

Boston Police Department Employment Application

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

Okey#	Position applying for
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PERSONAL DATA

Name	DOB	SSN
Street Address and/or Mailing Address	City	State Zip
Home Telephone Number	Business Telephone Number	Cellular Telephone Number
Date you can start work	Salary Desired	Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>
Drivers License #	DL State	DL Class
Are you authorized to work in the U.S. on an unrestricted basis?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you serve in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, What branch:	
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) If yes, explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can you perform these essential functions of the job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>		

QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name	Degree	Address/City/State
School			
School			
Other			

SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.)

REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary.

Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes No N/A

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date



BOSTON POLICE DEPARTMENT

Charles J Pettus, Chief of Police

I, _____, hereby acknowledge that I am a Peace Officer applicant, or a candidate for appointment or certification to a position as a Peace Officer in the State of Georgia, or for attendance at a basic training course required for such appointment and certification.

1. I hereby request that my former employers release to any law enforcement agency requesting employment related information as defined in O.C.G.A. §35-8-8(c)(1) the following:

All written information contained in a prior employer's records or personnel files that relates to an applicant's, candidate's, or peace officer's performance or behavior while employed by such prior employer, including performance evaluations, records of disciplinary actions, and eligibility for rehire. Such term shall not include information prohibited from disclosure by federal law or any document not in the possession of the employer at the time a request for such information is received.

2. In consideration of your providing such information to my prospective Law Enforcement employer, I hereby forever release and agree to hold harmless and to defend from all liability for any claims, causes of action or suits or charges by every former employer who provides such complete and accurate information about my employment to the requesting law enforcement agency in accord with O.C.G.A. §35-8-8(c)(2).

3. I understand that O.C.G.A. §35-8-8(c)(5) provides as follows:

Before taking final action on an application for employment based, in whole or in part, on any unfavorable employment related information received from a previous employer, a law enforcement agency shall inform the applicant, candidate, or peace officer that it has received such employment related information, and that the applicant, candidate, or peace officer may inspect and respond in writing to such information. Upon the applicant's, candidates, or peace officer's request, the law enforcement agency shall allow him or her to inspect the employment related information and to submit a written response to such information. The request for inspection shall be made within five business days from the date that the applicant, candidate, or peace officer is notified of the law enforcement agency's receipt of such employment related information. The inspection shall occur not later than ten business days after said notification. Any response to the employment related information shall be made by the applicant, candidate, or peace officer not later than three business days after his or her inspection.

Applicant Signature

(Print Name)

Sworn to Before Me this ____ day of _____ 20__

Notary Public

Signature of Notary

My commission expires: _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Boston Police Department (GA) Agency/Company to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature Date

Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & Ill Info Received)
<input checked="" type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & Ill Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title

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

Georgia Driver's History Consent Form

I hereby authorize the Boston Police Department
(fire department/law enforcement agency name)

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)

Address

Sex

Date of Birth

Driver's License Number

Signature

Date