

Determination of Eligibility Packet

- ♦ This eligibility packet is part of the hiring process for applicants seeking employment with the Woodstock Police Department. The purpose of this packet is to ensure police officer candidates meet minimum qualification standards, as well as the standards of integrity and moral character necessary for the position prior to proceeding with mandatory testing.
- ♦ In order to proceed to the next phase of this process, this packet must be completed *in entirety*. All statements are subject to verification. Incorrect or untruthful statements, to include intentional omissions or distortion of facts, will result in immediate termination from the hiring process. Make a complete and thorough check that all page numbers are sequential and your answers to each question or statement are clearly indicated.
- ♦ ALL forms in the two packets must be completed or acknowledged. For example, if you have never been in the military, complete the Release of Information Form for the Military anyway (last page of waiver packet). We can then verify you have never been in the Military. Credit information provided is not inquired upon until after a conditional offer of employment is extended and accepted.
- ♦ This packet must be written legibly in black or blue ink in the candidate's own handwriting.
- ♦ Ensure your email address is current and the account is checked often. Communication via e-mail is used often due to the size of the applicant pool. If you have questions you are unable to resolve, please e-mail me at mbanas@woodstockga.gov
- ♦ Place an 'X' in the yes/no boxes to indicate the most correct answer if it applies. If a question does not apply to you, place 'N/A' next to the question to indicate 'not applicable'.
- ♦ Candidates meeting or exceeding acceptable criteria will be notified by mail of the date and time of the written and physical tests. Candidates not meeting criteria as determined by information provided, will be notified by via letter of their disqualification from the hiring process.
- ♦ The City of Woodstock is committed to a policy of nondiscrimination and equal opportunity. Employment opportunities shall be made without regard to race, color, religion, sex, sexual orientation, age, national origin, disability, marital status or political affiliation.



Position Applied For: Police Officer Reserve Police Officer
Intern Student Civilian Employee

PRINT OR TYPE ALL INFORMATION IN BLACK OR BLUE INK.

PLEASE BE SURE ALL PRINT IS LEGIBLE AND IN THE APPLICANTS OWN HANDWRITING.

PERSONAL HISTORY STATEMENT

Name: _____
(First) (Middle) (Last) (Suffix: Jr., Sr. III, Etc.)

Address: _____
(Number) (Street) (Apt. No.)

(City) (State) (Zip) (County)

Phone #: _____ - _____ - _____ Cell Phone #: _____ - _____ - _____

E-mail Address: _____

Give any other names you have used or been known by, including names associated with marriages:

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Sex: _____ Race: _____ (W= White, B= Black, A= Asian, I= American Indian/Alaskan Native, O=Other, U= Unknown)

Blood Type: _____ Medical Allergies: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Place of Birth: _____
(City) (State) (County)

Are you a Citizen of the United States? Yes No Natural Born*: Yes No

*Born in USA, US Territory, on overseas military base, etc.

Naturalized*: Yes No

*Born in another country and obtained US Citizenship after immigration - PROVIDE COPY OF NATURIZATION CERTIFICATION

SUBSCRIPTIONS & MEMBERSHIPS

Please list any and all web sites you are a member of for any website/internet services such as web posting, blogs, chat rooms, video downloads, and internet dating sites, social and/or media sites: Facebook, Linked-In, Twitter, Match.com, Instagram, YouTube etc. that you currently subscribe to or have subscribed to in the past and include your screen/user name.

List all organizations, clubs & associations of which you a member, were a member or have ever been linked with:

Name	Date of membership/Association	Active Member/Not Active Member
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Purpose of group (Example: Gun Rights, Motorcycle Club, Environmental Advocacy, Animal Welfare, etc.)

Name	Date of membership/Association	Active Member/Not Active Member
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Purpose of group (Example: Gun Rights, Motorcycle Club, Environmental Advocacy, Animal Welfare, etc.)

MARITAL / FAMILY HISTORY

Single Live-In Partner Engaged Married Legally Separated Divorced Widowed

Present spouse or live-in partner information:

Name: _____ Date of Birth: _____

Date of marriage: _____ County of Marriage: _____

Ex-spouse's name: _____

Cause for no longer being married: _____
(Examples: Annulment, Divorce, Deceased, Etc.)

Has any member of your immediate family ever been arrested, convicted or plead guilty to a felony or misdemeanor crime? Yes No

If yes, please provide:

Name Relationship Arresting Agency Charges Date Disposition

Name Relationship Arresting Agency Charges Date Disposition

Name Relationship Arresting Agency Charges Date Disposition

Please list every child born to you, adopted by you, step-children or children otherwise supported by you:

NAME AGE RELATIONSHIP TO YOU

List all states and countries you have lived in: _____

O.C.G.A. 19-13-1:

“Family violence” means the occurrence of one or more of the following acts between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household; any felony or commission of the offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass.

Have you ever engaged in any act of family violence? Yes No

Have you ever been accused of an act of family violence? Yes No

Have you ever been a victim of family violence? Yes No

Have you ever been questioned by law enforcement regarding a family violence incident in which you were involved? Yes No

Have you even been arrested for an act of family violence? Yes No

Have you ever been convicted of an act of family violence? Yes No

Have you ever been served with a temporary protective order, restraining order, and/or any other type of order to maintain/keep the peace? Yes No

EDUCATIONAL BACKGROUND

Are you a high school graduate? Yes No Year graduated: _____

Name of High School Attended: _____

Location of High School Attended: _____
city state

If no, do you have an equivalent certificate/GED? Yes No Year obtained: _____

List all training schools, colleges, trade schools, etc. that you have attended following high school, whether completed or not. Include full address, dates attended / completed and the certificate title or degree earned.

School Name	Address	City/State	Dates	Degree

Were you ever expelled or suspended from any school? Yes No

If yes, please explain: _____

Have you ever attended a **Mandated School or Law Enforcement Academy** for certification as a **Police/Peace Officer, Sheriff's Deputy, etc?**

Yes No

Jailer Certification and/or Corrections Officer?

Yes No

If yes:

Where attended: _____

Dates Attended: _____

Certification Number: _____

IF YES, YOU MUST PROVIDE A COPY OF CERTIFICATIONS

If prior law enforcement, are you bound to a contract concerning any training you may have received from your previous employer?

Yes No

EMPLOYMENT HISTORY

If you answer YES to any of the following questions, please explain in the space below each question.

Have you ever applied for a position or worked for the City of Woodstock before?

Yes No _____

Are you now, or have you ever been related to any employee of the City of Woodstock?

Yes No _____

Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?

Yes No _____

Have you ever been reprimanded for being late or absent from work?

Yes No _____

Have you ever been formally reprimanded/written up by a work supervisor?

Yes No _____

Have you ever had disagreements with previous employers concerning job duties/working conditions?

Yes No _____

Have you ever been fired or involuntarily terminated from work by a previous employer?

Yes No _____

Have you ever left a job without giving notice?

Yes No _____

Have you ever resigned in lieu of termination or after an internal investigation has been started by your employer involving you?

Yes No _____

The next three questions are for *certified* applicants only:

Have you ever been investigated by P.O.S.T. or your state's equivalent of a law enforcement governing body?

Yes No If yes, provide applicable documents

Have you ever been the subject of an internal investigation either founded or unfounded?

Yes No If yes, provide applicable documents

Has your law enforcement certification ever been placed on probation, suspended, or revoked for any reason in any state?

Yes No If yes, provide applicable documents

Have you had experience with working varying or rotating shifts at work?

Yes No

Are you willing to work varying or rotating shifts?

Yes No

If it became necessary to take a human life in performance of your duties as a law enforcement officer, would you be reluctant to do so?

Yes No

If yes, please explain: _____

List all employment you have held **beginning with your most recent employer**. If applicable, include military service in the proper time sequence and temporary part-time employment no matter how little time was involved. If you were unemployed for a given period, provide the dates in the proper sequence.

From: _____ To: _____ Position Held: _____ Salary: _____

Employer Name: _____ Phone No.: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____

Employer Name: _____ Phone No.: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____

Employer Name: _____ Phone No.: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____

Employer Name: _____ Phone No.: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____

Employer Name: _____ Phone No.: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____

Employer Name: _____ Phone No.: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____

Employer Name: _____ Phone No.: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____

Employer Name: _____ Phone No.: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____

Employer Name: _____ Phone No.: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Your Duties: _____ Reason for Leaving? _____

Have you ever filed for bankruptcy, Chapter 7, Chapter 11, or Chapter 13? Yes No

If yes, please explain: _____

Have you ever had any wage garnishments? Yes No

If yes, please explain: _____

Have you ever had anything repossessed? Yes No

If yes, please explain: _____

What is your total indebtedness (all money owed to creditors) at present? \$ _____

Are you under court order to make payments to any person, entity, corporation, etc.? Yes No

If yes, please explain: _____

Do you legally gamble or play the lottery? Yes No

If yes, explain: _____

Do you have any gambling debts? Yes No

If yes, amount owed: \$ _____ To whom is it owed? _____

MILITARY HISTORY

Have you ever served in a military organization of the United States, to include the Reserves or National Guard?

Yes No

If yes: Branch of Service: _____

Highest rank held: _____

Medals /Decorations: _____

Discharge Type: _____ Reenlistment Code: _____

Date and location of Discharge: _____

Period or periods of military service:

From	To	Rank/Rating held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach copy of most recent DD214

Have you ever received any type of military disciplinary action such as Courts Martial, Articles 15, Captain's Mast, etc

Yes No

If yes, give full details, including dates and results:

ALCOHOL USE

Do you drink alcoholic beverages? Yes No

If yes, what type, how frequently, and how much: _____

Have you ever lost a job because of a drinking problem? Yes No

Have you ever been counseled by an employer because of your drinking habits? Yes No

Have you ever called in sick because you were intoxicated or had a hangover? Yes No

During the last ten years, approximately how many times have you used alcohol during working hours? This would include during lunch or coffee breaks as well as while actually working. Circle the approximate number.

0 1 2 3 4 5 6 7 8 9 10 12 13 14 15

Have you ever committed an alcohol related offense including DUI? Yes No

If yes, please explain: _____

Have you ever been arrested because of drinking? Yes No

If yes, please explain: _____

Have you ever held a job where alcohol use was common during business hours? Yes No

If yes, please explain: _____

Have you ever had any trouble with your spouse or family due to the use of alcohol? Yes No

If yes, please explain: _____

Have you ever been fired or penalized because of drinking? Yes No

If yes, please explain: _____

DRUG HISTORY

The following section deals with any past or present use of drugs. ***If you answer yes to any of the following questions, provide a full explanation in the space provided in this section.*** Use extra sheets as needed.

- Have you ever possessed or delivered illegal drugs? Yes No
- Have you ever sold or given away any illegal drugs? Yes No
- Have you ever tried or used marijuana? Yes No
- Have you ever tried or used any other illegal drug, opiates, pills, etc.? Yes No
- Have you ever overdosed on illegal drugs? Yes No
- Have you ever grown/harvested or participated in growing/harvesting marijuana? Yes No
- Have you ever manufactured or participated in manufacturing illegal drugs? Yes No
- Have you ever intentionally transported illegal drugs? Yes No
- Have you ever “set up” a drug buy? Yes No
- Have you ever been with friends when they were buying illegal drugs? Yes No
- Have you ever been arrested or convicted for a drug violation? Yes No
- Have you ever stolen drugs? Yes No
- Have you ever sold any substance which you claimed to be an illegal drug, but was not? Yes No
- Have you ever been associated with any person who is/was involved in any illegal drug activity? Yes No
- Have you ever forged, stolen, bought, or sold a drug prescription? Yes No
- Have you ever possessed or attempted to pass a forged, stolen, or purchased prescription? Yes No
- Have you ever illegally used someone else’s prescription medication? Yes No
- Have you ever given a prescription medication to anyone for whom it was not intended? Yes No
- Have you ever sold prescription medication to anyone? Yes No

PRIOR CRIMINAL JUSTICE EMPLOYMENT HISTORY

- ❖ If you have **ever** been employed by a **criminal justice or law enforcement agency**, answer the following questions.
- ❖ If you answer **Yes** to any question, explain in the space provided at the end of the section.
- ❖ If you have no criminal justice experience, **place 'N/A' at the end of this paragraph** and go to the next section. Use extra sheets as needed. _____

- | | | |
|--|------------------------------|-----------------------------|
| Have you ever accepted a payoff or bribe? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever stolen anything from anyone you arrested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever kept the property of someone that you arrested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you ever carry a 'throw down' weapon? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever unlawfully entered a business or residence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever stolen anything from a motor vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever falsified an expense voucher? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever received any type of gratuity for dropping a case or disposing of an arrest or ticket? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever tampered with evidence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever kept, for personal use or for resale, any illegal drugs taken from someone who had been arrested, detained, or questioned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever illegally destroyed a case file, computer entry, or official report? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever planted evidence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were you ever suspended without pay from your job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever 'tipped off' a person about an active investigation involving them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you ever 'cover up' a criminal offense for a friend or relative? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Since you were first employed in criminal justice work, have you used or sold marijuana, cocaine, or other illegal drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever stolen anything from a crime scene? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been a party to a lawsuit as a result of your actions in the performance of your job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CRIMINAL HISTORY INFORMATION

- ❖ In this section, you will be asked questions regarding your involvement in criminal activity. **DO NOT INCLUDE TRAFFIC CITATIONS UNLESS YOU WERE PHYSICALLY ARRESTED AND TAKEN TO JAIL.**

- ❖ If you answer **‘Yes’** to any of the following questions, please use the provided space at the end of the section to explain, in detail, all of the circumstances surrounding the event. You should answer the questions who, what, where, when, how and why. Use extra sheets as needed.

Have you ever been arrested or convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever pled Guilty, Nolo Contendre or First Offender to a Crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever received a sentence by a criminal court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been:		
Sentenced to incarceration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed in a holding cell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed in a training school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed in a military stockade	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed in a police lineup	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed on probation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed in jail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed on parole	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Questioned as a suspect of a crime by the police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever stolen money from an employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever intentionally stolen <i>anything</i> from an employer to include time, office supplies, etc. ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever stolen anything from a fellow employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you deliberately ‘short changed’ a customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you deliberately destroyed property of an employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
After reaching your 17 th birthday, did you ever steal anything from a store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you ever alter a price tag in a store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever forged a check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you ever intentionally write a bad check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you ever steal anything from a vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you ever act as a lookout while someone else was committing a criminal act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CRIMINAL HISTORY INFORMATION CONTINUED

- ❖ The following are offenses, which have been established by the State of Georgia as prosecutable under the criminal code of the State of Georgia.
- ❖ Please check the offense or offenses that you have committed. This applies to all incidents that may or may not be known to law enforcement or the judicial system. *If you check an offense, describe all circumstances on the following page.* This includes all detected and undetected crimes.

- | | |
|--|--|
| <input type="checkbox"/> CRIMINAL SOLICITATION | <input type="checkbox"/> CRIMINAL POSSESSION OF EXPLOSIVES |
| <input type="checkbox"/> CONSPIRACY | <input type="checkbox"/> CRIMINAL POSSESSION OF INCENDIARY |
| <input type="checkbox"/> MURDER | <input type="checkbox"/> THEFT |
| <input type="checkbox"/> VOLUNTARY MANSLAUGHTER | <input type="checkbox"/> ARMED ROBBERY |
| <input type="checkbox"/> INVOLUNTARY MANSLAUGHTER | <input type="checkbox"/> ROBBERY |
| <input type="checkbox"/> AGGRAVATED ASSAULT | <input type="checkbox"/> FORGERY |
| <input type="checkbox"/> BATTERY | <input type="checkbox"/> ISSUANCE OF BAD CHECKS |
| <input type="checkbox"/> AGGRAVATED BATTERY | <input type="checkbox"/> ILLEGAL USE OF CREDIT CARD |
| <input type="checkbox"/> KIDNAPPING | <input type="checkbox"/> FRAUD |
| <input type="checkbox"/> FALSE IMPRISONMENT | <input type="checkbox"/> BRIBERY |
| <input type="checkbox"/> HIJACKING | <input type="checkbox"/> IMPERSONATING A PEACE OFFICER |
| <input type="checkbox"/> INTERFERENCE WITH CUSTODY | <input type="checkbox"/> GIVING FALSE INFORMATION |
| <input type="checkbox"/> CRUELTY TO CHILDREN | <input type="checkbox"/> FALSE REPORT OF A CRIME |
| <input type="checkbox"/> RECKLESS CONDUCT | <input type="checkbox"/> CONCEALING A DEATH |
| <input type="checkbox"/> FETICIDE | <input type="checkbox"/> HINDERING APPREHENSION OF A CRIMINAL |
| <input type="checkbox"/> RAPE | <input type="checkbox"/> ESCAPE |
| <input type="checkbox"/> AGGRAVATED SODOMY | <input type="checkbox"/> PERJURY |
| <input type="checkbox"/> STATUTORY RAPE | <input type="checkbox"/> FALSE SWEARING |
| <input type="checkbox"/> CHILD MOLESTATION | <input type="checkbox"/> EMBRACERY |
| <input type="checkbox"/> BESTIALITY | <input type="checkbox"/> INFLUENCING WITNESSES |
| <input type="checkbox"/> NECROPHILIA | <input type="checkbox"/> TAMPERING WITH EVIDENCE |
| <input type="checkbox"/> PUBLIC INDECENCY | <input type="checkbox"/> TREASON |
| <input type="checkbox"/> PROSTITUTION | <input type="checkbox"/> INCITING AN INSURRECTION |
| <input type="checkbox"/> PIMPING | <input type="checkbox"/> WIRETAPPING |
| <input type="checkbox"/> PANDERING | <input type="checkbox"/> EAVESDROPPING |
| <input type="checkbox"/> SOLICITATION OF SODOMY | <input type="checkbox"/> PEEPING TOM |
| <input type="checkbox"/> MASTURBATION FOR HIRE | <input type="checkbox"/> POSSESSION OF UNLAWFUL WEAPON |
| <input type="checkbox"/> BIGAMY | <input type="checkbox"/> CARRYING A CONCEALED WEAPON |
| <input type="checkbox"/> INCEST | <input type="checkbox"/> GAMBLING |
| <input type="checkbox"/> SEXUAL BATTERY | <input type="checkbox"/> CONTRIBUTING TO THE DELINQUENCY OF A MINOR |
| <input type="checkbox"/> BURGLARY | <input type="checkbox"/> POSSESSION OR SALE OF ILLEGAL DRUGS/ SUBSTANCES |
| <input type="checkbox"/> POSSESSION OF TOOLS FOR COMMISSION OF A CRIME | <input type="checkbox"/> MANUFACTURING OR IMPORTING ILLEGAL DRUGS |
| <input type="checkbox"/> CRIMINAL DAMAGE TO PROPERTY | <input type="checkbox"/> DRIVING UNDER THE INFLUENCE |
| <input type="checkbox"/> INTERFERENCE WITH GOVERNMENT PROPERTY | <input type="checkbox"/> OBSTRUCTION OF AN OFFICER |
| <input type="checkbox"/> VANDALISM | <input type="checkbox"/> ATTEMPTING TO ELUDE AN OFFICER |
| <input type="checkbox"/> ARSON | |

DRIVING HISTORY

The following section deals with your current and past driving history.

List **everything** regarding your driving history including all citations, warnings, collisions, suspensions, etc.

Do you have a driver's license? Yes No

Type: _____ Class: _____ Endorsements: _____

State of issue: _____ License #: _____ Expiration Date: _____

Does it contain restrictions? Yes No

If so, what type of restrictions _____

List below all traffic citations or warnings you have received, excluding parking tickets:

<u>Location</u> <small>(state/County)</small>	<u>Date</u>	<u>Violation type</u> <small>(Stop Sign, Speeding, Etc.)</small>	<u>Disposition</u> <small>(Guilty, NoLo, Not Guilty, Etc.)</small>
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Have you ever possessed a driver's license with a license number other than the one listed above such as in another state or country? Yes No

If yes, provide:

Type: _____ Class: _____ Endorsements: _____

State of issue: _____ License #: _____ Expiration Date: _____

Does it contain restrictions? Yes No

If so, what type of restrictions _____

- Have you ever failed to appear in court on a traffic citation(s) without settling the citation(s) prior to court? Yes No
- Has your license ever been suspended or revoked for any reason? Yes No
- Have you ever been refused an operator's license by any state? Yes No
- Have you ever obtained a license under an assumed (fake) name/alias? Yes No
- Have you ever committed a hit and run accident? Yes No
- Did you ever leave the scene of an accident without giving assistance? Yes No
- Have you ever been involved in any motor vehicle accident? Yes No

If yes, give complete details for each accident, whether collision or non-collision. Give dates, locations, causes of accidents, and who was legally at fault. Indicate whether or not there was a police investigation and whether or not there was injury.

- Have you ever been charged with driving under the influence of alcohol or drugs? Yes No
- If yes, give full details and explanation or provide copy of police report:

- Do you have any unpaid or pending traffic citations? Yes No
- If yes, please explain:

AFFIDAVIT OF APPLICANT

TO BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC PRIOR TO TURNING IN FOR REVIEW

I hereby certify that I have read and understand all questions and instructions in this questionnaire, and that my answers are true and complete.

I understand that any untruthful misstatement of material or omission of truthful facts will result in:

1. Immediate disqualification of my application or dismissal from employment with the Woodstock Police Department, and/or
2. Prosecution for the offense of False Swearing (Ga. Code Sec. 16-10-71), a felony punishable by a maximum fine of \$1,000.00 plus imprisonment for not less than one nor more than five years, or both.

I understand that the completed Background Investigation Questionnaire is the property of the Woodstock Police Department and will not be returned to the applicant, nor will it be copied, faxed, emailed, etc. to the applicant.

APPLICANT'S SIGNATURE

DATE SIGNED

STATE OF GEORGIA NOTARY PUBLIC AFFIDAVIT

Before me personally appeared, _____, who says that he / she executes the above statement of his / her own free will and accord, with full knowledge of the purpose thereof.

Sworn to me and subscribed in my presence this _____ day of _____ Year _____.

Notary Public Name: _____

Notary Public Signature: _____

My Commission Expires: _____

