

HAMILTON POLICE DEPARTMENT

210 Walton Street

Hamilton, Georgia



Employment Application



HAMILTON POLICE DEPARTMENT
210 WALTON STREET
P.O. BOX 112
HAMILTON, GEORGIA 31811
JULIE BROWN, MAYOR
ERIC WEISS, POLICE CHIEF



Dear Applicant,

I would like to thank you for your interest in a position with the Hamilton Police Department. It is my belief that in order to maintain a professional and ethical department we must know the people we entrust to serve the citizens and visitors of our community. During this selection process, it is our goal to obtain as much information as we can about the potential candidates for the position of a City of Hamilton Police Officer. Our department's values emphasize the importance of being leaders and building relationships in the community.

While completing the application and background questionnaire, you will be required to complete an extensive amount of forms that will be used by the department to complete an intensive investigation. This packet contains numerous release forms and questionnaires, which must be properly completed so the background investigation can begin. You must be completely truthful in all your answers. If it is determined that you have been untruthful in your answers, you will be disqualified from continuing in the process.

The Hamilton Police Department is seeking to select a candidate that will be a positive influence in the community and will conduct themselves in a professional and ethical manner while serving the community.

A handwritten signature in black ink, appearing to read "Eric Weiss".

-CHIEF ERIC WEISS

HAMILTON POLICE DEPARTMENT

MISSION STATEMENT

"The Hamilton Police Department is committed to serving the community through the delivery of the highest quality law enforcement services to the citizens and visitors of Hamilton. We will serve the community in a professional, respectful, and unbiased manner, while also being a positive influence in the community, and improving the quality of life in the City of Hamilton."



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PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION

To whom it may concern:

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

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

I also authorize the Hamilton Police Department to receive any criminal and/or driver history record information pertaining to me, which may be in the files of any State or Local criminal justice agency.

 Printed Full Name Applicant's Signature

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Driver's License Number: _____ State: _____

Sex: _____ Race: _____

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

Subscribed and sworn to me in my presence this _____ day of _____, 20_____.

 Notary Public



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CITY OF HAMILTON, GEORGIA
ALCOHOL AND DRUG TESTING POLICY

Due to health and safety risks of alcohol and drug abuse and the integrity of Law Enforcement responsibilities, applicants tentatively selected for employment by the City of Hamilton in Law Enforcement Positions will be required to undergo an alcohol and drug test. A positive test result indicating illegal drug use or active alcohol use at the time of testing will disqualify you from consideration for employment. A negative test result will not guarantee employment.

Any applicants not willing to comply with these requirements may simply excuse themselves prior to completing the attached application form. All positions are subject to on-going testing during employment with the City of Hamilton.

I, _____, understand and agree to the above testing requirements.

Applicants Signature: _____

Date: _____



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BACKGROUND INFORMATION

POLICE OFFICER

Applications will only be reviewed during periods when a position is available with the Hamilton Police Department. All applications will remain on file for twelve months. After that period the applicant must complete another application for employment and background questionnaire in order to be considered for a position.

When a position is vacant, the background investigator or designee will initially screen and interview selected candidates. Please be aware that sensitive areas of your background will be investigated during this process. Our goal is to determine if your skills and abilities will fit within the department and ensure that we are hiring the best possible candidate.

The following items must be received prior to the application and background questionnaire being reviewed; otherwise it will not be considered.

- Completed Application
- Copy of Drivers License
- Copy of Birth Certificate
- Copy of High School Diploma / GED Certificate
- Copy of P.O.S.T. Certification(s) (If Applicable)
- Copy of Military DD-214 (If Applicable)
- Recent Photograph
- Applicant Certification Form (Attached)

The successful candidate will be responsible for enforcement of City Ordinances and State Laws. The candidate must possess good people skills and a professional work ethic. The successful candidate must be able to work as a team player and have the ability to carry out assignments from supervisors in a fair and impartial manner. The successful candidate must be able to work a flexible schedule, including evenings, nights, and weekends.

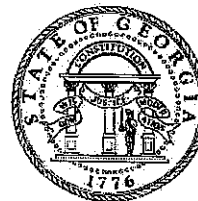
The City of Hamilton does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. All individuals considered for employment are evaluated without regard to race, color, religion, gender, national origin, age marital, or veteran status, the presence of a non-job related disability or any other legally protected status.

INSTRUCTIONS FOR COMPLETING THE APPLICATION AND BACKGROUND QUESTIONNAIRE

1. Fill out and return the application and background questionnaire, including names of supervisors, telephone numbers, addresses, duties, etc. A notation of "See Resume" or "See Attached" is not acceptable and will not be used for evaluation purposes. Do not sign any portion of the application or background questionnaire where a notary is required, unless the notary is present to observe your signature.
2. You will be asked to provide documentation for employment eligibility and for all minimum job requirements, such as driver's license, high school diploma or GED certificate, Georgia Peace Officers Standards and Training Council certifications, etc. Applicants must successfully pass pre-employment drug testing and a background investigation, which will include information listed on the application, driving history, criminal history, identity and credit reports, and Peace Officers Standards and Training records, if applicable.
3. No application for employment or background questionnaire will be reviewed until a position is available. You will be notified by telephone or email for an interview, if you successfully pass the initial screening process.
4. Applications and background questionnaires will remain active for a period of twelve months from the date received. After the twelve month period, you must complete a new application for employment and background questionnaire. We do not update or renew inactive applications and background questionnaires. We will not notify you of the inactive status.
5. You may submit a copy of your resume along with the application for employment and background questionnaire. An incomplete packet or misleading information will immediately disqualify you from consideration during our selection process.
6. Any person convicted for the first time of any criminal offense involving the manufacture, distribution, sale, or possession of a controlled substance, marijuana or a dangerous drug shall be ineligible for employment for a period of five years from the date of the most recent conviction.
7. Any offer of employment for any position is contingent upon the successful completion of a pre-employment drug screen, satisfactory background investigation, and medical examination.
8. Return the completed packet and all indicated requirements to the Hamilton Police Department, during regular business hours of Monday through Friday from 8:00am until 5:00pm or via U.S. Postal Services to **Hamilton Police Department, P.O. Box 112, Hamilton, GA 31811**
9. Do not fax or email your application for employment and background questionnaire, unless prior approval is granted by a member of the Hamilton Police Department.



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POLICE OFFICER APPLICATION QUESTIONNAIRE

APPLICANT NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

MOST RECENT LAW ENFORCEMENT AGENCY EMPLOYMENT (IF APPLICABLE):

APPLICANT OKEY # (IF APPLICABLE): _____

Using your own handwriting, legibly printing in ink, fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering "not applicable" or "N/A" in the space provided.

All statements are subject to verification and any incorrect statements or omissions will disqualify you from employment. Do not sign any portion of the application for employment where a notary is required, unless the notary is present to observe your signature.

Note: In addition to the information provided in the Application for Employment below, a resume detailing duties/responsibilities of prior Law Enforcement experience is encouraged. Any specialized responsibility, duty, or certification an applicant has obtained and that would be relevant to the duties of a Police Officer should also be disclosed.

APPLICANT INFORMATION (PAGE 1)

Last Name

First Name

Middle Name

Current Street Address

City

State

Zip Code

Height

Weight

Hair Color

Eye Color

() -

Home Cell Work Other

Primary Contact Number

() -

Home Cell Work Other

Secondary Contact Number

Have you ever had your name legally changed? Yes No

If yes, indicate the complete name and dates used, starting with the most recent.

Last Name

First Name

Middle Name

/ /

/ /

From

To

Last Name

First Name

Middle Name

/ /

/ /

From

To

APPLICANT INFORMATION (Page 2)

Are you commonly referred to by a nickname or alias? Yes No

If yes, indicate those in the provided space below.

a) _____ b) _____

Do you have any scars, marks, and/or tattoos? Yes No

If yes, indicate those. The location is not a mandatory field unless visible by the public.

Description _____ Location _____

Description _____ Location _____

Description _____ Location _____

Are you a Citizen of the United States? Yes No

City of Birth

County of Birth

State of Birth

Marital Status: Single Married Divorced Separated

If married, what is the full name of your spouse (Include maiden name)?

Maiden Name

Current Last Name

First Name

Middle Name

If married, are you living with your spouse? Yes No

APPLICANT INFORMATION (PAGE 3)

List the following information about your current and former spouses, beginning with the most recent.

Last Name

First Name

Middle Name

____/____/____

____/____/____

From

To

Last Name

First Name

Middle Name

____/____/____

____/____/____

From

To

Beginning with your current address, list all addresses where you have lived during the past five (5) years and the dates you lived there.

Current Street Address

City

State

Zip Code

____/____/____

____/____/____

From

To

Prior Street Address

City

State

Zip Code

____/____/____

____/____/____

From

To

APPLICANT INFORMATION (PAGE 4)

EDUCATION

Did you receive: High School Diploma (Provide a copy of Diploma)

GED Certification (Provide GED Certificate)

Name of school where Diploma or Certificate was obtained: _____

School Street Address

City

State

Zip Code

____/____/____

Graduation Date

University, college or other attended: _____

City

State

Zip Code

Degree received: _____ Units completed: _____

____/____/____

From

____/____/____

To

University, college or other attended: _____

City

State

Zip Code

Degree received: _____ Units completed: _____

APPLICANT INFORMATION (PAGE 5)

SPECIAL QUALIFICATONS

List any special law enforcement certifications you hold, such as CPR, First Aid, Radar, Laser, Field Training Officer, Instructor, Supervision, Management, etc. If these certifications are indicated on the Georgia Peace Officers Standards and Training Council website, you do not have to attach a copy.

Certification Type: _____ Date Obtained: ____/____/____

Certification Type: _____ Date Obtained: ____/____/____

Certification Type: _____ Date Obtained: ____/____/____

Certification Type: _____ Date Obtained: ____/____/____

Certification Type: _____ Date Obtained: ____/____/____

Are you fluent in a foreign language? Yes No

If yes indicate the language and your degree of fluency (excellent, good, or fair)

Language	Speaking	Understanding	Reading	Writing

Language	Speaking	Understanding	Reading	Writing

APPLICANT INFORMATION (PAGE 6)

MILITARY SERVICE

Have you ever served in any branch of the United States Armed Forces? Yes No

If yes, provide the following information:

Marines Army Navy

Coast Guard Air Force Other _____

_____/_____/_____

From

_____/_____/_____

To

Service ID Number

Highest Rank Held

Type of Discharge

Have you ever been the subject of a court martial, tried on charges, or the subject of an Article 15, company punishment or any other disciplinary action while a member of the Armed Forces? Yes No

If yes, provide the following information:

Type of Action

Branch of Service

Date of Action

Disposition

List any additional information on the supplemental page at the end of the background questionnaire. Label the information as "Military Service".

APPLICANT INFORMATION (PAGE 7)

List three (3) references with full information and who are not relatives or former employers.

REFERENCE #1

Last Name

First Name

Middle Name

Current Street Address

City

State

Zip Code

(____) _____ - _____

Home Cell Work Other _____

Primary Contact Number

REFERENCE #2

Last Name

First Name

Middle Name

Current Street Address

City

State

Zip Code

(____) _____ - _____

Home Cell Work Other _____

Primary Contact Number

APPLICANT INFORMATION (PAGE 8)

REFERENCE #3

Last Name

First Name

Middle Name

Current Street Address

City

State

Zip Code

(____) _____ - _____
Primary Contact Number

Home Cell Work Other _____

WORK HISTORY

Beginning with your current/most recent job, list all employment within the past 5 Years. Including part-time, temporary, and seasonal jobs. Include all periods of unemployment.

Employer/Company Name

Street Address

City

State

Zip Code

(____) _____ - _____

Employer/Company Contact Number

Supervisor's Name (Last, First)

Reason for Leaving

____/____/____

From

____/____/____

To

APPLICANT INFORMATION (PAGE 9)

WORK HISTORY (CONTINUED)

Employer/Company Name

Street Address

City

State

Zip Code

() -

Employer/Company Contact Number

Supervisor's Name (Last, First)

Reason for Leaving

/ / / / /

Employer/Company Name

Street Address

City

State

Zip Code

() -

Employer/Company Contact Number

Supervisor's Name (Last, First)

Reason for Leaving

/ / / / /

*List additional Work History on the supplemental page at the end of the background questionnaire.

Label the information as "Work History".

APPLICANT INFORMATION (PAGE 10)

WORK HISTORY (CONTINUED)

Have you ever been terminated, forced to resign or otherwise involuntarily separated by
a previous employer? Yes No

If yes, list the employer/company name and explain:

Employer/Company Name	Explanation

Employer/Company Name	Explanation

Have you ever been reprimanded by a supervisor for misconduct or for not doing your
job properly? Yes No

If yes, list the employer/company name and explain:

Employer/Company Name	Explanation

Employer/Company Name	Explanation

Have you ever been reprimanded for being late or absent? Yes No

If yes, list the employer/company name and explain:

Employer/Company Name	Explanation

Employer/Company Name	Explanation

APPLICANT INFORMATION (PAGE 11)

In the last five (5) years, have you submitted an application for employment with any other public safety agency or department? Yes No

If yes, provide the following:

_____	____/____/____	_____
Agency Name	Date Applied	Disposition of Application
_____	____/____/____	_____
Agency Name	Date Applied	Disposition of Application
_____	____/____/____	_____
Agency Name	Date Applied	Disposition of Application

Have you ever been rejected for cause from a public safety job? Yes No

If yes, explain fully and be specific:

At the present time, do you have any pending applications with any other public safety agency?

Yes No

If yes, provide the following:

_____	_____	_____
Agency Name	Position Applied	Current Status
_____	_____	_____
Agency Name	Position Applied	Current Status

APPLICANT INFORMATION (PAGE 12)

ARREST, DETENTION, AND LITIGATION

Have you ever been arrested, detained by police, or summoned into court? Yes No

If yes, provide the following:

_____	_____
Agency Name	Alleged Crime
_____	____/____/____
Case Disposition	Date of Occurrence
_____	_____
Agency Name	Alleged Crime
_____	____/____/____
Case Disposition	Date of Occurrence

*List additional Arrest, Detention, and Litigation on the supplemental page at the end of the background questionnaire. Label the information as "Arrest, Detention, and Litigation".

TRAFFIC RECORD

_____	____/____/____	_____
Current Drivers License Number	Expiration Date	State of Issue

List all states where you have held a drivers license or state identification card.

APPLICANT INFORMATION (PAGE 13)

Has your drivers license ever been suspended, revoked or canceled? Yes No

If yes, provided the following:

_____	____/____/____	_____
Reason for Action	Date	Location

Have you ever been involved in a motor vehicle accident where you were the driver of the vehicle?

Yes No

If yes, provide the following:

_____	_____	____/____/____
City and State Accident Occurred	Investigating Agency	Date

Provide Details

_____	_____	____/____/____
City and State Accident Occurred	Investigating Agency	Date

Provide Details

APPLICANT INFORMATION (PAGE 14)

TRAFFIC RECORD (CONTINUED)

To the best of your memory, list all traffic citations you have received as an adult and as a juvenile, excluding parking citations:

_____	_____
Issuing Agency	Offense
_____	____/____/____
Disposition	Date of Citation
_____	_____
Issuing Agency	Offense
_____	____/____/____
Disposition	Date of Citation
_____	_____
Issuing Agency	Offense
_____	____/____/____
Disposition	Date of Citation
_____	_____
Issuing Agency	Offense
_____	____/____/____
Disposition	Date of Citation

APPLICANT INFORMATION (PAGE 15)

PERSONAL DECLARATION

Are you currently a certified law enforcement officer in the State of Georgia? Yes No

Are you currently certified to operate Radar in the State of Georgia? Yes No

Are you currently certified to Conduct Standard Field Sobriety Testing? Yes No

Are you currently certified to carry a CEW (Taser)? Yes No

Are you currently under investigation or suspect that you will be subject to an investigation by the Georgia Peace Officers Standards and Training Council or any other state's certification council?

Yes No

If yes, provide details and state of investigation or suspected investigation:

Are you willing to work eight (8) to twelve (12) hours shifts? Yes No

Are you willing to work days, nights, weekends, and all holidays? Yes No

Are your willing to be on call for scheduled periods and appear in court? Yes No

If no to any of these, explain:

Describe in your own words, the frequency and extent of your use of intoxicating alcoholic beverages:

Have you ever sold drugs or narcotics to anyone? Yes No

If yes, explain fully and be specific:

APPLICANT INFORMATION (PAGE 17)

Do you know of anything that might prevent you from obtaining the position you have applied for?

Yes No

If yes, explain fully and be specific:

Have you purposely omitted any information from your employment application, resume, this document, or any other documentation you have submitted?

Yes No

If yes, explain fully and be specific:

Were you able to understand all of the questions in this document?

Yes No

If no, explain fully and be specific:

APPLICANT INFORMATION (PAGE 18)

APPLICANT CERTIFICATION FORM

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the information I have provided in this application for employment, background questionnaire, and on any other additional documentation that I have attached.

I am fully aware that any such misrepresentation, omissions, or falsifications will be the grounds for immediate rejection of my application for employment and/or termination of my employment with the Hamilton Police Department. Furthermore, I understand that my willful inclusion of false information could result in criminal prosecution as defined in O.C.G.A. 16-10-20 and/or 16-10-71.

Signature of Applicant

____/____/____
Date