

Lawrenceville Police Department

"To Protect and Serve"



APPLICATION FOR EMPLOYMENT

Applicants for positions with the Lawrenceville Police Department will only be accepted during periods as advertised. All applications will be screened. If the application passes the screening process, the department will complete a background check of the applicant. Interviews will be scheduled for those applicants who successfully pass these stages.

When completing the application forms, type or print all information.

The following items must be attached for the application to pass the initial screening.

- Completed Application**
- Copy of Birth Certificate**
- Copy of High School Diploma / GED**
- Copy of Military DD-214 (if applicable)**
- Recent Photograph**
- Background Release Form (attached)**
- Certification of truth and accuracy (attached)**

I understand that any false statements made as part of this application or any other related form might be considered sufficient cause for withdrawal of job offer or dismissal from employment. I also grant permission to the City of Lawrenceville to investigate any and all information. I hereby release the City of Lawrenceville and respondents to such investigation from any liability for any such damage due to releasing information pertaining hereto. The City of Lawrenceville, in accordance with applicable Federal and State legislation, does not discriminate on the basis of age, race, religion, color, sex, national origin, disability, veteran status, marital status, or citizen status.

I understand my application will remain active for 60 days.

I understand that once offered a position I will be required to complete a psychological and medical evaluation, polygraph examination, and drug screening.

I understand the City of Lawrenceville has a Drug-free Workplace Program, which includes random drug testing. By signing this form, I am acknowledging consent to such testing.

I understand that in consideration of my employment, I agree to conform to the policies and procedures of the City of Lawrenceville. I further understand and acknowledge that my employment and compensation can be terminated, with or without cause or notice, by either the City of Lawrenceville or myself until I become a non-probationary, regular employee.

Signature: _____ Date: _____

**L.R. Johnson
Chief of Police**

**P. D. King
Assistant Chief**



**Emergency
(770) 963-2443**

**Administration
(770) 339-2416**

**Facsimile
(770) 339-2415**

**Records
(770) 9624173**

**Investigations
(770)339-2412
fax (770) 339-2418**

**Crime Prevention
(770) 339-2426**

PERSONAL

Name: _____ Telephone: () _____
 (Last) (First) (Middle) (Maiden)

Present Address: _____ S.S. #: _____ / _____ / _____
 (Street) (City) (State) (ZIP)

Permanent Mailing: _____ Telephone: () _____
 (Street) (City) (State) (ZIP)

Are you a U.S. citizen? Yes No

If not a U.S. citizen, have you the legal right to remain permanently in the U.S.? Yes No

Have you the legal right to work in the U.S.? Yes No

Type of Visa: _____

Have you even been convicted of any crimes or traffic offenses? Yes No **If yes, give details:**

(This information would not necessarily bar employment)

Driver's License #: _____ State _____ Class _____ Exp. Date: _____

EDUCATION

Circle last school year completed:	GRAMMER								HIGH				COLLEGE				GRADUATE			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

Name of School	Address	Last Year Attended	Graduate Yes - No	Type of Degree or Diploma	Major
High School					
Undergraduate College(s)					
Graduate College(s)					

Describe any specialized training, apprenticeship, skills, and extra-curricular activities. Include office equipment, computer skills, foreign language skills, and special honors that may relate to the position for which you are applying.

Word Processing Skills _____ Other Computer Programs _____

REFERENCES

REFERENCES – Give names, addresses, and telephone numbers of three (3) references who are not related to you and are not previous employers.

1. _____ Phone # _____
 Name

Address: Street Apt # City State Zip Code

2. _____ Phone # _____
 Name

Address: Street Apt # City State Zip Code

3. _____ Phone # _____
 Name

Address: Street Apt # City State Zip Code

WORK HISTORY

List all of your previous positions held within the last ten (10) years. If you do not have enough space, use additional paper. Accuracy of dates and addresses is essential.

Have you ever been disciplined, fired, or asked to resign from any job? No Yes If yes, why? _____



Company Name: _____ Telephone: _____

Address: _____ Employment Dates:
_____ From _____ to _____

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for Leaving: _____

Describe Your Duties: _____



Company Name: _____ Telephone: _____

Address: _____ Employment Dates:
_____ From _____ to _____

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for Leaving: _____

Describe Your Duties: _____



Company Name: _____ Telephone: _____

Address: _____ Employment Dates:
_____ From _____ to _____

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for Leaving: _____

Describe Your Duties: _____

A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

MILITARY

Branch of service: _____

Dates of Duty: from _____ to _____

Rank at Separation: _____ Type of Discharge: _____

Specific skills acquired in the U.S. Armed Forces: _____

ATTESTATION OF TRUTH AND ACCURACY

I, _____, have completed this application in whole and do swear that all information contained herein is truthful and accurate. I understand that any information found to be willfully misrepresented or false will result in rejection of my application for consideration. I further understand that if information provided is found to be false after my employment with the City of Lawrenceville Police Department, my employment may be terminated. Furthermore, I understand that my willful inclusion of false information could result in criminal prosecution as defined in **O.C.G.A. § 16-10-20 and/or § 16-10-71**.

Sworn before a notary public this _____ day of _____, _____.

Signed

Sworn to and subscribed before me this _____, day of _____, _____.

Notary Public

My Commission Expires