

Name: _____
 LAST FIRST MIDDLE

Position Applied For: _____ Date: _____

LOGANVILLE POLICE DEPARTMENT



BACKGROUND INVESTIGATION QUESTIONNAIRE

IMPORTANT NOTICE

IT IS TO YOUR ADVANTAGE TO BE ABSOLUTELY TRUTHFUL IN ANSWERING ALL QUESTIONS IN YOUR INTERVIEWS, ON YOUR APPLICATION AND PERSONAL HISTORY STATEMENT. A MIS-STATEMENT OF FACT OR THE OMISSION OF REQUESTED INFORMATION IS GROUNDS FOR AUTOMATIC REJECTION.

WE HAVE FOUND IN THE PAST THAT SOME APPLICANTS HAVE BEEN REJECTED BECAUSE OF A MIS-STATEMENT OR OMISSION WHERE THE FACT WHICH THEY ATTEMPTED TO HIDE WOULD NOT HAVE BEEN A REASON FOR REJECTION. WE ENCOURAGE YOU TO BE ABSOLUTELY TRUTHFUL IN THESE MATTERS.

INSTRUCTIONS AND INFORMATION

PLEASE READ CAREFULLY BEFORE BEGINNING

1. An investigation will be conducted by personnel in the Internal Affairs unit based on the information you provided in this application. It is critical that you fill out this application completely, truthfully, and accurately. If at any point during the background investigation, or thereafter, it is found that you misrepresented, deliberately omitted or falsified any information, you will be automatically disqualified from further consideration. It is imperative that you list any convictions to include a finding or a verdict of guilt or a plea of guilty and a plea of Nolo Contendere in a criminal proceeding, regardless of whether the judgment of guilt or sentence is withheld or not entered thereon. This includes first offenders (Georgia State Law 35-8-7.1).

Do not leave any blanks in this booklet. If an item does not apply, write N/A.

2. If you are a Georgia Certified Peace Officer (i.e. registered with the Georgia Peace Officer Standards and Training Council, P.O.S.T) please attach a copy of your basic certificate displaying your certification number.
3. The following situation WILL prohibit an applicant from serving as a law enforcement officer:
 - a. Conviction in any Court of a felony offense.
 - b. Conviction in any Court of a drug related offense.
 - c. Less than twenty-one (21) years of age at the time of appointment.
 - d. Any medical, physical, or mental condition which would prevent an applicant from satisfactorily performing assigned duties or complying with regulations of the Georgia POST Council.
4. The following situations MAY prohibit an applicant from serving as a Law Enforcement Officer:
 - a. Any pending criminal action in any court.
 - b. A military Discharge other than Honorable.
 - c. Seven (7) or more points accumulated against drivers' record at the time of the application.
 - d. Not a citizen of the United States of America.

Note: An applicant who has received an official pardon or other similar action for any offense or applicable condition as stated above, is not obligated to disclose the offense or condition in this application. If, however, during the course of a background investigation, facts are discovered regarding the offense or condition, the applicant may be required to produce proof of such pardon or action to remain in consideration for employment.

5. If you have any questions regarding this application, Please contact the City of Loganville Human Resources Department at (770) 466-9594. For specific questions about positions with the Police Department, please call (770) 466-8087.
6. The following is a check list for your convenience. We urge you to use it, as an incomplete application cannot be processed. Upon completion of the application, refer to this checklist to make sure no information has been omitted.

All questions are answered. Those not applying to me are marked "N/A" or "NO".

- _____ I have attached Copies of the following documents:
 - _____ Birth Certificate
 - _____ High School Diploma or GED
 - _____ Copy of Valid Drivers' License
 - _____ Copy of Social Security Card
 - _____ DD-214 LONG FORM (If applicable), showing character of service
 - _____ Must provide an original seven (7) year Drivers History at your own expense.
 - _____ The application is signed and dated
 - _____ All forms so noted, have been signed in the presence of a Notary Public. These forms **MUST** bear the signature, stamp, and seal of a Notary Public. **YOU ARE RESPONSIBLE FOR OBTAINING A NOTARY!**

I PERSONAL INFORMATION

1. Name: _____

2. Have you filed an application with the City of Loganville Government before? _____
If so, when and for what position(s): _____

3. Present address(city, state, street, zip): _____

How long? _____ Rent? _____ Own? _____

Name of Landlord: _____

Home phone number: _____

Work phone number: _____

Previous address(s) if less than 5 years at current address: _____

How long? _____ Rent? _____ Own? _____

Name of Landlord: _____

Other addresses: _____

4. Social Security number: _____

5. Date of Birth (MM/DD/YY): _____

Place of Birth (City, State, Country): _____

6. Are you a U.S. Citizen? YES _____ NO _____

Natural Born YES _____ NO _____

7. Have you ever used any other name? YES _____ NO _____

Nicknames/Aliases used: _____

8. Have you ever legally changed your name? _____

If "YES" what was your former name? _____

9. What court ordered the name change? _____

10. What was the purpose of the name change? _____

II. MILITARY SERVICE

11. Complete if you have prior Military Service

Branch: _____ Service#: _____

Dates Served: _____ Highest Rank: _____

12. Type of Discharge (if other than Honorable, explain): _____

13. If member of Reserve or Guard Unit, specify Branch and Unit: _____

14. Have you received anything other than an honorable discharge from the military?

Yes _____ No _____

Did you ever receive any type of disciplinary action? Yes _____ No _____

Court Martial? _____ AWOL? _____ Reduction in Rank? _____

Article 15? _____ Any other? _____

15. Name of your last supervisor: _____

Phone number: _____

III. FORMAL EDUCATION

16. Highest grade of school completed? _____

17. Did you graduate from High School? _____ Dates Attended: _____

18. Name of High School: _____

City/State: _____

19. Do you have a GED certificate? _____

20. Give names and locations of any Colleges and Universities you have attended, and major course work studied: _____

21. Circle highest year of college completed: 1 2 3 4 Degree/Year obtained: _____

22. Graduate School: 1 2 3 4 Degree/Year: _____

23. Do you have any special skills or training that would be helpful to you if you were selected for a law enforcement position? _____

24. Do you fluently speak or write any foreign languages? YES _____ NO _____

If yes, please list: _____

25. Do you possess any profession licenses such as pilot, etc.? YES _____ NO _____

If YES, please list: _____

IV. LAW ENFORCEMENT EMPLOYMENT HISTORY

26. List previous law enforcement employment starting with the most recent first:

Name/Address of Agency

Dates of Employment

Reason for leaving

Name and telephone number of immediate supervisor

Job Title

Brief Description of Job Duties:

May we contact this agency? YES _____ NO _____

27.

Name/Address of Agency

Dates of Employment

Reason for leaving

Name and telephone number of immediate supervisor

Job Title

Brief Description of Job Duties:

May we contact this agency? YES _____ NO _____

28.

Name/Address of Agency

Dates of Employment

Reason for leaving

Name and telephone number of immediate supervisor

Job Title

Brief Description of Job Duties:

May we contact this agency? YES _____ NO _____

29. _____

Name/Address of Agency

Dates of Employment

Reason for leaving

Name and telephone number of immediate supervisor

Job Title

Brief Description of Job Duties:

May we contact this agency? YES _____ NO _____

COMPLETE THIS SECTION ONLY IF YOU ARE CURRENTLY OR HAVE BEEN A LAW ENFORCEMENT OFFICER. THIS DOES NOT INCLUDE SECURITY AND/OR CORRECTIONS EXPERIENCE.

30. Are you currently a Peace Officer? _____

31. If "YES", State of Certification: _____ Certification #: _____

32. Certification date: _____ Name of Police Academy: _____

33. How many years of law enforcement experience do you have? _____

34. Have you ever been the subject of an internal investigation? YES _____ NO _____

If "YES", attach an explanation to this application giving full details.

35. Have you ever qualified with a weapon? YES _____ NO _____

If "YES", what type of weapon? _____

V. NON-LAW ENFORCEMENT EMPLOYMENT HISTORY

36. List previous employment for the past ten (10) years beginning with the most recent.

Name/Address of Employer

Dates of Employment Reason for leaving

Name and telephone number of immediate supervisor

Job Title

Brief Description of Job Duties:

May we contact this employer? YES _____ NO _____

37. _____

Name/Address of Employer

Dates of Employment Reason for leaving

Name and telephone number of immediate supervisor

Job Title

Brief Description of Job Duties:

May we contact this employer? YES _____ NO _____

38.

Name/Address of Employer

Dates of Employment

Reason for leaving

Name and telephone number of immediate supervisor

Job Title

Brief Description of Job Duties:

May we contact this employer? YES _____ NO _____

39.

Name/Address of Employer

Dates of Employment

Reason for leaving

Name and telephone number of immediate supervisor

Job Title

Brief Description of Job Duties:

May we contact this employer? YES _____ NO _____

40.

Name/Address of Employer

Dates of Employment

Reason for leaving

Name and telephone number of immediate supervisor

Job Title

Brief Description of Job Duties:

May we contact this employer? YES _____ NO _____

VI. CRIMINAL RECORD (PLEASE CHECK APPROPRIATE RESPONSE)

YES NO

_____ 41. Have you ever been arrested, charged, convicted of a felony offense?

_____ 42. Have you ever been arrested, charged, convicted of a firearms or explosive charge?

_____ 43. Are there currently any charges pending against you for any criminal offense?

44. Have you ever been arrested, charged, convicted of any offenses related to alcohol or drugs?

45. (A) Have you ever been arrested, booked, charged, convicted of any type of offense (including traffic citations, warrants or misdemeanors)?

(B) Have you ever been arrested, charged, or convicted of a domestic violence offense?

(C) Are you currently or have you ever been under investigation?

EXPLAIN BELOW ANY QUESTIONS THAT YOU ANSWERED YES TO ABOVE.

Date of Offense	Offense	Law Enforcement Authority/Court
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. DRIVING RECORD

46. Can you operate a motor vehicle? YES _____ NO _____

47. Do you possess a valid Georgia Drivers License? YES _____ NO _____

If yes, give license number, and expiration date: _____

48. Have you ever possessed a drivers' license from any other State? YES _____ NO _____

If yes, give State and License number: _____

49. Has your license ever been suspended or revoked? YES _____ NO _____

If yes, for what reason? _____

If yes, was it restored? _____

50. Have you ever been refused a license by any State? YES _____ NO _____

51. Give details of any motor vehicle accidents you have been involved in:

VIII. PERSONAL REFERENCES

52. Personal reference (other than family members)

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

IX. CREDIT REFERENCES

53. Name: _____

Address: _____

Telephone: _____

Type of Account: _____

Name: _____

Address: _____

Telephone: _____

Type of Account: _____

Name: _____

Address: _____

Telephone: _____

Type of Account: _____

X. BACKGROUND INFORMATION (Marital and Family Information)

54. Marital Status

Married _____ Single _____ Widowed _____
Divorced _____ Separated _____

55. Spouse: _____
(First/middle/maiden/last)

56. _____
Spouses date of birth _____ Spouses place of birth _____

57. _____
Date of marriage _____ Spouses occupation _____

58. _____
Spouse's employer _____

59. _____
Spouse's employer's address _____

60. _____
Spouse's employer's phone _____ Spouse's length of employment _____

61. Is your spouse in favor of you becoming a law enforcement officer? YES _____ NO _____

62. Father's full name: _____

Address: _____

Living _____ Deceased _____

63. Mother's full name: _____

Address: _____

Living _____ Deceased _____

64. Brothers:

Name: _____ Age: _____

Address: _____

Name: _____ Age: _____

Address: _____

65. Sisters:

Name: _____ Age: _____

Address: _____

Name: _____ Age: _____

Address: _____

66. Father-in-law's full name: _____

Address: _____

67. Mother-in-law's full name: _____

Address: _____

68. Closest living relative: _____

Address: _____

69. List every child born to you:

Child's Name	Date of Birth	Address where child resides
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

70. Are you supporting all children born to you or adopted by you? YES _____ NO _____

71. Are you related to any City of Loganville employee? YES _____ NO _____

If yes, please name the employee: _____

What Department do they work in?: _____

72. Do you know any employees of the Police Department? YES _____ NO _____

If yes, please give their names: _____

XI. OTHER INFORMATION

73. This position may require you to :

- Wear a uniform. Do you object to doing so? YES _____ NO _____
- Work rotating shift. Do you object to doing so? YES _____ NO _____
- Work overtime. Do you object to doing so? YES _____ NO _____

74. Have you ever had experience working shift work? YES _____ NO _____

If so, where and when: _____

75. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answer will be checked with the FBI and other agencies.

Agency	Date	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

76. Do you drink alcoholic beverages? YES _____ NO _____

If yes, when was the last time? _____

77. Have you ever used marijuana? YES _____ NO _____

If yes, when was the last time? _____

78. Have you ever used any other illegal drugs, opiates, pills, etc.? YES _____ NO _____

What were the circumstances: _____

79. Do you now or have you ever associated with anyone that uses drugs? YES _____ NO _____

If yes, explain: _____

80. Have you ever been fired or permitted to resign employment for breach of trust, embezzlement, theft, or other crime? YES _____ NO _____

If yes, what were the circumstances? _____

81. Have you ever been fired or permitted to resign employment for abuse of authority or for any disciplinary reasons? YES _____ NO _____

If yes, what were the circumstances? _____

82. If it became necessary in the course of police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? YES _____ NO _____

If yes, give details: _____

83. In the space provided below, give a brief biography or history of yourself. Begin with your past, bring yourself into the present, and project yourself into the future. Tell where you were born, where you grew up, significant experiences and accomplishments in your life. Tell something about your hobbies, special interests, and any other subject which "zeros in" on your individuality. Also describe your reasons for applying for a position with the City of Loganville Police. If you need additional space, attach a separate sheet to this application.

VII. ATTESTATION

I attest by my signature below that all the information supplied by me in this Background Investigation Questionnaire is true and correct to the best of my knowledge. I understand that any material misstatement of fact or attempt to conceal any information will automatically disqualify me for employment as a City of Loganville Police Officer.

Signature Date

Notary Public Signature Date

LAUTENBERG SCREENING FORM

NOTICE! Congress enacted legislation that prohibits certain persons from owning, possessing, storing, or transporting firearms, ammunition or their component parts. For this reason, it is necessary to screen all employment candidates (and in some limited cases our current employees in “for cause” circumstances) to determine if they fall within the prohibited group of persons exempted by the Lautenberg Act (18 United States Code Annotated, Section 922) from possessing firearms and/or ammunition. The Lautenberg Act makes it a felony for any person in the prohibited group to own or possess firearms or ammunition. Also, Lautenberg makes it a felonious act for any person to provide firearms or ammunition to any person who falls within the prohibited group. Therefore it would be unlawful for the department to “arm” a person who falls within this category.

It is, or should be obvious, that law enforcement officers must be capable of carrying and being proficient with the use of firearms to be able to perform their routine duties in this state. For these reasons, it is essential for the department to know all candidates and current employees are free from the Lautenberg prohibition. Therefore, it is necessary and imperative that you answer the following questions truthfully while under oath. Your written responses and signature must be witnessed by a representative of this department or a Notary Public.

Candidates for employment may choose to refuse to complete this form but in so doing, they must understand that they will effectively withdrawing their application for employment with this department. Candidates who choose not to complete this form and thereby wish to withdraw their application from consideration for employment should write “refused” on the form and sign it have it witnessed by a department representative. Current employees undergoing administrative inquiry may not refuse to complete the form under oath without subjecting themselves to disciplinary action which may include suspension, demotion, or termination. Current employees who have questions or desire more information on this subject, are encouraged to consult the Professional Standards Unit.

I _____

(print full name, date of birth and social security number)

the undersigned in consideration of future or continued employment with the City of Loganville Police Department, voluntarily agree and consent to answer the following questions truthfully, while under oath.

Answer all questions listed below in the box to the right. You must write out The words "YES" or "NO" in the space provided.	
Are you under indictment or information in any court for a felony or any other crime, for which the judge could imprison you for more than one year?	
Have you ever been convicted in any court of a felony or any other crime for which the judge could have imprisoned you for more than one year?	
Are you a fugitive from justice?	
Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant or narcotic drug or any other controlled substance?	
Have you ever been adjudicated mentally defective(which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?	
Have you been discharged from the Armed Forces under dishonorable conditions?	
Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner?	
Have you been convicted in any court of a misdemeanor crime of domestic violence?	
Have you ever renounced your United States citizenship?	
Are you an alien illegally in the United States?	
Are you a non-immigrant alien?	

Signature

Date

Witnessed This _____ day of _____ 200__

Notary Public

