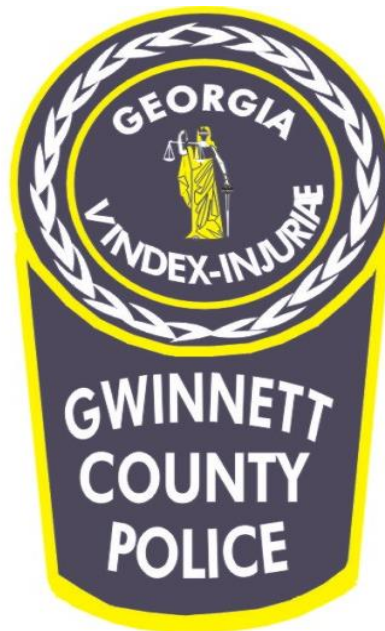


GWINNETT COUNTY POLICE DEPARTMENT

BACKGROUND INVESTIGATIONS UNIT



PRELIMINARY ORIENTATION BOOKLET

POSITION: _____ **DATE:** _____

APPLICANT NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

****USE BLUE INK ONLY****

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GWINNETT COUNTY POLICE DEPARTMENT BACKGROUND INVESTIGATIONS UNIT

Dear Applicant:

Thank you for taking an interest in employment with the Gwinnett County Police Department. All applicants for any position within the police department are required to successfully complete an intensive background investigation. This booklet contains numerous release forms and questions which must be completed in order for the background investigation to begin. Make sure you understand all instructions given to you not only today but throughout the entire employment process. If you do not understand what is required, please ask for clarification.

The recruitment process for employment is time consuming and requires many hours of background investigation. Applicants who fail to complete the required forms and supply proper documents, such as birth certificate, diploma, etc. will be removed from the process. Therefore, in order to give every applicant the best opportunity for employment, the background investigation will not begin until all forms and documents are returned to the Office of Professional Standards Unit/Background Investigations. Files not containing all documents will be treated as incomplete and will not be processed.

Good Luck!

INSTRUCTIONS

1. Fill out the release forms/booklet completely and accurately in your own handwriting. **DO NOT LEAVE ANYTHING BLANK.**
2. Print legibly, using blue ink only.
3. **Incomplete forms/booklet will not be accepted. If a set of questions, table or an entire page does not apply to you, please put a line through it and write your initials.**
4. The information provided by you in this booklet will be used and verified during the entire employment process including, but not limited to, the background investigation and polygraph examination. Any false or misleading information identified during the employment process will result in the immediate disqualification of your application and could result in criminal prosecution under Georgia code 16-10-20. Therefore, it is imperative that you answer all questions truthfully and to the best of your ability.
5. Should any information you have provided to us change at any time during this process, you **MUST NOTIFY** your background investigator in writing. This includes, but not limited to, employment, telephone number changes, address changes, change in marital status, new traffic citations, arrests, etc.
6. **READ EACH QUESTION CAREFULLY.** Unless otherwise stated, any questions that require a “YES” response or an explanation must be explained in the space provided. Indicate the question number and page number and then provide a detailed explanation as to the dates, times, fines, etc. Provide as much information as possible when explaining your answers. One-line explanations will not be accepted. Unless otherwise instructed, answer each question as it relates to your entire lifetime not just to your adulthood.
7. If you are unsure how to answer a question, answer “YES” and fully explain the response in the space provided.
8. Any information received throughout the employment process, included but not limited to, birth certificates, transcripts, background booklets, release forms, employment information, psychological reports, credit information, medical information, oral interview(s), etc., are the sole property of the Gwinnett County Police Department and **no documents will be released back to the applicant.**
9. Due to the large volume of applicants, the Background Investigation Unit of the Gwinnett County Police Department and the Human Resources Department’s recruiters at the Justice Center are unable to effectively receive a large amount of telephone calls or unscheduled appointments. It is requested that an applicant not contact either office unless it is an extreme emergency. Extreme emergencies include illness, death in one’s immediate family, jury duty, and military duty. If an applicant should move or change his/her telephone number, a letter indicating such is appropriate. The telephone numbers for the Background Investigations Unit are **(770) 513-5510** or **(770) 513-5530.**

SIGNATURE OF APPLICANT

DATE

**GWINNETT COUNTY POLICE DEPARTMENT
RELEASE FORM**

AUTHORIZATION FOR WORK RECORD CHECK WITH PRESENT EMPLOYER

If you do not wish us to check with your present employer at this time, it will not be held against you. However, if you are selected to continue in the second phase of the employment process, your present employer will be contacted at that time. Falsification of any information will result in your name being removed from the Applicant Register.

Do you give the Gwinnett County Police Department's Background Investigations Unit investigators permission to conduct a work record check with your present employer at the time?

YES NO UNEMPLOYED SELF EMPLOYED

If you checked "NO", explain in full detail why you do not want us to contact your present employer.

PRINTED NAME OF APPLICANT

OFF DAYS

SIGNATURE OF APPLICANT

WORK SCHEDULE

DATE OF SIGNATURE

**GWINNETT COUNTY POLICE DEPARTMENT
RELEASE FORM**

WORK SCHEDULE ACKNOWLEDGEMENT

I understand that if I am hired for the position of _____ for the Gwinnett County Police Department, it will involve my working any of numerous shifts. I understand that I may be assigned to any shift and that at the discretion of my supervisor, I may be rotated to another shift with little or no notice.

I understand the above conditions and have no objections to them.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

MILITARY AFFIRMATION

(read carefully)

NO MILITARY AFFIRMATION

I, _____, (PRINTED NAME OF APPLICANT) do hereby swear and affirm that I have **never** been enlisted nor have I served in any of the armed forces of the United States or in any foreign military service. I further swear and affirm that I have never served in any branch of the United States Reserve Forces, any State National Guard, or in the Coast Guard.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

MILITARY AFFIRMATION

I, _____, (PRINTED NAME OF APPLICANT) do hereby swear and affirm that I have enlisted and/or have I served in the armed forces of the United States, a branch of the United States Reserve Forces, State National Guard, Coast Guard or in a foreign military service.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

**GWINNETT COUNTY POLICE DEPARTMENT
ADA NOTICE
(AMERICANS WITH DISABILITIES ACT)**

Gwinnett County Government does not discriminate on the basis of disability in the admission, access to, treatment, or employment in its programs or activities. MICHAEL PLONOWSKI, Facilities Management, 75 Langley Drive, Lawrenceville, Georgia, 30045, telephone number 770-822-8015, has been designated to coordinate compliance with the non-discrimination requirements contained in section 35.107 of the Department of Justice regulations. Information concerning the provisions of the Americans with Disabilities Act and the rights provided there under are available from the ADA coordinator.

Any requests for reasonable accommodations required by individuals to participate in any open meeting, program, or activity of Gwinnett County Government should be directed to MICHAEL PLONOWSKI, Facilities Management, 75 Langley Drive, Lawrenceville, Georgia, 30045, telephone number 770-822-8015.

I am an applicant for the position of _____ with the Gwinnett County Police Department and have read the above notice and understand my right to access information concerning the provisions of the American with Disabilities Act.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

NOTICE

POLICE OFFICER APPLICANTS (ONLY)

All applicants for the position of Police Officer and Police Officer Senior should be aware of the following Georgia Statute:

O.C.G.A. 35-8-22 Reimbursement of training expenses by subsequent employer of peace officer; collection procedure; required documentation.

(a) Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any county or municipality thereof employs a peace officer and said peace officer is hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. If said officer is hired by another agency during a period of 15 to 24 months after mandated or formalized training requirements are completed, then one-half of the total expense of the training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. The council shall set standards for reimbursement by hiring agencies based upon actual expenses incurred in mandated or formalized training by individual departments.

(b) The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment thereof and may enforce collection of such obligation through civil remedies and procedures.

(c) Effective July 1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgement of the terms of this Code section or an employment contract specifying the provision of this Code section prior to such peace officer's employment with the demanding governmental unit. Otherwise, this Code section shall not apply to such demand for reimbursement. (Code 1981, 35-8-22, enacted by Ga. L. 1992, p. 1325, 2; Ga. L. 2003, p. 327, 1.)

In consideration of the offer of employment extended to me by Gwinnett County and as a term and condition of my employment I promise to reimburse Gwinnett County for all cost and expenses, which Gwinnett County pays to my former agency pursuant O.C.G.A. 35-8-22.

I, _____, have read and acknowledge the above statute and agreement.
(Print Name)

Signature

Date

Witness

PERSONAL DATA

1. Position applied for: _____

2. Today's date: _____

3. Full Name: _____
LAST NAME
FIRST NAME
MIDDLE NAME

4. Home address: _____
STREET ADDRESS

CITY
STATE
ZIP CODE

5. Home telephone number: _____
AREA CODE AND TELEPHONE NUMBER

Business telephone number: _____
AREA CODE AND TELEPHONE NUMBER

Cellular phone number: _____
AREA CODE AND TELEPHONE NUMBER

6. Date of birth: _____ / _____ / _____
MONTH
DAY
YEAR

Race: _____ Sex: _____

7. Place of birth: _____
CITY
COUNTY
STATE/COUNTRY

8. Have you ever used another name or had your name changed? YES () NO ()
 Note: This includes, but not limited to, maiden names, former names, former married names, adopted names, nicknames, etc. If yes, fill in the information in the table below.

PREVIOUS NAME	DATE OF CHANGE	LOCATION OF CHANGE	REASON FOR CHANGE (ex. Married, divorced, adopted, etc.)

9. Social Security Number: _____

10. In which state was your social security number issued? _____
If unknown, print unknown.

11. Describe any scars, marks, tattoos and their location:

LOCATION ON BODY	SCARS	MARKS	TATTOOS

PERSONAL DATA CONTINUED

12. Are you a citizen of the U.S.? (Required for Police and Communications Officer) ____YES ____NO

13. Are you:

NATURAL BORN () Provide a legible color copy of your birth certificate.

NATURALIZED () Provide a photocopy of Naturalization Papers

Date of Naturalization: _____

Father's Name: _____

Mother's Name: _____

RESIDENT ALIEN () Provide alien registration card

14. What special skills or qualifications do you possess? This can include, but is not limited to, foreign language skills, computer skills, office skills, technical skills, etc.

15. In case of emergency, please list someone we can contact:

NAME OF PERSON TO CONTACT		RELATIONSHIP	
_____		_____	
HOME ADDRESS	CITY	STATE	ZIP CODE
_____	_____	_____	_____
HOME TELEPHONE NUMBER		BUSINESS TELEPHONE NUMBER	
_____		_____	

CREDIT/FINANCIAL HISTORY

If you answer **YES** to any of the following questions, please explain fully on the back of the page.

	YES	NO
1. Do you have any bills that are past due?		
2. Are any creditors currently pressing you for payment?		
3. Have you EVER had any credit accounts in collections?		
4. Have you EVER had any item repossessed?		
5. Within the last five years, have you filed for bankruptcy?		
6. Within the last five years, have you had your wages garnished?		
7. Is there currently an action pending to have you wages garnished?		
8. Within the last five years, have you been evicted or dispossessed from a residence or business?		
9. Have you EVER been involved in any type of civil suit?		
10. Are you currently involved in any type of civil suit?		
11. Have you ever intentionally written a bad check?		
12. Have you ever misused a credit card to forge a check?		
13. Have you ever attempted to obtain credit by using another name or another social security number?		

MARITAL/FAMILY DATA

1. Are you currently: () SINGLE () MARRIED () DIVORCED () SEPARATED
 () WIDOW () WIDOWER

2. If married, what is the full name of your spouse (include maiden name):

FIRST NAMEMIDDLE NAMEMAIDEN NAMELAST NAME

3. If married, are you living with your spouse? _____YES_____NO

If no, please explain on the back of this page.

4. List the following information about your current and former spouses:

NAME OF SPOUSE	ADDRESS OF SPOUSE	DATE OF MARRIAGE	LOCATION OF MARRIAGE (City/State)	DATE OF DIVORCE	LOCATION OF DIVORCE (City/State)

RESIDENCES

1. List all of your addresses for the last 10 years. Begin with your present address. This list should include temporary addresses, part-time addresses, military addresses (any address over 30 days which includes TDY), permanent addresses, and school addresses.

FROM MO/YR	TO MO/YR	ADDRESS, CITY, STATE, ZIP CODE	RENT/OWN

EDUCATION

1. Circle the highest grade completed:
 1 2 3 4 5 6 7 8 9 10 11 12 Other

2. If you graduated from high school, complete the following information:

NAME OF HIGH SCHOOL	DATES ATTENDED FROM/TO	
COMPLETE MAILING ADDRESS	CITY/STATE	ZIP CODE
AREA CODE AND TELEPHONE NUMBER	DATE GRADUATED	

3. If you received a GED certificate, complete the following information:

NAME OF HIGH SCHOOL (if school no longer exists, list the name of the local Board of Education)	
COMPLETE MAILING ADDRESS (if school no longer exists, list the address of the local Board of Education)	
AREA CODE AND TELEPHONE NUMBER	DATE GRADUATED

4. List any degrees that you have obtained (A.A., A.A.S., B.S., M.P.A., etc.)

TYPE OF DEGREE	GRADE POINT AVERAGE	YEAR RECEIVED
TYPE OF DEGREE	GRADE POINT AVERAGE	YEAR RECEIVED
TYPE OF DEGREE	GRADE POINT AVERAGE	YEAR RECEIVED

5. Including high school, have you ever expelled or suspended from any school or been disciplined by any school official? YES NO If yes, explain on the back of this page.

6. List below any colleges, universities, vocational/technical schools, and/or graduate schools that you have attended?

NAME OF SCHOOL	CITY, STATE	DATE ATTENDED	MAJOR COURSE OF STUDY	FULL OR PART TIME?	DID YOU GRADUATE?

EMPLOYMENT HISTORY

1. What is your present occupation? _____

2. How did you find out about this job? Please circle appropriate answer.

A. Mobile Ads	B. Social Media	C. Job Fair Specify)	D. Billboard
E. Radio	F. Television	G. GCPD Employee	H. County Employee
I. POAG Magazine	J. Gwinnettcountry.com	K. Other websites	L.

GCPD Employee (Employee's Name, Badge #, Unit/Division) _____

3. Have you ever worked for Gwinnett County? **YES** **NO**

If yes, what department? _____ When? _____

4. Have you ever applied with Gwinnett County? **YES** **NO**

If yes, fill in the information on the table below. If you need more space, use the back of this page.

DATE	POSITION	DEPARTMENT	WHAT HAPPENED? (Completed application, PFA, Data Entry Test, Polygraph, Interview, etc.)

5. Do you have any relatives that are employed with Gwinnett County? Relatives includes, but not limited to, brothers, sisters, parents, grandparents, cousins, aunts, uncles, in-laws, etc. **YES** **NO**

If yes, fill in the information on the table below. If you need more space, use the back of this page.

NAME OF RELATIVE	RELATIONSHIP TO YOU	DEPARTMENT IN WHICH THEY WORK

EMPLOYMENT HISTORY CONTINUED

If you answer **YES** to any of the following questions, please explain fully on the back of the page.

	YES	NO
6. Have you ever been terminated, forced to resign or otherwise involuntarily separated by a previous employer?		
7. Have you ever been reprimanded by a supervisor for misconduct or for not doing your job properly?		
8. Have you ever been reprimanded for being late or absent?		
9. Have you ever been disciplined by a supervisor (including verbal or written reprimands, suspensions, fines, etc.)?		
10. Have you ever left a job without giving two weeks notice?		
11. Have you ever been engaged in any business as an owner, partner, or corporate member?		
12. Have you ever taken anything of value, goods or services, from an employer without their permission? (ex. ink pens, paper, faxes, long distance phone calls, food, clothing, furniture, etc.)		
13. Have you ever taken any cash money from an employer?		
14. Have you ever accepted a bribe to perform or not perform your duty?		
15. If a certified Law Enforcement Officer, have you ever been the subject of an Internal Affairs Investigation?		

16. Figure out a dollar amount of how much you have taken from all employers combined during the last five years and circle the amount below that comes closest to the total dollars in merchandise, goods or services you have taken. This can include, but is not limited to, paper, pens, clips, etc.

\$0 \$10 \$25 \$50 \$75 \$100 \$200 \$500 \$750 \$1000 \$2500 \$5000

Other: _____ Please explain **any amounts** on the back of this page.

17. In the last five years, have you submitted an application for employment with any other law enforcement agency or department? _____ **YES** _____ **NO**

If yes, fill in the information in the following table. If you need more space, use the back of the page.

AGENCY	CITY AND STATE	DATE APPLIED	DISPOSITION OF APPLICATION

EMPLOYMENT HISTORY CONTINUED

18. Have you ever taken a polygraph examination for any reason? _____ **YES** _____ **NO**

If yes, fill in the information on the table below. If you need more space, use the back of the page.

DATE	AGENCY/COMPANY	CITY/STATE	REASON POLYGRAPHED	RESULT

19. Have you ever been rejected for cause from a public safety job? _____ **YES** _____ **NO**

If yes, please explain fully. Be specific.

20. At the present time, do you have any pending applications with any other law enforcement agency?

_____ **YES** _____ **NO**

If yes, please list the agency, the position and the current status.

21. Are you being urged or paid by any person or organization to work for this department?

_____ **YES** _____ **NO**

If yes, please explain fully. Be specific.

MILITARY SERVICE

If you answer **YES** to any of the following questions, please explain fully on the back of the page.

	YES	NO
1. Have you ever attempted to enlist in any branch of the United States Armed Forces? (including Reserves, National Guard, and Coast Guard).		
2. Have you ever served in any branch of the United States Armed Forces? (including Reserves, National Guard, and Coast Guard).		
3. Have you ever served in any branch of a foreign military?		
4. Have you ever been involved in a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.?		

IF YOU HAVE SERVED IN THE MILITARY, PLEASE ANSWER THE FOLLOWING QUESTIONS.

5. Complete the following table regarding military service. If you need additional space, please use the back of the page.

BRANCH OF SERVICE	ENLISTMENT PERIOD	SERVICE NUMBER	HIGHEST RANK HELD

6. What is the type of your military discharge? (Honorable, Dishonorable, General, Under Honorable Conditions, Entry Level Separation, Medical, etc.) **BE SPECIFIC.**

7. If you left the military service under Entry Level Separation, please describe the circumstances in detail.

8. What was your military occupation specialty (MOS)? _____

9. Have you ever been the subject of a court martial, tried on charges, or subject of an Article 15, company punishment, or ANY OTHER disciplinary action while a member of the Armed Forces? ____**YES** ____**NO**

If yes, fill in the appropriate information on the table below and explain the offense(s) in detail on the back of the page.

TYPE OF DISCIPLINARY ACTION	BRANCH OF SERVICE	DATE OF ACTION	DISPOSITION OF ACTION

MILITARY SERVICE CONTINUED

In the table below, list all periods of active military service (anything over thirty (30) days):

DATE FROM MONTH/YEAR	DATE TO MONTH/YEAR	DUTY STATION: NAME OF STATION AND CITY CLOSEST TO DUTY STATION	RANK HELD

CRIMINAL HISTORY/ACTIVITY

1. Have you **EVER** been arrested for a misdemeanor or felony offense? ___YES ___NO

If **yes**, fill in the information on the table below and explain the incident fully on the back of this page.

POLICE/COURT JURISDICTION	CHARGE	FELONY/ MISDEMEANOR	DATE	DISPOSITION (ex. Dismissed, Dropped, Probation, Jail Time, Paid Fine, Community Service, etc.)

2. Circle **any** of the following activities you have ever committed, **whether detected or undetected**, and fully explain on the back of the page, including dates.

ACTIVITY/CRIME	ACTIVITY/CRIME	ACTIVITY/CRIME
1. ARSON	11. AUTO THEFT	21. RAPE
2. ASSAULT	12. THEFT BY TAKING	22. CHILD MOLESTATION
3. BATTERY	13. KIDNAPPING	23. INCEST
4. BURGLARY	14. MURDER	24. SODOMY
5. CRUELTY TO ANIMALS	15. BAD CHECKS	25. PEEPING TOM
6. DRUG SALES	16. ROBBERY	26. PROSTITUTION
7. DRUG POSSESSION	17. SHOPLIFTING	27. OTHER SEX CRIME
8. DUI/DWI	18. STEAL ANYTHING	28. OTHER
9. ENTERING AUTO	19. THEFT FROM EMPLOYER	29. INSURANCE FRAUD
10. EXTORTION	20. VANDALISM	30. NONE OF THE ABOVE

3. Have you ever been fingerprinted? ___YES ___NO If yes, fill in the information on the table below.

AGENCY	DATE	PURPOSE

CRIMINAL HISTORY/ACTIVITY CONTINUED

4. Have you ever been charged as a result of any domestic violence related incident? ____YES ____NO

If yes, please explain fully on the back of the page. Please include the appropriate police jurisdiction and the disposition of the case.

5. Have any criminal warrants ever been taken out against you? (This can include, but is not limited to, bad check citations, domestic violence, interference with custody, etc.) ____YES ____NO

If yes, please fill out the information on the table below.

CHARGE(S)	DATE	JURISDICTION	DISPOSITION

If you answer **YES** to any of the following question, please explain fully on the back of the page.

	YES	NO
6. Have you ever been involved in any undetected crime?		
7. Have you been involved in the theft of any merchandise, property, money, etc., from any person or place?		
8. Have you ever been required to pay a fine in excess of \$25.00?		
9. Have you ever been placed on any type of probation or parole?		
10. Have you ever been questioned as a victim, witness, or suspect by a law enforcement officer concerning any felony theft, violent crime, or sexual offense?		
11. Have you ever been a member, supporter or sympathizer with a terror organization or hate group? (examples: al-Qaeda, HAMAS, Hezbollah, KKK, White Militia, New Black Panther, Animal Liberation Front, etc.)		
12. Do you personally know anyone that is a member, supporter or sympathizer of a terror organization or hate group?		
13. Have you ever communicated with anyone in person, over the telephone or over the internet that supports terrorist activity?		
14. Have you ever aided or abetted a terror organization or hate group whose intent is to interfere, subvert, or overthrow the U.S. Government?		
15. Have you ever discussed, planned, or taken part in any activity that could be considered a terrorist act or hate?		
16. Have you ever been a member, supporter, or sympathizer with any gang, cartel, or organized crime group?		
17. Are you currently under any subpoena(s)?		
18. If you are, or have ever been, a peace officer (including a Correctional Officer), has it ever been alleged that you have made an improper/bad arrest?		
19. If you are, or have ever been, a peace officer (including a Correctional Officer), have you ever used excessive force while making an arrest?		
20. Are there currently any criminal charges pending against you?		

MOTOR VEHICLE/DRIVING HISTORY

1. Do you currently possess a valid driver's license? YES NO
 If yes, which state? _____ License Number: _____
 Class: _____ Expiration date: _____ Restrictions: _____

2. Have you ever had a driver's license in another state? YES NO
 If yes,

STATE	LICENSE NUMBER

If you answer **YES** to any of the following questions, please explain fully on the back of the page.

	YES	NO
3. Has your driver's license (including out of state, foreign, or military) ever been suspended, canceled or revoked in any state or country?		
4. Have you ever been refused a driver's license by any state, military, or foreign entity?		
5. Have you ever obtained or attempted to obtain a driver's license under an assumed name?		

6. Do you have any pending traffic citations or parking tickets? If yes, complete information in the table below. If none, write NONE in the table below.

CHARGE	JURISDICTION	DATE RECEIVED	COURT DATE

7. In the table below, list all traffic citations you have received in the last TEN (10) years. If you need more space, use the back of this page. If none, write NONE in the table below.

CHARGE	JURISDICTION	DATE RECEIVED	COURT DATE	DISPOSITION

MOTOR VEHICLE/DRIVING HISTORY CONTINUED

8. Have you been involved in any motor vehicle accidents in that last TEN (10) years? This can include, but is not limited to, single car accidents, accidents which were not reported, hit and run accident, whether or not you were at fault, private property accidents, on duty, off duty, etc.
 _____YES _____NO

If yes, fill in the information on the table below.

DATE	POLICE REPORT YES/NO	LOCATION CITY/STATE	CAUSE OF ACCIDENT	INJURIES YES/NO	DRIVER AT FAULT	CITATIONS YES/NO

If you answer **YES** to any of the following questions, please explain fully on the back of this page.

	YES	NO
9. Have you ever been charged with driving under the influence of alcohol or drugs?		
10. Have you ever been convicted of or pled nolo contendere to the charge of driving under the influence of alcohol or drugs?		
11. Have you ever been involved in any hit and run accident?		
12. Have you ever involved in any serious traffic offense? (including, but not limited to, reckless driving, laying drags, DUI/DWI, vehicular homicide, etc.)		
13. Have you ever left the scene of an accident without giving assistance?		
14. Have you ever been involved in any traffic-related lawsuits, whether you were the plaintiff or the defendant?		
15. Have you ever been involved in a traffic accident which resulted in a serious injury or fatality?		

CONTROLLED SUBSTANCE

1. Please answer each line truthfully. The use of, or experimentation with, a particular drug(s) may not necessarily mean automatic disqualification. In the table provided, indicate when you first tried the drug(s) listed, when you last used the drug(s) listed, and the approximate number of times used. If none, write NONE in the table below.

DRUG	DATE FIRST USED	DATE LAST USED	NUMBER OF TIMES USED (Ex. One, no more than 10, 75-100)
Marijuana			
Hashish			
Angel Dust / PCP			
Ice			
Ecstasy / MDMA			
Cocaine			
Crack Cocaine			
Heroin			
LSD / Acid / Blotters			
Crank			
Mushrooms / Peyote			
Morphine			
Mescaline / Cactus			
Opium			
Psilocybin			
Quaaludes			
Speed (specify type)			
Downers / Barbiturates			
Valium			
Steroids			
Crystal Methadone			
STP			
(Any other illegal drug Specify)			

If you answer **YES** to any of the following questions, please explain fully on the back of this page.

	YES	NO
2. Have you ever been involved in the sale, distribution, or growing of Marijuana?		
3. Have you ever been involved in the sale, distribution, or manufacture of cocaine or any other illegal drug?		
4. Have you ever been involved in the manufacture of any type of drug or narcotic? (including prescription drugs)		
5. Have you ever taken a drug prescribed for another person? If yes, on the back of the page list the name of the medication, date of use, the reason, and were you eventually prescribed the same medication?		

ALCOHOL USE

1. Do you drink alcoholic beverages? **YES** **NO**

If yes, how much and how often? _____

2. List the approximate date you were last intoxicated (drunk):

3. List the last time you drove a vehicle while under the influence of alcohol or drugs:

4. Since the age of seventeen, have you ever been arrested because of an alcohol related offense? This includes, but is not limited to, DUI/DWI, Public Drunk/Intoxication, Disorderly Conduct, Minor in Possession of Alcohol, etc? **YES** **NO**

If yes, explain fully on the back of the page.

GAMBLING

1. Circle any of the following you have gambled on in the last 10 years.

CARDS	HORSES	DOGS
DICE	LOTTERY (scratch off)	LOTTO (Mega Millions, PowerBall, etc.)
NUMBERS	SPORTING EVENTS	SLOT MACHINES
OTHER		

List the extent of your gambling on any of the above you have circled or listed.

2. Do you have any gambling debts? _____ **YES** _____ **NO**
If yes, explain fully on the back of the page.
3. Have you ever borrowed money to gamble? _____ **YES** _____ **NO**
If yes, explain fully on the back of the page.

MISCELLANEOUS QUESTIONS

1. Have you ever had a pilot's license? **YES** **NO**
 If yes, is it current? **YES** **NO** If no, explain: _____

Is your F.A.A. physical current? **YES** **NO** If no, explain: _____

List your total fixed wing flight time hours: _____

List your total rotary flight time hours: _____

Have you ever been involved in an air-related incident? **YES** **NO**

If yes, explain fully on the back of this page.

Have you ever been charged with flying an Aircraft under the Influence of Alcohol or Drugs or of a violation of any Federal Aviation Regulation (FAR), or any federal or state statute pertaining to the ownership, maintenance, or operation of an aircraft? **YES** **NO**

If yes, explain fully of the back of the page.

2. Have you ever applied for a permit to carry a weapon? **YES** **NO**

If yes, was the permit granted? **YES** **NO**

Date permit granted: _____

Which agency granted the permit? _____

Location of agency granting permit: _____

If permit to carry a weapon was not granted, fully explain your answer on the back of this page.

3. Do you possess any other professional license? **YES** **NO** If yes, complete the table below.

TYPE OF LICENSE (ex. CPA, Beautician, Barber, RN, etc.)	DATE RECEIVED	STATE OF LICENSE	STATUS OF LICENSE

If you possess a professional license, has it ever been revoked or suspended for any reason?

YES **NO** If **yes**, explain fully on the back of the page.

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

YES **NO** If **yes**, explain fully on the back of the page.

5. Is there any reason why you cannot work flexible, rotating shifts as they are related specifically to your job assignment or duties?

YES **NO** If **yes**, explain fully on the back of the page.

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

YES **NO** If **yes**, explain fully on the back of the page.

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

YES **NO** If **no**, explain fully on the back of the page.

PERSONAL REFERENCES

Provide all information (i.e., address, email, phone, etc.) for each reference. Your references **cannot** be PAST/PRESENT SUPERVISOR, BOSS, MANAGER, or RELATIVES by blood or marriage. Must be 2 males and 2 females; must live at different address.

Applicant's Full Name: _____

1.

NAME	RELATIONSHIP (co-worker, neighbor, friend, etc.)	# OF YEARS KNOWN
------	--	------------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

HOME PHONE	WORK PHONE
------------	------------

<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
-------------------------------	---------------------------------

E-MAIL ADDRESS

2.

NAME	RELATIONSHIP (co-worker, neighbor, friend, etc.)	# OF YEARS KNOWN
------	--	------------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

HOME PHONE	WORK PHONE
------------	------------

<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
-------------------------------	---------------------------------

E-MAIL ADDRESS

3.

NAME	RELATIONSHIP (co-worker, neighbor, friend, etc.)	# OF YEARS KNOWN
------	--	------------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

HOME PHONE	WORK PHONE
------------	------------

<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
-------------------------------	---------------------------------

E-MAIL ADDRESS

4.

NAME	RELATIONSHIP (co-worker, neighbor, friend, etc.)	# OF YEARS KNOWN
------	--	------------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

HOME PHONE	WORK PHONE
------------	------------

<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
-------------------------------	---------------------------------

E-MAIL ADDRESS

TEN (10) YEAR PERSONAL HISTORY

Provide a continuous personal history for the past **ten** years to include all periods of **employment, unemployment, education** (college, high school, middle school, etc). Short-term, part-time and temporary employment must be included. Begin with your current position or status and work backwards. **Make copies (if needed) of the blank forms before filling them out.**

FULL NAME: _____

NAME OF ORGANIZATION OR FIRM:	TELEPHONE: () -	DATES: FROM MO/YR TO MO/YR
ADDRESS:		
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR:	HOURS WORKED PER WEEK:
		PAY: Start End
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON(S) FOR LEAVING:		

NAME OF ORGANIZATION OR FIRM:	TELEPHONE: () -	DATES: FROM MO/YR TO MO/YR
ADDRESS:		
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR:	HOURS WORKED PER WEEK:
		PAY: Start End
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON(S) FOR LEAVING:		

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SPECIFIC REASON(S) FOR LEAVING:		

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		PAY: Start End
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SPECIFIC REASON(S) FOR LEAVING:		

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		PAY: Start End
DESCRIBE SPECIFIC JOB DUTIES:		
SPECIFIC REASON(S) FOR LEAVING:		

SWORN STATEMENT

I hereby swear that all statements made in this questionnaire are true and complete. I also understand that any misstatements of material facts will subject me to disqualification and termination of the application process or employment and could result in criminal prosecution under OCGA 16-10-20.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE OF COMPLETION

INVESTIGATOR