

Police Officer Application
City of Kingston Police Department

30 W. Main Street
Kingston, GA 30145

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., 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 standings 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.)

Questionnaire

 Last Name First Name Middle Name Social Security Number

 Alias(es), Nickname(s) Maiden Name, Other Changes in Name Telephone Number

 Present Residence Address, Street/City/State/Zip

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

 Date of Birth

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

Month and Year From To	Address	With whom did you live and where are they now?

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

Yes No

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:

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.

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

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

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Supervisor:	
Phone number:	

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

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 with any other governmental agencies? If yes, give details.

Remarks

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 _____

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 _____

POST OKEY # _____

Date of Birth _____ Social Security Number _____

Sworn to and subscribed before me on ____ day of _____ 20__.

Notary _____ Term expires _____

