

APPLICATION FOR EMPLOYMENT

CITY OF MANCHESTER

POLICE DEPARTMENT

120 SECOND STREET

P.O. BOX 366

MANCHESTER, GEORGIA 31816

RAYMOND G. COUCH

CHIEF OF POLICE

EMAIL:policechief@manchester-ga.gov

APPLICANT'S NAME_____

The following guidelines are not all inclusive, but are among the principle factors considered in evaluating an applicant's candidacy for employment. Any questions should be directed to the Assistant Chief of Police, telephone number (706) 846-3155.

- 1) Must not have any felony convictions. Convictions of a misdemeanor offense may possibly deem applicant unacceptable. Applicants, who have by self-admission committed crimes that were never detected, shall presume to have committed the crime or act. Pleas of Nolo Contendre are considered a conviction.
- 2) No more than one DUI conviction or any DUI conviction in the past three (3) years.
- 3) Must have a stable employment history.
- 4) Must not have a history of illegal drug use. Shall not have used marijuana within a twenty-four (24) month period prior to date of application. Experimental usage of marijuana prior to the age of twenty-one (21) will not be the sole reason for disqualifying an applicant.
- 5) Must successfully complete and pass a polygraph examination.
- 6) Must have a high school diploma or equivalent.
- 7) Must be twenty-one (21) years of age.
- 8) Must possess a valid driver's license.
- 9) Must be a United States citizen.

RETURN APPLICATION, ESSAY, A CURRENT PHOTOGRAPH, A COPY OF YOUR VALID DRIVER'S LICENSE AND NOTARIZED CONSENT FORM TO:

Manchester Police Department
Assistant Chief of Police
P.O. Box 366
Manchester, GA 31816

NOTICE TO APPLICANT:

Please complete this booklet in its entirety and return it to the Manchester Police Department, Assistant Police Chief of Police. Answer all questions thoroughly and honestly. The sooner we have your completed application booklet, the sooner we can begin processing it.

I cannot stress enough the importance of the accuracy of your answers. The information you provide in this booklet will be compared with the information provided by others throughout the application process. You will be asked to verify these answers during the polygraph examination. Any discrepancies or omissions may result your removal from the application process. You may not be especially proud of something you have done in the past but you **MUST** write it down. Many candidates are denied employment for this reason. The irony is that what they omitted or falsified may not have disqualified them from employment.

No other document which you will prepare during your application for Police Officer will be as important as the attached booklet. It is in your best interest to follow the instructions carefully. A proper completed booklet enables us to better evaluate your application. An incomplete booklet may slow down or even nullify the application process.

ENTRIES MUST BE TYPED OR HANDWRITTEN IN BLACK INK

When completing the residence portion of the booklet, be sure to provide every address where you have lived in the past ten (10) years, beginning in order from your current address.

If you have any questions about the application process, or need clarification about any questions contained in the booklet, please contact the Assistant Chief of Police at (706) 846-3155.

**CITY OF MANCHESTER
POLICE DEPARTMENT
120 SECOND STREET
MANCHESTER, GEORGIA 31816**

**PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the Manchester Police Department with any and all information, including that of a confidential or privileged nature that you may have concerning me. This includes personal records, police records, court records, school records, military records, credit and financial records, medical and mental records. This information will be used to assist in determining my qualifications and fitness for employment with the Manchester Police Department.

Intending to be legally bound, I hereby release you, your organization, and others contacted from any liability or damage which may result from furnishing the information requested. Copies of this authorization carry the same authority as the original.

Signature Date

Street Address City State Zip

Before me personally appeared _____ who stated this document and its intent was explained to and he/she has full knowledge of its purpose and that he/she executed this document of his/her free will and accord.

Subscribed and sworn to me in presence this _____ day of _____ 2 _____

NOTARY SEAL:

Notary Public

My Commission expires on _____

NOTE: YOUR APPLICATION WILL NOT BE PROCESSED IF THIS FORM IS NOT PROPERLY COMPLETED.

**POLICE CANDIDATE
PERSONAL HISTORY STATEMENT
CITY OF MANCHESTER, GEORGIA**

INSTRUCTIONS: Using your own handwriting, legibly printing in ink, fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering "N/A" in the blank. Leaving an item blank by failing to provide an answer or inserting "N/A" will result in disqualification.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from employment. This application must be notarized upon completion. Do not sign any portion of this personal history unless you are before a Notary Public.

PERSONAL

Date of Application: ____/____/____ Position Applied For: _____

Last Name: First: Middle: _____

Nickname or Aliases: _____

Have you ever had your name legally changed? Yes____ No____

If yes, indicate the following: _____

Previous Name: _____

Date and Location of Change: _____

Reason for Change: _____

Height in Inches: _____ Weight: _____

Present Mailing Address: _____

Physical Home Address: _____

Telephone Number: (Home) _____ (Work) _____

(Cell) _____ SSN: _____ - _____ - _____

Have you previously submitted an application with this agency? Yes_____ No _____

If Yes, Approximate Date: _____/_____/_____

Are you a United States Citizen? Yes_____ No_____

Are you related by blood or marriage to any person(s) now employed by the City Of

Manchester? Yes ____No _____

If yes, give name(s): _____

Emergency Contact Person: _____

Emergency Contact Phone: _____

APPLICANT'S PERSONAL REFERENCES

**LIST FIVE (5) PERSONAL REFERENCES THAT MAY BE CONTACTED
MONDAY THRU FRIDAY BETWEEN 8:00AM -5:00PM**

PLEASE PRINT

Name: _____

Address: _____

Occupation: _____ Known how long: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____

Address: _____

Occupation: _____ Known how long: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____

Address: _____

Occupation: _____ Known how long: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____

Address: _____

Occupation: _____ Known how long: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____

Address: _____

Occupation: _____ Known how long: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

EDUCATION:

	School	Date	Type of Diploma
High School:	_____	_____	_____
College:	_____	_____	_____
College:	_____	_____	_____
Other:	_____	_____	_____

If you did not graduate from high school. Have you passed the General Educational Development (GED) test? Yes _____ No _____

If yes, give location where you completed GED: _____

RESIDENCE:

List addresses for the past 10 years, starting with your present address:

From	To	Address	Landlord
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL:

What income other than salary do you currently have? _____

Are you currently supporting all dependent children born to you or adopted by you? Yes__No__

Have you ever been a defendant in a lawsuit? Yes ___ No___

If yes, what was the disposition of the suit? _____

What is the total amount of your current debt? _____

List credit references, including businesses to which you make monthly payments.

Name of Firm _____ Amount owing \$ _____

Address _____

Name of Firm _____ Amount owing \$ _____

Address _____

Name of Firm _____ Amount owing \$ _____

Address _____

Name of Firm _____ Amount owing \$ _____

Address _____

Name of Firm _____ Amount owing \$ _____

Address _____

Name of Firm _____ Amount owing \$ _____

Address _____

Name of Firm _____ Amount owing \$ _____

Address _____

Name of Firm _____ Amount owing \$ _____

Address _____

WORK HISTORY:

List all jobs you have held. Put your present or most recent job first.

Employer _____ Title: _____

Address: _____ City, State, Zip: _____

Date Employed: ____/____/____ Date Separated: ____/____/____

Name of Supervisor: _____ Phone Number: _____

Duties:

Reason for Leaving: _____

Employer _____ Title: _____

Address: _____ City, State, Zip: _____

Date Employed: ____/____/____ Date Separated: ____/____/____

Name of Supervisor: _____ Phone Number: _____

Duties:

Reason for Leaving: _____

Employer _____ Title: _____

Address: _____ City, State, Zip: _____

Date Employed: ____/____/____ Date Separated: ____/____/____

Name of Supervisor: _____ Phone Number: _____

Duties:

Reason for Leaving: _____

Employer _____ Title: _____

Address: _____ City, State, Zip: _____

Date Employed: ____/____/____ Date Separated: ____/____/____

Name of Supervisor: _____ Phone Number: _____

Duties:

Reason for Leaving: _____

Employer _____ Title: _____

Address: _____ City, State, Zip: _____

Date Employed: ____/____/____ Date Separated: ____/____/____

Name of Supervisor: _____ Phone Number: _____

Duties:

Reason for Leaving: _____

Employer _____ Title: _____

Address: _____ City, State, Zip: _____

Date Employed: ____/____/____ Date Separated: ____/____/____

Name of Supervisor: _____ Phone Number: _____

Duties:

Reason for Leaving: _____

Are you certified by the State of Georgia to be a Police Officer? (P.O.S.T. Certification)

Yes ____ No ____

If yes, where and when did you complete the GA Police Academy? _____

Are you now, or have you ever been, subject to a P.O.S.T. investigation?

Yes ____ No ____

Have you ever been denied employment, by a Criminal Justice Agency?

Yes ____ No ____

If yes, list agency and details: _____

Do you object to wearing a uniform? Yes ____ No ____

Do you object to working nights? Yes ____ No ____

Do you object to occasionally being away from home overnight and for other periods of time attending meetings, required training and otherwise performing official duties?

Yes ____ No ____

MILITARY SERVICE:

Were you ever in the U.S. Military Service, Coast Guard, or any other Military organization?

Yes ___ No ___

If yes, complete the following questions:

What is your service number? _____

What is the highest rank you held? _____

What was the date and location of your first entrance into active duty?

Date: ___/___/___ Location: _____

What were your permanent unit assignments in the service? _____

Branch: _____ Unit: _____ Location: _____

Dates: ___/___/___ to ___/___/___

What was the date and location of your last discharge from active duty?

Date: ___/___/___ Location: _____

List all medals and decorations awarded you during your military service: _____

Are you presently a member of the National Guard or any Military Reserve?

Yes ___ No ___ If yes, provide unit and location: _____

Were you ever court-martialed, Article 15, or Captain's Mast while a member of the Armed

Forces? Yes ___ No ___

If yes, give details: _____

USE OF ALCOHOL OR DRUGS:

Do you drink alcoholic beverages? Yes ____ No ____

If yes, how often? _____

Have you ever used any of the following illegal drugs? If yes, provide the date last used.

Marijuana Yes ____ No ____ Date used: ____/____/____

Hash Yes ____ No ____ Date used: ____/____/____

Cocaine Yes ____ No ____ Date used: ____/____/____

Crack Yes ____ No ____ Date used: ____/____/____

THC Yes ____ No ____ Date used: ____/____/____

LSD Yes ____ No ____ Date used: ____/____/____

Heroin Yes ____ No ____ Date used: ____/____/____

PCP Yes ____ No ____ Date used: ____/____/____

Meth Yes ____ No ____ Date used: ____/____/____

Angel Dust Yes ____ No ____ Date used: ____/____/____

TRAFFIC OFFENSES:

List traffic citations or tickets:

CHARGE	ISSUING AGENCY	DATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CRIMINAL OFFENSES (OTHER THAN TRAFFIC)

Have you ever been convicted of a felony? Yes ___ No ___

Within the last two years, a misdemeanor which resulted in imprisonment? Yes ___ No ___

If yes, give details: _____

Offense Charged: _____ Police Agency: _____

Date: ___/___/___ Disposition: Guilty: ___ Not Guilty: ___

Amount of Time Served: _____ Location: _____

Amount of Fine Paid: \$ _____ Amount of Probation: _____

Offense Charged: _____ Police Agency: _____

Date: ___/___/___ Disposition: Guilty: ___ Not Guilty: ___

Amount of Time Served: _____ Location: _____

Amount of Fine Paid: \$ _____ Amount of Probation: _____

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION

Can you operate a motor vehicle? Yes ___ No ___

Do you possess a valid driver's license? Yes ___ No ___

Driver's License Number: _____ Year Issued: _____

State: _____

Was your license ever suspended or revoked in any state? Yes ___ No ___

If yes, give details: _____

Was your license restored? Yes ___ No ___ When? ___/___/___

Has your automobile insurance ever been cancelled? Yes ___ No ___

Has your vehicle registration ever been cancelled, revoked, or suspended? Yes ___ No ___

Have you ever been charged with DUI drugs or alcohol? Yes ___ No ___

List all vehicles owned or operated by the applicant.

Make: _____ Model: _____ Year: _____ Tag # _____

Make: _____ Model: _____ Year: _____ Tag # _____

Make: _____ Model: _____ Year: _____ Tag # _____

Make: _____ Model: _____ Year: _____ Tag # _____

Your automobile insurance company is:

Company: _____ Agent: _____

Have you ever been involved in a motor vehicle accident? Yes ____ No ____

If yes, answer the following:

Date(s): ____/____/____ Location: _____ Injuries: _____

Charges: _____

Final disposition or any charges or civil liability: _____

Date(s): ____/____/____ Location: _____ Injuries: _____

Charges: _____

Final disposition or any charges or civil liability: _____

Date(s): ____/____/____ Location: _____ Injuries: _____

Charges: _____

Final disposition or any charges or civil liability: _____

Date(s): ____/____/____ Location: _____ Injuries: _____

Charges: _____

Final disposition or any charges or civil liability: _____

List special skills, training, fields of work for which you are licensed, or any other quality, which would be useful in the performance of the duties for the position you have applied?

NOTE: Patrol Officer applicant need only answer the following question:

What are your feelings about the use of deadly force if it becomes necessary in the performance of official duties? _____

Are you willing to take a Computer Voice Stress Analyzer and/or a polygraph examination to verify all information supplied in this application and all other information supplied by you to this Department?

Yes ____ No ____ If no, state your reason(s): _____

Are you able to communicate in any other language other than English, (including sign language)? Yes ____ No ____ If yes, specify other language. _____

If you answer yes to any of the questions below, give full details including name and address of each employer, approximate dates, and the circumstances in each case.

Have you ever been discharged or disciplined at any employment? Yes ____ No ____

If yes, explain. _____

Have you resigned while anticipating that your employer intended to discharge you for any reason? Yes ____ No ____ If yes, explain. _____

Have you ever resigned while anticipating that your employer intended on taking disciplinary action against you? Yes ____ No ____ If yes, explain. _____

CRIMINAL HISTORY INFORMATION

Have you ever committed or participated in any of the following crimes, (detected or undetected?)

CRIME	Y/N
Vandalism	_____
Hunting/Fishing Violations	_____
Trespassing	_____
Arson	_____
Theft by Taking	_____
Embezzlement	_____
Sexual Assault	_____
Prostitution	_____
Perjury	_____
Public Intoxication	_____
Giving False Information	_____
Computer Crimes	_____
Impersonating Police	_____
Assault	_____
Weapons Violation	_____
Family Violence	_____
Fraud	_____
Burglary	_____
Disorderly Conduct	_____

IF YES TO ANY OF THE ABOVE, USE ADDITIONAL
SHEET TO EXPLAIN IN DETAIL

Have you ever been arrested, interviewed, interrogated, or detained by any Law Enforcement Agency? Yes ____ No ____ If yes, explain in detail. _____

Have you ever been placed on probation or parole? Yes ____ No ____ If yes, explain. _____

Have you ever been convicted of a criminal offense? (Excluding traffic offenses)
Yes ____ No ____ If yes, explain. _____

APPLICANT

STOP HERE

You are finished with the written part of the application. The following pages are to be used by the investigator who completes your background investigation.

Thank you for your interest in employment with the Manchester Police Department. We wish you the best of luck in all your endeavors.

BACKGROUND INVESTIGATION

Applicant's name: _____ DOB: ____/____/____

RACE: ____ SEX: ____ SSN: _____ - _____ - _____

I. DRIVER'S HISTORY: POSITIVE: _____ NEGATIVE: _____

A. Offense: _____ Date: ____/____/____ Disposition: _____

B. Offense: _____ Date: ____/____/____ Disposition: _____

Valid License YES ____ NO ____ State: _____ License #: _____

Restrictions: _____

II. CRIMINAL HISTORY: POSITIVE: _____ NEGATIVE: _____

A. Offense: _____ Date: ____/____/____ Disposition: _____

B. Offense: _____ Date: ____/____/____ Disposition: _____

III. EDUCATION: DID APPLICANT COMPLETE HIGH SCHOOL? Yes ____ No ____

Name of school: _____ Confirmed by: _____

Teacher's name: Comments: _____

Teacher's name: Comments: _____

IV. MILITARY SERVICE: Branch: _____ Date: ____/____/____

Type of Discharge: Confirmed by: _____

V. PERSONAL REFERENCES:

A. Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments: _____

B. Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments: _____

V. PERSONAL REFERENCES:

A. Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments: _____

B. Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments: _____

C. Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments: _____

D. Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments: _____

E. Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments: _____

VI.EMPLOYMENT HISTORY:

A. Employed By: _____

Address: _____ Phone: _____

Employment Dates: From: ____/____/____ To: ____/____/____

Confirmed by: _____ Title: _____

What was the nature of the job? _____

On a scale of 1 to 10, 10 being the highest, how would you evaluate their work? _____

Did they progress in the job? Yes ____ No ____

What were their strong points? _____

What were their limitations? _____

Comments on the employee's: _____

a. Dependability: _____

b. Attendance: _____

c. Ability to accept responsibility: _____

d. Amount of supervision needed: _____

e. Ability to get along with others: _____

f. Potential for advancement: _____

g. Reason for leaving: _____

h. Eligible for rehire? Yes ____ No ____

i. Starting salary: _____ Ending salary: _____

B. Employed By: _____

Address: _____ Phone: _____

Employment Dates: From: ____/____/____ To: ____/____/____

Confirmed by: _____ Title: _____

What was the nature of the job? _____

On a scale of 1 to 10, 10 being the highest, how would you evaluate their work? _____

Did they progress in the job? Yes ____ No ____

What were their strong points? _____

What were their limitations? _____

Comments on the employee's: _____

a. Dependability: _____

b. Attendance: _____

c. Ability to accept responsibility: _____

d. Amount of supervision needed: _____

e. Ability to get along with others: _____

f. Potential for advancement: _____

g. Reason for leaving: _____

h. Eligible for rehire? Yes ____ No ____

i. Starting salary: _____ Ending salary: _____

C. Employed By: _____

Address: _____ Phone: _____

Employment Dates: From: ____/____/____ To: ____/____/____

Confirmed by: _____ Title: _____

What was the nature of the job? _____

On a scale of 1 to 10, 10 being the highest, how would you evaluate their work? _____

Did they progress in the job? Yes ____ No ____

What were their strong points? _____

What were their limitations? _____

Comments on the employee's: _____

a. Dependability: _____

b. Attendance: _____

c. Ability to accept responsibility: _____

d. Amount of supervision needed: _____

e. Ability to get along with others: _____

f. Potential for advancement: _____

g. Reason for leaving: _____

h. Eligible for rehire? Yes ____ No ____

i. Starting salary: _____ Ending salary: _____

D. Employed By: _____

Address: _____ Phone: _____

Employment Dates: From: ____/____/____ To: ____/____/____

Confirmed by: _____ Title: _____

What was the nature of the job? _____

On a scale of 1 to 10, 10 being the highest, how would you evaluate their work? _____

Did they progress in the job? Yes ____ No ____

What were their strong points? _____

What were their limitations? _____

Comments on the employee's: _____

a. Dependability: _____

b. Attendance: _____

c. Ability to accept responsibility: _____

d. Amount of supervision needed: _____

e. Ability to get along with others: _____

f. Potential for advancement: _____

g. Reason for leaving: _____

h. Eligible for rehire? Yes ____ No ____

i. Starting salary: _____ Ending salary: _____

VII. INVESTIGATOR'S COMMENTS: _____

Date investigation started: ____/____/____

Date investigation completed: ____/____/____

Investigator: _____

