

STOP LOOK AND READ IMPORTANT

THINGS TO KNOW

- All required documentation must accompany your application
- All questions should be answered truthfully and with complete explanation where applicable
- If you have questions concerning any part of the process, direct them to the Recruitment office or Background Investigator only.
- Appropriate business attire is required for all interviews and testing. No jeans, tennis shoes, or T shirts will be tolerated
- Applicants should appear for all scheduled interviews and testing on time. If you cannot make an appointment, it is your responsibility to contact the Atlanta Police Recruitment office
- The hiring process can take several months to complete. It is important to keep in touch with your Background Investigator throughout the process informing him or her of any changes from your application

PHASES OF THE HIRING PROCESS

- Applications are received and reviewed for completeness with pre post exam requirements. If the application is complete, the interview and Psychometric exam will be scheduled. All applicants are responsible for their travel expenses
- Background investigation will begin on all applicants who have passed the above listed phase. This investigation will consist of checks into his or her employment history, Criminal History, Driving History, Financial History, Military History, References, and the Computer Voice Stress Analysis (CVSA), Polygraph, and fingerprint results. If an applicant is not disqualified after this phase, the file will be submitted through the chain of command up to the Chief of Police Office.
- The Chief of Police has the final decision on all hiring for the Atlanta Police Department. When the applicant receives a conditional offer of employment then the applicant will be administer a pre employment medical, psychological, and physical agility exam.
- When the applicant passes all of the examinations, the Chief of Police will review the file for final approval
- When the applicant receives a final approval, the applicant will be notified by Human Resource (Personnel Unit), which is the actual first date of employment with the City of Atlanta Police Department.



Georgia Peace Officer Standards and Training Council Entrance Examination Access Form

APPLICANT

O.C.G.A. 35-8-8 requires each candidate for peace officer certification to successfully complete a job related academy entrance examination approved by the POST Council in conformity with state and federal law. Such examination shall be administered prior to entrance to the basic course provided for in Code Sections 35-8-9 and 35-8-11. **Candidates who do not perform satisfactorily on the examination shall be ineligible to retake such examination for a period of six (6) months after an unsuccessful attempt.** The provisions of this paragraph establish only the minimum requirements of academy entrance examinations for peace officer candidates in this state.

NAME: _____
(Last) (First) (Middle)

HOME ADDRESS: _____
(Street Address) (Apt. Number)

(City) (State) (Zip Code)

RACE: _____ SEX: _____ SS# _____

CHECK PURPOSE FOR TESTING: Law Enforcement _____ Corrections/Probation _____

I understand the Entrance Exam score may be used for employment purposes and authorize P.O.S.T. to supply the results (PASS/FAIL ONLY) to other law enforcement agencies that may consider me for employment. Additionally, I understand that The Technical College System of Georgia will provide copies of all test scores to P.O.S.T. for analytical and data purposes.

(Applicant's Signature) (Date)

***** NOTICE *****

Each applicant should:

1. Be on time (once testing begins, no one will be allowed entrance into testing area).
 2. Bring a valid drivers license or other picture I.D. to test site.
 3. No telephones or other electronic devices are permitted in the testing area.
 4. Plan (2) hours for test taking and administration time.
 5. **Return this form and test results with your application for certification to Georgia POST Council.**
- *You may bring a calculator into the testing center for completion of the math skills test. Only calculators approved by ACT may be used. For more information go to: <http://www.act.org/aap/taking/calculator.html>.**

*****NOTICE TO TCSG TESTING FACILITY*****

Please do the following in regard to using the ASSET or COMPASS for testing potential peace officer academy students (law enforcement and corrections/probation):

1. Ask to see a copy of the student's Georgia Peace Office Standards and Training Council Entrance Examination Access Form (**do not keep this form—the student needs this form for P.O.S.T.-related business**).
2. Charge the student the normal application fee.
3. Enter the application into BANNER with the following codes: (POSTL) for law enforcement or (POSTC) for corrections/probation
4. Test the student (normally, you will be using COMPASS).
5. Provide the student with test results as quickly as possible (if you are using COMPASS, in most instances, you should be able to give the student a copy of the results as soon as the testing is completed). Official test results should be printed and placed in a sealed TCSG envelope. You may also provide the student with a second copy, for their records.

CITY OF ATLANTA

CAREERS IN GOVERNMENT

The City of Atlanta is an Equal Opportunity Employer and does not discriminate on the basis of Race, Sex, Age, National Origin, Religion, Sexual Orientation or Physical Disability (except where physical requirements constitute a bona fide occupational qualification).

	<u>STARTING SALARY</u>	<u>TOP SALARY</u>
<u>POLICE RECRUIT</u> (DURING INITIAL ASSIGNMENT AND ACADEMY TRAINING)	\$34,726.36	N/A
<u>POLICE OFFICER WITH</u>		
HIGH SCHOOL DIPLOMA OR EQUIVALENT	\$39,327.60	\$53,599.49
ASSOCIATE'S DEGREE (TWO YEARS OF COLLEGE)	\$40,704.07	\$55,475.47
BACHELOR'S DEGREE (FOUR YEARS OF COLLEGE)	\$42,128.71	\$57,417.11

*After ten (10) annual increases/**Salary increases contingent upon satisfactory job performance.

College and other incentive pay begins upon completion of recruit training. No salary increase shall be awarded to an eligible employee in any year until after the annual operating budget, containing funds for such increases, is adopted by ordinance. (Ord. No. 2007-22(07-O-2700), § 1, 3-27-07)

DUTIES AND RESPONSIBILITIES: A police officer performs a wide range of tasks to promote public safety and security. This includes crime prevention, general enforcement of the law and related work as required. The duties of a police officer include, but are not limited to: patrolling, crime detection, investigation, and traffic enforcement.

MINIMUM REQUIREMENTS:

*UNITED STATES CITIZEN
TESTS

*MINIMUM AGE OF 20
DISCHARGE

*A VALID US DRIVER'S LICENSE

*SUCCESSFULLY PASS THE COGNITIVE SKILLS

*VETERANS MUST HAVE AN HONORABLE

*A HIGH SCHOOL DIPLOMA OR GED CERTIFICATE
*VISUAL ABILITY **CANNOT BE LESS THAN 20/100**
IN EACH EYE UNCORRECTED, AND MUST BE
CORRECTED TO 20/20 WITH GLASSES, CONTACT
LENSES, OR RK SURGERY.

A thorough background investigation will be conducted by the Atlanta Police Department on all applicants who pass the initial phase of the application process. The background investigation includes, but is not limited to the following: polygraph examination, fingerprinting, criminal/driver's history, and employment history. Upon an offer of employment, a psychological interview and a medical examination will be required.

POLICE TRAINING ACADEMY: Police recruits receive a minimum of 760 hours of classroom instruction/training at the Atlanta Police Academy and 240 hours of field training. Each recruit must qualify on the Georgia Double Action/Semiautomatic Pistol Course.

EDUCATIONAL ASSISTANCE: Veterans may be eligible for educational benefits while receiving police training.

PERSONAL DATA (continued)

Have you ever used another name or had your name changed? Yes No

Note: This includes, but is not limited to, Maiden 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

In case of an 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	

How did you learn about the position?

- | | |
|---|--|
| <input type="checkbox"/> NEWSPAPER | <input type="checkbox"/> MAILING LIST |
| <input type="checkbox"/> TELEVISION | <input type="checkbox"/> STATE EMPLOYMENT OFFICE |
| <input type="checkbox"/> BILLBOARD | <input type="checkbox"/> CITY PERSONNEL OFFICE |
| <input type="checkbox"/> RADIO (STATION NAME _____) | <input type="checkbox"/> JOB FAIR OR CAREER DAY |
| <input type="checkbox"/> INTERNET Web Page | <input type="checkbox"/> EMPLOYEE OF THE DEPT. |
| <input type="checkbox"/> TRADE PERIODICAL | <input type="checkbox"/> SCHOOL PLACEMENT OFFICE |

Have you filed an application with the City of Atlanta before? YES NO

]Position(s) last applied for and date: _____

Are you presently employed by the City of Atlanta? YES NO

If YES, list: Department _____ Date Hired _____

Have you been employed previously by the City of Atlanta? YES NO

If so, did you leave in good standing? YES NO

If YES: Date(s) started _____ Date(s) left _____ Position(s) Held _____

Do you hold a valid driver's license? YES NO

License Number _____ State _____ Expires on _____

EDUCATION

Circle the highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 _____ Other

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

Name of High School _____ Dates Attended: From/ To _____

Street Number _____ Street Name _____ City _____ State _____ Zip _____

Telephone Number _____ Date Graduated _____

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

Name of School (If School No Longer Exists, List Name Of the Local Board Of Education) _____

Complete Mailing Address Of School (If School No Longer Exists, List the Address Of The Local Board Of Education) _____

Year GED Obtained _____

State GED Obtained _____

List any degrees that you have received: Such as A.A., A.A.S., B.S., M.P.A., ETC.

Type of Degree _____ Major and Minor Area of Study _____ Year Received _____

Type of Degree _____ Major and Minor Area of Study _____ Year Received _____

Since high school, have you ever been expelled or suspended from any school or been disciplined by any school official? Yes No If YES, explain:

NOTE: The applicant is responsible for furnishing APD with a COPY OF HIS/HER HIGH SCHOOL DIPLOMA and SEALED COLLEGE TRANSCRIPTS (where applicable) at the applicant's own expense.

LAW ENFORCEMENT EXPERIENCE

List all public safety agencies that you have applied with (law enforcement, fire department, correctional, etc.) Include agency name, date you applied, and how far you got in their hiring process. Also list contact name (if available).

1. _____
2. _____
3. _____
4. _____
5. _____

List the number of years and months experience as a certified law enforcement officer:

YEARS _____ MONTH _____

List your P.O.S.T. Certification Number: _____

In the table below, list any and all disciplinary action received while working in a law enforcement position. Include any oral or written reprimands, suspensions, demotions or terminations; date of the action; reason for the action (i.e., auto accident, insubordination, violation of departmental policy, etc); and indicate whether you are currently involved in an open Internal Affairs investigation.

Name of Agency (Include address)	Type of disciplinary action	Date of action	If an Internal Affairs investigation; open or closed	Reason for disciplinary action

MILITARY SERVICE

Have you ever attempted to enlist in any branch of the United States Armed Forces? This can also include Reserves, National Guard, or Coast Guard.

YES NO If YES, what branch _____

Have you ever served in any branch of the United States Armed Forces? This can also include Reserves, National Guard, or Coast Guard.

YES NO If YES, what branch _____

What type of military discharge did you receive? (Honorable, Dishonorable, General, Under Honorable Conditions, Entry Level Separation, Medical, etc.) Be Specific:

Have you ever served in any branch of a foreign military?

YES NO If YES, what branch _____

Have you ever been involved in, or been accused of being involved in, a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.?

YES NO If YES, fully explain on an attached sheet of paper

APPLICANTS WHO HAVE SERVED IN THE MILITARY MUST COMPLETE THE FOLLOWING:

BRANCH OF SERVICE	ENLISTMENT PERIOD	HIGHEST RANK HELD	SERVICE NUMBER

Have you ever been court martialed, tried on charges, or subject of an Article 15, company punishment, OR ANY OTHER disciplinary action while a member of any branch of the Armed Forces?

YES NO If YES, fill in the information in the table below and explain offense(s) in detail on an attached sheet of paper.

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

CHARACTER / SOCIAL REFERENCES

Provide five (5) references (not relatives, those within your household, or employers) who are responsible adults of reputable standing in their communities, such as heads of households, property owners, business or professional men or women, who have known you well for the past five (5) years. Please confirm that all addresses and telephone numbers are current before you submit the application.

REFERENCE 1

NAME		RELATIONSHIP	HOME PHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION		CELL TELEPHONE NUMBER	FAX NUMBER		
E-MAIL ADDRESS					

REFERENCE 2

NAME		RELATIONSHIP	HOME TELEPHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION		CELL TELEPHONE NUMBER	FAX NUMBER		
E-MAIL ADDRESS					

REFERENCE 3

NAME		RELATIONSHIP	HOME TELEPHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION		CELL TELEPHONE NUMBER	FAX NUMBER		
E-MAIL ADDRESS					

REFERENCE 4

NAME		RELATIONSHIP	HOME TELEPHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION		CELL TELEPHONE NUMBER	FAX NUMBER		
E-MAIL ADDRESS					

REFERENCE 5

NAME		RELATIONSHIP	HOME TELEPHONE NUMBER		
HOME STREET #	HOME STREET NAME	CITY	STATE	ZIP CODE	
OCCUPATION		CELL TELEPHONE NUMBER	FAX NUMBER		
E-MAIL ADDRESS					

NEIGHBOR/LANDLORD REFERENCES

Provide three (3) current or recent neighbors or landlord references. The neighbor reference may live next door to you or within three (3) houses or apartments in any direction of your residence. Do not list references that are related to you by blood or marriage. All persons may be asked to appraise your character, ability, experience, personality, and other qualities. Please confirm that all addresses and telephone numbers are current before you submit the application.

REFERENCE 1

NAME		RELATIONSHIP	LENGTH OF TIME KNOWN		
HOME STREET #	STREET NAME		CITY	STATE	ZIP CODE
OCCUPATION	CELL TELEPHONE NUMBER		HOME TELEPHONE NUMBER		
E-MAIL ADDRESS	FAX NUMBER				

REFERENCE 2

NAME		RELATIONSHIP	LENGTH OF TIME KNOWN		
HOME STREET #	STREET NAME		CITY	STATE	ZIP CODE
OCCUPATION	CELL TELEPHONE NUMBER		HOME TELEPHONE NUMBER		
E-MAIL ADDRESS	FAX NUMBER				

REFERENCE 3

NAME		RELATIONSHIP	LENGTH OF TIME KNOWN		
HOME STREET #	STREET NAME		CITY	STATE	ZIP CODE
OCCUPATION	CELL TELEPHONE NUMBER		HOME TELEPHONE NUMBER		
E-MAIL ADDRESS	FAX NUMBER				

EMPLOYMENT HISTORY

In the following tables, list all jobs worked in the LAST 15 YEARS. Include military, volunteer experience, self-employment, internships, and periods of unemployment, ANY part-time work, and ANY full-time work. For any gap of unemployment, write **UNEMPLOYED under the "NAME OF ORGANIZATION" and explain your means of support (i.e. spouses income, parents, unemployment benefits, etc.). Be prepared to show supporting documentation such as tax returns, Dept. Of Human Resources letters, etc. Failure to properly complete the employment history section may result in your disqualification. A resume may be attached only as additional information and will not be accepted in lieu of completing this section. Follow the example:**

EXAMPLE JOB 1

NAME OF ORGANIZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	FAX NUMBER	DATES EMPLOYED: FROM MO/YR TO MO/YR
Atlanta Police Department	(404)853-7650	(404)853-7645	6/1998 Present
COMPLETE ADDRESS: 675 Ponce de Leon Ave. Atlanta, GA 30308			TOTAL TIME EMPLOYED: 4 years
OFFICIAL JOB TITLE: SUPERVISOR/CONTACT	:	NAME OF	OUT OF BUSINESS? YES NO
Police Officer		Sgt. John Doe	NO
DESCRIBE SPECIFIC JOB DUTIES: Patrol officer. Responsible for answering calls for service, report writing, and accident investigation.			
SPECIFIC REASON FOR LEAVING:			
FIRED	LAY OFF	RESIGNED	END OF ASSIGNMENT

EXAMPLE JOB 2

NAME OF ORGANIZATION OR COMPANY	TELEPHONE (INCLUDE AREA CODE)	FAX NUMBER	DATES EMPLOYED: FROM MO/YR TO MO/YR
Atlanta Police Department	(404)853-3434	(404)853-7645	1/1995 6/1998
COMPLETE ADDRESS: 7675 Peachtree Industrial Blvd. Norcross, GA 32222			TOTAL TIME EMPLOYED: 3 years / 6 months
OFFICIAL JOB TITLE:		NAME OF SUPERVISOR/CONTACT:	OUT OF BUSINESS? YES NO
Construction Foreman		Roy Davis	YES - 1993
DESCRIBE SPECIFIC JOB DUTIES: Supervised 20 construction laborers. Responsible for safety rules compliance, payroll, and inventory control.			
SPECIFIC REASON FOR LEAVING: Company went out of business in 1993 - lay off			
FIRED	LAY OFF	RESIGNED	END OF ASSIGNMENT

EMPLOYMENT HISTORY - LIST JOBS IN DESCENDING ORDER BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB.

JOB 1

NAME OF ORGANIZATION OR COMPANY	TELEPHONE NUMBER	FAX NUMBER	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:			TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR/CONTACT		OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			
FIRED	LAY OFF	RESIGNED	END OF ASSIGNMENT

JOB 2

NAME OF ORGANIZATION OR COMPANY	TELEPHONE NUMBER	FAX NUMBER	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:			TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR/CONTACT		OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			
FIRED	LAY OFF	RESIGNED	END OF ASSIGNMENT

JOB 3

NAME OF ORGANIZATION OR COMPANY	TELEPHONE NUMBER	FAX NUMBER	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:			TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR/CONTACT		OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			
FIRED	LAY OFF	RESIGNED	END OF ASSIGNMENT

EMPLOYMENT HISTORY (continued)**JOB 4**

NAME OF ORGANIZATION OR COMPANY	TELEPHONE NUMBER	FAX NUMBER	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:			TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR/CONTACT		OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			
FIRED	LAY OFF	RESIGNED	END OF ASSIGNMENT

JOB 5

NAME OF ORGANIZATION OR COMPANY	TELEPHONE NUMBER	FAX NUMBER	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:			TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR/CONTACT		OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			
FIRED	LAY OFF	RESIGNED	END OF ASSIGNMENT

JOB 6

NAME OF ORGANIZATION OR COMPANY	TELEPHONE NUMBER	FAX NUMBER	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:			TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR/CONTACT		OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			
FIRED	LAY OFF	RESIGNED	END OF ASSIGNMENT

EMPLOYMENT HISTORY (continued)**JOB 7**

NAME OF ORGANIZATION OR COMPANY	TELEPHONE NUMBER	FAX NUMBER	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:			TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR/CONTACT		OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			
FIRED	LAY OFF	RESIGNED	END OF ASSIGNMENT

JOB 8

NAME OF ORGANIZATION OR COMPANY	TELEPHONE NUMBER	FAX NUMBER	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:			TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR/CONTACT		OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			
FIRED	LAY OFF	RESIGNED	END OF ASSIGNMENT

JOB 9

NAME OF ORGANIZATION OR COMPANY	TELEPHONE NUMBER	FAX NUMBER	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS:			TOTAL TIME EMPLOYED:
OFFICIAL JOB TITLE:	NAME OF SUPERVISOR/CONTACT		OUT OF BUSINESS? YES NO
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			
FIRED	LAY OFF	RESIGNED	END OF ASSIGNMENT

APPLICATION QUESTIONNAIRE

Instructions: If you answer “yes” to questions 3-31, you must explain the “yes” answer fully on the following answer sheet (page 24). Remember to indicate the question number that you are addressing. Failure to follow instructions will result in your application being returned to you.

	YES	NO
1. Will you consent to a thorough background investigation of your character?	_____	_____
2. Will you consent to a rigid medical examination by a physician, upon conditional offer of employment?	_____	_____
3. Have you ever been rejected for employment, for any reason, by any law enforcement agency? If “yes”, what agency and why.	_____	_____
4. Have you ever been terminated by any law enforcement agency? If “yes”, give the date of termination and reason for termination.	_____	_____
5. Have you ever been terminated or asked to resign from ANY job? If “yes”, list the name of the job(s), dates of employment, and reason for termination or resignation under pressure.	_____	_____
6. Have you EVER been physically arrested or given a copy of charges for violation of any city, municipal, state, or federal law?	_____	_____
7. Have you EVER appeared in any court (including juvenile) as a defendant to answer any city, municipal, state, or federal criminal charge? If so, give the court in which you appeared and the disposition of the case (i.e. conviction, First Offenders, charges dismissed, etc).	_____	_____
8. Have you EVER been detained by any law enforcement representative, been the subject of any criminal investigation, or been named as the accused on a warrant? If “yes”, explain in detail.	_____	_____
9. Have you EVER received any tickets for traffic violations (excluding parking tickets) on any license that you have held since you began driving? If “yes”, list type of violation, date received, jurisdiction, and disposition (i.e. fine, suspension, charges dismissed).	_____	_____
10. Have you EVER used, tried, ingested, or experimented with marijuana (including as a juvenile or even one experimental use)? If “yes”, write the total number of times used, date of the first use, and the date of the last use.	_____	_____
11. Have you EVER used, tried, ingested, or experimented with ANY other type of illegal narcotics or dangerous drugs (i.e. heroin, cocaine, hashish, speed, LSD, anabolic steroids, etc.)? If “yes” indicate what type of drug, when you used it, and how many times you used the drug.	_____	_____
12. Have you EVER sold any type of illegal drug, delivered illegal drugs, shared drugs with another person, or directed another person where to buy drugs?	_____	_____
13. Have you ever filed or declared bankruptcy, had any judgments, repossessions, foreclosures, or collections?	_____	_____
14. Do you know of anything that might prevent you from obtaining the position you have applied for?	_____	_____
15. Have you purposely omitted any information from your employment application?	_____	_____
16. Were you able to understand all of the questions in this application?	_____	_____

APPLICATION QUESTIONNAIRE CONTINUED

	YES	NO
17. Have you ever committed an act that you were not caught doing, but if caught you would have been arrested? (If yes, explain in detail)	_____	_____
18. Have you ever fraudulently obtained money? (If yes, explain in detail)	_____	_____
19. Have you ever committed a fraudulent act against an employer? (If yes, explain in detail)	_____	_____
20. Have you ever intentionally damaged the property of another? (If yes, explain in detail)	_____	_____
21. Have you ever filed <u>any</u> false report? For any reason. (If yes, explain in detail)	_____	_____
22. Since you have been an adult (18 years old), have you ever had sexual involvement with someone under the age of 18? (If yes, explain in detail). If yes how old were they? ____ How old were you? ____ How long ago? ____	_____	_____
23. Have you ever been involved in a sexual act that if caught, you would have been arrested? (If yes, explain in detail)	_____	_____
24. Have you ever been involved in a sexual act that if caught you would have been fired from your employer? (If yes, explain in detail)	_____	_____
25. Have you ever engaged in prostitution or used the services of a prostitute? (If yes, explain in detail)	_____	_____
26. Have you ever benefited from the sale of illegal drugs, either directly or indirectly, free drugs or sexual favors? (If you received any money from a friend or family member involved in drug sales indirectly, list and give details) (If yes, explain in detail).	_____	_____
27. Have you ever driven a motor vehicle under the influence of alcohol or drugs? (If yes, explain in detail).	_____	_____
28. Have you ever purchased or pawned an item that you knew or should have known was stolen? (If yes, explain in detail)	_____	_____
29. Did you list <u>ALL</u> of your jobs for the past fifteen years on your employment application, to include part-time and temporary jobs? (If no, explain in detail)	_____	_____
30. Have you ever been charged with a crime?	_____	_____
31. Have you ever failed to pass a polygraph?	_____	_____



ATLANTA POLICE DEPARTMENT

SHIFT/OFF DAY ACKNOWLEDGEMENT

I UNDERSTAND AND I AM AWARE THAT THE ATLANTA POLICE DEPARTMENT IS A SEVEN DAY A WEEK, TWENTY-FOUR HOUR A DAY OPERATION.

THEREFORE, I UNDERSTAND AND I AM AWARE THAT I MAY BE SUBJECT TO WORK ANY SHIFT (MORNING, DAY, OR EVENING WATCH) AND ASSIGNED ANY TWO CONSECUTIVE OFF DAYS.

PRINT NAME _____

SIGNATURE _____

DATE _____

WITNESS _____

EMPLOYMENT WAIVER

I, _____, HEREBY ACKNOWLEDGE THAT I FULLY UNDERSTAND THAT MY EMPLOYMENT WITH THE ATLANTA POLICE DEPARTMENT IS CONTINGENT ON THE RESULTS OF THE INVESTIGATION OF MY BACKGROUND.

FURTHERMORE, I FULLY UNDERSTAND THAT IF THIS INVESTIGATION REVEALS ANY INFORMATION THAT WOULD PROHIBIT MY CONTINUED EMPLOYMENT WITH THIS DEPARTMENT THAT MY APPOINTMENT IS SUBJECT TO IMMEDIATE TERMINATION.

I, _____, WITHOUT ANY COERCION, VOLUNTARILY AGREE TO EXECUTE AND SIGN THIS WAIVER.

APPLICANTS SIGNATURE

SOCIAL SECURITY NUMBER

DATE

POSITION

WITNESS SIGNATURE

DATE



**Atlanta Police Department
Employee Reimbursement Agreement**

The Official Code of Georgia Annotated Title 35 Chapter 8 Section 22 (O.C.G.A. 35-8-22) states the following:

35-8-22. Reimbursement of training expense by subsequent employer of peace officer, collection procedure.

- (a) Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any country 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 country 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 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 any country 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) Effectively 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 provisions 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.

For good consideration and as an inducement of the Atlanta Police Department (Employer) to employ _____ (Employee/ Applicant), the undersigned Employee/ Applicant acknowledges that he/she has read and hereby agrees to abide by the provisions of O.C.G.A. 35-8-22 Reimbursement for Peace Officer's Mandated or Formalized Training.

This agreement shall be binding upon _____ until such time as the parameters of O.C.G.A. 35-8-22 become exhausted.

Signed this _____ day of _____ 20_____.

Employee / Applicant (Print Name)

Witness

Employee / Applicant (Signature)

Notary



ATLANTA POLICE DEPARTMENT
CVSA Truth Verification Release Form

I, _____, do hereby voluntarily, without duress, coercion, promise, and reward, or immunity, consent and submit to an examination by the Computer Voice Stress Analyzer truth verification technique. I hereby release, absolve and forever hold harmless, Atlanta Police Department, its servants, agents, and anyone acting on its behalf from any and all claims, demands or other damages from any matter, act, or thing arising out of aforesaid examination.

I understand that this examination may be videotaped and/or audio taped and I release into the possession of the Atlanta police Department, all materials, recordings, and all other documents for the purpose of testimony and/or training. I understand that this examination is a public record.

Signature

Date

Witness

Date



ATANTA POLICE DEPARTMENT
Physical Requirements
During the Training Academy Period

Waiver Form

All Police Officer Recruits will be required to submit to the following physical training requirements during the training period. There will be **four** Physical training Exams administered during the entire training period. The Police Recruit must meet the standards established in Task I and II during the fourth PT exam. If the police Recruit cannot successfully pass the physical mandates of the Atlanta Police Academy Training during the fourth and final PT exam, he/she is not eligible for the graduation from the Academy.

- **Task I - Run 1 and ½ Miles** (Standard 13 minutes, 30 seconds)
Physical Activity: running at a moderate pace

Fitness running is conducted regularly throughout Recruit Training; however, the police candidate must progressively work towards completing the required run (1 and ½ miles) within a thirteen and a half (13 ½) minute time frame. The required run for all police recruits will be conducted one final time during the fourth (4th) PT test. At this time, the recruit must meet the given standard in order to graduate.

- **Task II - Obstacle Course** (Standard 1 minute, 40 seconds)
Physical Activity: Pursuit, Confront & Subdue including crawling, running, climbing, lateral movement, weaving in and out, lifting, dragging/pulling a life sized dummy, and handcuffing activities.

This course involves the use of simulation assessment activities relating to the physical mandates of the Police Officer position. The course is approximately 200 yards.

Affidavit

I, _____ understand that achieving the above physical requirements is mandatory in order to become an Atlanta Police Officer. I acknowledge that each task level must be successfully achieved during my tenure at the Atlanta Police Academy or I will not be eligible for graduation.

Applicant Signature/Date

Notary Signature/Seal



ATLANTA POLICE DEPARTMENT CONSENT FORM

I, _____, DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS CONCERNING MYSELF TO ANY DULY AUTHORIZED AGENT OF THE CITY OF ATLANTA POLICE DEPARTMENT, OR TO ANY AUTHORIZED AGENT OF A CRIMINAL JUSTICE AGENCY OR ANY PRIVATE AGENCY UPON REQUEST OF THE CITY OF ATLANTA POLICE DEPARTMENT, WHETHER THE SAID RECORDS ARE OF A PUBLIC, PRIVATE, OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORDS OF MILITARY SERVICE RECORDS, "AUTHORITY TO RELEASE LAW ENFORCEMENT OR CRIMINAL RECORDS OR INFORMATION FROM A LAW ENFORCEMENT AGENCY;" EDUCATIONAL INSTITUTIONS; FINANCIAL OR CREDIT INSTITUTIONS, INCLUDING RECORDS OF LOANS, THE RECORDS OF COMMERCIAL OR RETAIL CREDIT AGENCIES (INCLUDING CREDIT REPORTS AND/OR RATING) AND FINANCIAL STATEMENTS AND RECORDS WHEREVER FILED; MEDICAL AND PSYCHIATRIC TREATMENT AND/OR CONSULTATION INCLUDING HOSPITALS, CLINICS, PRIVATE PRACTITIONERS, AND THE U.S. VETERAN'S ADMINISTRATION; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS, INCLUDING BACKGROUND REPORTS, EFFICIENCY RATINGS, COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME AND THE RECORDS AND RECOLLECTIONS OF ATTORNEYS AT LAW, OR OF OTHER COUNSEL WHETHER REPRESENTING ME OR ANOTHER PERSON IN ANY CASE, EITHER CRIMINAL OR CIVIL, IN WHICH I PRESENTLY HAVE OR HAVE HAD AN INTEREST.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION, WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION, WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR EMPLOYMENT BY THE CITY OF ATLANTA 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 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.

APPLICANT SIGNATURE (include maiden name)

WITNESS

DATE

DATE

COMPLETE ADDRESS

NOTARY PUBLIC

DATE OF BIRTH

DATE

SOCIAL SECURITY NUMBER

SWORN STATEMENT

I HEREBY SWEAR THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE. I ALSO UNDERSTAND THAT ANY MISSTATEMENTS, OMISSIONS, OR FALSIFICATIONS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION AND TERMINATION FROM THE HIRING PROCESS, AND COULD RESULT IN CRIMINAL PROSECUTION UNDER OCGA sec. 16-10-20.

APPLICANT'S FULL LEGAL NAME (PRINT)

RECRUITMENT OFFICER'S SIGNATURE

SIGNATURE OF APPLICANT

DATE

APPLICANT'S SOCIAL SECURITY NUMBER

DATE

NOTARY PUBLIC

DATE



Atlanta Police Department Pre-Employment Physical Fitness Test
Release from Liability and Indemnity Agreement

I, _____, in consideration of my being allowed to participate in the Physical Fitness Test required by the Atlanta Police Department as part of its pre-employment process, do hereby agree as follows:

1. That I release the City of Atlanta, Georgia, and their employees and agents from all liability to myself, or my heirs, administrators, executors and agents as a result of any damage to my property, injury to myself, or loss of life sustained as a result of my participation in the pre-employment physical fitness test.
2. That I agree to hold harmless, the City of Atlanta, and their employees and agents, from all liability to myself, my heirs, administrators, executors and agents, for any loss sustained by them as a result of any injury or damage caused by myself and I agree to indemnify said City agents, contractors, or employees for any loss incurred thereby.
3. I certify that the Physical Fitness Test has been explained to me and that I am mentally and physically capable of performing the Pre-Employment Physical Fitness Test and that I do not have any physical or mental impairment that would in any way create any danger to my health or well being.
4. That I understand that the minimum requirements for passing the Pre-Employment Physical Fitness Test are as Follows:

Push-Ups	Requirements	twenty (20) correct Push-ups in sixty (60) seconds
Sit-Ups	Requirements	twenty (25) sit-ups in sixty (60) seconds
Step-Test	Requirements	12" bench @ 120 steps/minute for 5 minutes (measures cardiovascular or aerobic fitness).

5. I understand if I do not meet the minimum requirements for passing the Pre-Employment Physical Fitness Test, I will be given one opportunity to re-test within 60 days of the initial Pre-Employment Fitness Test. I understand that failing to meet the minimum requirements for passing, on either the initial test or the re-test; I will be suspended from the hiring process for one year. If the candidate needs to re-test, he or she will be responsible for the cost of the physical agility re-test at the directed medical facility.

Signed on the _____ day of _____, 20

Applicant's Signature

Notary Public

mod 01/07/2009/mdm