

**City of Temple**  
P.O. Box 160  
Temple, Georgia 31079

Dear Applicant:

Thank you for your interest in employment with the Temple Public Safety Department.

Enclosed within the pages of this booklet, you will find the answers to the majority of your questions. A detailed outline, along with our Departments expectations is enclosed. Strict adherence to the instructions given is required. Failure to comply with the instructions will result in the termination of your selection process. Observance of the standards is necessary for our Department to maintain professional and highly qualified officers.

Should any questions arise, which are not addressed in this booklet, please contact this office. Every effort will be made to ensure prompt delivery of an answer. We wish you the best of luck in your endeavors.

Sincerely,

Chief John Repetto

The City of Temple does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services. All individuals considered for employment are evaluated without regard to race, color, religion, gender, national origin, age, marital, or veteran status, the presence of a not-job related disability or any other legally protected status.

## **APPLICANT CHECK LIST**

- \_\_\_\_\_ 20 Years of Age
- \_\_\_\_\_ Personal History Statement
- \_\_\_\_\_ High School Diploma or GED Certificate
- \_\_\_\_\_ Current Driver's License
- \_\_\_\_\_ Copy of DD-214, if applicable
- \_\_\_\_\_ Police Academy Certificate, if applicable
- \_\_\_\_\_ Copy of all Police Certificates, if applicable
  
- \_\_\_\_\_ Criminal History Check
- \_\_\_\_\_ Driver's History Check
- \_\_\_\_\_ Computer Voice Stress Analyzer and/or Polygraph Results
- \_\_\_\_\_ Oral Interview
- \_\_\_\_\_ Background Investigation
- \_\_\_\_\_ Physical Examination
- \_\_\_\_\_ Credit Check
- \_\_\_\_\_ P.O.S.T. Check
- \_\_\_\_\_ Interview with City Hall

# **POLICE CANDIDATE PRE-EMPLOYMENT TESTING CITY OF TEMPLE, GEORGIA**

In order to establish eligibility for employment as a Police Officer, an individual must demonstrate that he or she meets certain qualifications and is capable of performing the essential functions of a Police Officer. Therefore, it is proposed that candidates for employment be subjected to the following detailed application process:

## **STEP 1: APPLICATION AND PERSONAL HISTORY**

This process includes completion of a formal application for employment. A preview of the application will determine if the candidate meets the minimum requirements which include (1) at least 20 years of age, (2) high school diploma or GED certificate, (3) if veteran, produce a DD-214, (4) possess a valid driver's license, (5) be a citizen of the United States.

## **STEP 2: COMPUTER VOICE STRESS ANALYZER/POLYGRAPH**

The background investigation is only as complete as the information that is provided throughout the process. Since this is the case, applicants will be subjected to a Computer Voice Stress Analyzer and/or polygraph examination to ensure truthfulness on all information given.

## **STEP 3: ORAL INTERVIEW**

The interview will be conducted by members of the Temple Police Department's Advisory Board. The purpose of the oral interview is to measure those aspects which cannot be more accurately assessed by other steps in the selection process. Members on the interview board will be asking the same questions of each candidate and will be focusing upon such qualities as appearance, ability to communicate, general poise and bearing, and alertness.

## **STEP 4: BACKGROUND INVESTIGATION**

A criminal background check will be conducted by an investigator to determine the accuracy of each item or statement listed on the application. This investigation will be all-inclusive in ascertaining whether an applicant possesses a good moral character and has not been convicted of a felony or a sufficient number of misdemeanors to establish a pattern for disregarding the law.

## **STEP 5: PHYSICAL EXAMINATION AND DRUG TESTING (POST OFFER)**

Physical excellence is an essential quality for individuals who are to be employed as law enforcement officers and this can only be determined by the administration of a rigid medical examination. The purpose of such an examination is to assure the employment of persons who possess the physical ability to perform the essential functions of the job as a law enforcement officer with or without reasonable accommodations. A drug screen shall be administered subsequent to a conditional offer of employment.

STEP 6: INTERVIEW WITH CHIEF OF POLICE/CITY HALL (POST OFFER)  
Interviews will be scheduled with the Chief of Police and City Manager.

#### CONFIDENTIALITY

The results of all tests administered in conjunction with this application will remain confidential to the extent allowed by the law.

**POLICE CANDIDATE  
PERSONAL HISTORY STATEMENT  
CITY OF TEMPLE, GEORGIA**

**INSTRUCTIONS:** Using your own handwriting, legibly printing in ink, fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering "N/A" in the blank. Leaving an item blank by failing to provide an answer or inserting "N/A" will result in disqualification.

**NOTE:** All statements are subject to verification and any incorrect statements or omissions may bar or remove you from employment. This application must be notarized upon completion.

**Do not sign any portion of this personal history unless you are before a Notary Public.**

**PERSONAL**

Date of Application: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname or Aliases: \_\_\_\_\_

Have you ever had your name legally changed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate the following:

Previous Name: \_\_\_\_\_

Date and Location of Change: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Height in Inches: \_\_\_\_\_ Weight: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Physical Home Address: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

SSN: \_\_\_\_\_

Have you previously submitted an application with this agency?

No \_\_\_\_\_ Yes \_\_\_\_\_ Approximate Date: \_\_\_\_\_

Are you related by blood or marriage to any person(s) now employed by the City of Temple?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, give name(s): \_\_\_\_\_

EDUCATIONAL

	School	Date	Type of Diploma
High School:	_____	_____	_____
College:	_____	_____	_____
College:	_____	_____	_____
Other:	_____	_____	_____

If you did not graduate from High School, have you passed the General Educational Development (GED) test? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Location where you completed the GED: \_\_\_\_\_

RESIDENCE:

List addresses for the past 10 years, starting with present address:

From	To	Address	Landlord
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL:

What income other than salary do you have at present?

\_\_\_\_\_

Are you now supporting all dependent children born to you or adopted by you?

Yes \_\_\_\_\_ No \_\_\_\_\_ If not, give details:

\_\_\_\_\_

Have you ever been sued? Yes \_\_\_\_\_ No \_\_\_\_\_

What was the disposition of the suit? \_\_\_\_\_

What is the total amount of all your debts at present? \$ \_\_\_\_\_

What is the average monthly total of all your bills, payments, and current living expenses?

\$ \_\_\_\_\_

List Credit References, including businesses to which you make monthly payments.

Name of Firm \_\_\_\_\_ Amount owing \$ \_\_\_\_\_

Address \_\_\_\_\_

Name of Firm \_\_\_\_\_ Amount owing \$ \_\_\_\_\_

Address \_\_\_\_\_

Name of Firm \_\_\_\_\_ Amount owing \$ \_\_\_\_\_

Address \_\_\_\_\_

Name of Firm \_\_\_\_\_ Amount owing \$ \_\_\_\_\_

Address \_\_\_\_\_

Name of Firm \_\_\_\_\_ Amount owing \$ \_\_\_\_\_

Address \_\_\_\_\_

Name of Firm \_\_\_\_\_ Amount owing \$ \_\_\_\_\_

Address \_\_\_\_\_

Name of Firm \_\_\_\_\_ Amount owing \$ \_\_\_\_\_

Address \_\_\_\_\_

Name of Firm \_\_\_\_\_ Amount owing \$ \_\_\_\_\_

Address \_\_\_\_\_

Name of Firm \_\_\_\_\_ Amount owing \$ \_\_\_\_\_

Address \_\_\_\_\_

Name of Firm \_\_\_\_\_ Amount owing \$ \_\_\_\_\_

Address \_\_\_\_\_

# CONSUMER REPORT DISCLOSURE STATEMENT

By this document, the City of Temple Police Department discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## **CONSUMER REPORT WAIVER**

This shall authorize the procurement of a consumer report by the City of Temple Police Department as a part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the Temple Police Department to procure consumer reports at any time during the employment period.

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Candidate Signature

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Witness

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Date

**WORK HISTORY:**

List all jobs you have held. Put your present or most recent job first.

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

NOTE: Using a separate sheet, explain in full any breaks in employment.

Are you certified by the State of Georgia to be a Police Officer? (P.O.S.T. Certification)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and when did you complete the GA Police Academy?

\_\_\_\_\_

Have you ever been denied employment by a Criminal Justice Agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list agency and details: \_\_\_\_\_

\_\_\_\_\_

Do you object to wearing a uniform: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you object to working nights? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you object to working rotating shifts? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you object to occasionally being away from home overnight and for other periods of time attending meetings, required training and otherwise performing official duties?

Yes \_\_\_\_\_ No \_\_\_\_\_

MILITARY SERVICE:

Were you ever in the U.S. Military Service, Coast Guard, or any other Military organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following questions:

What is your service number? \_\_\_\_\_

What is the highest rank you held? \_\_\_\_\_

What was the date and location of your first entrance into active duty?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

What were your permanent unit assignments in the service?

Branch	Unit	Location	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What was the date and location of your last discharge from active duty?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

List all medals and decorations awarded you during your military service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently a member of the National Guard or any Military Reserve?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give unit and location:

\_\_\_\_\_

USE OF ALCOHOL OR DRUGS:

Do you drink alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how often? \_\_\_\_\_

\_\_\_\_\_

Answer the following summary about ILLICIT DRUGS by placing the month and year under the appropriate heading.

	POSSESSED	USED	TRANSPORTED	SOLD	BOUGHT
MARIJUANA					
HASH					
THC					
COCAINE					
“CRACK”					
HEROIN					
MDA					
LSD					
PCP					
ANGEL DUST					
METH.					

Answer the following summary about PRESCRIPTION DRUGS not prescribed for you by identifying the drug and placing the month and year under the appropriate heading.

DRUG NAME	USED	TRANSPORTED	SOLD	BOUGHT

Explain your reasons for applying for this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List special skills, training, fields of work for which you are licensed, or any other quality which would be useful in the performance of the duties for the position you have applied.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Patrol Officer applicant need only answer the following question:  
What are your feelings about the use of deadly force if it becomes necessary in the performance of official duties?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCES:

Applicant Requires Five References with FULL information and who are not relatives or prior employers.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Work Number \_\_\_\_\_  
Home Number \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Work Number \_\_\_\_\_  
Home Number \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Work Number \_\_\_\_\_  
Home Number \_\_\_\_\_

4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Work Number \_\_\_\_\_  
Home Number \_\_\_\_\_

5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Work Number \_\_\_\_\_  
Home Number \_\_\_\_\_

Are you willing to take a Computer Voice Stress Analyzer and/or a polygraph examination to verify all information supplied in this application and all other information supplied by you to this Department?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, state your reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please write an entire page about yourself. You must utilize this whole page.

STATE OF GEORGIA  
County of Carroll

I certify that each and every statement made on this application is true and complete. I understand that any misstatement or omission of information will subject me to disqualification or dismissal.

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature in Full

Subscribed and sworn to before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

My Commission Expires

\_\_\_\_\_

ATTACH TO THIS SHEET COPIES OF THE FOLLOWING:

\_\_\_\_\_ Driver's License

\_\_\_\_\_ High School Diploma (or GED Certificate)

\_\_\_\_\_ Military Discharge, DD-214

\_\_\_\_\_ Police Academy Certificate (if applicable)

\_\_\_\_\_ All Certificates you feel are applicable

THIS FORM MUST BE SEPARATED FROM THE EMPLOYMENT APPLICATION FORM BEFORE IT IS SEEN BY ANY PERSON OR PERSONS MAKING THE HIRING DECISION. It must be kept in a separate file and used for statistical purposes.

**APPLICANT DATA RECORD**

Applicants are considered for specific position applied for and employees are treated during their employment without regard to race, color, creed, religion, sex, national origin, age, marital status, sexual orientation, military/veteran status, or any on-job related disability or medical condition.

As an employer taking affirmative action to ensure the removal of possible past discrimination and to help comply with governmental record-keeping requirements, we would appreciate your completing this form. However, COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY. This data will be kept in a confidential file, SEPARATE FROM YOU APPLICATION FOR EMPLOYMENT.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Position(s) Applied for: \_\_\_\_\_

The following information is necessary for the completion of the required personal history background investigation:

All other names ever used, including nicknames: \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**PERSONAL DATA**

Check One: \_\_\_\_\_ Male \_\_\_\_\_ Female  
\_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_  
\_\_\_\_\_ Asian/Pacific Islander

Check any that apply: \_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran  
\_\_\_\_\_ Handicapped Person

## **DISCLOSURE/AUTHORIZATION STATEMENT**

By this document, the City of Temple Police Department discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

I understand that this shall authorize the procurement of a consumer report by the City of Temple Police Department as part of the pre-employment background investigation. If hired, this authorization shall remain on file and serve as an ongoing authorization for the City of Temple Police Department to procure consumer reports at any time during my employment period.

In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, motor vehicle bureaus, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, and release all parties involved from any liability and responsibility for doing so.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, credit, mode of living, character and personal reputation. This authorization, in original or as a copy of this form, shall be valid for this and any future reports or updates that may be requested by the City of Temple Police Department.

I authorize the National Personnel Records Center, St. Louis, MO or other custodian of my military records to release to the City of Temple Police Department information or photocopies of my military personnel and related medical records:

Service # \_\_\_\_\_ Branch of Service: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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I hereby authorize the City of Temple Police Department to request and obtain any of the information set forth above for purposes of pre-employment or employment background investigations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birth Name

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver ID Number

[ ]  
State

# APPLICANT

# STOP HERE

You are finished with the written part of the application. The following pages are to be used by the investigator who completes your background information.

Thank you for your interest in employment with the City of Temple Police Department. We wish you the best of luck in all your endeavors.

BACKGROUND INVESTIGATION

Applicant's name: \_\_\_\_\_ DOB: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

SSN: \_\_\_\_\_

I. DRIVER'S HISTORY: POSITIVE \_\_\_\_\_ NEGATIVE: \_\_\_\_\_

A. Offense: \_\_\_\_\_ Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

B. Offense: \_\_\_\_\_ Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Valid License Yes \_\_\_\_\_ No \_\_\_\_\_ State: \_\_\_\_\_ Lic.#: \_\_\_\_\_

Restrictions: \_\_\_\_\_

II. CRIMINAL HISTORY: POSITIVE \_\_\_\_\_ NEGATIVE: \_\_\_\_\_

A. Offense: \_\_\_\_\_ Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

B. Offense: \_\_\_\_\_ Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

III. EDUCATION: DID APPLICANT COMPLETE HIGH SCHOOL? \_\_\_\_\_

Name of School: \_\_\_\_\_ Confirmed By \_\_\_\_\_

Teacher's name: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher's name; \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. MILITARY SERVICE: Branch: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Confirmed By: \_\_\_\_\_

V. PERSONAL REFERENCES:

A. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Comments: \_\_\_\_\_

VI. EMPLOYMENT HISTORY:

A. Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Confirmed By: \_\_\_\_\_ Title: \_\_\_\_\_  
What was the nature of the job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On a scale of 1 to 10, how would you evaluate their work? \_\_\_\_\_  
Did they progress in the job? \_\_\_\_\_  
\_\_\_\_\_

What were their strong points? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What were their limitations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS ON THEIR:

a. Dependability: \_\_\_\_\_  
\_\_\_\_\_

b. Attendance: \_\_\_\_\_  
\_\_\_\_\_

c. Ability to accept responsibility: \_\_\_\_\_  
\_\_\_\_\_

d. Amount of Supervision needed: \_\_\_\_\_  
\_\_\_\_\_

e. Ability to get along with others: \_\_\_\_\_  
\_\_\_\_\_

f. Potential for advancement: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Would you rehire: YES \_\_\_\_\_ NO \_\_\_\_\_

What was starting pay: \_\_\_\_\_ Finishing: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

B. Employed By: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Employment dates:        From: \_\_\_\_\_ To: \_\_\_\_\_  
Confirmed By: \_\_\_\_\_ Title: \_\_\_\_\_  
What was the nature of the job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On a scale of 1 to 10, how would you evaluate their work? \_\_\_\_\_  
Did they progress in the job? \_\_\_\_\_  
\_\_\_\_\_

What were their strong points? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What were their limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments on their:

a. Dependability: \_\_\_\_\_  
\_\_\_\_\_

b. Attendance: \_\_\_\_\_  
\_\_\_\_\_

c. Ability to accept responsibility: \_\_\_\_\_  
\_\_\_\_\_

d. Amount of supervision needed: \_\_\_\_\_  
\_\_\_\_\_

e. Ability to get along with others: \_\_\_\_\_  
\_\_\_\_\_

f. Potential for advancement: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Would you rehire: YES \_\_\_\_\_ NO \_\_\_\_\_

What was starting pay: \_\_\_\_\_ Finishing: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Employed By: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employment Dates:        From: \_\_\_\_\_ To: \_\_\_\_\_  
Confirmed By: \_\_\_\_\_ Title: \_\_\_\_\_  
What was the nature of the job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On a scale of 1 to 10, how would you evaluate their work? \_\_\_\_\_

Did they progress in the job? \_\_\_\_\_  
\_\_\_\_\_

What were their strong points? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What were their limitations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments on their:

- a. Dependability: \_\_\_\_\_  
\_\_\_\_\_
- b. Attendance: \_\_\_\_\_  
\_\_\_\_\_
- c. Ability to accept responsibility: \_\_\_\_\_  
\_\_\_\_\_
- d. Amount of supervision needed: \_\_\_\_\_  
\_\_\_\_\_
- e. Ability to get along with others: \_\_\_\_\_  
\_\_\_\_\_
- f. Potential for advancement: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Would you rehire: YES \_\_\_\_\_ NO \_\_\_\_\_

What was starting pay: \_\_\_\_\_ Finishing: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Confirmed By: \_\_\_\_\_ Title: \_\_\_\_\_  
What was the nature of the job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On a scale of 1 to 10, how would you evaluate their work? \_\_\_\_\_

Did they progress in the job? \_\_\_\_\_  
\_\_\_\_\_

What were their strong points? \_\_\_\_\_  
\_\_\_\_\_

What were their limitations? \_\_\_\_\_  
\_\_\_\_\_

Comments on their:

- a. Dependability: \_\_\_\_\_  
\_\_\_\_\_
- b. Attendance: \_\_\_\_\_  
\_\_\_\_\_
- c. Ability to accept responsibility: \_\_\_\_\_  
\_\_\_\_\_

d. Amount of supervision needed: \_\_\_\_\_

e. Ability to get along with others: \_\_\_\_\_

f. Potential for advancement: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Would you rehire: YES \_\_\_\_\_ NO \_\_\_\_\_

What was starting pay: \_\_\_\_\_ Finishing: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VII. INVESTIGATOR'S COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Date investigation started: \_\_\_\_\_

Date investigation completed: \_\_\_\_\_

Investigator: \_\_\_\_\_

# EXHIBIT “ A ”

# APPLICANT CHECK LIST

- \_\_\_\_\_ 20 Years of Age
- \_\_\_\_\_ Personal History Statement
- \_\_\_\_\_ High School Diploma or GED Certificate
- \_\_\_\_\_ Current Driver's License
- \_\_\_\_\_ Copy of DD-214, if applicable
- \_\_\_\_\_ Police Academy Certificate, if applicable
- \_\_\_\_\_ Copy of all Police Certificates, if applicable
  
- \_\_\_\_\_ Criminal History Check
- \_\_\_\_\_ Driver's History Check
- \_\_\_\_\_ Computer Voice Stress Analyzer and/or Polygraph Results
- \_\_\_\_\_ Oral Interview
- \_\_\_\_\_ Background Investigation
- \_\_\_\_\_ Physical Examination
- \_\_\_\_\_ Credit Check
- \_\_\_\_\_ P.O.S.T. Check
- \_\_\_\_\_ Interview with City Hall