



**Public Safety
Questionnaire
Introduction Statement**

Dear Public Safety Applicant:

Thank you for your interest in a position with the City of Union City. The City's hiring process for any Public Safety positions may last from 2 to 6 months. The City asks for your patience during the process. Enclosed you will find requests for additional information that must accompany your Application for Employment. For your convenience there is a checklist included in this packet. Please provide all requested information that is requested. Failure to do so could disqualify you from consideration for this position.

To be considered for a Public Safety position applicants may be asked to participate in the following processes:

- Examination Physical Ability/Fitness**
- Written Examination**
- Oral Interview (Panel Review)**
- Peace Officer Standard & Training Entrance Examination**

At a later date you may be asked to participate in further testing, i.e. polygraph examination, medical examination (including a routine drug screen), and psychological examination. All procedures must be passed, but DOES NOT guarantee employment.

Should an applicant fail any portion of the application process, they will be notified in writing of the necessary steps to take to re-apply, if eligible, for employment with the City of Union City. If an applicant is deferred, his/her application will remain on file for 3 months from the date of the original application, at which time the applicant may re-apply if still interested in employment.

Again, thank you for your interest in employment with the City of Union City. If you have any questions, please call 770-964-2288.



**Public Safety
Instructions and Information**

PLEASE READ CAREFULLY BEFORE BEGINNING

Please print or type all information in this Application and Questionnaire.

1. Copies of the following documents **must** accompany this application when submitted; otherwise, your application will not be considered:

- copy of high school diploma or GED certificate**
- copy of birth certificate**
- copy of current driver's license**
- copy of social security card**
- a recent photograph of yourself**
- if you are a veteran, copy of DD-214**

If you are a Georgia Certified Peace Officer (i.e., registered with the Georgia Peace Officer Standards and Training Council, or P.O.S.T.) please attach a copy of your basic certificate displaying your certification number.

2. You **may not** be considered for employment with the City of Union City Police Department, Fire Department or South Fulton Regional Jail if any of the following exists:

- Conviction in any court for any felony offense**
- Conviction in any court for any drug-related offense**
- Conviction in any court for any domestic related incident**
- Any pending criminal action in any court**
- Presently under investigation for any criminal offense by this or any other law enforcement or criminal justice agency**
- Seven or more points accumulated against driving record at the time of application**
- Unable to obtain a Georgia driver's license**
- Unable to satisfactorily perform assigned duties or comply with regulation of the Georgia Peace Officers Standards and Training Council (P.O.S.T.)**
- Less than 21 years of age at time of application**
- If you are not a U.S. citizen**

3. If you have any questions regarding the application, contact the Human Resources Department.

4. Use the following Check List. An incomplete application may not be processed. Upon completion of the application, refer to this checklist to make sure no information has been omitted.



**Public Safety
Check List**

All questions are answered. Those not applying to applicant are marked N/A or No.

A copy of the following documents is attached:

- Georgia Certified Peace Officer Certificate (if applicable)**
- Copy of birth certificate**
- Copy of high school diploma or GED Certificate**
- Copy of valid driver's license**
- Copy of social security card**
- Copy of military discharge DD214 (if applicable)**
- Recent photograph**

The application is signed, dated and notarized. Do not sign any portion of the application that requires a Notary if you do not have one readily available, as the City has several Notaries for your convenience.

In addition to the required copies of documentation, I have attached the following:

Upon returning this application to Human Resources, City Hall, 5047 Union Street, Union City, Georgia, 30291 you will be notified of when and where to report for the Police Officer Selection Test (P.O.S.T) and physical agility test. Further processing will include a POST entrance exam, psychological exam, polygraph exam, employment physical and drug and alcohol test.



**Public Safety
Reference Release Statement**

I authorize the addressed individual, company, or institution to furnish the City of Union City with any information that they may have concerning me which they have on record or otherwise; and I release such individual, company, or institution and the City of Union City from any and all liability for any damage whatsoever incurred in furnishing such information. A photocopy of my signature on this page will suffice as an original.

Printed Name of Applicant Date of Birth

Signature of applicant Date of Signature

Applicant - do not write below this line

To:

To Whom It May Concern:

The job applicant named above has applied for employment with the City of Union City and listed your organization as a present or previous employer. The City would very much appreciate your help and cooperation by candidly evaluating this applicant's performance while employed by your organization. You may return this form to us by mail or email, or call our representative named above. Thank you.

PLEASE RATE THE FOLLOWING	EXCELLENT	GOOD	FAIR	POOR
Responsiveness to Supervision				
Cooperation				
Quality				
Quantity of Work				
Timeliness of Work				
Attendance/Punctuality				

Dates of employment: From: _____ To: _____

Position: _____

Reason for leaving: _____

Would you reemploy? _____ If not, why not? _____

Please attach any additional comments.

Completed by: _____ Date: _____



**Public Safety
Authorization to
Release Information**

To Whom It May Concern:

I hereby authorize representatives of the City of Union City, bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and/or educational records, including but not limited to, academic achievement, attendance, athletic, and disciplinary records. I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding that the information is for the official use of my public safety application. Consent is granted for the City of Union City to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other education institution, or other consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me at the address indicated below.

I understand that my application will be subject to verification through a comprehensive background investigation, a part of which may be a polygraph.

Falsification and/or misrepresentation of facts during any phase of the employment process will be grounds for termination of the applicant's employment process and/or dismissal.

Full Name: _____
Printed Signature

Date of Birth: _____ Day time telephone _____

Street Address City State Zip Code

MUST BE NOTARIZED

Full Signature Date

Notary Public Date
Must have signature and seal/stamp



**Public Safety
Release of Criminal History
Consent Form**

The intent of this authorization is to give my ongoing consent for full and complete disclosure of my criminal history.

Last Name	First Name	Middle Name		

Street Address	City	State	Zip	Code
_____			_____	
Social Security Number			Date of Birth	
_____	_____	_____	_____	
Height	Weight	Eye Color	Hair Color	

Authorize:

The City of Union City Police Department to receive my criminal history record from the NCIC/GCIC database. I understand this request will only be used for employment purposes.

Signature

Notary Public Date
Must have signature and seal/stamp

Where information provided through your criminal history indicates criminal changes outside the State of Georgia, it is your responsibility as an applicant to provide the City of Union City Human Resources Department with a copy of all criminal history records in all other applicable states. Failure to provide the required information may result in the disqualification of your application.



**Public Safety
Background Investigation
Information**

This information is required by Georgia Peace Officer Standard & Training Council

Personal Data

Last Name First Name Middle Name

Street Address City State Zip Code

Social Security Drivers License State Issued

Date of Birth Place of Birth (City and State)

Physical Description

Race Sex Height Weight Hair Color Eye Color

Completed Military Service

Branch Service # From month/year to month/year

Branch Service # From month/year to month/year

Current Military Service

Member of Reserve or National Guard Unit

Name and Address of Reserve or National Guard Unit

Name and Phone Number of Commanding Officer

Previous Addresses

List the information requested regarding all addresses at which you have resided within the past 10 years, excluding present address. Begin with the most recent. Add additional page if necessary.

Address _____ From _____ To _____

Own Rent If rent list landlord's name: _____

Roommates: _____

Address _____ From _____ To _____

Own Rent If rent list landlord's name: _____

Roommates: _____

Address _____ From _____ To _____

Own Rent If rent list landlord's name: _____

Roommates: _____

Address _____ From _____ To _____

Own Rent If rent list landlord's name: _____

Roommates: _____

Address _____ From _____ To _____

Own Rent If rent list landlord's name: _____

Roommates: _____

Address _____ From _____ To _____

Own Rent If rent list landlord's name: _____

Roommates: _____

Address _____ From _____ To _____

Own Rent If rent list landlord's name: _____

Roommates: _____

Address _____ From _____ To _____

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Roommates: _____

Address _____ From _____ To _____

Own Rent If rent list landlord's name: _____

Roommates: _____

Address _____ From _____ To _____

Own Rent If rent list landlord's name: _____

Roommates: _____

Address _____ From _____ To _____

Own Rent If rent list landlord's name: _____

Roommates: _____

Address _____ From _____ To _____

Own Rent If rent list landlord's name: _____

Roommates: _____

Criminal Record

If you have ever been convicted of an offense against the law or are now under charges for any offense against the law, please provide the following information.

Felonies, Misdemeanors (either civilian or military):

Crime/Charge	Court	Date	Crime/Charge	Court	Date
Disposition of Case (dismissed, fined, probation)			Disposition of Case (dismissed, fined, probation)		
Crime/Charge	Court	Date	Crime/Charge	Court	Date
Disposition of Case (dismissed, fined, probation)			Disposition of Case (dismissed, fined, probation)		

Convictions (traffic, including pleas and nolo contender):

Crime/Charge	Court	Date	Crime/Charge	Court	Date
Disposition of Case (dismissed, fined, probation)			Disposition of Case (dismissed, fined, probation)		
Crime/Charge	Court	Date	Crime/Charge	Court	Date
Disposition of Case (dismissed, fined, probation)			Disposition of Case (dismissed, fined, probation)		

List all other adults currently living in the household.

Law Enforcement Employment History

Notice: Complete this section only if you are currently or have been a law enforcement officer. This does not include private security experience.

Are you currently a peace officer? Yes No

_____ Certification #

_____ State of Certification

_____ Name of Academy you attended

_____ Address of Academy

_____ Your overall average grade point

_____ Years of Law Enforcement experience

Have you ever qualified with a weapon? Yes No

Weapon Make	Model	Caliber	Score	Date	Instructor or Institution

Have you ever been the subject of an internal/administrative investigation? Yes No

If "Yes" attach an explanation to this application giving full and complete details.

Check any of the areas in which you have received specialized training:

- | | |
|---|--|
| <input type="checkbox"/> HOMICIDE INVESTIGATION | <input type="checkbox"/> LAW ENFORCEMENT MANAGEMENT |
| <input type="checkbox"/> RAPE INVESTIATION | <input type="checkbox"/> HUMAN RESOURCES SUPERVISION |
| <input type="checkbox"/> ROBBERY INVESTIGATION | <input type="checkbox"/> SEX CRIMES |
| <input type="checkbox"/> BURGLARY INVESTIGATION | <input type="checkbox"/> COURTROOM PROCEDURES |
| <input type="checkbox"/> AUTO THEFT INVESTIATION | <input type="checkbox"/> EVIDENCE PRESENTATION |
| <input type="checkbox"/> ARSON INVESTIGATION | <input type="checkbox"/> FIRST AID |
| <input type="checkbox"/> CRIME SCENE TECHNICIAN | <input type="checkbox"/> CPR |
| <input type="checkbox"/> FORGERY INVESTIATION | <input type="checkbox"/> EMT/ADVANCED EMT |
| <input type="checkbox"/> PARTOL TECHNIQUES | <input type="checkbox"/> SELF PROTECTION/MECHANICS OF ARREST |
| <input type="checkbox"/> TRAFFIC ACCIDENT INVESTIGATION | <input type="checkbox"/> PURSUIT/DEFENSIVE DRIVING |
| <input type="checkbox"/> CRIME PREVENTION | <input type="checkbox"/> FIREARMS |
| <input type="checkbox"/> JUVENILE | <input type="checkbox"/> SWAT/ERT |
| <input type="checkbox"/> DRUG INVESTIGATION | <input type="checkbox"/> REPORT WRITING |
| <input type="checkbox"/> CRIMINAL INVESTIGATION | <input type="checkbox"/> INTERVIEWS & INTERROGATIONS |
| <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> SPILLMAN SOFTWARE |

Law Enforcement Experience

PATROL DETECTIVE TRAFFIC SUPERVISION MANAGEMENT

OTHER _____

Position Requirements

This position may require you to:

Work a rotating shift. Do you object to doing so? Yes No

Work overtime. Do you object to doing so? Yes No

Have you had experience working shift work? Yes No

If yes, where and when?



Fingerprint History

If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answers will be checked with the F.B.I. and other agencies.

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

Illegal Substance Use

Have you ever tried/used an illegal substance? Yes No

If yes, what was the date you last tried/used? _____

How many times have you tried/used an illegal substance in your lifetime?



What were the circumstances?



Have you ever used legal drugs in an illegal manner?

Yes No

If yes, what were the circumstances (dates, type of drug(s) etc.)?



Driving History

Can you operate a motor vehicle? Yes No

Do you possess a valid State of Georgia Driver's license? Yes No

License Number

Year issued

Expiration Date

Have you ever possessed an operator's license issued by any state other than Georgia?

Yes No If yes, give state and license number _____
State Number

Have you successfully completed a safe driving or driver's education course?

Yes No If yes, who sponsored the course? _____

Has your license ever been suspended or revoked? Yes No

If yes, state whether a suspension or revocation and reason.

Was your license restored? Yes No When? _____

Have you ever been refused an operator's license by any state? Yes No
If yes, give details. _____

Have you ever been involved in a motor vehicle accident? Yes No

If yes, give complete details for each accident whether collision or non-collision:

Date: _____ Police Investigation? Yes No

Location: _____

Cause of Accident: _____

Injuries? Yes No Who was legally at fault? _____

Date: _____ Police Investigation? Yes No

Location: _____

Cause of Accident: _____

Injuries? Yes No Who was legally at fault? _____

Date: _____ Police Investigation? Yes No

Location: _____

Cause of Accident: _____

Injuries? Yes No Who was legally at fault? _____

Employment History:

Have you ever been fired from or permitted to resign employment for breach of trust, embezzlement, theft, or any other crime? Yes No

Have you ever been fired from or permitted to resign employment for abuse of authority or for any disciplinary reasons? Yes No

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE, AND UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION AS AN APPLICANT, OR DISMISSAL, IF HIRED.

Date Completed

Printed Name

Signature in full

Notary Public Date
Must have signature and seal/stamp