

# City of Kingsland

## Police Department Employment Application



### Confidential Questionnaire

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

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

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

*The City of Kingsland is an equal opportunity employer and provides fair and equal employment opportunities to all applicants for employment without regard to race, color, religion, national origin, citizenship status, age, sex, disability, veteran's status, or political affiliation.*

City of Kingsland 107 South Lee Street Kingsland, Georgia 31548

## EMPLOYMENT APPLICATION

Active for 30 days unless otherwise notified

Date Applied: Month

Day

Year

Note: All fields must be answered fully in order to be considered for employment. Please ask for assistance if any portion of the application is unclear. All candidates will be required to pass a pre-employment drug test.

LAST NAME	FIRST	MIDDLE	STREET ADDRESS	CITY	STATE	ZIP
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PHONE NUMBER	EMAIL ADDRESS	YEARS AT THE ABOVE ADDRESS
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MAJOR FIELDS OF EMPLOYMENT INTEREST AND POSITIONS DESIRED

ARE YOU AVAILABLE TO WORK ANY TIME OF THE DAY? IF NO, EXPLAIN      YES      NO

ARE YOU AVAILABLE TO WORK ANY DAY OF THE WEEK? IF NO, EXPLAIN      YES      NO

FORMER CITY EMPLOYEE YES      NO	DEPARTMENT / DIVISION	JOB TITLES & DUTIES	FROM:	TO:
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RELATIVES WORKING FOR THE CITY OF KINGSLAND - NAMES AND RELATIONSHIPS (PAST OR PRESENT)

ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO BE EMPLOYED IN THE UNITED STATES

IN CASE OF EMERGENCY NOTIFY	ADDRESS	PHONE (INCLUDE AREA CODE)
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HAVE YOU EVER BEEN CONVICTED FOR VIOLATING ANY LAW? IF YES PLEASE EXPLAIN.      A YES WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT

YES      NO

MUST POSSESS A VALID DRIVERS LICENSE. PLEASE COMPLETE THE FOLLOWING:

POSSES A VALID DRIVERS LICENSE YES      NO	GOOD DRIVING RECORD	DRIVERS LICENSE NO.	DRIVERS LICENSE CLASS/ ENDORSEMENTS
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### U.S. MILITARY HISTORY

BRANCH	DATE ENTERED	DATE DISCHARGED	TYPE OF DISCHARGE	HIGHEST RANK ATTAINED AND UNIT
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INDICATE SPECIFIC SKILLS ACQUIRED IN THE U.S. ARMED FORCES

### EDUCATIONAL HISTORY

SCHOOL NAME AND LOCATION	FROM	TO	DIPLOMA/DEGREE	COURSE OF STUDY

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USE THIS SPACE FOR COMMENTS ABOUT YOUR SPECIAL ABILITIES, I.E. APPRENTICESHIPS, TOOLS, CERTIFICATINS, EXPERIENCE, ETC...

NOTE: The City of Kingsland will conduct an extensive background check including contacting past employers, schools attended, and possibly credit history. Please note any employers you do not want contacted.

### EMPLOYMENT HISTORY

(PLEASE COVER EMPLOYMENT HISTORY FROM THE PAST 10 YRS, INCLUDING MILITARY IF APPLICABLE). USE ATTACHMENT IF NECESSARY.

(1) NAME OF EMPLOYER (2) ADDRESS OF EMPLOYER (3) PHONE NUMBER	FROM MO/YR	TO MO/YR	WAGE RATE START/FINISH	JOB TITLE DUTIES	REASON FOR LEAVING SUPERVISORS NAME
Name _____ Address _____ Phone _____					
Name _____ Address _____ Phone _____					
Name _____ Address _____ Phone _____					
Name _____ Address _____ Phone _____					

PLEASE COMPLETE ALL AREAS ABOVE, WHETHER OR NOT A RESUME IS ATTACHED

### WORK REFERENCES WE MAY CONTACT (INCLUDE AT LEAST 2 MOST RECENT OR CURRENT SUPERVISORS)

NAME		NAME	
ADDRESS		ADDRESS	
OCCUPATION	PHONE	OCCUPATION	PHONE
NAME		NAME	
ADDRESS		ADDRESS	
OCCUPATION	PHONE	OCCUPATION	PHONE

Please read this important information below. Ask for clarification if needed.

The undersigned has applied for employment with the City of Kingsland and hereby authorizes the City of Kingsland to conduct my current and former employers and references for the purpose of acquiring information regarding me; I hereby authorize such employers and references to supply such information verbally or in writing to the City of Kingsland. In consideration for their furnishing such information, I hereby waive any and all claims against such former employers and references which may arise from their furnishing such information.

I understand the City of Kingsland has a Substance Abuse Prevention Program which includes drug testing. I agree to comply with applicable City policy.

I understand that once offered a position I will be required to take a medical examination and drug screening.

I understand that once offered a position I may be required to pass a physical condition as a condition of continued employment.

I certify that the answers given by me to all of the questions on this application are to the best of my knowledge and belief, true and honest. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed.

I AGREE THAT IF HIRED, THE CITY OF KINGSLAND OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO CITY POLICY, PRACTICE, PROCEDURE, OR STATEMENT BY ANY CITY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT WILL EMPLOYMENT RELATIONSHIP.

## Police Patrol Officer Overview

The City of Kingsland, Georgia is seeking qualified candidates for the position of Patrol Officer. The Kingsland Police Department serves a population of approximately 16,000+ citizens about 20 minutes from Jacksonville International Airport. The ideal candidate will have exposure to law enforcement in a growing community, and be committed to Community Policing.

### Minimum Requirements:

- High School Diploma or equivalent.
- Must be at least 21 years of age.
- Must be a U.S. Citizen.
- Must possess a valid driver's license that has not been suspended or revoked for reasons other than nonpayment of insurance premiums, in the past five years.
- Must not have any felony convictions. Conviction of a misdemeanor offense may possibly deem applicant unacceptable. Applicants who have by self-admission, committed crimes that were never detected, shall be presumed to have committed the crime or act. Pleas of *Nolo Contendere* are considered a conviction.
- No more than 1 DUI conviction or any DUI conviction in the past 5 years.
- Must show a stable employment history and credit history.
- Must not have a history of illegal drug use. **Shall not have used marijuana within 36-month period prior to date of application.** Experimental usage of marijuana, prior to the age of 21 will not be sole reason for disqualifying a candidate.
- Must successfully undergo extensive character background, CVSA examination, psychological, and aptitude testing.
- Must successfully complete police academy entrance exam and Basic Law Enforcement Academy.
- Must be able to perform the essential functions of the job.
- Must be able to work rotating shifts, nights, weekends, and holidays.
- Be in good physical condition.
- Must pass 12 week FTO Program.

## Application Checklist

You must furnish our department with one (1) copy each of the following documents:

- Your Birth Certificate.
- Your High School Diploma/GED.
- Your College Transcripts.
- Your DD-214 (if applicable).
- Your Naturalization Certificate (if applicable).
- Your Driver's License.
- Your Social Security Card.
- A copy of your POST certification card, if you are a certified Georgia Peace Officer.
- Test results from one of the following tests, Accuplacer, ASSET, COMPASS, SAT, ACT or CPE (See minimum required scores on the chart provide on next page.)

## Required Exam Results

### POST Entrance Exam Results

Below are the minimum scores required for satisfying OCGA § 35-8-8 regarding completion of the POST entrance examination.

TEST	Sub-Test	Scaled Score
Accuplacer Next Generation	Reading (ANGR)	224
	Writing (ANGW)	236
	Arithmetic (ANGM) *	229
Accuplacer Classic	Reading	55
	Writing	60
	Numerical *	34
ASSET	Reading	38
	Writing	35
	Numerical *	35
COMPASS	Reading	70
	Writing	32
	Numerical *	26
SAT (prior to March 2016)	Critical Reading	270
	Verbal	280
	Math	310
SAT (after March 2016)	Reading	11
	Writing and Language	15
	Math	18
ACT	Reading	14
	English	13
	Math	14
CPE	Reading	75
	English	75
	Math	75

\* Score is used for evaluation purposes only and does not determine whether a candidate successfully passes the exam. Persons attending a BLETC at one of the Technical Colleges in Georgia are required to achieve this minimum score.

*Revised 01/16/19*

## Overview of Application Process

Successful applicants will go through the following process:

1. An application will be reviewed for thoroughness and accuracy as part of the hiring process.
2. Applicants must score at least 70% on the assessment testing which includes the following testing elements:
  - Physical agility test and Cooper Standard Test
  - An oral board
  - A written test
3. A CVSA examination - Areas of questions consist of Work History, Driving History, Criminal Violations, Use of Illegal Drugs, and Employment.
4. Interview with a member from the Office of Professional Standards Unit.
5. Pass a thorough background investigation to include character, experience, background and physical fitness. The investigation will also include a CVSA examination, a review of all police records, previous employment files, past places of residence, lawsuits, personal habits including criminal conduct, internet activity, military records, credit history, educational background and other areas deemed pertinent and appropriate.
6. An interview conducted by the Chief of Police.
7. A psychological examination at the City's expense, after conditional job offer has been extended.
8. A drug screen and physical examination, after conditional job offer has been extended.



**Personal Inquiry Waiver  
Authority for Release of Information**

**To whom it may concern:**

I respectfully request and authorize you to furnish the Kingsland Police Department any and all information, including that of a confidential or privileged nature, you may have concerning me. This includes police records, court records, work records, school records, military records, credit and financial records, internet activity, medical and mental records. This information will be used to assist in determining my qualifications and fitness for employment with the Kingsland Police Department.

Intending to be legally bound hereby, I release you, your organization, and others contacted from any liability or damage which may result from furnishing the information requested: Photostat copies of this authorization carry the same authority as the original.

I also authorize the City of Kingsland c/o the Kingsland Police Department to receive any **criminal** and/or **driver** history record information pertaining to me, which may be in the files of any State or Local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Printed Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Applicant

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to he/she has full knowledge of its purpose and that he/she executed this instrument of his/her own free will and accord.

Subscribed and sworn to me in my presence this \_\_\_\_\_ day of \_\_\_\_\_.

Notary Seal

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



**APPLICANT RELEASE AND HOLD HARMLESS AGREEMENT**

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.

1. 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.

2. 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 every former employer who provides such complete and accurate information about my employment to the requesting law enforcement agency in accord with O.C.G.A. §35-8-8(c)(2).

3. 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 it has received such employment related information, and that the applicant, candidate, or peace officer may inspect and respond in writing to such information. Upon the 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
(Print Name)

Sworn to Before Me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

Notary Public

\_\_\_\_\_  
Signature of Notary

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

## **Truthfulness Statement**

I certify that all entries made by me in this booklet are true, complete and correct to the best of my knowledge. I further understand that if at any time during the course of the background investigation or during my employment with the Kingsland Police Department, it is discovered that I have made any untruthful statement, falsified my application or give any misleading statements, it shall be sufficient cause for my immediate removal from the hiring process or termination from my employment.

I further understand that if I am not hired, I can reapply:

- A. After 90 days if this is the first attempt.
- B. After one year following the second attempt and each attempt thereafter.

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Signature of Applicant

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Print Name

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Date



**Please let us know how you heard about our department. Check all that apply.**

- Internet, if so which website? \_\_\_\_\_
- Social Media, if so which site? \_\_\_\_\_
- Newspaper, if so which publication? \_\_\_\_\_
- Job Fair, if so which one and date? \_\_\_\_\_
- Person, if so whom? \_\_\_\_\_
- Radio \_\_\_\_\_
- Other \_\_\_\_\_

## Equal Employment Opportunity Information Form

The City of Kingsland is required by the United States Equal Employment Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes. This section is voluntary.

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

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

Job/Position Applied for: \_\_\_\_\_

Sex:  Male  Female      Date of Birth: \_\_\_\_\_

### Race/Ethnic Categories

- White
- Black
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other: \_\_\_\_\_

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize \_\_\_\_\_ to conduct an inquiry for  
Agency/Company  
 the purpose listed below and receive any Georgia and/or national criminal history record information  
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named  
 entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

Agency Designee Signature and Title

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Georgia Driver's History Consent Form**

I hereby authorize the \_\_\_\_\_  
(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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## National Data Exchange (N-DEx) Notice and Consent

I authorize any employee or representative of \_\_\_\_\_  
criminal justice agency

to search the National Data Exchange (N-DEx) to obtain information regarding my qualification and fitness to serve as a \_\_\_\_\_  
applicant position

I understand that N-DEx is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in N-DEx may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in N-DEx will not be disclosed to any other person or agency unless authorized and consistent with applicable law.

I release \_\_\_\_\_  
criminal justice agency

from any liability or damage that may result from the use of information obtained from N-DEx.

**Redress:**

If employment is denied solely due to information obtained from N-DEx, and the applicant challenges the accuracy or completeness of those records, the denying agency shall provide the applicant with the contact information of the agency owning the information underlying the decision to deny. After receiving a written request from the applicant challenging the accuracy or completeness of the record used to deny employment, the record-owning agency shall then review the relevant information and advise the applicant in writing whether it has confirmed the accuracy or completeness of its records or whether the records will be corrected. If the applicant does not receive a response from the record-owning agency within 30 days from the date of the applicant's written request, the applicant may contact the FBI CJIS Division N-DEx Unit, 1000 Custer Hollow Rd, Clarksburg, WV 26306. The FBI shall forward the challenge to the record-owning agency for verification or correction. The record-owning agency shall then review the relevant information and advise the applicant in writing whether it has verified its records or whether the records will be corrected. Agencies should inform applicants of their responsibility to provide any corrected information to the denying agency that may assist the record owning agency in its research on behalf of the applicant.

Full Name (Print):					
Address:					
Sex:		Race:		Date of Birth:	
Social Security Number:					
Date:					
Signature:					