

MARIETTA POLICE DEPARTMENT APPLICANT BACKGROUND INVESTIGATION



APPLICANT: _____

LAST

FIRST

M

MARIETTA POLICE APPLICANTS

WARNING: Intentional falsifications or omissions shall be deemed adequate grounds for disqualification from the hiring process.

The completed Applicant Background Investigation Booklet shall be returned to:

**Marietta Police Department
Training Unit
240 Lemon Street
Marietta, Georgia 30060**

on the date specified below:

Booklet Due Date	
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All questions should be directed to the Marietta Police Department Training Unit. Call (770) 794-5300 and ask for someone in the Training Unit.

Booklet returned date:	By:
Reviewed date:	By:

(By Training Unit Personnel)

INSTRUCTIONS

1. This Background Booklet must be completed in its entirety with all requested information supplied by the applicant.
2. Please print in your own handwriting using black/blue ink. Provide all information requested.
3. Read and review this booklet before you begin.
4. The acknowledgment on the final page will be signed and notarized when the booklet is returned to the Marietta Police Department, and this must be done in the presence of a member of the Marietta Police Department Training Unit who is involved in the applicant hiring process.
5. **All documents requested must be brought with you when you return the background book. The Training Unit will make copies of your documents. Copies will be accepted if they show the issuing agency's seal or a Notary statement of authenticity.**

The Items Below Are The Requested Documents.

Supportive Documents

Documents	
Drivers License	
Birth Certificate	
Social Security Card	
High School / GED Diploma	
College Diploma	
Seven Year Driver's History From State DMV	
DD 214 (s)	
COMPASS test or substitute exam	
Name Change Document(s)	
Essays Completed (Oral Interview Date)	
Background Booklet completed	

About your Background Investigation

Why is a background investigation necessary? _____
Initial

The general public expects Public Safety employees to be of good character and reputation, fit to serve their needs. To facilitate this public demand and the requirements of law, a confirmation of certain personal and work-related information is accomplished for each applicant. This investigation is not intended to discover derogatory information about you, but to confirm your suitability for the job. Data is gathered from various information sources as well as personal interviews with references, acquaintances, and past employers. Information you provide, as well as information the investigation reveals, is **STRICTLY CONFIDENTIAL** and will not be released to unauthorized persons.

Should you have any questions regarding your employment process, contact a member of the Marietta Police Department Training Unit.

Thank you for your interest in employment with the Marietta Police Department.

Change of Information: _____
Initial

It is the responsibility of each applicant to notify the Marietta Police Department Training Unit of any and all changes in information which has been entered in this booklet by the applicant.

By affixing your signature to the “Acknowledgment” page at the end of the booklet, you agree to keep Marietta Police Department Training Unit informed of any and all changes to the information you have entered or otherwise provided either verbally or written. This includes, but is not limited to arrests or criminal charges, job terminations, changes in financial status, civil litigation, illegal drug use, residence changes, telephone number changes, or other information.

Your notification of changes in information can be made in person, by telephone, or in writing, but only to a member of the Marietta Police Department Training Unit.

PERSONAL DATA

Your Name:

First Middle Last

List any other names you have used or have been known by, and give reasons:

NAME	REASON

Your Address:

Number Street City State Zip

Your Telephone Numbers

Home #	
Business #	
Pager / Cell #	/
E-mail address	

The best time to reach you at home is between _____

May we contact you at work? Yes () No ()

If yes, the person to speak with is _____

Social Security Number: _____

Your Height / Weight: _____/_____ Hair Color: _____ Eye Color: _____

Date of Birth: _____

Place of Birth: _____

City County State

List and describe any body scars, marks, or tattoos you may have: _____

Name(s) of person(s) whom you reside? _____

Are you a United States citizen? Yes () No ()

Are you

Natural born		Naturalized		Resident alien	
--------------	--	-------------	--	----------------	--

If you are a naturalized citizen of the United States, provide your certificate of citizenship document number: _____

List all organizations, clubs, and associations which you are now, or ever have been a member of or associated with: _____

What are your hobbies, special skills, and abilities? Please include any foreign language skills: _____

Family History

List all living members of your immediate family (Spouse, children, father, mother, sisters, brothers, father-in-law, mother-in-law, step parents, step brothers and sisters, and half brothers and sisters):

NAME	RELATIONSHIP	ADDRESS	PHONE #	E-MAIL ADDRESS

List all living ex spouse(s), ex-stepchildren, and ex-in-laws:

NAME	RELATIONSHIP	ADDRESS	PHONE #	E-MAIL ADDRESS

Residences

List all of your addresses for the last ten years. Start with your present address at the top, and include any address you had while in the military or college: (Include **all** apartment numbers).

NO.	FROM: Mo. / Yr.	TO: Mo. / Yr.	STREET ADDRESS	CITY	STATE	ZIP
Now						
2						
3						
4						
5						
6						
7						
8						
9						
10						

In the blocks below, list the names of the landlords. Use the corresponding residence numbers.

NO.	LANDLORD NAME/COMPANY	STREET ADDRESS	CITY	STATE	ZIP
Now					
2					
3					
4					
5					
6					
7					
8					
9					
10					

In the blocks below, list the names of the local law enforcement agencies which has/had jurisdiction where you lived. Use the corresponding residence numbers.

No.	NAME OF LAW ENFORCEMENT AGENCY
Now	
2	
3	
4	
5	
6	
7	
8	
9	
10	

In the space provided, give the names, addresses and phone numbers of two of your closest neighbors.

NAME	ADDRESS	DAYTIME PHONE

In the space provided, give the names, addresses and phone numbers of individuals with whom you have resided during the past 10 years (list no information prior to your 15th birthday). **Exclude family members.** Include the number from page 7 the locations you have reside(d).

NUMBER	NAME	ADDRESS	DAYTIME PHONE

Education

What is the highest year of school you have completed? _____

In the space provided list the all high schools, colleges, universities, professional trade or vocational schools that you attended.

ATTENDED From/To Mo. / Yr.	NAME OF SCHOOL High School, College, Etc	STREET ADDRESS	CITY	STATE	GRADUATE YES/NO	DIPLOMA/DEGREE COURSE OF STUDY
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						

If you have any technical skills, not necessarily acquired through formal education, list them: _____

Were you ever expelled or suspended from any school or disciplined by any school official? (To include academic probations and suspensions) Yes () No ()

If yes, explain: _____

References

Fill in the names of five persons not related to you by blood or marriage, and not former employers, who have known you for at least **five** years. All persons you name may be asked to appraise you character, ability, experience, personality, or other qualities.

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	CELL PHONE	
ADDRESS	EMAIL	YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	CELL PHONE	
ADDRESS	EMAIL	YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	CELL PHONE	
ADDRESS	EMAIL	YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	CELL PHONE	
ADDRESS	EMAIL	YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	CELL PHONE	
ADDRESS	EMAIL	YEARS KNOWN

Acquaintances

Fill in the names of four persons not related to you by blood or marriage, not former employers, and not the references you listed under **References**. These names may include, but are not limited to friends, fellow students, and coworkers. The names should also be people who have seen you frequently during the past year. Two of the Acquaintances ***MUST*** be coworkers.

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	CELL PHONE	
ADDRESS	EMAIL	YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	CELL PHONE	
ADDRESS	EMAIL	YEARS KNOWN

Coworkers

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	CELL PHONE	
ADDRESS	EMAIL	YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	CELL PHONE	
ADDRESS	EMAIL	YEARS KNOWN

Employment History

Are you currently a Georgia P.O.S.T. Certified Peace Officer? Yes () No ()

Have you been awarded any Georgia P.O.S.T. certification or any certification from another state? Yes () No (). If yes, please provide the state, type of certification, and the certification number.

STATE	TYPE OF CERTIFICATION	NUMBER

What is your present occupation? _____

How did you find out about this job? _____

Have you previously submitted an application for employment to the City of Marietta? Yes () No ()

If yes, Please explain giving the position applied for, the date, and the outcome.

If you were previously employed with the City of Marietta why did you leave?

Have you ever been declined employment? Yes () No (). If yes, please explain:

List all Law Enforcement agencies in which you have submitted applications.

LAW ENFORCEMENT AGENCY AND POSITION APPLIED	DATE APPLIED	HOW FAR ARE YOU IN THE HIRING PROCESS

Have you ever taken the Georgia POST Entrance Exam? Yes () No () If yes, where and when? _____

Please answer the following:

1	Do you object to wearing a uniform, or carrying or using any equipment required to perform the duties of a police officer?	YES	NO
2	Do you object to, or would anything in your life prevent you from working evenings, nights, weekends, or holidays?	YES	NO
3	Do you have previous experience with shift work?	YES	NO
4	Have you ever been involved in a business as an owner, as a partner, or as a cooperate member?	YES	NO
5	Do you hold active or silent interests in any company?	YES	NO
6	Have you ever worked for a member of your family?	YES	NO
7	Have you ever left a job without giving notice when notice was required?	YES	NO
8	Have you ever had any arguments concerning job duties or working conditions with an employer?	YES	NO
9	Has a supervisor ever reprimanded you for being late or for being absent?	YES	NO
10	Has a supervisor ever reprimanded you for misconduct or for not performing your job properly?	YES	NO

If yes, please explain using the number(s) from the previous page: _____

Circle the number of times you have been asked to resign or have been fired from a job.

0 1 2 3 4 5 6 7 8 9 10

Please provide an explanation for the number circled.

Circle the number of times that you have resigned after being told that your employer intended to fire you, or take any form of disciplinary action against you.

0 1 2 3 4 5 6 7 8 9 10

Please provide an explanation for the number circled.

Circle the number of times that you have resigned after an internal investigation has been started by your employer involving you.

0 1 2 3 4 5 6 7 8 9 10

Please provide an explanation for the number circled.

Is your Law Enforcement, Correction, Jailer, Probation, or Parole Officer Certification under investigation by any state or federal Law Enforcement Training Council? Yes No If yes, please explain

Has your Law Enforcement, Correction, Jailer, Probation, or Parole Officer certification ever been revoked or placed on probation of by any state or federal Law Enforcement Training Council? Yes No If yes, please explain

List all the jobs you have held in the last ten years. Start with your present, or most recent position. Include all periods of full time, part time, and temporary positions. ***List all periods of unemployment.*** List a single military enlistment as one job. **Include any Law Enforcement positions held during your lifetime.** **Important: Marietta Police Department will verify your work history through existing records.**

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW. GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNEMPLOYED
REASON FOR LEAVING		

Financial Information

A credit report will be obtained for all applicants (you will be required to sign a consent to check your credit). Please answer the following questions regarding your financial history.

Are you now in, or have you ever filed bankruptcy? Yes () No ().
If yes, please explain giving dates and pertinent details.

LOCATION OF COURT	DATE	DETAILS

Have you ever been involved in any type of lawsuit? (Criminal, Civil, Divorce, or Traffic etc.) Yes () No (). If yes, please explain.

LOCATION OF COURT	DATE	TYPE OF LAWSUIT

Do you pay child support? Yes () No (). If yes, to whom do you pay?

NAME	ADDRESS	PHONE #

How much and how often do you pay this support?

Are you now behind on your child support payments? Yes () No ()

Please answer the following:

1	Do you have any bills that are over due?	Yes	No
2	Are any of your creditors pressing you for payment?	Yes	No
3	Have you ever had any wage garnishments?	Yes	No
4	Have you ever had anything repossessed?	Yes	No
5	Have you ever fraudulently misused a credit card or forged a check?	Yes	No
6	Are you currently paying debts assigned by any court?	Yes	No
7	Do you owe money to any State or Federal IRS?	Yes	No

If yes, please explain using the number(s) from the above questions: _____

How many persons (**including yourself**) are dependent on you for support? _____

If hired, do you know what salary you will make? Yes () No ()

Can you meet your financial obligations with the salary? Yes () No ()

Military Information

Have you ever attempted to join any branch of the armed forces? Yes () No ()
If yes, please explain.

Have you ever served active duty in any branch of the armed forces? Yes () No ()
If yes, what branch?

What is, or was your service number? _____

List the date and location of entrance to active duty. _____

List the date and location of discharge from active duty. _____

What was the highest rank held? _____

List the periods of your active military service.

FROM	TO	LOCATION

List all medals and decorations awarded to you as a member of the armed forces.

Have you ever been a member of any branch of the United States Reserve Forces?
Yes () No (). If yes, please list:

Branch of service	From	To
Where you active or inactive?	_____	
If active, please list location	_____	
What rank did you hold?	_____	

10. Have you ever been a member of the National Guard? Yes () No ().

If yes, what State? _____

Location	From	To
Rank held	_____	

11. Have you ever been court marshaled, tried on charges, the subject of an article 15, company punishment, or any other disciplinary action while a member of any branch of the armed forces? (Including active duty, reserves, or National Guard)

Yes () No () If yes, please explain.

Alcohol

1. Do you drink alcoholic beverages? Yes () No (). If yes, to what extent?

2. Have you ever used alcohol during working hours on any jobs you have ever held? (This would include during lunch, coffee breaks, etc.. as well as when actually working). Yes () No (). If yes, please explain.

3. Have you ever been arrested and/or convicted because of drinking? Yes () No (). If yes, please explain.

Illegal Drugs

IMPORTANT:

Take time to read this section before making any entries. Your entries must be truthful.

Definition / Guidelines

Illegal drugs / substances: Any pill, powder, crystal, fluid, gas, propellant, liquid, or any other form of substance which has been, or is considered as an illegal and / or dangerous drug, or controlled substance.

It is a fact some individuals have experimented with drugs or substances sometime in their life. In the spaces provided list all illegal drugs or controlled substances you have ever tried, used, or experimented with in your entire lifetime. Please include any steroid use.

- I have never used an illegal drug or substance.
- I have tried / used the drugs or substances listed below.

DRUG TYPE/NAME	DATE FIRST USED	DATE LAST USED	NUMBER TIMES USED

Have you ever taken a prescription medication, which was not prescribed, to you?
 Yes () No (). If yes, please provide the information below.

DRUG TYPE/NAME	DATE FIRST USED	DATE LAST USED	NUMBER TIMES USED

List any and all illegal drugs or substances you have ever sold, distributed, or given away to any person or group by any method. This is to include selling, distributing, or giving away to friends or to members of your family, at no profit to yourself.

- I have never been involved in drug sales or distribution of any kind.
- I have sold, distributed, or given away the following drugs / substances in my lifetime.

DRUG TYPE/NAME	NUMBER OF TIMES DISTRIBUTED	VERY LAST TIME DISTRIBUTED

Are you willing to undergo drug screening? Yes () No ()

Have you ever been associated with any person who is/ was involved in any drug activity? Yes () No () If yes, please explain.

Criminal Activity / Arrest Record

It is important that you answer each of the following questions truthfully. The polygraph examiner will take time to listen to anything you have to say in this area.

Check any of the following you have **ever committed or done**.

ARSON		MURDER	
ASSAULT		PASSING BAD CHECKS	
AUTO THEFT		VANDALISM	
BREAKING & ENTERING/ BURGLARY		POSSESSION OF MARIJUANA OR ANY ILLEGAL NARCOTICS	
DRAG RACING/RECKLESS DRIVING		ROBBERY	
DRUG SALES		SHOPLIFTING	
DUI / DWI		STEAL ANYTHING	
EXTORTION		ANY SEX CRIMES (Rape, Child Molestation, Incest, Aggravated Sodomy, Peeping Tom, etc.)	
MANUFACTURE OR GROW ANY ANY ILLEGAL DRUGS		ANY ACT OF DOMESTIC VIOLENCE, <i>Regardless of How Minor</i>	

If you marked any of the crimes listed, please provide a detailed explanation.

Have you ever been a member or any foreign or domestic organization, association, movement, group or combination of persons, which is totalitarian, fascist, communist, or subversive? Or, which has adopted or shows a policy of advocating or approving the commission or acts of force or violence to deny other persons their rights under the Constitution of the United States. Yes () No (). If yes, please explain.

Have you ever been finger printed? Yes () No (). If yes, provide details below.

AGENCY	PURPOSE	DATE

Undetected Crimes

This section deals with undetected crime. Many people have taken something they really didn't have permission to take. This could be from personal acquaintances, school, a place where they worked, or other locations. This includes actual taking or borrowing company property or equipment, or illegally giving away merchandise to friends, relatives, or co-workers. Answer the following questions.

Determine the dollar amount of property you may have taken from all your employers combined. Circle the amount below that comes closest to that dollar amount.

- \$0 \$5 \$10 \$15 \$25 \$50 \$100 \$200 \$300
\$400 \$500 \$1,000 \$2,000 \$3,000 \$4,000 \$5,000

If you have circled any amount above \$0, please explain.

Have you ever taken cash money from any of your employers? Yes () No ().
If yes, please explain.

Driving Record

This section pertains to your personal driving history. Your driving record will be verified in each state where you have possessed a driver's license. Please provide all requested information.

List all drivers' licenses that were ever issued to you.

STATE	DRIVERS LICENSE NUMBER	EXPIRATION DATE	DRIVERS LICENSE RESTRICTION (S)

Have you ever had your driver's license suspended or revoked? Yes () No ().
If yes, please explain.

STATE	DRIVERS LICENSE NUMBER	SUSPENSION DATE	REASON FOR LICENSE SUSPENSION

Have you ever been refused a driver's license? Yes () No (). If yes, please explain.

Have you ever obtained a driver's license under an assumed name? Yes () No ().
If yes, please explain. Include the name, date of birth used, state of issue, license number, and dates.

List **all** traffic citations, moving or non-moving violations (except parking tickets) that you have received in your lifetime.

LOCATION	DATE	VIOLATION	DISPOSITION

Do you have any pending traffic citations? Yes () No (). If yes, provide details.

Do you have any unpaid parking tickets from any jurisdiction? Yes () No (). If yes, please list details.

Do you currently have liability insurance on your vehicle used for transportation?

Yes () No ()

Have you ever been denied auto insurance? Yes () No (). If yes, please explain.

Has your auto insurance ever been canceled for any reason? Yes () No ().

If yes, please explain.

Provide information below on every motor vehicle accident that you have been involved in (in which you had control of the vehicle) during your entire lifetime.

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

List all motor vehicles that you own or use for transportation:

Vehicle Year	Vehicle Make	Vehicle Model	Tag Number & State Registered	Insurance Company & Policy Number	Do You Own The Vehicle?
					Yes/No
					Yes/No
					Yes/No
					Yes/No

Have you ever been involved in any traffic accidents that were not reported?

Yes () No () If yes, please explain.

Have you ever been involved in any “hit and run” traffic accidents or left the scene of an accident without giving assistance? Yes () No ()

If yes, please explain.

Have you ever been convicted (including a plea of nolo contendere) of driving under the influence/driving while impaired? Yes () No (). If yes, please explain.

List **all** websites and email addresses that you have had in your lifetime. This includes all social media websites, dating websites, and blogs that apply (i.e. Facebook, Twitter, Instagram, Vine, YouTube, MySpace, Google Plus, EHarmony, Match.com, Plenty of Fish, Ok Cupid, Tumblr, AskFM, Live Journal, etc.)

SITE NAME	URL	USER/ PROFILE NAME	ACTIVE?

Please be aware that you may be asked at any time to log into your social media accounts for review by the background investigator. Failure to do so and failure to list any social media account may disqualify you from the hiring process.

Please list and, if readily available, provide a copy of each book, article, column or publication (including but not limited to any posts or comments on blogs) you have authored, individually or with others. Please list all aliases or “handles” you have used to communicate on the internet.

BOOK/ ARTICLE/ BLOG	PUBLICATION DATE	HANDLE

Electronic communications; If you have ever sent an electronic communication, including but not limited to an email, text message, or instant message that could suggest a conflict of interest or be a possible source of embarrassment to you, your family or the President Elect if it were made public, please describe.

IMPORTANT : Do not sign or date this page until you do so in the presence of a member of the Marietta Police Department Training Unit who is involved in the hiring process.

NOTICE TO APPLICANT

Georgia Criminal Code 16-10-71, "False swearing", a felony punishable by a maximum fine of \$1,000 plus imprisonment for not less than one nor more than five years or both.

Acknowledgment

Having been advised of the penalty of O.C.G.A. 16-10-71, False Swearing and being a lawful applicant for a position with the Marietta Police Department, I attest and confirm that all the information contained within this booklet is true and accurate to the best of my knowledge and belief. I understand that all aspects of this information is subject to review and polygraph examination. I further understand that falsification or omission of information from this booklet is grounds for disqualification from the hiring process of the Marietta Police Department.

Signed this _____ day of _____, 20__.

Applicant Legal Signature

Date

Applicant Name (print)

Notary Signature

***IMPORTANT PLEASE READ ***

- 1. Why do you want to work for the Marietta Police Department?**
- 2. What are your short and long term goals in criminal justice?**

You will be asked to write a paragraph on each of these questions on the day of your Oral Interview Board. You will be given 30 minutes to write your answers. Please come prepared to answer these questions before coming in for your Oral Interview Board.