

# 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 <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If selected for employment are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>			

## Position

Position you are applying for	Available start date	Desired pay
Employment desired <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> 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.

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8. Did a supervisor ever reprimand you for misconduct?

Yes       No    If yes, explain.

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

Yes       No    If yes, explain.

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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

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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.

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

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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.

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Signature of Applicant

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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

CITY OF WRENS

BACKGROUND RELEASE STATEMENT

Applicant Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

I, \_\_\_\_\_ (hereinafter "Applicant"), in consideration for my application for employment with the City of Wrens, Georgia, including its divisions such as the Wrens Police Department and Wrens Fire Department, hereby authorize and request all my former employers to release and disclose any and all information pertaining to my employment with them to the City of Wrens.

This authorization includes, but is not limited to, the release of performance records, attendance records, disciplinary actions, evaluations, and any other employment-related files or documents. I understand that this information is to be used solely for the purpose of evaluating my suitability for employment with the City of Wrens.

I hereby release, acquit, and forever discharge my former employers, their agents, employees, and representatives, as well as the City of Wrens and its employees, from any and all actions, claims, demands, liabilities, loss, damage, and expense of any kind (including attorney's fees) arising out of the release, disclosure, and provision of such information.

I understand that this authorization shall remain in effect for the duration of my application process and, if employed, for the duration of my employment with the City of Wrens. A photocopy or digital copy of this authorization shall be as valid as the original.

I affirm that the information I have provided in my application and in this release statement is true and accurate to the best of my knowledge.

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_