Employment Application

Police

Human Resources Department
418 Osborne St.
St. Marys, GA 31558

Phone: (912) 510-4030
Fax: (912) 510-4015
Website: www.ci.st-marys.ga.us

Position Applying For:_____ _____
Date of Application

How did you learn about this position? (Please check all that apply.)

Newspaper Ad____City Employee ____City's Website____Friend____

May we contact your current employer? Yes____ No____

Do you have any relatives who work for the City of St. Marys? Yes____No____ If yes, please list name & relationship below:

_____

_____

_____ ____/____/____
Last Name First Name Middle Name Social Security Number (optional)

_____
Home Address City State Zip

_____
Mailing Address City State Zip

_____ (____)_____ (____)_____
Email Address Home Telephone Number Alternate Telephone Number

Do you have a valid driver's license? Yes___ No___ If yes, please attach a copy of your current driver's license to this application.
Do you have a legal right to work in the United States? Yes___ No___
Have you ever been employed by the City of St. Marys? Yes ___ No___. If yes, name previous used.

_____

Have you been convicted of a felony in the last 7 years? Yes___ No___ (Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain:_____

_____

_____

Education & Training

HS Diploma Yes___ No___ GED Yes___ No___ Highest Year Completed_____ College/Technical School Yes___ No___

Name of College/University/Technical School	Type of Degree/Diploma	Major Area of Study

The City of St. Marys is an Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, political affiliation, age, disability, marital status, sexual orientation, family responsibilities, military obligations or other non-merit factors. Applicants with a known disability as defined under the Americans with Disabilities Act who need an accommodation in the recruitment or selection process must request this accommodation no later than 48 hours prior to the need.

Employment History

Indicate ALL periods of employment, unemployment, education or military service during the past 10 years. Experience obtained over 10 years ago that is relevant to the position for which you are applying must be included in your employment history. Attach additional sheet(s) if necessary. You may include a resume with this application, but all information on the application must be completed. **DO NOT STATE, "SEE RESUME". NO ADDITIONAL WORK HISTORY INFORMATION WILL BE ACCEPTED AFTER RECRUITMENT HAS CLOSED.**

	Date Employed (Month/Year)	Date Employed (Month/Year)
Employer_____		
Address_____	____/____	____/____

City_____ State_____ Zip_____

Name of Supervisor_____ Telephone Number _____

Status: Full Time [ ] Part-time [ ] Volunteer [ ] Seasonal [ ] Temporary [ ]

Job Title_____

Job Duties_____

_____

_____

_____

_____

_____

Reason for Leaving_____

	Date Employed (Month/Year)	Date Employed (Month/Year)
Employer_____		
Address_____	____/____	____/____

City_____ State_____ Zip_____

Name of Supervisor_____ Telephone Number _____

Status: Full Time [ ] Part-time [ ] Volunteer [ ] Seasonal [ ] Temporary [ ]

Job Title_____

Job Duties_____

_____

_____

_____

_____

_____

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City_____ State_____ Zip_____

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Status: Full Time [ ] Part-time [ ] Volunteer [ ] Seasonal [ ] Temporary [ ]

Job Title_____

Job Duties_____

_____

_____

_____

_____

_____

Reason for Leaving_____

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Employer_____		
Address_____	____/____	____/____

City_____ State_____ Zip_____

Name of Supervisor_____ Telephone Number _____

Status: Full Time [ ] Part-time [ ] Volunteer [ ] Seasonal [ ] Temporary [ ]

Job Title_____

Job Duties_____

_____

_____

_____

_____

_____

Reason for Leaving_____

PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE

PLEASE READ BEFORE SIGNING

If an offer of employment is made to you, the City of St. Marys may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the City of St. Marys. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by the City of St. Marys for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

_____ _____

Signature of Applicant Date

_____

Printed Name

(Forward to Human Resources Director)

RELEASE AND CERTIFICATION
PLEASE READ BEFORE SIGNING

I understand that the foregoing will be verified in order to expedite my application for employment with the City of St. Marys. I hereby authorize the City of St. Marys to conduct a full investigation into my background.

I authorize the City of St. Marys to obtain my previous work records, employment records, character references and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to the City of St. Marys for the purpose of making its hiring decision. I agree that the City of St. Marys shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I have received the list of approved documents with this application.

I understand that my employment will be at-will, which means that both the City of St. Marys and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

_____ _____

Signature of Applicant Date

_____

Printed Name

Authorization to Release Information

This is to certify that as an applicant for a position with the City of St. Marys, I do authorize the release of any and all information to the City of St. Marys' Human Resources Department from whomever they may deem it necessary to make such a request. By my signature, I consent to the release of information to authorized officers, agents and/or employees of the City of St. Marys Human Resources Department which may include but not be limited to: criminal history records; driving history records, which will be used to determine my eligibility for employment or continuation of driving privileges after employment; information concerning my past and present work experience, including my official personnel files, attendance records and performance evaluations; educational records including transcripts; military service records; law enforcement records and/or any other personnel records deemed necessary.

I hereby authorize the City of St. Marys to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I understand that these records may be obtained at any time after receipt of this authorization, and if I am hired, throughout my employment. Passed convictions will not automatically exclude an applicant from employment. The relationship of the crime to the position applied for will be taken into consideration. Further, I authorize the City of St. Marys Human Resources Department to copy or otherwise reproduce this original document and to let such copies act as the original instrument. The original document is to be retained on file with the City of St. Marys Human Resources Department.

In addition, I consent to authorize appropriate officers, agents and/or employees of the City of St. Marys Human Resources Department to make inquiries of third parties such as credit bureaus. This disclosure is being provided to you pursuant to the Federal Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681 and Federal Trade Commission Regulations contained in 16 C.F.R. Part 601, Appendix C.

Full Name Printed	____/____/_____ **Social Security Number** **Drivers License State/Number**
Address	**City, State, Zip**
Signature	**Date**

The following information is requested for background checks and record keeping only and will not be disclosed as a part of the employment application. Exclusion of this data will not result in disqualification from consideration.

Check one: ( ) male ( ) female **Date of Birth** _____/_____/_____

Check one of the following: (Ethnic Origin)

( ) White ( ) African American ( ) Hispanic ( ) Asian ( ) Native American ( ) Other

Are you a disabled individual (in accordance with Americans with Disability Act)? ( ) yes ( ) no

Are you a veteran? ( ) yes ( ) no If yes, please attach a copy of your Form DD214 indicating type of separation.

Human Resources Use Only

Special Employment Provisions

- ☐ **Employment with Criminal Justice Agency, Non-Sworn (GCIC purpose code "J")**
- ☐ **Employment with Criminal Justice Agency, Sworn (GCIC purpose code "Z")**

SUPPLEMENTAL POLICE DEPARTMENT APPLICATION FORM

In addition to the regular employment application for the City of St. Marys, the Police Applicants are required to provide some additional information. This list is not all inclusive as additional items/documents may be requested from the individual if determined to be necessary to complete the application process. Failure to provide the required documents or an incomplete application will result in the application being put on file listed as "inactive" until the information is made current and retained for a period of two (2) years before it is destroyed.

The following is a list of documents required by the police department that will be needed to be included with the employment application for the position of police officer (if applicable to applicant):

- ☐ Birth Certificate or other proof copy
- ☐ Social Security Card Copy
- ☐ High School Diploma or GED
- ☐ COMPASS Test Results
- ☐ Out of State Driver's History
- ☐ Driver's License Copy
- ☐ DD-214 (if served in the military)
- ☐ Signed Waiver Form (attached to police employment application)
- ☐ Completed Supplemental Police Department Application page 2

Other documents may be required and will be requested in writing should it become evident additional documents/items are needed.

PLEASE COMPLETE PAGE TWO OF THE SUPPLEMENTAL FORM

SUPPLEMENTAL POLICE DEPARTMENT APPLICATION FORM

PROFESSIONAL REFERENCES (not personal):
List 3 people not related to you who can comment on your work performance.

Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				

PERSONAL REFERENCES:
List 3 people not related to you who can about you.

Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				

PREVIOUS ADDRESSES:
List addresses you have lived at prior to your current address going back 10 years.

Address	City	State	Zip Code	# of Years
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name: _____ Relationship: _____ Tel. ( ) _____
Address: _____ City: _____ State: _____ Zip: _____

St. Marys Police Department

563 Point Peter Road
St. Marys, Georgia 31558
912-882-4488

Timothy P. Hatch Chief of Police
Rodger L. Wooten Assistant Chief of Police

CONSENT FORM
POLICE EMPLOYMENT

I hereby give my consent for the ST. MARYS POLICE DEPARTMENT to receive any Georgia or III criminal history/record information pertaining to me as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

_____
Full Name (print)

_____
Address City State Zip

_____ _____
Driver's License Number State

_____ _____ _____ _____
Sex Race Date of Birth Social Security #

_____ _____
Signature Date

Special employment provisions (check if applicable):

- o Employment with criminal justice agency-civilian (Purpose Code 'J')
- o Employment with criminal justice agency-P.O.S.T certified (Purpose Code 'Z')

One of the following must be checked:

- o This authorization is valid for **90/180** *(circle one)* days from date of signature.
- o I,_____give consent to St. Marys Police Department to perform periodic criminal history background checks for the duration of my employment with this agency.

_____ _____
Notary Signature & Stamp Date