



Phone: 229-759-6465 ~ Fax: 229-759-6249
107 Walnut Ave. N. ~ P.O. Box 890 ~ Leesburg, Ga. 31763

Police Department Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

Today's Date: _____

Position Applying for: _____

Referral Source: Advertisement _____ Friend _____ Relative _____

Walk-In _____ Employment Agency _____ Other _____

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Social Security # _____

Are you P. O. S. T. Certified? Yes _____ No _____

Have you filed an application here before? Yes _____ No _____ If yes, give date: _____

Have you ever been employed here before? Yes _____ No _____ If yes, give date: _____

Are you employed now? Yes _____ No _____

May we contact your present employer Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes _____ No _____

(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? _____

CIRCLE THE CHOICES YOU ARE AVAILABLE TO WORK

Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes _____ No _____

Can You Travel If job requires it? Yes _____ No _____

Have you been convicted of a felony within the last 7 years? Yes _____ No _____

(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain: _____

Are you a Veteran of the U.S. Military Service? Yes _____ No _____ Branch _____

List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex or national origin)

LIST 3 REFERENCES, who are not related to you and are not previous employers:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

Special employment notice to disabled veterans, Vietnam Era veterans, and individuals with physical or mental handicaps: Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973 as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals. If you are a disabled veteran or have a physical or mental handicap, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual _____ Disabled Veteran _____ Vietnam Era Veteran _____

Signed _____

Start with your present or last job and include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1. Employer _____ Phone: _____

Address _____ Job Title _____

Supervisor _____ Dates Employed: From _____ To _____

Worked Performed / Duties : _____

Reason for Leaving: _____

2. Employer _____ Phone: _____

Address _____ Job Title _____

Supervisor _____ Dates Employed: From _____ To _____

Worked Performed / Duties : _____

Reason for Leaving: _____

3. Employer _____ Phone: _____

Address _____ Job Title _____

Supervisor _____ Dates Employed: From _____ To _____

Worked Performed / Duties : _____

Reason for Leaving: _____

Summarize special skills and qualifications acquired from employment or other experience.

Education: High School _____

Do you have a High School Diploma? Yes _____ No _____

If No, Do you have a GED? Yes _____ No _____

College _____ Degree Earned _____ Year _____

Describe Course of Study _____

Extra-Curricular Activities _____

Honors Received _____

State any additional information you feel may be helpful to us in considering your application.

ALCOHOL AND CONTROLLED SUBSTANCE TESTING

As a condition of employment by the City of Leesburg, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction (this requirement is mandated by the Drug-Free Workplace Act of 1988).

In order to be employed by the City of Leesburg, you must successfully pass this screening test.

By signing this form, you are acknowledging that you consent to such examination and screening tests:

Signature: _____ Date: _____

APPLICANT'S CERTIFICATION AND AGREEMENT
AUTHORIZATION TO RELEASE INFORMATION
CONDITIONS OF EMPLOYMENT

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by the City of Leesburg, I agree to conform to the policies, rules, and regulations of the government set forth in the employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I am employed by the employer, my employment will be at will and may be terminated with or without cause at any time by me or by the employer.

If required by the City of Leesburg for the position I am applying, I consent to undergo a physical examination prior to being offered employment, as deemed necessary.

This Application Will Remain Active For Ninety (90) Days Only Unless Renewed Personally By Me In Writing.

Before an applicant can be selected for employment with the City of Leesburg, he/she must submit to a drug test. Should you be offered a job with the City of Leesburg, your position will require random drug testing.

May we contact your present employer? Yes _____ No _____ Date of Birth _____

(You must sign the Authorization to Release Information form to enable us to contact prior employers, even though we may not contact your present employer.)

Signature: _____ Date: _____