

# **Douglasville Police Department**



**Sworn Employment Application**

## Douglasville Police Department

### Job Application Questionnaire

#### Applicant's Name

\_\_\_\_\_

**Last**

**First**

**Middle**

This employment application is not an offer of employment nor a contract for employment. The completion of this application does not constitute an agreement, or promise to hire the applicant.

This employment application is the basis for the employment screening process and background investigation conducted by the Douglasville Police Department on each applicant for a position of employment. The answers that you provide for each question on this application must be full and complete and completed in black ink by the applicant. Any information that is erroneous in nature or not provided on this application, whether intentional or unintentional, will constitute the basis for your elimination from consideration for the employment you now seek. Additionally, should you become employed with the Douglasville Police Department, and at any time subsequent to your employment, fraudulent, misleading, or information missing from this application is discovered, your employment will be terminated. Please be sure that you carefully consider each and every question asked of you by this application and that you provide honest and complete information. If the question does not apply to you put "N/A" for the answer to that particular question. Any answer which requires more space than provided may be answered on the reverse side of the page, with the question number indicated beside the information. Incomplete applications will not be accepted.

I understand that if I do not wish to answer a question in this booklet, I may choose not to do so and my application will be terminated.

I have read and understand the above statement.

Signature of applicant: \_\_\_\_\_

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

Recruitment Officer: \_\_\_\_\_

State of Georgia  
County of Douglas

Signed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_  
Produced Identification

Notary Seal

\_\_\_\_\_  
Notary Public, State of Georgia

## Douglasville Police Department Authorization to Release Information

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agency of the City of Douglasville, or to any authorized agent of a criminal justice agency or any private agency upon request of the City of Douglasville Police Department, whether the said records are of public, private or confidential nature. I direct release of such records regardless of any agreement I may have made previously to the contrary. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultations including hospitals, clinics, private practitioners, and the U.S. Veteran's 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 attorney's at law or of other counsel whether representing me or another person in my case, wither criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by 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 Douglasville. 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 for damages of whatever kind or nature which may at any time result to me on account of compliance on any attempts to comply with this authorization.

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.

\_\_\_\_\_  
Applicants Signature (including maiden name)

\_\_\_\_\_  
Date signed

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Telephone Number (include area code)

State of Georgia  
County of Douglas

Signed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_  
Produced Identification

Notary Seal

\_\_\_\_\_  
Notary Public, State of Georgia

## **Douglasville Police Department Polygraph Examination Agreement**

The undersigned applicant for the position of Police Officer with the Douglasville Police Department understands and agrees to voluntarily submit to an examination by a professional polygraphist prior to being accepted for employment with the Douglasville Police Department. The undersigned person also understands and agrees that he/she will voluntarily submit to an examination by a professional polygraphist pursuant to an administrative investigation and at any time during their employment with the Douglasville Police Department.

The undersigned person also understands and agrees that the results of any polygraph examination given then will only be considered for administrative or departmental purposes relating to their employment by the Douglasville Police Department. The undersigned person further agrees and understands to release, absolve, and forever hold harmless the Douglasville Police Department, its officers, agents, and employees and the polygraph firm conducting the polygraph examination, their agents, officers, and employees from any liability resulting from the operation of the equipment or use of the results obtained there from. This also applies to any and all suits, actions, or causes of action at law, claim, demand or liability, which the executors, or administrators may have resulting directly, indirectly, or remotely from the undersigned person having taken such polygraphs.

The undersigned person also understands and agrees that, if the City of Douglasville makes a conditional offer of employment, the undersigned will submit to a polygraph examination, and that successful completion of the polygraph examination will be one of the conditions of for receiving a firm offer of employment from the City of Douglasville

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

State of Georgia  
County of Douglas

Signed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_  
Produced Identification

Notary Seal

\_\_\_\_\_  
Notary Public, State of Georgia



# CITY OF DOUGLASVILLE

6695 CHURCH STREET  
 P. O. BOX 219  
 DOUGLASVILLE, GEORGIA 30133  
 (770) 920-3000  
 FAX (770) 920-3951

## CRIMINAL HISTORY CONSENT FORM

<b>Full Name (Please Print):</b>		
<b>Aliases (Include Maiden Name):</b>		
<b>Social Security #</b>	<b>DOB:</b>	<b>RACE:</b>
<b>SEX:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>To Be Disseminated To:</b>		
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p><b>STATEWIDE CRIMINAL HISTORY REPORT</b></p> <p>I hereby request and authorize the Douglasville Police Department to receive a statewide criminal history pertaining to me, from the files of the Georgia Criminal Information Center (GCIC). This history should reflect any reportable offenses from all local and state criminal justice agencies in Georgia.</p> </div>		
<b>Signature:</b>		<b>Date:</b>
State of Georgia County of Douglas		
Signed before me this ____ day of _____, 20____, by _____.		
_____ Produced Identification		
Notary Seal	_____ Notary Public, State of Georgia	
<b>Attention</b>		
<p>In the event an adverse decision is made based on the information contained in this criminal history, the individual or agency making the decision is required, under penalty of law, to inform the record subject of all information pertinent to that decision. "This disclosure must include that a criminal history inquiry was made, the specific contents of the record, and the effect the record had upon the decision." Failure to do so can result in fines and/or imprisonment as provided for in OCGA 33-3-34(b) and GCIC 140-2.04(1)(b)(3).</p>		
<b>DO NOT WRITE BELOW THIS LINE/POLICE DEPT USE ONLY</b>		
<p>A check of statewide criminal history files was conducted and revealed that the above named individual has not record <input type="checkbox"/>/the attached record <input type="checkbox"/> of ____ pages. However, this does not preclude the existence of a criminal record or additional records within Douglasville, Douglas County, the State of Georgia, or the United States. The recipient of this form is advised this report is based solely on the files of GCIC, that all offenses are not required to be reported to GCIC, and that the dissemination of certain protected criminal history information to individuals and employers is forbidden by law. Original to be placed in log book/Copy with raised seal to requestor</p>		
<b>Search Conducted by:</b>		<b>Date:</b>
State of Georgia County of Douglas		
Signed before me this ____ of _____, 20____, by _____.		
_____ Personally Known		
Notary Seal	_____ Notary Public, State of Georgia	

**Douglasville Police Department**

**Authorization to Obtain a Consumer Credit Report for  
Employment Purposes**

The City of Douglasville is hereby authorized to obtain a consumer credit report regarding my credit history for employment purposes.

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

Print Name: \_\_\_\_\_

State of Georgia  
County of Douglas

Signed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.  
\_\_\_\_\_  
Produced Identification

Notary Seal

\_\_\_\_\_  
Notary Public, State of Georgia







Do you have a current Georgia Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

Current Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

List any past Driver's License information:

License Number	State
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever had a driver's license suspended, revoked, or refused? Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all traffic citations within the last seven (7) years.

Type of Violation	City/County/State	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have liability insurance at the present time? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Did you ever have your vehicle insurance cancelled? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

How did you find out about this position: \_\_\_\_\_

Please list all jobs you have had in the past fifteen (20) years including Military Service. List the most current employer first:

Name of Employer: \_\_\_\_\_  
 Dates of Employment:            From: \_\_\_\_\_            To: \_\_\_\_\_  
 Job Title: \_\_\_\_\_            Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Dates of Employment:            From: \_\_\_\_\_            To: \_\_\_\_\_  
 Job Title: \_\_\_\_\_            Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Dates of Employment:            From: \_\_\_\_\_            To: \_\_\_\_\_  
 Job Title: \_\_\_\_\_            Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Dates of Employment:            From: \_\_\_\_\_            To: \_\_\_\_\_  
 Job Title: \_\_\_\_\_            Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Dates of Employment:            From: \_\_\_\_\_            To: \_\_\_\_\_  
 Job Title: \_\_\_\_\_            Supervisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Would any problem result if your present employer were contacted during the background investigation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Did a supervisor ever reprimand you for misconduct or not doing your job?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did a supervisor ever reprimand you for being late or for being absent?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired or asked to resign from any place of employment?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the United States Military? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Branch: \_\_\_\_\_ Service Number: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Job duties: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

(A copy of your DD214 will need to be provided).

Were you ever court-martialed, tried on charges, received an Article 15, or the subject of company punishment, or any other disciplinary action while a member of the Armed Forces?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently a member of the National Guard or any reserve unit? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If "YES", list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Criminal Activity

Have you ever been detained, arrested, or convicted for any criminal offense? (Include juvenile offenses) Yes \_\_\_\_\_ No \_\_\_\_\_

Date	Charge	Agency	Circumstances
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever committed or been involved in a serious or undetected crime?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

(NOTE: The last page of this application denotes those offenses in the Georgia Criminal Code, which we consider serious offenses. Please read this list prior to responding).

Has any member of your family ever been arrested for or convicted of a felony crime?

Yes: \_\_\_\_\_ No: \_\_\_\_\_. If "YES", explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have gambling debts? Yes: \_\_\_\_\_ No: \_\_\_\_\_.

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been placed on probation or parole? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever illegally sold, possessed, manufactured or delivered illegal drugs or marijuana?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever tried or used illegal drugs and/or marijuana illegally? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If "YES", under what circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has alcohol or drug use ever affected your ability to come to work or perform on the job?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ .If "Yes", explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Financial Information

**NOTE: Exclude all debts incurred as a result of a disability.**

Have you ever filed for/declared Bankruptcy, Chapter 7, Chapter 11, or Chapter 13?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "YES", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list monthly payments, to include housing, utilities, all creditors, etc., use the reverse side of this page if necessary.

Name of Firm	Monthly Payment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Have any of your bills ever been turned over to a collection agency or have you ever had anything repossessed? Yes:\_\_\_\_\_ No:\_\_\_\_\_. If "YES", explain:\_\_\_\_\_

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Are you currently delinquent on any creditors? Yes:\_\_\_\_\_ No:\_\_\_\_\_. If "YES", which ones? \_\_\_\_\_

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Are you presently under any court order to make payments to any person(s), companies, etc.? Yes:\_\_\_\_\_ No:\_\_\_\_\_. If "YES", List:\_\_\_\_\_

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## Record of Education

List the name and address of the Schools attended:

**High School**

Name and Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

**College**

Name and Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

**College (if more than one)**

Name and Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

**College (if more than one)**

Name and Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

**College (if more than one)**

Name and Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Quarter or semester hours: \_\_\_\_\_

**College (if more than one)**

**Name and Address:** \_\_\_\_\_

**Course of Study:** \_\_\_\_\_ **Dates Attended:** \_\_\_\_\_

**Degree attained:** \_\_\_\_\_ **Quarter or semester hours:** \_\_\_\_\_

**Other(Specify)**

**Name and Address:** \_\_\_\_\_

**Course of Study:** \_\_\_\_\_ **Dates Attended:** \_\_\_\_\_

**Degree attained:** \_\_\_\_\_ **Quarter or semester hours:** \_\_\_\_\_

Have you ever applied for a permit to carry a concealed weapon? Yes: \_\_\_\_\_ No: \_\_\_\_\_.  
If "YES", where, when and for what reason? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a certified officer, have you ever been involved in a shooting incident?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_. If "YES" where, when and for what reason?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any specialized skills that may be beneficial to this department? (Photography, computers, firearms, etc.) Yes: \_\_\_\_\_ No: \_\_\_\_\_.

If "YES", explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know any Law Enforcement Officer who works for the Douglasville Police Department?

Yes: \_\_\_\_\_ No: \_\_\_\_\_.

If "YES", what are their names? \_\_\_\_\_

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Are you related to any person who is employed by the City of Douglasville? Yes: \_\_\_\_\_  
No: \_\_\_\_\_. If "YES", who is the relative and what is your relation to this individual?

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You have been given a written job description listing the essential job functions of the position for which you have applied. Please review the job description and answer the following questions.

Are you able to perform each of the essential job functions listed for each position for which you have applied? Yes: \_\_\_\_\_ No: \_\_\_\_\_.

If "No", list the functions you are unable to perform and explain why you are unable to perform them

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Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_.

If "Yes", verification will be required upon employment.

Are you of legal age to work? \_\_\_\_\_ (for a police officer, at least 18 years of age)

If your application is considered favorably, on what date will you be available for work?

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Do you have any applications now pending with any other Law Enforcement Agencies?  
Yes:\_\_\_\_\_ No:\_\_\_\_\_. If "YES", which agencies?

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Are you willing to withdraw your pending applications in writing, from those agencies and supply us with a copy of the letter of withdrawal? Yes:\_\_\_\_\_ No:\_\_\_\_\_.

Do you understand that you will be required to conform to a strict dress code, which does include items such as hair length, facial hair, jewelry and personal hygiene? Yes:\_\_\_\_\_ No:\_\_\_\_\_.  
If offered a position, are you willing to conform to the dress code Yes:\_\_\_\_\_ No:\_\_\_\_\_.

Law Enforcement is a twenty-four hour per day, seven day a week vocation. Do you have any objection to working any shift, nights, weekends, or holidays? Yes:\_\_\_\_\_ No:\_\_\_\_\_.

## Douglasville Police Department Serious Offense Disclosure List

The purpose of this page is to provide you, the applicant, with a readily available list of those criminal offenses, which have been established by the State of Georgia as prosecutable offenses under the Criminal Code of the State of Georgia. Should you have any questions as to the meaning of any particular offense, please ask your recruitment officer to explain the offense to you.

Criminal Solicitation	Criminal Damage to Property	Possession of an
Conspiracy	Interference with Government	Unlawful weapon
Murder	Property	Carrying a pistol
Voluntary Manslaughter	Vandalism	w/o a license
Involuntary Manslaughter	Arson	Gambling
Aggravated Assault	Criminal Possession	Contributing to the
Battery	Explosives	delinquency of
Aggravated Battery	Criminal Possession of	a minor
Kidnaping	Incendiary Devise	V.G.C.S.A.
False Imprisonment	Theft	D.U.I.
Hijacking	Armed Robbery	Obstruction
Interference with Custody	Robbery	Attempting to Elude
Reckless Conduct	Forgery	an officer
Cruelty to Children	Issuance of Bad Checks	Any acts of Domestic
Feticide	Illegal use of a Credit Card	Violence
Rape	Fraud	
Sodomy	Bribery	
Aggravated Sodomy	Impersonating a Peace Officer	
Statutory Rape	Giving False Information	
Child Molestation	False report of a crime	
Bestiality	Concealing a death	
Necrophilia	Hindering apprehension of a	
Public Indecency	Criminal	
Prostitution	Escape	
Pimping	Perjury	
Pandering	False Swearing	
Solicitation of Sodomy	Embracery	
Masturbation for Hire	Influencing Witnesses	
Bigamy	Tampering with Evidence	
Incest	Treason	
Sexual Battery	Inciting an insurrection	

Burglary  
Possession of Tool

Wiretapping  
Eavesdropping

## Douglasville Police Department

Your interest in employment with the Douglasville Police Department is greatly appreciated. In order to properly process your background investigation, a photocopy of the following documents, when applicable, will be needed when you turn in this background investigation booklet. No booklet will be accepted without this information. Place a check mark beside the information you have enclosed with the booklet.

- Birth Certificate
- Social Security Card
- Valid Georgia Drivers License
- Automobile Insurance Card
- High School Diploma
- G.E.D.
- College/Technical School Diploma
- College/Technical School Original Transcripts
- Police Academy Diploma
- P.O.S.T. Basic Certification
- P.O.S.T. Certifications
- P.O.S.T Training Certificates
- Naturalization Card
- Military DD-214 (Long form)
- Military Discharge Certificate
- Commendations and Awards

Should you have any questions concerning the background investigation booklet or obtaining copies of the above listed documents, contact the Training Lieutenant at the Douglasville Police Department at (678) 715-6953. When you have completed the background investigation booklet and made copies of the above listed documents, return the entire booklet and forms to the City of Douglasville's Human Resources Department. The application **WILL NOT** be accepted without all the proper documentation attached. The applications can either be returned in person to the Douglasville City Hall or mailed to the following address:

City of Douglasville  
P.O. Box 219  
Douglasville, Georgia 30133  
Attention: Human Resources Director