

Kingston Police Department



30 W. Main St. #309
Kingston, GA 30145



General Instructions Police Officer Application

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 mislead 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.

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

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.)

**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](#).

Signature

Print Name

Date

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 _____

Drivers History

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

Signature

Date

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	

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 _____



City of Kingston

Implementation of Random Drug and Alcohol Testing of City Employees

The newly adopted Drug & Alcohol Policy provides for random drug and alcohol testing of City employees in safety-sensitive positions, as that term is defined under the policy. The positions which are subject to random testing are those that involve the use or operation of motor vehicles, dangerous tools, and heavy machinery and equipment.

At this time, the City has several employees whose positions and duties meet this definition of safety-sensitive. To carry out the random drug and alcohol testing of employees in these positions, the city will place the name of each employee in a safety-sensitive position on a separate piece of paper. Each piece of paper will be folded and placed into an opaque container. Once every quarter (three months), a name will be drawn from the container. The employee whose name is drawn will be required to submit to drug and alcohol testing promptly, which will be coordinated by the Chief of Police.

The City believes this is a fair way to randomly test employees in positions where safety is a particularly compelling concern. The system will result in each employee in a safety-sensitive position being tested, on average, once each year.

As provided under the City's Drug & Alcohol Policy, the refusal to submit to testing upon request or the failure to appear at the designated test site will result in the employee being suspended with pay pending further disciplinary action, up to and including termination from employment.

Employee Signature

Date

Application

Are you a Georgia Certified Peace Officer? _____ In good standings at GA POST? _____

Last Name First Name Middle Name Social Security Number

Alias(es), Nickname(s) Maiden Name, Other Changes in Name O'Key Number Date of Birth

Present Residence Address, Street/City/State/Zip

U.S. Citizen: Native (Yes/No) _____ Naturalization No. Date Place Court

Residences: List all for past ten years beginning with current.

From Month & Year	Address	To Month & Year

Family: Are you ? _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

List all children related to you or your spouse:

Name	Relation	Date of Birth	Address	Supported by Whom

Vehicle Operator's License

Give the following information concerning any vehicle operator's license you have held or now hold:

Type of License	Number	Issuing Authority	Expiration

Have you ever had a license suspended or revoked? Yes No

If yes explain:

Conviction of Crime

Have you ever been convicted of a misdemeanor or felony ?

Yes

No

If yes, state violation, court of jurisdiction, and date of conviction.

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.

Foreign Language

Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing

Hobbies and Sports

Name	Length of Participation	Level of Proficiency

Employment:

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.

Business Name:
Address:
Phone Number:
Job title:
Pay/Salary \$
Supervisor:
Start date:
End date:
Reason for leaving:

Business Name:
Address:
Phone Number:
Job title:
Pay/Salary \$
Supervisor:
Start date:
End date:
Reason for leaving:

Business Name:
Address:
Phone Number:
Job title:
Pay/Salary \$
Supervisor:
Start date:
End date:
Reason for leaving:

Business Name:
Address:
Job title:
Pay/Salary \$
Supervisor:
Phone Number:
Start date:
End date:
Reason for leaving:

Business Name:
Address:
Job title:
Pay/Salary \$
Supervisor:
Phone Number:
Start date:
End date:
Reason for leaving:

Business Name:
Address:
Job title:
Pay/Salary \$
Supervisor:
Phone Number:
Start date:
End date:
Reason for leaving:

Other information you want to add: _____

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:

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.

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

ANY ADDITIONAL INFORMATION OR DETAILS:

[illegible]