

GRAY POLICE DEPARTMENT

P.O. Box 443

Gray, Georgia 31032

478-986-5554 478-986-6381 FAX 478-986-4875

DATE: 1 OCTOBER 2002

TO: ALL APPLICANTS

RE: DRUG POLICY

Chapter 3-4, Section 11 of the Gray Police Department Operations Manual states that:

11. Drug Usage Possession or Distribution

Convictions for drug related violations

a. No applicant may, in his lifetime, have any convictions for any type of drug use, such as: possession, sale or involvement. A plea of Nolo Contendere will be considered a conviction. A conviction under the First Offender Act will not be a sole reason to deny employment; however, any information derived as to the causation of the offense will be considered.

Illegal drug activity

b. No applicant may have ever been charged with felony possession of a controlled substance deemed illegal at the time of possession, regardless of the intent of disposition of substance. For the purpose of this section, the Annotated Code of Georgia will define felony possession in effect at the time of the possession, regardless of where the offense was committed.

Use of Marijuana

c. No applicant shall have used marijuana within a twenty-four (24) month period immediately prior to the date of application. Although usage of marijuana prior to the age of twenty-one (21) will not be the sole reason for disqualifying a candidate, surrounding circumstances along with other facts gathered by the investigator will be considered to determine eligibility for employment. In addition, the applicant's history of use of marijuana shall not display a pattern of abuse as determined by the hiring authority. For the purpose of this section, the date of application shall mean the actual date the applicant originally applied for employment with the Gray Police Department.

Other Drug Use

d. Applicants may not have a history of use, (defined as induction by any means into the body), of any substance defined as illegal by the Annotated Code of Georgia. This is regardless of whether the user (applicant) induced the drug for the purpose of experimentation, "getting high," relieving pain, easing anxiety or depression, inducing sleep, increasing body mass or strength for any reason, unless the drug was prescribed by a physician and intended for medical purposes.

Illegal Drug Sales and Distribution

e. Applicants who have a history of involvement in the selling, trading, distributing, growing, transporting, storing manufacturing, preparing or possession of any substance or drug considered as controlled or illegal in accordance with the Annotated Code of Georgia (which was in effect at the time of the act) are unacceptable.

POSITION APPLIED FOR _____

DATE COMPLETED _____

PERSONAL

1. FULL NAME: _____
(LAST) (FIRST) (MI)

MAIDEN NAME OR ANY OTHER NAME(S) BY WHICH YOU ARE OR HAVE BEEN KNOWN. LIST THE NAME, DATE OF CHANGE, REASON FOR CHANGE, AND WHERE NAME CHANGE WAS RECORDED.

2. DATE OF BIRTH: _____

3. PLACE OF BIRTH: _____

4. CURRENT : WEIGHT _____ HEIGHT _____ HAIR _____ EYES _____

5. SOCIAL SECURITY NUMBER _____

6. PRESENT ADDRESS: _____

7. HOW LONG HAVE YOU RESIDED AT THIS ADDRESS? _____

8. HOME TELEPHONE NUMBER: (_____) _____
WORK TELEPHONE NUMBER: (_____) _____

9. DRIVER'S LICENSE NUMBER: _____

STATE ISSUED: _____ EXPIRATION DATE: _____

10. HAVE YOU EVER APPLIED WITH ANY OTHER LAW ENFORCEMENT AGENCY? _____ IF YES, LIST THE AGENCY, POSITION(S) AND DATE APPLIED _____

11. ARE YOU CURRENTLY OR HAVE YOU EVER BEEN LAW ENFORCEMENT OR CORRECTIONS CERTIFIED? _____. LIST THE CERTIFICATION, ISSUING STATE & DATE OF CERTIFICATION:

FAMILY HISTORY

15. LIST ALL MEMBERS OF YOUR IMMEDIATE FAMILY, INCLUDING SPOUSE, EX-SPOUSE(S), CHILDREN, STEP CHILDREN, BROTHERS, SISTERS, STEP BROTHERS , STEP SISTERS

Full Name	Address (if deceased date)	Relationship	Occupation

EDUCATIONAL BACKGROUND

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PROVIDE DETAILS ON A SEPARATE SHEET.

16. WHILE IN HIGH SCHOOL OR COLLEGE WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION? _____ YES _____ NO
(SUSPENDED OR EXPELLED)

17. WHILE IN SCHOOL DID YOU RECEIVE ANY AWARDS OR HONORS?
_____ YES _____ NO

18. LISST BELOW ALL EDUCATIONAL INSTITUTIONS YOU HAVE ATTENDED BEGINNING WITH HIGH SCHOOL.

School Name	Address	Years Attended	Diploma/Degree

19. LIST SIX (6) PERSONAL REFERENCES. THESE REFERENCES MUST BE PEOPLE THAT YOU HAVE KNOWN FOR AT LEAST THREE (3) YEARS. DO NOT LIST RELATIVES. IF POSSIBLE DO NOT LIST NEIGHBORS.

Full Name	Home Address	Phone #	Occupation	Business Address	Years Known

CRIMINAL HISTORY

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet. (Include all dates, locations, offenses, and penalties or final dispositions)

- | YES | NO | |
|------------|-----------|---|
| 20. _____ | _____ | Have you ever been arrested or convicted of a crime by any Court of Law or Police Agency? |
| 21. _____ | _____ | Have you ever had a criminal sentence plea-bargained or had your rights restored or pardoned? |
| 22. _____ | _____ | Have you ever had a criminal prosecution deferred? |
| 23. _____ | _____ | Have you ever served community service in lieu of criminal conviction? |
| 24. _____ | _____ | Have you ever taken a polygraph examination? |
| 25. _____ | _____ | Are you currently involved in any civil litigation or lawsuit of any kind? |
| 26. _____ | _____ | Have you ever had any records sealed or expunged? |

DRIVING HISTORY

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet. (Include all dates, locations, offenses, and penalties)

- | YES | NO | |
|------------|-----------|--|
| 27. _____ | _____ | Have you ever been refused a Driver's License by any state? |
| 28. _____ | _____ | Has your Driver's License ever been revoked or suspended? |
| 29. _____ | _____ | Have you ever received a traffic citation? |
| 30. _____ | _____ | Have you had any traffic citations that you failed to pay? |
| 31. _____ | _____ | Do you have any parking tickets that you failed to pay? |
| 32. _____ | _____ | Have you ever had automobile insurance withdrawn or revoked, or have you ever been refused automobile insurance? |
| 33. _____ | _____ | Have you ever reported a Driver's License lost or stolen? |
| 34. _____ | _____ | Were you ever issued a duplicate License? |
| 35. _____ | _____ | Have you ever been involved in a traffic accident? |

MILITARY HISTORY

In this background application, the term "Armed Forces" is defined as any military, Para Military, or Coast Guard Organization of any nation including ROTC, Reserve or National Guard Component. If you answer **YES** to any of the following questions, provide details on a separate sheet of paper.

- | YES | NO | |
|-----------|-------|---|
| 36. _____ | _____ | Are you registered with the Selective Service System? If so, list date and location registered. _____
Classification Number: _____ |
| 37. _____ | _____ | Have you received information from the Selective Service System indicating that you may be inducted into the Armed Service in the near future? |
| 38. _____ | _____ | Have you ever served in the Armed Forces of the United States?
(Continue on a separate sheet if more than one Branch)
Branch served: _____
Date served: _____
Highest rank achieved: _____
Service number: _____ |
| 39. _____ | _____ | Have you ever served in the Armed Forces of another country? |
| 40. _____ | _____ | Were you ever employed by the Government of any foreign nation? |
| 41. _____ | _____ | Were you ever tried, punished, reprimanded or reduced in rank for the infraction of any rule or regulation while in the Armed Forces? |
| 42. _____ | _____ | Has your separation or discharge ever been changed? |
| 43. _____ | _____ | While in the Armed Forces, did you ever receive any medals, awards or decorations? |
| 44. _____ | _____ | Are you on active duty at this time? |
| 45. _____ | _____ | Have you received anything other than Honorable Discharge? |

EMPLOYMENT HISTORY

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet of paper.

- | | YES | NO | |
|-----|-------|-------|---|
| 46. | _____ | _____ | Do you object to your present employer being contacted?
(If yes, contact with your present employer will not be made until an offer or employment has been made. No further explanation needed on a separate sheet for this question.) |
| 47. | _____ | _____ | Were you ever discharged, terminated, fired or forced to resign? |
| 48. | _____ | _____ | Have you ever been suspended by an employer? |
| 49. | _____ | _____ | Have you ever been sued by an employer? |
| 50. | _____ | _____ | Has an employer ever take disciplinary action against you? |

List all previous employment beginning with our current or most recent employment. Include **EVERY** job you have held in the last ten (10) years. You must include all information requested for all periods of employment. Include all periods of unemployment of thirty (30) days or longer, as well as periods of volunteer work.

Employer	From _____	To _____	
	Month/Year	Month/Year	
Street Address or PO Box	City	State	Zip Code
Job Title	(Area Code) Telephone Number		
Description of Duties			
Name/Title of Supervisor	Reason for Leaving		

_____ Employer	From _____ Month/Year	To _____ Month/Year	
_____ Street Address or PO Box	_____ City	_____ State	_____ Zip Code
_____ Job Title	_____ (Area Code) Telephone Number		
_____ Description of Duties			

_____ Name/Title of Supervisor		_____ Reason for Leaving	

_____ Employer	From _____ Month/Year	To _____ Month/Year	
_____ Street Address or PO Box	_____ City	_____ State	_____ Zip Code
_____ Job Title	_____ (Area Code) Telephone Number		
_____ Description of Duties			

_____ Name/Title of Supervisor		_____ Reason for Leaving	

_____ Employer	From _____ Month/Year	To _____ Month/Year	
_____ Street Address or PO Box	_____ City	_____ State	_____ Zip Code
_____ Job Title	_____ (Area Code) Telephone Number		
_____ Description of Duties			

_____ Name/Title of Supervisor		_____ Reason for Leaving	

Employer	From	To	
	Month/Year	Month/Year	
Street Address or PO Box	City	State	Zip Code
Job Title	(Area Code)	Telephone Number	
Description of Duties			
Name/Title of Supervisor		Reason for Leaving	

Employer	From	To	
	Month/Year	Month/Year	
Street Address or PO Box	City	State	Zip Code
Job Title	(Area Code)	Telephone Number	
Description of Duties			
Name/Title of Supervisor		Reason for Leaving	

ORGANIZATION/MEMBERSHIPS

List all clubs, societies, or volunteer organizations in which you are now or have been a member.

Name	City and State	Former Member	Highest Rank Held (Describe Activities)

NEIGHBORHOOD REFERENCES

List the names and addresses of five (5) neighbors that live on your street or in your apartment complex. You do not have to personally know the person listed.

Name	Address	Phone (If known)

**GRAY POLICE DEPARTMENT
PERSONAL HISTORY RELEASE**

I do hereby authorize the review and full disclosure of all records concerning myself to the duly authorized agent of the Gray Police Department.

The intent of this authorization is to give my consent for full and complete disclosure of the records of education institutions, 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, polygraph examinations or 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 part, upon this release, authorization will be considered in compiling any report for the Gray Police Department. I 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 and all liability, which may be incurred as a result of furnishing such information.

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.

Signature (including maiden name)

Date

Address

Phone Number

City State Zip

Social Security Number

Date of Birth

Notary Public

Date

I understand that this information may be obtained through the use of this waiver at any time for pre-employment and at any time while I am employed with the Gray Police Department.

**GRAY POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE
INSTRUCTIONS AND HONESTY POLICY**

*******WARNING*******

**THIS BOOKLET IS THE PROPERTY OF THE
GRAY POLICE DEPARTMENT
GRAY, GEORGIA**

NO PORTION OF THE BOOKLET IS TO BE DUPLICATED WITHOUT PERMISSION

HONESTY POLICY

The Gray Police Department is seeking applicants who demonstrate certain characteristics. The most important of these characteristics is honesty. It is extremely important that you are completely honest in all your answers. If you are uncertain or have doubt, answer "yes." Failure to respond to any question accurately and completely will result in the termination of your application process. Deception remains the primary reason why an application process is discontinued. All entries must be handwritten in black ink.

APPLICATIONS, WHICH ARE NOT COMPLETED AT THE GRAY POLICE DEPARTMENT OR TURNED INTO THE GRAY POLICE DEPARTMENT IN PERSON, MUST BE NOTARIZED.

ENTER YOUR ANSWERS TO THE QUESTIONS ON THE FOLLOWING PAGES. IF A QUESTION DOES NOT APPLY, ENTER N/A (NOT APPLICABLE). READ EACH QUESTION CAREFULLY BEFORE ANSWERING.

The areas of questions for the Gray Police Department Polygraph are listed below.

- **Theft**
- **Drug Use**
- **Truthfulness of Application**
- **Military History**
- **Driving History**
- **Arrest History**
- **Undetected Crimes**
- **Past Employment**
- **Credit History**

Prior Law Enforcement Officers will be asked about these additional areas:

- **Bribes**
- **Excessive Force**
- **Lying Under Oath**
- **Tampering with Evidence**

GRAY POLICE DEPARTMENT

POLYGRAPH EXAMINATION – GRAY POLICE DEPARTMENT

The undersigned Police Applicant understands and agrees to voluntarily submit to an examination by a professional Polygrapher at any time after being accepted for employment with the Gray Police Department. The undersigned also understands and agrees that the results of any polygraph examination given will only be considered for administrative or departmental purposes relating to their employment by the Gray Police Department.

The undersigned further agrees and understands to release, absolve and forever hold harmless the Gray Police Department, its officers, agents and employees from any liability resulting from the operations of the equipment or use of the results obtained therein. Further the undersigned agrees and understands to release, absolve and forever hold harmless the firm conducting the polygraph examination from any liability resulting from the operations of the equipment or use of the results obtained therein. This also applies to any and all suits, actions, or causes of action at law, claim, demand, or liability which the undersigned, his or her successor, assigns, heirs, executors, or administrators have now or may ever have resulting directly, indirectly, or remotely from the undersigned person having taken said polygraph examination.

Signature

Witness

Date

Time

Return to: Gray Police Department
P.O. Box 443
151 James Street
Gray, Georgia 31032

Phone Number: 478-986-5554
Fax Number: 478-986-4875

BACKGROUND PACKAGE INSTRUCTIONS

Thank you for your interest in a position with the Gray Police Department. In order to be considered further for the position for which you have applied, a background investigation must be conducted. It is necessary for you to provide us with complete mailing addresses (including zip codes) and phone numbers for all personal, employment, and neighborhood references, previous residences and schools. If additional space is needed, use a separate sheet of paper and attach it to the background package. Due to the large number of applicants processed by this department is not feasible for the Police department to contact all applicants for this information. Therefore, failure by the candidate to provide a complete and accurate background package will result in no further consideration until such time that adequate information is provided. If you have any questions concerning the background package, please telephone the above listed phone number.

PLEASE BE AWARE THAT WE MAY CONTACT ANY OR ALL IDENTIFIED SOURCES WHILE COMPLETING THE BACKGROUND INVESTIGATION IN ACCORDANCE WITH GEORGIA LAW. THE BACKGROUND INVESTIGATION WILL INCLUDE A CRIMINAL HISTORY CHECK. ANY FALSIFICATION OR OMISSION OF REQUESTED INFORMATION MAY NEGATIVELY IMPACT YOUR ELIGIBILITY FOR EMPLOYMENT.

AFFIRMATION

I hereby authorize that I have read and understand the terms of the Gray Police Department's Drug Use Policy and the areas of pre-employment polygraph questions.

I will not violate the Department's Drug Policy. I understand that I may be disqualified from further consideration for employment or, if already employed, may be subject to termination if falsification is proven.

Signature of Applicant _____

Printed Full Name _____

Today's Date _____

State of Georgia
Jones County

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public, State of Georgia

Signature

Printed Name

My Commission Expires: _____