



# City of Cartersville

## P O L I C E D E P A R T M E N T

### **POLICE DEPARTMENT APPLICATION PACKAGE**

### **For Position of Police Officer**

**You must be either a native born or naturalized citizen of the U.S. Are you? Circle One: YES NO**

**You must be at least age 21 to apply. Are you at least 21 years of age? Circle One: YES NO**

**If you live in Georgia do you have a valid Georgia Driver's License? Circle One: YES NO**

**Print Your Name: \_\_\_\_\_ SSN: \_\_\_\_\_**

**Phone #: \_\_\_\_\_ Email: \_\_\_\_\_**

**Date: \_\_\_\_\_**

### **GENERAL INSTRUCTIONS**

The correct completion of this application package is considered part of the initial interview process. You must follow all instructions correctly. Your ability to follow instructions is part of the application process.

**The application must be legible.**

**Words must be spelled correctly.**

**Grammar must be correct.**

**Be sure to sign each place you are asked to sign or initial.**

**Be sure to write N/A where an item or question is Not Applicable to you.**

**You must initial each page of this application package.**

**The application itself and the two Release of Information consent forms must be notarized.**

**The notary must contain not only a seal but a notary signature as well.**

**All required paperwork must be submitted at the same time as the application.**

**If you understand the above instructions, please initial here: \_\_\_\_\_**

# INTEGRITY STATEMENT

We understand that none of us are perfect. We have all made mistakes in our lives. We have all made a bad decision at one time or another. We are not looking to hire the “perfect applicant.” However, the first character trait we look for in a candidate is INTEGRITY. We want people who will own up to their mistakes and take responsibility for their actions. When completing this application package, BE HONEST. If we decide to pursue your application further, we will conduct a very thorough background investigation. Do not attempt to hide anything. If you understand this, initial here: \_\_\_\_\_

## SUBMITTING THE APPLICATION PACKAGE

You may submit your completed application package (which includes all instruction and information pages) in one of the following ways:

1. Scan the entire package into ONE Adobe PDF file and email the file to: [sullivan116@cartersvillepolice.com](mailto:sullivan116@cartersvillepolice.com)  
Only PDF files are accepted via email.
2. Drop off the entire application package at the Cartersville Police Headquarters located at 195 Cassville Road in Cartersville.
3. Mail the entire application package to:

Cartersville Police Department  
Attn: Capt Sarah Sullivan  
P.O. Box 1390  
Cartersville, GA 30120

**PLEASE DO NOT STAPLE ANY PART YOUR APPLICATION. ONLY SUBMIT SINGLE-SIDED PAGES. DO NOT INCLUDE ORIGINAL DOCUMENTS (UNLESS SPECIFICALLY REQUESTED) SUCH AS YOUR BIRTH CERTIFICATE, SOCIAL SECURITY CARD, ETC. THIS PACKAGE WILL BE SCANNED INTO A COMPUTER SYSTEM ONCE IT IS RECEIVED AND THE PAPER COPY WILL BE SHREDDED.**

**PLEASE NOTE: The Cartersville Police Department follows the standards of the Georgia Peace Officer and Standards Training Council (P.O.S.T.) as regards reserving the right not to hire or make an offer of employment to anyone who is not able to meet the P.O.S.T. hiring standards in accordance with O.C.G.A. 35-8-7.1**

**If you understand this, initial here: \_\_\_\_\_**

## Acknowledgement of Training Reimbursement

### **Title 35, Chapter 8, Section 22 (35-8-22) Reimbursement of training expenses by subsequent employer of peace officer; collection procedure; required documentation**

(a) Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any county or municipality thereof employs a peace officer and said peace officer is hired by another agency within 16 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. If said officer is hired by another agency during a period of 15 to 24 months after mandated or formalized training requirements are completed, then one-half of the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. The council shall set standards for reimbursement by hiring agencies based upon actual expenses incurred in mandated or formalized training by individual departments.

(b) The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment thereof and may enforce collection of such obligation through civil remedies and procedures.

(c) Effective July 1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgment of the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officer's employment with the demanding governmental unit. Otherwise, this Code section shall not apply to such demand for reimbursement.

I, \_\_\_\_\_, acknowledge and understand the terms outlined in the statute above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date



# City of Cartersville

## P O L I C E D E P A R T M E N T

### APPLICATION AND HIRING PROCESS FOR POLICE OFFICER

PRINT NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

The screening questionnaire below is designed to give us some very basic background information. Please complete this questionnaire keeping in mind that we are looking for people of integrity.

The word “ever” means “in your entire lifetime.” **If you understand this, initial here:** \_\_\_\_\_

<b>Have you ever...?</b>	<b>YES</b>	<b>NO</b>
<b>Been involved in any way with a felony</b> even if not convicted?		
<b>Been involved in any way with a drug charge or violation</b> related to illegal drugs or illegal use of prescription drugs?		
<b>Been involved in any way with a misdemeanor</b> (other than traffic violations) even if not convicted?		
Recreationally used or tried any of the following: Heroin, Methamphetamine, Cocaine, Opium, LSD, PCP, Ecstasy, Hallucinogens, Ketamine, Rohypnol, Steroids or any other illegal substance or any derivative of an illegal substance?		
Bought, sold, traded, possessed, or transported any illegal drug (including marijuana)?		
<b>Been arrested and/or charged</b> under the Family Violence Act (Domestic Violence)?		
<b>Been arrested and/or charged</b> for any sexual crime including but not limited to rape, sodomy, improper sexual contact with any child under the age of 15, child pornography, bestiality, or any other crime involving morals?		
Used or tried marijuana recreationally?		
Had more than three traffic citations in any state or combination of states?		
Are you under any obligation or financial contract or in debt to any Federal, State, or Local government agency?		

Questionnaire continued...

YES NO

<b>Been involved with any of the following:</b> Fleeing or attempting to Elude a Police Officer, Habitual Violator, Reckless Driving, Super Speeder Violation, DUI, Suspended License, Leaving the scene of an Accident, or Perjury?		
Had your driver's license suspended in any state for any reason other than for a lapse of insurance?		
Had more than one accident in the past for which you were at fault?		
Received a Dishonorable, Bad Conduct, or Other Than Honorable, discharge from the military?		
Have you ever been denied or rejected for employment by any law enforcement agency?		
Had a State Security license suspended or revoked in Georgia or any other state?		

The following questions are to be answered **ONLY** by those applicants who already possess a peace officer certification.

Yes No

Have you <b>ever</b> had a Peace Officer certification suspended or revoked by the Georgia P.O.S.T. Council or appropriate peace officer certification agency in any other state?		
Have you <b>ever</b> been barred from testifying in court?		
Have you <b>ever</b> received any type of sanction such as probation, public reprimand, etc. from the Georgia P.O.S.T. Council or other peace officer certification agency in any state?		
Have you <b>ever</b> been asked to leave employment by a law enforcement agency?		
Have you worked for more than 2 law enforcement agencies within the past 8 years?		

## Completing the Application Package

**Submitting an application package is not a guarantee that you will be contacted, interviewed, or proceed further in the hiring process. If you understand this, initial here: \_\_\_\_\_**

The documents listed below must be included with your application package. If a document does not apply to you, you may ignore it.

1. A completed, signed, and **notarized** application for employment including the pre-interview polygraph questionnaire (located at the end of the actual application)
2. Completed consent forms for Driver's History, Criminal History, Release of Information, and the P.O.S.T. Personal History Release. The two Release of Information consent forms must be notarized
3. A typewritten resume
4. **Certified copy** of your Birth Certificate
5. Copy of your Driver's license (If you are not a certified peace officer and have or ever had a driver's license in a state other than Georgia, you MUST ALSO SUBMIT a complete driver's history from the state which issued your license even if you now have a Georgia license)
6. Copy of your Social Security Card
7. Copy of your high school diploma/GED Certificate
8. Copy of your college diploma or certified copy of your college transcript if graduated
9. If you are not a Georgia P.O.S.T. Certified Officer and you have ever taken the COMPASS exam for college, you need to include a copy of your test scores.
10. Copies of **all** Military DD-214 forms
11. If currently in the National Guard or Reserves, you must include a letter from your company commander stating that you are in good standing with your unit.
12. Copy of your Naturalization documents if applicable
13. For applicants who are already Georgia P.O.S.T. certified Peace Officers, provide a copy of your P.O.S.T. Basic Peace Officer Certification, your Okey Number, and your training history from the POST website. Please **do NOT** submit individual class completion certificates.
14. Any court disposition papers regarding any crime you have been charged with.
15. **IMPORTANT** – If you have had a name change at any time in your life, we need documentation of EACH and EVERY name change, i.e. marriage license, divorce decrees, etc.
16. **NOTE FOR OUT OF STATE CERTIFIED OFFICERS** – Certified officers from another state must also include the following pieces of paperwork:
  - a. Copy of your peace officer certification
  - b. Letter of good standing from your state P.O.S.T. or other certification agency
  - c. Complete copy of your training record – please do not include individual class certifications, just an overall training history

**Please use the checklist on the next page to ensure all of your paperwork is included.**

**Make every attempt to complete the entire packet. Documents missing signatures, initials, or notary seals where such are required will delay the review process.**

## PAPERWORK CHECKLIST

When each of the following items are checked, you may submit your application

<b>ITEM THAT MUST BE INCLUDED (all items must be checked)</b>	<b>CHECK</b>
Notarized application including polygraph pre-interview questionnaire	
Consent forms for driver's history and criminal background checks	
Notarized personal history release forms	
COPY of birth certificate	
COPY of Social Security Card	
COPY of driver's license	
If license is from another state, a certified copy of that state's driver history	
Copy of high school/GED diploma or certified copy of high school transcript	
Typewritten resume	
<b>ITEMS THAT MUST BE INCLUDED ONLY IF THEY ARE APPLICABLE TO YOU</b>	
All military DD-214 forms if applicable	
If you have a college degree, an official certified copy of transcript – a diploma will not suffice for POST	
ACUPLACER or ACT/SAT scores- Originals, not online generated	
Naturalization documents if not born a U.S. citizen	
Any documents related to any name change(s) (marriage license, divorce decree, etc)	
If you are in the National Guard or Reserves, a letter of good standing from your unit	
Out of state driver's history for each state in which you have had a license with the last 5 years	
<b>GEORGIA CERTIFIED OFFICERS ONLY</b>	
Copy of POST certification	
Okey number (only needs to be included on the actual application)	
POST training history (no individual certificates)	
<b>FOR NON-GEORGIA CERTIFIED OFFICERS</b>	
Copy of state peace officer certification	
Letter of good standing from your state certification agency	
Copy of training history from your state certification agency – no individual class certificates	

**OUT OF STATE APPLICANTS PLEASE READ THE NEXT PAGE**

## FOR NON-GEORGIA APPLICANTS

Thank you for your inquiry concerning employment with the Cartersville Police Department. The hiring process for out of state applicants does have a longer hiring process.

There will be an initial interview with the recruiter. If after that interview we recommend that you continue in the process, a polygraph examination will be required. The background investigation could take another two weeks or so depending on the Investigator's schedule. If there are no questions arising from the background investigation a final interview will be set up.

If a final interview is scheduled and it is decided to give a conditional offer of employment, a psychological exam, physical agility test, a drug screen, and a physician's examination will be required. Each of these are dependent upon the physician and psychologists schedule.

This may require several trips to Cartersville in order to complete the process.

Please understand that the above paragraphs do not mean you will not be considered. We simply want you to know up front the applicant commitment that is required during the selection process.

If you understand this, please initial here: \_\_\_\_\_



# The Hiring Process

If we decide to process your application further, some or all of the following events will occur (not necessarily in the order listed):

1. You will interview with the department Recruiter. After this interview the recruiter will evaluate your application and interview and decide whether or not to have you proceed further in the process.
2. You will have a polygraph examination conducted.
3. A thorough background investigation will be conducted. If all is well you may proceed further.
4. You will have a final interview with the Chief of Police. You will either be made a conditional offer of employment or dropped from the process. The conditional offer may be withdrawn at any time.
5. If you are made a conditional offer of employment from the Chief of Police, you must successfully pass/complete the following: drug screen, physical exam, physical agility test, and psychological exam.
6. You may be asked to shoot an abbreviated course of fire on the pistol range. There is no pass or fail score.
7. During the process we may ask you to show us any personal social media pages that you have on the Internet. Do you agree or disagree to do so? Initial one: Agree \_\_\_\_\_  
Disagree \_\_\_\_\_
8. If you are not a Georgia P.O.S.T. Certified Peace Officer, you will need to take the Accuplacer Exam at a local technical college. This exam is used as the entrance exam for the Police Academy. If you have ever taken the Accuplacer exam it is NOT necessary to retake it. However, we will need to include a copy of your scores with this application. If you have ever taken the ACT/SAT you may submit those scores in lieu of the Accuplacer scores.

**The agency reserves the right to terminate the hiring process at any time for any reason.**

**NOTE: FAILURE TO REPORT FOR ANY SCHEDULED INTERVIEW OR APPOINTMENT WITHOUT AT LEAST A 24 HOUR NOTIFICATION GIVEN TO THE RECRUITING OFFICER WILL RESULT IN AUTOMATIC REMOVAL FROM THE HIRING PROCESS. YOU WILL NOT BE ELIGIBLE TO REAPPLY.**

**I HAVE READ THIS HIRING PROCESS AND UNDERSTAND THE REQUIREMENTS SET FORTH HEREIN.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

If at any time during the process you have questions, please contact:

**Captain Sarah Sullivan**  
**Recruiting Officer**  
**770-606-6984**  
[sullivan116@cartersvillepolice.com](mailto:sullivan116@cartersvillepolice.com)

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# City of Cartersville

P O L I C E     D E P A R T M E N T

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Cartersville Police Department, whether said records are of public, private, or confidential in nature. This includes any and all performance evaluations, disciplinary actions, letters of counseling, termination letters, letters of commendation, letters of recommendation, financial records, or any other documentation not specifically not named herein related to my current or former employment with any public, private, or government employer.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or credit ratings, credit scores) and other financial statements, and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the United States Veteran's Administration; employment records, pre-employment records, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of Attorneys at Law, or of other counsel, whether representing me or another person in any case, either criminal or civil, which I present have or have had an interest.

I understand that any information obtained by a personal background check which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Cartersville Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature or a raised notary seal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commission Stamp

PO Box 1390, 195 Cassville Road, Cartersville, GA 30120     770-382-2526





**Georgia Peace Officer Standards & Training Council**  
***Application for Certification***

**PERSONAL HISTORY RELEASE**

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photo copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

Last Name		First Name	Middle Name
DATE OF BIRTH (mdyyyy)	MAIDEN NAME		PHONE NUMBER (AREA CODE) - NUMBER ( ) - -
Social Security Number:			
EMAIL ADDRESS			
ADDRESS: Street			Apartment/Unit#
City:	State:	Zip Code:	

\_\_\_\_\_  
Candidate Signature (including maiden name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date



# City of Cartersville

P O L I C E   D E P A R T M E N T

## CRIMINAL HISTORY CONSENT FORM

I, \_\_\_\_\_, hereby authorize the **CARTERSVILLE POLICE DEPARTMENT** to receive any criminal history record information pertaining to me which may be in the files of any federal, state, or city criminal justice agency in **GEORGIA** only.

\_\_\_\_\_  
Full Name (Print FIRST, MIDDLE, LAST) Maiden/Alias

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Sex Race Date of Birth Place of Birth (City, State) Social Security Number

\_\_\_\_\_  
Signature Date

Name of Employer: CARTERSVILLE POLICE DEPARTMENT

Check the one that Applies:

- ☐ Employment with Elderly Care/Nursing (Purpose Code N)  
☐ Employment with Children (schools, daycare, etc) (Purpose Code W)  
☒ All Other Employment (Purpose Code E)

## OFFICE USE ONLY BELOW THIS LINE:

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\_\_\_\_\_  
Administrative Clerk Date

☐ No Record ☐ See Attached

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Georgia Driver's History Consent Form**

I hereby authorize the Cartersville Police Department to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

---

Full Name (Print)

---

Sex

---

Date of Birth

---

Driver's License Number

---

Signature

---

Date

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# City of Cartersville

## P O L I C E D E P A R T M E N T

## Cartersville Police Department

### Application for Employment as a Police Officer

Effective Date of this Version: 03/05/2021

#### Directions for Completing This Application:

1. Use a **black** ball-point ink pen and print legibly to complete this application.
2. Fill out the application completely. (If there are any questions which do not apply to you, mark them "N/A").
3. The first page **MUST** be signed, dated, AND notarized. If not, the application will be rejected.
4. Initial each page thereafter.
5. If there is not sufficient room in the spaces provided to completely answer the question, then make a notation, and finish on a separate sheet of paper.
6. Answer all questions truthfully. Any willful misrepresentations or failure to complete (whether willfully or not) any section of this application will immediately disqualify you from the hiring process.

I certify that I am a citizen of the United States.

I certify that I am legally authorized to work in the United States pursuant to Federal and State Immigration laws.

I certify the information contained in this application is true and accurate. I understand that any false statements or failure to disclose all information asked for will disqualify me for employment or, terminate my employment after being hired. I understand that an incomplete application package will be rejected. I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision.

I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary \_\_\_\_\_ Date \_\_\_\_\_

Seal AND Stamp \_\_\_\_\_

Last Name		First		M.I.	
-----------	--	-------	--	------	--

Maiden Name		Other Names/Nicknames	
-------------	--	-----------------------	--

Date of Birth (mm/dd/yyyy)		SSN	-	-
----------------------------	--	-----	---	---

Street Address	
----------------	--

City		State		Zip	
------	--	-------	--	-----	--

Primary Phone #		Cell/Alternate Phone #	
-----------------	--	------------------------	--

Email Address	
---------------	--

Place of Birth	City		County		State	
----------------	------	--	--------	--	-------	--

Country of Birth if not USA	
-----------------------------	--

U.S. Citizen? (Y/N)		Repatriated or Naturalized? (Y/N)	
---------------------	--	-----------------------------------	--

If you are a Georgia Certified Peace Officer, please enter your Okey number in the space	
--	--

Driver's License Information. List all driver's licenses you have possessed. List current valid license first.

State		Number		Still Valid? Y or N	
State		Number		Still Valid? Y or N	
State		Number		Still Valid? Y or N	

Has your license ever been suspended or revoked for any reason? \_\_\_\_\_ If yes, give details of reason(s) for each suspension / revocation, the state in which your license was suspended or revoked, license number, and the dates to and from your license was suspended or revoked.


After reviewing a job description, is there any reason you feel you would not be able to perform all the required duties as outlined? Check Yes or No below.

Yes		No	
-----	--	----	--

In the box below list your unique user name for any websites or applications you have used to create or share content (photos, videos, status updates, etc) as part of a public profile.

Website or Application	User Name

Have you ever been arrested and/or charged with a crime? \_\_\_\_\_ If yes, complete the following:

Date	Charge	Fel/Misd	Disposition	County

Give details of any arrest


List all traffic offenses for the last 8 years:

Mo/Yr	Charge	What Agency Cited You?	Disposition	Fine Amount



Have you ever been involved in ANY type of legal action such as a lawsuit, work complaint, tax issue, etc., as the complainant, plaintiff or defendant? (Y/N) \_\_\_\_\_

If yes, please summarize in detail and give the current status:


List below, chronologically; each and every place in which you have resided. Include all military addresses if applicable. Use an additional sheet of paper if necessary and insert it after this page.

	Street Address	City	County	State	From (mo/yr)	To (mo/yr)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Have you submitted an application for employment to any law enforcement agency anywhere (municipal, county, or state) in the past two years? (Y/N)\_\_\_\_\_

If yes, complete below:

Agency Name	When (Mo/Yr)	Where Are You in the Process?

List below, chronologically; most recent dates first, each and every place in which you were employed over the last fifteen years. **Omit none.** Give accurate information. Include part-time employment as well.

Employer	Address AND Phone Number	From	To	Supervisor	Position	Why You Left

Have you ever been terminated, asked to resign from employment, or resigned in lieu of termination? (Y/N)

If yes, provide a detailed explanation (including which employer, when, supervisor, and reason for discharge.)

Employer	Reason for Termination/Resignation	Immediate Supervisor	Date (Mo/Yr)

Have you been subjected to **any type of disciplinary action** (verbal, written, suspension, etc.) in connection with any employment? (Y/N) \_\_\_\_\_

If yes, provide specific details and use a separate sheet of paper if necessary.

Employer	Type of Action	Reason for Action	Date (Mo/Yr)

For the hiring process to be complete, it will be necessary to contact your present employer at some point if we consider your application. Is there an objection to this? \_\_\_\_\_. If yes, why?


Have you ever served in any branch of the Armed Forces of the United States of America? \_\_\_\_\_. If so, list branch, highest rank held, periods of active duty military service, and type of discharge. If reserve duty, please indicate.

Branch	Highest Rank	From (Mo/Yr)	To (Mo/Yr)	Type of Discharge

Are you now serving in a Reserve or National Guard Unit? (Y/N) \_\_\_\_\_

If so, you must include a letter of good standing from your Company Commander with this application package.

Please indicate the types of disciplinary actions you received if applicable:

<b>Type of Action Received (court martial, Article 15, Captain's Mast, Act 19, etc.)</b>	<b>Reason for Action (You may be asked to provide further information)</b>	<b>When</b>	<b>Disposition</b>

Are you married? (Y/N) \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Spouse's employer and address of employer:

Give the following Information on your father, mother (include maiden name), brothers and sisters:

<b>Relationship</b>	<b>Name</b>	<b>Address</b>	<b>Phone #</b>

Chronologically, list all the schools and colleges you have attended. Begin with the most recent school. If you have a GED list it as well:

School	Where (City/State)	From	To	Graduate (Y/N)	Type of Degree

List all outstanding debts (credit cards, loans, mortgage, title pawn, etc.)

Company	Type of Credit	Amount Owed	Monthly Payment	Current? (Y/N)

Have you ever filed for bankruptcy? \_\_\_\_\_

If yes, provide specific details:


Have you ever had a lien or judgment against you or your property? \_\_\_\_\_

If yes, provide specific details:


Has there ever been any garnishments filed against you? \_\_\_\_\_ If yes, provide details:


If you are paying or have paid child support or alimony, are you now or were you ever behind in your payments? \_\_\_\_\_ If yes, provide details:


List five personal references whom you have known for at least three years. Do not use former employers or relatives. **YOU MUST INCLUDE ADDRESSES AND PHONE NUMBERS.**

Name	Address	Phone #	Relationship

List **three** current neighbors. If you do not know your neighbors, at minimum list the address below.

Name	Address	Phone #

**EXTREMELY IMPORTANT** Do you have ANY knowledge or information, in addition to that specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, in connection with the background investigation which will be made to determine (but not limited to) your fitness for duty? (Y/N) \_\_\_\_\_

If yes, provide specific details and use a separate sheet of paper if necessary:


**Please circle Yes or No below.**

Do you object to wearing a uniform in accordance with department policy? Yes No  
Are you able and willing to work varying shifts, hours, and holidays as assigned without complaint? Yes No  
Are you currently on "layoff" status or subject to recall from another job? Yes No

If you are/were a Certified Peace Officer (in any state), has your certification ever been put on probation, suspended, or revoked? \_\_\_\_\_ If so, provide a detailed explanation. Use additional sheet if necessary.

Agency Worked For	Reason for POST Action	For How Long?	Dates

Have you ever been charged with or accused of sexual harassment? \_\_\_\_\_ If yes, explain.


**CLOSING ATTESTATIONS (circle one answer for each question):**

1. Have you listed all disciplinary and/or corrective actions taken by any previous employer against you (this includes verbal or written counseling's, write-ups, suspensions with or without pay, loss of privileges, probation, public reprimands, terminations of employment, revocations of permits/licenses/certifications, etc.)? **YES**  
**NO NOT APPLICABLE**

If your answer is YES or NOT APPLICABLE, sign here: \_\_\_\_\_

2. Have you willfully withheld any information asked for in this application? **YES NO**

If your answer is NO, sign here: \_\_\_\_\_

3. Have you been truthful to the best of your knowledge in all of your responses? **YES NO**

If your answer is YES, sign here: \_\_\_\_\_

**Continue on to the Pre-Interview Polygraph Questionnaire**

Cartersville Police Department

**PRE-EMPLOYMENT  
POLYGRAPH BOOKLET**

*(Please Write Legibly)*

**Tester/Field Recruiter:**

\_\_\_\_\_ Exam Date

\_\_\_\_\_ Exam Time

**Full Legal Name:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Gender:** Male ☐ Female ☐ **Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Driver License Number:** \_\_\_\_\_

**Position For Which You Are Applying:** \_\_\_\_\_

If you have ever taken a polygraph examination before, please give the date and reason for the examination below.

DATE	AGENCY OR BUSINESS	RESULTS (Pass, Fail, or Inconclusive)



## PREFACE

The information contained in this booklet is an integral part of your application process, which will be used by your polygraph examiner and background investigator. The information that you provide in the forthcoming pages is confidential and will be viewed by the polygraph examiner, the background investigator, and commissioned members of the Departmental chain of command for review and hiring purposes.

We realize that it would be a rarity for any applicant to have no mistakes or personal indiscretions in their past, so we place a high degree of value on your honesty and integrity in answering the following questions truthfully. We ask that you be completely honest in each and every area of this booklet. Do not minimize, alter, or exclude any details about any information in this booklet. If you are uncertain about a particular issue in any of these areas specific to your situation, you should err on the side of caution and include the information about that issue. The polygraph examiner is authorized by this Department to ask any and all questions relating to the information in this booklet. During the polygraph examination, you will have an opportunity to give an explanation on any and all information you disclosed.

In reference to the area of work history, the term “reprimand” refers to any written reprimands or disciplinary actions. In the areas of criminal activity and illegal drugs, the polygraph examiner understands that there may be information you are reluctant to provide or apprehensive to disclose. However, your failure to disclose any information in these areas will definitely have an adverse impact on the results of your polygraph examination and application for employment with the Department.

**INSTRUCTIONS: Answer all questions completely. If the question is not applicable, write "N/A." Only write "UNKNOWN" if you do not know the answer and cannot obtain the answer from personal records. Booklets with blank areas will not be accepted.**

**PERSONAL BACKGROUND**

1. Full Name: \_\_\_\_\_  

(First)
(Middle)
(Last)

 Other Names (Aliases, maiden names, nick names, etc.): \_\_\_\_\_
2. SSN: \_\_\_\_\_ DL No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_
3. Residence Address: \_\_\_\_\_  

(Street and Number)
(City)
(State)
(Zip)
4. Home Telephone: (    ) \_\_\_\_\_ Office: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_
5. E-Mail Address: \_\_\_\_\_

**LAW ENFORCEMENT RELATED**

1. List all law enforcement agencies, as well as correctional or security agencies, to which you have ever applied for employment **BUT WERE NOT EMPLOYED**. Begin with the most recent.

Name of Agency	Month/Year	Explanation <i>(Failed Test, Disqualified, Withdrew, Denied, etc.)</i>

2. List the names of current or past commissioned peace officers and/or civilian law enforcement employees with whom you are acquainted or to whom you are related. Detail the nature of the relationship and the name of the agency for which the individual works or worked.

Name of Individual	Detail of Relationship <i>(Family, Friend, Ride-Along, etc.)</i>	Name of Agency

3. List all agencies with whom you have participated in an internship or ride-along program.

Name of Agency	Year

### **WORK HISTORY**

1. Describe any disciplinary actions (verbal, written, suspensions, days off, etc.) taken against you at a place of employment:

**Employer #1:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

**Employer #2:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

**Employer #3:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

**Employer #4:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

2. Describe any incidents that resulted in you being fired or asked to resign:

**Employer #1:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

**Employer #2:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

**Employer #3:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

**Employer #4:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

3. List any former employers who would give you a negative job reference, such as for work performance, personality conflicts, quitting without giving sufficient (2-3 weeks) notice, or other reasons:

**Employer #1:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

**Employer #2:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

**Employer #3:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

**Employer #4:** \_\_\_\_\_ **When?** \_\_\_\_\_

Why?

**MILITARY RECORD (Including Reserve or National Guard Service)**

1. Have you ever applied and been rejected for military service? Yes ☐ No ☐

When? \_\_\_\_\_ What branch of service? \_\_\_\_\_

2. List all types of disciplinary actions, if any, while in the military (active, reserve, etc.), including arrest, letter of reprimand, oral reprimand, court martial, captain's mast, company punishment, Article 15, etc.

Charge	Date	Age at Time	Disposition

THE POLYGRAPH EXAMINER IS AUTHORIZED TO ASK YOU QUESTIONS REGARDING THE TRUTHFULNESS OF YOUR STATEMENTS ABOUT PRIOR WORK-RELATED DISCIPLINARY ACTION.

## **ACTIVITY INVOLVING PERSONS OR PROPERTY**

### **Have you ever engaged in any of the following?**

1. Any act of unlawfully taking the life of another human being. Yes ☐ No ☐
2. Any act of unlawfully abducting/kidnapping another person and/or holding another person against that person's will. Yes ☐ No ☐
3. Any act, prior to turning 20, of knowingly making sexual contact or sexual penetration, including fondling of breast or genitals for sexual gratification; sexual intercourse; oral sexual or anal sexual penetration; or exposing your genitals or anus to another person who was more than three years younger than you. Yes ☐ No ☐
4. Any act, after turning 20, of knowingly making sexual contact or sexual penetration to include fondling of breast or genitals for sexual gratification, sexual intercourse, oral sexual, or anal sexual penetration with another person who was less than 16 years of age, or exposing your genitals or anus to another person who was less than 16 years of age. Yes ☐ No ☐
5. Any act of exposing your anus or genitals in public to arouse sexually or gratify yourself or another person. Yes ☐ No ☐
6. Any act causing bodily injury to another person. Yes ☐ No ☐
7. Any act of violence against a member of your family or household (including slapping, kicking, pushing, punching, or restraining). Yes ☐ No ☐
8. Any act of cruelty to any creature or animal that resulted in harm, injury, or death other than legally licensed sport hunting or fishing. Yes ☐ No ☐
9. Any act of sexual assault, either by force or threats of injury. Yes ☐ No ☐
10. Any act involving hurting, harming or attempting to hurt or harm another person a firearm, knife, club or any other deadly weapon. Yes ☐ No ☐
11. Any incestuous act of knowingly making sexual contact or sexual penetration to include fondling of breast or genitals for sexual gratification, sexual intercourse, oral sexual, anal sexual penetration, or exposing your genitals or anus to your natural child, stepchild or child by adoption; natural grandchild, step-grandchild or grandchild by adoption; sister or half-sister, brother or half-brother, niece or nephew. Yes ☐ No ☐
12. Any act of causing, planning or starting a fire or an explosion to damage or destroy vegetation, fences or structure on open land; a building, habitation or vehicle belonging to another person; or a building, habitation, vehicle or property belonging to you which was insured. Yes ☐ No ☐
13. Any act involving the intentional damage or destruction of any property belonging to another person. Yes ☐ No ☐

14. Any act involving the use of a firearm, knife, club, deadly weapon, physical force, threats or intimidation in order to steal or take property from another person. Yes ☐ No ☐
15. Any act involving breaking into a building, habitation, or any portion of a habitation or building in order to take or steal cash, property, or merchandise; or with the intent of committing any other criminal act. Yes ☐ No ☐
16. Any act involving breaking into or entering a vehicle of any kind, including car, pickups, trucks, trailers, box cars, vans, or motor homes in order to commit theft or any other felony. Yes ☐ No ☐
17. Any act that deprives an individual of property, cash, or merchandise through theft by check, theft by deception, theft from a person, swindling, embezzlement, extortion, changing price tags, receiving stolen property, or stealing vehicles or vehicle accessories, or any other form of theft—including making a false claim to an insurance company. This does not include previously mentioned thefts from employers. Yes ☐ No ☐
18. Any act involving forgery of any writing, document, signature, money, any legal document, license, contract, credit card, check, security agreement, will, deed, or any deed of trust with the intention to defraud or harm any person or business. Yes ☐ No ☐
19. Any act involving bribing or attempting to bribe any governmental officer or employee. Yes ☐ No ☐
20. Any act involving telling any lie, falsehood or misrepresentation of any act while under oath or a sworn or notarized document. Yes ☐ No ☐
21. Any act related to filing a false report to any peace officer. Yes ☐ No ☐
22. Any act involving impersonating a peace officer, official or other governmental official. Yes ☐ No ☐
23. Any act involving evading, resisting or interfering with any peace officer in making any arrest or detention of any person, including yourself. Yes ☐ No ☐
24. Any act involving the unlawful possession of any explosive weapon, machine gun, short-barreled firearm, armor piercing ammunition, silencer, switchblade knife, knuckles, or chemical dispensing device. Yes ☐ No ☐
25. Any act involving the unlawful carrying of a handgun, illegal knife or club. Yes ☐ No ☐
26. Any act of viewing nude images of a person 17 years of age or younger. Yes ☐ No ☐
27. Any act involving illegal gambling, including promotion of a gambling house or possessing a gambling device, excluding dice or cards. Yes ☐ No ☐



- 28.** Any act involving any participation in any criminal enterprise or organized activity which seeks to further murder, arson, robbery, burglary, theft, kidnapping, aggravated assault, forgery, gambling, prostitution, promotion or distribution of drugs, promotion or sale of obscene materials or any other criminal act. Yes ☐ No ☐
- 29.** Any type of activity that resulted in arrest, police investigation, or questioning by a law enforcement agency, including any instance where charges were filed, warrants issued, and/or bond posted. Yes ☐ No ☐
- 30.** Any type of activity that resulted in your being a victim of a crime that resulted in arrest, police investigation, or questioning by a law enforcement agency, including any instance where charges were filed, warrants issued, and/or bond posted. Yes ☐ No ☐
- 31.** Any type of smuggling (humans, cigarettes, weapons, etc.)? Yes ☐ No ☐
- 32.** Have you ever participated in any type of commercial sexual activity (including prostitution, escort service, or massage parlor), either in the US or in another country? Yes ☐ No ☐

**In the space below, explain all "yes" answers that you have given to questions 1 through 32. Include date of incidents, circumstances, number of times, locations, and value of any property involved.**

[illegible]

**THE POLYGRAPH EXAMINER IS AUTHORIZED BY THE DEPARTMENT OF PUBLIC SAFETY TO ASK YOU QUESTIONS ABOUT ANY DETECTED OR UNDETECTED CRIME IN WHICH YOU HAVE BEEN INVOLVED.**

### **ACTIVITY INVOLVING THEFT**

**Have you ever engaged in any of the following?**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Shoplifting or other theft of merchandise.                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Theft of cash.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Theft from an employer.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Theft of military items.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Any other types of theft committed as an adult not listed above. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**In the space below, explain all "yes" answers that you have given to questions 1 through 5. Include date and location of incidents, number of times, estimated dollar value, and/or other circumstances.**

ITEM #	EXPLANATION

**THE POLYGRAPH EXAMINER IS AUTHORIZED BY THE DEPARTMENT OF PUBLIC SAFETY TO ASK YOU QUESTIONS ABOUT ANY DETECTED OR UNDETECTED CRIME IN WHICH YOU HAVE BEEN INVOLVED.**

## **ACTIVITY INVOLVING DRUG USE AND/OR DISTRIBUTION**

In recent years, drug use has become common in our society. The Department recognizes that it would be almost impossible to hire anyone who has not experimented with some drugs. However, it is important that the Department be aware of your prior experimentations because, as a peace officer, you may in the future be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug activities, and the defense could ask about your own personal drug use in an effort to attack or impeach your credibility.

In addition, the Department needs to assess your involvement in the sale of drugs to another person (with or without profit to you); delivery of drugs to another person; transportation of drugs to be sold; trading of drugs for anything of value; manufacturing of drugs; cultivation of drug plants; or any other manner of involvement in a transaction involving drugs.

1. Have you ever experimented with any other drug, including, but not limited to, marijuana, K2, spice, bath salts, steroids, prescription drugs, ecstasy, methamphetamine, or any other type of drug? If yes, for each drug you experimented with, use the space provided below to identify the drug, the number of times you experimented with it, when and where you experimented with it, the last time you experimented with it, and the last time you were around someone else using that drug. Yes ☐ No ☐
2. Have you ever experimented with drugs, including marijuana, while employed as a law enforcement, custodial, or correctional officer? Yes ☐ No ☐
3. Have you ever sold, manufactured, cultivated, transported, or delivered any type of drug for any reason? If yes, use the space provided below to describe the activity, the number of times you engaged in that activity, and when you engaged in that activity. Yes ☐ No ☐

ITEM #	EXPLANATION

**THE POLYGRAPH EXAMINER IS AUTHORIZED BY THE DEPARTMENT OF PUBLIC SAFETY TO ASK YOU QUESTIONS TO DETERMINE IF YOU WERE TRUTHFUL ABOUT YOUR INVOLVEMENT WITH ILLEGAL DRUGS.**

### OTHER ACTIVITY

1. Have you ever been a member of any group or organization that advocates violent dissent or the overthrow of the United States government? Yes ☐ No ☐
2. Have you ever been a member of, or affiliated with, a group or organization that advocates violence, racism, or illegal activities, including, but not limited to, the Aryan Brotherhood, Bandidos, Crips, MS-13, or other violent group or organization? Yes ☐ No ☐
3. Did you apply with the Cartersville Police Department (or other local law enforcement agency) for any reason other than gainful employment? Yes ☐ No ☐
4. Have you done anything in your past that, if known by the Department, could possibly prevent you from getting this job? Yes ☐ No ☐

**In the space below, explain all "yes" answers that you have given to questions 1 through 4. Include date (or period of time) and location of activity, as well as any other relevant circumstances.**

[illegible]

**PLEASE READ, SIGN, AND DATE**

You have now completed the polygraph pre-test booklet/personal history statement. You should stop for a moment and think about your answers to ensure that you have accurately provided all of the information that was requested. Review your answers. If you now recall any information that was requested that you did not include in the booklet, go back and make the correction.

I certify that the foregoing answers are true, correct, and complete to the best of my knowledge and belief. I have not withheld, falsified, or misrepresented any information requested in this booklet. I hereby grant authorization to the Cartersville Police Department to contact any person or organization for information and/or documents to verify the validity of any previous statement.

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*(Signature of Applicant)*

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*(Date)*

With a few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect (Reference: Government Code, Sections 522.021, 552.023, and 559.004).

**END OF BOOKLET**