

City of Temple
P.O. Box 160
Temple, Georgia 31079

Dear Applicant:

Thank you for your interest in employment with the Temple Public Safety Department.

Enclosed within the pages of this booklet, you will find the answers to the majority of your questions. A detailed outline, along with our Departments expectations is enclosed. Strict adherence to the instructions given is required. Failure to comply with the instructions will result in the termination of your selection process. Observance of the standards is necessary for our Department to maintain professional and highly qualified officers.

Should any questions arise, which are not addressed in this booklet, please contact this office. Every effort will be made to ensure prompt delivery of an answer. We wish you the best of luck in your endeavors.

Sincerely,

Kim Pope
City Administrator

The City of Temple does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services. All individuals considered for employment are evaluated without regard to race, color, religion, gender, national origin, age, marital, or veteran status, the presence of a not-job related disability or any other legally protected status.

APPLICANT CHECK LIST

- _____ 20 Years of Age
- _____ Personal History Statement
- _____ High School Diploma or GED Certificate
- _____ Current Driver's License
- _____ Copy of DD-214, if applicable
- _____ Police Academy Certificate, if applicable
- _____ Copy of all Police Certificates, if applicable
- _____ Criminal History Check
- _____ Driver's History Check
- _____ Computer Voice Stress Analyzer and/or Polygraph Results
- _____ Oral Interview
- _____ Background Investigation
- _____ Physical Examination
- _____ P.O.S.T. Check
- _____ Interview with City Hall

POLICE CANDIDATE PRE-EMPLOYMENT TESTING

CITY OF TEMPLE, GEORGIA

In order to establish eligibility for employment as a Police Officer, an individual must demonstrate that he or she meets certain qualifications and is capable of performing the essential functions of a Police Officer. Therefore, it is proposed that candidates for employment be subjected to the following detailed application process:

STEP 1: APPLICATION AND PERSONAL HISTORY

This process includes completion of a formal application for employment. A preview of the application will determine if the candidate meets the minimum requirements which include (1) at least 20 years of age, (2) high school diploma or GED certificate, (3) if veteran, produce a DD-214, (4) possess a valid driver's license, (5) be a citizen of the United States.

STEP 2: COMPUTER VOICE STRESS ANALYZER/POLYGRAPH

The background investigation is only as complete as the information that is provided throughout the process. Since this is the case, applicants will be subjected to a Computer Voice Stress Analyzer and/or polygraph examination to ensure truthfulness on all information given.

STEP 3: ORAL INTERVIEW

The interview will be conducted by members of the Temple Police Department's Advisory Board. The purpose of the oral interview is to measure those aspects which cannot be more accurately assessed by other steps in the selection process. Members on the interview board will be asking the same questions of each candidate and will be focusing upon such qualities as appearance, ability to communicate, general poise and bearing, and alertness.

STEP 4: BACKGROUND INVESTIGATION

A criminal background check will be conducted by an investigator to determine the accuracy of each item or statement listed on the application. This investigation will be all-inclusive in ascertaining whether an applicant possesses a good moral character and has not been convicted of a felony or a sufficient number of misdemeanors to establish a pattern for disregarding the law.

STEP 5: PHYSICAL EXAMINATION AND DRUG TESTING (POST OFFER)

Physical excellence is an essential quality for individuals who are to be employed as law enforcement officers and this can only be determined by the administration of a rigid medical examination. The purpose of such an examination is to assure the employment of persons who possess the physical ability to perform the essential functions of the job as a law enforcement officer with or without reasonable accommodations. A drug screen shall be administered subsequent to a conditional offer of employment.

STEP 6: INTERVIEW WITH CHIEF OF POLICE/CITY HALL (POST OFFER)

Interviews will be scheduled with the Chief of Police and City

Administrator. **CONFIDENTIALITY**

The results of all tests administered in conjunction with this application will remain confidential to the extent allowed by the law.

**POLICE CANDIDATE
PERSONAL HISTORY STATEMENT
CITY OF TEMPLE, GEORGIA**

INSTRUCTIONS: Using your own handwriting, legibly printing in ink, fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering "N/A" in the blank. Leaving an item blank by failing to provide an answer or inserting "N/A" will result in disqualification.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from employment. This application must be notarized upon completion.

Do not sign any portion of this personal history unless you are before a Notary Public.

PERSONAL

Date of Application: _____ Position Applied For: _____

Last Name: _____ First: _____ Middle: _____

Nickname or Aliases: _____

Have you ever had your name legally changed? Yes _____ No _____

If yes, indicate the following:

Previous Name: _____

Date and Location of Change: _____

Reason for Change: _____

Height in Inches: _____ Weight: _____

Present Mailing Address: _____

Physical Home Address: _____

Telephone Number: (Home) _____ (Work) _____

Date of Birth: _____ Citizenship: _____

SSN: _____

Have you previously submitted an application with this agency?

No _____ Yes _____ Approximate Date: _____

Are you related by blood or marriage to any person(s) now employed by the City of Temple?

No _____ Yes _____ If yes, give name(s): _____

EDUCATION

	School	Date	Type of Diploma
High School:	_____	_____	_____
College:	_____	_____	_____
Other:	_____	_____	_____

If you did not graduate from High School, have you passed the General Educational Development Test?

(GED) Yes: _____ No: _____

Location where you completed the GED: _____

RESIDENCE

List addresses for the past 10 years, starting with present address:

From	To	Address	Landlord
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK HISTORY:

List all jobs you have held. Put your present or most recent job first.

Employer: _____ Title: _____
Address: _____ City, State, Zip _____
Date Employed: _____ Date Separated: _____
Name of Supervisor: _____ Phone Number: () _____
Duties: _____
Reason for Leaving: _____

Employer: _____ Title: _____
Address: _____ City, State, Zip _____
Date Employed: _____ Date Separated: _____
Name of Supervisor: _____ Phone Number: () _____
Duties: _____
Reason for Leaving: _____

Employer: _____ Title: _____
Address: _____ City, State, Zip _____
Date Employed: _____ Date Separated: _____
Name of Supervisor: _____ Phone Number: () _____
Duties: _____
Reason for Leaving: _____

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Name of Supervisor: _____ Phone Number: () _____
Duties: _____
Reason for Leaving: _____

Employer: _____ Title: _____
Address: _____ City, State, Zip _____
Date Employed: _____ Date Separated: _____
Name of Supervisor: _____ Phone Number: () _____
Duties: _____
Reason for Leaving: _____

NOTE: Using a separate sheet, explain in full any breaks in employment.

Are you certified by the State of Georgia to be a Police Officer? (P.O.S.T. Certification)

Yes _____ No _____

If yes, where and when did you complete the GA Police Academy?

Have you ever been denied employment by a Criminal Justice Agency?

Yes _____ No _____

If yes, list agency and details: _____

Do you object to wearing a uniform: Yes _____ No _____

Do you object to working nights: Yes _____ No _____

Do you object to working rotating shifts: Yes _____ No _____

Do you object to occasionally being away from home overnight and for other periods of time attending meetings, required training and otherwise performing official duties?

Yes _____ No _____

If yes, please explain:

MILITARY SERVICE:

Were you ever in the U.S. Military Service, Coast Guard, or any other Military organization?

Yes _____ No _____

If yes, complete the following questions:

What is your service number? _____

What is the highest rank you held? _____

What was the date and location of your first entrance into active duty?

Date: _____ Location: _____

What were your permanent unit assignments in the service?

Branch	Unit	Location	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What was the date and location of your last discharge from active duty?

Date: _____ Location: _____

List all medals and decorations awarded you during your military service:

Are you presently a member of the National Guard or any Military Reserve?

Yes _____ No _____

If yes, give unit and location:

USE OF ALCOHOL OR DRUGS:

Do you drink alcoholic beverages? Yes _____ No _____

If yes, how often? _____

Answer the following summary about **ILLICIT DRUGS** by placing the month and year under the appropriate heading.

	POSSESSED	USED	TRANSPORTED	SOLD	PURCHASED
MARIJUANA					
HASH					
THC					
COCAINE					
“CRACK”					
HEROIN					
MDA					
LSD					
PCP					
ANGEL DUST					
METH					

Answer the following summary about **PRESCRIPTION DRUGS** not prescribed for you by identifying the drug and placing the month and year under the appropriate heading.

DRUG NAME	USED	TRANSPORTED	SOLD	PURCHASED

Explain your reasons for applying for this position (use a separate sheet if paper and attach if needed):

List special skills, training, fields of work for which you are licensed, or any other quality which would be useful in the performance of the duties for the position you have applied.

NOTE: Patrol Officer applicant need only answer the following question:

What are your feelings about the use of deadly force if it becomes necessary in the performance of official duties?

REFERENCES:

Applicant **Requires Five References** with FULL information and who are not relatives or prior employers.

1. Name _____
Address _____
City, State, Zip _____
Work Number _____
Home Number _____

2. Name _____
Address _____
City, State, Zip _____
Work Number _____
Home Number _____

3. Name _____
Address _____
City, State, Zip _____
Work Number _____
Home Number _____

4. Name _____
Address _____
City, State, Zip _____
Work Number _____
Home Number _____

5. Name _____
Address _____
City, State, Zip _____
Work Number _____
Home Number _____

Are you willing to take a Computer Voice Stress Analyzer and/or a polygraph examination to verify all information supplied in this application and all other information supplied by you to this Department?

Yes _____ No _____

If no, state your reason(s): _____

Please write an entire page about yourself. You must utilize this whole page.

STATE OF GEORGIA
County of Carroll

I certify that each and every statement made on this application is true and complete. I understand that any misstatement or omission of information will subject me to disqualification or dismissal.

This the _____ day of _____, _____.

Signature in Full

Subscribed and sworn to before me, this the _____ day of _____, _____.

Notary Public

My Commission Expires

ATTACH TO YOUR APPLICATION SHEET COPIES OF THE FOLLOWING:

_____ Driver's License

_____ High School Diploma (or GED Certificate)

_____ Military Discharge, DD-214

_____ Police Academy Certificate (if applicable)

_____ All Certificates you feel are applicable

THIS FORM MUST BE SEPARATED FROM THE EMPLOYMENT APPLICATION FORM BEFORE IT IS SEEN BY ANY PERSON OR PERSONS MAKING THE HIRING DECISION. It must be kept in a separate file and used for statistical purposes.

APPLICANT DATA RECORD

Applicants are considered for specific position applied for and employees are treated during their employment without regard to race, color, creed, religion, sex, national origin, age, marital status, sexual orientation, military/veteran status, or any on-job related disability or medical condition.

As an employer taking affirmative action to ensure the removal of possible past discrimination and to help comply with governmental record-keeping requirements, we would appreciate your completing this form. However, COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY. This data will be kept in a confidential file, SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.

Name: _____ Date: _____

Position(s) Applied for: _____

The following information is necessary for the completion of the required personal history background investigation:

All other names ever used, including nicknames: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

PERSONAL DATA

Check One: _____ Male _____ Female

_____ White _____ Black _____ Hispanic

_____ Asian/Pacific Islander

Check any that apply: _____ Vietnam Era Veteran _____ Disabled Veteran

_____ Handicapped Person

DISCLOSURE/AUTHORIZATION STATEMENT

By this document, the City of Temple Police Department discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

I understand that this shall authorize the procurement of a consumer report by the City of Temple Police Department as part of the pre-employment background investigation. If hired, this authorization shall remain on file and serve as an ongoing authorization for the City of Temple Police Department to procure consumer reports at any time during my employment period.

In connection with this request, I authorize all corporations, companies, former employers, supervisors, educational institutions, law enforcement agencies, city, state, county, and federal courts, motor vehicle bureaus, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, and release all parties involved from any liability and responsibility for doing so.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or as a copy of this form, shall be valid for this and any future reports or updates that may be requested by the City of Temple Police Department.

I authorize the National Personnel Records Center, St. Louis, MO or other custodian of my military records to release to the City of Temple Police Department information or photocopies of my military personnel and related medical records:

Service # _____ Branch of Service: _____ From _____ To _____

I hereby authorize the City of Temple Police Department to request and obtain any of the information set forth above for purposes of pre-employment or employment background investigations.

Applicant's Signature

Print Name

Date

Birth Name

Social Security Number

Date of Birth

Driver License # & Issuing State

APPLICANT

STOP HERE

You are finished with the written part of the application.
The following pages are to be used by the investigator
who completes your background information.

Thank you for your interest in employment with the City
of Temple Police Department. We wish you the best of
luck in all your endeavors.

BACKGROUND INVESTIGATION

Applicant's name: _____ DOB: _____ RACE: _____ SEX: _____

SSN: _____

I. DRIVER'S HISTORY: POSITIVE: _____ NEGATIVE: _____

A. Offense: _____ Date: _____ Disposition: _____

B. Offense: _____ Date: _____ Disposition: _____

Valid License Yes _____ No _____ State: _____ Lic.#: _____
Restrictions: _____

II. CRIMINAL HISTORY: POSITIVE _____ NEGATIVE: _____

A. Offense: _____ Date: _____ Disposition: _____

B. Offense: _____ Date: _____ Disposition: _____

III. EDUCATION: DID APPLICANT COMPLETE HIGH SCHOOL? _____

Name of School: _____ Confirmed By _____

Teacher's name: _____ Comments: _____

Teacher's name: _____ Comments: _____

IV. MILITARY SERVICE: Branch: _____ Date: _____

Type of Discharge: _____ Confirmed By: _____

V. PERSONAL REFERENCES:

A. Name: _____ Relationship: _____

Address: _____ Phone: () _____

Comments: _____

B. Name: _____ Relationship: _____

Address: _____ Phone: () _____

Comments: _____

C. Name: _____ Relationship: _____
Address: _____ Phone: () _____
Comments: _____

E. Name: _____ Relationship: _____
Address: _____ Phone: () _____
Comments: _____

F. Name: _____ Relationship: _____
Address: _____ Phone: () _____
Comments: _____

VI. EMPLOYMENT HISTORY:

A. Employed by: _____
Address: _____ Phone: () _____
Employment Dates: From: _____ To: _____
Confirmed By: _____ Title: _____
What was the nature of the job? _____

On a scale of 1 to 10, how would you evaluate their work? _____

Did they progress in the job? _____

What were their strong points? _____

What were their limitations? _____

COMMENTS ON THEIR:

a. Dependability: _____

b. Attendance: _____

c. Ability to accept responsibility: _____

d. Amount of Supervision needed: _____

e. Ability to get along with others: _____

f. Potential for advancement: _____

Reason for leaving: _____

Would you rehire: YES _____ NO _____

What was starting pay: _____ Ending Pay: _____

Comments: _____

B. Employed by: _____

Address: _____ Phone: () _____

Employment Dates: From: _____ To: _____

Confirmed By: _____ Title: _____

What was the nature of the job? _____

On a scale of 1 to 10, how would you evaluate their work? _____

Did they progress in the job? _____

What were their strong points? _____

What were their limitations? _____

COMMENTS ON THEIR:

a. Dependability: _____

b. Attendance: _____

c. Ability to accept responsibility: _____

d. Amount of Supervision needed: _____

e. Ability to get along with others: _____

f. Potential for advancement: _____

Reason for leaving: _____

Would you rehire: YES _____ NO _____

What was starting pay: _____ Ending Pay: _____

Comments: _____

C. Employed by: _____

Address: _____ Phone: () _____

Employment Dates: From: _____ To: _____

Confirmed By: _____ Title: _____

What was the nature of the job? _____

On a scale of 1 to 10, how would you evaluate their work? _____

Did they progress in the job? _____

What were their strong points? _____

What were their limitations? _____

COMMENTS ON THEIR:

a. Dependability: _____

b. Attendance: _____

c. Ability to accept responsibility: _____

d. Amount of Supervision needed: _____

e. Ability to get along with others: _____

f. Potential for advancement: _____

Reason for leaving: _____

Would you rehire: YES _____ NO _____

What was starting pay: _____ Ending Pay: _____

Comments: _____

D. Employed by: _____

Address: _____ Phone: () _____

Employment Dates: From: _____ To: _____

Confirmed By: _____ Title: _____

What was the nature of the job? _____

On a scale of 1 to 10, how would you evaluate their work? _____

Did they progress in the job? _____

What were their strong points? _____

What were their limitations? _____

COMMENTS ON THEIR:

a. Dependability: _____

b. Attendance: _____

c. Ability to accept responsibility: _____

d. Amount of Supervision needed: _____

e. Ability to get along with others: _____

f. Potential for advancement: _____

Reason for leaving: _____

Would you rehire: YES _____ NO _____

What was starting pay: _____ Ending Pay: _____

Comments: _____

VII. INVESTIGATOR'S COMMENTS: _____

Date investigation started: _____

Date investigation completed: _____

Investigator: _____

EXHIBIT “ A ”

APPLICANT CHECK LIST

- _____ 20 Years of Age
- _____ Personal History Statement
- _____ High School Diploma or GED Certificate
- _____ Current Driver’s License
- _____ Copy of DD-214, if applicable
- _____ Police Academy Certificate, if applicable
- _____ Copy of all Police Certificates, if applicable
- _____ Criminal History Check
- _____ Driver’s History Check
- _____ Computer Voice Stress Analyzer and/or Polygraph Results
- _____ Oral Interview
- _____ Background Investigation
- _____ Physical Examination
- _____ P.O.S.T. Check
- _____ Interview with City Hall

