

# FLOWERY BRANCH POLICE DEPARTMENT



## APPLICATION PACKET

This application packet in no way insinuates or implies any future employment with the City of Flowery Branch.

The completed packet will be turned in complete with all requested information. Failure to complete or any false or misleading information will be cause to reject any further review of this application.

The applicant is advised not to contact this agency on the status of the application. He/She will be notified when the process is completed and the status of the application.

Flowery Branch Police Department is under no obligation to keep or maintain unsolicited applications.

The Flowery Branch Police Department will need the following information to process your application:

1. Current Photograph
2. Copy of your Driver's License
3. Birth Certificate
4. High School Diploma, GED, and other educational documents.
5. Peace Officers Stands and Training Certification (if applicable)
6. DD214 (if applicable)
7. Finger Print Cards (2)

## Flowery Branch Police Department Disclosure

Please be advised that we may obtain consumer reports and/or investigate consumer reports about you for employment purposes, including without limitation, for the purposes of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any additional notice. Consumer reports and/or investigative consumer reports (reference checks) may include, without limitation, information about your character, general reputation, personal characteristics and mode of living, whichever are applicable, as well as salary history, reason for termination, eligibility for rehire and any disciplinary actions taken against you. An investigative consumer report may involve personal interviews with sources, including without limitation, employers, supervisors, coworkers, clients, friends, associates and neighbors.

The Fair Credit Reporting Act (FCRA) provides you with the right to request from us, in writing within a reasonable amount of time, a disclosure of the nature and the scope of any investigative consumer report (reference check). The disclosure shall be made in writing and mailed, or otherwise delivered, to you no later than 5 days after the date on which your request is received or 5 days after the dates on which the report was first requested, whichever is later. You may also request a "Summary of Your Consumer Rights under the FCRA" as prepared by the Federal Trade Commission. These can be obtained at no charge.

To obtain a disclosure of the nature and the scope of any investigative consumer reports (reference check); please provide us a written request. To obtain a "Summary of Your Consumer Rights"; simply let us know that you would like a copy.

### Authorization/Consent & Release

I, the undersigned, certify that all the information provided as part of my application for employment is true and complete to the best of my knowledge. I acknowledge that any false or misleading information in my application materials or interview may result in denial of employment or termination, if hired and that any personal information requested, including date of birth, is requested solely for identification purposes.

I hereby authorize The City of Flowery Branch to prepare consumer reports and/or investigative consumer reports (reference checks) about me for employment purposes, including without limitation, for the purpose of evaluating me for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment and without giving me any additional notice.

I further authorize all persons, employers, supervisors, coworkers, schools, companies, corporations, organizations, credit bureaus, courts and any governmental, law enforcement, licensing and record-keeping agencies and any other source of information to provide all information requested with respect to my background, including any criminal records, to company.

I hereby voluntarily and knowingly release and discharge The City of Flowery Branch any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing, and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

I certify that I have read and understand this entire document, including the above DISCLOSURE, and I agree that a copy of this document is valid as the original.

\_\_\_\_\_

Applicant's Printed Name

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

\* The Flowery Branch Police Department is an equal opportunity employer and provides fair and equal employment opportunities to all applicants for employment and employees without regard to race, color, religion, natural origin, citizenship status, age, sex, disability, veteran's status, or political affiliation.

FLOWERY BRANCH POLICE DEPARTMENT  
5519 MAIN STREET  
FLOWERY BRANCH, GA 30542  
770-967-6336

**CONSENT FORM**

**PURPOSE: EMPLOYMENT**

Special employment provisions (Check if applicable)

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with Flowery Branch Law Enforcement Sworn Officer (Purpose code 'Z')
- Employment with Flowery Branch Law Enforcement Non-Sworn Officer (Purpose code 'J')
- All other employment (Purpose code 'E')

One of the following must be checked:

- This authorization is valid for 90/180/  (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above named to perform periodic Criminal history background checks for the duration of my employment with this company.

I hereby authorize the Flowery Branch Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

**Please Print Information**

FIRST	MIDDLE	LAST (MAIDEN)
STREET ADDRESS	(NO PO BOX)	CONTACT NUMBER
CITY	STATE	ZIP
SEX	RACE	DATE OF BIRTH
SOCIAL SECURITY		

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
DATE

**RECORD ON FILE**

**NO RECORD ON FILE**

\_\_\_\_\_  
RECORDS CLERK (AGENCY USE ONLY)

\_\_\_\_\_  
DATE COMPLETED (AGENCY USE ONLY)

\*\*Special Conditions\*\*

If an adverse employment or licensing decision is made against the person whose record was obtained under this law, the person shall be informed: That a record was obtained, the specific contents of the record and the effect the record has upon the decision. Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.

**THE FLOWERY BRANCH POLICE DEPARTMENT  
APPLICANT AUTHORIZATION/CONSENT & RELEASE**

We truly welcome your application with the City of Flowery Branch. Your signature below certifies that all the information provided as part of your application for employment, including without limitation, the information below, is true and complete to the best of your knowledge and that you have reviewed this entire document and a separate document entitled, "Disclosure." Your signature below acknowledges that any false or misleading information in your application materials or interview may result in denial of employment or termination, if hired, and that any personal information requested below, including date of birth, is requested solely for identification purposes.

Your signature below also authorizes the preparation of consumer reports and/or investigative consumer reports on you for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any further notice.

Your signature further authorizes all persons, employers, supervisors, coworkers, schools, companies, corporations, organizations, credit bureaus, courts and any governmental, law enforcement, licensing and record-keeping agencies, and any other source of information to provide all information requested concerning your background, including any criminal, to the City of Flowery Branch.

Your signature further voluntarily and knowingly releases the City of Flowery Branch and any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

Your signature certifies that you have read and understood this entire document and you agree that a copy of this document is as valid as the original.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TODAY'S DATE**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**TELEPHONE NUMBER**

\_\_\_\_\_  
**LAST NAME (AS IT APPEARS ON LICENSE)**

\_\_\_\_\_  
**FIRST NAME**

\_\_\_\_\_  
**MIDDLE NAME**

\_\_\_\_\_  
**FORMER NAME/AND OR OTHER NAMES USED**

\_\_\_\_\_  
**DATE OF NAME CHANGE**

\_\_\_\_\_  
**DRIVER'S LICENSE NUMBER**

\_\_\_\_\_  
**STATE**

\_\_\_\_\_  
**LICENSE EXPIRATION DATE**

\_\_\_\_\_  
**CURRENT STREET ADDRESS (NOT PO BOX)**

\_\_\_\_\_  
**CURRENT CITY**

\_\_\_\_\_  
**STATE**

\_\_\_\_\_  
**ZIP CODE**

\_\_\_\_\_  
**COUNTY**

\_\_\_\_\_  
**YEARS**

\_\_\_\_\_  
**MONTHS**

**HOW LONG AT CURRENT RESIDENCE**

**Please list the City, State, and Zip Code & how long for all other address you have lived at in the past 10 years:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE FLOWERY BRANCH POLICE DEPARTMENT  
EMPLOYMENT APPLICATION**

NAME: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, \_\_\_\_\_  
(STREET) (CITY/STATE)

CELL PHONE: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ HOME PHONE: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

HIGH SCHOOL GRADUATE? \_\_\_\_\_ NAME: \_\_\_\_\_

P.O.S.T. CERTIFIED? \_\_\_\_\_ YEAR: \_\_\_\_\_ ACADEMY: \_\_\_\_\_

CERTIFICATIONS: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

**MILITARY SERVICE**

HAVE YOU SERVED IN THE MILITARY? \_\_\_\_ WHAT BRANCH OF SERVICE? \_\_\_\_\_

DATE OF ENTRY: \_\_\_\_\_ DATE OF SEPERATION: \_\_\_\_\_

ARE YOU STILL ACTIVE IN THE RESERVES/NATIONAL GUARD? \_\_\_\_\_

BRIEF SUMMARY OF MILITARY DUTY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- 1. Have you ever been fired or asked to resign in lieu of prosecution? Yes \_\_\_\_ No \_\_\_\_  
If you answered yes give details to include date, employer and contact number.

\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been arrested for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered yes, give details to include date, charges, disposition and arresting agency.

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3. Have you ever received a traffic citation in this or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes list the charges and issuing agency.

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4. Have you ever used drugs not prescribed for you or have you ever used any illegal drug or narcotic? If the answer is yes describe circumstances below to include: type, how often, and last time used.

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### EMPLOYMENT REFERENCE VERIFICATION

PLEASE PRINT NEATLY AND USE AN INK PEN. EXPECT EVERY PERSON TO BE CONTACTED.

\_\_\_\_\_  
YOUR NAME                                      POSITION APPLYING FOR                                      SIGNATURE                                      DATE

#### MAY WE CONTACT YOUR CURRENT EMPLOYER?

Yes \_\_\_\_\_ No \_\_\_\_\_ if no, please include a professional reference who may be contacted to verify your current employment.

#### CURRENT LAW ENFORCEMENT EMPLOYMENT

- \_\_\_\_\_  
CURRENT /MOST RECENT EMPLOYER                                      POSITION HELD                                      DEPARTMENT
- \_\_\_\_\_  
STREET                                      EMPLOYED FROM (DATE TO DATE)                                      FINAL SALARY
- \_\_\_\_\_  
CITY/STATE/ZIP                                      SUPERVISOR                                      PHONE NUMBER
- \_\_\_\_\_
- EMPLOYER PHONE NUMBER    REASON FOR LEAVING    ANOTHER SUPERVISOR/COWORKER    CONTACT NUMBER





## **FLOWERY BRANCH POLICE DEPARTMENT EMPLOYMENT DISQUALIFIERS**

O.C.G.A. § 35-8-8 requires a Pre-Employment background for Police Officers. The Flowery Branch Police Department will conduct a thorough background on each applicant that applies for a position as a peace officer. The background investigation includes, but is not limited to:

- Check of the applicant's work history
- Driver's history
- Criminal history
- Credit history (if position is of a fiduciary capacity)
- Polygraph examination and/or other deception detection examinations
- References (Personal and Work)
- Interview with a member of the command staff
- Administering of a written and/or clinical psychological exam
- Administering of a physical examination/drug screen

Employment in law enforcement requires integrity and public trust. Only those applicants whose conduct, character, and behavior, which does not discredit either themselves or the Flowery Branch Police Department will be employed. The process of employment with the Flowery Branch Police Department will address the integrity, ethical conduct, honesty, prejudices, and past behavior of all applicants.

In an effort to maintain an equitable standard for the position of Police Officer, the Flowery Branch Police Department has set certain standards and guidelines. The following standards are among those that will automatically disqualify an applicant for consideration:

### **FLOWERY BRANCH POLICE DEPARTMENT EMPLOYMENT DISQUALIFIERS**

1. Intentionally falsifying, misrepresenting, or omitting pertinent information while completing the employment application, preliminary interview questionnaires, or any other pre-employment document(s).
2. Deliberately making inaccurate, misleading, false, or fraudulent statements during the employment process.
3. Poor management of personal finances (within the past 5 years). Debts, pending civil suits, garnishments, dispossessory warrants, bankruptcies, etc., will be investigated to determine a candidate's suitability for employment.

4. Personal State or Federal tax liability or delinquent student or government loans unless the applicant is on an approved payment plan.
5. Any felony convictions.
6. Any outstanding criminal charge pending adjudication and completion of any sentence or probation.
7. Sufficient misdemeanor convictions to establish a pattern for disregard of the law.
8. No conviction for a misdemeanor of an aggravated nature, public order, decency or moral turpitude.
9. Any conviction or plea of *nolo contendere* within the past five (5) years for Driving Under the Influence of Drugs or Alcohol (DUI) or for any serious traffic offense, including, but not limited to: Fleeing or Attempting to Elude a Police Officer, Vehicular Homicide, Failure to Stop and Render Aid, or leave information, Reckless Driving, and Racing.
10. Three (3) or more convictions and/or pleas of *nolo contendere* within the past two (2) years for any moving violation.
11. Must have valid driver's license.
12. No convictions for offenses involving the Family Violence Act as defined in O.C.G.A. 19-13-1, to include no active Temporary Protective Orders (TPO) or Protective Orders.
13. No discharge for cause from a local, state, or national Civil Service or Merit System.
14. If POST certified, must be in good standing and not on Probation.
15. If discharge from military organization is other than Honorable or Medical, an explanation should be attached.
16. Illegal sale, distribution, or manufacture (to include growing) of any drug or marijuana.
17. Use or possession of marijuana during the last three (3) years.
18. Use of an illegal drug combination of illegal drugs (including non-prescribed drugs), or synthetic drug other than marijuana, during the past 5 years and no life time use of LSD, Methamphetamine, Acid, or Heroin.
19. No non-prescribed steroid use within the past five (5) years.
20. Deliberate association of a personal nature within the past year with persons who use illegal drugs in the presence of the applicant. (Deliberate association will be determined on a case by case basis considering the totality of the circumstances).

- 21. Any tattoo that is visible while on duty and/or in uniform will require successful removal before the applicant may be considered for employment. For most people this generally means that tattoos located on the arm must be 2.5 inches above the elbow not to be visible in short sleeve uniform shirt.

Should an applicant have any concerns pertaining to the background investigation or the above disqualifiers, the applicant should contact the Flowery Branch Police Department.

Based on the preponderance of evidence and other pertinent information received during the background investigation process, the Flowery Branch Police Department reserves the right to disqualify any applicant that has applied for a position of Police Officer.

I HAVE READ AND UNDERSTAND THE DISQUALIFIERS AS STATED ABOVE:

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

\_\_\_\_\_  
Date