

GEORGIA DEPARTMENT OF PUBLIC SAFETY

PRE-EMPLOYMENT (Sworn) 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 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 should be included with your completed Background Packet. Documents not included with your completed Background Packet must be submitted via email to HR upon request.

1. **Photocopy of your** Birth Certificate. and a photocopy of your Court Orders authorizing any name change, if applicable. If name change due to marriage and/or divorce, include a photocopy of your Original Marriage Certificate(s) and Divorce Decree(s) as applicable. **(Do not send original documents.)**
2. **Photocopy of your** Certificate of Naturalization—for Georgia POST certified positions.
3. **Photocopy** of out of State Driver's History—for Georgia POST Certified positions (Five (5) years required)
4. **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 email, or your institution may email it via secure transcript submission (e.g., E-Scripts or Parchment).directly to DPS at employment@gsp.net, or in-person at 959 East United Avenue, Atlanta, Georgia 30316.
 - ii. 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, or you may submit a copy of the degree awarded. 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.
5. A Recent **Full-Body, Color Photograph (Not a copy of a photo)** This photo should be of you only, appropriately dressed (at least business casual), no sunglasses or hats, fully dressed and facing forward. Please remember that this photo will become a part of your personnel file.
6. **Photocopy** of Georgia P.O.S.T. Certification (if currently certified)
7. **Photocopy** of DD-214 for each period of Military Service (must be Member-4 copy showing lines 23-30 regarding separation and discharge information) You will be required to submit a letter of "good-standing" if you are currently serving in the military. **If the discharge was not honorable, you must provide documents from the military regarding the discharge and a statement from you explaining the nature of the discharge.**
8. If you are **NOT** Georgia POST certified and have ever been arrested, you must include **a copy of the police/incident report, the court case disposition, and a notarized statement from you regarding the nature of the arrest.**

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.

**GEORGIA DEPARTMENT OF PUBLIC SAFETY
HUMAN RESOURCES DIVISION
P.O. BOX 1456,
ATLANTA, GEORGIA 30371-1456**

DEPARTMENT OF PUBLIC SAFETY

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

*****PLEASE ENSURE THIS DOCUMENT IS NOTARIZED 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 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 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	

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

OTHER NAMES YOU HAVE USED & WHY. IF NONE, WRITE "NONE":

MARITAL STATUS

AGE

SEX

RACE

HEIGHT

WEIGHT

HAIR COLOR

EYE COLOR

STREET ADDRESS

CITY

STATE

ZIP

COUNTY

PLACE OF BIRTH (CITY/STATE)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

HOME PHONE

WORK PHONE

CELL PHONE

EMAIL

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

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

LIST ALL TRAFFIC CITATIONS YOU HAVE EVER RECEIVED, EXCEPT PARKING. IF NONE, WRITE "NONE."

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

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)
-------	----------------	----------------	---------

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

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

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 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			
DRIVING ON REVOKED DRIVER'S LICENSE			

	YES	NO	AGE
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?		
	YES	NO
AS AN ADULT, DID YOU EVER STEAL ANYTHING FROM A STORE OR BUSINESS?		
DID YOU EVER ALTER A PRICE TAG IN A STORE?		
DID YOU EVER FORGE A CHECK?		
DID YOU EVER INTENTIONALLY WRITE A BAD CHECK?		
DID YOU EVER STEAL ANYTHING FROM A VEHICLE?		
DID YOU EVER ACT AS A LOOKOUT WHEN ANYONE ELSE WAS STEALING?		

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

[illegible]

SECURITY

YES NO

HAVE YOU EVER BEEN A MEMBER OF OR ASSOCIATED WITH ANY GROUP OR ORGANIZATION THAT ADVOCATES VIOLENT DISSENT OR THE OVERTHROW OF THIS GOVERNMENT OR ANY OTHER GOVERNMENT, TO INCLUDE ANY ACTS OF TERRORISM?		
HAVE YOU EVER BEEN A MEMBER OF A GROUP OR ORGANIZATION ADVOCATING VIOLENCE, RACISM, OR OTHER ILLEGAL ACTIVITIES?		
HAVE YOU EVER BEEN REFUSED A SECURITY CLEARANCE OR BOND?		
HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF RIOT, ILLEGAL DEMONSTRATION, OR ILLEGAL STRIKE?		
HAVE YOU EVER PARTICIPATED IN THE USE OR MANUFACTURE OF EXPLOSIVE DEVICES OR FIREBOMBS?		
HAVE YOU ILLEGALLY ACCESSED OR ATTEMPTED TO ACCESS ANY INFORMATION TECHNOLOGY SYSTEM?		

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					
MARIJUANA/THC					
MARIJUANA/SYNTHETIC					
MEPERIDINE					
MESCALINE					
METHADONE					
METHAMPHETAMINE					
METHAQUALONE					
MOLLY					
MORPHINE					
MUSHROOMS/PSILOCYBIN					
NEMBUTAL					
NEXUS					
NITROUS OXIDE					
OPIUM					

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 USE
--------------	----------------	---------------------

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

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?				
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?				
IF YES, ENTER INFORMATION REQUESTED BELOW:				
TYPE OF DRUG	LAST TIME USED	NUMBER OF TIMES USED		
			YES	NO
HAVE YOU EVER GROWN OR PARTICIPATED IN GROWING MARIJUANA?				
IF YES, HOW MUCH? _____ WHEN? _____ WHERE? _____				
WHAT DID YOU DO WITH THE MARIJUANA? _____				
			YES	NO
HAVE YOU EVER MANUFACTURED/PARTICIPATED IN THE MANUFACTURING OF ILLEGAL DRUGS?				
IF YES, WHAT TYPE? _____ HOW MUCH? _____ WHEN? _____				
WHERE? _____ WHAT DID YOU DO WITH THE DRUGS? _____				
			YES	NO
HAVE YOU EVER PURCHASED AND/OR RECEIVED ANY ILLEGAL DRUGS				
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?		
HAVE YOU EVER TRANSPORTED OR STORED ANY ILLEGAL DRUGS?		
HAVE YOU EVER SET UP A DRUG BUY FOR YOURSELF OR ANYONE ELSE?		
HAVE YOU EVER OVERDOSED ON ILLEGAL DRUGS?		
HAVE YOU EVER ILLEGALLY USED ANYONE ELSE'S DRUG PRESCRIPTION?		
HAVE YOU EVER FORGED, ILLEGALLY OBTAINED, SOLD OR STOLEN A DRUG PRESCRIPTION?		
HAVE YOU EVER PASSED OR ATTEMPTED TO PASS A FORGED OR STOLEN DRUG PRESCRIPTION?		
HAVE YOU EVER STOLEN DRUGS FROM ANYONE?		
DO YOU OWN/POSSESS ANY DRUG PARAPHERNALIA?		

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
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	YEARS ATTENDED/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
FT

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

ADDRESS: _____ SALARY: _____

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

YOUR DUTIES: _____

REASONFOR LEAVING: _____

☐
☐

PT
FT

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

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: _____

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: _____

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: _____

<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: _____

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				
<hr/> <hr/>				

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				
<hr/> <hr/>				

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				
<hr/> <hr/>				

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

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."

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

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint Ubiometric-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 GBI website: www.gbi.georgia.gov. Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: www.edo.cjis.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.gbi.georgia.gov. Alternatively, you may send your challenge directly to the FBI by submitting a request via www.edo.cjis.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.

Privacy 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.

As of 02/04/2021

Applicant Privacy Rights

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 Name

DATE

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: Courtney Ridley - 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

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 school 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: Courtney Ridley - 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: _____					

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 blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.