



HIWASSEE POLICE DEPARTMENT

50 River Street
Hiwassee GA 30546
(706) 896-2888
www.hiwasseeega.gov

Instruction Sheet

The applicant must complete the enclosed forms accurately, legibly, and completely. Do not leave any blank spaces. Print answers to questions with a black ball point pen. It is to your advantage to be absolutely truthful in answering all questions on your application and during all interviews. A false statement or the omissions of requested information will cause grounds for automatic rejection. If you answer "yes" to a question, you need to be complete in explaining the circumstances. Do not omit an explanation because you think the incident was minor and of no importance.

The following documents will be required upon your entry into the background Process.

- A copy of a state accredited high school diploma, certified transcripts, or G.E.D. certificate
- A copy of your original birth certificate
- A copy of your current/valid driver's license
- An original copy of your driver's record-recent (7) year history transcript from every state D.M.V. in which you have ever held a valid driver's license
- DD214 form, member 4 showing an honorable discharge (if a veteran)
- Name changed documents (i.e., marriage license, court order, etc.)
- Citizenship papers

The completed application and required documents must be returned to the Hiwassee Police Department at the following address:

**Hiwassee Police Department
50 River Street
Hiwassee GA 30546**

If you have any questions concerning this process, please call (706) 896-2888.



HIAWASSEE POLICE DEPARTMENT

City of Hiawassee

The City of Hiawassee is an Equal Opportunity Employer and does not discriminate on the bases of Race, Sex, Age, National Origin, Sexual Orientation, or Physical Disability (except where physical requirements constitute a bona fide occupational qualification).

DUTIES AND RESPONSIBILITIES: A police officer performs a wide range of tasks to promote public safety and security. This includes crime prevention, general enforcement of the law, and related work as required. The duties of a police officer include, but are not limited to: patrolling, crime detection, investigation, emergency response, and traffic enforcement.

MINIMUM REQUIREMENTS:

- United States Citizen
- Minimum Age of 21
- Veterans Must Have an Honorable Discharge
- A Valid US Driver's License
- A High School Diploma or GED Certificate
- Georgia POST Certified
- Two Years of Experience in Law Enforcement

A thorough background investigation will be conducted by the Hiawassee Police Department on all applicants who pass the initial phase of the application process. The background investigation includes, but is not limited to, the following: polygraph or voice-stress analysis examination, fingerprinting, criminal/driver's history, and employment history. Upon an offer of employment, a psychological interview and a medical examination will be required.

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Personal Data

Full Name (Last, First Middle):			
Social Security Number:		Age:	Date of Birth:
Home Address:			
Home Phone:		Cell Phone:	
Email Address:			
Have you filed an application with us before?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Date?	
Are you a citizen of the United States?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If "No", are you a permanent resident?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are you:	<input type="checkbox"/> Natural Born: Provide a Certified Copy of your birth certificate. <input type="checkbox"/> Naturalized: Provide original Naturalizations Papers. <input type="checkbox"/> Resident Alien: Provide Alien Registration Card ("Green Card")		
Place of Birth:			
Do you hold a valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes			
License Number:		State:	
Have you ever used another name or had your name changed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Note: This includes maiden names, former married names, adopted names, etc. If yes, fill in the information in the table below.			
Previous Name	Date of Change	Location of Change	Reason for Change

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Education

If you graduated from high school, complete the following information:

Name of High School	Dates Attended
Address	City State ZIP
Telephone Number	Date Graduated

If you received a GED Certificate, complete the following information:

Name of School	
Address	City State ZIP
Date GED Obtained	State GED Obtained

List any higher education degrees that you have received:

Type of Degree	Major and Minor Area of Study	Year Received
Type of Degree	Major and Minor Area of Study	Year Received
Type of Degree	Major and Minor Area of Study	Year Received

Since high school, have you ever been expelled or suspended from any school or been disciplined by any school official? No Yes

If "Yes", explain in detail: _____

Note: The applicant is responsible for furnishing a copy of their high school diploma and sealed college transcripts (where applicable) at the applicant's own expense.

List below any colleges, universities, vocational/technical schools, graduate schools that you have attended:

Name of School	Complete Address	Dates of Attendance	Major Course of Study	Diploma Received?

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Law Enforcement Experience

List all public safety agencies that you have applied with (law enforcement, fire department, correctional, etc.) Include agency name, date you applied, and how far you got in their hiring process.

1. _____
2. _____
3. _____
4. _____
5. _____

Certified law enforcement officer experience: _____ years, _____ months.

Georgia POST Certification Number (OKEY): _____

In the table below, list any and all disciplinary action received while working in a law enforcement position. Include any oral or written reprimands, suspensions, demotions, or terminations; date of the action; reason for the action (e.g. auto accident, insubordination, violation of department policy, etc.); and indicate whether you are currently involved in an open Internal Affairs investigation.

Name of Agency	Type of Disciplinary Action	Date of Action	I.A. Investigation: Open or Closed	Reason for Disciplinary Action

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Military Service

Have you ever attempted to enlist in any branch of the United States Armed Forces?

No Yes: Which branch? _____

Have you ever served in any branch of the United States Armed Forces?

No Yes: Which branch? _____

What type of military discharge did you receive? (Honorable, Dishonorable, General, Under Honorable Conditions, Entry Level Separation, Medical, etc.) _____

Have you ever served in any branch of a foreign military?

No Yes: Which branch? _____

Have you ever been involved in, or been accused of being involved in, a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.? No Yes: Fully explain on a separate sheet of paper.

Applicants who have served in the military must complete the following:

Branch of Service	Enlistment Period	Highest Rank Held	Service Number

Have you ever been court martialed, tried on charges, or subject of an Article 15, company punishment, OR ANY OTHER disciplinary action while a member of any branch of the Armed Forces?

No Yes: Fill in following table and explain offense(s) in detail on a separate sheet of paper.

Type of Disciplinary Action	Branch of Service	Date of Action	Disposition of Action

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Residence History

List all of your residence addresses for the past five years. Begin with your present address. This list should include temporary addresses, part-time addresses, military addresses, permanent addresses, and school addresses.

From MO/YR	To MO/YR	Street #	Street Name	City	County	State	ZIP

Employment History

In the following tables, list your job history for the last 10 years, starting with your current or most recent employment. Include military, volunteer experience, self-employment, internships, and periods of unemployment, any part-time work, and any full-time work.

Current/Most Recent Employment:

Name of Organization or Company		Telephone #	Dates Employed
Complete Address			Total Time Employed
Official Job Title	Name of Supervisor/Contact		Still in Business?
Describe Job Duties			
Reason for Leaving?			

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(Duplicate this page if necessary.)

Name of Organization or Company	Telephone #	Dates Employed
Complete Address		Total Time Employed
Official Job Title	Name of Supervisor/Contact	Still in Business?
Describe Job Duties		
Reason for Leaving?		

Name of Organization or Company	Telephone #	Dates Employed
Complete Address		Total Time Employed
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Describe Job Duties		
Reason for Leaving?		

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Complete Address		Total Time Employed
Official Job Title	Name of Supervisor/Contact	Still in Business?
Describe Job Duties		
Reason for Leaving?		

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References

Professional – List complete information three persons who have knowledge of your work performance.

Name	Phone Number
Address	
Name	Phone Number
Address	
Name	Phone Number
Address	

Personal – List complete information for three persons not related to you who you have known for at least one year.

Name	Phone Number
Address	
Name	Phone Number
Address	
Name	Phone Number
Address	

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Application Questionnaire

Instructions: If you answer "Yes" to questions 3-9, you must explain the answer fully at the bottom of this sheet. Remember to indicate the question number that you are addressing. Failure to follow instructions will result in your application being returned to you.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Will you consent to a through background investigation of your character? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will you consent to a rigid medical examination by a physician, upon a conditional offer of employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been rejected for employment, for any reason, by any law enforcement agency? If yes, what agency and why? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been terminated by any law enforcement agency? If yes, give the date and reason of termination. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you EVER been physically arrested or given a copy of charges for violation of any city, municipal, state, or federal law? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever used, tried, ingested, or experimented with marijuana? (Including as a juvenile or even one experimental use.) If yes, provide the date of the first and last use. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you EVER used, tried, ingested, or experimented with ANY other type of illegal narcotics or dangerous drugs (e.g. heroin, cocaine, hashish, speed, LSD, anabolic steroids, methamphetamines, etc.)? If yes, indicate what type of drug, when you used it, and the last time that you used the drug. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you EVER sold any type of illegal drugs, delivered illegal drugs, shared drugs with another person, or directed another person where to buy drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you EVER benefited from the sale of illegal drugs, either directly or indirectly, free drugs, or sexual favors? (If you received any money from a friend or family member involved in drug sales indirectly, list and give details. If yes, explain in detail. | <input type="checkbox"/> | <input type="checkbox"/> |

Explanations must be detailed, accurate, and true. Remember to print the number of the questions that you are addressing. Attach additional sheets of paper if necessary.

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Employment Waiver

I, _____, hereby acknowledge that I fully understand that my employment with the Hiawassee Police Department is contingent on the results of the investigation of my background.

Furthermore, I fully understand that if this investigation reveals any information that would prohibit my continued employment with this department that my appointment is subject to immediate termination.

I, _____, without any coercion, voluntarily agree to execute and sign this waiver.

Applicant's Signature

Date

Witness Signature

Date

HIAWASSEE POLICE DEPARTMENT

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Hiawassee Police Department, or to any authorized agent of a criminal justice agency, or any private agency upon request of the City of Hiawassee Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of military service records, "authority to release law enforcement or criminal records or information from a law enforcement agency;" educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or rating), and financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Hiawassee Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Applicant Signature

Witness

Date

Date

Address

City, State & ZIP

Notary Public

Date of Birth

Date

{Seal}

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Sworn Statement

I hereby swear that all statements made in this application are true and complete. I also understand that any misstatements, omissions, or falsifications of material facts will subject me to disqualification and termination from the hiring process and could result in criminal prosecution under O.C.G.A. §16-10-20.

Applicant Full Legal Name (Print)

Applicant Signature

Date

Notary Public

Date

{Seal}