



# BROOKLET POLICE DEPARTMENT



104 Church Street / PO Box 6 Brooklet Georgia 30415  
(912) 842-9911

Nickki Garman, Chief of Police

## Application for position of Police Officer

Applicants Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Chief: \_\_\_\_\_

Assistant Chief: \_\_\_\_\_

Investigator: \_\_\_\_\_



**BROOKLET POLICE DEPARTMENT**  
104 Church Street / PO Box 6 Brooklet Georgia 30415



Applicant's Last Name: \_\_\_\_\_

**City of Brooklet**  
**APPLICATION FOR POLICE OFFICER EMPLOYMENT**

*The city of Brooklet is an equal opportunity employer. It adheres to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, ethnic origin, national origin, marital or veteran status, citizenship, age, or disability.*

**INSTRUCTIONS:** You must complete this application even if a resume is attached. Type or print in ink. Please answer all questions completely and accurately. If more space is needed, attach additional sheets referring to an applicable section of the application.

Position applying for: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last, First, Middle)

Social Security #: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other Telephone: \_\_\_\_\_

Are you over the age of 21?  Yes  No

Do you have a driver's license?  Yes  No

Are you currently GA POST Peace Officer Certified?  Yes  No

PBLE # \_\_\_\_\_

Okey # \_\_\_\_\_

Are you now or have you ever been employed by the City of Brooklet?  Yes  No If yes, when? \_\_\_\_\_

Have you ever applied for employment with the City of Brooklet?  Yes  No If yes, when? \_\_\_\_\_

Are any members of your family or any relative, by blood or marriage, employed by the City of Brooklet?  Yes  No

If yes, give name, relationship and where employed. \_\_\_\_\_

Have you ever been convicted of or entered a plea of Nolo to any crime?  Yes  No

Have you ever served on active duty with U.S. Armed Services?  Yes  No If yes what branch? \_\_\_\_\_

Date entered Active Duty \_\_\_\_\_ Date Discharged/Separated: \_\_\_\_\_ Final Rank: \_\_\_\_\_

List other names under which you have worked, applied for work, or attended School: \_\_\_\_\_

Employment Desired:  Full-Time Only  Part-Time Only  Full or Part-Time

Earliest Date you could begin work (mo./day/yr.): \_\_\_\_\_

If offered employment, will you be able to provide proof of identity / authorization to work in the U.S.?  Yes  No



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Applicant's Last Name: \_\_\_\_\_

**EDUCATION:**

Name of High School:	Address:
Graduate or GED?	Year Graduated?

College/University Name/Address	Dates Attended (Mo/Yr.)		Did you Graduate?	Type of Degree?
From	To			

Business/Trade/Technical Schools and other Training	Dates Attended (Mo/Yr.)		Did you Graduate?	Certificates Earned?
From	To			

Give the name of any profession (Engineering, Law, etc.) which you are licensed to practice	Date of Issuance	Date of Expiration	License Number



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### EMPLOYMENT HISTORY:

Complete the entire section in detail; do not use "see resume." List chronologically all employment for the last 10 years including current, part-time, and volunteer employment. All time must be accounted for. Any length of time not employed, indicated dates of unemployment. Please attach a separate sheet of paper for additional employment history, if necessary.

May we contact your current employer for a reference?  Yes  No  Not Applicable

Name of Current or Last Employer:		
Address:		
Job Title:	Beginning Salary:	Ending Salary:
From (mo./yr.)		To (mo./yr.)
Supervisor's Name:		
Duties and Responsibilities:		
Reason For Leaving		

Name of Current or Last Employer:		
Address:		
Job Title:	Beginning Salary:	Ending Salary:
From (mo./yr.)		To (mo./yr.)
Supervisor's Name:		
Duties and Responsibilities:		
Reason For Leaving		



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Applicant's Last Name: \_\_\_\_\_

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Job Title:	Beginning Salary:	Ending Salary:
From (mo./yr.)		To (mo./yr.)
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Applicant's Last Name: \_\_\_\_\_

Have you ever been dismissed or asked to resign from any position?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions, and counseling taken against you for any employment or position you have held?  Yes  No

If yes, please provide explanation or documents: \_\_\_\_\_

Have you resigned or left a job by mutual agreement for any reason?  Yes  No

If yes, please provide details: \_\_\_\_\_

Do you own a business or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer?  Yes  No

If yes, please provide name, address and your relationship or position: \_\_\_\_\_

Have you ever applied or worked with any law enforcement agencies?  Yes  No If yes, please provide the following:

<b>Agency or Department:</b>		
<b>Address:</b>		
Date Applied:	Position Applied For:	Status:

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<b>Address:</b>		
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Date Applied:	Position Applied For:	Status:



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Applicant's Last Name: \_\_\_\_\_

### RESIDENCES

List in chronological order all addresses, including while in school or military. Attach a separate sheet if necessary.

Dates (mo./yr.)		Street Address	Apt. #	City	County	State	Zip
FROM	TO						
Current							

### MILITARY HISTORY

Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Service #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Specialty: \_\_\_\_\_



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Applicant's Last Name: \_\_\_\_\_

### DRIVING HISTORY

Are you licensed to drive in the State of Georgia?  Yes  No

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Do you hold or have you ever held an operator license in another state?  Yes  No

If yes, please provide state(s), name used, driver license number and approximate dates of license:

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Have you ever received a traffic ticket or been charged with a traffic violation?  Yes  No

If yes, list charge, date, and disposition:

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Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes  No If yes, provide complete details:

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Have you ever had automobile insurance refused, withdrawn, or revoked?  Yes  No

If yes, please provide complete details:

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Applicant's Last Name: \_\_\_\_\_

### ASSOCIATIONS

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force of violence to deny other persons of their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

Have you ever made a financial or other material contribution to any organization of the type described in the question above?  Yes  No

If yes to the questions above: At the time of your membership, participation, contribution, did you know of any unlawful aims of the organization?  Yes  No

If yes to the questions above: Did you intend to promote any unlawful aims of the organization?  Yes  No

If yes to any of the questions above: Explain including the name or the organization and location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

Give three (3) references (not relatives, former or present employer) who are responsible adults of reputable standing in their communities, who have known you well for the past five (5) years. Please provide complete mailing address and phone numbers.

Complete Name:	Relationship:
Home Address:	Home Phone:
Business Address:	Business Phone:
Occupation:	Years Acquainted:

Complete Name:	Relationship:
Home Address:	Home Phone:
Business Address:	Business Phone:
Occupation:	Years Acquainted:



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Applicant's Last Name: \_\_\_\_\_

**(REFERENCES CONTINUED)**

Complete Name:	Relationship:
Home Address:	Home Phone:
Business Address:	Business Phone:
Occupation:	Years Acquainted:

**CRIMINAL RECORD**

Any false statement regarding your criminal history or background will be an automatic disqualification.

Have you ever been arrested, charged, indicted, or convicted of a felony offense?  Yes  No

Have you ever been arrested, charged, indicted, or convicted of a firearms or explosives charge?

Yes  No

Have you ever been arrested, charged, indicted, or convicted of any offenses related to alcohol or drugs (including DUI)?  
 Yes  No

Are there currently any charges pending against you for any criminal offense?  Yes  No

Have you ever been arrested, charged, indicted, or convicted of any type of offense (including misdemeanors)?

Yes  No

Have you ever been arrested, charged, indicted, or convicted of a domestic violence offense?

Yes  No

Explain any (Yes) answers in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Applicant's Last Name: \_\_\_\_\_

### BACKGROUND INFORMATION:

**In Case of Emergency Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Marital Status:  Married  Single  Separated  Divorced  Widowed

Spouse's/Partner's Name: \_\_\_\_\_

Spouse's Maiden Name (if applicable): \_\_\_\_\_

Spouse/Partner's Date of Birth: \_\_\_\_\_

Spouse/Partner's Employer: \_\_\_\_\_

Spouse/Partner's Employer Address: \_\_\_\_\_

Spouse/Partner's Employer Phone: \_\_\_\_\_

Is your Spouse/Partner in favor of you becoming a police officer?  Yes  No

Do you object to working rotating shifts, nights, weekends or holidays?  Yes  No

Do you object to or have any physical condition that may prevent you from wearing a uniform, gun belt or ballistic vest?  Yes  No

If you answered yes to the above question please explain: \_\_\_\_\_

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Your position may require you to be on-call, work overtime and participate in off-site training. Will this be a problem for you or your spouse/partner?  Yes  No

Do you drink alcoholic beverages?  Yes  No

Have you ever used marijuana?  Yes  No If yes, when was the last time: \_\_\_\_\_

Have you ever used other illegal drugs, opiates, pills, etc.?  Yes  No

Do you now or have you ever associated with anyone that uses drugs?  Yes  No

If it became necessary in the course of law enforcement duties to take a human life, would you have any reluctance to do so because of religious or other beliefs?  Yes  No



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Applicant's Last Name: \_\_\_\_\_

In the space below please give a brief biography or history of yourself. Begin with your past, bring yourself into the present, and project yourself into the future. Give significant life experiences and accomplishments. Also describe why you are applying for a position as a Brooklet Police Officer. Finally, explain what the badge means to you.



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Applicant's Last Name: \_\_\_\_\_

**Agreement to Hold Harmless**

I, \_\_\_\_\_, hereby acknowledge that I am a Peace Officer applicant, or a candidate for appointment or certification to a position as a Peace Officer in the State of Georgia, or for attendance at a basic training course required for such appointment and certification.

I hereby request that my former employers release to any law enforcement agency requesting employment related information as defined in O.C.G.A. §35-8-8(c)(1) the following:

All written information contained in a prior employer's records or personnel files that relates to an applicant's, candidate's, or peace officer's performance or behavior while employed by such prior employer, including performance evaluations, records of disciplinary actions, and eligibility for rehire. Such term shall not include information prohibited from disclosure by federal law or any document not in the possession of the employer at the time a request for such information is received.

In consideration of your providing such information to my prospective Law Enforcement employer, I hereby forever release and agree to hold harmless and to defend from all liability for any claims, causes of action or suits or charges by ever former employer who provides such complete and accurate information and my employment to the requesting law enforcement agency in accord with O.C.G.A. §35-8-8(c)(2).

I understand that O.C.G.A. §35-8-8(c)(5) provides as follows:

Before taking final action on an application for employment based, in whole or in part, on any unfavorable employment related information received from a previous employer, a law enforcement agency shall inform the applicant, candidate, or peace officer that is has received such employment related information, and that applicant, candidate, or peace officer may inspect and respond in writing to such information. Upon applicant's, candidate's, or peace officer's request, the law enforcement agency shall allow him or her to inspect the employment related information and to submit a written response to such information. The request for inspection shall be made within five business days from the date that the applicant, candidate, or peace officer is notified of the law enforcement agency's receipt of such employment related information. The inspection shall occur not later than ten business days after said notification. Any response to the employment related information shall be made by the applicant, candidate, or peace officer not later than three business days after his or her inspection.

**THIS DOCUMENT MUST BE NOTARIZED**

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Applicant Signature

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(Print Name)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_



## BROOKLET POLICE DEPARTMENT

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Applicant's Last Name: \_\_\_\_\_

### CONSENT FOR CRIMINAL RECORDS CHECK AND DRIVER'S HISTORY

#### BY LAW ENFORCEMENT AGENCIES

(This section to be completed by Applicant on a voluntary basis)

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_ have applied for a position with the City of Brooklet and I consent to a criminal check by law enforcement agencies. I also authorize the release of such information to the City of Brooklet, now and at any time during my employment, and hereby release, discharge, and waive any and all claims, which may arise against you for the release of accurate information.

Current Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

### THIS DOCUMENT MUST BE NOTARIZED

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
By, \_\_\_\_\_, who is personally known by me or has produced  
\_\_\_\_\_ as identification.

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_



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Applicant's Last Name: \_\_\_\_\_

**FAIR CREDIT REPORTING ACT**  
**AUTHORIZATION TO OBTAIN INFORMATION**

In undertaking this agreement, I understand that I have certain rights under the Fair Credit Reporting Act which include but are not limited to the following:

- You must be told if information in your file has been used against you
- You can find out what is in your file
- You can dispute inaccurate information with the CRA
- Inaccurate information must be corrected or deleted
- You can dispute inaccurate items with the source of information
- Out dated information may not be reported
- Your consent is required for reports that are provided to employers, or reports that contain medical information
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers
- You may seek damages from violators

Being knowledgeable of my rights under the Fair Credit Reporting Act, I hereby authorized the City of Brooklet Police Department to order and obtain a Consumer Report to be used for employment consideration purposes.

**THIS DOCUMENT MUST BE NOTARIZED**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
By, \_\_\_\_\_, who is personally known by me or has produced  
\_\_\_\_\_ as identification.

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_



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Applicant's Last Name: \_\_\_\_\_

## **POLICE OFFICER MINIMUM QUALIFICATIONS**

1. Certified P.O.S.T Peace Officer
2. Minimum age of 18
3. United States Citizen
4. High School Diploma or GED
5. Valid Georgia Driver's License
6. Honorable Discharge if served in the Armed Forces
7. Successfully pass a background investigation, oral interview, drug screening/medical examination, polygraph and psychological examination.

## **AUTOMATIC DISQUALIFICATION LIST**

1. Any felony conviction
2. Any serious misdemeanor conviction within the past five (5) years
3. More than five (5) moving violations in the past three (3) years
4. Any driver's license suspension within the past 12 months
5. Any discharge from any branch of the armed forces other than honorable.
6. Shall not be on probation or parole for any offense.
7. Shall not have used, tried, tasted, experimented with, delivered, sold or possessed marijuana with the past three (3) years.
8. Shall not have used, tried, tasted, experimented with, delivered, sold or possessed of any illegal drug that would constitute a felony violation of Georgia State Law, whether detected or undetected.
9. Currently under active investigation, either administrative or criminal, by Federal, State, or Local authorities for any serious violations of O.C.G.A. or ethics violations.
10. Refusal to submit to a physical examination by a doctor chosen by the City of Brooklet
11. Refusal to submit to a drug and alcohol screening
12. Falsify any portion of this application

The applicant is responsible for proving complete information and any or all reports; records or other documentation related to any factor discovered that requires further review or evaluation.

**HAVE YOU READ AND DO YOU UNDERSTAND ALL OF THE ITEMS LISTED ABOVE? (Initial One)**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature of Applicant**

Date

Copies of the following must be included with application:

When you have all documentation and have completed the application, bring it in person to:

Brooklet Police Department, 104 Church Street Brooklet, GA 30415

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