



Porterdale Police Department

Application for Employment



Last Name		First		Middle		Mother's Maiden Name	
Mailing Address						Apartment/Unit #	
Physical Address						Apartment/Unit #	
City			State			ZIP	
Home #		Cell #		Work #		Email Address	
Position Applied For							
Date Available				Desired Annual Salary			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Have you ever worked for the City of Porterdale? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?							

AVAILABILITY	
Will your schedule allow you to fulfill all of the job requirements? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you available to work overtime? YES <input type="checkbox"/> NO <input type="checkbox"/> Shifts? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Travel out of town and out-of-state overnight? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION			
High School		Address	
		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree	
College		Address	
		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree	
Other		Address	
		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree	



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REFERENCES Please list three professional references.	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

POLICE CERTIFICATION			
Are you a Georgia Certified Peace Officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Certification Number: _____ State(s): _____
Peace Officer certified in any other State?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any previous P.O.S.T investigations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any pending P.O.S.T. investigations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			



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PAST 10 YEARS OF EMPLOYMENT HISTORY BEGINNING WITH MOST RECENT EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact this supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			



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**RESIDENCES** List below all addresses where you have lived for the past 10 years, beginning with your present address.**FROM**

To

Rent ☐Own ☐

Address

City

State

Zip

FROM

To

Rent ☐Own ☐

Address

City

State

Zip

FROM

To

Rent ☐Own ☐

Address

City

State

Zip

FROM

To

Rent ☐Own ☐

Address

City

State

Zip

FROM

To

Rent ☐Own ☐

Address

City

State

Zip

Have you ever been evicted? Yes ☐ No ☐ If yes, please explain



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DRUG - ALCOHOL USE

Do you currently take any prescription medications not prescribed to you by a physician? Yes ☐ No ☐ If yes, please explain.

List the types of illegal drugs you have used and the date you last used them.

Have you ever been disciplined or terminated from an employer because of illegal drug use? Yes ☐ No ☐ If yes, please explain.

Have you ever used illegal drugs or alcohol while at work or while operating an employer's vehicle? Yes ☐ No ☐
If yes, please explain.

CONVICTIONS

Have you ever been convicted of a crime? Yes ☐ No ☐ If yes, please explain.

Have you ever been convicted of a crime involving Domestic Violence? Yes ☐ No ☐ If yes, please explain.

EMPLOYMENT ACTIONS

Have you been terminated or forced to resign from an employer? Yes ☐ No ☐ If yes, please explain.

Have you ever been terminated or disciplined for being late to work? Yes ☐ No ☐ If yes, please explain.

If you are certified in GA or any other state, do you have any previous investigations? Yes ☐ No ☐ If yes, please explain.

If you are certified in GA or any other state, do you have any pending investigations? Yes ☐ No ☐ If yes, please explain.

WORK ISSUES

Do you object to wearing a uniform? Yes ☐ No ☐

Do you object to wearing a firearm while off duty? Yes ☐ No ☐



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AFFIRMATION AND SIGNATURE

I swear and affirm that my answers are true and complete to the best of my knowledge. **If this application package leads to employment,** I understand that false or misleading information in my application package or interview may result in my release at any time. I understand that the City of Porterdale is required by law to use E-Verify when making employment decisions. I understand that E-Verify is an Internet-based system that compares information from Federal Form I-9, Employment Eligibility Verification, to data from U.S. Department of Homeland Security and Social Security Administration records to confirm employment eligibility. I understand that any offer of employment is contingent upon all information provided being accurate and complete, including information submitted with Federal Form I-9 between acceptance of an offer and the first day of work.

Signature

Date

PLEASE ATTACH COPIES

- ☐ Valid Georgia Drivers License
- ☐ High School Diploma
- ☐ All Peace Officer Certifications

- ☐ Certified Birth Certificate
- ☐ Military Discharge DD214
- ☐ Training certifications

- ☐ Social Security Card
- ☐ Current 7 year MVR

These will not be returned to you.

CONSENT FORMS

☐ Authorization for Release of Personal Information

Please complete consent form in the next section.



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, (enter your full name here) _____
do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized officer or agent of the Porterdale Police Department, or their designee, such as the Georgia Bureau of Investigation, whether such 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 all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed, as well as U.S. Veterans Administration records, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me).

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in completely or in part, upon this release authorization will be used in determining my suitability for employment with or for the Porterdale Police Department or appointment to a governmental position of trust. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Porterdale Police Department to be a participant in the determination process of such suitability. 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 as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information document.

Signature (including maiden name)			Date
Last Name	First	Middle	Mother's Maiden Name
Street Address		City/State	Zip
Mailing Address (if different from Street Address)		City/State	Zip
Social Security Number	Date of Birth	Sex	Race

Notary Public

Date