

APPLICANT	Last Name	First Name	Middle Name
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**City of Forsyth Police Department
200 South Kimball Street
Forsyth, GA 31029
(478) 993-1005**

PRIDE

Professionalism

Respect

Integrity

Dedication

Excellence



FORSYTH POLICE DEPARTMENT

Professionalism, Respect, Integrity, Dedication, Excellence



CHIEF OF POLICE
EDDIE HARRIS

P. O. BOX 1447
Forsyth, Georgia 31029
P: (478) 993-1005
f: (478) 994-0378

To: Prospective Peace Officer Candidate

Thank you for your interest in employment with the Forsyth Police Department. It is our goal to provide the highest quality of public safety to the citizens, businesses and visitors in the City of Forsyth. The next step in the process in becoming a part of the Police Department family is to schedule testing administered by the Forsyth Police Department.

In preparation for the test, a study guide for the Police Officer Selection Test will be provided for you when you submit your completed application at the agency.

To assist in the application process, you will need to provide the following documents:

1. A copy of a valid driver's license
2. A copy of your Birth Certificate
3. A copy of your Social Security card
4. A copy of your high school diploma
5. Compass test scores (non-POST certified applicants)
6. A copy of any certifications

If you wish to know more about the City of Forsyth and the Forsyth Police Department, please visit www.cityofforsyth.net. For information regarding Police Policy visit the website: <http://app03:88/policy> to find more information regarding the structure of the Forsyth Police Department.

The Application process includes the following:

1. Complete the City of Forsyth Application
2. Complete Background Investigation Packet
3. Testing scheduled and administered by FPD
4. Preliminary background investigation
5. POST entrance exam- written test
6. Interview Board
7. Follow-up comprehensive background
8. Polygraph
9. Medical/physical exam
10. Drug Screen
11. Psychological

If you have any questions as you go through the application process, contact me by phone at: (478) 994-1005 or email eharris@cityofforsyth.net. I will gladly assist you in any way I can.

APPLICATION FOR EMPLOYMENT

CITY OF FORSYTH

P. O. BOX 1447
 FORSYTH, GA 31029-1447
 (478) 994-5649

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Position(s) Applied For:				Date of Application	
How did you learn about us?					
Advertisement		Relative	Inquiry		
Employment Agency		Friend	Other: _____		
Last Name:		First Name:		Middle Name:	
Address:		City:		State:	Zip Code:
Telephone Number(s):				Social Security Number (Voluntary)	
Home:		Cell:	Other:		
Best time to contact you at home is:				AM	PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?				YES	NO
Have you ever filed an application with us before?		If yes, give date	Date:	YES	NO
Have you ever been employed with us before?		If yes, give date	Date:	YES	NO
Do any of your friends or relatives, other than spouse, work here?				YES	NO
Are you currently employed?				YES	NO
May we contact your present employer?				YES	NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>				YES	NO
Date available for work:			Desired Salary:		
Are you available to work?	FULL-TIME	1 ST SHIFT	2 ND SHIFT	3 RD SHIFT	
	PART-TIME	MORNING	AFTERNOON	EVENINGS	
	TEMPORARY	AVAILABLE DATES			
Are you currently on "lay-off" status and subject to recall?				YES	NO
Can you travel if a job requires it?				YES	NO
Have you been convicted of a felony within the last five years?				YES	NO
<i>A criminal record does not constitute an automatic bar to employment only as it relates to the job in question.</i>					
WE ARE AN EQUAL OPPORTUNITY EMPLOYER					

EDUCATION

	Name & Address of School	Course of Study	Number of Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States Military.

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicated race, color religion, gender, national origin, disabilities or other protected status.

1. Employer:		Dates Employed		Work Performed
Address:		To	From	
Telephone Numbers				
Office:	Other:			
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
2. Employer:		Dates Employed		Work Performed
Address:		To	From	
Telephone Numbers				
Office:	Other:			
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
3. Employer:		Dates Employed		Work Performed
Address:		To	From	
Telephone Numbers				
Office:	Other:			
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(CHECK SKILLS/EQUIPMENT OPERATED)

Terminal PC/MAC Typewriter WPM____	Spreadsheet Word Processing Shorthand WPM____	Production/Mobile Machinery (list)	Other (list)
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State any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation?	YES	NO
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REFERENCES

1) Name	Address:	Phone:
2) Name	Address:	Phone:
3) Name	Address:	Phone:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY			
Arrange Interview		YES	NO
Remarks:			
		Interviewer:	Date:
Employed		YES	NO
			Date:
Job Title:	Hourly Rate/Salary	Department:	
By:			Date:
(NAME & TITLE)			

FOR PERSONNEL DEPARTMENT USE ONLY			
Position(s) Applied for Is Open:		YES	NO
Position(s) Considered for:		Date:	