



City of Mountain Breezes  
Cleveland, Georgia.



# CLEVELAND POLICE DEPARTMENT

## Employment Application\*

85 South Main Street

Cleveland, GA 30528

706-865-2017

[www.cityofclevelandga.org](http://www.cityofclevelandga.org)

Active for 90 days unless otherwise notified

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

NOTE: All fields must be answered fully in order to be considered for employment. Please ask for assistance if any portion of the application is unclear. All candidates will be required to pass a pre-employment drug test.

### APPLICANT COVER SHEET – PRINT LEGIBLY THROUGHOUT THE APPLICATION

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

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**PLEASE COMPLETE AND ANSWER ALL QUESTIONS.**  
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NAME		
LAST	FIRST	MIDDLE INITIAL
ADDRESS		
STREET	CITY	STATE/ZIP

PHONE # DAY:	PHONE # EVENING	EMAIL:
--------------	-----------------	--------

Position applied for (please list one position)	Are you willing to work shift work	YES	NO
POSITION NAME:	Full Time	Part Time	
	Date available: _____		

Are you at least 18 years old?	Are you able to perform all the duties listed in the job description?
YES NO	YES NO

If you answered NO concerning job duties, please explain – Use an attached sheet of paper for a detailed answer

Are you a high school graduate?	YES	NO	If no, do you have a GED?	YES	NO
Name of High School: _____ Location/State: _____					

College or University	Major	Hours Earned Quarter	Hours Earned Semester	Completed (circle)	Type Degree
				1 2 3 4	
				1 2 3 4	
				1 2 3 4	
				1 2 3 4	

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NAME: \_\_\_\_\_

Are you related to anyone currently employed by the Cleveland Police Department, and employee of the City of Cleveland, or a member of the Mayor and City Council?	
YES	NO
Name of relative and relationship: _____	
Can you submit legal verification of your right to work in the United States?    YES    NO	
In accordance with the immigration reform and control act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees.	
Have you ever been convicted of or pleaded guilty or nolo to a felony or misdemeanor, other than a minor traffic violation? If yes, when: _____ where: _____ Type: _____ Conviction of a crime will not necessarily disqualify you from employment	
Active Military Service (list date, serial or service number for all active service) Must provide copy of DD 214	
From: _____ To: _____	Serial or Service Number: _____ Branch _____
Type of discharge received:	Honorable Discharge      General Discharge      Dishonorable Discharge
From: _____ To: _____	Serial or Service Number: _____ Branch _____
Type of discharge received:	Honorable Discharge      General Discharge      Dishonorable Discharge

How did you learn of this employment opportunity?		
City website	Career Fair: _____	Internet
Newspaper	Referral: _____	

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NAME: \_\_\_\_\_

Describe your work history beginning with your current or most recent job. Include military and/or volunteer. Failure to give complete information regarding each job held, may result in your disqualification for the position. Complete addresses with zip codes and phone numbers for all employers are necessary. A resume may be attached **only** as additional information and will not be accepted in lieu of completing this section.

May we contact you current employer?                      YES                      NO

Organization/Firm		Street Address		City	State	Zip
From Mo/Yr	To Mo/Yr	Telephone number:		Supervisor's Name, Title and Phone Number		
Starting salary		Leaving salary		Reason for Leaving		
Official Job Title: _____		Full Time	Part Time	Seasonal/Temp	Volunteer	
Describe specific job duties (add additional sheets as necessary): _____						
_____						
_____						

Organization/Firm		Street Address		City	State	Zip
From Mo/Yr	To Mo/Yr	Telephone number:		Supervisor's Name, Title and Phone Number		
Starting salary		Leaving salary		Reason for Leaving		
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_____						
_____						

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NAME: \_\_\_\_\_

Organization/Firm		Street Address		City	State	Zip
From Mo/Yr	To Mo/Yr	Telephone number:		Supervisor's Name, Title and Phone Number		
Starting salary		Leaving salary		Reason for Leaving		
Official Job Title: _____ Full Time      Part Time      Seasonal/Temp      Volunteer						
Describe specific job duties (add additional sheets as necessary): _____						
_____						
_____						

Organization/Firm		Street Address		City	State	Zip
From Mo/Yr	To Mo/Yr	Telephone number:		Supervisor's Name, Title and Phone Number		
Starting salary		Leaving salary		Reason for Leaving		
Official Job Title: _____ Full Time      Part Time      Seasonal/Temp      Volunteer						
Describe specific job duties (add additional sheets as necessary): _____						
_____						
_____						

Organization/Firm		Street Address		City	State	Zip
From Mo/Yr	To Mo/Yr	Telephone number:		Supervisor's Name, Title and Phone Number		
Starting salary		Leaving salary		Reason for Leaving		
Official Job Title: _____ Full Time      Part Time      Seasonal/Temp      Volunteer						
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_____						
_____						

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NAME: \_\_\_\_\_

List all states where you have held a valid driver's license				

Do you have a valid driver's license? YES NO	State	Driver's License Number	Class	Expiration Date
Have you incurred any traffic stops within the last seven (7) years?		YES	NO	
If Yes, give date(s) and type of charges: _____				
_____				
_____				
Has your license been suspended or revoked?		YES	NO	
If Yes, give reason: _____				

<p><b>SKILLS/QUALIFICATIONS/CERTIFICATIONS/LICENSES</b></p> <p>List special skills, qualifications, certifications, or licenses have you gained from former employers or other experiences which relate to the type of work for which you are applying:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--

Please answer the following when applying for a Public Safety Position		
Are you a Citizen of the United States?	YES	NO
Are you at least 21 years old?	YES	NO

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NAME: \_\_\_\_\_

## The City of Cleveland is an Equal Opportunity Employer

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that this application is not a contract of employment. I further understand that should employment be offered, it shall be contingent upon successful completion of a City sponsored drug test and background conducted by the Cleveland Police Department or assigned agent.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to verify the accuracy of the information contained in this application.

I hereby release from liability the employer and his representation for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not discriminate in employment on a basis prohibited by local, state, or federal law. I understand that it is the City of Cleveland policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

\_\_\_\_\_  
Applicant's signature

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

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

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### **THE FOLLOWING INFORMATION MUST BE SUBMITTED ALONG WITH A COMPLETED CLEVELAND POLICE DEPARTMENT APPLICATION**

**\*NOTE: When completing your application, legibly print all of the information**

- **Attach a copy of your birth certificate. A copy of a valid passport is also acceptable.**
- **Attach a copy of your high school diploma or GED certificate. If you are a college graduate, a copy of your college diploma is acceptable.**
- **Attach a copy of your DD 214 if you served in the Armed Forces**
- **Attach a copy of your P.O.S.T. Mandate Certification (only if you are a certified peace officer)**
- **Attach a ten (10) year work history (at a minimum), including supervisor's name, work dates, complete addresses and telephone numbers. If you have law enforcement experience that precedes the 10-year timeline, please provide that information as well.**
- **Attach a legible color copy of your valid driver's license**
- **If you live in a different state during the last seven years, please be sure to include your driver's history from that state**
- **List five (5) personal references, including complete addresses and telephone numbers. Do not list family members.**
- **The enclosed waiver form signed and notarized. Do not sign documents requiring a notarized signature without being in the presence of a notary.**

NOTE: It is your responsibility to accurately and fully complete your application. Any application not completed correctly may be rejected. All personal documents, submitted with your application, become the property of the Cleveland Police Department and the City of Cleveland and may not be returned. Always submit copies of original documents.

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NAME: \_\_\_\_\_

## **AFFIDAVIT OF APPLICATION**

As the Applicant, I state that I understand and/or certify the following:

If I do not wish to answer a question in the application process, I may do so, however, my application will not be processed.

Exclusive of the aforementioned statement, all information that is recorded in the application process will be used only in relation to consideration of qualification of my knowledge and belief.

I have read and understand all questions and instructions in this application and that my answers during the application process are true and complete to the best of my knowledge and complete.

Truthful and complete responses in the application process are required.

Discovery of intentional omissions or incorrect answers may be a basis for the termination of the application process, and may result in criminal prosecution for the offense of false statements under Georgia Code Section 16-10-20, a felony punishable by a maximum fine of \$1000.00 or imprisonment for not less than one (1) year or more than five (5) years, or both; or for the offense of False Swearing under Georgia Code Section 16-10-7, a felony punishable by a maximum fine of \$1000.00 or imprisonment for not less than one (1) year or more than five (5) years, or both.

Falsification during application process by an individual hired may result in termination of employment with this agency.

The Cleveland Police Department operates within the scope of Standard Operating Procedures (SOP) and if an offer of employment is made and accepted, the applicant agrees to work in accordance with the policies and procedures of these manuals.

All information provided will be verified by either interview, testing, psychological testing, physical agility testing, medical examination, drug screening, polygraph examination and/or computer verification of driver's/criminal history and driver's license status.

I understand that if offered employment, my probation period will be six (6) months. In the event I achieve agency work performance standards within the probationary period, I will be classified as a regular employee. I also understand as a regular employee, should my work performance fall below agency standards, that I may be terminated. I further understand that if I am terminated, I must return all property issued to me by the Cleveland Police Department and the City of Cleveland, or make suitable restitution for same.

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NAME: \_\_\_\_\_

**AFFIDAVIT OF APPLICATION -continued**

I understand I may be terminated for any good and sufficient cause; to include nut not limited to, criminal activity or violation(s) of the Cleveland Police Department policies and procedures. I understand that I have appeal rights as provided for in the City of Cleveland Personnel Manual.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Before me personally appeared the above said person who states that he/she executed the above affidavit of his/her own free will and accord, with knowledge and understanding of the purpose therefore.

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Commission expires: \_\_\_\_\_

(NOTARY SEAL)

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**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND CRIMINAL HISTORY RECORD INFORMATION**

I, the undersigned, do hereby authorize the procurement, review and disclosure of all records concerning myself to any duly authorized officers or agents of the Cleveland Police Department and/or the City of Cleveland, whether said records are of public, private, or confidential nature.

The intent of this authorization is to demonstrate my unconditional consent for the full and complete disclosure of records from educational institutions; financial or credit agencies (including credit reports and/or ratings); and other financial statements wherever file; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administrations; employment and pre-employment records, including internal investigations, reports, background reports, polygraph exam results, efficiency or fit for duty reports, complaints; or grievances filed by or against me, and the records of my attorney(s) at law or other counsel (either criminal or civil) other document or article of information deemed pertinent by the Cleveland Police department for the purposes of assessing the employment suitability of:

NAME OF APPLICANT (please print): \_\_\_\_\_

I understand that any information obtained by a personal history background investigation, which is prepared in reliance, in whole or in part, upon this release will be considered in determining my suitability for employment with the Cleveland Police Department. I also certify that any person(s) or entities who may furnish information concerning me shall not be held accountable or liable for giving such information, and I hereby specifically release such person(s) or entities from any and all liability which may or could be incurred as a result of furnishing such information. I also release the City of Cleveland and the City of Cleveland Police Department from any liability associated with the requesting and/or procuring of such information.

I hereby authorize the Cleveland Police Department to receive any criminal history record information and driver's history information pertaining to me or my spouse (if applicable) which may be in the files of any criminal justice agency. A photocopy of the release form will be valid as an original thereof even though said photocopy does not contain any original writing of my signature.

APPLICANT'S SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S SPOUSE NAME (if applicable) (please print): \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Sworn and subscribed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

(Notary Seal)

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NAME: \_\_\_\_\_

## **SUBSTANCE ABUSE TESTING NOTICE AUTHORIZATION AND RELEASE FOR CLEVELAND POLICE DEPARTMENT**

### **EMPLOYMENT APPLICANT**

I hereby acknowledge that I have applied for employment with the City of Cleveland, Georgia, and I have been informed a substance abuse test is required for this employment.

I agree to provide all necessary samples of body fluid and to otherwise cooperate in all respects with the collection and testing procedures.

I authorize the City physician or other entities performing or assisting in the testing procedure to release the results of any substance abuse test to the Cleveland Police Department and to any authorized representative of the City of Cleveland.

I authorize the Cleveland Police Department and to any authorized representative of the City of Cleveland to receive and review the results of any substance abuse test.

I realize failure to appear at the designated time and place or failure to take the test or cooperate with the testing or collection procedure will disqualify me from further consideration for employment with the Cleveland Police Department.

**I have carefully read (or had read to me) and understand this document.**

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

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

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NAME: \_\_\_\_\_

## PERSONAL REFERENCES

NAME: _____
WORK #: _____ CELL #: _____
YEARS KNOWN: _____
OCCUPATION: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

NAME: _____
WORK #: _____ CELL #: _____
YEARS KNOWN: _____
OCCUPATION: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

NAME: _____
WORK #: _____ CELL #: _____
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NAME: \_\_\_\_\_

## PERSONAL REFERENCES

NAME: _____
WORK #: _____ CELL #: _____
YEARS KNOWN: _____
OCCUPATION: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

NAME: _____
WORK #: _____ CELL #: _____
YEARS KNOWN: _____
OCCUPATION: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

NAME: _____
WORK #: _____ CELL #: _____
YEARS KNOWN: _____
OCCUPATION: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

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NAME: \_\_\_\_\_

## **BACKGROUND QUESTIONNAIRE**

1. Do you have a valid driver's license? \_\_\_\_\_ If no, explain:  
\_\_\_\_\_  
\_\_\_\_\_
2. Has your driver's license ever been suspended for any reason? \_\_\_\_\_ If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
Provide location and date: \_\_\_\_\_  
\_\_\_\_\_
3. Have you been convicted or pled NOLO to D.U.I.? \_\_\_\_\_ If yes, explain:  
\_\_\_\_\_
4. Have you ever been convicted or pled NOLO to a misdemeanor offence? \_\_\_\_\_ If yes, explain and provide location and date:  
\_\_\_\_\_
5. Have you ever been convicted or pled NOLO to a felony offense? \_\_\_\_\_ If yes, explain and provide location and date: \_\_\_\_\_
6. Are you a U.S. Military Veteran? \_\_\_\_\_ If yes, please provide a copy of your DDF 214. While in the military were you subject to punishment under the U.C.M.J.? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
7. Have you ever been suspended, terminated, or forced to resign in lieu of termination from any place of employment? \_\_\_\_\_ If yes, explain and provide date and employers name:  
\_\_\_\_\_  
\_\_\_\_\_
8. At this time, do you have any criminal charges against you, including but not limited to, traffic citations or domestic violence? \_\_\_\_\_ If yes, provide a full explanation, including date and law enforcement agency involved (use additional sheets if necessary)  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you ever been convicted or pled NOLO under the First Offenders Act? \_\_\_\_\_  
If yes, provide a full explanation, including date and law enforcement agency involved (use additional sheets if necessary) \_\_\_\_\_
10. Have you ever been involved in the SALE, DISTRIBUTION OR MANUFACTURING of ANY illegal drugs? \_\_\_\_\_ If yes, explain, provide date, time, your age at the time and location:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## **BACKGROUND QUESTIONNAIRE – continued**

11. Have you ever used an illegal drug, to include but not limited to, Marijuana, Cocaine, Heroin, Angel Dust, PCP, LSD, Acid, or any other hallucinogenic such as Crack, Crank, Opium, Quaaludes, Speed, Mushrooms, or Peyote, Ecstasy or MDMA, Ice, Hashish, Steroids, Crystal Methadone, Morphine, Valium, or any other illegal or controlled substance not mentioned above? If yes, furnish complete details below.

<b>DRUG USED</b>	<b>DATE FIRST USED</b>	<b>DATE LAST USED</b>	<b>NUMBER OF TIMES USED</b>

12. The following question applies only to persons who are currently or have in the past been employed by a law enforcement agency:

Were you ever the subject of an internal affairs investigation? \_\_\_\_\_ If yes, explain:

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

Answering yes or no to any of the above mentioned questions will not necessarily result in your disqualification from the hiring process. However, any intentional omissions or dishonesty in any documents submitted as part of your application or during any part of the hiring process will serve as justification for immediate removal from further consideration.

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## PLACES OF RESIDENCES

LIST ALL ADDRESSES THAT YOU HAVE LIVED IN THE PAST 15 YEARS

From _____ to _____				
_____				
Street # and Street Name	Apt #/Lot #	City	State	Zip Code
_____				
Landlord/Mortgage	Address	City	State	Zip Code

From _____ to _____				
_____				
Street # and Street Name	Apt #/Lot #	City	State	Zip Code
_____				
Landlord/Mortgage	Address	City	State	Zip Code

From _____ to _____				
_____				
Street # and Street Name	Apt #/Lot #	City	State	Zip Code
_____				
Landlord/Mortgage	Address	City	State	Zip Code

From _____ to _____				
_____				
Street # and Street Name	Apt #/Lot #	City	State	Zip Code
_____				
Landlord/Mortgage	Address	City	State	Zip Code

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## PLACES OF RESIDENCES - continued

LIST ALL ADDRESSES THAT YOU HAVE LIVED IN THE PAST 15 YEARS

From _____ to _____				
_____				
Street # and Street Name	Apt #/Lot #	City	State	Zip Code
_____				
Landlord/Mortgage	Address	City	State	Zip Code

From _____ to _____				
_____				
Street # and Street Name	Apt #/Lot #	City	State	Zip Code
_____				
Landlord/Mortgage	Address	City	State	Zip Code

From _____ to _____				
_____				
Street # and Street Name	Apt #/Lot #	City	State	Zip Code
_____				
Landlord/Mortgage	Address	City	State	Zip Code

From _____ to _____				
_____				
Street # and Street Name	Apt #/Lot #	City	State	Zip Code
_____				
Landlord/Mortgage	Address	City	State	Zip Code

*ATTACH ADDITIONAL PAGES IF NEEDED*

