



GEORGIA DEPARTMENT OF PUBLIC SAFETY CIVILIAN PRE-EMPLOYMENT BACKGROUND PACKET





Department of Public Safety

Post Office Box 1456 Atlanta Georgia 30371-1456

Colonel William W. Hitchens, III
Commissioner

Dear Applicant,

Thank you for taking an interest in employment with the Georgia Department of Public Safety (DPS) by completing the State of Georgia Application for Employment. All applicants for any position within the DPS are required to complete an intensive background investigation. If you are still interested in employment, the next step in the application process will be the completion and submission by you of the information requested herein. The DPS Background Packet consists of a Pre-Employment Questionnaire, Personal Data Form and Authorization for Release of Personal Information. Please utilize some form of tracking to the address shown below if you are returning the packet by mail. You may also email your packet to *employment@gsp.net*. Any applicant, who fails to complete the background packet will be removed from further employment consideration.

Georgia Department of Public Safety
Human Resources Division
P.O. Box 1456
Atlanta, Georgia 30371-1456

It is vitally important that you provide full and complete information. Any evasion, omission, or deliberate false statement by you will invalidate your application.

After review of your background packet, you may be contacted regarding further steps in the employment process.

Sincerely,

Kate Maier
Director, Human Resources Division
Department of Public Safety

Instructions for completion of your pre-employment background packet:

1. If forms are handwritten, use black ink and ensure writing is legible.
2. If additional space is needed for any section or question in the enclosed forms, or if you wish to furnish additional information, please make as many copies as need of the Additional Sheet located on page 21 of this document. Please follow the instructions as listed on page 21.
3. 3.If you are unable to provide any of the information requested, an explanation must be given as to the reason.
4. You must answer all questions correctly. Do not use "N/A", meaning "Not Applicable." Failure to furnish the pertinent information requested in the pre-employment background packet may result in the Department of Public Safety being unable to complete a background investigation and may disqualify you as a candidate for employment. Intentional omissions or false answers will be a basis for the termination of the application process.
5. You are encouraged to make a copy of this document for your records.
6. Questions concerning your pre-employment background packet may be directed to the Department of Public Safety, Human Resources Division at (404) 624-7553.
7. Any information received throughout the employment process including, but not limited to, the background packet, release forms, employment information, psychological reports, credit information, medical information, etc., are the sole property of the Department of Public Safety and no information will be released back to the applicant.

Please read the following statements, then sign and date this form. Your signature denotes that you have read and understand the statements:

- A. I understand that my application may be terminated if I choose to leave a question in this booklet unanswered or intentionally provide false responses.
- B. I understand that to promote and encourage candid evaluations by persons interviewed during applicant background investigations, all evaluations shall be confidential, pursuant to the Open Records Act. Confidential evaluations are information or records, which assess work performance, prejudices, integrity, ethical conduct, honesty, financial responsibility, or past personal behavior.
- C. I understand that the DPS will review all my publicly posted social media accounts in the process of the background investigation.

SIGNATURE

DATE

REQUIRED DOCUMENTS

The required documents will not be returned to you.

1. Photocopy of out of State Driver's History for Georgia POST Certified positions (Out of State Dispatcher Applicants Only).
2. Photocopy of Georgia P.O.S.T. Certification (if currently certified) (if applicable).
3. Photocopy of DD-214 for each period of Military Service (must be Member-4 copy showing lines 23-30 regarding separation and discharge information)
4. Photocopy of Selective Service Registration Card. YOU must present proof of having registered with the Selective Service System as required by federal law, or of being exempt from such registration if you are a male applicant between the ages of 18 and 26 years of age. Proof may be obtained online from the Selective Service system Website at <https://www.sss.gov/verify/proof/> or at the Selective Service Automated Line telephone number (847) 688-6888.

Required documents must be enclosed with your completed Background Packet and mailed to:

Georgia Department of Public Safety
Human Resources Division
P.O. BOX 1456
Atlanta, Georgia 30371-1456

You may also scan/attach and email your documents to: employment@qsp.net

DEPARTMENT OF PUBLIC SAFETY
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

****PLEASE ENSURE THIS DOCUMENT IS NOTARTIZED PRIOR TO SUBMITTING TO DPS****

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Department of Public Safety, whether such records are of a public, private, or confidential nature.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed; 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 records of local, state, and federal criminal justice agencies.

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 used in determining my suitability and continuing suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Georgia Department of Public Safety to be a participant in the determination process of employment suitability. 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 all liability, which may be incurred because of furnishing such information.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

FULL NAME PRINTED		SIGNATURE		DATE	
STREET ADDRESS		CITY	STATE	ZIP	
SOCIAL SECURITY NUMBER		SEX	RACE	DATE OF BIRTH	

Please ensure this document is notarized.

Candidate Signature (including maiden name)	Date
Notary Public Signature	Date

DEPARTMENT OF PUBLIC SAFETY
AUTHORIZATION FOR RELEASE OF CREDIT HISTORY

I do hereby authorize a review and full disclosure of Credit History records concerning myself to any duly authorized investigator of the Department of Public Safety.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or rating), and other financial statements and records wherever filed.

I understand that any information obtained by a credit history, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability and continuing suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Department of Public Safety to be a participant in the determination process of my employment suitability. I do hereby release said person(s) from all liability, which may be incurred because of furnishing such information.

I understand that under the Federal Fair Credit Reporting Act, I have the right to:

- (a) Obtain (under section 612) information contained in my credit file and a list of everyone who has requested it recently. There is no charge for the report if a person has acted against me because of information supplied by the consumer-reporting agency if I request the report within 60 days of receiving notice of the action.
- (b) Dispute (under section 611) with a consumer-reporting agency the accuracy or completeness of any information in a consumer report furnished by the agency.

I understand that the consumer-reporting agency does not make decisions regarding any adverse action taken by the Department of Public Safety nor is the consumer-reporting agency able to provide any specific reasons why an adverse action was taken. The Department of Public Safety obtains credit history records from Accurate Background, LLC, 7515 Irvine Center Drive, Irvine, California **92618**, toll-free telephone number 1-800-216-8024.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I read and fully understand the contents of this Authorization for Release of Credit History.

FULL NAME PRINTED		SIGNATURE		DATE
STREET ADDRESS		CITY	STATE	ZIP
EMAIL ADDRESS				
SOCIAL SECURITY NUMBER		SEX	RACE	DATE OF BIRTH

PROBATION PERIOD POLICY STATEMENT

I understand that employment with the Georgia Department of Public Safety begins with a probationary period during which I must demonstrate my fitness for continued employment. In addition, I understand that failure to successfully complete this probationary period will result in the termination of employment.

I further understand that any employment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willingly withholding information or making false statements in any part of the Pre-Employment Background Packet can be the basis for dismissal from the Georgia Department of Public Safety. I agree to these conditions, and I hereby certify that all statements made by me on these documents are true and complete, to the best of my knowledge-

SIGNATURE

DATE

PERSONAL HISTORY

DATE	POSITION APPLIED FOR
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LAST NAME	FIRST NAME	MIDDLE NAME
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OTHER NAMES YOU HAVE USED AND WHY. IF NONE, WRITE "NONE":

MARITAL STATUS	AGE	SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
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STREET ADDRESS	CITY	STATE	ZIP	COUNTY
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PLACE OF BIRTH (CITY/STATE)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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HOME PHONE	WORK PHONE	CELL PHONE	EMAIL
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YOUR OCCUPATION	BUSINESS NAME	BUSINESS ADDRESS
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ARE YOU A CITIZEN OF THE UNITED STATES? SELECT THE ONE ITEM BELOW THAT APPLIES:

- ☐ YES, AM A NATURAL BORN CITIZEN (BORN IN THE UNITED STATES)
- ☐ YES, I AM A NATURALIZED CITIZEN
- ☐ NO, I AM NOT A CITIZEN

WITH WHOM DO YOU RESIDE? GIVE NAMES AND RELATIONSHIPS:

UNIFORM AND APPEARANCE STANDARDS

1.	DO YOU HAVE TATTOOS/BRANDS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.	DO YOU HAVE <u>ANY</u> TATTOOS/BRANDS THAT DEPICT OR SUPPORT CRIMINAL BEHAVIOR, DRUG USAGE, NUDITY, PROFANITY, PROMISCUITY, SUBVERSIVE GROUPS, BIGOTRY, ETC.	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.	DO YOU HAVE ANY TATTOOS/BRANDS ON YOUR NECK OR FACE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.	DO YOU HAVE ANY TATTOOS/BRANDS ON YOUR ARMS THAT ARE BELOW THE CREASE OF THE ARM AND TIP OF YOUR ELBOW?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.	DO YOU HAVE ANY TATTOOS/BRANDS ON YOUR ARMS THAT ARE BELOW THE CREASE OF THE WRIST?	YES <input type="checkbox"/> NO <input type="checkbox"/>

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THE FOLLOWING:

I understand that the Georgia Department of Public Safety's Uniform and Appearance Policy (#6.01) can be found on the DPS website at <https://dps.georgia.gov/careers/employment-disqualifiers>.

I understand that any body art, tattoos, brands, or images that a reasonable person would find offensive are prohibited. These include, but are not limited to:

- Depictions of nudity, violence, or criminal activity.
- Sexually explicit/vulgar art, words, profane language.
- Symbols likely to incite a strong negative reaction in any group, i.e., swastikas, etc., and
- Initials, symbolism, or acronyms that represent criminal or historically oppressive organizations or activities, e.g., AB, KKK, SS, street gang names, numbers, and/or symbols.

I understand that tattoos/brands on the neck, face, head, hands, and fingers that are visible while on duty and/or in a long sleeve uniform shirt are prohibited. I understand that tattoos on the arm must not be below the crease of the wrist. Exceptions include tattoos/brands that are covered by one ring per hand, or by a watch band on either the left or right wrist.

I understand that uniform members with tattoos visible in a short sleeve uniform shirt (generally, below the crease of the arm and tip of the elbow) will wear the class A uniform (long sleeve shirt).

Body art, tattoos, brands, or images which are above the crease of the arm and the tip of the elbow yet are visible in a short sleeve uniform shirt are prohibited. The short sleeve uniform shirt may be professionally altered to lengthen the sleeve; however, the sleeve shall not extend below the elbow.

I understand that, if employed, failure to abide by the conditions stated above will result in termination of my employment.

SIGNATURE

DATE

RESIDENTIAL HISTORY

LIST ADDRESSES OF ALL RESIDENCES FOR THE LAST TEN (10) YEARS, STARTING WITH PRESENT:

FROM (MONTH/ YEAR) TO (MONTH/YEAR)	STREET ADDRESS	CITY	STATE
FROM (MONTH/ YEAR) TO (MONTH/YEAR)	STREET ADDRESS	CITY	STATE
FROM (MONTH/ YEAR) TO (MONTH/YEAR)	STREET ADDRESS	CITY	STATE
FROM (MONTH/ YEAR) TO (MONTH/YEAR)	STREET ADDRESS	CITY	STATE
FROM (MONTH/ YEAR) TO (MONTH/YEAR)	STREET ADDRESS	CITY	STATE
FROM (MONTH/ YEAR) TO (MONTH/YEAR)	STREET ADDRESS	CITY	STATE
FROM (MONTH/ YEAR) TO (MONTH/YEAR)	STREET ADDRESS	CITY	STATE
FROM (MONTH/ YEAR) TO (MONTH/YEAR)	STREET ADDRESS	CITY	STATE

DRIVING RECORD

STATE OF ISSUE	CLASS	DRIVER'S LICENSE NUMBER	EXPIRATION DATE
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LIST ALL TRAFFIC CITATIONS you HAVE EVER RECEIVED, EXCEPT PARKING. IF NONE, WRITE "NONE."

LOCATION (CITY/STATE)	DATE OF VIOLATION	TYPE OF VIOLATION	DISPOSITION
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LOCATION (CITY/STATE)	DATE OF VIOLATION	TYPE OF VIOLATION	DISPOSITION
-----------------------	-------------------	-------------------	-------------

LOCATION (CITY/STATE)	DATE OF VIOLATION	TYPE OF VIOLATION	DISPOSITION
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LIST DRIVER'S LICENSE INFORMATION FOR ANY LICENSES ISSUED BY ANY STATE OTHER THAN GEORGIA:

STATE	LICENSE NUMBER	NAME ISSUED TO	YEAR(S)
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STATE	LICENSE NUMBER	NAME ISSUED TO	YEAR(S)
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STATE	LICENSE NUMBER	NAME ISSUED TO	YEAR(S)
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	YES	NO
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED BY ANY STATE?		
HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE?		
HAS YOUR AUTO ENSURANCE EVER BEEN CANCELED?		
WERE YOU EVER DENIED AUTO INSURANCE?		
DID YOU EVER OBTAIN A DRIVER'S LICENSE UNDER ANOTHER NAME?		
HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT you FAILED TO REPORT?		
HAVE YOU EVER BEEN INVOLVED IN ANY ACCIDENT AS A DRIVER? IF SO, HOW MANY?		

EXPLAIN ANY "YES" ANSWERS:

PROFESSIONAL LICENSE(S) AND/OR ASSOCIATIONS

LIST ALL PROFESSIONAL LICENSE(S) HELD BY YOU. IF NONE, WRITE "NONE":

HAVE YOU EVER HAD A PROFESSIONAL LICENSE REVOKED OR SUSPENDED FOR ANY REASON?

☐ NO.

☐ YES. GIVE DETAILS INCLUDING TYPE OF LICENSE AND REASON FOR REVOCATION OR SUSPENSION:

LIST ANY SPECIAL SKILL(S) OR CERTIFICATE(S) HELD BY YOU. IF NONE, WRITE "NONE":

LIST THE NAMES, CITY & STATE OF ALL ORGANIZATIONS, CLUBS AND ASSOCIATIONS OF WHICH YOU ARE OR HAVE BEEN A MEMBER OF WITHIN THE PAST TEN (10) YEARS. IF NONE, WRITE "NONE":

NAME

CITY/STATE

NAME

CITY/STATE

NAME

CITY/STATE

NAME

CITY/STATE

LIST ANY LOCAL, STATE, FEDERAL BOARD, COMMISSION, AUTHORITY, OR ANY ELECTED OFFICE IN WHICH YOU SERVE. IF NONE, WRITE "NONE":

LIST ANY STATE, LOCAL OR FEDERAL AGENCIES FOR WHICH YOU HAVE EVER APPLIED, OR BY WHICH YOU EVER HAVE BEEN THE SUBJECT OF ANY PREVIOUS BACKGROUND INVESTIGATION. IF NONE, WRITE "NONE":

EDUCATION

CIRCLE HIGHEST YEAR OF EDUCATION THAT YOU SUCCESSFULLY COMPLETED:

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

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED CERTIFICATE?

☐ NO.

☐ YES. COMPLETE THE FOLLOWING:

SCHOOL NAME	ADDRESS	YEAR GRADUATED
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IF YOU ATTENDED COLLEGE, UNIVERSITY OR VOCATIONAL/TRADE SCHOOL, LIST THE NAME(S), LOCATION(S), YEARS ATTENDED, MAJOR COURSE(S) OF STUDY AND DEGREE(S)/CERTIFICATE(S) OBTAINED:

SCHOOL NAME	ADDRESS	YEARS ATTENDED/GRADUATED
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MAJOR COURSE OF STUDY	DEGREE OR CERTIFICATION EARNED
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SCHOOL NAME	ADDRESS	YEARS ATTENDED/GRADUATED
-------------	---------	--------------------------

MAJOR COURSE OF STUDY	DEGREE OR CERTIFICATION EARNED
-----------------------	--------------------------------

IF YOU ATTENDED GRADUATE SCHOOL, LIST THE NAME OF THE COLLEGE OR UNIVERSITY ATTENDED, ADDRESS, YEARS ATTENDED AND GRADUATION DATE, MAJOR COURSE OF STUDY AND DEGREE OBTAINED:

SCHOOL NAME	ADDRESS	YEARS ATTENDED/GRADUATED
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MAJOR COURSE OF STUDY	DEGREE OR CERTIFICATION EARNED
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LIST TECHNICAL SKILLS NOT NECESSARILY ACQUIRED THROUGH FORMAL EDUCATION. IF NONE, WRITE "NONE":

WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL, COLLEGE, OR UNIVERSITY?

☐ NO.

☐ YES. EXPLAIN:

WORK HISTORY

HAVE YOU OR ANY COMPANIES IN WHICH YOU ARE OR WERE A PRINCIPAL EVER BEEN THE SUBJECT OF AN INVESTIGATION OR LITIGATION THAT WAS CONDUCTED BY A FEDERAL, STATE, OR LOCAL AGENCY?

☐ NO.

☐ YES. EXPLAIN: _____

ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER, OR CORPORATE MEMBER?

☐ NO.

☐ YES. EXPLAIN: _____

DO YOU HAVE ANY AFFILIATION WITH ANY COMPANY THAT DOES BUSINESS WITH THE STATE OF GEORGIA?

☐ NO.

☐ YES. EXPLAIN: _____

HAVE YOU EVER BEEN INVESTIGATED, REPRIMANDED, FINED OR SUSPENDED FROM DOING BUSINESS WITH ANY LOCAL, STATE OR FEDERAL AGENCY?

☐ NO.

☐ YES. EXPLAIN: _____

HAS A SUPERVISOR EVER GIVEN YOU A VERBAL OR WRITTEN REPRIMAND, BEEN SUSPENDED OR DISCIPLINED FOR ANY REASON?

☐ NO.

☐ YES. EXPLAIN: _____

HAVE YOU EVER CHEATED AN EMPLOYER? (UNAUTHORIZED SICK LEAVE, PADDED EXPENSE ACCOUNTS, ETC.)

☐ NO.

☐ YES. EXPLAIN: _____

HAVE YOU DELIBERATELY DESTROYED ANY PROPERTY OF AN EMPLOYER?

☐ NO.

☐ YES. EXPLAIN: _____

CIRCLE THE NUMBER OF TIMES YOU HAVE BEEN ASKED TO RESIGN OR HAVE BEEN FIRED FROM A JOB WITHIN THE LAST TEN (10) YEARS.

0 1 2 3 4 5 6 7 8 9 10

EXPLAIN THE CIRCUMSTANCES OF EACH IN THE SPACE BELOW:

HAVE YOU EVER QUIT A JOB TO AVOID BEING FIRED?

☐ NO.

☐ YES. EXPLAIN: _____

HAVE YOU EVER BEEN A PARTY TO A LAWSUIT, RESULTING FROM YOUR ACTIONS IN THE PERFORMANCE OF YOUR JOB?

☐ NO.

☐ YES. EXPLAIN: _____

ARE YOU WILLING AND ABLE TO WORK NIGHTS AND WEEKENDS? (NOTE: ALL APPLICANTS FOR TROOPER, MOTOR CARRIER COMPLIANCE OFFICER, DISPATCHER, WEIGHT INSPECTOR, SAFETY OFFICER & CAPITOL POLICE OFFICER ARE EXPECTED TO WORK ANY SHIFT ASSIGNED).

☐ NO.

☐ YES. EXPLAIN: _____

DO YOU HAVE ANY OBLIGATION OR COMMITMENT, WHICH WOULD PREVENT you FROM RELOCATING FROM YOUR CURRENT RESIDENCE TO AN ASSIGNMENT ANYWHERE IN THE STATE OF GEORGIA? (NOTE: ALL APPLICANTS FOR TROOPER MUST BE WILLING TO ACCEPT STATEWIDE ASSIGNMENT).

☐ NO.

☐ YES. EXPLAIN: _____

LIST ALL JOBS YOU HAVE HELD SINCE HIGH SCHOOL IN ORDER OF MOST RECENT EMPLOYMENT. LIST CURRENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE, AS WELL AS TEMPORARY AND PART-TIME JOBS, REGARDLESS OF HOW BRIEFLY YOU WERE EMPLOYED.

PLEASE SEE PAGE 21 OF THIS DOCUMENT FOR ADDITIONAL PAGES IF NEEDED. INCLUDE CURRENT PHYSICAL ADDRESSES (NO P.O. BOXES) AND PHONE NUMBERS.

NOTE: YOUR CURRENT EMPLOYER WILL BE CONTACTED DURING THE BACKGROUND INVESTIGATION.

FROM: _____ **TO:** _____ **TITLE:** _____ **EMPLOYER:** _____

ADDRESS: _____ **SALARY:** _____

WORK PHONE: _____ **SUPERVISOR NAME/ TITLE / TELEPHONE NUMBER / BEST TIME TO CALL:**

YOUR DUTIES: _____

REASON FOR LEAVING: _____

FROM: _____ **TO:** _____ **TITLE:** _____ **EMPLOYER:** _____

ADDRESS: _____ **SALARY:** _____

WORK PHONE: _____ **SUPERVISOR NAME/ TITLE / TELEPHONE NUMBER / BEST TIME TO CALL:**

YOUR DUTIES: _____

REASON FOR LEAVING: _____

FROM: _____ **TO:** _____ **TITLE:** _____ **EMPLOYER:** _____

ADDRESS: _____ **SALARY:** _____

WORK PHONE: _____ **SUPERVISOR NAME/ TITLE / TELEPHONE NUMBER / BEST TIME TO CALL:**

YOUR DUTIES: _____

REASON FOR LEAVING: _____

FROM: _____ **TO:** _____ **TITLE:** _____ **EMPLOYER:** _____
ADDRESS: _____ **SALARY:** _____
WORK PHONE: _____ **SUPERVISOR NAME/ TITLE / TELPHONE NUMBER / BEST TIME TO CALL:**

YOUR DUTIES: _____
REASON FOR LEAVING: _____

FROM: _____ **TO:** _____ **TITLE:** _____ **EMPLOYER:** _____
ADDRESS: _____ **SALARY:** _____
WORK PHONE: _____ **SUPERVISOR NAME/ TITLE / TELPHONE NUMBER / BEST TIME TO CALL:**

YOUR DUTIES: _____
REASON FOR LEAVING: _____

FROM: _____ **TO:** _____ **TITLE:** _____ **EMPLOYER:** _____
ADDRESS: _____ **SALARY:** _____
WORK PHONE: _____ **SUPERVISOR NAME/ TITLE / TELPHONE NUMBER / BEST TIME TO CALL:**

YOUR DUTIES: _____
REASON FOR LEAVING: _____

FROM: _____ **TO:** _____ **TITLE:** _____ **EMPLOYER:** _____
ADDRESS: _____ **SALARY:** _____
WORK PHONE: _____ **SUPERVISOR NAME/ TITLE / TELPHONE NUMBER / BEST TIME TO CALL:**

YOUR DUTIES: _____
REASON FOR LEAVING: _____

REFERENCES AND ACQUAINTANCES

LIST THE NAMES OF FIVE PERSONS NOT RELATED TO you AND NOT FORMER EMPLOYERS, WHO ARE FRIENDS, FELLOW STUDENTS, OR CO-WORKERS WHO HAVE SEEN you FREQUENTLY DURING THE PAST YEAR AND PREFERABLY THOSE WHO HAVE KNOWN you FOR THE PAST FIVE (5) YEARS. THESE PERSONS MAY BE ASKED TO APPRAISE YOUR REPUTATION FOR HONESTY, TRUSTWORTHINESS, SOBRIETY, RELIABILITY, AND DISCRETION. PLEASE PROVIDE BOTH BUSINESS AND RESIDENTIAL PHONE.

NAME	BUSINESS PHONE NUMBER AND BEST TIME TO CONTACT
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EMAIL	BUSINESS PHONE NUMBER AND BEST TIME TO CONTACT
-------	--

ADDRESS:	NUMBER & STREET	CITY	STATE	ZIP
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BUSINESS, OCCUPATION OR PROFESSION

NAME	BUSINESS PHONE NUMBER AND BEST TIME TO CONTACT
------	--

EMAIL	BUSINESS PHONE NUMBER AND BEST TIME TO CONTACT
-------	--

ADDRESS:	NUMBER & STREET	CITY	STATE	ZIP
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BUSINESS, OCCUPATION OR PROFESSION

NAME	BUSINESS PHONE NUMBER AND BEST TIME TO CONTACT		
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EMAIL	BUSINESS PHONE NUMBER AND BEST TIME TO CONTACT		
-------	--	--	--

ADDRESS:	NUMBER & STREET	CITY	STATE	ZIP
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BUSINESS, OCCUPATION OR PROFESSION				
------------------------------------	--	--	--	--

NAME	BUSINESS PHONE NUMBER AND BEST TIME TO CONTACT		
------	--	--	--

EMAIL	BUSINESS PHONE NUMBER AND BEST TIME TO CONTACT		
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ADDRESS:	NUMBER & STREET	CITY	STATE	ZIP
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BUSINESS, OCCUPATION OR PROFESSION				
------------------------------------	--	--	--	--

NAME	BUSINESS PHONE NUMBER AND BEST TIME TO CONTACT		
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EMAIL	BUSINESS PHONE NUMBER AND BEST TIME TO CONTACT		
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ADDRESS:	NUMBER & STREET	CITY	STATE	ZIP
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BUSINESS, OCCUPATION OR PROFESSION				
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FINANCIAL INFORMATION

HAVE YOU FAILED TO FILE INCOME TAX RETURNS FOR ANY PAST YEARS?

☐ NO.

☐ YES. GIVE YEAR AND DETAILS.

ARE YOU, OR ANY COMPANY IN WHICH YOU HAVE A CONTROLLING INTEREST DELINQUENT IN FILING TAXES?

☐ NO.

☐ YES. GIVE DETAILS.

DO YOU OWE ANY PAST DUE FEDERAL, STATE OR LOCAL TAXES? (INCLUDING IRS, STATE DEPT. OF REVENUE, PROPERTY, AD VALOREM, INCOME, ETC.)

☐ NO.

☐ YES. GIVE YEAR, AMOUNT OWED AND TO WHOM AND DETAILS, IF ANY APPROVED PAYMENT PLAN.

HAVE YOU EVER DEFAULTED ON A STUDENT LOAN?

☐ NO.

☐ YES. EXPLAIN BELOW.

DO YOU OWE ANY PAST DUE CHILD SUPPORT PAYMENTS?

☐ NO.

☐ YES. GIVE NAME OF PERSON DEBT IS OWED AND AMOUNT OWED BELOW.

HAVE YOU EVER HAD YOUR WAGES GARNISHED?

☐ NO.

☐ YES. EXPLAIN BELOW.

HAVE YOU EVER INTENTIONALLY DECLINED TO PAY A DEBT?

☐ NO.

☐ YES. EXPLAIN BELOW.

HAVE YOU EVER BEEN ORDERED BY A COURT TO MAKE FINANCIAL PAYMENTS?

☐ NO.

☐ YES. EXPLAIN BELOW.

WHAT INCOME, OTHER THAN SALARY, ARE YOU CURRENTLY RECEIVING? INCLUDE SPOUSE'S SALARY.
IF NONE, WRITE "NONE."

APPLICANT PRIVACY RIGHTS NOTIFICATION POLICY

Georgia Department of Public Safety Standard Operating Procedure

Subject:

Applicant Notification Policy for information derived from the Georgia Crime Information Center (GCIC) Criminal Justice Information System (CJIS) network.

Notification:

The Georgia Department of Public Safety (DPS) conducts or requests fingerprint-based background checks for DPS employment through GCIC. Prior to fingerprinting, individuals must complete an application and receive a copy of the Applicant Privacy Rights and the Privacy Act Statement. The Applicant Privacy Rights and Privacy Act Statement are provided to the DPS applicant as part of the background packet.

Once the applicant has read the Applicant Privacy Rights and the Privacy Act Statement, the applicant will sign the Applicant Privacy Rights Notification Signature from stating the notification was received.

The DPS will maintain the signed document for the duration of the audit cycle, no less than three years.

Record Challenge/Correction:

If an applicant chooses to challenge the accuracy of the criminal history record or needs to correct or update a record, they will be given 30 days to do so.

The applicant is notified that the procedures for challenging an FBI record are set forth in 28 CFR 16.30 through 16.34 and the procedures for challenging a Georgia record can be found on the GBI website.

The applicant will not be given a copy of the fingerprint-based criminal history record.

The agency is not authorized to release the name-based criminal history record.

Appeal Process:

The applicant is provided an opportunity to appeal an adverse decision based on the criminal history record information provided from the fingerprint-based background check. The procedures of the appeal process are as follows:

Please contact the DPS Office of Professional Standards
(404) 624-7523

APPLICANT PRIVACY RIGHTS NOTIFICATION POLICY

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the CBI website: www.qbi.georgia.gov. information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: www.edo.ciis.gov.
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at www.qbi.georgia.gov. Alternatively, you may send your challenge directly to the FBI by submitting a request via www.edo.ciis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. upon receipt of an official communication from that

agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

ACT STATEMENT

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

APPLICANT PRIVACY RIGHTS NOTIFICATION POLICY

NOTIFICATION SIGNATURE FORM

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16:30 through 16:33 or review the FBI website.

SIGNATURE

PRINT FULL NAME

DATE

Georgia Department of Public Safety

Pre-Employment Background Packet

CERTIFICATION THAT MY ANSWERS ARE TRUE

I have read and understand each question contained within this Pre-Employment Background Packet. My responses are true, complete, correct to the best of my knowledge, and made in good faith. I understand that making a knowing and willful false statement on this Pre-Employment Background Packet is a crime. I further understand that making a false or misleading statement or failing to answer a question(s) will result in my disqualification from consideration for employment with the Georgia Department of Public Safety. I do hereby authorize the Georgia Department of Public Safety to conduct a review of all records concerning myself, whether such records are of a public, private, or confidential nature to include all my publicly posted social media accounts.

SIGNATURE

PRINT FULL NAME

DATE

ADDITIONAL EMPLOYMENT HISTORY
PLEASE MAKE AS MANY COPIES AS NEEDED

FROM: _____ **TO:** _____ **TITLE:** _____ **EMPLOYER:** _____
ADDRESS: _____ **SALARY:** _____
WORK PHONE: _____ **SUPERVISOR NAME/ TITLE / TELEPHONE NUMBER / BEST TIME TO CALL:**

YOUR DUTIES: _____
REASON FOR LEAVING: _____

FROM: _____ **TO:** _____ **TITLE:** _____ **EMPLOYER:** _____
ADDRESS: _____ **SALARY:** _____
WORK PHONE: _____ **SUPERVISOR NAME/ TITLE / TELEPHONE NUMBER / BEST TIME TO CALL:**

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YOUR DUTIES: _____

REASON FOR LEAVING: _____

FROM: _____ **TO:** _____ **TITLE:** _____ **EMPLOYER:** _____

ADDRESS: _____ **SALARY:** _____

WORK PHONE: _____ **SUPERVISOR NAME/ TITLE / TELPHONE NUMBER / BEST TIME TO CALL:**

YOUR DUTIES: _____

REASON FOR LEAVING: _____

ADDITIONAL SHEET

INSTRUCTIONS: Please indicate the page number and question that corresponds to your additional sheet. Please make as many copies as needed.

PLEASE PRINT

PAGE #	QUESTION:
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[illegible]