

**CITY OF PORTERDALE  
POLICE DEPARTMENT  
Application for Employment**

Position Applied For: \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Reserve \_\_\_\_\_

Thank you for your interest in the City of Porterdale Police Department. Please complete this employment application and return it as soon as possible. **If there is a position available, and your application is activated, you will be notified via telephone or mail of when to report for an interview.** By accepting your application, the City of Porterdale Police Department does not imply nor guarantee that you will gain employment, nor does it make any promises of employment until a position is offered to you by the Chief of Police. Please complete the application as thoroughly as possible and return it, along with any requested supportive documentation, to the Porterdale City Hall, Monday through Friday 8:30 am till 4:30 pm and it will be forwarded to the Chief of Police for review.

Along with your completed application, you will need to submit one copy each of the following documents: (copies can be made at a City Hall for a fee):

- Valid Georgia Drivers License
  - Certified Birth Certificate
  - Social Security card
  - High School diploma or GED
  - Military Discharge or DD214 showing type of discharge
  - Current 7 year Motor Vehicle record obtained within the past 14 days. Must be the original from the Department of Public Safety (copies will not be accepted)
  - All Peace Officer Certifications
  - Training certifications for Lidar, Radar, Intoximeter, Taser, Asp, OC, etc...
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The Following questions must be filled out completely:

**PERSONAL INFORMATION:**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires \_\_\_\_\_

Phone Numbers  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**EDUCATION:**

High School Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_ GED: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Name of High School City State Graduation Date GED?

\_\_\_\_\_  
Name of College City State Graduation Date

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**EDUCATION CONTINUED:**

Additional College                      City                      State                      Type of Degree

Specialized Training                      City                      State                      Type of Degree

Are you Georgia P.O.S.T. Certified as a Peace Officer?    Yes \_\_\_ No \_\_\_

Certification Number: \_\_\_\_\_

Peace Officer certified in any other state? Yes \_\_\_ No \_\_\_ State(s) \_\_\_\_\_

Do you have any previous P.O.S.T. investigations?    Yes \_\_\_ No \_\_\_

If Yes, please explain each and list disposition:

Are you or your Peace Officer Certification currently on probation?

Yes \_\_\_ No \_\_\_

If Yes, please explain:

Do you have any pending P.O.S.T. investigations?    Yes \_\_\_ No \_\_\_

If Yes, please explain:

Do you object to shift work? Yes \_\_\_ No \_\_\_ If Yes, explain

Do you object to working night shifts? Yes \_\_\_ No \_\_\_ If Yes, explain:

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Do you object to working holidays? Yes\_\_\_\_No\_\_\_\_If Yes, explain:

Do you object to wearing a uniform? Yes\_\_\_\_No\_\_\_\_If Yes, explain:

Do you object to wearing a firearm while off duty? Yes\_\_\_\_No\_\_\_\_ If Yes, explain:

Have you ever been convicted of a FELONY? Yes\_\_\_\_No\_\_\_\_  
If yes, please explain:

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Have you ever been convicted of a crime involving DOMESTIC VIOLENCE?  
Yes\_\_\_\_No\_\_\_\_If yes, please explain:

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**DRUG/ ALCOHOL ABUSE:**

Have you ever been treated for alcohol or drug abuse? Yes\_\_\_\_No\_\_\_\_  
If yes please explain:

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Have you ever been disciplined or terminated from an employer because of drug or alcohol use or abuse? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain:

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List below the types of illegal drugs you have ever used and the date you last used them: \_\_\_\_\_

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Do you currently take any prescription medications that would prevent you from operating a motor vehicle or operating machinery? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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**EMPLOYMENT HISTORY:**

List below all previous employers for the past 10 years beginning with your present employer. Please also list ALL Law Enforcement employers that you have worked for beyond the 10 year threshold. Attach additional pages if necessary.

Company	Address	Phone
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Dates employed	Position	Reason for Leaving
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**EMPLOYMENT HISTORY CONTINUED:**

**Company Address Phone**

**Dates employed Position Reason for Leaving**

**Company Address Phone**

**Dates employed Position Reason for Leaving**

**Company Address Phone**

**Dates employed Position Reason for Leaving**

**Company Address Phone**

**Dates employed Position Reason for Leaving**

**May we contact your present employer? Yes \_\_\_ No \_\_\_ If no, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Have you ever been terminated or resigned in lieu of termination from any employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (give employer name, reason and dates):

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**MILITARY SERVICE:**

If no military service, check here \_\_\_\_\_ and go to next section.

Branch: \_\_\_\_\_

Dates of enlistment: \_\_\_\_\_ to \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Please attach a copy of your DD-214 and your discharge certificate.

**RESIDENCES:**

List below all places you have lived for the past 10 years, beginning with your present address. Attach additional pages if necessary.

Address	City	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Have you ever been evicted from a place that you have lived? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:

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Currently, do you own your home or do you rent? Own \_\_\_\_\_ Rent \_\_\_\_\_

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**REFERENCES:**

Please list at least three (3) references that are not relatives and have known you for at least three (3) years. Include first and last name, address, and phone number.

Name:	Address:	Ph:
Name:	Address:	Ph:
Name:	Address:	Ph:
Name:	Address:	Ph:

**PENDING/PRIOR APPLICATIONS:**

Provide all other agencies that you have applied for within the past 12 months. Include the status of the application for each agency.

Department	Application Status

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## ESSAY

Provide an explanation for your interests in the Porterdale Police Department and what makes you a qualified applicant.



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## PERSONAL HISTORY RELEASE

I \_\_\_\_\_ do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the City of Porterdale.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; 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 examinations or reports, 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 personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in compiling any report for the City of Porterdale. I certify that any 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.

I understand that this information may be obtained through the use of this waiver at any time during which an applicant or employed with the City of Porterdale.

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Signature (Including Maiden Name) \_\_\_\_\_ Date \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Notary Public \_\_\_\_\_ Date \_\_\_\_\_

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