



METTER POLICE DEPARTMENT



805 EAST LILLIAN STREET METTER, GEORGIA 30439 (912)685-5437

CITY OF METTER APPLICATION FOR EMPLOYMENT

The City of Metter is an equal opportunity employer. It adheres to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, ethnic origin, national origin, marital or veteran status, citizenship, age, or disability.

Instructions: You must complete this application even if a resume is attached. Type or print in ink. Please answer all questions completely and accurately. If more space is needed, attach additional sheets referring to an applicable section of the application.

Position applying for: _____

Date of Application: _____

Name: _____
(Last, First, Middle)

Social Security Number: _____

Address: _____
(Street, Apt. #)

City, State, Zip Code

Home Telephone: _____

Business Telephone: _____

Email Address: _____

Other Telephone: _____

Please answer the following questions:

Are you over age 18? Yes No

Do you have a driver's license? Yes No State _____ Expiration date: _____ Class: _____

Are you currently GA P.O.S.T. Peace Officer certified? Yes No PBLE # _____

Are you now or have you ever been employed by the City of Metter? Yes No

Have you ever applied for employment with the City of Metter? Yes No If yes please give date _____

Are any members of your family or any relative, by blood or marriage, employed by the City of Metter? Yes No

If yes, give name, relationship and where employed: _____

Have you ever been convicted of or entered a plea of Nolo to any crime? Yes No

Have you ever served on active duty with U.S. Armed Forces? Yes No If yes, what branch? _____

Date entered active duty: _____ Date discharged/separated: _____ Final rank: _____

List any other names under which you have worked, applied for work, or attended school: _____

Employment desired:

Full-Time Only Part-Time Only Full- or Part-Time

If you are not available for work now, enter the earliest date you could begin work (mo./day/yr.): _____

If offered employment, will you be able to provide proof of identity/authorization to work in the U.S.?

Yes No

Computer Skills: Word Excel Outlook Power Point Other _____



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EDUCATION:

Name of High School	Address	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you did not graduate from high school do you have a G.E.D. equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No Date received:		Is the G.E.D.: <input type="checkbox"/> Military or <input type="checkbox"/> Civilian

College/University Name/Address	Dates Attended (Mo/Yr)		Credit Hours Earned		Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree
	From	To	Qtr.	Sem.		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Business, Trade, Technical Schools and other Training	Dates Attended (Mo/Yr)		Hours Per Week	Certificates Received	Subject Taken
	From	To			

Give the name of any profession (Engineering, Law, etc.) which you are licensed to practice.	Date of Issuance	Expiration Date	License Number

EMPLOYMENT HISTORY:

Complete the entire section in detail; do not use "see resume." List chronologically all employment for the last 10 years including current, part-time, and volunteer employment. All time must be accounted for. Any length of time not employed, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history, if necessary.

May we contact your current employer for a reference? Yes No Not Applicable

1. Name of Present or last employer:		
Address:		
Job Title:	Beginning Salary:	Ending Salary:
From: Month Year	To: Month Year	
Supervisor's Name:		Phone Number
Duties & Responsibilities:		



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Reason for Leaving:		
2. Name of Present or last employer:		
Address:		
Job Title:	Job Title:	Job Title:
From: Month Year	To: Month Year	
Supervisor's Name:		Supervisor's Name:
Duties & Responsibilities:		
Reason for Leaving:		

3. Name of Present or last employer:		
Address:		
Job Title:	Job Title:	Job Title:
From: Month Year	To: Month Year	
Supervisor's Name:		Supervisor's Name:
Duties & Responsibilities:		
Reason for Leaving:		

4. Name of Present or last employer:		
Address:		
Job Title:	Job Title:	Job Title:
From: Month Year	To: Month Year	
Supervisor's Name:		Supervisor's Name:
Duties & Responsibilities:		
Reason for Leaving:		



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Have you ever been dismissed or asked to resign from any position? Yes No

If yes, please explain _____

Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions, and counseling's, taken against you for any employment or position you have held? Yes No

If yes, please provide details or documents _____

Have you resigned or left a job by mutual agreement for any reason? Yes No

If yes, please provide details _____

Do you own a business or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No

If yes, please provide name and address of business, corporate or organization and describe your relationship or position:

Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer to include extra duty details and auxiliary? Yes No

If yes, please provide name and address of business, corporation, or organization and describe your relationship or position:

Have you ever applied or worked with any law enforcement agencies? Yes No

If yes, please provide the following:

1. Agency and/or Department:		
Address:		
Date Applied:	Position Applied for:	Status:

2. Agency and/or Department:		
Address:		
Date Applied:	Position Applied for:	Status:

3. Agency and/or Department:		
Address:		
Date Applied:	Position Applied for:	Status:

RESIDENCES

List chronologically all address, including residences while at school and in the military. For college or campus residences, give dormitory name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office. If apartment complex, give name, phone number and point of contact/manager. Attach a separate sheet of paper for additional residences if necessary.

Dates – Mo./Yr.		Street Address.	Apt. #	City	County	State	Zip
From	To						



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DRIVING HISTORY

1. Are you a licensed Georgia automobile operator? Yes License No.: _____

Date of Expiration: _____ Endorsements: _____

2. Do you hold or have you ever held an operator license in another state? Yes No

If yes, please provide state(s), name used, driver license(s) number and approximate dates license(s) was/were held, if known:

3. Have you ever received a ticket or been charged with a traffic violation? Yes No

If yes, list charge, date, and disposition: _____

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes No

If yes, please provide complete details including reason and place: _____

5. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No

If yes, please provide completed details: _____

MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Service #: _____ Duty Dates: From: _____ To: _____ Job Specialty: _____

ORGANIZATION MEMBERSHIP

List all clubs and societies of which you are or have been a member. Exclude those whose name or character indicates the race, religious, creed, color, national origin, or ancestry of its members.

Name	City & State	Former Member	Present Member List position held & describe activity



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Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force of violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

Have you ever made a financial or other material contribution to any organization of the type described in question 2 above? Yes No

If yes, to question #2 or #3, answer question #4 and #5 also.

At the time of your membership, participation, or contribution, did you know of any unlawful aims to the organization? Yes No

Did you intend to promote any unlawful aims of the organization? Yes No

If yes to questions #2, #3, #4, or #5, explain including name of the organization and location: _____

REFERENCES

Personal References: Give three (3) references (not relatives, former or present employer, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation. Provide complete mailing addresses and phone numbers.

Complete Name	Relationship
Home Address:	Home Phone
Business Address:	Business Phone
Occupation:	# of Year Acquainted:

Complete Name	Relationship
Home Address:	Home Phone
Business Address:	Business Phone
Occupation:	# of Year Acquainted:

Complete Name	Relationship
Home Address:	Home Phone
Business Address:	Business Phone
Occupation:	# of Year Acquainted:



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Hold Harmless Agreement

I, _____, hereby acknowledge that I am a Peace Officer applicant, or a candidate for appointment or certification to a position as a Peace Officer in the State of Georgia, or for attendance at a basic training course required for such appointment and certification.

1. I hereby request that my former employers release to any law enforcement agency requesting employment related information as defined in O.C.G.A. §35-8-8(c)(1) the following:

All written information contained in a prior employer's records or personnel files that relates to an applicant's, candidate's, or peace officer's performance or behavior while employed by such prior employer, including performance evaluations, records of disciplinary actions, and eligibility for rehire. Such term shall not include information prohibited from disclosure by federal law or any document not in the possession of the employer at the time a request for such information is received.

2. In consideration of your providing such information to my prospective Law Enforcement employer, I hereby forever release and agree to hold harmless and to defend from all liability for any claims, causes of action or suits or charges by every former employer who provides such complete and accurate information about my employment to the requesting law enforcement agency in accord with O.C.G.A. §35-8-8(c)(2).

3. I understand that O.C.G.A. §35-8-8(c)(5) provides as follows:

Before taking final action on an application for employment based, in whole or in part, on any unfavorable employment related information received from a previous employer, a law enforcement agency shall inform the applicant, candidate, or peace officer that it has received such employment related information, and that the applicant, candidate, or peace officer may inspect and respond in writing to such information. Upon the applicant's, candidate's, or peace officer's request, the law enforcement agency shall allow him or her to inspect the employment related information and to submit a written response to such information. The request for inspection shall be made within five business days from the date that the applicant, candidate, or peace officer is notified of the law enforcement agency's receipt of such employment related information. The inspection shall occur not later than ten business days after said notification. Any response to the employment related information shall be made by the applicant, candidate, or peace officer not later than three business days after his or her inspection.

Applicant Signature

(Print Name)

Sworn to Before Me this _____ day of _____ 20____

Notary Public _____

My commission expires: _____



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CONSENT FOR CRIMINAL RECORDS CHECK AND DRIVER'S HISTORY BY LAW ENFORCEMENT AGENCIES

(This section to be completed by Applicant on a voluntary basis.)

I _____, Social Security Number _____ have applied for a position with the City of Metter and I consent to a criminal check by law enforcement agencies. I also authorize the release of such information to the City of Metter, now and at any time during my employment, and hereby release, discharge, and waive any and all claims, which may arise against you for the release of accurate information.

Current Address: _____

Driver's License # _____ State _____

Birth Date _____ Race _____ Sex _____

APPLICANT'S SIGNATURE _____

DATE _____

DOCUMENT MUST BE NOTARIZED

The foregoing was acknowledged before me this _____ day of _____ Year _____

By, _____, who is personally known by me or who has produced _____ as identification.

Signature of person taking acknowledgment

Printed Name

Title or Rank



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POLICE OFFICER MINIMUM QUALIFICATIONS

- Certified P.O.S.T. Peace Officer (if posted as such)
- Minimum age of 18
- United States Citizen
- High School Diploma or GED
- Valid Georgia Driver's License
- Honorable Discharge if served in the Armed Forces.
- Successfully pass a background investigation, oral interview, drug screening/medical examination, Polygraph and a psychological examination.

AUTOMATIC DISQUALIFICATION LIST

- Any felony conviction.
- Any serious misdemeanor conviction (other than minor traffic violations) within the past five (5) years.
- Any conviction of more than five (5) moving violations in the past three (3) years.
- Any driver's license suspension as referenced in Georgia Code § 40-5-52 (concerning other states) within the past 12 months, § 40-5-54 (concerning certain convicted offenses) within the past 12 months, § 40-5-55 (concerning implied consent) within the past five years, § 40-5-56 (concerning failure to respond to a citation) within the past 12 months, § 40-5-57 (concerning assessment of points) within the past 12 months, § 40-5-75 (concerning marijuana conviction) within the past five years. Other suspensions will be determined on a case-by-case basis.
- Any Dishonorable, General, or Other than Honorable Discharge from any branch of the Armed Forces.
- Shall not be on probation or parole with any city, county, state or federal agency for any offense.
- Shall not have used, tried, tasted, experimented with, delivered, sold or possessed marijuana within three (3) years prior to application.
- Shall not have any lifetime use, trial of, taste of, experiment with, delivery of, sell or possession of any illegal drug that would constitute a felony violation of Georgia State Law, whether detected or undetected.
- Shall not have two or more convictions or pleas of nolo contendere for driving under the influence within a candidate's lifetime or any one or more convictions or pleas of nolo contendere for driving under the influence within five (5) years of the application date.
- Shall not have any lifetime conviction or plea of nolo contendere for the traffic offenses of hit and run, homicide by vehicle, attempting to elude or habitual violator as defined by Georgia law or other similar state laws regardless of law titles.
- Shall not have any lifetime convictions of any offenses of moral turpitude, disrespect for law enforcement officials, crimes of an aggravated nature, sexual offenses, domestic violence, crimes against children, or any violation involving drug sale, distribution, or manufacture.
- Shall not have any conviction or plea of nolo contendere for reckless driving or racing within a two (2) year period prior to the application date as defined by Georgia law or other similar state laws regardless of law titles.
- Use of any prescription drug or legally obtainable substance in a manner for which it was not intended within the past three (3) years.
- A demonstrated pattern of abusing prescription medication.
- Currently under active investigation, either administrative or criminal, by Federal, State, or Local authorities, for any serious violations of O.C.G.A. or ethics violations.



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- Refusal to submit to a physical examination by a doctor chosen by the City of Metter.
- Refusal to submit to drug and alcohol screening.
- Refusal to submit to a psychological screening examination.
- Applicants must answer truthfully and fully all questions asked of them. Any misrepresentation or omission of any material fact on the application; during the background investigation; or in any phase of the selection process shall disqualify the applicant. If an investigation discloses a willful misrepresentation, omission, or falsification, the application will be rejected, and the applicant may be permanently disqualified from applying in the future for any position with the Metter Police Department.

POTENTIAL DISQUALIFIERS

These final minimum standard requirements are mandated at the discretion of the City of Metter and the Chief of Police. The following list may cause disqualification of the applicant:

- Terminated for cause from another public safety agency.
- Released from another public safety agency during probationary period.
- Driving record that indicates a pattern of unsafe driving.
- Discipline history indicating a pattern of negative work performance at past employers.

The applicant is responsible for providing complete information and any or all reports; records or other documentation related to any factor discovered that requires further review or evaluation. The application will be temporarily suspended until all requested information is received.

HAVE YOU READ AND DO YOU UNDERSTAND ALL OF THE ITEMS LISTED ABOVE? (Initial One)

YES _____

NO _____

SIGNATURE OF APPLICANT

DATE



Please download the form and open it with ADOBE READER in order to submit it via email! An active email account is required.

THE CITY OF METTER IS AN EQUAL OPPORTUNITY EMPLOYER