

HOLLY SPRINGS POLICE APPLICANTS

KEN BALL, CHIEF OF POLICE

WARNING: Intentional falsifications or omissions shall be deemed adequate grounds for disqualification from the hiring process.

The completed Applicant Background Investigation Booklet shall be returned to:

Holly Springs Police Department

P.O. Box 990

Holly Springs, Georgia 30142

On or before the date specified below:

Booklet Due Date	
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All questions should be directed to the Holly Springs Police Department.

Call (770) 345-5537 and ask for someone in Administration.

Booklet received date:	By:
Date reviewed:	By:

INSTRUCTIONS

- 1. This Background Booklet must be completed in its entirety with all requested information supplied by the applicant.**
- 2. Please print in your own handwriting using black ink. Provide all information requested.**
- 3. Read and review this booklet before you begin.**
- 4. The acknowledgment on the final page will be signed and notarized when the booklet is returned to the Holly Springs Police Department, and this must be done in the presence of a member of the Holly Springs Police Department who is involved in the applicant hiring process.**
- 5. All documents requested must be brought with you when you return the background book. The Training Unit will make copies of your documents. Copies will be accepted if they show the issuing agency's seal or a Notary statement of authenticity.**

The Items Below Are The Requested Supportive Documents.

Documents	
Drivers License	
Birth Certificate	
Social Security Card	
High School / GED Diploma	
College Diploma	
Seven Year Driver's History From State DMV	
DD 214(s)	
Name Change Document(s)	
Essays Completed (Oral Interview Date)	
Background Booklet Completed	

About Your Background Investigation

Why is a background investigation necessary? _____
Initial

The general public expects Public Safety employees to be of good character and reputation, fit to serve their needs. To facilitate this public demand and the requirements of law, a confirmation of certain personal and work-related information is accomplished for each applicant. This investigation is not intended to discover derogatory information about you, but to confirm your suitability for the job. Data is gathered from various information sources as well as personal interviews with references, acquaintances, and past employers. Information you provide, as well as information the investigation reveals, is **STRICTLY CONFIDENTIAL** and will not be released to unauthorized persons.

Should you have any questions regarding your employment process, contact a member of the Holly Springs Police Department Administrative Services.

Thank you for your interest in employment with the Holly Springs Police Department.

Change of Information: _____
Initial

It is the responsibility of each applicant to notify the Holly Springs Police Department of any and all changes in information, which has been entered in this booklet, by the applicant.

By affixing your signature to the “**Acknowledgment**” page at the end of the booklet, you agree to keep Holly Springs Police Department informed of any and all changes to the information you have entered or otherwise provided either verbally or written. This includes, but is not limited to: arrests or criminal charges, job terminations, changes in financial status, civil litigation, illegal drug use, residence changes, telephone number changes, or other information.

Your notification of changes in information can be made in person, by telephone, or in writing, but only to a member of the Holly Springs Police Department Administrative Services Division.

Are you a United States citizen? Yes () No ()

Are you

Natural Born		Naturalized		Resident Alien	
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If you are a naturalized citizen of the United States, provide your certificate of citizenship document number: _____

List all organizations, clubs, and associations which you are now, or ever have been a member of or associated with: _____

What are your hobbies, special skills, and abilities? Please include any foreign language skills: _____

RESIDENCES

List all of your addresses for the last ten years. Start with your present address at the top, and include any address you had while in the military or college (*Include all apartment numbers*):

	FROM: Mo. / Yr.	TO: Mo. / Yr.	STREET ADDRESS	CITY	STATE	ZIP
Now						
2						
3						
4						
5						
6						
7						
8						
9						
10						

In the blocks below, list the names of the local law enforcement agencies which have or had jurisdiction where you lived. Use the corresponding residence numbers:

	NAME OF LAW ENFORCEMENT AGENCY
Now	
2	
3	
4	
5	
6	
7	
8	
9	
10	

In the space provided, give the names, addresses and phone numbers of two of your closest neighbors:

NAME	ADDRESS	DAYTIME PHONE

EDUCATION

What is the highest year of school you have completed? _____

In the space provided list the all high schools, colleges, universities, professional trade or vocational schools that you attended:

ATTENDE D From/To Mo. / Yr.	NAME OF SCHOOL High School, College, Etc.	STREET ADDRESS	CITY	STATE	GRADUAT E YES/NO	DIPLOMA/DEGREE COURSE OF STUDY
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						

If you have any technical skills, not necessarily acquired through formal education, list them: _____

Were you ever expelled or suspended from any school or disciplined by any school official? *(To include academic probations and suspensions)* Yes () No ()

If yes, explain: _____

REFERENCES

Fill in the names of five persons not related to you by blood or marriage, and not former employers, who have known you for at least **five** years. All persons you name may be asked to appraise your character, ability, experience, personality, or other qualities.

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

ACQUAINTANCES

Fill in the names of four persons not related to you by blood or marriage, not former employers, and not the references you listed under **REFERENCES**. These names may include, but are not limited to friends, fellow students, and coworkers. The names should also be people who have seen you frequently during the past year. Two of the acquaintances ***MUST*** be coworkers.

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

COWORKERS

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

EMPLOYMENT HISTORY

Are you currently a Georgia P.O.S.T. Certified Peace Officer? Yes () No ()

Have you been awarded any Georgia P.O.S.T. certification or any certification from another state?
 Yes () No () If yes, please provide the state, type of certification, and the certification number:

STATE	TYPE OF CERTIFICATION	NUMBER

What is your present occupation? _____

How did you find out about this job? _____

Have you previously submitted an application for employment to the City of Holly Springs Police Department? Yes () No ()

If yes, Please explain giving the position applied for, the date, and the outcome below: _____

If you were previously employed with the City of Holly Springs Police Department why did you leave?

Have you ever been declined employment? Yes () No () If yes, please explain: _____

List all Law Enforcement agencies in which you have submitted applications:

LAW ENFORCEMENT AGENCY AND POSITION APPLIED	DATE APPLIED	HOW FAR ARE YOU IN THE HIRING PROCESS

Have you ever taken the Georgia POST Entrance Exam? Yes () No ()

If yes, when and where: _____

Please answer the following:

1	Do you object to wearing a uniform, or carrying or using any equipment required to perform the duties of a police officer?	YES	NO
2	Do you object to, or would anything in your life prevent you from working evenings, nights, weekends, or holidays?	YES	NO
3	Do you have previous experience with shift work?	YES	NO
4	Have you ever been involved in a business as an owner, as a partner, or as a corporate member?	YES	NO
5	Do you hold active or silent interests in any company?	YES	NO
6	Have you ever worked for a member of your family?	YES	NO
7	Have you ever left a job without giving notice when notice was required?	YES	NO
8	Have you ever had any arguments concerning job duties or working conditions with an employer?	YES	NO
9	Has a supervisor ever reprimanded you for being late or for being absent?	YES	NO
10	Has a supervisor ever reprimanded you for misconduct or for not performing your job properly?	YES	NO

If any are answered yes, please explain using the number(s) from the questions above: _____

Circle the number of times you have been asked to resign or have been fired from a job.

0 1 2 3 4 5 6 7 8 9 10

Please provide an explanation for the number circled:

Circle the number of times that you have resigned after being told that your employer intended to fire you, or take any form of disciplinary action against you.

0 1 2 3 4 5 6 7 8 9 10

Please provide an explanation for the number circled:

Circle the number of times that you have resigned after an internal investigation has been started by your employer involving you.

0 1 2 3 4 5 6 7 8 9 10

Please provide an explanation for the number circled:

Is your Law Enforcement, Correction, Jailer, Probation, or Parole Officer Certification under investigation by any state or federal Law Enforcement Training Council? Yes () No ()
If yes, please explain: _____

Has your Law Enforcement, Correction, Jailer, Probation, or Parole Officer certification ever been revoked or placed on probation of by any state or federal Law Enforcement Training Council?
Yes () No () If yes, please explain: _____

List all the jobs you have held in the last ten years. Start with your present or most recent position. Include all periods of full time, part time, and temporary positions. **List all periods of unemployment.** List a single military enlistment as one job. Include any Law Enforcement positions held during your lifetime. **IMPORTANT: Holly Springs Police Department will verify your work history through existing records.**

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

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ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
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TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

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TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
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TELEPHONE	TO	
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POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
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POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
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POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

FINANCIAL INFORMATION

A credit report will be obtained for all applicants. You will be required to sign a consent form in order for us to check your credit history. Please answer the following questions regarding your financial history.

Are you now in, or have you ever filed bankruptcy?

Yes () No () If yes, please explain giving dates and pertinent details below:

LOCATION OF COURT	DATE	DETAILS

Have you ever been involved in any type of lawsuit? (*Criminal, Civil, Divorce, or Traffic, etc.*)

Yes () No () If yes, please explain:

LOCATION OF COURT	DATE	TYPE OF LAWSUIT

Do you pay child support?

Yes () No () If yes, to whom do you pay?

NAME	ADDRESS	PHONE #

How much and how often do you pay this support? _____

Are you now behind on your child support payments? Yes () No ()

MILITARY INFORMATION

Have you ever attempted to join any branch of the armed forces? Yes () No ()

If yes, please explain: _____

Have you ever served active duty in any branch of the armed forces? Yes () No ()

If yes, what branch? _____

What is, or was your service number? _____

List the date and location of entrance to active duty: _____

List the date and location of discharge from active duty: _____

What was the highest rank held? _____

List the periods of your active military service:

FROM	TO	LOCATION

List all medals and decorations awarded to you as a member of the armed forces: _____

Have you ever been a member of any branch of the United States Reserve Forces?

Yes () No () If yes, please list:

Branch of service From To

Where you active or inactive? _____

If active, please list location: _____

What rank did you hold? _____

Have you ever been a member of the National Guard? Yes () No ()

If yes, what State? _____

Location From To

Rank held: _____

Have you ever been court marshaled, tried on charges, the subject of an article 15, company punishment, or any other disciplinary action while a member of any branch of the armed forces? **(Including active duty, reserves, or National Guard)** Yes () No () If yes, please explain: _____

ALCOHOL

Do you drink alcoholic beverages? Yes () No () If yes, to what extent? _____

Have you ever used alcohol during working hours on any jobs you have ever held? (***This would include during lunch, coffee breaks, etc. as well as when actually working.***) Yes () No ()

If yes, please explain: _____

Have you ever been arrested and/or convicted because of drinking? Yes () No ()
If yes, please explain: _____

ILLEGAL DRUGS

IMPORTANT:

Take time to read this section before making any entries. Your entries **must be truthful**.

Definition / Guidelines

Illegal drugs / substances: Any pill, powder, crystal, fluid, gas, propellant, liquid, or any other form of substance which has been, or is considered as an illegal and / or dangerous drug, or controlled substance.

It is a fact some individuals have experimented with drugs or substances sometime in their life. In the spaces provided list all illegal drugs or controlled substances you have ever tried, used, or experimented with in your entire lifetime. Please include any steroid use.

- I have never used an illegal drug or substance.
- I have tried/used the drugs or substances listed below.

DRUG TYPE/NAME	DATE FIRST USED	DATE LAST USED	NUMBER OF TIMES USED

Have you ever taken a prescription medication, which was not prescribed, to you?

Yes () No () If yes, please provide the information below:

DRUG TYPE/NAME	DATE FIRST USED	DATE LAST USED	NUMBER OF TIMES USED

List any and all illegal drugs or substances you have ever sold, distributed, or given away to any person or group by any method. This is to include selling, distributing, or giving away to friends or to members of your family, at no profit to yourself.

- I have never been involved in drug sales or distribution of any kind.
- I have sold, distributed, or given away the following drugs / substances in my lifetime.

DRUG TYPE/NAME	NUMBER OF TIMES DISTRIBUTED	VERY LAST TIME DISTRIBUTED

Are you willing to undergo drug screening? Yes () No ()

Have you ever been associated with any person who is/ was involved in any drug activity?

Yes () No () If yes, please explain: _____

CRIMINAL ACTIVITY/ARREST RECORD

It is important that you answer each of the following questions truthfully. The polygraph examiner will take time to listen to anything you have to say in this area.

Check any of the following you have ever committed or done:

ARSON		MURDER	
ASSAULT		PASSING BAD CHECKS	
AUTO THEFT		POSSESSION OF MARIJUANA	
BREAKING & ENTERING/ BURGLARY		POSSESSION OF ANY ILLEGAL NARCOTICS	
DRAG RACING/RECKLESS DRIVING		ROBBERY	
DRUG SALES		SHOPLIFTING	
DUI/DWI		STEAL ANYTHING	
EXTORTION		ANY SEX CRIMES (<i>Rape, Child Molestation, Incest, Aggravated Sodomy, Peeping Tom, etc.</i>)	
VANDALISM		ANY ACT OF DOMESTIC VIOLENCE (<i>Regardless of How Minor</i>)	

If you marked any of the crimes listed, please provide a detailed explanation below:

Have you ever been finger printed? Yes () No () If yes, provide details below:

AGENCY	PURPOSE	DATE

UNDETECTED CRIMES

This section deals with undetected crime. Many people have taken something they really didn't have permission to take. This could be from personal acquaintances, school, a place where they worked, or other locations. This includes actual taking or borrowing company property or equipment, or illegally giving away merchandise to friends, relatives, or co-workers. Answer the following questions.

Determine the dollar amount of property you may have taken from all your employers combined. Circle the amount below that comes closest to that dollar amount.

- \$0 \$5 \$10 \$15 \$25 \$50 \$100 \$200 \$300
\$400 \$500 \$1,000 \$2,000 \$3,000 \$4,000 \$5,000

If you have circled any amount above \$0, please explain:

Have you ever taken cash money from any of your employers? Yes () No ()

If yes, please explain: _____

Have you ever committed a serious undetected crime? This would include any of the listings for a question under the previous section, and would also include such things as embezzlement and computer theft. Yes () No ()

If yes, please explain: _____

DRIVING RECORD

This section pertains to your personal driving history. Your driving record will be verified in each state where you have possessed a driver's license. Please provide all requested information.

List all drivers' licenses that were ever issued to you:

STATE	DRIVERS LICENSE NUMBER	EXPIRATION DATE	DRIVERS LICENSE RESTRICTION(S)

Have you ever had your driver's license suspended or revoked? Yes () No ()

If yes, please explain:

STATE	DRIVERS LICENSE NUMBER	SUSPENSION DATE	REASON FOR LICENSE SUSPENSION

Have you ever been refused a driver's license? Yes () No ()

If yes, please explain:

Have you ever obtained a driver's license under an assumed name? Yes () No ()

If yes, please explain. Include the name, date of birth used, state of issue, license number, and dates:

Provide information below on every motor vehicle accident that you have been involved in (*in which you had control of the vehicle*) during your entire lifetime.

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

List all motor vehicles that you own or use for transportation:

Vehicle Year	Vehicle Make	Vehicle Model	Tag Number & State Registered	Insurance Company & Policy Number	Do You Own The Vehicle?
					YES/NO
					YES/NO
					YES/NO
					YES/NO

Have you ever been involved in any traffic accidents that were not reported? Yes () No ()

If yes, please explain:

Have you ever been involved in any "hit and run" traffic accidents or left the scene of an accident without giving assistance? Yes () No ()

If yes, please explain:

Have you ever been convicted (*including a plea of nolo contendere*) of driving under the influence/driving while impaired? Yes () No ()

If yes, please explain:

IMPORTANT: Do not sign or date this page until you do so in the presence of a member of the Holly Springs Police Department who is involved in the hiring process.

NOTICE TO APPLICANT

Georgia Criminal Code 16-10-71, "False Swearing", a felony punishable by a maximum fine of \$1,000 plus imprisonment for not less than one nor more than five years or both.

Acknowledgment

Having been advised of the penalty of O.C.G.A. 16-10-71, False Swearing and being a lawful applicant for a position with the Holly Springs Police Department, I attest and confirm that all the information contained within this booklet is true and accurate to the best of my knowledge and belief. I understand that all aspects of this information are subject to review and polygraph examination. I further understand that falsification or omission of information from this booklet is grounds for disqualification from the hiring process of the Holly Springs Police Department.

Signed this ____ day of _____, 20____ .

Applicant Legal Signature

Applicant Printed Name

Sworn to and subscribed
before me this ____ day
of _____, 20____.

Notary Public

**HOLLY SPRINGS POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Holly Springs Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions and all Georgia POST records; 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; employment records, including background 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, whether criminal or civil, in which I presently have or have had an interest. I further authorize the full release of all medical records concerning me whether they be for physical examinations, psychological examinations, drug screening test of the blood or urine, or any and all reports where I may have been treated by a physician in any of the medical fields. I further authorize the release of any polygraph testing results.

I understand that upon my application for employment with the Holly Springs Police Department I will be subject to a psychological examination, a drug screening of my blood and urine, as well as a complete physical examination. I further understand that these tests/examinations will be performed by physicians of the departments choosing. I hereby give my full consent to have the results of these examinations released to the Holly Springs Police Department. I understand that these reports could contain information protected under the Health Insurance Portability and Accountability Act of 1996, and herein grant the dissemination of this information by providing this written authorization for the lawful release of this information contained in the aforementioned reports to the Holly Springs Police Department

I understand that any information obtained by a 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 Holly Springs Police Department. 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 which may be incurred as a result of furnishing such information. I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address. 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

This application must be notarized or it will be considered as being VOID.

Witness

Sworn to and subscribed
before me this _____ day
of _____, 20____.

Notary Public

Applicant's Signature (include maiden name)

Address

City State Zip Code

Phone

DOB SSN