YOU HAVE ANY ARGUMENTS CONCERNING JOB DUTIES/WORKING CONDITIONS?
9.	WERE YOU EVER FIRED? IF YES, EXPLAIN:
10.	HAVE YOU EVER BEEN ASKED TO RESIGN FROM A JOB? IF YES EXPLAIN:
11.	DO YOU OBJECT TO WEARING A UNIFORM?
12.	DO YOU OBJECT TO WORKING NIGHTS?
13.	HAVE YOU HAD EXPERIENCE WITH SHIFT WORK?
14.	HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THE CITY OF GREENSBORO?, IF YES, APPROXIMATE DATE:

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 EMPLOYE	R:		
STREET AND NUMBE	ER CITY AND	STATE ZIP	PHONE
YOUR DUTIES:			
NAME AND TITLE OI NUMBER YOU SUPEI	F SUPERVISOR: GROSS	SALARY PER MONTH:	
		********	*********
STREET AND NUMBI	ER CITY AND	STATE ZIP	PHONE
YOUR DUTIES:			
NAME AND TITLE OI NUMBER YOU SUPEI	F SUPERVISOR: GROSS	SALARY PER MONTH:	
REASON FOR LEAVI	NG:		
		********	********
NAME OF EMPLOYE	R:		
STREET AND NUMBE	ER CITY AND	STATE ZIP	PHONE
YOUR DUTIES:			
NAME AND TITLE OF NUMBER YOU SUPE	SUPERVISOR: GROSS	SALARY PER MONTH:	
REASON FOR LEAVI	NG:		

# **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:
	GIVE DATE AND LOCATION OF DISCHARGE:  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 LINIT:

## 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?YESNO
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**

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

YES NO

**AGE** 

HAVE YOU EVER COMMITED THE FOLLOWING?

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 CONVIC IF YES, GIVE DETAILS:	CTED OF ANY		STED?
16. HAVE YOU EVER BEEN FINGER	.PRINTED?	IF YES, GIVI	E DETAILS BELOW:
AGENCY:	DATE:	PURPOSE	:
AGENCY:	DATE:	PURPOSE	:
AGENCY:	DATE	PURPOSE	

## ARRESTS AND UNDECTED CRIMES

1.	ARE YOU A FUGITIVE FROM JUSTICE	E?	YES	NO
2.	ARE YOU NOW OR HAVE YOU EVER DOMESTIC ORGANIZATION, ASSOCA OF PERSONS WHICH IS TOTALITARL OR WHICH HAS ADOPTED OR SHOW THE COMMISSION OF ACTS OF FORCE THEIR RIGHT UNDER THE CONSTITUTIONAL MEANS?	ATION, MOVEM AN, FASCIST, CO S A POLICY OF CE OR VIOLENC UTION OF THE U	ENT, GROUP O DMMUNIST, OF ADVOCATING EE TO DENY OT JNITED STATE	R COMBINATION R SUBVERSIVE, OR APPROVING THER PERSONS S BY
3.	DID YOU EVER COMMIT A SERIOUS	UNDETECTED (	CRIME?	YESNO
4.	HAVE YOU EVER BEEN TURNED DO'YESNO	WN BY A BOND	ING COMPANY	7?
5.	HAVE YOU EVER INTENTIONALLY P, IF YES, EXPLAIN:			URT OF LAW?
6.	ARE YOU BEING PAID OR URGED BY FOR THIS DEPARTMENT?			TION TO WORK
7.	HAVE YOU EVER BEEN CONVICTED IF YES, CRIME CHARGED: DATE: DIPOSITI	POI	LICE AGENCY:	
8.	HAVE YOU EVER BEEN PLACED OR IF YES, GIVE DETAILS:	PROBATION OR	PAROLE?	

# **DRIVING RECORD**

1.	DO YOU HA	VE A CURREN	NT DRIVER'S LICENSE?		_ STATE ISSU	JE <b>D</b> :
2.	DRIVER'S LI	CENSE NUM	BER:	EXPIR	ES:	
3.	DOES YOUR	DRIVER'S LI	CENSE CONTAIN ANY	PHYSICAI	L RESTRICTION	ONS?
4.	LIST BELOW	V ALL TRAFFI	IC CITATIONS YOU HAV	VE BEEN C	CITED:	
LOCA	TION	DATE	NATURE OF VIOL	ATION	DISPO	STION
5.			AN OPERATOR'S LICEN IF YES, GIVE STAT			
		STATE	LIC	CENSE NU	MBER	
6.	WAS YOUR I	LICENSE EVE	ER SUSPENDED OR REV	VOKED? _		
7.	HAVE YOU I	EVER BEEN R	REFUSED AN OPERATO	R'S LICENS	SE BY ANY S	TATE?
8.	HAVE YOU I	EVER BEEN C	CHARGED WITH A DUI?	·	YES	NO

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

Ι,	do hereby authorize a	review of		
all and full Disclosure of all records concerning myself to any duly authorized agent of the				
-	nent, whether the said records are of a public, private or co	onfidential		
nature.				
The intent of this authoriz records of educational instructors of commercial or nother financial statements consultation, including hos Administrative; employment polygraph reports and characteristic and the records and recollement or another person in an an interest.	tion is to give my consent for full and complete disclosure of tutions; financial or credit institutions, including records of etail credit agencies (including credit reports and/or rating and records wherever filed; medical and psychiatric treatmentals, clinics, private practitioners, and the U.S. Veterans and pre-employment records, including background reports; efficiency ratings; complaints or grievances filed by or ctions of attorneys at law, or of other counsel, whether reports as either criminal or civil, in which I presently have or	of loans, the s), and nent and/or corts, against me; resenting have had		
which is developed directly be considered in determine Department. I also certify shall not be held accountal	ormation obtained by a personnel history background inve- or indirectly, in whole or in part, upon this release authoring my suitability for employment by the Greensboro Police that any person(s) who may furnish such information concelle for giving this information; and I do hereby release said hich may be incurred as a result of furnishing such inform	ization will eerning me person(s)		
	form will be valid as an original thereof, even though the s an original writing of my signature.	aid		
NOTARY	DATE			
		Signature		
		Signature  Address		
		Address		
		Address		

## GREENSBORO POLICE DEPARTMENT

# AUTHORIZATION TO RELEASE INFORMATION

(CRIMINAL, DRIVING, EMPLOYMENT, FINANCIAL AND MEDICAL HISTORIES)

I hereby authorize the Greensboro Police Department or other authorized representative of Greensboro bearing this release or copy thereof, within 12 months of its date, to obtain any information in my files pertaining to my driving record, Georgia criminal history record information, previous employment files, financial history, and medical records. This release is executed with full knowledge and understanding that the information is for official use of the Greensboro Police Department. Consent is granted for the Greensboro Police Department to furnish such information as to describe above, to third parties in the course of fulfilling its official responsibilities. I give consent to the Greensboro Police Department to perform periodic criminal history background checks for the duration of my employment.

Full Name: (Print): Last	First	M.I.	
Social Security Number:		Race:	
Date of Birth:	Sex: M	[] F[]	
Drivers License Number:		State:	_
Signature:			
Notary:	Da	ate:	_
Notary Expiration:			