



Hazlehurst Police Department
17 Johnson Street
Hazlehurst, GA 31539

☎ 912-375-6688
✉ jobs@police.hazlehurstga.gov

Application Cover Sheet

Contact Information:

Applicant _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Please include a copy of:

- Driver's License
- Social Security Card
- Birth Certificate
- POST (If Applicable)
- Okey Number
- Transcript

Signature of Applicant

Date

“The mission of the Hazlehurst Police Department is to provide our city with a friendly, safe, and healthy environment to live and work.”

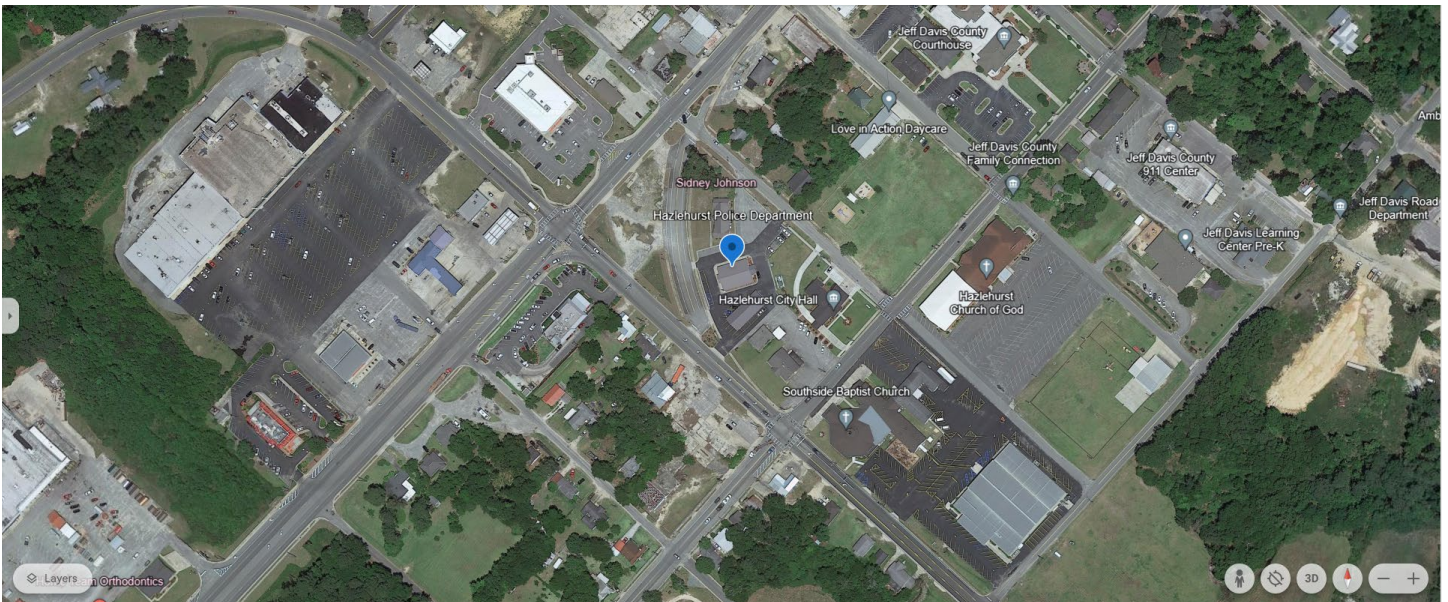


Reminder: include the application checklist and all supporting documents.

Application Instructions

Mail: Send to Hazlehurst Police Department, 17 Johnson Street, Hazlehurst, GA 31539. Please include the complete application including all supporting documents.

Drop off Option: Bring the completed application and supporting documents to the Hazlehurst Police Department between 8:00 am and 5:00 pm, Monday through Friday.



To email: Send the application and supporting document files (Word, PDF, and JPG) files accepted: to jobs@police.hazlehurstga.gov only.

When this application is completed, drop off or mail to:

Hazlehurst Police Department
17 Johnson Street
Hazlehurst, GA 31539

City of Hazlehurst is an Equal Opportunity Employer

By filing an application for employment with the Hazlehurst Police Department (HPD), if employed, I agree to abide by all the policies as set forth by HPD. I authorize a full investigation of the information given in this application and consent to the representatives of HPD contacting my references, previous employers, physicians, hospitals, schools attended, court officials, and law enforcement authorities. I also understand that any misrepresentation or omission of any information requested shall be a reason for non-employment or dismissal from employment. I further authorize the release of my peace officer certification files from P.O.S.T.

The application, references, and other data are the property of the Hazlehurst Police Department (HPD) and will not be returned to the applicant.

Applicant Signature

Date

The City of Hazlehurst Police Department provides equal opportunity in all areas of employment. It does not discriminate against any individual regardless of race, color, religion, sex, national origin, age, marital, sexual orientation, veteran status, disability, or any other legally protected status.

Date: _____ SSN: _____ DOB: _____

Name: _____

First

Middle

Last

Present Address: _____

Street

City

State

Zip Code

Telephone: _____ Alternate Number: _____

In case of emergency contact: _____

Name

Relationship

Address _____

City

State

Zip Code

Position Applying For: _____

Who Referred you to us: _____

Are you related to anyone employed with the City of Hazlehurst: Yes No

If yes, give name(s) and relationship: _____

Are you a citizen of the United States: Yes No

If not, are you authorized to work in the United States? Yes No

Have you ever worked for the City of Hazlehurst? Yes/No If so, when? _____

Please provide an email address: _____

Education:

High School: _____ Graduated: _____

College: _____ Graduated: _____

Technical School: _____ Study: _____

Employment History:

Present/Most Recent Employer: _____

Address: _____ Supervisor's Name _____

Start Wages: _____ End Wages: _____ Begin Date: _____ End Date: _____

Reason for Leaving: _____

May we contact your previous employer? Yes No

Recent Employer: _____

Address: _____ Supervisor's Name _____

Start Wages: _____ End Wages: _____ Begin Date: _____ End Date: _____

Reason for leaving: _____

May we contact your previous employer: Yes No

Recent Employer: _____

Address: _____ Supervisor's Name _____

Start Wages: _____ End Wages: _____ Begin Date: _____ End Date: _____

Reason for leaving: _____

May we contact your previous employer: Yes No

Military Experience:

Branch of Service: _____ Final Rank: _____

Date Entered: _____ Date of Discharge: _____

Type of Discharge: _____ Status: _____

Schools/Special Training: _____

Reserve/National Guard Status: _____ Selective Service Class: _____

References

(List three (3) references who are not related or previous employers)

Name: _____ Telephone: _____ Yrs. Known _____

Name: _____ Telephone: _____ Yrs. Known _____

Name: _____ Telephone: _____ Yrs. Known _____

AT-WILL EMPLOYMENT

All employment and compensation with the City of Hazlehurst is “at will” and can be terminated with or without cause, and with or without notice, at any time, at the option of either the City of Hazlehurst or yourself, except as otherwise provided by law.

Disclaimer and Signature:(MUST BE SIGNED IN PRESENCE OF NOTARY)

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release or termination. Signature: _____ Date: _____

Notary Public: _____ Expires: _____

MUST PRESENT VALID DRIVER'S LICENSE OR PROOF OF I.D. FOR EMPLOYMENT

DRUG-FREE WORKPLACE

All employees are subject to drug and alcohol testing procedures permitted under federal and state law.

CERTIFICATION THAT MY ANSWERS ARE TRUE

I understand that employment with the Hazlehurst Police Department begins with a probationary period during which I must demonstrate my fitness for continued employment. In addition, I understand that failure to successfully complete this probationary period will result in termination of employment. The probationary period is a minimum of 6 months but may be extended for 6 additional months.

I further understand that employment will be contingent upon the results of a complete character and fitness assessment. I am aware that willfully withholding information or making false statements on this form can be the basis for dismissal.

I hereby certify that all statements made by me on this form are true, complete, and accurate to the best of my knowledge and are made in good faith.

I authorize the Hazlehurst Police Department to conduct a review of all records concerning myself whether such records are of a public, private, or confidential nature.

Signature of Applicant

Date

HAZLEHURST POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL
INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Hazlehurst Police Department, whether such records are of a public, private, or confidential nature.

This authorization intends to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, all records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or rating), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; employment and pre-employment records including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Hazlehurst Police Department to be a participant in the determination process of my employment suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability that may be incurred because of furnishing such information.

A photocopy of this release form will be valid as the original thereof, even though the photocopy does not contain the original writing of my signature.

I have read and fully understand the contents of this *Authorization for Release of Personal Information* document.

Print Full Name

Signature Date

Street Address

Sex Race Date of Birth

City State Zip Code

Social Security Number

Release, Waiver of Liability, and Covenant Not to Sue

I, _____, born _____ on _____,
Name City & State Date of Birth

having filed an application for employment with the Hazlehurst Police Department, hereby consent to have a background investigation conducted regarding my possible future employment. This investigation and my consent involve the areas of moral character, professional reputation, physical and mental fitness, credit, employment history, and education. I understand that I will not receive a copy of the information obtained through this investigation and that I am not entitled to know its contents. The contents of my background are privileged. I hereby give consent to the Hazlehurst Police Department to solicit, obtain, inspect, and copy any and all information, records, and documents necessary to complete a thorough background investigation relative to my possible future employment. I also authorize and request every person, firm, corporation, agency, court, association, or institution having control of any documents, records, or other information pertaining to me, including all documents and records regarding charges or complaints filed against me, or any other pertinent data, to furnish them to the Hazlehurst Police Department for inspection and copying. I hereby release and forever discharge every person, firm, corporation, agency, court, association, or institution furnishing such information from any and all liability arising out of the furnishing of such documents, records, or information, or out of the investigation made by the Hazlehurst Police Department. I hereby release and forever discharge the Hazlehurst Police Department, their members individually, and their officers, agents, and employees from any claims, demands, rights, and causes of action of whatever kind arising from or by reason of any injury, damage, or the consequences thereof, resulting from or in any way connected with the background investigation conducted regarding my possible future employment. I understand that the acceptance of this **Release, Waiver of Liability, and Covenant Not to Sue** by the City of Hazlehurst shall not constitute a waiver, in whole or in part, of sovereign immunity by said City of Hazlehurst, its members, officers, agents, and employees. I hereby certify that I am at least 18 years of age and suffering under no legal disability and that I have read and understood the above.

Print Full Name Signature Date

State of Georgia
County of _____

Signed and sworn to (or affirmed) before me on _____ by _____,
Date Printed name of individual making statement
who is ___ personally known or ___ proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(signature of notary public)
Notary Public, State of Georgia Stamp/Seal

My commission expires: _____

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize Hazlehurst Police Department to conduct an inquiry for
Agency/Company
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for _____ days from date of signature.

I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date

Attorney for Individual (Purpose Code E and U Only) _____ Bar Number _____ Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form.*

NON-CRIMINAL JUSTICE PURPOSES	
E	Employment
M	Employment direct care with Mentally Ill/Developmentally Disabled
N	Employment direct care with Elderly
W	Employment direct care with Children
P	Public Record (no consent required)
F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT	
J	Civilian Criminal Justice Employment (state and III data received)
Z	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

	No criminal history available
	Criminal history available (attached/released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (list Wanting agency below)
	Wanting Agency Name:
	Wanting Agency Telephone:

Agency Designee Signature and Title

Georgia Driver's History Consent Form

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

Hazlehurst Police Department

List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

Signature	Date
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To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	

**GEORGIA CRIME INFORMATION CENTER
AWARENESS STATEMENT**

Access to Criminal Justice Information (CJI), as defined in Georgia Crime Information Center (GCIC) Council Rule 140-1-.02 (amended), and dissemination of such information is governed by state and federal laws and the Rules of the GCIC Council. CJI cannot be accessed or disseminated by any personnel except as directed by superiors and as authorized by approved standard operating procedures. These standard operating procedures are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information (CHRI) except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (Act), O.C.G.A. §16-9-90 et. seq., provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000.00 fine.

The Georgia Criminal Justice Information System (CJIS) Network is operated by the GCIC in compliance with O.C.G.A. §35-3-31. All databases accessible through CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below,
I acknowledge that I have read and understand this Awareness Statement.

Print Name: _____

Signed: _____

Date: _____

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

**Applicant Privacy Rights
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

Signature

Print Name

Date

Law Enforcement Code of Ethics

As a law enforcement officer, my fundamental duty is to serve the community; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation and the peaceful against violence or disorder; and to respect the constitutional rights of all to liberty, equality, and justice.

I will keep my private life unsullied as an example to all and will behave in a manner that does not bring discredit to me or to my agency. I will maintain courageous calm in the face of danger, scorn or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed both in my personal and official life, I will be exemplary in obeying the law and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

I will never act officiously or permit personal feelings, prejudices, political beliefs, aspirations, animosities or friendships to influence my decisions. With no compromise for crime and with relentless prosecution of criminals, I will enforce the law courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.

I recognize the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of police service. I will never engage in acts of corruption or bribery, nor will I condone such acts by other police officers. I will cooperate with all legally authorized agencies and their representatives in the pursuit of justice.

I know that I alone am responsible for my own standard of professional performance and will take every reasonable opportunity to enhance and improve my level of knowledge and competence.

I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession... law enforcement.

<https://www.theiacp.org/resources/law-enforcement-code-of-ethics>