



## Suwanee Police Department

Chief Michael S. Jones

373 Highway 23 NW  
Suwanee, GA 30024-2267

(770) 945-8995  
Fax (770) 945-2985

[www.suwanee.com](http://www.suwanee.com)

### Application Information

Please read the following before completing your application

#### Employment Policy

The City of Suwanee is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, creed, gender, religion, age, or national origin.

#### Job Requirements

##### Minimum Qualifications: Certified and Non-Certified Officers

- Must be at least 21 years of age
- (For Certified Officers) Georgia Peace Officer Certification or pre-service graduation from the police academy preferred
- Possess a valid driver's license
- Be a U.S. Citizen
- Have a high school diploma or its recognized equivalent. College degree preferred.

##### Minimum Qualifications: Communications Officers

- Must be at least 18 years of age
- Possess a valid driver's license
- Be a U.S. Citizen
- Have a high school diploma or recognized equivalent. College degree preferred.

#### Selection Elements

All elements of the selection process for sworn and civilian personnel will be administered, scored, evaluated, and interpreted in a uniform manner. The process for sworn and civilian personnel shall include:

- Application Filing
- Application Review
- Review of applications for legal requirements/minimum job requirements.
- Written examination (Non-Sworn) or Skills test (Communications)
- Oral interview
- Candidate eligibility list developed
- Candidate Ride Along
- Interview with Chief of Police
- Background Investigation
- Polygraph (Police and Communications Applicants)
- Drug Screen (All), Medical Exam (Police and Communications Applicants)
- Appointment
- Probationary period

Once your application is reviewed you will be sent notification of your application status. If you are selected for an interview and a tentative job offer is made you will go through the background investigation process which varies in time based on the availability of scheduling medical, psychological, and deception testing. On average the background process takes a minimum of one month.

Your Application will remain active for one year. After one year you may re-submit an application.

You may submit your application in person or by mail to:

City of Suwanee Human Resources  
330 Town Center Ave.  
Suwanee, GA. 30024

A complete job description is available upon request from the City of Suwanee Department of Human Resources.

If you have any questions regarding your application or the selection process contact Human Resources at 770 945-8996.



# CITY OF SUWANEE POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

## GENERAL INFORMATION AND INSTRUCTIONS

Evaluations of applications are based on individual merit. Information **must be complete**. Your ability to complete this application will be evaluated and used as one basis for employment decisions. This application must be typed or printed in ink. False or misleading statements or deliberate evasive answers will be grounds for rejection of this application, or dismissal at a later date. A resume may be attached to provide additional information, but does not take the place of completing the application itself.

PERSONAL DATA				
POSITION APPLYING FOR:	HOW WERE YOU REFERRED? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> INTERNET JOB BOARD <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER SOURCE LIST		DATE	
SOURCE:			EMAIL	
IF APPLYING FOR POLICE OFFICER, ARE YOU AT LEAST 21 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF APPLYING FOR NON-POLICE OFFICER POSITION, ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	HOME	
ADDRESS	CITY	STATE	ZIP	CELL
OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED:				
DO YOU HAVE FRIENDS OR RELATIVES EMPLOYED WITH THE CITY: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT ARE THEIR NAMES AND RELATIONSHIP?				
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES OF EMPLOYMENT AND POSITION:		DO YOU HAVE A VALID GA DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	GA DRIVERS LICENSE NUMBER & EXPIRATION DATE:
EDUCATION/TRAINING				
SCHOOL OR INSTITUTION	NAME & ADDRESS OF SCHOOL	MAJOR	NUMBER OF YEARS ATTENDED	DEGREES AND/OR DIPLOMAS EARNED
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER				
LIST ALL LAW ENFORCEMENT TRAINING AND CERTIFICATIONS: (COURSE, DATE, CERTIFICATION #)				
LIST ANY SPECIAL SKILLS OR QUALIFICATIONS (LANGUAGE SKILLS, TYPING, COMPUTER, BUSINESS EQUIPMENT) WHICH RELATE TO THE POSITION YOU ARE APPLYING FOR:				
U.S. MILITARY SERVICE / BRANCH:	DATES:	TYPE OF DISCHARGE:	ARE YOU CURRENTLY SERVING IN THE NATIONAL GUARD OR RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	HIGHEST RANK HELD:			
PLEASE INDICATE ANY FOREIGN LANGUAGES THAT YOU:		WERE YOU EVER COURT MARTIALED, REDUCED IN RANK, OR RECEIVED DISCIPLINARY ACTION WHILE IN THE SERVICE? IF YES, EXPLAIN:		
<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE				
<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE				
<p>Applications are active for one year. Submit application and resume to:            City of Suwanee            ATTN: Human Resources Department            330 Town Center Ave, Suwanee, GA 30024 or fax to 678-546-2120</p>				
<p><i>Company Policy, Federal and State Law Prohibit Discrimination on the basis of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. EOE/Drug Free Workplace.</i></p>				

**EMPLOYMENT HISTORY**

Give employment record as completely as possible, listing current or **most recent employer first**. Show unemployed, volunteered, or self-employed periods and indicate dates. Failure to give complete information will result in disqualification. Complete addresses with zip codes and phone numbers for all employers is **required**. A resume may be attached but will not be accepted in lieu of completing this section. You may use extra sheets for additional information.

<b>COMPANY NAME</b>		ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH / YEAR)	
				FROM:	TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE		TYPE OF BUSINESS	BASE RATE OF PAY (HOUR/MONTH/WEEK)	
				START:	END:
DESCRIPTION OF DUTIES			REASON FOR LEAVING		
			IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>COMPANY NAME</b>		ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH / YEAR)	
				FROM:	TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE		TYPE OF BUSINESS	BASE RATE OF PAY (HOUR/MONTH/WEEK)	
				START:	END:
DESCRIPTION OF DUTIES			REASON FOR LEAVING		
<b>COMPANY NAME</b>		ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH / YEAR)	
				FROM:	TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE		TYPE OF BUSINESS	BASE RATE OF PAY (HOUR/MONTH/WEEK)	
				START:	END:
DESCRIPTION OF DUTIES			REASON FOR LEAVING		
<b>COMPANY NAME</b>		ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH / YEAR)	
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				START:	END:
DESCRIPTION OF DUTIES			REASON FOR LEAVING		
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				FROM:	TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE		TYPE OF BUSINESS	BASE RATE OF PAY (HOUR/MONTH/WEEK)	
				START:	END:
DESCRIPTION OF DUTIES			REASON FOR LEAVING		

**RESIDENTIAL HISTORY**

List your previous addresses for the past **10** years in chronological order, **most recent first**.

ADDRESS	CITY	STATE	FROM	TO

**SECURITY INFORMATION**

1. HAVE YOU EVER BEEN ARRESTED FOR A FELONY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. HAVE YOU EVER BEEN ARRESTED FOR A MISDEMEANOR CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. HAVE YOU EVER BEEN ARRESTED FOR A CRIME OF DOMESTIC OR FAMILY VIOLENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. HAVE YOU EVER BEEN ARRESTED FOR DUI, RECKLESS DRIVING, OR OTHER SERIOUS TRAFFIC OFFENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO
5. HAVE YOU RECEIVED <u>ANY</u> TRAFFIC CITATIONS IN THE PAST <u>5</u> YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
7. HAVE YOU EVER BEEN FIRED FROM A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	

IF YOU ANSWERED **YES** TO ANY OF THE PREVIOUS QUESTIONS, LIST DATE, OFFENSES & DISPOSITION.

**REFERENCES**

List at least 3 personal references that may be contacted as part of the selection process for the Suwanee Police Department. References must be able to be contacted by the investigative personnel of the Suwanee Police Department. All information requested below must be completed.

NAME, ADDRESS, CITY, STATE AND ZIP	TELEPHONE	OCCUPATION	RELATIONSHIP / YEARS KNOWN

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.**

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or any oral statements made at any time during the recruiting process or supplementary materials will be cause for refusal to hire or for immediate discipline, up to and including my termination regardless of when the false statement is discovered. I acknowledge that the City of Suwanee is participating in E-Verify, a program that is operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) to electronically verify the employment eligibility of their newly hired employees.

Signature Date

\*Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the City will verify the status of every individual offered employment with the City. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and, upon employment, it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

# APPLICANT CONSENT AND RELEASE FOR BACKGROUND INVESTIGATION

To Whom It May Concern:

I am an applicant for a position with City of Suwanee Police Department. I hereby authorize any Police Officer or other authorized representative of the Suwanee Police Department bearing this release, or copy thereof, within one year of the date indicated below to release any and all information pertaining to my employment.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Suwanee Police Department. Consent is granted for the Suwanee Police Department to furnish the above information to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, or any related personnel both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

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Full Name (Please Print)

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Social Security Number

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Signature of Applicant

---

Date

Phone

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Present Address

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Notary Public  
Please Place Commission and Seal