



City of Vidalia Police Department

Application for Employment

The Vidalia Police Department is seeking qualified applicants to accept the public's trust as a member of the Vidalia Police Department for this growing municipality. The application is the first step in the process of employment and complete answers to questions are required to assess candidate's qualifications. Please print or type the information clearly in black ink. Additional pages may be attached to supplement answers; however, supplemental papers must have the applicant's name in the upper right hand corner and the number of the question being supplemented. Resumes may not be used to answer questions.

Personal Information

1. _____ - _____ - _____ 2. _____
 Social Security Number Last Name, First Middle
3. Address _____
 Street Number Street City State Zip
4. U.S. Citizen Yes No 5. _____
 Height Weight Hair Color Eye Color
6. Do you need accommodation in completing application? Yes No 7. Age 20 or older? Yes No

Education

8. High School Graduate: Yes No 9. GED: Yes No N/A
10. _____
 Name of High School City State Graduation Date
11. _____
 College Attended City State Graduation Date
12. _____
 Additional College Attended City State Type of Degree
13. _____
 If GED – Agency that awarded GED State Date of GED

Previous Law Enforcement Experience

14. Have you ever been employed in law enforcement? Yes No (If no, then go on to next section.)
15. _____
 Department Name Location From - To Reason for Leaving
- _____
- Department Name Location From - To Reason for Leaving
- _____
- Department Name Location From - To Reason for Leaving

(Use additional paper if necessary)

Military Experience

16. If none, check here and go on to next section.

17. Branch: _____ 18. Type of Discharge: _____

(If discharge is other than honorable, attach explanation)

19. Dates of Service: From _____ To _____

Employment History

(List below present and past employment, beginning with most recent.)

Name of Company: _____

Address of Company: _____

Supervisor: _____ Telephone: _____

Start Date: _____ End Date: _____ Position: _____

Reason for Leaving: _____

Duties Performed: _____



Name of Company: _____

Address of Company: _____

Supervisor: _____ Telephone: _____

Start Date: _____ End Date: _____ Position: _____

Reason for Leaving: _____

Duties Performed: _____



Name of Company: _____

Address of Company: _____

Supervisor: _____ Telephone: _____

Start Date: _____ End Date: _____ Position: _____

Reason for Leaving: _____

Duties Performed: _____

(Attach Additional Sheets if necessary)

Personal References

22. References: (Please provide at least three personal references that are not former employers or relatives.)

Name	Address	Phone Number
How long have you known this person?	How do you know this person?	
Name	Address	Phone Number
How long have you known this person?	How do you know this person?	
Name	Address	Phone Number
How long have you known this person?	How do you know this person?	
Name	Address	Phone Number
How long have you known this person?	How do you know this person?	

Personal Contact Information

23. Home Telephone: _____ Best Time to call: _____

24. Cellular Number: _____ Best Time to call: _____

25. Other Contact #: _____ Best Time to call: _____

26. Email address: _____

Consent Form (Voluntary – but required for background investigation)

I do hereby authorize the review of and the full disclosure of all records concerning myself to the duly authorized agent of the Vidalia Police Department.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions; financial institutions; 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 examinations or 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 part, upon this release authorization will be considered in compiling any report for consideration for employment with the Vidalia Police Department. I 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. Further, a photocopy of this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Applicant's Signature

Sex: Male Female

Social Security Number

Date of Birth

Please read and sign below:

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statements on this application may result in dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me.

Applicant Signature

Date

Notary _____

Application Checklist

(The following documents are required)

- Copy of Birth Certificate
- High School Diploma or GED Certificate
- Copy of Driver's License and Social Security Card
- Military DD214 (Showing Discharge Type if applicable)
- College Diploma or transcripts
- Notarized Consent Form (Page 5 completed)

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Georgia Driver's History Consent Form

I hereby authorize the **Vidalia Police Department** to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (Print)

Sex

Date of Birth

Driver's License Number

Signature

Date

2007-09 Attachment
GCIC Consent Form
(Revised July 2006)