

Application For Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name

Address

City

State

Zip

Phone number

Email address

Are you legally eligible to work in the US?

Yes

No

Are you a veteran?

Yes

No

If selected for employment are you willing to submit to a background check?

Yes

No

Position

Position you are applying for

Available start date

Desired pay

Employment desired

Full time

Part time

Seasonal/Temporary

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only)

Name	Title	Company	Phone

Employment History

Employer (1)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (3)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (4)	Job Title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (5)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	

**WRENS POLICE DEPARTMENT
PERSONAL DATA FORM**

INSTRUCTIONS

Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification and may be used in polygraph testing. Incorrect statements may bar or remove you from employment. If more space is needed, add another page and identify additional information by number.

A. PERSONAL

1. Name (PRINT)

(First) (Middle) (Last)

List any other names you have used or have been known by. Please state the reason.

2. Address: _____
(Street and Number) (City) (State) (Zip)

3. Are you a citizen of the United States? Yes No

4. List all organizations, clubs and associations of which you are or have been a member within the past ten (10) years.

NAME	City/State
_____	_____
_____	_____
_____	_____

5. List any hobbies, special skills and abilities, including the speaking of foreign languages.

6. Are you seeking career employment with the Wrens Police Department?

() Yes () No

7. Did a supervisor ever give you a written reprimand to you for being absent?

() Yes () No If yes, explain.

8. Did a supervisor ever reprimand you for misconduct?

() Yes () No If yes, explain.

9. Were you ever fired or disciplined of an accident?

() Yes () No If yes, explain.

10. If you have been asked to resign or have been fired from a job in the last ten years, please circle the number of times this has occurred. If yes, explain.

10 9 8 7 6 5 4 3 2 1 0

11. Are you willing to work nights and weekends? () Yes () No

B. MILITARY

12. Have you ever served in the armed forces of the United States?

() Yes () No If yes, list branch _____

Service Number: _____

Highest Rank Held: _____

13. List all of decorations and/or service medals awarded to you as a member of the Armed Forces.

14. What is the type of your discharge? (Honorable, dishonorable, general, honorable conditions, etc.) Be exact.

15. Give the date and location of entrance of active duty.

16. Give the date and location of discharge.

17. Are you now, or were you ever an active or inactive member of any branch of the United States Reserve Forces? () Yes () No

If yes, list Branch _____ Unit: _____

Highest Rank held: _____ Location: _____

From: _____ To: _____

Type Discharge: _____

18. Are you now, or were you ever an active or inactive member of any branch of the United States National Guard? () Yes () No

If yes, list the following:

State _____ Unit: _____

Highest Rank held: _____

From: _____ To: _____

Type Discharge: _____

19. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, desk court, captain's mast or company punishment, or any other formal disciplinary action while a member of the armed forces? () Yes () No

If yes, explain. _____

20. List any formal disciplinary action taken against you in the National Guard or other Reserve Unit.

C. PROFESSIONAL LICENSE

21. List any professional license(s) held by you.

22. Have you ever had a professional license revoked or suspended for any reason? () Yes () No
If yes, give details including type license and reason for revocation or suspension.

23. List any special skill(s) or certificate(s) held by you.

ATTENTION – THIS STATEMENT MUST BE SIGNED

I understand that employment with the Wrens Police Department begins with a probationary period during which I must demonstrate my fitness for continued employment. In addition, I understand that failure to successfully complete this probationary period will result in the termination of employment.

I further understand that any employment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application can be the basis for dismissal from the Wrens Police Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signature of Applicant

Date

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Georgia Driver's History Consent Form

I hereby authorize _____
(fire department/law enforcement agency name)

to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (print)

Address

Sex

Date of Birth

Driver's License Number

Social Security Number

Signature

Date