

Dawson Public Safety Department  
432 Crawford Street Northeast Dawson, Georgia 39842  
www.dawsongapd.com  
229.995.4414

## Application Checklist

You will need to supply the following documentation when you submit your application.

1. Valid Driver's License
2. Copy of your Social Security Card

If requested you will need to supply the following:

1. Copy of your High School Diploma or GED
2. Copy of your Birth Certificate
3. Copy of your DD214 (Military Discharge)

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## Application for Employment

Date \_\_\_\_\_

Seeking Position With: \_\_\_\_\_Police \_\_\_\_\_Fire \_\_\_\_\_Communication

Seeking: \_\_\_\_\_Full-time \_\_\_\_\_Part-time

**NOTICE TO APPLICANTS:** Please be aware that all statements and information submitted are subject to investigation. This application must be completed in your own handwriting and must be complete. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR HIRE.

### PERSONAL INFORMATION: *please print*

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

2. Address: \_\_\_\_\_

3. Phone #: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_

4. Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

5. Do you have a valid driver's license? \_\_\_\_\_Yes \_\_\_\_\_No Issuing State \_\_\_\_\_

6. Driver License #: \_\_\_\_\_

7. Are you a U.S. Citizen? \_\_\_\_\_Yes \_\_\_\_\_No

8. Have you ever been arrested or charged in ANY court for ANY violation of Federal, State or Local Ordinance?

\_\_\_\_\_Yes \_\_\_\_\_No *NOTE: This includes traffic violations*

If YES please explain: \_\_\_\_\_

9. Have you ever been charged with a crime of Domestic Family Violence? \_\_\_\_Yes \_\_\_\_No

If YES please explain: \_\_\_\_\_  
\_\_\_\_\_

10. Are you currently employed? \_\_\_\_Yes \_\_\_\_No

If yes, where: \_\_\_\_\_

11. May we contact your current employer? \_\_\_\_Yes \_\_\_\_No If yes, what is the number: \_\_\_\_\_

12. Have you ever applied with us before? \_\_\_\_Yes \_\_\_\_No If yes, when? \_\_\_\_\_

13. Have you ever been employed by the City of Dawson? \_\_\_\_Yes \_\_\_\_No If yes, when? \_\_\_\_\_

What Department: \_\_\_\_\_

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

14. Are you a member of any Military Reserve or National Guard Unit? \_\_\_\_Yes \_\_\_\_No

If YES please explain: \_\_\_\_\_  
\_\_\_\_\_

15. Are you a Veteran of any branch of the U.S. Military? \_\_\_\_Yes \_\_\_\_No

Branch of Service: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Describe any job related training you had in the military

\_\_\_\_\_

15. Do you have any friends or relative who are employees of the City of Dawson? \_\_\_\_\_Yes \_\_\_\_\_No  
If YES, please list name and department:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

16. Please give name and contact information for three people who ARE NOT relatives or past employers or officiate or employers or officiate or employees of the City of Dawson:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

17. Describe any specialized training, apprenticeship, skills, or extra-curricular activities that you feel might help you in the position you are seeking:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. List any professional, trade, business, or civic activities you are involved in and any offices held. *You may exclude any membership which would reveal gender, race, religion, nationality, origin, age, ancestry, disability, or other protected status.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION:

19. Do you have a High School Diploma or GED? \_\_\_\_ Yes \_\_\_\_ No Issue Date: \_\_\_\_\_

20. Name of High School or Adult Education Center: \_\_\_\_\_

21. College attended and how long: \_\_\_\_\_

22. Other formal education: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE:

23. Starting with your recent employer list all the jobs held in the last 5 years. Include jobs related to military service. If more space is needed add an additional page.

▪ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Primary Duties: \_\_\_\_\_  
\_\_\_\_\_

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

▪ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Primary Duties: \_\_\_\_\_  
\_\_\_\_\_

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

▪ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Primary Duties: \_\_\_\_\_

\_\_\_\_\_

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

▪ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Primary Duties: \_\_\_\_\_

\_\_\_\_\_

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

24. List any additional information you feel will be helpful to us in considering your application for employment with this department.

\_\_\_\_\_

\_\_\_\_\_

25. Date available for employment: \_\_\_\_\_

26. Are you available for shift work? \_\_\_\_\_ Yes \_\_\_\_\_ No Overnight travel or training? \_\_\_\_\_ Yes \_\_\_\_\_ No

**By signing this application I certify that all information is true and correct. Any falsehood found will automatically disqualify me from consideration for employment.**

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*Signature of Applicant*

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*Date*

# SECURITY AND PRIVACY ACT RELEASE REQUIRED FOR ALL APPLICANTS

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Other State(s) in which you have had a driver's license in the past ten years:

\_\_\_\_\_

I hereby authorize your organization to release any and all information of a confident and privileged nature from your files to the City of Dawson, including my work records, my driving history and/or police record and photo static copies if requested

I understand that this information will be used to determine my qualifications for the position for which I have applied and /or for my continued employment. I further understand and also realize that the information so released be held in the strictest confidence and may prove unfavorable to my being selected for the position or have an adverse effect on my present employment with the City of Dawson. This release will be in effect for pre-employment by the City of Dawson.

I therefor, release your organization and/or designated representative from any and all liability resulting from the disclosure of this confidential and privileged information.

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

Sworn to and subscribed before me at (city and state) \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

.....  
NOTARY

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



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

I hereby give my consent for the Dawson Public Safety Department to receive any Georgia or III criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency

\_\_\_\_\_

Full Name Print

\_\_\_\_\_

Address

\_\_\_\_\_

Sex	Race	Date of Birth	Social Security Number
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\_\_\_\_\_

Signature

\_\_\_\_\_

Date

.....

*Special Employment Provisions (check if applicable)*

- \_\_\_\_\_ Employment with criminal justice agency - civilian (Purpose Code 'J')
- \_\_\_\_\_ Employment with criminal justice agency - P.O.S.T. Certified (Purpose code 'Z')

***Once of the following must be checked***

- \_\_\_\_\_ This authorization is valid for 90/180\_\_\_\_\_ (circle one) days from date of signature.
- \_\_\_\_\_ I, \_\_\_\_\_, give consent to the above named agency to perform periodic criminal history background checks for the duration of my employment with this agency.