

<b>APPLICANT</b>	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](http://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](mailto: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 <sup>ST</sup> SHIFT	2 <sup>ND</sup> SHIFT	3 <sup>RD</sup> 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
<p><i>A criminal record does not constitute an automatic bar to employment only as it relates to the job in question.</i></p> <p><b>WE ARE AN EQUAL OPPORTUNITY EMPLOYER</b></p>					

# 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.

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

# 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		
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)

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

## 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:	



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# FORSYTH POLICE DEPARTMENT

*Professionalism, Respect, Integrity, Dedication, Excellence*



CHIEF OF POLICE  
EDDIE HARRIS

## FORSYTH POLICE DEPARTMENT BACKGROUND INVESTIGATION UNIT

Complete the City of Forsyth Application

Complete the Police Department Background Packet and Release Forms

Provide a seven (7) year driving record

A valid driver's license

Birth Certificate

Social Security Card

High School Diploma

Any questions?

Contact Chief Eddie Harris,  
Support Services Division at (478) 993-1005  
[eharris@cityofforsyth.com](mailto:eharris@cityofforsyth.com)



## **INSTRUCTION SHEET**

1. The answers in this booklet must be printed or typed legibly in black ink by the applicant.
2. All questions must be answered accurately and in complete detail where explanations are necessary.
3. All yes/no questions need to be answered. Any questions that do not pertain to you individually, write N/A as your response.
4. If more writing space is needed throughout this booklet, use pages provided at the end of the booklet and list the number questions to be further explained.

## **IMPORTANT**

TRUTHFULNESS AND COMPLETE responses are a necessity. Any negative factors contained in the information provided will be evaluated. However, discovery of intentional omissions or incorrect answers will be a basis for the termination of the application process or employment and could result in criminal prosecution under Georgia Law Section 16-10-20.

This information will be subject to verification through a polygraph and administrative investigation.

I understand that if I do not wish to answer a question in this booklet, I may choose not to do so and my application will be terminated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT'S PERSONAL INFORMATION**

1. Last Name:		First Name:		MI:
2. Height: ft                      in	Weight:	Hair:	Eyes:	
3. List any scars, marks or tattoos:				
4. Address:		City:	State:	Zip:
5. Email Address:		Home Phone:	Work/Cell Phone#:	
6. Date of Birth:		7. Where were you born?		
8. Are you a citizen of the United States?			YES	NO
If No, are you:	Natural Born	Naturalized	Resident Alien	
9. Social Security/Document ID#:				
10. List all organizations, clubs and associations which you are or have been a member of or associated with:				
11. What are your hobbies/special skills and abilities? (Include foreign languages):				

**MARITAL STATUS**

Single	Married	Separated	Divorced
List your current and former spouses (include maiden names):			
Name:	DOB:	Address:	
Name:	DOB:	Address:	
Name:	DOB:	Address:	
List all dependents:			
Name:	DOB:	Address:	
Name:	DOB:	Address:	
Name:	DOB:	Address:	
Name:	DOB:	Address:	
Name:	DOB:	Address:	
Name:	DOB:	Address:	
Name:	DOB:	Address:	

## **FAMILY HISTORY**

List all living members of your immediate family (father, mother, sisters, brothers, father-in-law, mother-in-law):

Name:	Address:	Relationship:	Phone:
Name:	Address:	Relationship:	Phone:
Name:	Address:	Relationship:	Phone:
Name:	Address:	Relationship:	Phone:
Name:	Address:	Relationship:	Phone:
Name:	Address:	Relationship:	Phone:
Name:	Address:	Relationship:	Phone:
Name:	Address:	Relationship:	Phone:
Name:	Address:	Relationship:	Phone:
Name:	Address:	Relationship:	Phone:

**RESIDENCES**

List all of your addresses for the last ten (month/year) years. Start with your present address and include addresses that you had while in the military or college.

From:	To:	Address:	City:	State:	Zip:
From:	To:	Address:	City:	State:	Zip:
From:	To:	Address:	City:	State:	Zip:
From:	To:	Address:	City:	State:	Zip:
From:	To:	Address:	City:	State:	Zip:
From:	To:	Address:	City:	State:	Zip:
From:	To:	Address:	City:	State:	Zip:
From:	To:	Address:	City:	State:	Zip:
From:	To:	Address:	City:	State:	Zip:
From:	To:	Address:	City:	State:	Zip:

## EDUCATION

1. What was the highest level of education you completed?						
2. List the name of the high school you graduated from (provide address and dates):						
From:	To:	Address:	City:	State:	Zip:	
3. If you obtained a GED certificate, list the name of the school where it was obtained, their complete mailing address and year obtained:						
From:	To:	Address:	City:	State:	Zip:	
From:	To:	Address:	City:	State:	Zip:	
From:	To:	Address:	City:	State:	Zip:	
4. List any degrees that you have obtained:						
Degree Obtained:			From (list institution):			
Degree Obtained:			From (list institution):			
Degree Obtained:			From (list institution):			
5. If you have any technical skills, not necessarily acquired through formal education. List them here:						
6. Were you ever expelled or suspended for any school or disciplined by any school official?					YES	NO
If yes, explain:						

## REFERENCES

List the names of the four (4) persons not related to you by blood or marriage and not former employers, who have known you intimately for at least five (5) years. All persons you name may be asked to appraise your character, ability, experience, personality, and other qualities.

1. Name:		Years Known:	
Address:	City:	State:	Zip:
Home Phone:	Work/Cell Phone:		
Business/Occupation:			
2. Name:		Years Known:	
Address:	City:	State:	Zip:
Home Phone:	Work/Cell Phone:		
Business/Occupation:			
3. Name:		Years Known:	
Address:	City:	State:	Zip:
Home Phone:	Work/Cell Phone:		
Business/ Occupation:			
4. Name:		Years Known:	
Address:	City:	State:	Zip:
Home Phone:	Work/Cell Phone:		
Business/Occupation:			

**ACQUAINTANCES**

Fill in the names of four (4) persons not related to you by blood or marriage, not former employers and not the references you listed on the preceding page. These names may include (but not limited to), friends, fellow students and coworkers. The names also should be people who have seen you frequently in the past-year.

1. Name:		Years Known:	
Address:	City:	State:	Zip:
Home Phone:	Work/Cell Phone:		
Business/Occupation:			
2. Name:		Years Known:	
Address:	City:	State:	Zip:
Home Phone:	Work/Cell Phone:		
Business/Occupation:			
3. Name:		Years Known:	
Address:	City:	State:	Zip:
Home Phone:	Work/Cell Phone:		
Business/Occupation:			
4. Name:		Years Known:	
Address:	City:	State:	Zip:
Home Phone:	Work/Cell Phone:		
Business/Occupation:			



**WORK HISTORY**

1. What is your present occupation?		
2. How did you find out about this job?		
3. Have you previously submitted an application for employment with the City of Forsyth?	YES	NO
If yes, please explain:		
4. Have you ever worked for the City of Forsyth before?	YES	NO
5. Are you seeking permanent employment with this department?	YES	NO
6. Do you object to wearing a uniform?	YES	NO
7. Do you object to working nights?	YES	NO
8. Do you have any experience with shift work?	YES	NO
9. Have you ever engaged in business as an owner, partner, or corporate member?	YES	NO
If yes, explain:		
10. Have you ever worked for any member of your family?	YES	NO
If yes, explain:		
11. Have you had any arguments concerning job duties or working conditions?	YES	NO
If yes, explain:		
12. Has a supervisor ever reprimanded you for being late or absent?	YES	NO
If yes, explain:		
13. Has a supervisor ever reprimanded you for misconduct /doing your job incorrectly?	YES	NO
If yes, explain:		
14. Provide the number of times you have been asked to resign or have been fired from a job in the last ten years.		
15. Provide the number times in the last ten years that you have resigned after being told that your employer intended to fire you or take any form of disciplinary action against you.		
<b>If the answer to 14 or 15 was anything but ZERO (0), provide an explanation of each instance and the circumstances surrounding the situation on separate sheet of paper and attach it to this packet.</b>		
16. Have you ever left a job without giving notice?	YES	NO
If yes, explain:		

17. List any jobs you have held in the last TEN years. Start with your present position and include ALL periods of full-time, part-time, temporary, military service and unemployment.

Employer 1				
From:	To:	Position:	Salary:	
Name of Employer:				
Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Name of Supervisor:			Title:	
Please list your duties:				
FULL-TIME	PART-TIME	TEMPORARY	VOLUNTARY	UNEMPLOYED
REASON FOR LEAVING (be specific):				
Employer 2				
From:	To:	Position:	Salary:	
Name of Employer:				
Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Name of Supervisor:			Title:	
Please list your duties:				
FULL-TIME	PART-TIME	TEMPORARY	VOLUNTARY	UNEMPLOYED
REASON FOR LEAVING (be specific):				

<b>Employer 3</b>				
From:	To:	Position:	Salary:	
Name of Employer:				
Address:	City:		State:	Zip:
Phone Number:	Fax Number:			
Name of Supervisor:			Title:	
Please list your duties:				
FULL-TIME	PART-TIME	TEMPORARY	VOLUNTARY	UNEMPLOYED
REASON FOR LEAVING (be specific):				
<b>Employer 4</b>				
From:	To:	Position:	Salary:	
Name of Employer:				
Address:	City:		State:	Zip:
Phone Number:	Fax Number:			
Name of Supervisor:			Title:	
Please list your duties:				
FULL-TIME	PART-TIME	TEMPORARY	VOLUNTARY	UNEMPLOYED
REASON FOR LEAVING (be specific):				

Employer 5				
From:	To:	Position:	Salary:	
Name of Employer:				
Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Name of Supervisor:			Title:	
Please list your duties:				
FULL-TIME	PART-TIME	TEMPORARY	VOLUNTARY	UNEMPLOYED
REASON FOR LEAVING (be specific):				
Employer 6				
From:	To:	Position:	Salary:	
Name of Employer:				
Address:		City:	State:	Zip:
Phone Number:		Fax Number:		
Name of Supervisor:			Title:	
Please list your duties:				
FULL-TIME	PART-TIME	TEMPORARY	VOLUNTARY	UNEMPLOYED
REASON FOR LEAVING (be specific):				

Employer 7				
From:	To:	Position:	Salary:	
Name of Employer:				
Address:		City:	State:	Zip:
Phone Number:		Fax Number		
Name of Supervisor:			Title:	
Please list your duties:				
FULL-TIME	PART-TIME	TEMPORARY	VOLUNTARY	UNEMPLOYED
REASON FOR LEAVING (be specific):				

(If you need additional space for Past Employment Section, attach additional sheets.)

18. Do you have pending applications with other law enforcement agency?	YES	NO
If yes, indicate the agency and current stage of the hiring process.		
19. List all law enforcement agencies with which you have applied within the past. If rejected, provide agency name, date, reason for rejection, and status.		

**MILITARY**

1. Have you ever attempted to join any branch of the armed forces?				YES	NO
If yes, explain:					
2. Have you ever served active duty in any branch of armed forces?				YES	NO
If yes, what branch:					
3. What is your service number?					
4. List date and location of entrance of active duty:		Location:		Date:	
5. List date and location of discharge from active duty:		Location:		Date:	
6. List type of discharge from active duty (be exact):					
7. What was your highest rank held?					
8. List period of active military service:		From:	To:	Rank Held:	
9. List all medals and decorations awarded to you as member of the armed forces:					
10. Have you ever been an active or inactive member of any branch of the United States Reserve Forces?				YES	NO
If yes, what branch?		From:		To:	
11. Have you ever been a member of the National Guard?				YES	NO
If yes, what state?		From:	To:	Rank Held:	
List type of discharge (be exact):					
12. Have you ever been court-martialed, tried on charges or the subject of an Article 15, Company punishment (Office Hours) or any other disciplinary sections while a member of any of the armed forces including active duty, Reserves or National Guard?				YES	NO
If yes, provide detailed explanation with locations, dates, charges and outcomes:					
13. What trouble have gotten into while off-duty during your military service?					
14. Are you registered for the Draft through the Selective Service?				YES	NO

**ILLEGAL DRUGS***THIS SECTION DEALS WITH ILLEGAL DRUGS. ANSWER EVERY LINE TRUTHFULLY.*

1. In the spaced provided below indicate when you first tried the drugs listed, when you last used them and the approximated number of times you used them.

TYPE	DATE FIRST USED	DATE LAST USED	NO. OF TIMES USED
Crack			
Marijuana			
Hashish			
Angel Dust			
THC			
STP			
LSD			
Mescaline			
Magic			
Mushrooms			
Psilocybin			
Heroin			
Cocaine			
Quaaludes			
Opium			
Speed/Type			
Crank			
Crystal Meth			
PCP			
ICE			
Steroids			
Prescription			
Drugs not prescribed to you (type)			
Any other illegal drugs (Specify),			

2. Select the approximate number of times during the last 10 years you have used marijuana or any other illegal drugs during working hours (this includes lunch and coffee breaks, as well as while actually working).

Marijuana:	500	400	300	200	100	50	#
Other Illegal Drugs:	500	400	300	200	100	50	#

3. Figure out how many dollars' worth of marijuana or other illegal drugs you have sold, even to friends or relatives at no profit to yourself and select the amount below that comes closest to the amount you have sold:

>\$,5000	\$2,500-\$1,000	\$500-\$250	\$100-\$50	\$10-\$5	\$1-0
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**FINANCIAL**

1. Savings Account Number:				Bank:			
2. Checking Account Number:				Bank:			
3. Do you own investments?				YES		NO	
4. Do you hold active or silent interest in any company?				YES		NO	
5. List any other source of income other than your salary.							
6. What is the approximate monthly income (include spouse's)?							
7. Do you own a car(s)?				YES		NO	
Make:	Model:	Year:	Tag Number:	State:			
Make:	Model:	Year:	Tag Number:	State:			
Are your cars financed?				YES		NO	
8. Do you own or are you buying your own home?				YES		NO	
Total mortgage:		Mortgage holder:		Monthly Payment:			
9. Do you own or are you buying other real estate?				YES		NO	
10. How much total rent or mortgage do you pay monthly?							
11. Check the payments that you have:							
Alimony		Finance Loans		Bank Loans		Delinquent Taxes	
Appliances		Hospital Bills		Home Improvements		Second Mortgage	
TV		Doctor Bills		Insurance Premiums		Court Judgements	
Club Dues		Clothing Bills		Owed Money		Dental Bills	
Jewelry Stores		Child Support		Department Stores		Home Equity	
12. Any other debt?							
13. Do you owe money to any employers, employees, or credit unions?				YES		NO	
If yes, explain:							



**FINANCIAL**

14. What is your approximate indebtedness at the present and what does this cover?				
15. What is the approximate total of monthly expenses?				
16. Do you have any bills that are overdue ? If yes, explain:			YES	NO
17. Have any of your debts been referred to a collection agency or attorney for collection? If yes, explain:			YES	NO
18. Provide information concerning all your current liabilities (including mortgage loans, auto loans, personal loans, credit cards, etc.				
Firm Name:		Account Number:		Current Balance:
Mailing Address:		City:		State: Zip:
Firm Name:		Account Number:		Current Balance:
Mailing Address:		City:		State: Zip:

**FINANCIAL**

Firm Name:	Account Number:	Current Balance:		
Mailing Address:	City:	State:	Zip:	
Firm Name:	Account Number:	Current Balance:		
Mailing Address:	City:	State:	Zip:	
Firm Name:	Account Number :	Current Balance:		
Mailing Address:	City:	State:	Zip:	
Firm Name:	Account Number:	Current Balance:		
Mailing Address:	City:	State:	Zip:	
Firm Name:	Account Number:	Current Balance:		
Mailing Address:	City:	State:	Zip:	
Firm Name:	Account Number:	Current Balance:		
Mailing Address:	City:	State:	Zip:	
Firm Name:	Account Number:	Current Balance:		
Mailing Address:	City:	State:	Zip:	
Firm Name:	Account Number:	Current Balance:		
Mailing Address:	City:	State:	Zip:	
Firm Name:	Account Number:	Current Balance:		
Mailing Address:	City:	State:	Zip:	

**FINANCIAL**

19. Have you ever declared bankruptcy? If yes, explain:	YES	NO
20. Have you ever had any wage garnishments? If yes, explain:	YES	NO
21. Have you ever fraudulently misused a credit card or forged a check? If yes, explain:	YES	NO
22. Have you been involved in any kind of lawsuit (criminal, civil, or divorce) If yes explain:	YES	NO

**GAMBLING**

1. Check any of the following you have gambled on in the last ten years.					
Cards		Horse Racing		Pinball Machine	
Dice		Lottery		Slot Machine	
Dog Racing		Numbers		Sports Events	
List the extent of your gambling on any of the above you checked.					
2. What is the most that you have won or lost on a single bet?					
3. Do you have gambling debts? If yes explain:				YES	NO
4. Have you every borrowed money to gamble?If yes, explain:				YES	NO
5. Would you gamble more if you had the money?				YES	NO
6. Have you ever worked for a gambler or racketeer?				YES	NO

## GRATUITIES

This section deals with gratuities (tips, rewards, bonuses, etc.) Some companies have strict rules about accepting gratuities and other companies have little or no guidelines. In some jobs, regular gratuities are a way of life. In such companies, refusing a gratuity may alienate a valuable business contact. Answer the questions below:

Check the approximate value of all gratuities you have received during the past five years:

\$25,000	\$20,000	\$15,000	\$10,000	\$5,000	\$1,000	\$750	
\$500	\$200	\$100	\$50	\$25	<\$25		
Have you ever knowingly violated an employer's rule regarding gratuities? If yes, explain:						YES	NO

## UNDETECTED CRIMES

This section deals with undetected crime. Many people have taken something they really did not have permission to take from a place where they worked. This includes actual taking, borrowing (with or without permission) and failing to return merchandises, property or company equipment and illegally giving away merchandise to friends, relatives or co-workers. Answer the following questions:

Have you ever committed a serious undetected crime?	YES	NO
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If yes, explain in detail:

Figure out a dollar amount on how much you may have taken from all employers combined during the last five years and check the amount below that comes closest to the total dollar in merchandise you have taken:

\$200	\$100	\$50	\$25	\$10	\$5	\$0
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Briefly explain if greater than zero (0):

Have you taken any cash money from any of your employers?	YES	NO
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If yes, explain (include amounts):

revised 4/16/2019

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**PROFESSIONAL LICENSE**

1. Have you ever possessed a driver's license issued by any other state?		YES	NO
If yes, list certification# and academy attended:	Certification Number:	Academy Attended:	
Is your certification active?		YES	NO
2. Have you ever had a pilot's license?		YES	NO
Is it current?		YES	NO
If not, explain:			
Is your FAA physical current?		YES	NO
If not, explain:			
Total flight time - Fixed Wing:		Total flight time - Rotary:	
Have you ever been involved in an air related accident?		YES	NO
If yes, explain:			
3. Do you have any other professional licenses?		YES	NO
If yes, list them:			
4. Have you ever had any professional license suspended or revoked for any reason?		YES	NO
If yes, explain and provide dates:			



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

# FORSYTH POLICE DEPARTMENT



CHIEF OF POLICE  
EDDIE HARRIS

## WAIVER TO RELEASE EMPLOYMENT RECORDS

I, \_\_\_\_\_, \_\_\_\_\_  
Full Name Date of Birth

for the purpose of pre-employment background investigation being conducted by the Forsyth Police

Department, do hereby authorize \_\_\_\_\_  
(Name of Company, Franchise, or Establishment)

to release a copy of any employment information, my personnel file, internal affairs file, and performance appraisals  
to any authorized representative of the Forsyth Police Department.

I certify that I will not hold any former employer liable for any information released.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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# FORSYTH POLICE DEPARTMENT



CHIEF OF POLICE  
EDDIE HARRIS

## WAIVER TO RELEASE CREDIT INFORMATION

I, \_\_\_\_\_, \_\_\_\_\_  
Full Name Date of Birth

for the purpose of pre-employment background investigation being conducted by the Forsyth Police

Department, do hereby authorize \_\_\_\_\_  
(Credit Bureau/Business/Credit Accounts, Etc.)

to release any information concerning my accounts to any authorized representative of the Forsyth Police  
Department.

\*\* This form may be duplicated to facilitate multiple inquiries.\*\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FORSYTH POLICE DEPARTMENT

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CHIEF OF POLICE  
EDDIE HARRIS

## WAIVER TO RELEASE EDUCATIONAL INSTITUTIONAL RECORDS

I, \_\_\_\_\_, \_\_\_\_\_  
Full Name Date of Birth

for the purpose of pre-employment background investigation being conducted by the Forsyth Police

Department, do hereby authorize \_\_\_\_\_  
(Name of High School, or other Educational Institution)

to release a copy of my educational records to any authorized representative of the Forsyth Police  
Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# GCIC Consent Form

## Georgia Crime Investigation Center

In signing below, I hereby authorize the agency in possession of this document to release any and all Georgia criminal record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Last Name		First Name		Middle Name	
Street Address		City		State	Zip Code
<b>Sex:</b>	Female	Date of Birth		Social Security Number	
	Male				
<b>Previous Names Used &amp; Time Periods:</b>					
Previous Name (First/Middle/Last)			Dates Used (MM/YYYY)		
			From:	To:	
			From:	To:	
			From:	To:	
<b>You Must Check One Below:</b>					
	This authorization is valid for 90 Days from signature date.				
	This authorization is valid for 180 Days from signature date.				
	I give consent to perform periodic criminal history checks for the duration of my employment with this company.				
Signature:			Date:		

## **POLYGRAPH QUESTIONS**

- ARE YOU WITHHOLDING ANY INFORMATION ABOUT YOUR PERSONAL DATA?
- ARE YOU WITHHOLDING ANY INFORMATION ABOUT YOUR EMPLOYMENT HISTORY?
- ARE YOU WITHHOLDING ANY INFORMATION ABOUT BEING ASKED TO RESIGN OR BEING FIRED FROM JOBS DURING THE LAST TEN YEARS?
- ARE YOU WITHHOLDING ANY INFORMATION ABOUT YOUR MILITARY SERVICE?
- ARE YOU WITHHOLDING ANY INFORMATION ABOUT, ON THE JOB USE OF ILLEGAL DRUGS ARE MARIJUANA?
- ARE YOU WITHHOLDING ANY INFORMATION ABOUT YOUR SALE OF ILLEGAL DRUGS AND MARIJUANA?
- ARE YOU WITHHOLDING ANY INFORMATION ABOUT YOUR GAMBLING HABITS?
- ARE YOU WITHHOLDING ANY INFORMATION CONCERNING ACCEPTANCE OF GRATUITIES IN ANY JOBS?
- ARE YOU WITHHOLDING ANY INFORMATION ABOUT TAKING MONEY OR MERCHANDISE FROM ANY OF THE PLACES YOU HAVE WORKED?
- ARE YOU WITHHOLDING ANY INFORMATION ABOUT YOUR DRIVING RECORD?
- HAVE YOU EVER HAD A PROFESSIONAL LICENSE REVOKED OR SUSPENDED?