

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			
Address		City	State	Zip	
Employer (2)		Job title			
Work phone		Starting pay rate			
Address		City	State	Zip	
Employer (3)		Job title			
Work phone		Starting pay rate			
Address		City	State	Zip	
Employer (4)		Job Title			
Work phone		Starting pay rate			
Address		City	State	Zip	
Employer (5)		Job title			
Work phone		Starting 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: _____ (City) (State) (Zip)
(Street and Number)

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.

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: _____

**Georgia Bureau of Investigation Georgia Crime Information Center
Wrens Police Department
Consent Form**

I hereby authorize _____
to receive any Georgia criminal history record information pertaining to me, which may
be in the files of any state or local criminal justice agency in Georgia.

Full Name (print) _____

Address _____

Sex _____

Race _____

Date of Birth _____

Social Security Number _____

OFFICE USE ONLY RECORD STAMP

Signature _____

Date _____

Special employment provisions (only one):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- General Employment (Purpose code 'E')
- Post Certified Law Enforcement (Purpose code 'Z')
- Criminal Justice/Law Secretary (Purpose code 'J')
- Public Defenders (Purpose code 'L')

One of the following must be checked:

- This authorization is valid for 90/180/_____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.
FOR USE BY WRENS PD
- This subject was found to have a criminal record
- This subject was found to have no criminal record

See Attachment to this sheet for any criminal history information found. If the envelope has been opened or the seal broken, please consider this history to be tampered with.

INITIALS OF COMMUNICATION OFFICER RUNNING HISTORY _____

Georgia Bureau of Investigation Georgia Crime Information Center
Wrens Police Department
Consent Form

I hereby authorize **THE WRENS POLICE DEPARTMENT** to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

THIS CONSENT FORM WILL BE KEPT ON FILE AT THE WRENS POLICE DEPARTMENT.

FOR USE BY WRENS PD

SIGNATURE OF COMMUNICATION OFFICER

PURPOSE CODE USED _____

WHAT THE CRIMINAL HISTORY WAS RAN FOR _____

IF RAN FOR OFFICER HAVE THEM SIGN _____