



GEORGIA DEPARTMENT OF PUBLIC SAFETY

PRE-EMPLOYMENT BACKGROUND PACKET





Department of Public Safety

*Post Office Box 1456 Atlanta
Georgia 30371-1456*

**Colonel Christopher C. Wright
Commissioner**

Dear Applicant,

Thank you for taking an interest in employment with the Department of Public Safety by completing the State of Georgia Application for Employment. All applicants for any position within the Department of Public Safety (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 Department of Public Safety 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. **Any applicant, who fails to complete the required forms and to supply proper documents such as birth certificate, transcripts, etc., will be removed from further employment consideration.**

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

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 37 of this document. Please follow the instructions as listed on page 37.
3. All information must be completed and returned within 14 days, unless otherwise instructed. Applicants for law enforcement position will be given specific instructions regarding the submission of this background packet.
4. If you are unable to provide any of the information requested, an explanation must be given as to the reason.
5. 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.
6. The DPS requires that you submit this document in its original form. You are encouraged to make a copy for your records.
7. Questions concerning your pre-employment background packet may be directed to the Department of Public Safety, Human Resources Division at (404) 624-7553.
8. 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

Applicable documents must be enclosed with your completed Background Packet or submitted by mail to the address below.

1. **Original** Birth Certificate or you may obtain a **Certified Copy** from vital records within your state, and **Original** Court Orders authorizing any name change, if applicable. If name change due to marriage and/or divorce, include Original Marriage Certificate(s) and Divorce Decree(s) as applicable.
2. **Original** Certificate of Naturalization—for Georgia POST certified positions.
3. **Photocopy** of your Card (issued by the Immigration/Naturalization Service)—for positions that do not require Georgia POST Certification.
4. **Photocopy** of out of State Driver's History—for Georgia POST Certified positions.
5. **Transcripts:**
 - a. All applicants are required to submit an official High School transcript from an accredited institution, or an official GED transcript or official GED diploma.
 - b. All applicants are also required to submit transcripts for all colleges/universities/vocational or technical colleges attended, regardless of whether a degree was conferred:
 - i. If the position for which you applied requires a degree, you must submit official transcripts by mail, in-person or via secure transcript submission (e.g., E-Scripts or Parchment) to us directly from your institution via email to employment@gsp.net.
 - ii. If the position for which you applied **does not** require a degree, copies of transcripts for post-secondary educational institutions attended are acceptable.
 1. Applicants for sworn positions: If you have never been Georgia P.O.S.T. Peace Officer certified and have completed at least a 2-year degree program, please submit official college transcripts reflecting degree conferral. Completion of a degree program satisfies the P.O.S.T. entrance exam requirement.
 - iii. Forms through which official transcripts can be requested from high school or colleges are available at the end of the packet for your convenience and you may photocopy as needed.
6. A Recent **Full-Body, Color Photograph (Not a copy of a photo)** This photo should be of you only, fully dressed and facing forward. Please remember that this photo will become a part of your personnel file.
7. **Photocopy** of Georgia P.O.S.T. Certification (if currently certified)
8. **Photocopy** of DD-214 for each period of Military Service (must be Member-4 copy showing lines 23-30 regarding separation and discharge information)
9. **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/RegVer/wfVerification.aspx> or at the Selective Service Automated Line telephone number (847) 688-6888.

IF YOU WISH TO HAVE ITEMS NUMBERED 1 and/or 2 RETURNED TO YOU, PLEASE ENCLOSE A SELF-ADDRESSED, STAMPED ENVELOPE TO THE FOLLOWING ADDRESS (NO OTHER DOCUMENTS SHALL BE RETURNED):

**P.O. BOX 1456,
ATLANTA, GEORGIA 30371-1456**

DEPARTMENT OF PUBLIC SAFETY

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 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 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 taken action 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	

DEPARTMENT OF PUBLIC SAFETY

PROBATION PERIOD POLICY STATEMENT

I understand that employment with the 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 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
------	----------------------

NAME:	LAST	FIRST	MIDDLE
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OTHER NAMES YOU HAVE USED & 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
-----------------	---------------	------------------

ARE YOU A CITIZEN OF THE UNITED STATES? SELECT THE ONE ITEM BELOW THAT APPLIES:

- ☐ YES, I 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

FAMILY HISTORY

SPOUSE'S OCCUPATION

SPOUSE'S EMPLOYER

WORK PHONE

LIST FORMER SPOUSE'S NAME, ADDRESS, PHONE NUMBER, DATES OF MARRIAGE/DIVORCE AND LOCATION OF DIVORCE RECORD:

LIST ALL DEPENDENTS INCLUDING THOSE THAT MAY NOT LIVE IN YOUR HOUSEHOLD:

NAME

DATE OF BIRTH

RESIDENCE ADDRESS

NAME

DATE OF BIRTH

RESIDENCE ADDRESS

NAME

DATE OF BIRTH

RESIDENCE ADDRESS

NAME

DATE OF BIRTH

RESIDENCE ADDRESS

NAME

DATE OF BIRTH

RESIDENCE ADDRESS

LIST THE NAMES OF EVERY LIVING MEMBER OF YOUR IMMEDIATE FAMILY, E.G. PARENTS, SIBLINGS, IN-LAWS:

NAME

RELATIONSHIP

ADDRESS

PHONE

NAME

RELATIONSHIP

ADDRESS

PHONE

NAME

RELATIONSHIP

ADDRESS

PHONE

NAME

RELATIONSHIP

ADDRESS

PHONE

NAME

RELATIONSHIP

ADDRESS

PHONE

NAME

RELATIONSHIP

ADDRESS

PHONE

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

LITIGATION HISTORY

HAVE YOU EVER BEEN NAMED AS A DEFENDANT IN ANY TYPE OF LAWSUIT?

☐ NO.
☐ YES. EXPLAIN BELOW.

DATE	TITLE OF ACTION OR PROCEEDING	COURT DISPOSITION
DATE	TITLE OF ACTION OR PROCEEDING	COURT DISPOSITION

HAVE YOU EVER FILED A LAWSUIT AGAINST ANY OTHER PERSON, COMPANY OR EMPLOYER?

☐ NO.
☐ YES. EXPLAIN BELOW.

DATE	TITLE OF ACTION OR PROCEEDING	COURT DISPOSITION
DATE	TITLE OF ACTION OR PROCEEDING	COURT DISPOSITION

DRIVING RECORD

DO YOU HAVE A CURRENT DRIVER'S LICENSE?

☐
☐

NO.

YES. ENTER CURRENT LICENSE INFORMATION BELOW.

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
-----------------------	-------------------	-------------------	-------------

LIST DRIVER'S LICENSE INFORMATION FOR ANY LICENSES ISSUED BY ANY STATE OTHER THAN GEORGIA:

☐

N/A.

STATE	LICENSE NUMBER	NAME ISSUED TO	YEAR(S)
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STATE	LICENSE NUMBER	NAME ISSUED TO	YEAR(S)
-------	----------------	----------------	---------

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?		
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HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE?		
---	--	--

HAS YOUR AUTO INSURANCE 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:

ALCOHOL

	YES	NO
DID YOU EVER OPERATE A VEHICLE/BOAT UNDER THE INFLUENCE OF ALCOHOL?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, WHEN WAS THE LAST TIME? _____		
HAVE YOU EVER BEEN STOPPED FOR DRIVING UNDER THE INFLUENCE, BUT NOT TAKEN TO JAIL?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, WHEN WAS THE LAST TIME? _____		
DID YOU EVER CALL IN SICK BECAUSE OF A "HANGOVER"?	<input type="checkbox"/>	<input type="checkbox"/>
DID YOU EVER CONSUME ALCOHOLIC BEVERAGES PRIOR TO REPORTING FOR WORK?	<input type="checkbox"/>	<input type="checkbox"/>
DID YOU EVER CONSUME ALCOHOLIC BEVERAGES WHILE AT WORK?	<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN ANY "YES" ANSWERS:

GAMBLING

DO YOU HAVE ANY GAMBLING DEBTS?

☐ NO.
☐ YES. EXPLANATION: _____

WHAT IS THE MOST MONEY YOU HAVE EVER ILLEGALLY BET AT ONE TIME? _____

WHAT IS THE LARGEST AMOUNT OF MONEY YOU HAVE EVER LOST? _____

DID YOU EVER BORROW MONEY TO PAY A GAMBLING DEBT?

☐ NO.
☐ YES. HOW MANY TIMES: _____

DO YOU EVER STEAL MONEY TO PAY A GAMBLING DEBT?

☐ NO.
☐ YES. HOW MANY TIMES: _____

CRIMINAL HISTORY

YES NO

HAVE YOU EVER BEEN ARRESTED OR BEEN THE SUBJECT OF A CRIMINAL COMPLAINT OR INDICTMENT OR BEEN REQUIRED TO APPEAR AS A SUSPECT OR DEFENDANT IN ANY CRIMINAL (INCLUDING JUVENILE) PROCEEDING OR BEFORE ANY PROSECUTING OFFICER OR INVESTIGATIVE AGENCY?		
HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDERE TO A MISDEMEANOR?		
HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDERE TO A FELONY?		
HAVE YOU EVER RECEIVED A SENTENCE UNDER THE FIRST OFFENDER ACT OR ARE YOU CURRENTLY SERVING PROBATION AS A SENTENCE UNDER FIRST OFFENDER?		
WERE YOU EVER ARRESTED AS A JUVENILE?		
HAVE YOU EVER BEEN A MEMBER OF A STREET GANG?		
HAVE YOU EVER BEEN?		
SENTENCED TO INCARCERATION?		
PLACED IN A POLICE LINEUP?		
PLACED ON PROBATION?		
PLACED ON PAROLE?		
PLACED IN A HOLDING CELL?		
PLACED IN A MILITARY STOCKADE?		
PLACED IN A DISCIPLINARY SCHOOL?		
QUESTIONED BY THE POLICE AS A SUSPECT OF A CRIME?		

EXPLAIN ANY "YES" ANSWERS:

HAVE YOU EVER COMMITTED OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES OR OFFENSES? THE QUESTION APPLIES EVEN THOUGH YOU MAY NOT HAVE BEEN ARRESTED OR THE ACT WENT UNDETECTED.

	YES	NO	AGE
MURDER			
VOLUNTARY MANSLAUGHTER			
INVOLUNTARY MANSLAUGHTER			
AGGRAVATED ASSAULT			
BATTERY/SIMPLE OR AGGRAVATED			
KIDNAPPING			
FALSE IMPRISONMENT			
HIJACKING AN AIRCRAFT			
CHILD ABUSE			

	YES	NO	AGE
DRIVING ON REVOKED DRIVER'S LICENSE			
FLEEING AND ATTEMPTING TO ELUDE			
DRIVING UNDER THE INFLUENCE (DUI)			
VEHICULAR HOMICIDE			
RAPE			
AGGRAVATED SODOMY			
STATUTORY RAPE			
CHILD MOLESTATION			
BESTIALITY			
NECROPHILIA			
PUBLIC INDECENCY			
PROSTITUTION			
PIMPING			
BIGAMY			
INCEST			
CRUELTY TO ANIMALS			
BURGLARY			
CRIMINAL DAMAGE TO PROPERTY			
VANDALISM			
ARSON			
CRIMINAL POSSESSION OF EXPLOSIVES			
THEFT BY TAKING			
THEFT BY DECEPTION			
THEFT BY CONVERSION			
THEFT OF SERVICES			
THEFT OF LOST OR MISLAID PROPERTY			
THEFT BY RECEIVING STOLEN PROPERTY			
HIT AND RUN			
SHOPLIFTING			
THEFT OF MOTOR VEHICLE, PARTS, COMPONENTS			
ROBBERY			
ARMED ROBBERY			
FORGERY			
CREDIT CARD FRAUD			
ACCESSING COMPUTERS FOR FRAUDULENT PURPOSES			
UNAUTHORIZED ACCESS, ALTERATION, DESTRUCTION OF COMPUTERS			
BRIBERY			
VIOLATION OF OATH BY PUBLIC OFFICER			
IMPERSONATION OF PUBLIC OFFICER OR PUBLIC EMPLOYEE			
OBSTRUCTION OR HINDERING OF LAW ENFORCEMENT OFFICERS			
OBSTRUCTION OR HINDERING OF FIREFIGHTERS			
GIVING FALSE NAME OR ADDRESS TO LAW ENFORCEMENT OFFICERS			
FALSE REPORT OF A CRIME			
FALSE REPORT OF A FIRE			
CONCEALING DEATH OF ANOTHER PERSON			
ESCAPE			
PERJURY			

	YES	NO	AGE
TAMPERING WITH EVIDENCE			
TREASON			
ADVOCATING OVERTHROW OF GOVERNMENT			
RIOT			
INCITING A RIOT			
TERRORISTIC THREATS AND ACTS			
PEEPING TOM			
UNLAWFUL EAVESDROPPING			
ILLEGAL POSSESSION OF SAWED-OFF SHOTGUN, MACHINE GUN, SILENCER			
COMMERCIAL GAMBLING			
DOG FIGHTING			
SEXUAL EXPLOITATION OF CHILDREN			
CHILD PORNOGRAPHY			
ILLEGAL POSSESSION, MANUFACTURE, DISTRIBUTION, USE OF ILLEGAL DRUGS OR MARIJUANA			
TRAFFICKING IN COCAINE, ILLEGAL DRUGS OR MARIJUANA			
USE OF FICTITIOUS NAME OR FALSE ADDRESS WHEN OBTAINING DRUGS			
INTENTIONAL INHALATION OF MODEL GLUE			
DOMESTIC FAMILY VIOLENCE			
STALKING			

EXPLAIN ANY "YES" ANSWERS (YOU MAY ADD ADDITIONAL SHEETS IF NECESSARY):

THEFTS

	YES	NO
DID YOU EVER STEAL ANY MONEY FROM AN EMPLOYER?		
DID YOU EVER STEAL ANYTHING FROM AN EMPLOYER?		
DID YOU EVER STEAL ANY PROPERTY OR MONEY FROM A FELLOW EMPLOYEE?		
DID YOU EVER DELIBERATELY "SHORTCHANGE" A CUSTOMER?		

EXPLAIN ANY "YES" ANSWERS (YOU MAY ADD ADDITIONAL SHEETS IF NECESSARY):

DRUG HISTORY

CHECK THE APPROPRIATE COLUMN(S) FOR EACH OF THE FOLLOWING DRUGS, WHICH YOU RECREATIONALLY AND/OR CASUALLY USED OR ARE CURRENTLY USING WITHOUT A MEDICAL PRESCRIPTION.

NAME OF DRUG	NEVER USED	TRIED/ USED	LAST TIME MONTH/YEAR	FIRST TIME MONTH/YEAR	# OF TIMES
AMPHETAMINES/UPPERS					
ATIVAN					
BARBITURATES/DOWNERS					
BATH SALTS (SYNTHETIC CATHINONES)					
BENZEDRINE					
BIPHETAMINE					
COCAINE/COKE					
CODEINE					
CRACK					
CRANK/METH/ICE					
DARVON					
DARVON/DARVOCET					
DEMEROL					
DEXEDRINE					
DILAUDID					
ECSTASY(XTC)/MDMA/MDA					
EQUANIL					
GHB/LIQUID ECSTASY					
GLUE					
HASH OIL					
HASHISH					
HEROIN					
HUFFING/INHALANT USE					
KETAMINE/CAT VALIUM					
LIBRIUM					
LORTAB/LORCET					
LSD/ACID/STP					

NAME OF DRUG	NEVER USED	TRIED/ USED	LAST TIME MONTH/YEAR	FIRST TIME MONTH/YEAR	# OF TIMES
MARIJUANA/THC					
MARIJUANA/SYNTHETIC					
MEPERIDINE					
MESCALINE					
METHADONE					
METHAMPHETAMINE					
METHAQUALONE					
MOLLY					
MORPHINE					
MUSHROOMS/PSILOCYBIN					
NEMBUTAL					
NEXUS					
NITROUS OXIDE					
OPIUM					
OXYCODONE					
OXYCONTIN					
PCP/ANGEL DUST					
PERCODAN/PERCOCET					
PEYOTE					
PHENOBARBITAL					
PRELUDIN					
ROHYPNOL					
QUALUDES					
SECONAL					
SPEED					
SPICE					
STEROIDS					
TALWIN					
THAI STICK					
TRANXENE					
TYLOX					
VALIUM					
VICODIN					
WYGESIC					
XANAX					
OTHER					

EXPLAIN ANY "YES" ANSWERS (PLEASE SEE PAGE 37 FOR ADDITIONAL SHEETS IF NECESSARY):

HAVE YOU EVER USED ANY ILLEGAL DRUGS NOT PREVIOUSLY LISTED?

☐
☐

NO.

YES. ENTER INFORMATION REQUESTED BELOW.

TYPE OF DRUG	LAST TIME USED	NUMBER OF TIMES USED
TYPE OF DRUG	LAST TIME USED	NUMBER OF TIMES USED

ARE YOU CURRENTLY USING ANY ILLEGAL DRUGS?

☐
☐

NO.

YES. ENTER INFORMATION REQUESTED BELOW.

TYPE OF DRUG	LAST TIME USED	NUMBER OF TIMES USED
TYPE OF DRUG	LAST TIME USED	NUMBER OF TIMES USED

HOW MANY OF YOUR FRIENDS, ASSOCIATES OR FAMILY MEMBERS ARE STREET GANG MEMBERS? _____

HOW MANY OF YOUR CURRENT FRIENDS OR ASSOCIATES USE ILLGAL DRUGS? _____

WHEN WAS THE LAST TIME THAT SOMEONE USED ILLEGAL DRUGS IN YOUR PRESENCE? _____

DESCRIBE THE TYPE OF DRUG AND THE CIRCUMSTANCES: _____

HAVE YOU EVER ATTENDED A RAVE?

☐
☐

NO.

YES. NUMBER OF TIMES: _____ LAST TIME ATTENDED: _____

YES NO

HAVE YOU EVER TRIED/USED ILLEGAL DRUGS JUST PRIOR TO REPORTING TO WORK?		
HAVE YOU EVER TRIED/USED ILLEGAL DRUGS WHILE AT WORK?		
HAVE YOU EVER TRIED/USED ILLEGAL DRUGS AT LUNCH OR BREAKS AT WORK?		
HAVE YOU EVER TRIED/USED ILLEGAL DRUGS JUST AFTER GETTING OFF WORK?		

			YES	NO
HAVE YOU EVER TAKEN ALCOHOL AND ILLEGAL DRUGS TOGETHER?			<input type="checkbox"/>	<input type="checkbox"/>
IF YES, ENTER INFORMATION REQUESTED BELOW:				
_____	_____	_____		
TYPE OF DRUG	LAST TIME USED	NUMBER OF TIMES USED		
			YES	NO
HAVE YOU EVER OPERATED A VEHICLE/BOAT UNDER THE INFLUENCE OF ILLEGAL DRUGS?			<input type="checkbox"/>	<input type="checkbox"/>
IF YES, ENTER INFORMATION REQUESTED BELOW:				
_____	_____	_____		
TYPE OF DRUG	LAST TIME USED	NUMBER OF TIMES USED		
HAVE YOU EVER GROWN OR PARTICIPATED IN GROWING MARIJUANA?			<input type="checkbox"/>	<input type="checkbox"/>
IF YES, HOW MUCH? _____ WHEN? _____ WHERE? _____				
WHAT DID YOU DO WITH THE MARIJUANA? _____				
HAVE YOU EVER MANUFACTURED/PARTICIPATED IN THE MANUFACTURING OF ILLEGAL DRUGS?			<input type="checkbox"/>	<input type="checkbox"/>
IF YES, WHAT TYPE? _____ HOW MUCH? _____ WHEN? _____				
WHERE? _____ WHAT DID YOU DO WITH THE DRUGS? _____				
HAVE YOU EVER PURCHASED AND/OR RECEIVED ANY ILLEGAL DRUGS			<input type="checkbox"/>	<input type="checkbox"/>
IF YES, WHAT TYPE? _____ LAST TIME? _____				
NUMBER OF TIMES USED. _____ DESCRIBE THE CIRCUMSTANCES. _____				

FULLY EXPLAIN ANY "YES" ANSWERS:

	YES	NO
HAVE YOU EVER SOLD ILLEGAL DRUGS/SUBSTANCES YOU PURPORTED OR CLAIMED TO BE AN ILLEGAL DRUG?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER TRANSPORTED OR STORED ANY ILLEGAL DRUGS?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER SET UP A DRUG BUY FOR YOURSELF OR ANYONE ELSE?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER OVERDOSED ON ILLEGAL DRUGS?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER ILLEGALLY USED ANYONE ELSE'S DRUG PRESCRIPTION?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER FORGED, ILLEGALLY OBTAINED, SOLD OR STOLEN A DRUG PRESCRIPTION?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER PASSED OR ATTEMPTED TO PASS A FORGED OR STOLEN DRUG PRESCRIPTION?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER STOLEN DRUGS FROM ANYONE?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU OWN/POSSESS ANY DRUG PARAPHERNALIA?	<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN ANY "YES" ANSWERS (PLEASE SEE PAGE 37 FOR ADDITIONAL SHEETS IF NECESSARY):

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
------	------------

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
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
-------------	---------	--------------------------

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

SCHOOL NAME	ADDRESS	YEARS ATTENDED/GRADUATED
-------------	---------	--------------------------

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

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
-------------	---------	--------------------------

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

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 36 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.

☐

PT

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

☐

FT

ADDRESS: _____ SALARY: _____

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

YOUR DUTIES: _____

REASON FOR LEAVING: _____

☐ PT FROM: _____ TO: _____ TITLE: _____ EMPLOYER: _____
☐ FT ADDRESS: _____ SALARY: _____
WORK PHONE: _____ SUPERVISOR NAME/ TITLE/ PHONE NUMBER/ BEST TIME TO CALL: _____
YOUR DUTIES: _____
REASONFOR LEAVING: _____

☐ PT FROM: _____ TO: _____ TITLE: _____ EMPLOYER: _____
☐ FT ADDRESS: _____ SALARY: _____
WORK PHONE: _____ SUPERVISOR NAME/ TITLE/ PHONE NUMBER/ BEST TIME TO CALL: _____
YOUR DUTIES: _____
REASONFOR LEAVING: _____

☐ PT FROM: _____ TO: _____ TITLE: _____ EMPLOYER: _____
☐ FT ADDRESS: _____ SALARY: _____
WORK PHONE: _____ SUPERVISOR NAME/ TITLE/ PHONE NUMBER/ BEST TIME TO CALL: _____
YOUR DUTIES: _____
REASON FOR LEAVING: _____

☐ PT FROM: _____ TO: _____ TITLE: _____ EMPLOYER: _____
☐ FT ADDRESS: _____ SALARY: _____
WORK PHONE: _____ SUPERVISOR NAME/ TITLE/ PHONE NUMBER/ BEST TIME TO CALL: _____
YOUR DUTIES: _____
REASON FOR LEAVING: _____

☐ PT FROM: _____ TO: _____ TITLE: _____ EMPLOYER: _____
☐ FT ADDRESS: _____ SALARY: _____
WORK PHONE: _____ SUPERVISOR NAME/ TITLE/ PHONE NUMBER/ BEST TIME TO CALL: _____
YOUR DUTIES: _____
REASON FOR LEAVING: _____

☐ PT FROM: _____ TO: _____ TITLE: _____ EMPLOYER: _____
☐ FT ADDRESS: _____ SALARY: _____
WORK PHONE: _____ SUPERVISOR NAME/ TITLE/ PHONE NUMBER/ BEST TIME TO CALL: _____
YOUR DUTIES: _____
REASON FOR LEAVING: _____

☐ PT FROM: _____ TO: _____ TITLE: _____ EMPLOYER: _____
☐ FT ADDRESS: _____ SALARY: _____
WORK PHONE: _____ SUPERVISOR NAME/ TITLE/ PHONE NUMBER/ BEST TIME TO CALL: _____
YOUR DUTIES: _____
REASON FOR LEAVING: _____

☐ PT FROM: _____ TO: _____ TITLE: _____ EMPLOYER: _____
☐ FT ADDRESS: _____ SALARY: _____
WORK PHONE: _____ SUPERVISOR NAME/ TITLE/ PHONE NUMBER/ BEST TIME TO CALL: _____
YOUR DUTIES: _____
REASON FOR LEAVING: _____

☐ PT FROM: _____ TO: _____ TITLE: _____ EMPLOYER: _____
☐ FT ADDRESS: _____ SALARY: _____
WORK PHONE: _____ SUPERVISOR NAME/ TITLE/ PHONE NUMBER/ BEST TIME TO CALL: _____
YOUR DUTIES: _____
REASON FOR LEAVING: _____

☐ PT FROM: _____ TO: _____ TITLE: _____ EMPLOYER: _____
☐ FT ADDRESS: _____ SALARY: _____
WORK PHONE: _____ SUPERVISOR NAME/ TITLE/ PHONE NUMBER/ BEST TIME TO CALL: _____
YOUR DUTIES: _____
REASON FOR LEAVING: _____

PRIOR CRIMINAL JUSTICE EMPLOYMENT HISTORY

HAVE YOU EVER BEEN EMPLOYED BY A CRIMINAL JUSTICE OR LAW ENFORCEMENT AGENCY?

☐
☐

NO.

YES. PLEASE COMPLETE QUESTIONS IN THIS SECTION.

	YES	NO
HAVE YOU EVER ACCEPTED A PAYOFF?		
HAVE YOU EVER STOLEN ANYTHING FROM SOMEONE YOU ARRESTED?		
HAVE YOU EVER STOLEN ANYTHING FROM AN EVIDENCE ROOM?		
HAVE YOU EVER KEPT THE PROPERTY OF SOMEONE YOU ARRESTED?		
DID YOU EVER CARRY A "THROW DOWN" WEAPON?		
HAVE YOU EVER UNLAWFULLY ENTERED A BUSINESS OR RESIDENCE?		
HAVE YOU EVER STOLEN ANYTHING FROM AN IMPOUNDED VEHICLE?		
DID YOU EVER FALSIFY AN EXPENSE VOUCHER?		
HAVE YOU EVER RECEIVED ANY TYPE OF GRATUITY FOR DROPPING A CASE OR DISPOSING OF AN ARREST TICKET?		
HAVE YOU EVER TAMPERED WITH EVIDENCE?		
HAVE YOU EVER KEPT FOR PERSONAL USE OR FOR RESALE ANY ILLEGAL DRUGS TAKEN FROM SOMEONE THAT HAD BEEN ARRESTED/DETAINED OR QUESTIONED?		
HAVE YOU EVER USED ANY ILLEGAL DRUGS/MARIJUANA WHILE A LAW ENFORCEMENT OFFICER?		
DID YOU EVER WARN ANYONE THAT HE/SHE WERE THE SUBJECT OF A CRIMINAL INVESTIGATION?		
DID YOU EVER "COVER UP" A CRIME COMMITTED BY A FELLOW OFFICER?		
DID YOU EVER MAKE A FALSE OFFICIAL REPORT?		
DID YOU EVER MAKE A FALSE ENTRY ON A LOG?		
HAVE YOU EVER ILLEGALLY DESTROYED A CASE FILE, COMPUTER RECORD OR OFFICIAL REPORT?		
HAVE YOU EVER ILLEGALLY RETAINED SEIZED WEAPONS OR PROPERTY?		
HAVE YOU EVER INTENTIONALLY FALSIFIED A CASE FILE, COMPUTER RECORD OR OFFICIAL REPORT?		
HAVE YOU EVER "PLANTED" EVIDENCE?		
WERE YOU EVER SUSPENDED FROM YOUR JOB?		
HAVE YOU EVER "TIPPED-OFF" A FRIEND, ACQUAINTANCE OR RELATIVE ABOUT AN ACTIVE INVESTIGATION INVOLVING THEM OR SOMEONE THEY KNOW?		
DID YOU EVER "COVER UP" A CRIMINAL OFFENSE FOR A FRIEND OR RELATIVE?		
WHILE EMPLOYED BY A CRIMINAL JUSTICE AGENCY, HAVE YOU EVER ILLEGALLY POSSESSED OR SOLD MARIJUANA, COCAINE OR OTHER ILLEGAL DRUGS?		
HAVE YOU EVER STOLEN ANYTHING FROM A CRIME SCENE?		
WHILE EMPLOYED BY A CRIMINAL JUSTICE AGENCY, DID YOU EVER VIOLATE YOUR OATH OF OFFICE?		
HAVE YOU EVER LIED UNDER OATH DURING A TRIAL?		
HAVE YOU EVER BEEN A PARTY TO A LAWSUIT RESULTING FROM YOUR ACTIONS IN THE PERFORMANCE OF YOUR JOB?		
HAVE YOU EVER BEEN INVESTIGATED BY GEORGIA P.O.S.T. COUNCIL OR ANY OTHER STATE'S AGENCY THAT REGULATES PEACE OFFICER CERTIFICATION?		

EXPLAIN ANY "YES" ANSWERS. INCLUDE DATES AND AGENCY WITH WHOM YOU WERE EMPLOYED AND OUTCOME OF ANY DISCIPLINARY ACTION OR INVESTIGATION:

MILITARY HISTORY

ARE YOU REGISTERED FOR THE DRAFT?

- ☐ YES.
☐ NO. I AM A MALE OVER THE AGE OF 26 OR CAN PROVIDE PROOF OF OTHER SUCH EXEMPTION.
☐ N/A. I AM A FEMALE APPLICANT.

HAVE YOU EVER SERVED ACTIVE DUTY IN THE MILITARY?

- ☐ NO.
☐ YES. ENTER INFORMATION BELOW.

BRANCH: _____ SERVICE NUMBER: _____ HIGHEST RANK: _____

DATE/LOCATION OF ENTRANCE TO ACTIVE DUTY: _____

DATE/LOCATION OF ENTRANCE TO DISCHARGE: _____

TYPE OF DISCHARGE (HONORABLE, DISHONORABLE, ETC.): _____

HAVE YOU EVER BEEN AN ACTIVE OR INACTIVE MEMBER OF ANY BRANCH OF THE US RESERVES?

- ☐ NO.
☐ YES. ENTER INFORMATION BELOW.

BRANCH, UNIT & TYPE OF DISCHARGE: _____

FROM: _____ TO: _____

HAVE YOU EVER BEEN A MEMBER OF THE NATIONAL GUARD?

- ☐ NO.
☐ YES. ENTER INFORMATION BELOW.

BRANCH, UNIT & TYPE OF DISCHARGE: _____

FROM: _____ TO: _____

WERE YOU EVER COURT-MARTIALED, TRIED ON CHARGES, OR WERE YOU THE SUBJECT OF A SUMMARY COURT, DESK COURT, CAPTAIN'S MAST OR COMPANY PUNISHMENT, OR ANY OTHER FORMAL DISCIPLINARY ACTION WHILE A MEMBER OF THE ARMED FORCES, NATIONAL GUARD OR RESERVE FORCES?

- ☐ NO.
☐ YES. EXPLAIN DETAILS: _____

LIST ALL DECORATIONS AND/OR SERVICE MEDALS AWARDED TO YOU AS A MEMBER OF THE ARMED FORCES, NATIONAL GUARD OR RESERVE FORCES? IF NONE, WRITE "NONE":

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 NUMBERS WHERE POSSIBLE.

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

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

ADDRESS: NUMBER & STREET	CITY	STATE	ZIP
--------------------------	------	-------	-----

BUSINESS, OCCUPATION OR PROFESSION

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

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

ADDRESS: NUMBER & STREET	CITY	STATE	ZIP
--------------------------	------	-------	-----

BUSINESS, OCCUPATION OR PROFESSION

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

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

ADDRESS: NUMBER & STREET	CITY	STATE	ZIP
--------------------------	------	-------	-----

BUSINESS, OCCUPATION OR PROFESSION

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

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

FINANCIAL INFORMATION

IF YOU HAVE SAVINGS ACCOUNTS, PROVIDE THE FOLLOWING. IF NONE, WRITE "NONE":

ACCOUNT NUMBER: _____ BALANCE: _____

BANK: _____ CITY: _____ STATE: _____

ACCOUNT NUMBER: _____ BALANCE: _____

BANK: _____ CITY: _____ STATE: _____

IF YOU HAVE CHECKING ACCOUNTS, PROVIDE THE FOLLOWING. IF NONE, WRITE "NONE":

ACCOUNT NUMBER: _____ BALANCE: _____

BANK: _____ CITY: _____ STATE: _____

ACCOUNT NUMBER: _____ BALANCE: _____

BANK: _____ CITY: _____ STATE: _____

LIST EVERY PERSON OR COMPANY TO WHOM YOU OWE MONEY INCLUDING STUDENT LOANS. IF NONE, WRITE "NONE."

ACCOUNT NUMBER	CREDITOR NAME/CITY & STATE	MONTHLY PAYMENT	BALANCE
----------------	----------------------------	-----------------	---------

ACCOUNT NUMBER	CREDITOR NAME/CITY & STATE	MONTHLY PAYMENT	BALANCE
----------------	----------------------------	-----------------	---------

ACCOUNT NUMBER	CREDITOR NAME/CITY & STATE	MONTHLY PAYMENT	BALANCE
----------------	----------------------------	-----------------	---------

ACCOUNT NUMBER	CREDITOR NAME/CITY & STATE	MONTHLY PAYMENT	BALANCE
----------------	----------------------------	-----------------	---------

ACCOUNT NUMBER	CREDITOR NAME/CITY & STATE	MONTHLY PAYMENT	BALANCE
----------------	----------------------------	-----------------	---------

ACCOUNT NUMBER	CREDITOR NAME/CITY & STATE	MONTHLY PAYMENT	BALANCE
----------------	----------------------------	-----------------	---------

ACCOUNT NUMBER	CREDITOR NAME/CITY & STATE	MONTHLY PAYMENT	BALANCE
----------------	----------------------------	-----------------	---------

HAVE YOU EVER DECLARED, OR ARE YOU ABOUT TO DECLARE, BANKRUPTCY?

- ☐ NO.
☐ YES. ENTER FILE DATE, LOCATION, CIRCUMSTANCES AND DATE CLEARED OR DISCHARGED BELOW.
-

ARE ANY OF YOUR PAYMENTS TO CREDITORS PAST DUE?

- ☐ NO.
☐ YES. LIST CREDITORS AND EXPLAIN CIRCUMSTANCES BELOW.
-

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 OF 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."

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.

FULL NAME PRINTED

SIGNATURE

DATE

TRANSCRIPT REQUEST FORM

(TO BE COMPLETED AND SUBMITTED BY APPLICANT)

The purpose of this form is to allow the below listed applicant to request an official transcript from his/her educational institution. The applicant is to submit this form on his/her own behalf to the educational institution and is responsible for ensuring records arrive at the Human Resources Division of the Georgia Department of Public Safety.

TO: REGISTRAR OR RECORDS MANAGER

REQUEST DATE:

APPLICANT'S NAME
& PHONE NUMBER:

NAME OF HIGH SCHOOL/COLLEGE/UNIVERSITY

STREET ADDRESS

CITY

STATE

ZIP

SOCIAL SECURITY NUMBER

SEX

RACE

DATE OF BIRTH

MAIDEN NAME (IF APPLICABLE)

STUDENT NUMBER (IF KNOWN)

IT IS REQUESTED THAT YOU FORWARD OFFICIAL TRANSCRIPTS OF MY EDUCATIONAL RECORD TO THE FOLLOWING ADDRESS BY MAIL:

RECIPIENT

STREET ADDRESS

CITY

STATE

ZIP

APPLICANT'S SIGNATURE

NOTICE TO APPLICANT: If your school has the capability, official transcripts may also be submitted to our office using a secure transcript submission service, such as E-Scripts or Parchment. Check with your educational registrar's office. If you are able and wish to utilize this option, you may have transcripts sent directly from your institution to:

Georgia Department of Public Safety, Human Resources Division, Post Office Box 1456, Atlanta, Georgia 30371, Attn: Diana Stephens - 404-624-7553 at employment@gsp.net.

TRANSCRIPT REQUEST FORM

(TO BE COMPLETED AND SUBMITTED BY APPLICANT)

The purpose of this form is to allow the below listed applicant to request an official transcript from his/her educational institution. The applicant is to submit this form on his/her own behalf to the educational institution and is responsible for ensuring records arrive at the Human Resources Division of the Georgia Department of Public Safety.

TO: REGISTRAR OR RECORDS MANAGER

REQUEST DATE:

APPLICANT'S NAME
& PHONE NUMBER:

NAME OF HIGH SCHOOL/COLLEGE/UNIVERSITY

STREET ADDRESS

CITY

STATE

ZIP

SOCIAL SECURITY NUMBER

SEX

RACE

DATE OF BIRTH

MAIDEN NAME (IF APPLICABLE)

STUDENT NUMBER (IF KNOWN)

IT IS REQUESTED THAT YOU FORWARD OFFICIAL TRANSCRIPTS OF MY EDUCATIONAL RECORD TO THE FOLLOWING ADDRESS BY MAIL:

RECIPIENT

STREET ADDRESS

CITY

STATE

ZIP

APPLICANT'S SIGNATURE

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Georgia Department of Public Safety, Human Resources Division, Post Office Box 1456, Atlanta, Georgia 30371, Attn: Diana Stephens - 404-624-7553 at employment@gsp.net.

ADDITIONAL EMPLOYMENT HISTORY

PLEASE MAKE AS MANY COPIES AS NEEDED

<input type="checkbox"/>	PT	FROM: _____ TO: _____ TITLE: _____ EMPLOYER: _____
<input type="checkbox"/>	FT	ADDRESS: _____ SALARY: _____

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

YOUR DUTIES: _____

REASONFOR LEAVING: _____

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

<input type="checkbox"/>	PT	FROM: _____ TO: _____ TITLE: _____ EMPLOYER: _____
<input type="checkbox"/>	FT	ADDRESS: _____ SALARY: _____

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

YOUR DUTIES: _____

REASONFOR LEAVING: _____

<input type="checkbox"/>	PT	FROM: _____ TO: _____ TITLE: _____ EMPLOYER: _____
<input type="checkbox"/>	FT	ADDRESS: _____ SALARY: _____

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

YOUR DUTIES: _____

REASONFOR LEAVING: _____

<input type="checkbox"/>	PT	FROM: _____ TO: _____ TITLE: _____ EMPLOYER: _____
<input type="checkbox"/>	FT	ADDRESS: _____ SALARY: _____

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

YOUR DUTIES: _____

REASONFOR 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:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.