

# WEST POINT POLICE DEPARTMENT



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## EMPLOYMENT APPLICATION

**206 West 9<sup>th</sup> Street**  
West Point, GA 31833  
Main- 706-645-3510  
Fax-706-643-3299

West Point Police  
Department

Job Application Questionnaire

NAME: \_\_\_\_\_  
                    LAST  FIRST  MIDDLE

**Incomplete applications will not be accepted.**

This employment application is not an offer of employment nor a contract for employment. The completion of this application does not stand as an agreement, or a promise to hire the applicant.

This employment application is the basis for the employment screening process and background investigation conducted by the West Point Police Department on each applicant for a position of employment.

The answers that you provide for each question on this application must be full and complete. Any information that is erroneous in nature or not provided on this application, whether intentional or unintentional, may constitute the basis for your elimination from consideration for the employment for which you now seek. Please be sure that you carefully consider each and every question asked of you by this application and that you provide honest and complete information. Any answer which requires more space than is provided may be answered on the reverse side of the page, with the question number indicated beside the information.

I understand that if I do not wish to answer a question in this booklet, I may choose not to do so and my application may be terminated.

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.**

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Last Name	First	MI	Email:	
Street address			Position Applying For:	Social Security Number:
City	State	Zip	Home Phone Number:	Cell Phone Number:
Are you currently or have you been a Georgia certified peace officer? YES ____ NO ____				
Are you currently or have you been a certified detention officer? YES ____ NO ____				
Have you ever been under a P.O.S.T. investigation? YES ____ NO ____ If yes, please explain: _____				
_____				
_____				
_____				
How did you hear of this position? _____				

Please read carefully and complete by printing in ink or typing.

**An Equal Opportunity Employer**

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, color, religion, national origin, sex, age, disability, marital status, military obligation, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Employment Record

Starting with present or most recent, list all previous employers for the past TEN (10) years. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet.

Last or present company		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	Zip code	
Supervisor's name		Phone number	
Dates worked		Rate of pay	
From	To		
Reason for leaving			
May we contact your present employer? YES ____ No ____			
Last or present company		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	Zip code	
Supervisor's name		Phone number	
Dates worked		Rate of pay	
From	To		
Reason for leaving			
Last or present company		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	Zip code	
Supervisor's name		Phone number	
Dates worked		Rate of pay	
From	To		
Reason for leaving			

Employment Record (continued)

Last or present company		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	Zip code	
Supervisor's name		Phone number	
Dates worked		Rate of pay	
From	To		
Reason for leaving			
Last or present company		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	Zip code	
Supervisor's name		Phone number	
Dates worked		Rate of pay	
From	To		
Reason for leaving			
Last or present company		Type of business	Job Title
Street address		Phone number	Brief description of job duties
City	State	Zip code	
Supervisor's name		Phone number	
Dates worked		Rate of pay	
From	To		
Reason for leaving			

Have you ever been fired or asked to resign from any place of employment?

YES \_\_\_\_ NO \_\_\_\_

If YES, Explain: \_\_\_\_\_

\_\_\_\_\_



**Educational History**

School name	Location (city, state)	Major course or subject	Graduated		Degree
			Yes	No	
High school					
Technical/trade (after high school)					
College (list all attended)					
GED Certificate					

**Outside Activities**

Professional memberships, certificates, or licenses held:
Past and present civic or cultural activities — include offices held (You are not required to disclose any religious affiliation.)
Principal hobbies:

**Special Skills**

Office and Administration Skills		Emergency Skills	
Typing:	Words per minute:	First Aid / Rescue / Communications / etc.	Years experience:
Are you bilingual? If so, what language(s)?		Other:	



Criminal Activities- Answering any of the following criminal-history questions in the affirmative, will not automatically result in disqualification from employment.

HAVE YOU EVER BEEN DETAINED OR CONVICTED FOR ANY CRIMINAL OFFENSE ? (INCLUDE JUVENILE OFFENSES):

Yes \_\_\_\_\_ No \_\_\_\_\_

HAVE YOU EVEN BEEN REQUIRED TO SERVE COMMUNITY SERVICE (INCLUDE JUVENILE OFFENSES)?

Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, PLEASE EXPLAIN:

Four horizontal lines for providing an explanation.

IF YES PROVIDE THE FOLLOWING INFORMATION:

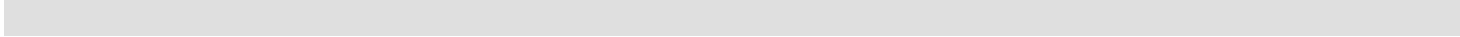
DATE	CHARGE	AGENCY	CIRCUMSTANCES

HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ARRESTED FOR OR CONVICTED OF A FELONY CRIME?

Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, PLEASE EXPLAIN:

Multiple horizontal lines for providing an explanation.





References

List five (5) persons not related to you by blood or marriage and not former employers, who have known you for at least five (5) years. All persons you name may be asked to appraise your character, ability, experience, personality and other qualities.

Name	Relationship	Address (street, city, state, ZIP code)	Phone no.	Years Known

Acquaintances

List five (5) persons not related to you by blood or marriage and not former employers and not listed above, who have known you for at least one (1) year. All persons you name may be asked to appraise your character, ability, experience, personality and other qualities.

Name	Relationship	Address (street, city, state, ZIP code)	Phone no.	Years Known

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for rejection of my application or, if discovered after employment commences, grounds for termination. I understand that my acceptance may be contingent upon verification of birth, and any other pertinent information bearing upon my acceptance. I further understand that I will be on a twelve month probation period and must complete the training requirements of the Department. Sign and date.

\_\_\_\_\_

