

# City of Suwanee Police Department 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, color, religion, sex, disability, national origin, age, genetic information, sexual orientation, gender identity to include transgender status or other protected characteristics.

## **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 and minimum job requirements
- Skills test (Communications)
- Successful completion of the Police physical agility test (Police Officer applicants)
- Oral interview
- Candidate eligibility list developed
- Candidate Ride Along (Police Officer Applicants) or Communications Observation (Communications Officer Applicants)
- Interview with Chief of Police
- Background Investigation
- Polygraph (Police and Communications Applicants)
- Psychological Testing (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 the time frame varies based on the availability of scheduling medical, psychological, and polygraph testing. On average, the background process takes a minimum of one month. Your application will remain active for one year. You may re-submit an application after one year.

A complete job description is available upon request from the City of Suwanee Human Resources Division. If you have any questions regarding your application or the selection process, contact Human Resources at (770) 945-8996.

Submit your application in person, by mail, fax, or by email at:
City of Suwanee
ATTN: Human Resources Division
330 Town Center Ave, Suwanee, GA 30024
By fax to 678-546-2120; By email to HR\_Recruiting@suwanee.com

City Policy, Federal and State law prohibit discrimination on the basis of race, color, religion, sex, disability, national origin, age, genetic information, sexual orientation, gender identity to include transgender status or other protected characteristics.

The City of Suwanee is an Equal Opportunity Employer, a Drug Free Workplace and participates in E-Verify.



# 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:				Date:	
Last Name	First Na	ame		Middle	Name
	Cell Phone	-			•
	☐ Employee Referral ☐ Interne		her Source		
List Source:					
	officer, are you at least 21 years old? $\Box$ lice officer position, are you at least 18 $\Box$ Yes $\Box$ No		□No		
Have you ever been e City of Suwanee befor If yes, give dates of er		Do you have friends If yes, what are their			City? □ Yes □ No
EDUCATION School/Institution	Name and Address of School	Ma		Number of	Degrees and/or
	Name and Address of School	IVIC	ajor	Years Attended	Diplomas Earned
High School  College					
College College					
Others					
List any special skills o	r qualifications that relate to the position	on you are applying for	: (language ski	lls, typing, compu	iter, business)
Have you served in the	e U.S. military? □Yes □No	Branch:		Dates:	
Have you served in the U.S. military? ☐ Yes ☐ No Highest rank held:		Branch: Dates:  Type of discharge:			
· ·	ng in the National Guard or Reserves?	☐Yes ☐No			
Please indicate any for	reign languages that you: _	Were you ever court action while in the se			eceived disciplinary es, explain:
	_ □ Speak □ Read □ Write				

### **WORK HISTORY**

Give employment records 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 may result in disqualification. Complete addresses with zip codes and phone numbers for all employers are **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.

JOB TITLE #1	Type of Company	Dates Employed Start:	End:
Company Name			
Address	Supervisors Name	Phone Number	
Description of Duties	Reason for Leaving	Salary Start:	End:
If still employed, may we contact this employer?	NO		
JOB TITLE #2	Type of Company	Dates Employed	
Company Name		Start: End:	
Address	Supervisors Name	Phone Number	
Description of Duties	Reason for Leaving	Salary Start:	End:
JOB TITLE #3	Type of Company	Dates Employed	
Company Name			End:
Address	Supervisors Name	Phone Number	
Description of Duties	Reason for Leaving	Salary Start:	End:
JOB TITLE #4	Type of Company	Dates Employed	
Company Name	_	Start:	End:
Address	Supervisors Name	Phone Number	
Description of Duties	Reason for Leaving	Salary Start:	End:
JOB TITLE #5	Type of Company	Dates Employed	
Company Name		Start:	End:
Address	Supervisors Name	Phone Number	
Description of Duties	Reason for Leaving	Salary Start:	End:

RESIDENTIAL HISTORY List your previous addresses for the past 10 year	are in chronological order starting with t	ho most recent fire	+ Usa anatha	r shoot if no cossan
Address	City	State	From	To
SECURITY INFORMATION				
SECURITY INFORMATION				
Have you ever been arrested for a felony crime		r been arrested for a	ı misdemeand	or? □Yes □No
Have you ever been arrested for a crime of don		No		
Have you ever been arrested for DUI, reckless of Have you received any traffic citations in the pa		Yes □No		
Has your drivers license ever been suspended of		ave you ever been f	ired from a jo	b? □Yes □No
If you answered YES to any of the previous que		-	_	5. <u>  165   146</u>
REFERENCES List at least 3 personal/professional references th References must be able to be contacted by the must be completed. Name, Address, City, State, Zip			All informatio Rel	
	VING STATEMENTS CAREFULLY BEFO			N.
I certify that all answers or statements I have made without omissions. I acknowledge that any false statements made at any time during the including my termination regardless of when the false.	atement or misrepresentation on this applied recruiting process will be cause for refus	lication, my resume, a sal to hire or for imme	any other supp	lementary materials,
I authorize investigation of all statements containe consideration for employment.	ed on this application or on my resume or	other supplementary	materials subr	nitted in
I hereby understand and acknowledge that, unless "at will" nature, which means that the Employee means. It is further understood that this "at will" enchange is specifically acknowledged in writing by a	nay resign at any time and the Employer n mployment relationship may not be chang	nay terminate the Em	ployee at any	time with or without
I acknowledge that the City of Suwanee is particip partnership with the Social Security Administration	eating in E-Verify, a program that is operate n (SSA) to electronically verify the employn	ed by the Departmen nent eligibility of thei	t of Homeland r newly hired e	Security (DHS) in employees.
Cignoture				
Signature		Da	ate	

<sup>\*</sup>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:

This consent will expire 90 dates from the date of execution.

I am an applicant for a position with the City of Suwanee. I hereby authorize the City of Suwanee's authorized representative bearing this release, or copy thereof, within 90 days of the date indicated below to obtain any and all information pertaining to my employment, education, or credentials.

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 City of Suwanee. Consent is granted for the City of Suwanee 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.

Full Name (Please Print)		
Social Security Number		
Signature of Applicant		
Date	Phone	
Present Address		
Signature of Notary Public		
Signed before me on this day of _	(month),(year).	