

MARIETTA POLICE DEPARTMENT

Citizens Academy Application

****Failure to complete all required sections of this application will delay approval process.**

NAME: (Last): _____ (First): _____ (Middle): _____

Date of Birth: _____ **Social Media Account Names:** _____

Applicants Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Number: _____ **Home Number:** _____ **E-Mail:** _____

Are you a United States citizen? _____ **If no, can you provide immigration status?** _____

Applicants Signature: _____ **Date:** _____

-----DEPARTMENT USE ONLY-----

Criminal History Request Form Completed Date: _____ By: _____

Personal Records Release Completed Date: _____ By: _____

Credit/ license / Wanted person Completed Date: _____ By: _____

Waiver Liability Completed Date: _____ By: _____

GCIC Awareness Statement Completed Date: _____ By: _____

Intern / Volunteer Coordinator: _____ **ACCEPTED or DENIED**

CRU Lieutenant or Designee: _____ **ACCEPTED or DENIED**

CRU Major or Designee: _____ **ACCEPTED or DENIED**

APPLICANT is ACCEPTED or DENIED Date: _____ By: _____

MARIETTA POLICE DEPARTMENT

Citizens Academy Application

Past Experience:

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:

Job Experience:

Please list the last three jobs you've held along with the company name, supervisor, and phone number:

Job Position	Company	Supervisor	Phone number

MARIETTA POLICE DEPARTMENT
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Medical History:

Have you ever been hospitalized:
If YES, please explain:

YES NO

Do you currently take any long-term medications?
If YES, please explain:

YES **NO**

Do you suffer from any medical conditions?
If YES, please explain:

YES **NO**

Are you allergic to anything:
If YES, please explain:

YES **NO**

Is there anything you feel necessary for us to know?
If YES, please explain:

MARIETTA POLICE DEPARTMENT

Citizens Academy Application

Date Completed:_____ _

Name:.....

Phone:.....

Primary Emergency Contact:_____

Phone:_____

Relationship:_____

Secondary Emergency Contact:_____ _

Phone:_____

Relationship:_____

GEORGIA CRIME INFORMATION CENTER AWARENESS STATEMENT

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-02 (amended), and dissemination of such information are governed by State and Federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling State and Federal laws, relevant Federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 established criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute established criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalty for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. §35-3-31. All databases accessible via OIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Print Name:.....

Signed:.....

Date:.....

Marietta Police Department

Authorization for Release of Personal Records

APPLICANT'S NAME: _____

OTHER LEGAL NAMES: _____

DATE OF BIRTH: _____

SOCIAL SECURITY#: _____

RACE: _____ SEX: _____

I, the undersigned individual, authorize an immediate review of and full disclosure of all records to any authorized agent of the CITY OF MARIETTA POLICE DEPARTMENT, regardless of their public, private, or confidential classification. I fully understand that this information could be used against me in civil and/or criminal proceedings.

The intent of this Authorization for Release of Personal Records is to demonstrate my consent for full and complete disclosure of all records including but not limited to, educational records, financial records, credit records, employment records, medical records, psychological records, military records, pre-employment records, disciplinary records, complaint or grievance records, personal evaluations records, the records of any completed or pending legal actions in which I have been a party, criminal history records, and driver history.

I fully understand that any information obtained by virtue of this Authorization for Release of Personal Records could be utilized, in whole or part, to determine my suitability for employment by the City of Marietta.

I certify that any entity or individual who releases any record consistent with this Authorization for Release of Personal Records shall not be held accountable for releasing any record or records and expressly release any entity or individual from any and all liability which could be incurred as a result of releasing said record or records.

A photocopy of this Authorization for Release of Personal Records shall be valid as the original.

I further acknowledge that this Authorization for Release of Personal Records shall be used in part for the purpose of financial investigation, which includes a *credit check report* of my finances. I understand that this financial investigation shall have a direct impact on my consideration for my employment and that the Director of Human Resources, Keisha Register, will procure this report

This Authorization for Release of Personal Records shall be valid for the purposes of pre-employment investigation and post-employment periodic verification of continued qualification.

Applicant's Legal Signature

Notary Public

Address

City State Zip Code

STATE OF GEORGIA
_____ COUNTY

Waiver of Liability

WHEREAS, the undersigned, _____ desires to volunteer with the City of Marietta Police Department in order to assist in areas of need and volunteer their time as needed;

NOW, THEREFORE, for and in consideration of the use of the premises, and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, the undersigned does hereby declare and agree to the following:

(a) Agree and warrant that they do hereby release, defend, indemnify and save harmless the City of Marietta, it's officers, directors, employees, and any other person, firm, or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns and agents from any and all costs, expenses, restrictions, claims, demands, suits, actions, proceedings, damages, liabilities, deficiencies, judgments, levies, costs or expenses, including but not limited to, attorney's fees and expenses of any kind and nature, including, but not by way of limitation, any claim for damages to property or injuries to or death of any person or persons relating to or arising from riding or volunteering with a member or unit of the City of Marietta Police Department or arising out of any activities in connection with the Volunteer Program, regardless of whether arising from the negligence or wrongful acts, errors or omissions of the City of Marietta;

(b) Agree and warrants that they shall reimburse the City of Marietta for legal fees and other costs incurred in the City of Marietta's defense of such claims of litigation. The City of Marietta shall have the right to participate in the defense of any claims of litigation and shall have the right to approve any settlement;

(c) Agrees that this release extends and applies to, and also covers and includes, all unknown, unforeseen unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived;

(d) Acknowledge that the waiver hereby releases and discharges the City of Marietta, its officers, director, employees and agents, of any and all claims, relating to any bodily and personal injuries or damage to property and the consequences thereof resulting from their participation in the Volunteer Program with the City of Marietta Police Department. The undersigned further covenants with the City of Marietta that they, their heirs, executors, assigns and transferees, will never at any future time sue the City for or on account of any claim for damages arising out of their participation in the Volunteer Program with the City of Marietta Police Department whether such claims arise by the negligence of the City of Marietta, its employees or agents, or by the negligence of any other participant;

(e) Agrees and undersigns that the agreement by the City of Marietta to allow the undersigned to Volunteer with the City of Marietta Police Department, is not to be construed as an admission of liability and acceptance of assumption of responsibility by the City of Marietta, and its officers and members.

WITNESS the hand and seal of the undersigned, this _____ day
of _____, 20____

Undersigned _____
(sign here)

Signed, sealed, sworn to, and subscribed before the undersigned unofficial witness and notary public.

Unofficial Witness _

Notary Public _____

Commission Date: _____

(seal)

STATE OF GEORGIA
_____ COUNTY



MARIETTA POLICE DEPARTMENT

240 Lemon Street, Marietta, Georgia 30060 Telephone 770-794-5300 Fax 770-794-5342

David Beam, Chief of Police



Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the **Marietta Police Department** to conduct an inquiry for the purpose listed below and receive any Georgia criminal history record information as authorized by state law and/or for codes J, Z and C, any national criminal history record information as authorized by federal law.

Full Name (print)			
Address			
Sex	Race -(A-Asian, B-Black, I-Native American, W-White)	Date of Birth	Social Security Number

Requested by _____

☒ This authorization is valid for ninety (90) days from date of signature.

Signature Date

DO NOT WRITE BELOW...POLICE USE ONLY

Date of Request: _____ Time of Request: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment, LEOSA (State & III Info Received)
<input type="checkbox"/>	C - Citizen Police Academy, Ride-Along, Contract Vendors (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name/Phone: _____ / _____

Agency Designee Signature and Title Date