

**POLICE OFFICER - POLICE DEPARTMENT**

**APPLICATION FOR EMPLOYMENT**

Edit

**DEPARTMENT**

Check box for department applying for:

CITY ADMINISTRATION

CITY CLERK

CITY FINANCE

CVB

FIRE DEPARTMENT

HUMAN RESOURCES

MUNICIPAL COURT

PARKS & RECREATION

POLICE DEPARTMENT

PUBLIC WORKS

SOLID WASTE AUTH

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CONVENTION CENTER

---

OTHER

---

**DATE OF APPLICATION & REFERRAL SOURCE**

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DATE OF APPLICATION

---

POSITION APPLIED FOR

**POLICE OFFICER - POLICE DEPARTMENT**

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**REFERRAL SOURCE**

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REFERRAL SOURCE:

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ADVERTISEMENT

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FRIEND

---

RELATIVE

---

EMPLOYMENT AGENCY

---

OTHER

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(LIST)

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**PERSONAL INFORMATION**

Please complete your personal information.

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP CODE

HOME PHONE

CELL PHONE

EMAIL

**HISTORY**

Have you filed an application with the City before? Yes    No

DATE:

Have you ever been employed in any City Department before? Yes    No

DATE:

Are you eligible to work in the United States? Yes    No

Are you available to work? (Check all that apply)

FULL-TIME

PART-TIME

SHIFT WORK

OVERTIME

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

Can you travel if a job requires it? Yes    No

Is there anything that would prevent you from performing in a reasonable and safe manner, the activities involved in the position in which you have applied?

Yes    No

If Yes, please explain:

Do any of your friends or relatives work for the City?

Yes No

If Yes, list name(s):

Have you ever been convicted of a crime?

Yes No

If yes, explain and give dates:

## EQUAL OPPORTUNITY EMPLOYER

Edit

### EQUAL OPPORTUNITY EMPLOYER

Are you a veteran of the U.S. military service?

Yes No

If Yes, what was your Branch of U.S. military service?

What language(s) do you speak, read and/or write?

List professional, trade, business or civic activities and office held. (Exclude groups which indicate race, color, religion, sex, or national origin):

## REFERENCES

Edit

### REFERENCES

Give name, address and phone number of three references not related to you:

REFERENCE NAME

REFERENCE ADDRESS LINE 1

---

REFERENCE ADDRESS CITY

---

REFERENCE STATE

---

REFERENCE ZIP CODE

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REFERENCE TELEPHONE

---

**REFERENCES**

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Give name, address and phone number of three references not related to you:

---

REFERENCE NAME

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REFERENCE ADDRESS LINE 1

---

REFERENCE ADDRESS CITY

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REFERENCE STATE

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REFERENCE ZIP CODE

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REFERENCE TELEPHONE

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**REFERENCES**

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REFERENCE NAME

REFERENCE ADDRESS LINE 1

REFERENCE ADDRESS CITY

REFERENCE STATE

REFERENCE ZIP CODE

REFERENCE TELEPHONE

## EMPLOYMENT EXPERIENCE

Edit

### EMPLOYMENT EXPERIENCE

List each job held. Start with your Present or most recent job. Do NOT put "see resume" or a similar statement in the boxes; you should provide all requested information.

May we contact your current employer?

Yes

No

What shift do you currently work?

1ST SHIFT

2ND SHIFT

3RD SHIFT

N/A

Employer Name

Address

Phone

Job Title

Supervisor

Reason for leaving

Date Started:

Date Left:

Salary:

Work Performed

**EMPLOYMENT EXPERIENCE**



Employer Name

---

Address

---

Phone

---

Job Title

---

Supervisor

---

Reason for leaving

---

Date Started:

---

Date Left:

---

Salary:

---

Work Performed

---

**EMPLOYMENT EXPERIENCE**

---

Employer Name

---

Address

---

Phone

---

Job Title

---

Supervisor

---

Reason for leaving

---

Date Started:

---

Date Left:

---

Salary:

---

Work Performed

---

**ADDITIONAL PREVIOUS EMPLOYERS**

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Please list any other previous Employers:

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Name of Employer

---

Telephone

---

**ADDITIONAL PREVIOUS EMPLOYERS**

---

Please list any other previous Employers:

---

Name of Employer

---

Telephone

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**ADDITIONAL PREVIOUS EMPLOYERS**

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Please list any other previous Employers:

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Name of Employer

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Telephone

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**ADDITIONAL PREVIOUS EMPLOYERS**

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Please list any other previous Employers:

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Name of Employer

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Telephone

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**EDUCATION**

Edit

**EDUCATION**

---

HIGH SCHOOL NAME

---

Years Completed:

9TH GRADE

---

10TH GRADE

---

11TH GRADE

---

12TH GRADE

---

GED

---

COLLEGE/UNIVERSITY NAME

---

DEGREE

---

GRADUATE/PROFESSION NAME

---

DEGREE

---

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities

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HONORS RECEIVED

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

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

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List any software and/or office equipment with which you are proficient:

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List any specialized licenses you are qualified with or any heavy equipment you are able to operate (i.e. have CDL, etc.):

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## ACKNOWLEDGEMENT

Edit

### ACKNOWLEDGEMENT

By checking here, I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize a representative of the City of Dalton to check my references and past employers and agree to hold harmless anyone providing reference information. In the event of employment, I understand that false or misleading information given in my application and/or interview(s) may result in discharge. I hereby give my consent to a urine drug screen. This lab exam is performed as a condition of employment. I understand, also, that I am required to abide by all rules and regulations of the City of Dalton. I also understand that my employment is at-will and both I and/or my employer may choose to terminate my employment at any time. The City's policies do not create a property right of employment. This application may remain active for 90 days.

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DIGITAL SIGNATURE:

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DATE:

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## BACKGROUND/ AUTHORIZATION

Edit

### FOR RESUMES AND OTHER ATTACHMENTS

ATTACH RESUME (OPTIONAL)

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## POLICE INSERT

Edit

### ADDITIONAL INFO FOR POLICE DEPARTMENT APPLICATION

LAST NAME

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FIRST NAME

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DRIVERS LICENSE NUMBER:

DRIVERS LICENSE STATE:

DRIVERS LICENSE EXPIRATION DATE:

Have you ever applied here before?

Yes

No

If yes, when:

Have you ever been a Police Officer?

Yes

No

Have you ever been a Firefighter?

Yes

No

If yes, dates:

Location(s):

Were you certified?

Yes

No

Have you ever been dismissed from a government job?

Yes

No

If yes, explain:

Have you ever received a traffic ticket?

Yes

No

If yes, dates:

Location(s):

Have you ever been convicted of a felony?

Yes No

If yes, list offenses and dates:

Have you ever been convicted of a misdemeanor?

Yes No

If yes, list offenses and dates:

Have you been convicted of a DUI in the last 5 years?

Yes No

If yes, explain:

Have you been convicted of (5) or more moving violations during any 24-month period during the last (5) years?

Yes No

Have you been convicted of (5) or more moving violations during the last (3) years?

Yes No

Have you been convicted of (3) or more reckless driving offenses since attaining age 18, or (2) or more moving offenses within the last (12) months?

Yes No

Have you ever used any illegal drugs (not specifically prescribed for you by a physician)? (This includes but is not limited to; opiates, cocaine, barbiturates, amphetamines, tranquilizers, phencyclidine, PCP, LSD, THC or hash oil, anabolic steroids.)

Yes No

If yes, explain:

Have you used marijuana or synthetic marijuana in the past (36) months? Yes    No

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Have you ever sold or distributed illegal drugs? Yes    No

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Have you ever used illegal drugs habitually or excessively during any past time period? Yes    No

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Have you ever used any illegal drugs during employment elsewhere as a firefighter or police officer? Yes    No

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Are there any pending suits or unsatisfied judgments or orders against you? Yes    No

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Are you presently on probation or deferred adjudication for a criminal offense? Yes    No

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If yes, explain:

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**APPLICANT AGREEMENT**

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I understand that all applicants are required to submit to a polygraph examination before being hired. I also understand that if I accept employment with the Dalton Fire or Police Department, I am, by signing this application, agreeing to voluntarily submit to future polygraph examinations at any time after I am hired, upon the request of the department as part of an internal investigation;  
and

I understand the City of Dalton prohibits smoking of cigarettes or other tobacco products in any enclosed building space owned or leased by the city. I further understand that smoking is prohibited in a city-owned or leased vehicle where at least one occupant of said vehicle is a non-smoker. I also understand that being a smoker will not disqualify me from being employed by the city;  
and

I hereby give my consent to a urine drug screen. This lab exam is performed as a condition of employment. I also understand that the cost of this exam will be borne by The City of Dalton. I hereby authorize the release of the results of the examination to Dalton Fire or Police Department. This release also applies to all doctors and laboratories utilized in the course of the exam.

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DIGITAL SIGNATURE:

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DATE:

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**PHYSICAL TESTING DISCLOSURE - PD**

POLICE SERVICES EMPLOYMENT APPLICATION  
PHYSICAL TESTING DISCLOSURE, ASSUMPTION OF RISKS AND RELEASE FROM LIABILITY

As a candidate for employment by the City of Dalton Police Department, I understand I must take a physical readiness assessment as part of the selection process. I further understand that, if selected, I must attend and complete the State of Georgia Basic Law Enforcement Training Course.

I understand as part of the hiring process and attending the basic law enforcement training course, I am required to perform physical testing, which simulates tasks commonly conducted by peace officers during the performance of their duties. I acknowledge that any vigorous physical activity may result in unexpected injury.

TO THE BEST OF MY KNOWLEDGE, I CAN AND WILL BE ABLE TO SAFELY PARTICIPATE IN PHYSICAL TESTING WITHOUT HARMING MYSELF OR OTHERS. IF I CANNOT SAFELY PARTICIPATE IN PHYSICAL TESTING DURING THE SELECTION PROCESS, I WILL INFORM THE EXAMINER THAT I AM WITHDRAWING FROM CONSIDERATION FOR EMPLOYMENT. IF I CANNOT SAFELY PARTICIPATE IN PHYSICAL TESTING DURING THE BASIC LAW ENFORCEMENT TRAINING COURSE, I WILL INFORM THE EXAMINER THAT I AM WITHDRAWING FROM THE BASIC LAW ENFORCEMENT TRAINING COURSE.

I FULLY ASSUME ALL THE RISKS INVOLVED IN TAKING PHYSICAL TESTS. IF I AM NOT WILLING TO ASSUME THE RISKS ASSOCIATED WITH THE TESTING, I WILL INFORM THE EXAMINER THAT I AM WITHDRAWING FROM THE SELECTION PROCESS OR THE BASIC LAW ENFORCEMENT TRAINING COURSE.

I, for myself, my heir(s), executor(s), administrator(s), and or assign(s), hereby release the City of Dalton and the State of Georgia and any organization involved in the physical testing from any liability or claim for damages or any injury I might receive as a result of participating in the testing. I take the physical readiness and physical ability tests voluntarily and of my own free will and without coercion to do so from the City of Dalton or the State of Georgia or any organization.

DIGITAL SIGNATURE:

DATE: