

# City of Euharlee

## Police Officer Application

---



**INSTRUCTIONS:**

Fill out this application completely and accurately. If you complete your application properly, it may increase your chances of employment. All statements in your application are subject to verification. **Incorrect statement(s) will bar or remove you from employment.** If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term "DNA" ("Does Not Apply") if the question does not apply.

Euharlee Police Department is an Equal Opportunity Employer

Unfair treatment because of your **race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information.**

1. Name (Last) (First) (Middle)			2. List any other names, aliases you have used or been known by. (Include maiden name if applicable.)		
3. Home Address (No. Street, City, State, Zip Code & County)			4. Home Phone	5. Social Security No.	
6. With whom do you live with at the above address? List full names and addresses.					
7. Date of Birth			8. Place of Birth (City, State, Zip Code)		9. Sex
Month	Day	Year			10. Height
					Feet
					Inches
11. Weight		12. Age		13. Color of Eyes	
14. Color of Hair					
15. List any scars, blemishes, deformities, amputations, tattoos, etc. that you may have.					
16. Are you a U.S. citizen? If "yes"					
			If Naturalized, give particulars		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Native Born	<input type="checkbox"/> Naturalized		
17. List every member of your immediate family who is living. Include Father, Mother, Sister, Brothers.					
Name		Relationship		Address	

**Medical History**

18. Do you use or have you ever used prescribed and/or non-prescribed narcotics?		If "Yes", give full details.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19. Do you use or have you ever used illegally controlled substances?		If "Yes", give full details.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
20. Do you use or have you ever used alcohol habitually?		If "Yes", give full details.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### Medical History (Continued)

21. Have you ever been in consultation with a doctor or psychiatrist or been treated for a nervous or mental disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give doctors name address and date.	
22. Have you ever had any type of epileptic seizure, blackout or fainting spell? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give doctors name address and date.	
23. Do you wear eyeglasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Do you wear contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. List all illnesses, operations and medical treatment you have had (including childhood illnesses)		
Ailment	Approximate Date(s)	Treatment

### Social Status

26. Are you single? <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
27. Are you living with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", explain.		
28. Give the following information regarding marriage or marriages:			
Date	Where	Wife's Maiden Name	
29. If a marriage to which you were a party was ever dissolved, fill out the following:			
	(Explain)	To whom was action granted?	
Separated			
Divorced			
Annulled			
30. Are you paying alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:		
31. If divorced, list the name(s) of your previous spouse(s) and where they reside:			
32. List below every child born to you, adopted by you and stepchildren:			
Name	Date of Birth	Place of Birth	Where does the child live and with whom?
33. Are you now supporting all children born to you, adopted by you and stepchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", explain fully:		

### Social Status (Continued)

34. Have you ever been named as the natural father in a paternity proceeding? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:
35. Are you paying child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:

### Education

36. List the various schools you have attended and other requested information.					
Name and address of school (include City, State and Zip Code)	No. of Years Completed	Date(s) Attended	Graduate		Average Grade
			Yes	No	
Grammar School(s)					
High Schools					
College or University					
Extension or Correspondence Courses					
37. Junior College, Colleges or Universities	Full Time	Part Time	Subjects Taken		Degree(s) Attained
			Major	Minor	
38. Were you ever expelled or suspended from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:				
39. List any other formal education beyond High School you have, including special training courses.					
40. List any professional licenses or certificates you hold or have held.					

### Driving History

41. Can you operate an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	42. Do you possess a valid operators or chauffeurs license in the state of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", date of expiration	Drivers License No.
43. Have you ever been refused an operators or chauffeurs license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain		Have you ever had an operators or chauffeurs license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No
44. Was your license ever suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain		
45. Has your license ever been placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain		

### Residences

46. List your addresses for the last ten years, starting with present address.

From (MM/YYYY)	To (MM/YYYY)	Address of Residence	City, State & Zip Code

47. Do you own or are you buying your own home? <input type="checkbox"/> Yes <input type="checkbox"/> No	48. Do you own or are you buying real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	other    If "Yes", give location
---	---	----------------------------------

### Military Service

49. Have you ever served in any military organization of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", which branch?		
50. What is your service serial no.? <input type="checkbox"/> Yes <input type="checkbox"/> No	51. Highest rank held?	52. Rank at discharge?	
53. Give date and location of entrance to active duty		54. List period(s) of active service:	
City	State	From (Date)	To (Date)
55. Give date and location of discharge		56. What type of discharge did you receive (honorable, medical, dishonorable, honorable conditions). <u>Be Exact.</u>	
City	State		
57. Do you or have you ever received a government disability pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", explain	
58. If you are a non-vet, list the following:		Local Board No.	Address, City, State, Zip Code
59. List all draft classifications you have had. (1-4, 4-F etc.)			
60. Were you ever convicted at a Court-Martial? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Explain	
61. Are you now, or were you ever a member of the United States Reserve Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes" <input type="checkbox"/> Active <input type="checkbox"/> Inactive	
		Branch	Unit
		Rank	
		From	To
Address (include City, State, Zip Code)			
62. Are you now, or were you ever a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", what state?	Regiment
		Rank	Type of Discharge
		From	To
63. List any disciplinary action taken against you in the National Guard or Reserve unit?			

### Criminal History

64. Have you ever been convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	By Whom (Police Agency)	Crime Charged	Disposition of Case
If "Yes", explain				
65. Have you ever been placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			
66. Have you ever been required to pay a fine in excess of \$25.00? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			
67. Have you ever been reported as a missing person or as a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain details, including jurisdiction dates and outcome:			
68. Have you ever been the victim of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this crime reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you were a "victim", explain:		
69. Have you ever been fingerprinted by a police agency other than for arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:			
	Agency	Date	Purpose	
72. List all traffic citations you have received:				
Location (City)	Approximate Date	Nature of Violation	Disposition of case	
71. Are there any pending warrants, traffic or otherwise, now pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			

### Employment History

72. Have you ever taken a civil service exam? <input type="checkbox"/> Yes <input type="checkbox"/> No	Agency	Approximate Date of Exam	Position on List	Status
73. Are you now on any eligibility list? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			
74. Were you ever placed on a civil service list and not hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			

### Employment History (continued)

75. Were you ever rejected for any civil service position. <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain																
76. Have you ever submitted an application for appointment to another police department? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date</b>																
77. Have you ever been a law enforcement officer or held a similar position? <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left; padding: 2px;">If "Yes"</th> </tr> <tr> <th style="width: 35%; padding: 2px;">Position</th> <th style="width: 20%; padding: 2px;">Date (From)</th> <th style="width: 20%; padding: 2px;">(To)</th> <th style="width: 25%; padding: 2px;">Location</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	If "Yes"				Position	Date (From)	(To)	Location								
If "Yes"																	
Position	Date (From)	(To)	Location														
78. Have you ever received unemployment insurance or other federal, state or local benefits or assistance. <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%; padding: 2px;">Type</th> <th style="width: 25%; padding: 2px;">Local Office</th> <th style="width: 40%; padding: 2px;">Address</th> <th style="width: 10%; padding: 2px;">For How long</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Type	Local Office	Address	For How long												
Type	Local Office	Address	For How long														
79. Were you ever discharged or forced to resign for any of the following; misconduct, unsatisfactory service or while under investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain, include names and addresses of employers.																
80. Are you now or have you ever been engaged in any business as an owner, partner or corporate member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain																
81. List all jobs you have held for the last ten years, including periods of unemployment. Put your present or most recent job first. Include military service in proper time sequence and temporary or part time jobs.																	
1.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Employer Name</td> <td style="width: 15%; padding: 2px;">Phone Number</td> <td style="width: 30%; padding: 2px;">Address</td> <td style="width: 25%; padding: 2px;">Type of Business</td> </tr> <tr> <td style="padding: 2px;">Supervisor Name and Title</td> <td style="padding: 2px;">From (Date)</td> <td style="padding: 2px;">To (Date)</td> <td style="padding: 2px;">Salary per month \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Exact title or position</td> <td colspan="2" style="padding: 2px;">Reason for leaving</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Explain your duties:</td> <td colspan="2" style="padding: 2px;">Reason for leaving</td> </tr> </table>	Employer Name	Phone Number	Address	Type of Business	Supervisor Name and Title	From (Date)	To (Date)	Salary per month \$	Exact title or position		Reason for leaving		Explain your duties:		Reason for leaving	
Employer Name	Phone Number	Address	Type of Business														
Supervisor Name and Title	From (Date)	To (Date)	Salary per month \$														
Exact title or position		Reason for leaving															
Explain your duties:		Reason for leaving															
2.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Employer Name</td> <td style="width: 15%; padding: 2px;">Phone Number</td> <td style="width: 30%; padding: 2px;">Address</td> <td style="width: 25%; padding: 2px;">Type of Business</td> </tr> <tr> <td style="padding: 2px;">Supervisor Name</td> <td style="padding: 2px;">From (Date)</td> <td style="padding: 2px;">To (Date)</td> <td style="padding: 2px;">Salary per month \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Exact title or position</td> <td colspan="2" style="padding: 2px;">Reason for leaving</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Explain your duties:</td> <td colspan="2" style="padding: 2px;">Reason for leaving</td> </tr> </table>	Employer Name	Phone Number	Address	Type of Business	Supervisor Name	From (Date)	To (Date)	Salary per month \$	Exact title or position		Reason for leaving		Explain your duties:		Reason for leaving	
Employer Name	Phone Number	Address	Type of Business														
Supervisor Name	From (Date)	To (Date)	Salary per month \$														
Exact title or position		Reason for leaving															
Explain your duties:		Reason for leaving															
3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Employer Name</td> <td style="width: 15%; padding: 2px;">Phone Number</td> <td style="width: 30%; padding: 2px;">Address</td> <td style="width: 25%; padding: 2px;">Type of Business</td> </tr> <tr> <td style="padding: 2px;">Supervisor Name and Title</td> <td style="padding: 2px;">From (Date)</td> <td style="padding: 2px;">To (Date)</td> <td style="padding: 2px;">Salary per month \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Exact title or position</td> <td colspan="2" style="padding: 2px;">Reason for leaving</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Explain your duties:</td> <td colspan="2" style="padding: 2px;">Reason for leaving</td> </tr> </table>	Employer Name	Phone Number	Address	Type of Business	Supervisor Name and Title	From (Date)	To (Date)	Salary per month \$	Exact title or position		Reason for leaving		Explain your duties:		Reason for leaving	
Employer Name	Phone Number	Address	Type of Business														
Supervisor Name and Title	From (Date)	To (Date)	Salary per month \$														
Exact title or position		Reason for leaving															
Explain your duties:		Reason for leaving															
4.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Employer Name</td> <td style="width: 15%; padding: 2px;">Phone Number</td> <td style="width: 30%; padding: 2px;">Address</td> <td style="width: 25%; padding: 2px;">Type of Business</td> </tr> <tr> <td style="padding: 2px;">Supervisor Name and Title</td> <td style="padding: 2px;">From (Date)</td> <td style="padding: 2px;">To (Date)</td> <td style="padding: 2px;">Salary per month \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Exact title or position</td> <td colspan="2" style="padding: 2px;">Reason for leaving</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Explain your duties:</td> <td colspan="2" style="padding: 2px;">Reason for leaving</td> </tr> </table>	Employer Name	Phone Number	Address	Type of Business	Supervisor Name and Title	From (Date)	To (Date)	Salary per month \$	Exact title or position		Reason for leaving		Explain your duties:		Reason for leaving	
Employer Name	Phone Number	Address	Type of Business														
Supervisor Name and Title	From (Date)	To (Date)	Salary per month \$														
Exact title or position		Reason for leaving															
Explain your duties:		Reason for leaving															
5.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Employer Name</td> <td style="width: 15%; padding: 2px;">Phone Number</td> <td style="width: 30%; padding: 2px;">Address</td> <td style="width: 25%; padding: 2px;">Type of Business</td> </tr> </table>	Employer Name	Phone Number	Address	Type of Business												
Employer Name	Phone Number	Address	Type of Business														

### Employment History (continued)

	Supervisor Name and Title	From (Date)	To (Date)	Salary per month \$	Exact title or position
	Explain your duties:			Reason for leaving	
6.	Employer Name	Phone Number	Address		Type of Business
	Supervisor Name and Title	From (Date)	To (Date)	Salary per month \$	Exact title or position
	Explain your duties:			Reason for leaving	
7.	Employer Name	Phone Number	Address		Type of Business
	Supervisor Name and Title	From (Date)	To (Date)	Salary per month \$	Exact title or position
	Explain your duties:			Reason for leaving	
8.	Employer Name	Phone Number	Address		Type of Business
	Supervisor Name and Title	From (Date)	To (Date)	Salary per month \$	Exact title or position
	Explain your duties:			Reason for leaving	

82. Indicate by number, any of the employers listed above whom you do not wish us to contact.

83. Explain your reason for applying for this position:

### Credit History

84. Have you ever been sued?	If "Yes", explain
85. Have you ever filed for bankruptcy?	If "Yes", explain

### Acquaintances

86. List the name of three adults (friends, fellow students or co-workers) that are not related to you nor former employers or references. The names listed should be persons with whom you have seen frequently during the past year.

1.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	In what capacity to you know this person?	
2.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	In what capacity to you know this person?	
3.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	In what capacity to you know this person?	



### References

87. List below the names of five adults who are not related to you nor former employees, who have known you for a period (preferably) more than five years. All person listed will be asked to appraise your character, ability, experience, personality and other qualities.

1.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?	
2.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?	
3.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?	
4.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?	
5.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?	

### Emergency Contact Information

Name	Address	Home Phone	Business Phone	Relationship

I hereby certify that there are no willful misrepresentations or falsifications in this questionnaire and all my answers are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

