

# CITY OF WOODSTOCK

## POLICE DEPARTMENT



### PRE-EMPLOYMENT BACKGROUND INVESTIGATION PACKET

Position Applied For:      Police Officer            Reserve Police Officer        
   Civilian Employee            Intern Student     

TODAY'S DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

## CITY OF WOODSTOCK POLICE DEPARTMENT BACKGROUND INVESTIGATIONS AND RECRUITING UNIT

Thank you for applying with the Woodstock Police Department. Applicants for any position in the Department are subject to a thorough background investigation. The purpose of this packet is to ensure candidates meet minimum qualification standards, as well as the standards of integrity and moral character necessary for the position prior to proceeding with mandatory testing. This packet must be written legibly in blue or black ink *in the candidate's own handwriting.*

This booklet contains several release forms, questions, and requests for other information required to complete the investigation. All statements are subject to verification. **Incorrect or untruthful statements, to include intentional omissions or distortion of facts, will result in immediate removal from the hiring process.** Failure to complete the booklet in its entirety or provide the required documents will result in elimination from the hiring process. Ask for clarification if you do not understand the questions, requirements, or instructions at any point.

Ensure your email address is current and the account is checked often. Communication via email is used often due to the size of the applicant pool. If you have questions you are unable to resolve, please email me at [mbanas@woodstockga.gov](mailto:mbanas@woodstockga.gov).

Candidates meeting or exceeding acceptable criteria will be notified by email of the date and time of the written and physical tests. Candidates not meeting criteria as determined by information provided, will be notified via letter (both email and U.S. Mail) of their disqualification from the hiring process.

The City of Woodstock is committed to a policy of non-discrimination and equal opportunity. Employment opportunities shall be made without regard to race, color, religion, sex, sexual orientation, age, national origin, disability, marital status, or political affiliation.



## INSTRUCTIONS

Read each line carefully. Place your initials in the space provided after you have read and understand each line.

- \_\_\_\_\_ 1. Tell the truth. Any false or misleading information will result in immediate disqualification from the hiring process and could result in criminal prosecution (O.C.G.A. 16-10-20).
- \_\_\_\_\_ 2. Fill out this booklet *in your own handwriting* (do not type your responses) using blue or black ink ONLY. If a question or section does not apply to you, draw a diagonal line through it and initial the line. Incomplete booklets will not be accepted.
- \_\_\_\_\_ 3. Many questions in this booklet require explanation. Provide specific and detailed information (dates, times, etc.) in your explanation. Vague or incomplete explanations will not be accepted. Use the back of the page if you need additional space for any question.
- \_\_\_\_\_ 4. If you are unsure if a question or category applies to you, assume it does. Provide a detailed explanation.
- \_\_\_\_\_ 5. All forms must be completed or acknowledged. Credit information provided is not inquired upon until after a conditional offer of employment is extended and accepted.
- \_\_\_\_\_ 6. Any information or documents received during the employment process are the sole property of the Woodstock Police Department. No documents will be returned to the applicant. This includes birth certificates, marriage certificates, school transcripts, medical/psychological information, credit reports, etc. You are advised to obtain certified copies of appropriate documents for submission.
- \_\_\_\_\_ 7. Notify your background investigator in writing (email) of any changes that occur after submitting this booklet. This includes changes of employment, phone number, address, marital status, traffic tickets, arrests, email address, etc.

Above all, be honest in this booklet and throughout the hiring process. Your application may still be considered if you are honest about mistakes in your past. **Omissions, lies, and false information will result in a lifetime ban from employment with the Woodstock Police Department.** You will be required to take a polygraph examination covering the contents of this booklet.

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SIGNATURE OF APPLICANT

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DATE

## PERSONAL INFORMATION

1. Full Name: \_\_\_\_\_  

Last
First
Middle
(Suffix: Jr., Sr., III, Etc.)
2. Home address: \_\_\_\_\_  

Number
Street
Apt. No.

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City
State
Zip Code
County
3. Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email address: \_\_\_\_\_
4. Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
 Race: \_\_\_\_\_ (W=White, B=Black, A=Asian, I=American Indian/Alaskan Native, O=Other, U= Unknown)  
 Blood Type: \_\_\_\_\_ Medical Allergies: \_\_\_\_\_
5. Place of birth: \_\_\_\_\_  

City
County
State
Country
6. Social Security Number: \_\_\_\_\_
7. State where Social Security Number was issued: \_\_\_\_\_
8. Have you ever used another name or had your name changed?      ( ) YES      ( ) NO

NOTE: Include maiden names, former names, former married names, adopted names, nicknames, etc.

If **yes**, complete table below.

PREVIOUS NAME	DATE OF CHANGE	LOCATION OF CHANGE (City, State)	REASON FOR CHANGE (marriage, divorce, adoption, etc.)

List all states and countries you have lived in: \_\_\_\_\_

## PERSONAL INFORMATION (CONTINUED)

9. Are you a citizen of the United States? ( ) YES ( ) NO

10. Are you:            Natural Born            ( )    Provide a color copy of your birth certificate  
                              Naturalized            ( )    Provide a photocopy of your naturalization papers

Date of naturalization: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Resident Alien ( )            Provide alien registration card

11. What special skills or qualifications do you possess? This can include, but is not limited to, foreign language skills, computer skills, office skills, technical skills, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Describe any scars, marks, tattoos, and their location in the table below. Tattoo descriptions must be specific. If your tattoo contains words in a foreign language, provide a translation.

LOCATION ON BODY	SCARS	MARKS	TATTOOS

13. Emergency contact:

NAME	RELATIONSHIP	MALE/FEMALE
ADDRESS		
CELL PHONE	ALTERNATE PHONE	EMAIL

## MARITAL/FAMILY DATA

1. Are you currently: ( ) Single ( ) Married ( ) Divorced ( ) Separated ( ) Widowed
2. If married, complete the table below with your SPOUSE'S/LIVE-IN PARTNER'S information.

FIRST NAME	MIDDLE NAME	MAIDEN NAME	LAST NAME
ADDRESS			DATE OF BIRTH
MALE/FEMALE	CELL PHONE	ALTERNATE PHONE	
Date of Marriage:	County of Marriage:	EMAIL	

3. If married, are you living with your spouse? ( ) YES ( ) NO  
If no, explain in the space provided.

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Complete the table below for current and former spouses.

NAME OF SPOUSE	ADDRESS OF SPOUSE	DATE OF MARRIAGE	LOCATION OF MARRIAGE (City, State)	DATE OF DIVORCE	LOCATION OF DIVORCE (City, State)

Please list every child born to you, adopted by you, stepchildren or children otherwise supported by you:

NAME	AGE	RELATIONSHIP TO YOU

**O.C.G.A. 19-13-1:**

***“Family violence” means the occurrence of one or more of the following acts between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household; any felony or commission of the offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass.***

Have you ever engaged in any act of family violence? Yes No

Have you ever been accused of an act of family violence? Yes No

Have you ever been a victim of family violence? Yes No

Have you ever been questioned by law enforcement regarding a family violence incident in which you were involved? Yes No

Have you even been arrested for an act of family violence? Yes No

Have you ever been convicted of an act of family violence? Yes No

Have you ever been served with a temporary protective order, restraining order, and/or any other type of order to maintain/keep the peace? Yes No

Has any member of your immediate family ever been arrested, convicted, or plead guilty to a felony or misdemeanor crime? Yes No

If **yes**, please provide:

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Name	Relationship	Arresting Agency	Charges	Date	Disposition
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Name	Relationship	Arresting Agency	Charges	Date	Disposition
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Name	Relationship	Arresting Agency	Charges	Date	Disposition
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## CREDIT/FINANCIAL HISTORY

If you answer **yes** to any of the following questions, explain in the space provided.

	YES	NO
1. Do you have any bills that are past due?		
2. Are any creditors currently pressing you for payment?		
3. Have you ever had any credit accounts in collections?		
4. Have you ever had any item repossessed?		
5. Within the last five years, have you filed for bankruptcy?		
6. Within the last five years, have you had your wages garnished?		
7. Is there currently an action pending to have your wages garnished?		
8. Within the last five years, have you been evicted or dispossessed from a residence or business?		
9. Have you ever been involved in any type of civil suit?		
10. Are you currently involved in any type of civil suit?		
11. Have you ever intentionally written a bad check?		
12. Have you ever tried to obtain credit by using another name or Social Security Number?		

Explanation:

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## EDUCATION VERIFICATION

You are required to have a high school diploma or its recognized equivalent. List information for the local Board of Education if the issuing institution no longer exists.

1. If you graduated from a **high school**, complete the table below.

SCHOOL NAME	DATES OF ENROLLMENT (MO/YR) FROM TO	GRADUATION DATE
MAILING ADDRESS		
PHONE		

2. If you received a **certificate of high school equivalency (GED)**, complete the following information.

SCHOOL/INSTITUTION NAME	DATES OF ENROLLMENT (MO/YR) FROM TO	CERTIFICATION DATE
MAILING ADDRESS		
PHONE		

3. List any degrees that you have obtained (A.A., B.S., M.B.A., Ph.D., etc.).

DEGREE	GPA	YEAR OBTAINED
DEGREE	GPA	YEAR OBTAINED
DEGREE	GPA	YEAR OBTAINED

4. Use the table below to list any colleges, universities, vocational schools, technical schools, and graduate schools that you have attended.

NAME OF SCHOOL	CITY, STATE	DATES ATTENDED	MAJOR COURSE OF STUDY	FULL-TIME / PART-TIME	GRADUATED Y/N

5. Have you ever been suspended, expelled, or disciplined by any school official? ( ) YES ( ) NO  
If **yes**, explain on the back of this page.

## EMPLOYMENT HISTORY

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

Telephone Number(s): \_\_\_\_\_  
Home Cell

List your entire employment history for the last seven (7) years, beginning with the most recent. You should list full-time and part-time work, self-employment, other paid work, and any periods of unemployment.

1. Month/Year to Present:	Employers Name:  <b>May We contact your current employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Position/Title:
Address of Employer	City (County) State Zip Code	Telephone Number:
Immediate Supervisor:	Telephone Number of Supervisor:	Reason for Leaving:
Salary/Earnings: Starting \$ _____ per _____ Ending \$ _____ per _____ Average Number of Hours Worked per Week: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, and professional experience.)		

2. Month/Year to Present:	Employers Name:  <input type="checkbox"/> <input type="checkbox"/>	Position/Title:
Address of Employer	City (County) State Zip Code	Telephone Number:
Immediate Supervisor:	Telephone Number of Supervisor:	Reason for Leaving:
Salary/Earnings: Starting \$ _____ per _____ Ending \$ _____ per _____ Average Number of Hours Worked per Week: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, and professional experience.)		

3. Month/Year to Present:	Employers Name:  <input type="checkbox"/> <input type="checkbox"/>	Position/Title:
Address of Employer	City (County) State Zip Code	Telephone Number:
Immediate Supervisor:	Telephone Number of Supervisor:	Reason for Leaving:
Salary/Earnings: Starting \$ _____ per _____ Ending \$ _____ per _____ Average Number of Hours Worked per Week: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, and professional experience.)		

4. Month/Year to Present:	Employers Name:  <input type="checkbox"/> <input type="checkbox"/>	Position/Title:
Address of Employer	City (County) State Zip Code	Telephone Number:
Immediate Supervisor:	Telephone Number of Supervisor:	Reason for Leaving:
Salary/Earnings: Starting \$ _____ per _____ Ending \$ _____ per _____ Average Number of Hours Worked per Week: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, and professional experience.)		

5. Month/Year to Present:	Employers Name:  <input type="checkbox"/> <input type="checkbox"/>	Position/Title:
Address of Employer	City (County) State Zip Code	Telephone Number:
Immediate Supervisor:	Telephone Number of Supervisor:	Reason for Leaving:
Salary/Earnings: Starting \$ _____ per _____ Ending \$ _____ per _____ Average Number of Hours Worked per Week: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, and professional experience.)		

6. Month/Year to Present:	Employers Name:  <input type="checkbox"/> <input type="checkbox"/>	Position/Title:
Address of Employer	City (County) State Zip Code	Telephone Number:
Immediate Supervisor:	Telephone Number of Supervisor:	Reason for Leaving:
Salary/Earnings: Starting \$ _____ per _____ Ending \$ _____ per _____ Average Number of Hours Worked per Week: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, and professional experience.)		

## EMPLOYMENT HISTORY

1. What is your present occupation? \_\_\_\_\_

2. How did you find out about this job? Be specific. \_\_\_\_\_

3. If you were referred by a Woodstock Police Department employee, list their information here:

\_\_\_\_\_

4. Have you ever worked for the City of Woodstock? ( ) YES ( ) NO  
 If **yes**, which department: \_\_\_\_\_ When? \_\_\_\_\_

5. Have you ever applied with the City of Woodstock? ( ) YES ( ) NO  
 If **yes**, complete the table below.

DATE	POSITION	DEPARTMENT	DISPOSITION (Completed application, Test, Polygraph, Interview, etc.)

6. Do you have any relatives, by blood or marriage, that are employed with the City of Woodstock?  
 ( ) YES ( ) NO  
 If **yes**, complete the table below.

NAME OF RELATIVE	RELATIONSHIP TO YOU	DEPARTMENT (Tax Office, Water Dept, Parks and Rec., etc.)

## EMPLOYMENT HISTORY (CONTINUED)

If you answer **yes** to any of the following questions, explain on the back of this page.

	YES	NO
7. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?		
8. Have you ever been terminated, forced to resign, or otherwise involuntarily separated by a previous employer?		
9. Have you ever been reprimanded by a supervisor for misconduct or for not doing your job properly?		
10. Have you ever been reprimanded for being late or absent from work?		
11. Have you ever been disciplined by a supervisor (including verbal or written reprimands, suspensions, fines, etc.)?		
12. Have you ever left a job without giving two weeks' notice?		
13. Have you ever taken goods, services, or anything else of value from an employer without their permission? (pens, paper, printer usage, long distance calls, food, clothing, etc.)		
14. Have you ever taken money from an employer without permission?		
15. Have you ever accepted a bribe to perform or not perform your duty?		
16. If a certified Law Enforcement Officer, have you ever been the subject of an Internal Affairs Investigation?		

17. Estimate a dollar amount for how much you have taken from all employers combined during the last five years. This can include, but is not limited to, paper, pens, clips, etc. \_\_\_\_\_  
 Explain any amount in the space provided.

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18. Do you have any current applications with other law enforcement agencies? ( ) YES ( ) NO  
 If **yes**, complete the table below.

AGENCY	CITY, STATE	POSITION APPLIED FOR	STATUS OF APPLICATION (Completed application, Test, Polygraph, Interview, etc.)

## EMPLOYMENT HISTORY (CONTINUED)

19. In the last five years, have you submitted any other applications for employment with law enforcement agencies?       YES       NO

If **yes**, complete the table below.

AGENCY	CITY, STATE	POSITION APPLIED FOR	STATUS OF APPLICATION (Completed application, Test, Polygraph, Interview, etc.)

20. Have you ever taken a polygraph examination for any reason?       YES       NO

If **yes**, complete the table below.

DATE	AGENCY / COMPANY	CITY / STATE	REASON POLYGRAHED	RESULT

21. Have you ever been rejected for cause from obtaining a public safety job?       YES       NO

If **yes**, explain on the back of this page.

22. Are you being urged or paid by any person or organization to work for this department?

YES       NO

If **yes**, explain in the space provided.

23. Have your had experience with working varying or rotating shifts?       YES       NO

24. Are you willing to work varying or rotating shifts?       YES       NO

25. If it became necessary to take a human life in performance of your duties as a law enforcement officer, would you be reluctant to do so?       YES       NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## CRIMINAL HISTORY/ACTIVITY

1. You are required to disclose any and all arrests, even if you were a juvenile, sentenced under a first offender act, charged on a citation or ticket, released without charges, found innocent, or had your record sealed or expunged. All of these are shown on background checks for public safety employment, regardless of what you may have been told by an attorney or judge.

Have you ever been arrested for any criminal offense?                     YES                     NO

If **yes**, complete the table below and explain on the back of this page.

POLICE/COURT JURISDICTION	CHARGE	FELONY/ MISDEMEANOR	DATE	DISPOSITION <small>(dismissed, probation, jail time, fine, community service, etc.)</small>

2. Have you ever been charged as a result of a domestic violence related incident?

YES                     NO

If yes, explain on the back of this page.

3. Have you ever had a warrant taken out against you, regardless of whether you were arrested?

YES                     NO

If yes, explain on the back of this page.

4. **Circle** any of the following activities you have ever committed, whether detected or undetected, and explain on the back of this page. **Include dates in your explanation.**

ARSON	FORGERY	RAPE
ASSAULT	EXTORTION	CHILD MOLESTATION
BATTERY	KIDNAPPING	INCEST
BURGLARY	MURDER	SODOMY
CRUELTY TO ANIMALS	BAD CHECKS	PEEPING TOM
DRUG SALES	ROBBERY	PROSTITUTION
DRUG POSSESSION	SHOPLIFTING	OTHER SEX CRIME
DUI / DWI	STEAL ANYTHING	INSURANCE FRAUD
THEFT FROM VEHICLE	THEFT FROM EMPLOYER	OTHER
THEFT OF VEHICLE	VANDALISM	NONE OF THE ABOVE

## CRIMINAL HISTORY/ACTIVITY (CONTINUED)

5. Have you ever been fingerprinted?      ( ) YES              ( ) NO  
 If yes, complete the table below.

AGENCY	DATE	PURPOSE

If you answer **yes** to any of the following questions, explain on the back of this page.

	YES	NO
6. Have you ever been required to pay a fine in excess of \$25.00		
7. Have you ever been placed on any type of probation or parole?		
8. Have you been questioned by law enforcement for any reason?		
9. Have you ever been a member, supporter, or sympathizer with a criminal street gang, terror organization or hate group? (MS-13, al Qaeda, HAMAS, Hezbollah, KKK, White Militia, New Black Panther, Animal Liberation Front, etc.)		
10. Do you personally know anyone that is a member, supporter, or sympathizer of a criminal street gang, terror organization or hate group?		
11. Have you ever communicated with anyone that supports terrorist activity?		
12. Have you ever aided or abetted a terror organization or hate group whose intent is to interfere, subvert, or overthrow the U.S. Government?		
13. Have you ever discussed, planned, or taken part in any activity that could be considered a terrorist act or hate?		
14. Have you ever been a member, supporter, or sympathizer with any gang, cartel, or organized crime group?		
15. Are you currently under subpoena?		
16. If you have ever been a peace officer (including a corrections officer), have you ever been accused of making an improper/bad arrest?		
17. If you have ever been a peace officer (including a corrections officer), have you ever used excessive force while making an arrest?		
18. Are there currently any criminal charges pending against you?		

## MILITARY SERVICE

**All applicants must answer questions 1 – 4.** If you have never served in the military, draw a diagonal line through the remainder of the page and initial the line.

If you answer **yes** to any of the following questions, explain fully on the back of this page.

	YES	NO
1. Have you ever attempted to enlist in any branch of the United State Armed Forces? (Including Reserves, National Guard, and Coast Guard).		
2. Have you ever served in any branch of the United States Armed Forces? (Including Reserves, National Guard, and Coast Guard).		
3. Have you ever served in any branch of a foreign military?		
4. Have you ever been involved in a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc?		

5. Complete the following table regarding military service.

BRANCH OF SERVICE	ENLISTMENT PERIOD	SERVICE NUMBER	HIGHEST RANK HELD

6. If you are no longer in the military, what type of discharge did you receive (honorable, general, medical, etc.)? Provide an explanation for any discharge other than honorable in the space provided.

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7. Have you ever been the subject of a court martial, Article 15, company punishment, NJP, tried on charges, or any other disciplinary action while a member of the military?    ( ) YES            ( ) NO

If **yes**, complete the table below and explain on the back of this page.

TYPE OF DISCIPLINARY ACTION	BRANCH OF SERVICE	DATE OF ACTION	DISPOSITION OF ACTION

## MOTOR VEHICLE/DRIVING HISTORY

1. Do you currently possess a valid driver's license? ( ) YES ( ) NO

State: \_\_\_\_\_

License Number: \_\_\_\_\_

Class: \_\_\_\_\_

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

Restrictions: \_\_\_\_\_

2. Have you ever had a driver's license in another state? ( ) YES ( ) NO

If **yes**, complete the table below.

STATE	LICENSE NUMBER

If you answer **yes** to any of the following questions, explain on the back of this page.

	YES	NO
3. Have you ever had a driver's license suspended, cancelled, or revoked in any state or country?		
4. Have you ever been refused a driver's license by any state, military, or foreign entity?		
5. Have you ever obtained or attempted to obtain a driver's license under an assumed name?		

6. Do you have any pending traffic citations or parking tickets? ( ) YES ( ) NO

If **yes**, complete the table below.

CHARGE	JURISDICTION	DATE RECEIVED	COURT DATE

## MOTOR VEHICLE/DRIVING HISTORY (CONTINUED)

7. Use the table below to list all traffic citations and written warnings you have received in the last ten years. Include everything you remember, even if it does not appear in your state driver history. Use the back of this page if you need more space.

CHARGE	JURISDICTION	DATE RECEIVED	COURT DATE	DISPOSITION (dismissed, paid fine, etc.)

8. Have you been involved in any traffic accidents in the last 10 years while operating a motor vehicle?         YES         NO

NOTE: Include single car accidents, unreported accidents, hit-and-run accidents, private property accidents, on duty, off duty, etc. Do not include accidents in which you were a passenger. If **yes**, complete the table below.

DATE	POLICE REPORT (Yes/No)	LOCATION CITY/STATE	INJURIES (Yes/No)	WERE YOU AT FAULT (Yes/No)	DID YOU RECEIVE A CITATION? (Yes/No)

## MOTOR VEHICLE/DRIVING HISTORY (CONTINUED)

If you answer **yes** to any of the following questions, explain on the back of this page.

	YES	NO
9. Have you ever been charged with driving under the influence of alcohol or drugs?		
10. Have you ever been convicted of, or pled nolo contendere, to the charge of driving under the influence of alcohol or drugs?		
11. Have you ever been involved in any hit and run accident?		
12. Have you ever been involved in any serious traffic offense (reckless driving, DUI/DWI, vehicular homicide, etc.)?		
13. Have you ever left the scene of an accident in which you were involved without giving assistance?		
14. Have you ever been involved in any traffic-related lawsuits, whether you were the plaintiff or the defendant?		
15. Have you ever been involved in a traffic accident which resulted in a serious injury or fatality?		

## GAMBLING

1. Do you have any gambling debts?  YES  NO

If **yes**, explain in the space provided.

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2. Have you ever borrowed money to gamble:  YES  NO

If **yes**, explain in the space provided.

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## CONTROLLED SUBSTANCES

1. Complete the chart below. Use or experimentation with drugs may not mean automatic disqualification. If you cannot remember specifics, estimate date last used and number of times. Do not include drugs which you were administered by medical personnel for a legitimate medical purpose.

DRUG	USED (Yes/No)	DATE LAST USED	NUMBER OF TIMES USED
Marijuana			
Hashish			
Angel Dust / PCP			
Ice			
Ecstasy / Molly / MDMA			
Cocaine			
Crack Cocaine			
Heroin			
LSD / Acid / Blotters			
Crank			
Mushrooms			
Peyote			
Morphine			
Mescaline / Cactus			
Opium			
Psilocybin			
Quaaludes			
Speed (specify type)			
Downers / Barbiturates			
Valium			
Steroids			
Crystal Methadone			
STP			
Other:			

## CONTROLLED SUBSTANCES (CONTINUED)

2. Have you ever taken a drug prescribed for another person?  YES  NO  
If **yes**, explain on the back of this page. Include the name of the medication, reason, date of use, and whether you were ever prescribed the same medication.
3. Have you ever been involved in the sale, distribution, growing, or manufacture of marijuana, whether legally or illegally?  YES  NO  
If **yes**, explain on the back of this page.
4. Have you ever been involved in the sale, distribution, growing, or manufacture of any other drug or narcotic, including prescription drugs, whether legally or illegally?  YES  NO  
If **yes**, explain on the back of this page.

\*\*By law, CBD products must contain less than 0.3 percent of THC (the chemical that produces a "high" in users of marijuana). However, because it is a relatively new product in an emerging market, the production and use of CBD by the general public is highly unregulated. Because of the generally unregulated market for CBD, CBD products could contain significantly more THC than advertised. If you use CBD, there is a risk that you could potentially test positive on a drug test (random, post-accident, reasonable suspicion) and that the THC level may be higher than the law allows. Therefore, using CBD is at the employee's own risk and will not justify a positive drug test.\*\*

## ALCOHOL USE

1. Do you drink alcoholic beverages?  YES  NO  
If yes, how much and how often? \_\_\_\_\_
2. When was the last time you were drunk? \_\_\_\_\_
3. List the last time you drove a vehicle while under the influence of alcohol or drugs:  
\_\_\_\_\_
4. Since the age of seventeen, have you ever been arrested for an alcohol related offense?  
 YES  NO

NOTE: This includes, but is not limited to DUI/DWI, public intoxication, disorderly conduct, minor in possession of alcohol, etc. If **yes**, explain in the space provided.

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



## MISCELLANEOUS QUESTIONS

1. Have you ever applied for a permit to carry a weapon? ( ) YES ( ) NO

If yes, was the permit granted? ( ) YES ( ) NO

Date permit was granted: \_\_\_\_\_

Which agency granted the permit? \_\_\_\_\_

Location of agency granting permit? \_\_\_\_\_

If the permit was not granted, explain on the back of this page.

If you answer **yes** to any of the following questions, explain on the back of this page.

	YES	NO
2. If you possess a professional certification or license, has it ever been revoked or suspended?		
3. Do you know of anything that might prevent you from obtaining the position you have applied for?		
4. Is there any reason why you cannot work flexible, rotating shifts as they are related to your job assignment of duties?		
5. Have you purposely omitted any information from your employment application, this booklet or any other document you have submitted?		

## PROFESSIONAL LICENSE/CERTIFICATION VERIFICATION

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

\*List all professional license and certifications you currently hold, beginning with the most recent.

<input type="checkbox"/> License <input type="checkbox"/> Certification	
License or Certification Type:	State Issued:
License or Certification Number:	
Issue Date:	Expiration Date:
License or Certification Status:	Active <input type="checkbox"/> Inactive <input type="checkbox"/>

<input type="checkbox"/> License <input type="checkbox"/> Certification	
License or Certification Type:	State Issued:
License or Certification Number:	
Issue Date:	Expiration Date:
License or Certification Status:	Active <input type="checkbox"/> Inactive <input type="checkbox"/>

<input type="checkbox"/> License <input type="checkbox"/> Certification	
License or Certification Type:	State Issued:
License or Certification Number:	
Issue Date:	Expiration Date:
License or Certification Status:	Active <input type="checkbox"/> Inactive <input type="checkbox"/>

<input type="checkbox"/> License <input type="checkbox"/> Certification	
License or Certification Type:	State Issued:
License or Certification Number:	
Issue Date:	Expiration Date:
License or Certification Status:	Active <input type="checkbox"/> Inactive <input type="checkbox"/>

Please list any and all web sites you are a member of for any website/internet services such as web posting, blogs, chat rooms, video downloads, and internet dating sites, social and/or media sites: Facebook, LinkedIn, Twitter, Match.com, Instagram, YouTube etc. that you currently subscribe to or have subscribed to in the past and include your screen/user name.

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List all organizations, clubs & associations of which you are a member, were a member or have ever been linked with:

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Name	Date of membership/Association	Active Member/Not Active Member
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Purpose of group (Example: Gun Rights, Motorcycle Club, Environmental Advocacy, Animal Welfare, etc.)

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Name	Date of membership/Association	Active Member/Not Active Member
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Purpose of group (Example: Gun Rights, Motorcycle Club, Environmental Advocacy, Animal Welfare, etc.)

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Name	Date of membership/Association	Active Member/Not Active Member
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Purpose of group (Example: Gun Rights, Motorcycle Club, Environmental Advocacy, Animal Welfare, etc.)

## SOCIAL REFERENCES

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

Provide three personal references. References cannot be your present or past supervisors, managers, or relatives by blood or marriage. Each reference must live at a different address. Do not list anyone who is listed elsewhere in this application.

1. Complete Name (Last, Middle, First)	Home Address: (City, State, Zip Code):
Years Acquainted and Relationship:	Home Phone (Including Area Code):
Approximate Age:	Business Address:
Occupation:	Business Phone (Including Area Code):

2. Complete Name (Last, Middle, First)	Home Address: (City, State, Zip Code):
Years Acquainted and Relationship:	Home Phone (Including Area Code):
Approximate Age:	Business Address:
Occupation:	Business Phone (Including Area Code):

3. Complete Name (Last, Middle, First)	Home Address: (City, State, Zip Code):
Years Acquainted and Relationship:	Home Phone (Including Area Code):
Approximate Age:	Business Address:
Occupation:	Business Phone (Including Area Code):

## NEIGHBOR REFERENCES

\*\*List three references who reside next to you or across the street from your current residence. If you have no current references residing next to you or across the street from your current address, you may use former neighbor references, landlords or roommates.

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

1. Complete Name (Last, Middle, First)	Home Address: _____ _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Business Phone (Including Area Code): _____

2. Complete Name (Last, Middle, First)	Home Address: _____ _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Business Phone (Including Area Code): _____

3. Complete Name (Last, Middle, First)	Home Address: _____ _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Business Phone (Including Area Code): _____



## CITY OF WOODSTOCK AUTHORIZATION FOR RELEASE OF INFORMATION

This certifies the application completed by me and all entries and information contained therein are true and complete and failure to answer any part fully and truthfully may, at the sole discretion of the City of Woodstock, subject me to immediate dismissal.

I hereby authorize my former employers and/or references to furnish any information concerning my personal character, habits, or employment record, and I hereby release all such persons from any liability or damages on account of having furnished this information. I further authorize my former employers to release any positive drug test results or alcohol tests greater than 0.04 or any refusals to be tested. I also agree to furnish such additional information and complete such examinations as may be required by the City of Woodstock.

It is agreed and understood this application for employment in no way obligates the City of Woodstock to employ me. I also understand and agree that if hired, my first twelve months employment shall be on a probationary basis, and the probationary period does not end until appropriate documentation and approval(s) have been received. I further understand that during the probationary period the employer may terminate my employment without any recourse on my part. I also understand that I will, after the probationary period, remain an employee-at-will who may be terminated without cause at any time.

I hereby authorize the City of Woodstock to investigate the information contained in my employment application and to do all that is necessary to verify the accuracy of the information. I further authorize any past or present employer, any law enforcement agency, or any school or personal reference to release to the City of Woodstock, any and all information contained in my work records, police record, school record, and personal references. I hereby release any past or present employers, any law enforcement agency, any schools, personal references and any and all of their employees from any liability in furnishing such information to the City of Woodstock.

A copy of this release shall be effective and valid as the original.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CITY OF WOODSTOCK TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

Printed Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

***I have read and understand the above statement.***

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



## PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and /or other tests as shall be determined by the City of Woodstock in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that the City of Woodstock’s authorized agent may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I understand that it is the current use of illegal drugs that prohibits me from being employed at the City of Woodstock.

I further agree to hold harmless the company and its agents (including the above-named physician or clinic) from any liability arising in whole or part, out of collection of specimens, testing, and use of the information from said testing(s) in connection with the company’s consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:  
Printed Name \_\_\_\_\_

S.S.#: \_\_\_\_\_

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

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

Witness  
Signature: \_\_\_\_\_

Witness Printed  
Name: \_\_\_\_\_



# WOODSTOCK POLICE DEPARTMENT

## GEORGIA CRIME INFORMATION CENTER CONSENT FORM

I HEREBY AUTHORIZE THE CITY OF WOODSTOCK POLICE DEPARTMENT TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR ANY LOCAL CRIMINAL JUSTICE AGENCY IN THE STATE OF GEORGIA.

PLEASE PRINT THE FOLLOWING:

FIRST/ NOMBRE                      MIDDLE/ 2 NOMBRE                      LAST/ APELLIDO                      MAIDEN/APELLIDO DE SOLTERA

STREET ADDRESS/ DOMICILIO                      CITY, STATE & ZIP CODE/ CIUDAD, ESTADO, CODIGO POSTAL

DATE OF BIRTH/ FECHA DE NACIMIENTO                      SOCIAL SECURITY NUMBER/NO. DE SEGURO SOCIAL

SEX/ SEXO M/F    RACE/ RAZA    HEIGHT/ ALTURA                      WEIGHT/PESO    EYES/ OJOS    HAIR/ CABELLO

DRIVERS LICENSE# / NO. DE LICENCIA                      STATE/ ESTADO                      EXPIRATION DATE/ FECHA DE VENCIMIENTO

SIGNATURE/ FIRMA                      DATE OF REQUEST/ FECHA                      PHONE NUMBER/ NO. DE TELEFONO

PLEASE CHECK ONLY ONE OF THE BELOW PURPOSE CODES:

- GEORGIA FIREFIGHTER EMPLOYMENT *(PURPOSE CODE E)*
- NON-SWORN CRIMINAL JUSTICE EMPLOYMENT *(PURPOSE CODE J)*
- SWORN CRIMINAL JUSTICE EMPLOYMENT *(PURPOSE CODE Z)*

\*\*\*\*\*

### TO BE COMPLETED BY THE CITY OF WOODSTOCK POLICE DEPARTMENT:

- NO CRIMINAL HISTORY FOUND THROUGH GCIC SYSTEM CHECK
- CRIMINAL HISTORY FOUND THROUGH GCIC SYSTEM CHECK (SEE ATTACHED)
- ACTIVE WARRANT

SIGNATURE OF AGENCY HEAD OR DESIGNEE

NOTARY PUBLIC SIGNATURE AND SEAL

SWORN BEFORE ME ON \_\_\_\_ DAY OF

\_\_\_\_\_, 20\_\_\_\_





# Georgia Crime Information Center

## Georgia Driver's History Consent Form

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I hereby authorize the **Woodstock, GA Police Department** 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.

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First Name	Middle Name	Last Name
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Complete Address

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Sex	Date of Birth	Driver's License Number
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---

Signature

---

Date

Company Name: \_\_\_\_\_ City of Woodstock Police Department \_\_\_\_\_

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Employer (the “Company”) may obtain a consumer report about you from a consumer reporting agency for employment purposes (including contract or volunteer services) and if you are hired, or if you already work for the Company, may obtain additional consumer reports on you for employment purposes.

The Company may order an “investigative consumer report.” Such reports typically include information from personal interviews, most commonly from an applicant’s prior employers and references.

The report may include information about your character, general reputation, personal characteristics, and/or mode of living. Information may be obtained from private and public record sources. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (‘driving records’), credit reports, verification of your education or employment history (including income), or other background checks.

You have the right to request more information about the nature and scope of a consumer report, if any, by contacting Professional Screening & Information, Inc., P.O. Box 644, Rome, Georgia 30162 by calling them collect at 1-877-235-7574, or contacting them via the internet at [www.psibackgroundcheck.com](http://www.psibackgroundcheck.com).

Please acknowledge you have read this statement by signing below:

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

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

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

## CONSUMER REPORT AUTHORIZATION

The company with whom You have applied (the “Company”) intends to procure one or more consumer reports, or investigative consumer reports, about You in connection with your application for employment and requires your consent in order to do so.

**By signing below, you acknowledge and affirm as follows:**

I hereby authorize the Company to procure one or more consumer reports, and/or investigative consumer reports, which may include criminal background history, about me to be used for employment purposes at any time after receipt of this authorization and, if I am hired, throughout my employment as allowed by law.

To that end, I hereby authorize, as allowed by law, any law enforcement agency, administrator, state or federal agency, institution, school, or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Professional Screening & Information, Inc., another outside organization acting on behalf of Company and/or Company itself.

I agree that this Consumer Report Authorization in its original, faxed, photocopied, or electronic form will be valid for any consumer reports or investigative consumer reports that may be requested about me on behalf of the Company.

I understand that my driving record may be used to verify my identity and/or my ability to drive legally and safely. If driving a company vehicle (or my own vehicle) is a requirement of the position I am being considered for, then having and maintaining a satisfactory driving record and being able to legally and safely drive as required by my employer is a condition of my employment. If applicable, I agree to allow the Company to check my driving record, which may contain information about my physical, mental, or behavioral health maintained by a state government agency that has restricted by ability to drive legally, prior to hire and periodically thereafter.

I acknowledge receipt of the following documents: “Disclosure Regarding Background Investigation”, “State Disclosures”, and “A Summary of Your Rights Under the Fair Credit Reporting Act”.

**I understand I have the following rights in connection with this Authorization:** You have the right, upon written request made within a reasonable time after receipt of this notice to ask the Company to disclose the nature and scope of any consumer report. You may also request a copy of that report from the Company. You may also request a copy from Professional Screening & Information, Inc., P.O. Box 644, Rome, Georgia 30162 by calling them collect at 1-877-235-7574, or contacting them via the internet at [www.psibackgroundcheck.com](http://www.psibackgroundcheck.com). If anyone other than Professional Screening & information, Inc. provides an investigative consumer report about you, the Company will provide you with their relevant contact information within five days of your request.

**BY SIGNING BELOW, I AFFIRM THAT EACH OF THE ABOVE IS TRUE AND CORRECT:**

---

**APPLICANT NAME**

**APPLICANT SIGNATURE**

**DATE**

THE INFORMATION **BELOW** BEING REQUESTED IS FOR BACKGROUND INVESTIGATION PURPOSES ONLY AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

**PLEASE PRINT**

Full Legal Name (As shown on SSN/ID Card):

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Additional Name (First, Middle, Last): \_\_\_\_\_ Dates Used (from-to):

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (Month-Day-Year) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Cell # : ( ) \_\_\_\_\_ Home # : ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

**Current address**

**Month/Year**

• Street: \_\_\_\_\_ From: \_\_\_\_\_  
City, State (County), Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

**Chronologically list all places of residence for the past seven years** **Month/Year**

• Street: \_\_\_\_\_ From: \_\_\_\_\_

City, State (County), Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

• Street: \_\_\_\_\_ From: \_\_\_\_\_

City, State (County), Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

• Street: \_\_\_\_\_ From: \_\_\_\_\_

City, State (County), Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

**COMPANY USE ONLY**

**Client:** City of Woodstock Police Department

**Location:** Police Department

**Note:** ✓ **PLEASE NOTE:** For all Motor Vehicle Reports, a clear and legible copy of the applicant's driver's license is required.

## SWORN STATEMENT

Review the instructions at the beginning of this booklet. If you have any questions about the instructions or contents of this booklet, contact your background investigator before continuing. Do you understand all the instructions, questions and requirements in this booklet?            ( ) YES            ( ) NO

I hereby swear that all statements made in this questionnaire are true and complete. I understand that any omissions, false or misleading information, or misstatements of material facts will result in immediate disqualification from the hiring process or employment, and could result in criminal prosecution under OCGA 16-10-20.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
DATE OF COMPLETION

\_\_\_\_\_  
INVESTIGATOR