

# *City of Kingston Police Department*

30 W. Main Street #309 Kingston, GA 30145

770-336-5507 Office / 770-336-5508 Fax



## **Police Officer Application General Instructions**

Every one of these sections must be completed in order for the City of Kingston to accept the application as complete. Print and answer to every question, every question must be filled out truthfully. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and proceed with the number of the referenced block. Lying or misleading answers will terminate your application.

Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment. Any false, misleading, or incomplete information will result in your application being rejected.

Once submitted, this application becomes the property of the City of Kingston.

This application consists of several sections:

Verification.

Notification Procedure Release.

Waiver and Release for Background Investigation.

COMPLETED, NOTARIZED APPLICATIONS MUST BE RETURNED TO CHIEF OF POLICE AT  
30 W. Main St. #309, Kingston, GA 30145.

OR

E.mail: [Tsosebee@Kingstonga.gov](mailto:Tsosebee@Kingstonga.gov)

## MINIMUM QUALIFICATIONS

An applicant shall be no less than twenty-one (21) years of age by the application deadline.

High school graduate or equivalent. Associates or Bachelor's degree in criminal justice preferred, but not required.

An applicant shall have no record of conviction of a felony or violent crime.

Must pass a written examination. The examination measures knowledge, skills and abilities, which you could reasonably be expected to possess prior to employment as a Police Officer.

Must pass an oral board examination.

Must pass a background investigation which includes a check of references, inquiry as to character and reputation and a fingerprint-based criminal records check.

An applicant shall be physically, medically and psychologically fit to perform the essential functions of the job classification, with or without reasonable accommodations. Medical and psychological examinations will not be completed until a conditional offer of employment is made to the applicant.

Must have a valid Georgia driver's license at the time of hire.

An applicant shall be a Certified Peace Officer by the State of Georgia in good standing with POST at the time of filing of the application. Any POST investigations will be based on case by case circumstances.

Please include any documents that pertain to the job and/or duties. (Diploma, certificates, etc.)





**Conviction of Crime**

Have you ever been convicted of a misdemeanor or felony?  
 If yes, state violation, court of jurisdiction, and date of conviction.

Yes No

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**Past and Present Membership in Organizations**

Name	Address	Zip	Type	Office Held	Membership Dates

**Education**

List all high schools attended. Attach transcript from last high school attended.

Name	City	Zip	Graduated Yes/No

**Higher Education.** List all colleges or universities attended. Attach transcript from last institution.

Name	City	Zip	Dates Attended	Credit Hours Semester/Quarter	Degree Rec'd Year

**Special Qualifications and Skills**

Indicate Police Certification or any other type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued and date current license expires.

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**Foreign Language**

Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing

**Hobbies and Sports**

Name	Length of Participation	Level of Proficiency

**Employment:**

Are you now or have you been a law Enforcement Officer?  Yes  No Is yes, certified date:

Begin with your most recent job and list your work history for the past ten years, including part-time, temporary or seasonal employment, and all periods of unemployment.

<b>Start – End Date:</b>	<b>Name, address and phone number of Employer:</b>
<b>Pay/Salary \$</b>	
<b>Job Title</b>	<b>Description of Duties (below):</b>
<b>Supervisor:</b>	
<b>Phone number:</b>	

<b>Start – End Date:</b>	<b>Name, address and phone number of Employer:</b>
<b>Pay/Salary \$</b>	
<b>Job Title</b>	<b>Description of Duties (below):</b>
<b>Supervisor:</b>	
<b>Phone number:</b>	

<b>Start – End Date:</b>	<b>Name, address and phone number of Employer:</b>
<b>Pay/Salary \$</b>	
<b>Job Title</b>	<b>Description of Duties (below):</b>
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<b>Phone number:</b>	

<b>Start – End Date:</b>	<b>Name, address and phone number of Employer:</b>
<b>Pay/Salary \$</b>	
<b>Job Title</b>	<b>Description of Duties (below):</b>
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<b>Job Title</b>	<b>Description of Duties (below):</b>
<b>Supervisor:</b>	
<b>Phone number:</b>	



Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)? If yes, state reason in detail:

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Use last page in you need more space.

**Military Status:** \_\_\_\_\_

**Character References :**

List only character references who have definite knowledge of your qualifications for the position of application. List five character references. (Do not list relatives or persons living outside the United States.)

#	Name	Address	Home Phone	Work Phone	Years Known
1					
2					
3					
4					
5					

Have you ever applied for a position or worked for with this agency? If yes, give details.

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I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## Verification

The information I have provided to The City of Kingston in the foregoing Application is true and correct to the best of my knowledge belief and understanding. I understand that any false statement contained therein is subject to the penalties prescribed by Georgia Criminal Statutes, relating to unsworn falsification to authorities.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Sworn to and subscribed before me on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Notary \_\_\_\_\_ Term expires \_\_\_\_\_



## Notification Procedure Release

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the position of police officer with the City of Kingston.

If conventional methods fall in attempting to contact the applicant, a certified-registered letter will be sent to the applicant's address listed on the application. Should the registered letter be returned indicating that it was unclaimed or undeliverable, the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the Records Administrator, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges that you have read and understood the contents of this procedure.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

Sworn to and subscribed before me on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Notary \_\_\_\_\_ Term expires \_\_\_\_\_

**CITY OF KINGSTON**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Kingston, whether the said records are of a public, private, or confidential nature, including any criminal and/or driving history record information pertaining to me which may be in the files of any state or local criminal agency. Authorization is also given to the City to recheck and review the records at the City's discretion. The intent of this authorization is to give my consent for full and complete disclosure of the records of commercial or retail credit agencies (including 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, 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 determining my suitability for employment by the City of Kingston. 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 valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Print Full Name \_\_\_\_\_

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

Home Address \_\_\_\_\_

GA POST O'key # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Sworn to and subscribed before me on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Notary \_\_\_\_\_ Term expires \_\_\_\_\_





**Applicant Privacy Rights  
Notification Signature Form**

**Applicant Notification and Record Challenge:**

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

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Signature

Print Name

Date