Kingston Police Department

30 W. Main St. #309
Kingston, GA 30145

General Instructions
Police Officer Application

Every one of these sections must be completed in order for the City of Kingston to accept the application as complete. Print and answer to every question, every question must be filled out truthfully. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and proceed with the number of the referenced block. Lying or misleading answers will terminate your application.

Do not mislead or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment. Any false, misleading, or incomplete information will result in your application being rejected.

Once submitted, this application becomes the property of the City of Kingston.

COMPLETED, NOTARIZED APPLICATIONS MUST BE RETURNED TO CHIEF OF POLICE
AT 30 W. Main St. #309, Kingston, GA 30145
or E_mail: Tsosebee@Kingstonga.gov

MINIMUM QUALIFICATIONS

An applicant shall be no less than twenty-one (21) years of age by the application deadline.

High school graduate or equivalent. Associates or Bachelor's degree in criminal justice preferred, but not required.

An applicant shall have no record of conviction of a felony or violent crime.

Must pass a written examination. The examination measures knowledge, skills and abilities, which you could reasonablybe expected to possess prior to employment as a Police Officer.

Must pass an oral board examination.

Must pass a background investigation which includes a check of references, inquiry as to character and reputation and afingerprint-based criminal records check.

An applicant shall be physically, medically and psychologically fit to perform the essential functions of the jobclassification, with or without reasonable accommodations. Medical and psychological examinations will not be completed until a conditional offer of employment is made to the applicant.

Must have a valid Georgia driver's license at the time of hire.

An applicant shall be a Certified Peace Officer by the State of Georgia in good standings with POST at the time of filingof the application. Any POST investigations will be based on case by case circumstances.

Please include any documents that pertain to the job and/or duties. (Diploma, certificates, etc.)

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

Verification

The information I have provided to The City of Kingston in the foregoing Application is true and correct to the best of my knowledge belief and understanding. I understand that any false statement contained therein is subject to the penalties prescribed by Georgia Criminal Statutes, relating to unsworn falsification to authorities.

_____ _____

Date Signature of Applicant

Sworn to and subscribed before me on _____ day of _____20__.

Notary _____ Term expires _____

Notification Procedure Release

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the position of police officer with the City of Kingston.

If conventional methods fall in attempting to contact the applicant, a certified-registered letter will be sent to the applicant's address listed on the application. Should the registered letter be returned indicating that it was unclaimed or undeliverable, the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the Records Administrator, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges that you have read and understood the contents of this procedure.

_____ _____

Date Signature of Applicant

Sworn to and subscribed before me on _____ day of _____20__.

Notary _____ Term expires _____

Drivers History

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

_____

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

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	

CITY OF KINGSTON
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Kingston, whether the said records are of a public, private, or confidential nature, including any criminal and/or driving history record information pertaining to me which may be in the files of any state or local criminal agency. Authorization is also given to the City to recheck and review the records at the City's discretion. The intent of this authorization is to give my consent for full and complete disclosure of the records of commercial or retail credit agencies (including 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, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

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 my suitability for employment by the City of Kingston. 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 said photocopy does not contain an original writing of my signature.

Print Full Name _____

Signature _____ Date _____

Home Address _____

GA POST O'key # _____

Date of Birth _____ Social Security Number _____

Sworn to and subscribed before me on _____ day of _____20__.

Notary _____ Term expires _____

City of Kingston
Implementation of Random Drug and Alcohol Testing of City Employees

The newly adopted Drug & Alcohol Policy provides for random drug and alcohol testing of City employees in safety-sensitive positions, as that term is defined under the policy. The positions which are subject to random testing are those that involve the use or operation of motor vehicles, dangerous tools, and heavy machinery and equipment.

At this time, the City has several employees whose positions and duties meet this definition of safety-sensitive. To carry out the random drug and alcohol testing of employees in these positions, the city will place the name of each employee in a safety-sensitive position on a separate piece of paper. Each piece of paper will be folded and placed into an opaque container. Once every quarter (three months), a name will be drawn from the container. The employee whose name is drawn will be required to submit to drug and alcohol testing promptly, which will be coordinated by the Chief of Police.

The City believes this is a fair way to randomly test employees in positions where safety is a particularly compelling concern. The system will result in each employee in a safety-sensitive position being tested, on average, once each year.

As provided under the City's Drug & Alcohol Policy, the refusal to submit to testing upon request or the failure to appear at the designated test site will result in the employee being suspended with pay pending further disciplinary action, up to and including termination from employment.

_____ _____

Employee Signature Date

Application

Are you a Georgia Certified Peace Officer? _____ In good standings at GA POST? _____

_____ _____-_____-_____

Last Name First Name Middle Name Social Security Number

_____ _____ _____

Alias(es), Nickname(s) Maiden Name, Other Changes in Name O'Key Number Date of Birth

_____

Present Residence Address, Street/City/State/Zip

_____

U.S. Citizen: Native (Yes/No) _____ Naturalization No. Date Place Court

Residences: List all for past ten years beginning with current.

From Month & Year	Address	To Month & Year

Family: Are you ? _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

List all children related to you or your spouse:

Name	Relation	Date of Birth	Address	Supported by Whom

Vehicle Operator's License

Give the following information concerning any vehicle operator's license you have held or now hold:

Type of License	Number	Issuing Authority	Expiration

Have you ever had a license suspended or revoked? Yes No

If yes explain:

_____

_____

_____

Conviction of Crime

Have you ever been convicted of a misdemeanor or felony ? Yes No

If yes, state violation, court of jurisdiction, and date of conviction.

_____

_____

Past and Present Membership in Organizations

Name	Address	Zip	Type	Office Held	Membership Dates

Education

List all high schools attended. Attach transcript from last high school attended.

Name	City	Zip	Graduated Yes/No

Higher Education. List all colleges or universities attended. Attach transcript from last institution.

Name	City	Zip	Dates Attended	Credit Hours Semester/Quarter	Degree Rec'd Year

Special Qualifications and Skills

Indicate Police Certification or any other type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued and date current license expires.

_____

_____

Foreign Language

Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing

Hobbies and Sports

Name	Length of Participation	Level of Proficiency

Employment:

Begin with your most recent job and list your work history for the past ten years, including part-time, temporary or seasonal employment, and all periods of unemployment.

Business Name:
Address:
Phone Number:
Job title:
Pay/Salary $
Supervisor:
Start date:
End date:
Reason for leaving:

Business Name:
Address:
Phone Number:
Job title:
Pay/Salary $
Supervisor:
Start date:
End date:
Reason for leaving:

Business Name:
Address:
Phone Number:
Job title:
Pay/Salary $
Supervisor:
Start date:
End date:
Reason for leaving:

Business Name:
Address:
Job title:
Pay/Salary $
Supervisor:
Phone Number:
Start date:
End date:
Reason for leaving:

Business Name:
Address:
Job title:
Pay/Salary $
Supervisor:
Phone Number:
Start date:
End date:
Reason for leaving:

Business Name:
Address:
Job title:
Pay/Salary $
Supervisor:
Phone Number:
Start date:
End date:
Reason for leaving:

Other information you want to add: _____

_____

_____

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)? If yes, state reason in detail:

_____

Use last page in you need more space.

Military Status: _____

Character References :

List only character references who have definite knowledge of your qualifications for the position of application. List five character references. (Do not list relatives or persons living outside the United States.)

#	Name	Address	Home Phone	Work Phone	Years Known
1					
2					
3					
4					
5					

Have you ever applied for a position or worked for with this agency? If yes, give details.

_____

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

_____ _____

Date Signature of Applicant

ANY ADDITIONAL INFORMATION OR DETAILS:

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

►**START HERE:** **Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	**OR**	**List B** Identity	**AND**	**List C** Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any)* *(mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.