

CITY OF LAGRANGE

POLICE DEPARTMENT

CIVILIAN APPLICATION



CONFIDENTIAL

QUESTIONNAIRE

APPLICANT'S NAME: _____

APPLICATION FOR: _____



LAGRANGE
GEORGIA

City of LaGrange 200 Ridley Avenue LaGrange, Georgia 30240

EMPLOYMENT APPLICATION

Active for 30 days unless otherwise notified Date Applied: Month Day Year

Note: All fields must be answered fully in order to be considered for employment. Please ask for assistance if any portion of the application is unclear. All candidates will be required to pass a pre-employment drug test.

LAST NAME	FIRST	MIDDLE	STREET ADDRESS	CITY	STATE	ZIP
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PHONE NUMBER	EMAIL ADDRESS	YEARS AT THE ABOVE ADDRESS
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MAJOR FIELDS OF EMPLOYMENT INTEREST AND POSITIONS DESIRED

ARE YOU AVAILABLE TO WORK ANY TIME OF THE DAY? IF NO, EXPLAIN YES NO

ARE YOU AVAILABLE TO WORK ANY DAY OF THE WEEK? IF NO, EXPLAIN YES NO

FORMER CITY EMPLOYEE YES NO	DEPARTMENT / DIVISION	JOB TITLES & DUTIES	FROM:	TO:
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RELATIVES WORKING FOR THE CITY OF LAGRANGE - NAMES AND RELATIONSHIPS (PAST OR PRESENT)

ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO BE EMPLOYED IN THE UNITED STATES

IN CASE OF EMERGENCY NOTIFY	ADDRESS	PHONE (INCLUDE AREA CODE)
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HAVE YOU EVER BEEN CONVICTED FOR VIOLATING ANY LAW? IF YES PLEASE EXPLAIN. A YES WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT

MUST POSSESS A VALID DRIVERS LICENSE. PLEASE COMPLETE THE FOLLOWING:

POSSES A VALID DRIVERS LICENSE YES NO	GOOD DRIVING RECORD	DRIVERS LICENSE NO.	DRIVERS LICENSE CLASS/ ENDORSEMENTS
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U.S. MILITARY HISTORY

BRANCH	DATE ENTERED	DATE DISCHARGED	TYPE OF DISCHARGE	HIGHEST RANK ATTAINED AND UNIT
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INDICATE SPECIFIC SKILLS ACQUIRED IN THE U.S. ARMED FORCES

EDUCATIONAL HISTORY

SCHOOL NAME AND LOCATION	FROM	TO	DIPLOMA/DEGREE	COURSE OF STUDY

The City of LaGrange is an equal opportunity employer and provides fair and equal employment opportunities to all applicants for employment and employees without regard to race, color, religion, national origin, citizenship status, age, sex, disability, veteran's status, or political affiliation.

USE THIS SPACE FOR COMMENTS ABOUT YOUR SPECIAL ABILITIES, I.E. APPRENTICESHIPS, TOOLS, CERTIFICATINS, EXPERIENCE, ETC...

NOTE: The City of LaGrange will conduct an extensive background check including contacting past employers, schools attended, and possibly credit history. Please note any employers you do not want contacted.

EMPLOYMENT HISTORY

(PLEASE COVER EMPLOYMENT HISTORY FROM THE PAST 10 YRS, INCLUDING MILITARY IF APPLICABLE). USE ATTACHMENT IF NECESSARY.

(1) NAME OF EMPLOYER (2) ADDRESS OF EMPLOYER (3) PHONE NUMBER	FROM MO/YR	TO MO/YR	WAGE RATE START/FINISH	JOB TITLE DUTIES	REASON FOR LEAVING SUPERVISORS NAME
Name _____ Address _____ Phone _____					
Name _____ Address _____ Phone _____					
Name _____ Address _____ Phone _____					
Name _____ Address _____ Phone _____					

PLEASE COMPLETE ALL AREAS ABOVE, WHETHER OR NOT A RESUME IS ATTACHED

WORK REFERENCES WE MAY CONTACT (INCLUDE AT LEAST 2 MOST RECENT OR CURRENT SUPERVISORS)

NAME		NAME	
ADDRESS		ADDRESS	
OCCUPATION	PHONE	OCCUPATION	PHONE
NAME		NAME	
ADDRESS		ADDRESS	
OCCUPATION	PHONE	OCCUPATION	PHONE

Please read this important information below. Ask for clarification if needed.

The undersigned has applied for employment with the City of LaGrange and hereby authorizes the City of LaGrange to conduct my current and former employers and references for the purpose of acquiring information regarding me; I hereby authorize such employers and references to supply such information verbally or in writing to the City of LaGrange. In consideration for their furnishing such information, I hereby waive any and all claims against such former employers and references which ,may arise from their furnishing such information.

I understand the City of LaGrange has a Substance Abuse Prevention Program which includes drug testing. I agree to comply with applicable City policy.

I understand that once offered a position I will be required to take a medical examination and drug screening.

I understand that once offered a position I may be required to pass a physical condition as a condition of continued employment.

I certify that the answers given by me to all of the questions on this application are to the best of my knowledge and belief, true and honest. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed.

I AGREE THAT IF HIRED, THE CITY OF LAGRANGE OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO CITY POLICY, PRACTICE, PROCEDURE, OR STATEMENT BY ANY CITY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT WILL EMPLOYMENT RELATIONSHIP.

Equal Employment Opportunity Information Form

The City of LaGrange is required by the United States Equal Employment Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes. The information which you provide will be maintained separately from your application and will not be provided to City departments when you are referred for employment consideration. This section is voluntary and will be kept confidential.

Date: Month Day Year

Name: _____

Job Position Applied for: _____

Sex: Male Female

Date of Birth: Month Day Year

Race/ Ethnic Categories (Check One)

White (not Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not Hispanic origin) All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

Asia or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example: China, Japan, Korea, the Phillipine Islands and Samoa.

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

NOTICE TO APPLICANT

Please complete this booklet in its entirety and return it The City of LaGrange Human Resources Department. Answer all questions thoroughly and honestly. The sooner we receive your completed booklet, the sooner we can begin the processing of your application.

I can not stress enough the importance of the accuracy of your answers. The information, which you supply in this booklet, will be compared with information provided by others throughout the application process. You **will** be asked to verify these answers at the polygraph examination. Any discrepancy or omission may result in your removal from this application process. You may not be especially proud of something you have done in the past but you **must** write it down! Many candidates are removed from the process for this reason each year. The tragic irony is that what they omitted or falsified **may not** have excluded them from consideration.

It is important that you understand that the process involved in the selection of police department employees is labor intensive and will require 20 to 45 days, a process consisting of background investigation, and employment assessment. The assessment will consist of an oral interview with the unit supervisor which will take approximately 1 hour to complete.

If you have any questions about the application process or clarification about any of the questions contained in this booklet, please call us at (706) 883-2678.

LaGrange Police Department
100 Haralson Street
LaGrange, Georgia 30240

VISION REQUIREMENTS

In order to pass the physical examination, which will be required for employment as an animal control officer, you must have corrected vision of 20/40 Acuity (Snellen) with or without correction.

APPLICANT: READ THIS FIRST

No other document, which you will prepare during your application for employment with the LaGrange Police Department, will be as important as the attached booklet. It is in your own best interest to follow instructions carefully. There are many more applicants for employment than there are available positions. A properly completed document enables us to better evaluate your application. We may be unable to process an incomplete document, and this may nullify your employment application.

ENTRIES MUST BE TYPED OR HANDWRITTEN BY THE APPLICANT IN BLACK INK.

Before completing this document, closely read the instructions, which are written throughout. There are a number of copies of official documents you are required to obtain, and some of these documents may be necessary to adequately complete this booklet.

When mentioning persons, be sure to fully identify the individual by his/her full correct name. Further, give complete address to determine street numbers correct street spellings, apartment numbers, telephone numbers and zip codes.

When completing the residence portion of this booklet, be sure that you provide every address where you have lived for the past **ten** years. Begin, in order, from your present address. If necessary, call the appropriate person to find out the exact address and time period when you resided at that address.

When completing the employment portion of this booklet, be sure you provide each employer from your current employment through the last ten years. If there was a period of unemployment, enter it in the booklet in the same sequence and manner as if this were another employer by indicating "from" and "to" and printing "**UNEMPLOYED**" in the block headed "Name of Employer." If you worked more than one job at one time, place the major first job and enter the part-time or secondary job in the block immediately after the primary position. Finally, if you were ever involuntarily separated from a job [i.e. last month or twenty years ago], include this in your employment record. If additional space is needed for any item, the answer may be continued on a separate sheet of paper and attached.

►► NOTICE TO POLICE DEPARTMENT APPLICANTS ◀◀

Applicants must submit and successfully complete the following:

1. An application package that will be reviewed for thoroughness and accuracy as part of the hiring process
2. An assessment which includes :
 - An oral Interview

Applicants must score at least 70%, to be further considered for employment

3. A polygraph examination - Areas of questions consist of Work History, Driving History, Criminal Violations, Use of Illegal Drugs, and Employment.
4. Interview with a member from the Office of Professional Standards Unit.
5. Pass a thorough background investigation to include character, experience, and background. The investigation will also include a review of all police records, previous employment files, past places of residence, lawsuits, personal habits including criminal conduct, internet activity, military records, credit history, educational background and other areas deemed pertinent and appropriate
6. A drug screen **
7. A physical examination **

**These examinations are conducted after a conditional offer of employment has been extended.



**PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the LaGrange Police Department any and all information, including that of a confidential or privileged nature, you may have concerning me. This includes police records, court records, work records, school records, military records, credit and financial records, internet activity, medical and mental records. This information will be used to assist in determining my qualifications and fitness for employment with the LaGrange Police Department.

Intending to be legally bound hereby, I release you, your organization, and others contacted from any liability or damage which may result from furnishing the information requested: Photostat copies of this authorization carry the same authority as the original.

I also authorize the City of LaGrange c/o the LaGrange Police Department to receive any **criminal** and/or **driver** history record information pertaining to me, which may be in the files of any State or Local criminal justice agency in Georgia.

Full Printed Name

Address

Sex Race Date of Birth

Social Security Number

Signature of Applicant

Before me personally appeared _____ who stated this document and its intent was explained to he/she has full knowledge of its purpose and that he/she executed this instrument of his/her own free will and accord.

Subscribed and sworn to me in my presence this _____ day of _____, _____.

NOTARY SEAL

NOTARY PUBLIC

NOTE: YOUR APPLICATION WILL NOT BE PROCESSED IF THIS FORM IS NOT PROPERLY COMPLETED.

Again, answer each question completely and honestly. Add extra sheets if you need more space than provided. Many people are not accepted because of omissions and concealment rather than because of previous behavior. While indiscretion or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.

Finally, when you have fully completed this booklet return it to:

City of LaGrange Human Resources
200 Ridley Avenue
LaGrange, GA 30240

You **must** furnish our department with **one (1) copy** each of the following documents:

- 1) Your Birth Certificate**
- 2) Your High School Diploma/GED**
- 3) Your college Transcripts**
- 4) Your DD-214 (if applicable)**
- 5) Your Naturalization Certificate (if applicable)**
- 6) Your Driver's License**
- 7) Your Social Security Card**
- 8) A copy of your POST certification card, if you are a certified Georgia Peace Officer.**

FAMILY BACKGROUND OF APPLICANT

Provide complete address, zip codes, and phone numbers.

Father: _____
Last First Middle DOB

Address: _____
Street Address City State ZipCode

Home Phone: _____ Work Phone: _____

Mother: _____
Last First Middle DOB

Address: _____
Street Address City State ZipCode

Home Phone: _____ Work Phone: _____

NOTE: If you were reared by anyone other than your parents, give the following information concerning those who raised you below:

Name of Person: _____
Last First Middle DOB

Address: _____
Street Address City State ZipCode

Home Phone: _____ Work Phone: _____

Dates you were under this person's charge: From _____
Month Day Year

To: _____
Month Day Year

List home addresses for the past ten years. (Work backwards, list current address first.)
Attach additional sheet if needed.

1. _____ From: _____ To: _____

2. _____ From: _____ To: _____

3. _____ From: _____ To: _____

EDUCATION / TRAINING / SKILLS

HIGH SCHOOL/VOCATIONAL SCHOOL GRADUATED FROM:

SCHOOL

ADDRESS

CITY/STATE/ZIP

Graduated High School/GED awarded: _____

Highest Grade Completed: _____

COLLEGE/UNIVERSITIES

What colleges or universities have you attended? (List most recent first and work backwards.)

COLLEGE/UNIVERSITY

LOCATION

GRADUATED

MAJOR

<hr/>	Yes ___ No ___	<hr/>
<hr/>	Yes ___ No ___	<hr/>
<hr/>	Yes ___ No ___	<hr/>

Have you ever been suspended or expelled for academic probation from any school? Yes _____ No ___ If yes, explain.

FOREIGN LANGUAGE SKILLS

Are you able to communicate in any language other than English (including sign language)? Yes ___ No _____ If yes, specify and state fluency and reading levels:

MILITARY STATUS OF APPLICANT

Have you served in the armed forces of the U.S.? Yes _____ No _____

If yes, branch of service: _____

Date of Service From: _____ To: _____

Type of Discharge: **(Exclude Medical Reasons)** _____

Any reserve obligation: Yes ____ No ____

If yes, supply reserve organization name and address below:

Organization: _____

Address: _____

Supervisor: _____ Business Phone: _____

Were you ever subject to any type of disciplinary action while serving in the Armed Forces? Yes _____ No _____ If yes describe in detail.

Have you ever been denied entrance to any of the Armed Forces? Yes ___ No ___ If yes, explain the basis for your denial (except for Medical Reasons).

APPLICANT'S EMPLOYMENT BACKGROUND

List all employment including part-time, beginning with current employer first, and work backwards **to high school graduation**. You must include any employment from which you were terminated, regardless of when it occurred in your work history.

Current Employer:

Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: (Exclude Medical Reasons) _____

We will contact your current employer in the course of our background investigation.

Supervisor's Name: _____ Telephone: _____

Organization : _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving: (Exclude Medical Reasons) _____

Organization : _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving: (Exclude Medical Reasons) _____

Organization : _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving: (Exclude Medical Reasons) _____

Organization : _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving: (Exclude Medical Reasons) _____

Organization : _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving: (Exclude Medical Reasons) _____

Organization : _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving: (Exclude Medical Reasons) _____

Organization : _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving: (Exclude Medical Reasons) _____

Organization : _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving: (Exclude Medical Reasons) _____

Organization : _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving: (Exclude Medical Reasons) _____

If you answer "yes" to any of the questions below, give full details including the name and address of each employer, approximate dates, and the circumstances in each case.

Have you ever been discharged or disciplined at any employment?

Yes _____ No _____ If yes, explain. _____

Have you resigned (quit) while anticipating that your employer intended to discharge (fire) you for any reason?

Yes _____ No _____ If yes, explain. _____

Have you ever resigned (quit) while anticipating that your employer intended to take any form of disciplinary action against you?

Yes _____ No _____ If yes, explain. _____

Have you ever had any extended work absences for reasons other than medical or earned vacations?

Yes _____ No _____ If yes, explain. _____

MISCELLANEOUS

SPECIAL SKILLS / TRAINING

DO YOU HAVE SKILLS OR TRAINING IN THE FOLLOWING AREA?

SKILL/TRAINING	NO	YES	SPECIFY COURSE/CERTIFICATION
Interpersonal Communication			
Typing			
Office Procedures			
Computer			
Legal/Paralegal			
Leadership Course(s)			
Other (Specify)			

Is there anything else in your background that you feel we should be aware of as we consider your employment application? Yes ____ No ____ (if yes, explain)

PERSONAL REFERENCES

List ten (10) personal references that may be contacted between 8 A.M. and 5 P.M. Monday thru Friday. References should be individuals who are not related to you and who have known you for at least 5 years.

PLEASE PRINT

NAME: _____
STREET ADDRESS: _____
CITY & STATE: _____
OCCUPATION: _____ CELL PHONE: _____
HOME PHONE: _____ WORKPHONE: _____
EMAIL ADDRESS: _____

NAME: _____
STREET ADDRESS: _____
CITY & STATE: _____
OCCUPATION: _____ CELL PHONE: _____
HOME PHONE: _____ WORKPHONE: _____
EMAIL ADDRESS: _____

NAME: _____
STREET ADDRESS: _____
CITY & STATE: _____
OCCUPATION: _____ CELL PHONE: _____
HOME PHONE: _____ WORKPHONE: _____
EMAIL ADDRESS: _____

NAME: _____
STREET ADDRESS: _____
CITY & STATE: _____
OCCUPATION: _____ CELL PHONE: _____
HOME PHONE: _____ WORKPHONE: _____
EMAIL ADDRESS: _____

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CITY & STATE: _____
OCCUPATION: _____ CELL PHONE: _____
HOME PHONE: _____ WORKPHONE: _____
EMAIL ADDRESS: _____

NAME: _____
STREET ADDRESS: _____
CITY & STATE: _____
OCCUPATION: _____ CELL PHONE: _____
HOME PHONE: _____ WORKPHONE: _____
EMAIL ADDRESS: _____

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CITY & STATE: _____
OCCUPATION: _____ CELL PHONE: _____
HOME PHONE: _____ WORKPHONE: _____
EMAIL ADDRESS: _____

NAME: _____
STREET ADDRESS: _____
CITY & STATE: _____
OCCUPATION: _____ CELL PHONE: _____
HOME PHONE: _____ WORKPHONE: _____
EMAIL ADDRESS: _____

NAME: _____
STREET ADDRESS: _____
CITY & STATE: _____
OCCUPATION: _____ CELL PHONE: _____
HOME PHONE: _____ WORKPHONE: _____
EMAIL ADDRESS: _____

NAME: _____
STREET ADDRESS: _____
CITY & STATE: _____
OCCUPATION: _____ CELL PHONE: _____
HOME PHONE: _____ WORKPHONE: _____
EMAIL ADDRESS: _____

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION

(For Code Enforcement or Animal Control applicants only)

1. List all motor vehicles currently owned or operated by applicant.
Make: _____ Make: _____ Make: _____
Model: _____ Model: _____ Model: _____
Tag No: _____ Tag No: _____ Tag No: _____
State: _____ State: _____ State: _____

2. Motor vehicle insurance company (s): _____
Address: _____
Agent: _____ Phone No: _____

3. Has your automobile insurance ever been cancelled for any non-medical reason?
Yes ___ No ___ If yes, explain: _____

4. List all current and past driver's licenses issued to applicant:
Number: _____ State: _____ Type: _____
Valid? Yes ___ No ___ Expiration: _____ Restrictions: _____
Number: _____ State: _____ Type: _____
Valid? Yes ___ No ___
Number: _____ State: _____ Type: _____
Valid? Yes ___ No ___

5. Has your license or privileges to operate a motor vehicle ever been revoked, refused, suspended, or canceled? Yes ___ No ___ (If yes, explain in detail supplying reason, dates, location, etc). _____

6. Has your vehicle registration ever been canceled, refused, revoked or suspended for any reason? Yes ___ No ___ (If yes, explain): _____

7. Have you ever been arrested or charged with DRIVING WHILE INTOXICATED or DRIVING UNDER THE INFLUENCE? Yes ___ No ___ (If yes, explain): _____

8. To the best of your knowledge, how many points are currently on your driver's license? ____ points.

9. How many years have you been driving? _____

10. What type of equipment have you been driving? _____

11. In what geographical areas have you operated vehicles? _____

12. Have you received any safe driver awards? _____. If yes, can you furnish a copy of the award or certificate? _____

13. Have you received driver's education? _____. If yes, furnish a copy of the certificate?

TRAFFIC RECORD

(For Code Enforcement or Animal Control applicants only)

List all traffic violations (excluding parking tickets) you have received.

Violation: _____ Date: _____

Disposition: _____

Agency location: _____

Violation: _____ Date: _____

Disposition: _____

Agency location: _____

Violation: _____ Date: _____

Disposition: _____

Agency location: _____

Violation: _____ Date: _____

Disposition: _____

Agency location: _____

Violation: _____ Date: _____

Disposition: _____

Agency location: _____

Violation: _____ Date: _____

Disposition: _____

Agency location: _____

Violation: _____ Date: _____

Disposition: _____

Agency location: _____

TRAFFIC ACCIDENTS

(For Code Enforcement or Animal Control applicants only)

List all traffic accidents in which you were as the driver of the vehicle.

Date: _____ City: _____ State: _____

Was citation issued? Yes ___ No ___ If yes, what violation: _____

Disposition: _____

Date: _____ City: _____ State: _____

Was citation issued? Yes ___ No ___ If yes, what violation: _____

Disposition: _____

Date: _____ City: _____ State: _____

Was citation issued? Yes ___ No ___ If yes, what violation: _____

Disposition: _____

Date: _____ City: _____ State: _____

Was citation issued? Yes ___ No ___ If yes, what violation: _____

Disposition: _____

Date: _____ City: _____ State: _____

Was citation issued? Yes ___ No ___ If yes, what violation: _____

Disposition: _____

Date: _____ City: _____ State: _____

Was citation issued? Yes ___ No ___ If yes, what violation: _____

Disposition: _____

CRIMINAL HISTORY

Have you ever committed or participated in any of the following crimes
(whether you were caught or not)?

CRIME	YES	NO	CRIME	YES	NO
Vandalism			Telephone		
Child Abuse or Molestation			Computer Related Crimes		
Hunting/Fishing Law Violations			Impersonating a Police Officer		
Trespassing			Assault		
Arson			Weapons Violation		
Theft or Unauthorized Use of a Motor Vehicle			Aided or Abetted in the Commission of a Crime		
False Alarms			Fraud (Bad Checks)		
Embezzlement			Sexual Assault		
Extortion			Public Intoxication		
Prostitution			Disorderly Conduct		
Thefts			Wiretapping		
Perjury			Burglary		
Bigamy			Robbery		
Giving False Information			Other		
Any Drug Related Crime			Any Gang Crime		

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN IN DETAIL. PROVIDE ADDITIONAL SHEET IF NECESSARY. INCLUDE DATES AND DISPOSITION.

CRIMINAL HISTORY

Have you ever been arrested, interviewed, interrogated, or detained by any law enforcement agency? Yes ___ No ___ (If yes, explain in detail below giving date, reason, agency and disposition.)

Have you ever been placed on probation or parole? Yes ___ No ___ (If yes, explain in detail below giving date, reason, authority and disposition.)

Have you ever been convicted of a criminal offense? (Exclude traffic related offenses). Yes ___ No ___ (If yes, provide all details).

Are you friends with anyone whom you suspect of being a seller of illegal drugs? Yes ___ No ___ (If yes, explain in detail)

HAVE YOU EVER:

- 1. Used a weapon of any kind during a fight? Yes___ No___
- 2. Injured anyone as a result of a fight? Yes___ No___
- 3. Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter, or other unnatural death of a human being? Yes___ No___
- 4. Has your car been used in the commission of a crime? Yes___ No___
- 5. Have you been named in any manner, in a civil law suit? Yes___ No___
- 6. Have you used any illegal drug in the past five (5) years? Yes___ No___

If you answered yes to any of the above questions, explain fully.

Is there anything in your past, which if revealed at a later date, may prove to be embarrassing to you or to the Department, if employed? Yes___ No___ (If yes, explain in detail.)

I CERTIFY THAT ALL ENTRIES MADE BY ME IN THIS BOOKLET ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT IF AT ANY TIME DURING THE COURSE OF THE BACKGROUND INVESTIGATION OR DURING MY EMPLOYMENT WITH THE LAGRANGE POLICE DEPARTMENT, IT IS DISCOVERED THAT I HAVE MADE ANY UNTRUTHFUL STATEMENT, FALSIFIED MY APPLICATION OR GIVEN ANY MISLEADING STATEMENTS, IT SHALL BE SUFFICIENT CAUSE FOR MY IMMEDIATE TERMINATION.

I FURTHER UNDERSTAND THAT IF I AM NOT HIRED, I CAN REAPPLY

- A. AFTER ONE YEAR IF THIS IS THE FIRST ATTEMPT.**
- B. AFTER THREE YEARS FOLLOWING THE SECOND ATTEMPT AND EACH ATTEMPT THEREAFTER.**

Signature of Applicant

Print Name

Date

Equal Employment Opportunity Information Form

The City of LaGrange is required by the United States Equal Employment Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes. The information, which you provide, will be maintained separately from your application and will not be provided to City departments when you are referred for employment consideration. This section is voluntary and will be kept confidential.

Date: _____

Name: _____

Job/Position Applied for: _____

Sex: Male Female Date of Birth: _____

Race/Ethnic Categories (check one)

- White
- Black
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

How did you hear about our department?

Internet _____

Newspaper, if so which one? _____

Job Fair, if so on what date? _____

Person, if so, whom? _____

LGTV _____ other _____