

Lithonia Police Department Background Investigation Booklet

Applicant's Name: _____

D.O.B. _____



Assigned to: _____ Date: _____

Position applied for:

_____ Police Officer

_____ Reserve Police Officer

_____ Civilian

Instructions

The Background Investigation Booklet must be completed prior to the applicant being interviewed. All questions within this booklet must be printed legibly and in black ink. The applicant will refrain from signing any consent form within the booklet until he or she is instructed to do so by, and in the presence of a Background Investigator.

Please plan accordingly as interviews will take place from Monday through Friday only. The applicant is expected to dress professionally and appropriately (i.e., no blue jeans, shorts, etc.) for the interview. Failure to do so may result in his or her application from being withdrawn from the hiring process. The applicant will not bring children to the interview.

The following items must be submitted in order to begin the application process:

1. Background investigation booklet (completed)
2. Certified copy of the birth certificate or naturalization papers
3. Copy of high school diploma or GED certificate
4. Copy college diploma, if applicable
5. Copy of valid Georgia driver's license
6. Copy of Social Security card
7. Copy of long form of the military DD214, including the Member 4 copy, if applicable
8. Copy of documents of any bankruptcy, lawsuits, arrests, or criminal dispositions, if applicable

Lithonia 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 Lithonia 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 educational institutions, financial or credit institutions, including the records of loans, the records of commercial or retail credit agencies (including credit reports and/ or ratings), and other financial statements and records wherever maintained; medical and psychiatric treatment and/ or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, polygraph reports and charts; 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 of employment by the Lithonia 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.

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 Full Name (Print): _____

Other names I have been known by: _____

State/Driver's License: _____

Date of Birth _____ Race: _____ Sex: _____ SSN: _____-_____-_____

Address: _____

Applicant's Signature: _____ Date: _____

Driving Record

1. Do you have a current driver's license? _____
2. What state? _____
3. Your driver's license number: _____
4. When does it expire? _____
5. Does it contain any physical restriction? _____
6. List below all traffic citations you have received:

Location (city, state)	Approximate Date	Nature of Violation	Penalty/ Disposition

7. Did you ever possess an operator's license issued by any state other than Georgia?
Yes _____ No _____ if yes, give state and license number: _____

8. Was your license ever suspended or revoked? Yes _____ No _____

If yes, state which and give reason:

9. Have you ever been refused an operator's license by any state? Yes _____ No _____

If yes, give details:

10. Was your insurance canceled? Yes _____ No _____ If yes, explain:

11. Do you have liability insurance at the present time? Yes _____ No _____

12. Were you ever denied auto insurance? Yes _____ No _____

13. Did you ever a license under an assumed name? Yes _____ No _____

14. What accidents have you had that have not been reported?

15. Did you ever have any hit and run accidents? Yes ____ No ____

16. Did you ever leave the scene of an accident without getting assistance? Yes ____ No ____

If yes, give complete details for each accident (whether collision or non-collision):

Date: _____ Police Investigation Yes ____ No ____

Location: _____

Cause of accident: _____

Injury or Non –injury: _____ who was left at fault: _____

Instructions

Fill out the questionnaire completely and accurately. All statements in your questionnaire are subject to verification and may be used in polygraph testing. Incorrect statements may bar or remove you from employment. If more space is needed, add another page and identify additional information by number.

PERSONAL

1. Your name (print)

First	Middle	Last
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Give any other names that you have used or been known by and attach a statement giving reasons: (If none, so state)

2. Your weight _____ lbs. Height _____ Hair color _____ Eye color _____
3. Your Social Security Number _____ - _____ - _____ Phone: _____
4. Your Address: _____

Number	Street
--------	--------

City	State	Zip
------	-------	-----

5. With whom do you reside: _____
6. When were you born: _____ Where? _____

Month	Day	Year	City	County	State
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7. Are you a citizen of the United States? Yes _____ No _____
8. Are you a veteran? Yes _____ No _____
9. List all organizations, clubs and associations of which you are or have been a member, or which you are or have been associate:

10. What are your hobbies and special skills and abilities, including the speaking of foreign languages?

MARITAL

11. Are you single, married, separated or divorced? _____

Spouses Maiden Name _____

12. If you were in a marriage that was dissolved, list former spouses names:

13. List all dependents:

Name	Date of Birth	Place of birth	Where
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FAMILY HISTORY

14. Give the names of every member of your immediate family who are still living: include father, mother, sister, brother, father-in-law, mother-in-law

Name	relationship	Address	Telephone	Occupation
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RESIDENCE HISTORY

15. List addressed for the last ten (10) years starting with present address:

From	To	address of residence	City, State
Mo Yr.	Mo Yr.		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

16. What is the highest year you completed in school? _____ if you graduated high school, list the name of school, location and years you attended.

<u>Name of school</u>	<u>Location</u>	<u>Years Attended</u>	<u>Year of Graduation</u>
_____	_____	_____	_____

If you attended college/ vocational school; list the name (s) of the school, the address, year's attended and major area of study.

<u>Name if college/university</u>	<u>Location</u>	<u>Years Attended</u>	<u>Major</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

WORK HISTORY

1. What is your present occupation? _____
2. How did you find out about this job? _____
3. Are you seeking permanent employment with the department? Yes ___ No ___
4. Are any members of your immediate family in business for themselves?
Yes ___ No _____
5. Did you ever work for them? Yes ___ No _____
6. Have you ever worked for City of Lithonia Yes _____ No _____
7. Are you now or ever been engaged in any business as an owner, partner or corporate member? Yes ___ No _____ If yes, explain:

8. Why did you leave your last job?

9. Did your supervisor ever reprimand you for being late or being absent?

Yes _____ No _____

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

Yes _____ No _____

11. If you have been asked to resign or have been fired from a job in the last 10 years, state the number of times this occurred (1-10): _____

12. Do you object wearing a uniform? Yes _____ No _____

13. Do you object working nights? Yes _____ No _____

14. Do you have experience with shift work? Yes _____ No _____

15. Have you previously submitted an application for employment with City of Lithonia? Yes ___ No ___ If yes, approximate date: _____

16. List all jobs you have held in the last ten (10) years. Put your present or most recent job first. (If you need more space, you may attach additional sheets).

**Include Military Service in proper time sequence and temporary part time jobs
NO MATTER HOW LITTLE TIME YOU WERE EMPLOYED.**

Name, address and phone number of Employer:

Title of Position: _____

Date of employment: From (Mo/Yr.): _____ To (Mo/Yr.)

Duties of position:

Supervisor's Name/Title: _____

If a supervisor, how many people work for you? _____

Salary per month? _____

Reason for leaving:

Name, address and phone number of Employer:

Title of Position: _____

Date of employment: From (Mo/Yr.): _____ To (Mo/Yr.)

Duties of position:

Supervisor's Name/Title: _____

If a supervisor, how many people work for you? _____ Salary per month? _____

Reason for leaving:

Name, address and phone number of Employer:

Title of Position: _____

Date of employment: From (Mo/Yr.): _____ To (Mo/Yr.)

Duties of position:

Supervisor's Name/Title: _____

If a supervisor, how many people work for you? _____ Salary per month? _____

Reason for leaving:

Name, address and phone number of Employer:

Title of Position: _____

Date of employment: From (Mo/Yr.): _____ To (Mo/Yr.)

Duties of position:

ANSWER THE QUESTIONS BELOW

1. In the last five years, have you held a job where you received any gratuities?
Yes___ No___
2. If the answer is yes, state the approximate value of all gratuities you have received during the past 5-year period.
Dollar amount_____
3. Did your former company(s) has rules regarding acceptance of gratuities?
Yes___ No___
4. If yes, briefly explain the rules. Examples would be "No rules at all". Gratuities limited to gifts under \$_____ in value. Gratuities limited to meals or food and drinks consumed at one sitting "No gratuities allowed".

5. Do you owe money to any of your past employers? Yes___ No___ If yes, explain:

6. What income other than salary do you have at present (include spouse's salary)?

7. How many people are dependent upon you for support? _____

8. What is the approximately total of your monthly expenses? _____

MILITARY

1. Have you ever served in a military or naval organization of the United States?
Yes___ No___
2. Give Branch of Service _____ Company: _____
3. What is your service number? _____
4. Highest rank held? _____
5. List all medals and decorations awarded you as a member of the armed forces:

6. What is the type of your discharge? (Honorable, dishonorable, general, honorable conditions)? _____
7. Give date and location of entrance of active duty:

8. Give date and location of discharge:

9. Give period(s) of active military service:
From: _____ to _____ Rank Held: _____
From: _____ to _____ Rank Held: _____
From: _____ to _____ Rank Held: _____
10. Are you now, or were you ever an active or inactive member of any branch of the United States Reserve Forces?
If yes, which _____, Branch: _____, Unit: _____,
Rank: _____, Address: _____
From (Mo/Yr) _____ To (Mo/Yr) _____
11. Are you now, or were you ever an active member of any branch of the National Guard?
Yes___ No___ State: _____
Regiment: _____, Unit: _____, Rank: _____
From (Mo/Yr) _____ To (Mo/Yr) _____, Type of Discharge: _____
12. Were you every court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces? Yes___ No___, If yes, explain:

13. List any disciplinary action taken against you in the National Guard or other Reserve Unit: _____

14. What trouble have you gotten in while off duty while in the military service?

15. Are you registered for the draft? Yes___ No___

16. Are you receiving any disability pension from any of the Armed Services or VA?
Yes___ No___ If yes, give a reason and the amount received:

ALCOHOL ABUSE

This section deals with alcohol abuse. Answer each question truthfully. If you once had a drinking problem, but the problem no longer exists, you should not be unduly concerned.

Please answer the following questions:

1. Have you ever lost a job because of a drinking problem? Yes___ No___
2. Have you ever been counseled by an employer because of your drinking problem habits? Yes___ No___
3. During the last ten years, approximately how many times have you used alcohol during work hours? (This would include during lunch or coffee breaks as well as while actually working). State the approximate number: _____
4. Do you drink alcoholic beverages? Yes___ No___ If yes, to what extent? _____
Date last intoxicated: _____
5. Have you ever been arrested because of drinking? Yes___ No___
6. Have you ever had any trouble with your spouse or family due to drinking? Yes___ No___
7. Have you ever been fired or penalized due to drinking? Yes___ No___

ILLEGAL DRUGS

1. Have you ever used marijuana or cocaine? If so, list the drugs along with the dates and number of time used.

2. Have you ever used any drugs other than marijuana or cocaine? If so, list the drug type along with the dates and number of time used.

CRIMINAL ACTIVITY

It is important that you answer each of the following questions truthfully. If you would like to write any explanations, there is space to do so. The polygraphist will take time to listen to anything else you have to say in this area.

Indicate **Yes** or **No** if you have ever committed any of the following:

	Circle Yes or No.	Your Age at time
1. Breaking and entering	Yes No	_____
2. Drug Pushing	Yes No	_____
3. Possession of narcotics	Yes No	_____
4. Possession of marijuana	Yes No	_____
5. DWI or DUI	Yes No	_____
6. Passing bad checks	Yes No	_____
7. Armed Robbery	Yes No	_____
8. Burglary	Yes No	_____
9. Grand Theft Auto	Yes No	_____
10. Assault	Yes No	_____
11. Murder	Yes No	_____
12. Theft from an employer	Yes No	_____
13. Shoplifting	Yes No	_____
14. Extortion	Yes No	_____
15. Illegal possession of controlled substances	Yes No	_____
16. Stealing	Yes No	_____

Have you ever been convicted of any offences not listed? Yes _____ No _____

If yes, give details:

17. Have you ever been fingerprinted? If yes, give details below:

ARRESTS AND UNDETECTED CRIMES

1. Are you a fugitive from justice? Yes___ No___
2. Are you now or have you ever been a member of any foreign domestic organization, association, movement, group or combination of persons which is Totalitarian, Communist, Subversive or which as adopted or shows a policy of advocating/approving the commission of acts of force/violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes___ No___

3. Did you commit a serious undetected crime? Yes___ No___ If yes, explain:

4. Has a bonding company ever turned you down? Yes___ No___ If yes, explain:

5. Did you ever intentionally perjure yourself in a Court of Law? Yes___ No___ If yes, explain:

6. Are you involved in any lawsuits? Yes___ No___ If yes, explain:

7. Did you ever fraudulently misuse a credit card? Yes___ No___

8. Did you ever forge a check? Yes___ No___

9. Have you ever been convicted of a felony or a misdemeanor? Yes___ No___

If yes, crime charged: _____

Agency: _____ Date: _____ Disposition of Case:

10. Have you ever been placed on probation or parole? Yes___ No___ If yes, explain:

GAMBLING

1. In the last ten (10) years, what is the extent of your gambling on the following:
Horses: _____ Numbers: _____ Dice: _____
Cards: _____ Slot Machines: _____ Pinball Machine: _____
Sports: _____
2. Do you have gambling debts?
3. Have you ever borrowed money to gamble?
4. Have you ever used someone else's money to gamble?
5. Would you gamble more if you had the money?
6. Did you ever work for a gambler or racketeer?

AFFIDAVIT OF APPLICANT

As the applicant, I state that I understand and/or certify the following:

1. If I do not wish to answer a question in the application process, I may do so; however, my application will not be processed.
2. Exclusive of the aforementioned statement, all information, which is recorded in the application process, will be used only for identification and/or in relation to consideration of qualification of the applicant for employment only.
3. I have read and understand all questions and instructions in this application and that my answers during the application process are required.
4. I understand and acknowledge that truthful and complete responses in the application process are required.
5. The discovery of intentional omissions or incorrect answers may be a basis for the termination of the application process, and may result in criminal prosecution for the offense of False statements under Georgia Law Section 16-10-20, a felony, punishable by a maximum fine of \$1,000 or imprisonment for not less than one (1) or more than five (5) years, or both; and/or for the offense of False Swearing under Georgia Code Section 16-10-71, a felony, punishable by a fine of \$1,000 or imprisonment for not less than one (1) or more than five (5) years, or both.
6. The falsification during the application process by an individual hired may result in termination of employment with this agency.
7. The City of Lithonia Police Department operates within the scope of a Standard Operation Procedures (SOP) Manual and that if an offer of employment is made and accepted, the applicant agrees to work in accordance with the policies and procedures of this manual.
8. All information provided will be further verified by either written request, interview, testing, psychological test, physical agility testing, medical exam, drug screening, polygraph exam or computer verification of drivers/criminal history and driver's

- license status; that the present and all former employers will be contacted for information to determine qualifications for employment with this Agency.
9. If I am offered employment with the City of Lithonia Police Department, and if I accept such employment, that I will be initially employed as a probationary employee for a period of twelve (12) calendar months from date of hire. I understand that I am not available for work during the probationary period due to illness, injury, or any other reason; my probationary period may be extended beyond twelve months from date of hire. I understand that my work performance will be evaluated, and if such work performance is not in keeping with the agency standards I will be provided a written notification of my failure to achieve agency work performance standards. I also understand that I will be provided with training to assist me in reaching those standards of work performance. However, I understand completely and fully that if I fail to meet departmental standards, I can be terminated from employment.
 10. My work performance will be evaluated during my probationary period; and if I have not obtained agency standards of work performance, that my employment with the City of Lithonia Police Department will be terminated. I understand that upon such termination, all such salary and other compensations will also be terminated. I further understand that upon termination, I must return all property issued to me by the City of Lithonia Police Department, or make suitable restitution for the same. I understand that I do not have a right to appeal termination unless such termination is illegal.
 11. That in the event I achieve agency work performance standards at the end of my probationary period that I will be classified as a regular employee. I also understand that as a regular employee, should my work performance fall below agency standards that I may be terminated.
 12. After successful completion of my probationary period, I may be terminated for good and sufficient cause to include, but not limited to, criminal activity or violation of Department policies and procedures. I understand that I have appeal rights as provided by the City of Lithonia Police Department's Standard Operation Procedures Manual. However, I completely and fully understand that as a probationary employee, I may be terminated and have no rights of appeal, unless such as termination is illegal.
 13. In accordance with Georgia law, I accept full and complete responsibility for any and all expenses for my law enforcement training received from my present and previous law enforcement agencies.
 14. I fully and completely relieve the City of Lithonia and all its employees from any responsibility from the incursion of any debts or expenses from any law enforcement training from my present employer, and all former employers.

Applicant's Signature

Date

Before me personally appeared the above said person who says that he/she executed the above Affidavit of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me, this _____ day of _____, _____
Month Year

Notary Public Signature
Place Commission Information and Seal

ADDEMDUM TO AFFIDAVIT

I understand that the current policy and procedures manual on file with the Lithonia Police Department currently has six (6) month probationary period, but that is being amended to a twelve (12) month probationary period. I understand that if I am offered employment with the Lithonia Police Department, I will be employed under a twelve (12) month probationary period.

Applicant's Signature

Date