



Guyton Police Department

Employment Application

Name: _____

Date Received: _____

Position Applied For:

City Manager: _____

Chief: _____

Please fill out application 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

Copy of your DD-214 Long Form (if applicable)

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

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

When you have completed your application and attached all required documentation, please bring your application to:

Guyton City Hall
310 Central Blvd
Guyton, Ga 31312

Or email 

Jobs@cityofguyton.com

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

IMPORTANT NOTICE

IT IS TO YOUR ADVANTAGE TO BE ABSOLUTELY TRUTHFUL IN ANSWERING ALL QUESTIONS ON YOUR APPLICATION AND DURING INTERVIEWS.

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 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 of the City of Guyton / Guyton Police Department based on the information you provide 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 judgement of guilt or sentence is withheld or not entered thereon. This includes first offenders (OCGA §35-8-7.1). Do not leave blanks in this application. If an item does not apply, write N/A.

I fully understand what I have read.

Applicant Signature

Date

Notary Public

Date

NOTARY SEAL

2. Please complete the application in full to include your signatures and required notary sections.
3. If you are a Georgia Certified Police Officer registered with the Georgia Peace Officer Standards and Training Council (POST), please attach a copy of your basic certificate displaying your certification number.
4. The following situations **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. Any medical, physical, or mental condition which would prevent an applicant from satisfactorily performing assigned duties or complying with regulation 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 court.
 - b. A military discharge other than honorable.
 - c. Seven (7) or more points accumulated against driver's 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 Guyton Police Department at (912) 772-8745.
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 the checklist to make sure no information has been omitted.

All questions answered; those not applicable to be marked N/A.

I have attached copies of the following:

Birth Certificate

High School Diploma/GED

Valid Driver's License

Social Security Card

DD-214 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.

PERSONAL INFORMATION

1. Name: _____

2. Date of Birth: _____ Place of Birth: _____

3. Social Security Number: _____

4. Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

5. Are you a US Citizen? Yes No Natural Born

6. Have you ever used any other name? Yes No

7. Have you ever legally changed your name? Yes No If "Yes," what was your former name? _____

8. Present Address: _____

City: _____ State: _____ Zip: _____

9. Home Phone Number: _____

Work Phone Number: _____

Mobile Phone Number: _____

Email Address: _____

Social Media Accounts (Facebook, Twitter, etc.):

a. _____

b. _____

c. _____

d. _____

10. How long at present address? _____

Rent: Yes No

Name of Landlord: _____

Own: Yes No

Live with Family: Yes No

11. Previous addresses if less than 10 years beginning with the most current:

12. Have you ever filed an application with the City of Guyton before? Yes

No

If so, when and for what position(s): _____

MILITARY SERVICE

13. Complete military service:

Branch of service: _____ Active Guard Reserve (Check applicable)

Service number: _____ Dates of service: _____

Highest Rank attained: _____ MOS/Rating: _____

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

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

Court Martial? _____ AWOL? _____ Reduction in Rank? _____

Article 15? _____ Any Other? _____

16. Name your last supervisor: _____

Phone Number and Unit: _____

FORMAL EDUCATION

17. Highest grade of school completed: _____

18. Did you graduate from high school: _____ Dates attended: _____

19. Name of High School: _____

City/State: _____

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

Yes No Date Obtained: _____

21. Give names and locations of any Colleges and Universities you have attended, and major course of study:

22. Check highest year of college completed: 1 2 3 4 Degree/Year Obtained: _____

23. Graduate School: 1 2 3 4 Degree/Year Obtained: _____

24. Do you have any special skills or training that would be helpful to you if you were selected for a law enforcement position? _____

25. Do you read, write, or speak any foreign languages? Yes No

If so, please list: _____

26. If you wear corrective lenses (glasses or contacts) and you lost them during a scuffle with a suspect or inmate, could you still function? Yes No

LAW ENFORCEMENT EMPLOYMENT HISTORY

27. List ALL previous law enforcement employment, starting with the most recent:

a. Name/ Address of Agency: _____

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? Yes No

b. Name/ Address of Agency: _____

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? Yes No

c. Name/ Address of Agency: _____

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? Yes No

d. Name/ Address of Agency: _____

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? Yes No

e. Name/ Address of Agency: _____

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? Yes No

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS.

COMPLETE THIS SECTION ONLY IF YOU ARE CURRENTLY OR HAVE BEEN A LAW ENFORCEMENT OFFICER. THIS DOES NOT INLCUDE SECURITY EXPERIENCE.

28. Are you currently a peace officer? Yes No

29. If "Yes," State of Certification: _____ Certification Number: _____

30. Certification Type: _____

31. Certification Date: _____

Name and Location of Police Academy: _____

32. How many years of law enforcement do you have? _____

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

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

34. Has disciplinary action ever been taken by your certifying agency (POST)? Yes No

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

35. Have you ever qualified with a weapon?

Lethal: _____

Less Lethal: _____

NON-LAW ENFORCEMENT EMPLOYMENT HISTORY

36. List previous employment for the past ten (10) years or to your 18th birthday, whichever is the longer, beginning with the most recent.

a. Name/ Address of Employer:

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this employer? Yes No

b. Name/ Address of Employer:

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this employer? Yes No

c. Name/ Address of Employer:

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this employer? Yes No

d. Name/ Address of Employer:

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this employer? Yes No

e. Name/ Address of Employer:

Dates of Employment: _____

Reason for Leaving: _____

Name and phone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this employer? Yes No

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS.

CRIMINAL RECORD (PLEASE CHECK APPROPRIATE RESPONSES)

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

42. Have you ever been arrested, charged, indicted, or convicted of a domestic violence offense?

Yes No

43. Have you ever been named as 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
-----------------	---------	---------------------------------

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS.

DRIVING RECORD

44. Can you operate a motor vehicle? Yes No

45. Do you possess a valid Georgia Driver's License? Yes No

If "Yes," License Number: _____ Expiration Date: _____

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

If "Yes," License Number: _____ State: _____

For what reason: _____

Was it restored: Yes No

47. Have you ever been refused a license by any state? Yes No

48. Give details of any motor vehicle accidents you have been involved in.

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS.

PERSONAL REFERENCES

49. Personal References (other than family members and former employers/supervisors)

a. Name: _____

Occupation: _____

Address: _____

Phone Number: _____ Years Known: _____

b. Name: _____

Occupation: _____

Address: _____

Phone Number: _____ Years Known: _____

c. Name: _____

Occupation: _____

Address: _____

Phone Number: _____ Years Known: _____

CREDIT REFERENCE

50. Credit References

a. Name: _____

Address: _____

Type of Account: _____

Phone Number: _____ Contact Person: _____

b. Name: _____

Address: _____

Type of Account: _____

Phone Number: _____ Contact Person: _____

c. Name: _____

Address: _____

Type of Account: _____

Phone Number: _____ Contact Person: _____

BACKGROUND INFORMATION

51. Marital Status:

Single: Married: Separated: Divorced: Widowed:

52. Spouse's Name: _____

53. Spouse's Maiden Name: _____

54. Spouse's Date of Birth: _____ Place of Birth: _____

55. Spouse's Occupation: _____

56. Spouse's Employer: _____

57. Spouse's Employer Address: _____

58. Spouse's Employer Phone Number: _____

59. Spouse's Length of Employment: _____

60. Date of Marriage: _____

61. Is your spouse in favor of you becoming a law enforcement officer? Yes No

62. Closet Living Relative: _____

63. Are you supporting all living children born to you or adopted by you? Yes No

64. Are you related to any City of Guyton employees? Yes No

If "Yes," name the employee: _____

What department do they work for? _____

65. Do you know any employees of the City of Guyton? Yes No

If "Yes," please list their names: _____

OTHER INFORMATION

66. This position may require you to:

Wear a uniform Do you object to doing so? Yes No

Work rotating shifts Do you object to doing so? Yes No

Work overtime Do you object to doing so? Yes No

67. Have you ever experienced shift work? Yes No

If "Yes," when and where? _____

68. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

69. Do you drink alcoholic beverages? Yes No

If "Yes," when was the last time? _____

70. Have you ever used marijuana? Yes No

If "Yes," when was the last time? _____

71. Have you ever used any other illegal drugs, opiates, pills, etc? Yes No

If "Yes," what were the circumstances? _____

72. Do you know now, or have you ever associated with anyone that used illegal drugs?

Yes No

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

If "Yes," please provide circumstances: _____

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

If "Yes," please provide circumstances: _____

75. If it became necessary in the course of law enforcement duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? Yes No

If "Yes," give details: _____



Guyton 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 use against you.
- You can find out what is in your file.
- You can dispute the inaccurate information with the CRA.
- Inaccurate information must be corrected or deleted.
- You can dispute inaccurate items with the source of information.
- Out-dated information may not be reported.
- 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 lists for unsolicited credit and insurance offers.
- You may seek damages from violators.

Being knowledgeable of my rights under the Fair Credit Reporting Act, I hereby authorize the Guyton Police Department to order and obtain a Consumer Report to be used for employment consideration.

Printed Full Name

Date

Signature

Department Witness

CRIMINAL JUSTICE EMPLOYMENT RELEASE WAIVER FRO NEW APPLICANTS

**CONSENT TO BACKGROUND INVESTIGATION: DRUG TESTING AND
PHYSICAL AND PSYCHOLOGICAL TESTING**

TO: Guyton Police Department
505 Magnolia Street
Guyton, Ga 31312

RE: Name: _____

SSN: _____ DOB: _____

Driver's License State/Number: _____

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 ratings, complaints or grievances filed by or against me. Furthermore, I voluntarily, FULLY CONSENT TO UNDERGO PHYSICAL, PSYCHOLOGICAL, PSYCHOMETRIC, AND DRUG SCREEN TESTING. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT DRUG SCREEN TESTING MAY REQUIRE ME TO PROVIDE BLOOD, BREATH, URINE OR OTHER BODILY SUBSTANCE FOR COMPLETE DRUG SCREEN TESTING. I am fully aware, and consent that the information gathered in this screening process, be made known to the officers and employees of the Guyton Police Department, as well as the officers and employees of the City of Guyton Personnel Department and the Georgia Peace Officer Standards and Training Counsel. I am aware that such information is required for application for POST certificate as a law enforcement officer, and for employment with the Guyton Police Department. I certify that if any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I 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 foregoing facts and possible results, I agree to hold to all elements of this release waiver, and further agree TO HOLD HARMLESS, THE CITY OF GUYTON AND ITS EMPLOYED AND ELECTED OFFICIALS FROM ANY CIVIL LIABILITY OF ANY KIND OF 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 action.

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____

Legal Signature

Sworn in the presence of _____

Notary Public



Guyton Police Department

Georgia Bureau of Investigation
Georgia Crime Information Center

Georgia Driver's History Consent Form

I hereby authorize the **GUYTON 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.

Full Name (Print)

Sex

Date of Birth

Georgia Driver's License Number

Signature

Date



Guyton Police Department

**INFORMED CONSENT RELEASE AND HOLD HARMLESS
FOR PRE-EMPLOYMENT BACKGROUND
INVESTIGATION**

I fully recognize that under Georgia law, individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the position of peace officer. I further recognize that an employing agency has both a legal and moral obligation to make every reasonable effort to ensure that any person employed by them as a peace officer will conform to the very highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such investigation will include contacting persons and/or organizations who have information relating to my fitness, including if I am or have been a peace officer in Georgia. I understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless authorized to do so and held harmless for cooperating in this process.

I hereby authorize the Guyton Police Department (GPD) and any agent or representative thereof, including officers on its police force, to obtain any information pertaining to me from any individual or entity, including any physician or medical provider, court, present or former employer, records custodian, credit bureau, property manager, financial institution, educational institution, or law enforcement agency. The information that I authorize to be obtained includes but is not limited to medical records, employment and disciplinary records, records regarding eligibility for rehire, and records and information relating to my job performance and behavior.

I hereby release and hold GPD and its police officers, agents, employees, and representatives and all persons providing the information described herein to GPD from any and all liability to me of whatever kind or nature which may result from compliance or attempts to comply with this authorization, or which results from providing the information described in this harmless any present or former employer from any and all liability for disclosing complete and accurate employment -related information about me, including records or personnel files that relate to my performance or behavior while employed by such employer.

I have had adequate time to review this form, I understand its meaning and purpose, and I have been furnished a copy of it.

Dated this _____ day of _____, 20____ in the County of Effingham, State of Georgia.

Applicant Signature

Witness Signature