

City of Hazlehurst  
P.O. Box 519  
86 S. Cromartie Street  
Hazlehurst, GA 31539

Applicant Instructions

Please fill out all the information requested in this application packet.

Make sure to sign and date in the requested signature fields. In addition to completion of application packet a copy of Georgia Drivers License, Social Security Card, Birth Certificate is to be submitted with application.

Index of attached forms:

- Background Consent Form
- Law Enforcement Officers Code of Ethics
- Equal Opportunity Employment Notice
- Consent GCIC Background
- Notice of Drug Test
- Personal Information Release
- Application for Police Officer
- Hazlehurst Police Personal Data Form
- Job Description
- Job Understanding Statement

# Hazlehurst Police Department

17 Johnson Street  
Hazlehurst, Georgia 31539  
Phone: 912-375-6688 Fax: 912-375-6683

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 in regard to my possible future employment. This investigation and my consent necessarily 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 to 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 and all 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 in regard to 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

State of \_\_\_\_\_, County of \_\_\_\_\_, sworn to and subscribed  
before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires:



## *Law Enforcement Officer's Code of Ethics*

As a Law Enforcement Officer, my fundamental duty is to serve mankind; 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 persons to liberty, equality, and justice.

I will keep my private life unsullied as an example to all; 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 in both my personal and official life, I will be exemplary in obeying the laws of the land 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, 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 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 law enforcement. I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession . . . law enforcement.

When this application is completed, mail to:

## *Hazlehurst Police Department*

17 Johnson Street  
Hazlehurst, Georgia 31539  
Phone: 912-375-6688 Fax: 912-375-6683

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 the Hazlehurst Police Department (HPD). I authorize a full investigation of the information given in this application and consent to the representatives of Hazlehurst Police Department (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's Signature

\_\_\_\_\_  
Date

## NOTICE OF DRUG TEST

No application for employment with the City of Hazlehurst will be accepted unless the NOTICE OF DRUG TEST has been completed, signed and attached to the application agreeing to the administration of a pre-employment drug test.

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I hereby acknowledge that all applications for employment with the City of Hazlehurst, Georgia are to take a pre-employment drug test before the applicant is considered for employment.

The drug test will test for the presence of illegal drugs, alcohol, and prescription drugs in my system.

I understand that I am guaranteed a right to privacy which allows me to refuse the drug test; but without completion of a drug test I will not be considered for employment with the City of Hazlehurst.

By signing this NOTICE OF DRUG TEST, I waive my expectation of privacy and upon acceptance and completion of the employment application I will take a drug test. At no time will I be forced to take a drug test; however, the drug test is mandatory for employment with the City of Hazlehurst.

By signing below, I acknowledge that I can read the English language and that I understand this document. By signing below, I waive the right to privacy as to a pre-employment drug test as described above and agree to submit to a pre-employment drug test administered pursuant to the City of Hazlehurst's Pre-Employment Drug Test Policies and Procedures. I agree to be bound by the results of such test, including the denial of my application for employment with the City of Hazlehurst should illegal drugs or alcohol be detected, or should prescription drugs be detected with a valid and current prescription in my name for the particular prescription drug detected.

Undesigned Signature: \_\_\_\_\_

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

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.

The intent of this authorization is 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. Veterans 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 which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining by 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 which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an 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 the Release of Personal Information* document.

\_\_\_\_\_  
Full Name Printed Name

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Sex Race Date of Birth / /

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Social Security Number

# HAZLEHURST POLICE DEPARTMENT

## Application for Police Officer

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_  
           Last,           First,           Middle

FOR EEO REQUIREMENTS: RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ US CITIZEN: YES   NO  
                                   MARITAL STATUS:   Single           Married           Divorced           Widow

ADDRESS: \_\_\_\_\_  
                                   Street Address   City                   County                   State                   Zip Code

TELEPHONE NUMBER: \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

STATE OF DRIVER'S LICENSE, IF OTHER THAN GA. \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OFFICE/BUSINESS TELEPHONE: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

\*\*\*Employer will not be contacted prior to verbal consent of applicant.

Are you a certified peace officer?           YES                           NO  
 .....

### EDUCATION

High School Attended: \_\_\_\_\_  
                                   Name,           Street Address,           City,           State,           Zip Code

Highest Grade Completed: \_\_\_\_\_ Graduated:   YES           NO

If not, do you have a GED?           YES                           NO

Complete the following for college, vocational or other school attendance:

Name of Institution	Address	Major	Degree	Date Graduated

EMPLOYMENT DATE:

Start with your most recent employer and include all previous employers. If more space is needed, use a separate sheet of paper. Be specific when explaining your job duties.

Employer's name and address: \_\_\_\_\_

Official Job Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_ to \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employer's Phone # \_\_\_\_\_

Detail of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_

Official Job Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_ to \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employer's Phone # \_\_\_\_\_

Detail of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_

Official Job Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_ to \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employer's Phone # \_\_\_\_\_

Detail of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Attach additional sheets, if needed.

PERSONAL REFERENCES:

Personal references should be individuals who have known you for at least the past five years to ten years. They should not be relatives and should know something about your work ethics and family life.

Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Additional Information: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Additional Information: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Additional Information: \_\_\_\_\_  
\_\_\_\_\_

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Attach a recent photograph to the front of this application.

The minimum requirements for this position are:

- High School Graduate or equivalent
- Twenty-one (21) years of age or older
- No felony convictions.
- No use of hard drugs (i.e. LSD, MDA, cocaine, etc.) or misuse of prescribed drugs (i.e. Amphetamine, barbiturates, etc.) within the last ten (10) years.
- No more than limited experimentation with marijuana. No usage within the last three years will be accepted.
- Be a citizen of the United States
- Successful completion of a GBI pre-employment polygraph examination, GBI background investigation, and drug screening.

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**DRUG USAGE**

Have you ever used controlled substances, (i.e., cocaine, LSD, marijuana, etc.,) other than prescription drugs prescribed by a registered doctor?      YES      NO

If yes, complete the following for drugs you have used, including marijuana:

Type of Drug-----Number of times used-----Date First Used-----Date Last Used


Have you ever been convicted of a crime, including any traffic tickets?      YES      NO  
 If yes, please explain: \_\_\_\_\_

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**MILITARY SERVICE**  
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Veteran:      YES      NO      If yes, branch of service: \_\_\_\_\_  
 Active Reserve:      YES      NO  
 Type of Discharge: \_\_\_\_\_  
 Date of Discharge: \_\_\_\_\_  
 Rank at Discharge \_\_\_\_\_

# HAZLEHURST POLICE DEPARTMENT

## Personal Data Form

THESE INSTRUCTIONS HAVE BEEN PREPARED TO ASSIST YOU IN COMPLETING THE PERSONAL DATA FORM. PLEASE READ THIS INFORMATION CAREFULLY AND FOLLOW THE INSTRUCTIONS:

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1. If additional space is needed for any section or question, or if you wish to furnish additional information or an explanation, attach sheets of paper the same size as the form. Answers must be assigned a number which corresponds with the questions.
2. Information provided by you in the Personal Data Form must be typewritten or printed using black ink and must be clear and legible.
3. Any questions not pertaining to you individually should be listed as "N/A", meaning Not Applicable.
4. If you are unable to furnish any information requested on the form, an explanation must be given as to the reason.
5. Failure to furnish the pertinent information requested on the Personal Data Form may result in the Hazlehurst Police Department being unable to complete a background investigation and will disqualify you as a candidate for employment.
6. Intentional omissions or false answers will be a basis for the termination of the employment process.
7. The information provided by you will be subject to both polygraph examination and background investigation.

I UNDERSTAND THAT IF I DO NOT WISH TO ANSWER A QUESTION ON THIS FORM, I MAY CHOOSE NOT TO DO SO AND MY APPLICATION WILL BE TERMINATED.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# HAZLEHURST POLICE DEPARTMENT

## Personal Data Form For Hazlehurst Police Department Background Investigation

### INSTRUCTIONS:

Fill out this form completely and accurately. All statements in this form are subject to verification. Incorrect statements or misrepresentations will eliminate you from employment consideration. If more space is needed, add another page and identify additional information by number.

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### PERSONAL:

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

List any other names you have used or been known by and attach a statement giving reason (If none, so state.) \_\_\_\_\_  
\_\_\_\_\_

Weight \_\_\_\_\_ lbs. Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

With whom do you reside \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_

Are you a citizen of the United States of American?      YES                      NO

Natural Born \_\_\_\_\_ Naturalized \_\_\_\_\_

\*\*\*\*\*

List all organizations, clubs and associations which you are or have been a member of within the last ten (10) years:

NAME	CITY	STATE

List any hobbies, special skills and abilities, including speaking foreign languages.  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

MARTIAL STATUS; Single                      Married                      Separated                      Divorced  
                    Widowed

Spouse's Name \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

If a marriage to which you were a part was dissolved, list former spouse's name(s):

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List all dependents:

NAME	DATE OF BIRTH	RESIDENCE ADDRESS

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**FAMILY HISTORY:** List the names of every member of your immediate family who are currently living (including father, mother, sisters, brothers, father-in-law and mother-in-law).


\*\*\*\*\*

**RESIDENCES:** List addresses of all residences for the last ten (10) years, starting with present.

FROM	TO	ADDRESS	CITY	STATE

\*\*\*\*\*

**EDUCATION:** (\*Please provide a copy of college and/or high school diploma\*)

Circle highest year successfully completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

If you graduated from high school or received a GED certificate, complete the following:

SCHOOL	ADDRESS	YEAR	GRADUATED

If attended a University/College/Vocational School, list the name of the school, location, the years attended, major course of study and degree or certificate obtained.

SCHOOL	DATES	ADDRESS	MAJOR	DEGREE/CERTIFICATE

If you attended graduate school or have a graduate degree, list the name of the college or university attended, location, major area of study and degree obtained.


If you have any technical skills, not necessarily acquired through formal education, list them here:

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Were you ever expelled or suspended from any school?      YES                              NO

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

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**REFERENCES:** List the names of five people not related to you and not former employers who have known you for the past five (5) years. These people may be asked to appraise your character, ability, experience, and other personal qualities.

NAME	TELEPHONE #	ADDRESS	BUSINESS/PROFESSION



**AQUAINTANCES:** List the names of four people not related to you and not former employers or references who are friends, fellow students or co-workers who have seen you frequently during the past year.

NAME	TELEPHONE #	ADDRESS	BUSINESS/PROFESSION

**WORK HISTORY:**

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Are you seeking career employment with the Hazlehurst Police Department? YES NO

Are you now or have you ever been engaged in any business as an owner, partner or corporate member? YES NO If yes, please give details below: \_\_\_\_\_

Did a supervisor ever give a written reprimand to you for being absent? YES NO

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

Did a supervisor ever reprimand you for misconduct? YES NO

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

Were you ever fired or disciplined because of an accident? YES NO

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

Have you ever been fired or asked to resign from a job within the last 10 years? YES NO

If yes, please circle the number of times this occurred and explain: 10 9 8 7 6 5 4 3 2 1 0

Please explain: \_\_\_\_\_

Are you willing to work nights and weekends? YES NO

Have you ever been a party to a lawsuit resulting from your actions in the performance of your job? YES NO If yes, please explain: \_\_\_\_\_

List all jobs you have held since high school. Put your recent or most recent job first. Include Military Service in proper time sequence. List temporary or part-time jobs no matter how little time is involved. If you need more space, you may attach additional pages.

Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary per Month: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Salary per Month: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
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Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
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Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Salary per Month: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
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Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
-----

Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Salary per Month: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
-----

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
-----

Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Salary per Month: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
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Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
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Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Salary per Month: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
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Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
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Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Salary per Month: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
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Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
-----

Name of Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Salary per Month: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**MILITARY:**

Have you ever served in the Armed Forces of the United States? YES NO  
If yes, please list branch of service: \_\_\_\_\_  
Service Number: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

List all decorations and/or service medals awarded you as a member of the Armed Forces:

What is the type of discharge? (Honorable, Dishonorable, General, Honorable Conditions, etc.)

Give date and location of entrance of active duty: \_\_\_\_\_  
Give date and location of discharge: \_\_\_\_\_

Are you now, or were you ever, an active or inactive member of any branch of the United States Reserve Forces? YES NO If yes, list branch: \_\_\_\_\_  
Unit: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Are you now, or were you ever, a member of the National Guard? YES NO  
If yes, provide the following: State \_\_\_\_\_ Unit: \_\_\_\_\_  
Highest Rank Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Were you ever court-martialed, tried on charges, or were you the subject of a summary court, desk court, Captain's mast or company punishment, or any other formal disciplinary action while a member of the Armed Forces? YES NO  
If yes, please explain: \_\_\_\_\_

List any formal disciplinary action taken against you in the National Guard or other Reserve Unit: \_\_\_\_\_

Are you registered for the Draft? YES NO  
**PROFESSIONAL LICENSE:**

List any professional license(s) held by you: \_\_\_\_\_

\*\*\*\*\*  
Have you ever had a professional license revoked or suspended for any reason? YES NO  
If yes, give details including license type and reason for revocation and suspension: \_\_\_\_\_

List any special skill(s) or certificate(s) held by you: \_\_\_\_\_



Provide the following driving record information:

Current Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Did you ever possess a driver's license issued by any state other than Georgia? YES NO  
If yes, give state and license number: \_\_\_\_\_

List all traffic citations you have received (except parking):

LOCATION (CITY/STATE)	APPROXIMATE DATE	VIOLATION DISPOSITION

.....

**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 any employment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this form can be the basis for dismissal from the Hazlehurst Police Department.

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

## Job Requirement Understanding

I, \_\_\_\_\_, have read the job description of the CHIEF OF POLICE position I am applying for, and understand those job requirements.

I believe that the following accommodations will be necessary to enable me to perform the essential job functions:

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

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

Received by: \_\_\_\_\_

## Chief of Police Job Description City of Hazlehurst

**Job Summary:** The Chief of Police works under the direction of the Mayor and City Council Members. The Chief manages, oversees, and directs the operations and services of the Police Department, including support services and patrol/investigative functions; coordinates department activities with other City Officials or outside agencies; provides responsible and complex staff support to the City Officials. Some administrative duties include budget development and administrative, policy development, and personnel administration.

### **Major Duties:**

- Plans, directs, and supervises the work of the Police Department; schedules and assigns work; establishes priorities; ensures the training of officers in correct methods and procedures; reviews and evaluates employee performance.
- Develops comprehensive short- and long-range plans to ensure the effective delivery of quality services to the public through effective operations of all areas within the department.
- Establishes annual departmental objectives and requires supporting goals by management personnel which are in direct support of accomplishing short and long-range department goals.
- Develops and implements departmental rules, regulations, work methods, and procedures, ensures departmental rules, regulations, work methods, and procedures are followed; enforces disciplinary measures as necessary.
- Communicates with the City Officials regarding departmental concerns, problems, and related issues.
- Prepares the annual departmental operating budget and obtains administrative support and approval; monitors expenditures throughout the year; operates the department within the approved budget and ensures expenditures are made in strict compliance with the City of Hazlehurst purchasing policies and ordinances.
- Performs public relations duties; answers questions, addresses concerns, and gives information to the public, civic organizations, neighborhood groups, business groups, the media, and other groups; attends meetings as necessary.
- Communicates and cooperates with other municipal, county, state and federal agencies in the accomplishment of criminal justice system objectives.
- Develops and publishes a departmental annual five-year plan to include personnel, equipment, vehicles and facilities.
- Attends professional meetings and conventions to maintain and upgrade knowledge concerning new technology and developments within the field.
- Develops and/or directs the development of departmental staff position papers on selected topics requested by the City Administration, and/or as required for City Council agenda items.
- Prepares reports, departmental correspondence (both internal and external), other correspondence, and other documents.

### **Knowledge Required by the Position:**

- Comprehensive knowledge of the principles, practices, and procedures involved in the administrative and management of a municipal police department.

- Comprehensive knowledge of laws, ordinances, and policies relating to municipal law enforcement.
- Comprehensive knowledge of the use of police records and their application to the solution of police problems.
- Comprehensive knowledge of management theory, personnel administration, and supervisory practices.
- Thorough knowledge of the methods and techniques of obtaining and preserving evidence and procedure or proper investigative processes.
- Thorough knowledge of the procedures used in emergency communications and governmental rules and regulations that apply to the communication function.
- Knowledge of the geography of the City of Hazelhurst, city limits, property of the City of Hazelhurst.
- Ability to deal courteously and fairly with the public.
- Ability to plan, coordinate and supervise the work of subordinates.
- Ability to analyze and make quick, effective, and reasonable courses of action giving due regard to the surrounding hazards and circumstances of each situation.
- Ability to write clear and comprehensive reports.
- Ability to make effective oral presentations.
- Ability to obtain information through interviews, interrogations, and observation.
- Ability to react quickly and calmly under emergency conditions.
- Ability to understand, analyze, and interpret a wide variety of complex written information.
- Ability to interpret and explain complex written material.
- Ability to communicate clearly and effectively, both orally and written.
- Ability to establish and maintain good working relationships with City Officials, other legal authorities, governmental agencies, the media, and public.
- Ability to drive and operate the department's assigned vehicles and equipment in a safe and efficient manner.
- Ability to qualify as per state and department policies, rules, requirements with prescribed department firearms.
- Ability to work routinely under high stressful conditions including life threatening situations.
- Ability to perform strenuous physical activity and endure emotional stress.

**Supervisory Controls:**

- Work is performed under the general direction of the mayor and city council members.
- Generally, City Council Member is assigned as department liaison.

**Guidelines:**

- Federal, State, and Local Law, ordinances and regulations; City and departmental policies and procedures, Code of Ethics

**Complexity:**

- The work consists of a variety of highly skilled administrative and supervisory duties.

**Scope and Effect:**

- The purpose of this position is to ensure efficient, effective, and safe day-to-day operations in the City of Hazelhurst Police Department.

**Personal Contacts:**

- Contacts are typically with the mayor and city council members, vendors, attorneys, law enforcement professionals, other city employees, and the public.

**Purpose of Contacts:**

- Contacts are typically to give and exchange information, provide services, resolve conflict, and solve problems.

**Physical Demands:**

- Works involves walking, talking, hearing, using hands to handle, feel, or operate objects, tools, or controls and reach with hands and arms. Vision abilities required by this job include close vision, distance vision, peripheral vision, depth perception, and the ability to adjust focus. The employee may be required to push, pull, lift, and/or carry up to 100 lbs.
- The noise level in the work environment is usually moderately quiet while in the office or moderately loud when in the field. Work may periodically require the employee to climb, balance, bend, stoop, kneel, crouch, run and/or crawl.

**Work Environment:**

- The employee may be required to work outside and inside. Work in all weather conditions, in wet and/or humid conditions, hot or cold, precarious place, near moving mechanical parts, near fumes, airborne particles, and/or toxic or caustic chemicals, near risk of electrical shock, and/or vibration.

**Supervisory and Management Responsibility:**

- This position is responsible for the supervision of all police department employees.

**Minimum Qualifications:**

- Minimum of 10 years of law enforcement experience. Minimum of 6 years as a supervisor in law enforcement. Preferred Degree in Criminal Justice. Georgia P.O.S.T. Certified. Preferred Chief Certification as required by P.O.S.T. Must be able to maintain 20 hours of annual P.O.S.T. and G.A.C.P. approved in-service training. P.O.S.T. Supervisory Level Training. P.O.S.T. Management Level Training. Valid State of Georgia Driver's License. Satisfactory motor vehicle record (MVR). An equivalent combination of education and experience may be considered. Must be 21 years of age and a legal citizen of the United States. Must be able to pass a pre-employment background check, including previous employment records. Must be free from any physical, emotional, or mental conditions which will adversely affect the ability to perform the duties or exercise the duties of a law enforcement officer. Ability to pass a pre-employment drug screening test. Ability to pass an oral interview with Administration as prescribed by Mayor and City Council Members.

## 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

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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.

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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	

**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.

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Signature Print Name

Date

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

I hereby authorize \_\_\_\_\_ 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.

<b>Full Name (print)</b>			
<b>Address</b>			
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

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