



MARIETTA POLICE DEPARTMENT

BACKGROUND BOOKLET

APPLICANT

Last name: _____

First name: _____

Middle name: _____

MARIETTA POLICE APPLICANTS

The completed Applicant Background Investigation Booklet shall be returned to:

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

All questions should be directed to the Marietta Police Department **Training Unit**. The general switchboard phone number is **(770) 794-5300**

Received Date:

By:

Training Unit Personnel Only

Reviewed Date:

By:

Training Unit Personnel Only

WARNING:

FALSIFICATION, OMISSION, OR INTENTIONAL RENDERING OF MISLEADING INFORMATION THROUGHOUT THE BACKGROUND PROCESS WILL LEAD TO AN AUTOMATIC DISQUALIFICATION FROM THE HIRING PROCESS.

INSTRUCTIONS

1. Read and review this booklet before you begin.
2. This Background Booklet must be completed in its entirety with all requested information.
3. Bring the following documents when you come to the Police Department for your interview (See below).
4. **The items below are the requested documents:**
 - Driver's License
 - Birth Certificate
 - Social Security Card
 - High School / GED Diploma
 - College Diploma
 - Seven-year Driver's History from State DMV
 - DD 214(s)
 - Name Change Document(s)

Copies will be made on-site and returned to you on the same day.

THE BACKGROUND INVESTIGATION

Necessity of Background Investigation:

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.

Change of Information:

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

By affixing your signature to the “Acknowledgment” page at the end of the booklet, you agree to keep the 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.

PERSONAL DATA

Legal Data:

First	Middle	Last
Social Security Number	Date of Birth	Place of Birth

Birth Data:

Date of Birth	Country information if outside of the mainland USA	
City of Birth	County of Birth	State of Birth

List any other names you have used or have been known by, including any **legal name changes**, and reason for change:

Name	Reason for Change

Address:

Number	Street/Apartment	City	State	Zip
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Contact Information:

Home Number
Work Number
Mobile Number
Email Address

Preferred Method

☐☐☐☐

Physical Information:

Height/Weight
Hair Color
Eye Color
Describe your body scars, marks or tattoos (if any)

Citizenship:

Are you a United States citizen? ☐ YES ☐ No

If **YES**: ☐ Natural Born ☐ Naturalized ☐ Resident Alien

If you are a **naturalized** citizen of the United State, what is your certificate of citizenship document number?

Organizations:

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

Hobbies / Skills and Abilities:

List all your hobbies, skills and special abilities. Please include any foreign language skills.

FAMILY MEMBERS

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

Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	

Additional Family members (request an additional sheet if needed)

[illegible]

ESTRANGED FAMILY MEMBERS

List all living ex-spouses, ex-stepchildren and ex-in-laws:

Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	
Name	E-mail Address	Phone
Relationship	Address	

RESIDENCES (10-YEAR HISTORY)

Starting with your present address, list all addresses you have had throughout the last 10 years including those while in the **military** or **college**. (Please include apartment numbers if applicable)

NOW	From Month / Year	To Month / Year	
	Include Entire Address, Apartment Number, City, State, Zip and Country if necessary.		
2	From Month / Year	To Month / Year	
	Include Entire Address, Apartment Number, City, State, Zip and Country if necessary.		
3	From Month / Year	To Month / Year	
	Include Entire Address, Apartment Number, City, State, Zip and Country if necessary.		
4	From Month / Year	To Month / Year	
	Include Entire Address, Apartment Number, City, State, Zip and Country if necessary.		
5	From Month / Year	To Month / Year	
	Include Entire Address, Apartment Number, City, State, Zip and Country if necessary.		
6	From Month / Year	To Month / Year	
	Include Entire Address, Apartment Number, City, State, Zip and Country if necessary.		
7	From Month / Year	To Month / Year	
	Include Entire Address, Apartment Number, City, State, Zip and Country if necessary.		
8	From Month / Year	To Month / Year	
	Include Entire Address, Apartment Number, City, State, Zip and Country if necessary.		
9	From Month / Year	To Month / Year	
	Include Entire Address, Apartment Number, City, State, Zip and Country if necessary.		
10	From Month / Year	To Month / Year	
	Include Entire Address, Apartment Number, City, State, Zip and Country if necessary.		

LAW ENFORCEMENT JURISDICTIONS

Starting with your present address, list the names of the local law enforcement agencies which had jurisdiction where you lived. Match the corresponding residence numbers.

NOW	Name of Law Enforcement Agency	City / Country
2	Name of Law Enforcement Agency	City / Country
3	Name of Law Enforcement Agency	City / Country
4	Name of Law Enforcement Agency	City / Country
5	Name of Law Enforcement Agency	City / Country
6	Name of Law Enforcement Agency	City / Country
7	Name of Law Enforcement Agency	City / Country
8	Name of Law Enforcement Agency	City / Country
9	Name of Law Enforcement Agency	City / Country
10	Name of Law Enforcement Agency	City / Country

PERSONAL REFERENCES

List two of your closest neighbors:

Name	Address	Phone
_____	_____	_____
Name	Address	Phone
_____	_____	_____

HOUSE / ROOM MATES

Referring back to page 10, list the residence number (Now >10) followed by your housemate(s) or roommate(s) current name, phone and address. No information prior to age 15 is required.

Residence	Name	Current Daytime Phone
	Current Address	
Residence	Name	Current Daytime Phone
	Current Address	
Residence	Name	Current Daytime Phone
	Current Address	
Residence	Name	Current Daytime Phone
	Current Address	
Residence	Name	Current Daytime Phone
	Current Address	
Residence	Name	Current Daytime Phone
	Current Address	
Residence	Name	Current Daytime Phone
	Current Address	
Residence	Name	Current Daytime Phone
	Current Address	
Residence	Name	Current Daytime Phone
	Current Address	
Residence	Name	Current Daytime Phone
	Current Address	

EDUCATION

What is the highest educational level you have completed? _____

List all high schools, colleges, universities, professional trade or vocational schools attended.

Name of School/College Attended:	Full Address:	
Years attended (From/To):	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Title of Degree
Name of School/College Attended:	Full Address:	
Years attended (From/To):	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Title of Degree
Name of School/College Attended:	Full Address:	
Years attended (From/To):	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Title of Degree
Name of School/College Attended:	Full Address:	
Years attended (From/To):	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Title of Degree
Name of School/College Attended:	Full Address:	
Years attended (From/To):	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Title of Degree

List any technical skills or certifications acquired, but not necessarily through formal education:

Have you even been expelled or suspended from any school or disciplined by any school official?
This answer should include any academic probations and/or suspensions.

☐ Yes ☐ No

If YES, please explain below:

REFERENCES

List five persons not related to you by blood or marriage, nor former employers, who have known you for at least **five** years. All persons you name may be asked to appraise your character, ability, experience, personality, or other qualities. (See **Acquaintances** on page 15 before completing)

Name:	Email Address:	
Address:	Home Phone:	Cell Phone:
Business Occupation:	Years Known:	
Name:	Email Address:	
Address:	Home Phone:	Cell Phone:
Business Occupation:	Years Known:	
Name:	Email Address:	
Address:	Home Phone:	Cell Phone:
Business Occupation:	Years Known:	
Name:	Email Address:	
Address:	Home Phone:	Cell Phone:
Business Occupation:	Years Known:	
Name:	Email Address:	
Address:	Home Phone:	Cell Phone:
Business Occupation:	Years Known:	
Name:	Email Address:	
Address:	Home Phone:	Cell Phone:
Business Occupation:	Years Known:	
Name:	Email Address:	
Address:	Home Phone:	Cell Phone:
Business Occupation:	Years Known:	

ACQUAINTANCES / CO-WORKERS

List four persons not related to you by blood or marriage, nor former employers, and not included under References. These 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 Acquaintances:

Name:	Email Address:	
Address:	Home Phone:	Cell Phone:
Business Occupation:	Years Known:	
Name:	Email Address:	
Address:	Home Phone:	Cell Phone:
Business Occupation:	Years Known:	

Two Co-workers:

Name:	Email Address:	
Address:	Home Phone:	Cell Phone:
Business Occupation:	Years Known:	
Name:	Email Address:	
Address:	Home Phone:	Cell Phone:
Business Occupation:	Years Known:	

EMPLOYMENT RECORD

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 position? _____

Have you previously applied for employment with the City of Marietta? Yes ☐ No ☐

If **YES**, please explain:

Date:	Position:	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.

Date Applied	Agency Name	Position Applied For	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:

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

If **YES**, please indicate the number (from question table above) and then briefly explain:

Question #	Explanation

Job Performance:

How many times you have been asked to resign or have been fired from a job?

Number	Explanation for each time

How many times have you resigned after being told that your employer intended to fire you or take any form of disciplinary action against you?

Number	Explanation for each time

How many times have you have resigned after an internal affairs investigation has been started by your employer involving you?

Number	Explanation for each time

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 the employment history you have maintained in the last ten years.

Start with your most recent position. Include all periods of full time, part time, as well as temporary positions and **periods of unemployment**. List a single military enlistment as one job. Include any Law Enforcement positions held during your **lifetime**.

Employer	Dates Employed (From / To)	Full <input type="checkbox"/> Temporary <input type="checkbox"/> Part <input type="checkbox"/> Unemployed <input type="checkbox"/>
Address	Telephone	Your Job Title
City	State	Zip
Use the next two lines to detail your duties		Starting Pay / Per
		Ending Pay / Per
		May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title and Name of Your Supervisor		Supervisor's Name
Reason for Leaving		Contact Information

Employer	Dates Employed (From / To)	Full <input type="checkbox"/> Temporary <input type="checkbox"/> Part <input type="checkbox"/> Unemployed <input type="checkbox"/>
Address	Telephone	Your Job Title
City	State	Zip
Use the next two lines to detail your duties		Starting Pay / Per
		Ending Pay / Per
		May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title and Name of Your Supervisor		Supervisor's Name
Reason for Leaving		Contact Information

Employer	Dates Employed (From / To)	Full <input type="checkbox"/> Temporary <input type="checkbox"/> Part <input type="checkbox"/> Unemployed <input type="checkbox"/>
Address	Telephone	Your Job Title
City	State	Zip
Use the next two lines to detail your duties		Starting Pay / Per
		Ending Pay / Per
		May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title and Name of Your Supervisor		Supervisor's Name
Reason for Leaving		Contact Information

Employer	Dates Employed (From / To)	Full <input type="checkbox"/> Temporary <input type="checkbox"/> Part <input type="checkbox"/> Unemployed <input type="checkbox"/>
Address	Telephone	Your Job Title
City	State	Zip
Use the next two lines to detail your duties		Starting Pay / Per
		Ending Pay / Per
		May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title and Name of Your Supervisor		Supervisor's Name
Reason for Leaving		Contact Information

Employer	Dates Employed (From / To)	Full <input type="checkbox"/> Temporary <input type="checkbox"/> Part <input type="checkbox"/> Unemployed <input type="checkbox"/>
Address	Telephone	Your Job Title
City	State	Zip
Use the next two lines to detail your duties		Starting Pay / Per
		Ending Pay / Per
		May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title and Name of Your Supervisor		Supervisor's Name
Reason for Leaving		Contact Information

Employer	Dates Employed (From / To)	Full <input type="checkbox"/> Temporary <input type="checkbox"/> Part <input type="checkbox"/> Unemployed <input type="checkbox"/>
Address	Telephone	Your Job Title
City	State	Zip
Use the next two lines to detail your duties		Starting Pay / Per
		Ending Pay / Per
		May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title and Name of Your Supervisor		Supervisor's Name
Reason for Leaving		Contact Information

Employer	Dates Employed (From / To)	Full <input type="checkbox"/> Temporary <input type="checkbox"/> Part <input type="checkbox"/> Unemployed <input type="checkbox"/>
Address	Telephone	Your Job Title
City	State	Zip
Use the next two lines to detail your duties		Starting Pay / Per
		Ending Pay / Per
		May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title and Name of Your Supervisor		Supervisor's Name
Reason for Leaving		Contact Information

Employer	Dates Employed (From / To)	Full <input type="checkbox"/> Temporary <input type="checkbox"/> Part <input type="checkbox"/> Unemployed <input type="checkbox"/>
Address	Telephone	Your Job Title
City	State	Zip
Use the next two lines to detail your duties		Starting Pay / Per
		Ending Pay / Per
		May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title and Name of Your Supervisor		Supervisor's Name
Reason for Leaving		Contact Information

Employer	Dates Employed (From / To)	Full <input type="checkbox"/> Temporary <input type="checkbox"/> Part <input type="checkbox"/> Unemployed <input type="checkbox"/>
Address	Telephone	Your Job Title
City	State	Zip
Use the next two lines to detail your duties		Starting Pay / Per
		Ending Pay / Per
		May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title and Name of Your Supervisor		Supervisor's Name
Reason for Leaving		Contact Information

Employer	Dates Employed (From / To)	Full <input type="checkbox"/> Temporary <input type="checkbox"/> Part <input type="checkbox"/> Unemployed <input type="checkbox"/>
Address	Telephone	Your Job Title
City	State	Zip
Use the next two lines to detail your duties		Starting Pay / Per
		Ending Pay / Per
		May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title and Name of Your Supervisor		Supervisor's Name
Reason for Leaving		Contact Information

Employer	Dates Employed (From / To)	Full <input type="checkbox"/> Temporary <input type="checkbox"/> Part <input type="checkbox"/> Unemployed <input type="checkbox"/>
Address	Telephone	Your Job Title
City	State	Zip
Use the next two lines to detail your duties		Starting Pay / Per
		Ending Pay / Per
		May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title and Name of Your Supervisor		Supervisor's Name
Reason for Leaving		Contact Information

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:

Location of Court	Date	Details

Have you ever been involved in any type of lawsuit? (Criminal, Civil, Divorce, Traffic, etc.)

Yes ☐ **No** ☐ If **YES**, please explain:

Location of Court	Date	Type of Lawsuit

Do you pay child support? **Yes** ☐ **No** ☐

If **YES**, who do you pay?

Name	Address	Phone #

Total amount and frequency of child support: \$ _____ / _____

Are you now behind on your child support payments? **Yes** ☐ **No** ☐

Please answer the following:

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

If you answered yes, to any of the above, please explain using the number(s) from the above question you are addressing in your answer:

Question #	Explanation

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 anticipated salary? **Yes** ☐ **No** ☐

MILITARY HISTORY

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**, which 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 you 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
Active <input type="checkbox"/> Inactive <input type="checkbox"/>	Location (if active)	Rank Held

Branch of Service	From	To
Active <input type="checkbox"/> Inactive <input type="checkbox"/>	Location (if active)	Rank Held

Have you ever been a member of the National Guard? **Yes** ☐ **No** ☐

If **YES**, please list:

State	From	To
	Location	Rank Held

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 USE

Do you drink alcoholic beverages? **Yes** ☐ **No** ☐

If **YES**, to what extent?

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.

Have you ever been arrested and/or convicted because of drinking? **Yes** ☐ **No** ☐

If **YES**, please explain.

THIS AREA OF THE FORM WAS INTENTIONALLY LEFT BLANK

ILLICIT DRUGS

IMPORTANT!

Take time to read this section before making any entries.

YOUR SUBMISSION 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	# of Times Used

Have you ever taken a prescription medication that was not prescribed, to you? **Yes** ☐ **No** ☐

If **YES**, what medication, number of times used, date last used:

Medication Name	# of Times Used	Date Last 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 **IN YOUR LIFETIME**.

This includes selling, distributing or giving away to friends or family members, with or without 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:

If confirming selling, distributing or giving away of drugs / substances, please itemize below:

Drug / Substance Name	# of Times Distributed	Date/Final 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 below:

CRIMINAL ACTIVITY / ARREST RECORD

IMPORTANT!

AGAIN, 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**.

- | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Arson | <input type="checkbox"/> Murder |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Passing of bad checks |
| <input type="checkbox"/> Auto Theft | <input type="checkbox"/> Possession of marijuana or
any illegal narcotics |
| <input type="checkbox"/> Breaking & Entering / Burglary | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Domestic Violence (any act
regardless of how minor) | <input type="checkbox"/> Sex Crimes (Rape, Child Molestation,
Incest, Aggravated Sodomy,
Peeping Tom, Etc.) |
| <input type="checkbox"/> Drag Racing / Reckless Driving | <input type="checkbox"/> Shoplifting |
| <input type="checkbox"/> DUI / DWI | <input type="checkbox"/> Theft of ANYTHING |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Forgery | |
| <input type="checkbox"/> Manufacture or grow any illegal drugs | |

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

Please answer the following:

		Yes	No
1	Have you ever been <u>convicted</u> of a felony or a misdemeanor (excluding traffic citations)?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you ever been <u>convicted</u> of a domestic violence offense?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you ever been placed on probation or parole?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you ever been physically arrested, indicted, or charged with a criminal offense, <u>regardless of whether you were found guilty, or the charges dismissed?</u>	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you ever been questioned by the civilian or military police about suspected involvement in a criminal investigation?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you ever had official contact with any law enforcement officer (as a victim, suspect, witness, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you ever intentionally perjured yourself in a court of law?	<input type="checkbox"/>	<input type="checkbox"/>
8	Are you presently under any subpoenas?	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you ever been granted the provisions of the First Offenders Act (as a juvenile or as an adult)?	<input type="checkbox"/>	<input type="checkbox"/>

If **YES**, please explain.

Question #	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 fingerprinted? Yes ☐ No ☐

If **YES**, provide details below.

Agency	Purpose	Date

UNDETECTED CRIMES

Many individuals have taken something small or large that they really did not have permission to take. This may have been from a personal acquaintance(s), school, the workplace or any other location(s). This includes actual taking or borrowing of property or equipment, or illegally giving away cash or merchandise to friends, relatives, or co-workers.

What is the estimated dollar amount of property you have taken from and all the above listed persons or locations?

- | | | |
|--------------------------------------|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> \$0 | <input type="checkbox"/> \$76 - \$100 | <input type="checkbox"/> \$1,001 - \$2,500 |
| <input type="checkbox"/> \$1 - \$10 | <input type="checkbox"/> \$101 - \$300 | <input type="checkbox"/> \$2,501 - \$3,000 |
| <input type="checkbox"/> \$11 - \$25 | <input type="checkbox"/> \$301 - \$500 | <input type="checkbox"/> \$3,001 - \$5,000 |
| <input type="checkbox"/> \$26 - \$75 | <input type="checkbox"/> \$501 - \$1000 | <input type="checkbox"/> > \$5,000 |

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

Have you ever taken cash money from any of your employers? **Yes** ☐ **No** ☐

If **YES**, please explain.

Have you ever committed a serious undetected crime? This would include any of the listings for a question under the previous section and would also include such things as embezzlement and computer theft. **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	Driver's License #	Expiration Date	Driver's License Restriction (s)

Have you ever had your driver's license suspended or revoked? **Yes** ☐ **No** ☐

If **YES**, please explain.

State	Driver's License #	Suspension Date	Reason for 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.

Name	Date of Birth	State of Issue	License Number	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?

Yes ☐ **No** ☐

Injury?

Yes ☐ **No** ☐

Who Was Found at Fault?

Date of Accident:

Location of Accident:

Cause of Accident

Was Police Report Made?

Yes ☐ **No** ☐

Injury?

Yes ☐ **No** ☐

Who Was Found at Fault?

Date of Accident:

Location of Accident:

Cause of Accident

Was Police Report Made?

Yes ☐ **No** ☐

Injury?

Yes ☐ **No** ☐

Who Was Found at Fault?

Continued from previous page:

Date of Accident:	Was Police Report Made? Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Accident:	Injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
Cause of Accident	Who Was Found at Fault?
Date of Accident:	Was Police Report Made? Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Accident:	Injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
Cause of Accident	Who Was Found at Fault?
Date of Accident:	Was Police Report Made? Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Accident:	Injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
Cause of Accident	Who Was Found at Fault?
Date of Accident:	Was Police Report Made? Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Accident:	Injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
Cause of Accident	Who Was Found at Fault?
Date of Accident:	Was Police Report Made? Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Accident:	Injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
Cause of Accident	Who Was Found at Fault?
Date of Accident:	Was Police Report Made? Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Accident:	Injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
Cause of Accident	Who Was Found at Fault?
Date of Accident:	Was Police Report Made? Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Accident:	Injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
Cause of Accident	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 <input type="checkbox"/> No <input type="checkbox"/>
Vehicle Year	Vehicle Make	Vehicle Model
Tag Number	State Registered	
Insurance Company	Policy Number	Do you own the Vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle Year	Vehicle Make	Vehicle Model
Tag Number	State Registered	
Insurance Company	Policy Number	Do you own the Vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>

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.

SOCIAL MEDIA

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+, eHarmony®, Match®, Plenty of Fish, Tinder, OkCupid, Tumblr, ASKfm, LiveJournal, etc.)

[illegible]

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 AS WELL AS 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.

ADDITIONAL INFORMATION

This page is intended to provide you with additional space to complete answers to any questions in this booklet which could not be answered in the spaces otherwise provided.

There is one more page after this section.

NOTICE TO APPLICANT

Georgia Criminal Code 16-10-71, "False Swearing", is 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 recorded in **O.C.G.A. 16-10-71**, for 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 are 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)

This instrument was acknowledged before me

Notary Signature

Date