

Rincon Police Department

Name: _____

Date Received: _____

Position Applied For:

Chief: _____

CID: _____

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

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 & Divorce Decree (if applicable)

Certified Driver History for 7 years must be obtained from Georgia State Patrol at your expense

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

Rincon Police Department

107 West 17th Street

Rincon, GA 31326

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

Applications will be held for a 6 month period.

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 MIS-STATEMENT 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 MIS-STATEMENT 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 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 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 any court
 - b. A military Discharge other than Honorable
 - c. Seven (7) or more points accumulated against drivers' 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. 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 Rincon Police Department at (912) 826 - 5200.
- 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 checklist 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
____ Valid Driver's 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.

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 U.S. Citizen? Yes _____ No _____ Natural Born _____

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

7. Have you ever legally changed your name? _____ If "Yes," what was your former name? _____

8. Present Address: _____

City _____ State _____ Zip _____

9. Home Phone Number _____

Work Phone Number _____

Email Address _____

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 at current address: _____

12. Have you ever filed an application with Rincon Police Department before?
Yes _____ No _____

If so, when and for what positions: _____

MILITARY SERVICE

13. Complete Military Service:

Branch of Service: _____ Active/Guard/Reserve (circle all that apply)
Service Number: _____ Dates of Service: _____
Highest Rank Attained: _____ MOS/Rating: _____

14. If member of Reserve of 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 of 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
work studied. _____

22. Circle 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 language? Yes _____ No _____

If so, please list: _____

26. 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:

27. Name/Address of Agency: _____

Dates of Employment: _____

Reasons for Leaving: _____

Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

28. Name/Address of Agency: _____

Dates of Employment: _____

Reasons for Leaving: _____

Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

29. Name/Address of Agency: _____

Dates of Employment: _____

Reasons for Leaving: _____

Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

30. Name/Address of Agency: _____

Dates of Employment: _____

Reasons for Leaving: _____

Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

31. Name/Address of Agency: _____

Dates of Employment: _____

Reasons for Leaving: _____

Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

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

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

33. If "Yes," State of Certification: _____ Certification# _____

34. Certification Type: _____

35. Certification Date: _____ Name and Location of Police Academy: _____

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

37. Have you ever been the subject of an internal investigation: _____
If "YES," attach an explanation to this application giving full details.

38. Has disciplinary action ever been taken by your certifying agency (POST)?
Yes _____ No _____ If "YES," attach an explanation to this application giving full details.

39. Have you ever qualified with a weapon? Yes _____ No _____
If "YES," what type of weapon? _____

NON-LAW ENFORCEMENT EMPLOYMENT HISTORY

40. List previous employment for the past ten (10) years or back to your 18th birthday, whichever is longer. May we contact your present employer?

41. Name/Address of Agency: _____

Dates of Employment: _____

Reasons for Leaving: _____

Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

42. Name/Address of Agency: _____

Dates of Employment: _____

Reasons for Leaving: _____

Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

43. Name/Address of Agency: _____

Dates of Employment: _____

Reasons for Leaving: _____

Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

44. Name/Address of Agency: _____

Dates of Employment: _____

Reasons for Leaving: _____

Name and telephone number of immediate supervisor: _____

Job Title and Duties: _____

May we contact this agency? _____

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS

CRIMINAL RECORD (PLEASE CHECK APPROPRIATE RESPONSES)

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

Yes _____ No _____

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

Yes _____ No _____

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

Yes _____ No _____

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

Yes _____ No _____

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

Yes _____ No _____

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

Yes _____ No _____

51. 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
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DRIVING RECORD

52. Can you operate a motor vehicle? Yes _____ No _____

53. Do you possess a valid Georgia Driver's License? Yes _____ No _____
If "YES," give license number and expiration date: _____

54. Has your license ever been suspended or revoked? Yes _____ No _____
If "YES," give State and license number: _____

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

If yes, for what reason: _____

If yes, was it restored: _____

56. Have you ever been refused a license by any State? _____

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

PERSONAL REFERENCES

58. Person References (other than family members and former supervisors)

Name: _____

Occupation: _____

Address: _____

Telephone: _____ Years Known: _____

Name: _____

Occupation: _____

Address: _____

Telephone: _____ Years Known: _____

Name: _____

Occupation: _____

Address: _____

Telephone: _____ Years Known: _____

CREDIT REFERENCES

59. Name: _____

Address: _____

Telephone: _____

Type of Account: _____

Name: _____

Address: _____

Telephone: _____

Type of Account: _____

Name: _____

Address: _____

Telephone: _____

Type of Account: _____

BACKGROUND INFORMATION (Marital/Family Information)

60. Marital Status:

Single _____ Married _____ Separated _____

Divorced _____ Widowed _____

61. Spouse's Name: _____

62. Spouse's Maiden Name: _____

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

64. Spouse's Occupation: _____

65. Spouse's Employer: _____

66. Spouse's Employer Address: _____

67. Spouse's Employer Telephone Number: _____

68. Spouse's Length of Employment: _____

69. Date of Marriage: _____

70. Is your spouse in favor of you becoming a law enforcement officer?

Yes _____ No _____

71. Closest Living Relative: _____

72. Are you supporting all children born to you or adopted by you?

Yes _____ No _____

73. Are you related to any City of Rincon employee? Yes _____ No _____

If "YES", please name the employee: _____

What department do they work for? _____

74. Do you know any employees of the City of Rincon? Yes _____ No _____

If "YES", please give their names: _____

OTHER INFORMATION

75. This position may require you to:

Wear a uniform Do you object to doing so? _____

Work a rotating shift Do you object to doing so? _____

Work overtime Do you object to doing so? _____

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

If so, where and when? _____

77. 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
_____	_____	_____
_____	_____	_____

78. Do you drink alcoholic beverages? Yes _____ No _____ If "YES," when was the last time? _____

79. Have you ever used marijuana? Yes _____ No _____ If "YES," when was the last time? _____

80. Have you ever used any other illegal drugs, opiate, pills, etc? Yes _____ No _____ If "YES," what were the circumstances? _____

81. Do you now or have you ever associated with anyone that used drugs?
Yes _____ No _____

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

If "YES," please provide circumstances: _____

RINCON 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 your 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 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 Rincon Police Department 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

TO: RINCON POLICE DEPARTMENT
PO BOX 232
RINCON, GA 31326

RE: NAME: _____ SSN: _____

PRINTED NAME: _____ DOB: _____

DRIVERS LICENSE#/ 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 DRUG SCREEN TESTING. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT DRUG SCREEN TESTING MAY REQUIRE ME TO PROVIDE BLOOD, BREATH, URINE OR OTHER BODILY SUBSTANCES 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 Rincon Police Department, as well as the officers and employees of the City of Rincon Personnel Department and the Georgia Peace Officer Standards and Training Council. I am aware that such information is required for application for POST certificate as a law enforcement officer, and for employment with the Rincon 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 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 RINCON 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_____, _____

(LS.)

(Legal Signature)

Sworn to in the presence of _____

Notary Public

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Georgia Driver's History Consent Form

I hereby authorize the _____
(fire department/law enforcement agency name)
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

Driver's License Number

Signature

Date

Rincon Police Department

Chief Mark Gerbino

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 Rincon Police Department ("RPO") and any agent or representative thereof, including officers on its police force, within one year of the date hereof, 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 harmless RPD and its police officers, agents, employees, and representatives and all person providing the information described herein to RPO 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 _____, 2015 in the County of Effingham, State of Georgia.

Signature of Candidate

Signature of Witness