

\*\*\*\*\* I M P O R T A N T \*\*\*\*\*

**Failure to follow these instructions could cause your name to be removed from further consideration. Incomplete or incorrect information will delay or disqualify you from the hiring process.**

- Applicants are encouraged to submit their applications IN PERSON. However, if the application is submitted by mail, the applicant is responsible for contacting the Personnel Office of the Columbus Police Department within 10 (ten) days to be scheduled for the required Physical Qualifications Test. Arrangements will also be made for fingerprinting, photographing and completion of the Essay Exemplar.
- When submitting your application in person, you should also allow one (1) hour for the completion of the entire procedure. Applications should be submitted to the Police Personnel Office by 8:00 AM until 4:00 PM (Eastern Time) on normal business days.
- The applicant must print all responses in the booklet LEGIBLY and in BLACK INK. All supporting documents must be clear and legible.
- COMPLETE and ACCURATE addresses (numbers, streets, apartment #s., etc.) and phone numbers must be given in all requested areas. Incomplete or inaccurate information will delay your application process.
- All “yes/no” questions must be answered with a “yes” or “no” response. “N/A” stands for “Not Applicable.” Do not use “N/A” when “No” or “None” is the correct response. Do not leave any blanks. Answer all questions accurately, truthfully and in complete detail. Additional space is available in the last few pages of this application.
- All appropriate waivers and forms in this application must be completed. The Military Affirmation Form should be completed only if you have never served in the military.
- After submitting your application with the necessary background information, any changes in your address or phone number should be related to the Police Personnel Office. At any time during the application process, if you are issued a traffic citation, have criminal warrants or civil papers lodged against you or are the subject of a criminal investigation, you should contact the Police Personnel Office.
- If you have questions, contact the Police Personnel Office at (706) 653-3154.

It is necessary that all information be complete, truthful and accurate. The Georgia Peace Officers Standards and Training Council manual (464-4.12) states: “The Council shall deny certification to any applicant supplying false information...or who uses fraud in securing employment.”

Discovery of deliberate omissions, intentional misrepresentations or any falsified information will be the basis for termination of the application process or employment. It could result in criminal prosecution as prescribed by Georgia Law (O.C.G.A. § 16-10-20).

It is imperative that any conviction be listed. This includes guilty pleas, guilty findings by a jury or a plea of *nolo contendere* from any criminal proceedings, regardless of whether the judgment of guilt or the sentence is withheld or not entered. This also includes First Offenders under Georgia Law O.C.G.A. § 35-8-7.1. All information will be subject to verification through polygraph examinations and administrative investigations.

**I understand the above instructions. I also understand that If I do not wish to answer a question in this booklet or application, I may choose to do so and the application process will be terminated.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Reference # \_\_\_\_\_  
(Departmental use only)

# COLUMBUS POLICE DEPARTMENT

510 10<sup>th</sup> Street—Box 1866  
Columbus, Georgia 31902

## PERSONAL DATA

1. Name \_\_\_\_\_  
(First) (Middle) (Last)

List any other names you have been known by and give reasons \_\_\_\_\_  
\_\_\_\_\_

2. Date of Birth (mm/dd/yy) \_\_\_\_\_ 3. Social Security Number \_\_\_\_\_

4. Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

5. List any scars, marks or tattoos \_\_\_\_\_

6. Natural Born Citizen  or Naturalized  \_\_\_\_\_ / \_\_\_\_\_  
Certificate Number Country

7. Location of Birth \_\_\_\_\_  
City County State/Province Country

8. Your Address \_\_\_\_\_  
Number Street City State Zip

9. Your Home Phone \_\_\_\_\_ Your Work Phone \_\_\_\_\_

10. With Whom Do You Reside \_\_\_\_\_

11. List all organizations, clubs and associations which you are or have been a member of or associated with:  
\_\_\_\_\_  
\_\_\_\_\_

12. What are your hobbies, special skills and abilities (including foreign languages)? \_\_\_\_\_  
\_\_\_\_\_

## MARITAL

13. Are you Single  Married  Separated  Widowed

14. If married, complete the following information concerning your spouse:

Name \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_  
First Middle Maiden

Date Married \_\_\_\_\_ Occupation/Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ If divorced, give names of former spouses \_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

15. List all of your dependants (exclude spouse if listed on previous page):

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16. List all living members of your immediate family (include parents, siblings and in-laws). DO NOT list any names already shown.

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**RESIDENCES**

17. List all your addresses for the last ten (10) years. Start with your present address. Be sure to include college addresses and residences related to military service.

| From<br>Mo/Yr | To<br>Mo/Yr | Address | City | State |
|---------------|-------------|---------|------|-------|
|               |             |         |      |       |
|               |             |         |      |       |
|               |             |         |      |       |
|               |             |         |      |       |
|               |             |         |      |       |
|               |             |         |      |       |
|               |             |         |      |       |
|               |             |         |      |       |

**EDUCATION**

18. If you obtained a GED certificate, list the name and address of the institution and the year obtained:

| Institution | Address | City/State | Year |
|-------------|---------|------------|------|
|-------------|---------|------------|------|

19. If you graduated from high school, list the name and address of the school and the year you graduated:

| School | Address | City/State | Year |
|--------|---------|------------|------|
|--------|---------|------------|------|

20. Please list each college or university degree you have attended. Please indicate quarter or semester hours.

A. 

| Institution | City/State | Date Graduated |
|-------------|------------|----------------|
|-------------|------------|----------------|

| Degree/Hours Obtained | Major Course of Study | Overall Grade Point Average |
|-----------------------|-----------------------|-----------------------------|
|-----------------------|-----------------------|-----------------------------|

B. 

| Institution | City/State | Date Graduated |
|-------------|------------|----------------|
|-------------|------------|----------------|

| Degree/Hours Obtained | Major Course of Study | Overall Grade Point Average |
|-----------------------|-----------------------|-----------------------------|
|-----------------------|-----------------------|-----------------------------|

C. 

| Institution | City/State | Date Graduated |
|-------------|------------|----------------|
|-------------|------------|----------------|

| Degree/Hours Obtained | Major Course of Study | Overall Grade Point Average |
|-----------------------|-----------------------|-----------------------------|
|-----------------------|-----------------------|-----------------------------|

21. **LAW ENFORCEMENT ACADEMIES (Georgia Only)**

| Name of Academy | City | Date Graduated |
|-----------------|------|----------------|
|-----------------|------|----------------|

| Certification # | Academic Score (Attach to Application) | Position |
|-----------------|--|----------|
|-----------------|--|----------|

22. List any technical or other training/skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Were you ever expelled or suspended from any school or disciplined by any school official?

No  Yes  If yes, explain \_\_\_\_\_

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

**EMPLOYMENT HISTORY**

(Past and present employers should be listed in General Employment Application.)

- 1. Have you previously applied for employment with the Columbus Consolidated Government?  
 No  Yes  If yes, list the approximate date, position sought and disposition.  
 \_\_\_\_\_
- 2. Have you ever worked for the Columbus Consolidated Government No  Yes  If yes, explain  
 \_\_\_\_\_
- 3. Do you object to wearing a uniform? No  Yes  Shift Work? No  Yes   
 If yes to either, explain \_\_\_\_\_
- 4. Do you have any experience with shift work? No  Yes
- 5. Have you ever engaged in any business as an owner, partner or corporate member?  
 No  Yes  If yes, explain \_\_\_\_\_  
 \_\_\_\_\_
- 6. Have you ever worked for any member of your family No  Yes  If yes, explain \_\_\_\_\_  
 \_\_\_\_\_
- 7. Have you ever had any arguments concerning job duties or working conditions? No  Yes   
 If yes, explain \_\_\_\_\_
- 8. Has a supervisor ever reprimanded you for being late or absent from work? No  Yes   
 If yes, explain \_\_\_\_\_
- 9. Has a supervisor ever reprimanded or suspended you for misconduct or for not doing your job correctly?  
 No  Yes  If yes, explain \_\_\_\_\_
- 10. Circle the number of times you have been asked to resign or have been fired from a job in the last 10 years.  
 10 9 8 7 6 5 4 3 2 1 0  
 If not zero, explain \_\_\_\_\_
- 11. Circle the number of times in the last 10- years that you have resigned after being told your employer intended to fire you or take any form of disciplinary action.  
 10 9 8 7 6 5 4 3 2 1 0  
 If not zero, explain \_\_\_\_\_
- 12. Circle the number of times in the last 10 years that you have left a job without giving notice.  
 10 9 8 7 6 5 4 3 2 1 0  
 If not zero, explain \_\_\_\_\_

**FINANCIAL**

1. List information concerning all your current liabilities (including mortgages, auto loans, personal loans, credit cards, etc.)

|                 |               |
|-----------------|---------------|
| Firm Name _____ | Balance _____ |
| Firm Name _____ | Balance _____ |
| Firm Name _____ | Balance _____ |
| Firm Name _____ | Balance _____ |
| Firm Name _____ | Balance _____ |
| Firm Name _____ | Balance _____ |
| Firm Name _____ | Balance _____ |
| Firm Name _____ | Balance _____ |
| Firm Name _____ | Balance _____ |

2. Do you have any bills that are currently overdue?      No       Yes       If yes, explain \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. Have you ever had anything repossessed?      No       Yes       If yes, explain \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4. Have you ever declared bankruptcy?      No       Yes       If yes, explain \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. Have you ever had any wage garnishments?      No       Yes       If yes, explain \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

6. Have you ever been involved in any kind of lawsuit, either as plaintiff or defendant (includes criminal, civil, traffic and divorce)?      No       Yes       If yes, explain:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**MILITARY**

1. Have you ever attempted to join any branch of the armed services and were refused?  
No  Yes  If yes, explain \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever served on active duty with any branch of the armed services?  
No  Yes  If yes, explain \_\_\_\_\_  
\_\_\_\_\_

3. List the following date of military service:  
Entrance (mm/yy)\_\_\_\_\_ Discharge (mm/yy)\_\_\_\_\_

4. List type of discharge (honorable, general, etc.) \_\_\_\_\_

5. What was your highest rank and job title held? \_\_\_\_\_

6. List all medals, commendations and decorations awarded to you as a member of the armed forced:  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been an active or inactive member of any branch of the armed forces?  
No  Yes, inactive  Yes, active  If yes, what branch \_\_\_\_\_  
Rank \_\_\_\_\_ Location \_\_\_\_\_

8. Have you ever been a member of the National Guard? No  Yes  If yes, what state? \_\_\_\_\_  
Rank \_\_\_\_\_ Location \_\_\_\_\_  
Type of discharge, if applicable \_\_\_\_\_

9. Have you ever been court marshaled, tried on charges or the subject of an Article 15, Company level punishment or any other disciplinary action while in the Armed Forced (including Reserves, National Guard and active duty)?  
No  Yes  If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Have you ever been involved in any illicit activities while off duty during your military service?  
No  Yes  If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ILLEGAL DRUGS**

1. In the space provided below, indicate when you first tried the drugs, when you last used them and the approximate number of times you used them. If you have never used a particular drug, write "Never" in the first column.

|   | A P P R O X I M A T E<br>Date First Used | Date Last Used | Number of Times Used |
|---|--|----------------|----------------------|
| Marijuana   | _____                                    | _____          | _____                |
| Hashish   | _____                                    | _____          | _____                |
| Angel Dust  | _____                                    | _____          | _____                |
| Cocaine   | _____                                    | _____          | _____                |
| Crack Cocaine   | _____                                    | _____          | _____                |
| Crank   | _____                                    | _____          | _____                |
| Crystal Meth  | _____                                    | _____          | _____                |
| Ecstasy   | _____                                    | _____          | _____                |
| Heroin  | _____                                    | _____          | _____                |
| Ice   | _____                                    | _____          | _____                |
| LSD   | _____                                    | _____          | _____                |
| Magic Mushrooms/PCP                                       | _____                                    | _____          | _____                |
| Mescaline/Cactus  | _____                                    | _____          | _____                |
| Morphine  | _____                                    | _____          | _____                |
| Opium   | _____                                    | _____          | _____                |
| Psilocybin  | _____                                    | _____          | _____                |
| Quaaludes   | _____                                    | _____          | _____                |
| Speed   | _____                                    | _____          | _____                |
| Specify Type _____  | _____                                    | _____          | _____                |
| Steroids  | _____                                    | _____          | _____                |
| STP   | _____                                    | _____          | _____                |
| THC   | _____                                    | _____          | _____                |
| Prescription Drugs Not Prescribed<br>To You—Specify _____ | _____                                    | _____          | _____                |
| Any Other Illegal Drug<br>Specify _____                   | _____                                    | _____          | _____                |

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Recruiter Signature \_\_\_\_\_ Date \_\_\_\_\_



**CRIMINAL ACTIVITY**

It is important that you answer each of the following questions truthfully. You will be given an opportunity to explain or give an account of questionable situations, if needed.

- 1. Circle any of the following you have ever committed/done, whether it was undetected or you were caught or arrested:

**Arson**

**Kidnapping**

**Assault**

**Murder**

**Breaking & Entering**

**Passing Bad Checks**

**Credit Card Fraud**

**Possession of Marijuana**

**Cruelty to Animals**

**Possession of Narcotics**

**Domestic Violence**

**Robbery/Armed Robbery**

**Drug Sales**

**Shoplifting**

**DUI/DWI**

**Steal Anything**

**Forgery**

**Vandalism**

**Auto Theft**

**Any Sex crimes (including rape, child molestation, incest, aggravated sodomy, peeping Tom, etc.)**

Other \_\_\_\_\_

**Give a brief explanation in the space provided at the end of this application on any of the above you circled. Be sure to include your age at the time of the incident and the dates of occurrence.**

- 2. Estimate the total dollar amount of cash and/or merchandise you have taken from all employers during the last 10 years. Write "None" if applicable. Do not leave blank. \$ \_\_\_\_\_

Briefly explain below if merchandise and/or cash were taken (more space is in the back of booklet if needed.):

\_\_\_\_\_

- 3. Have you ever been fingerprinted? No  Yes  If yes, give details.  
Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_  
Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_  
Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

- 4. Are you being paid or urged by any person or organization to work for this Department?  
No  Yes  If yes, explain \_\_\_\_\_

\_\_\_\_\_

5. Have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, Fascist, racist, Communist, subversive or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means?

No  Yes  If yes, explain \_\_\_\_\_

\_\_\_\_\_

6. Have you ever intentionally perjured yourself in a court of law? No  Yes  If yes, explain \_\_\_\_\_

\_\_\_\_\_

7. Have you ever been arrested, had to post bond or been detained by any police, sheriff, military police or other municipal, county, state or federal law enforcement agency?

No  Yes  If yes, give details below

Crime Charged \_\_\_\_\_ Date \_\_\_\_\_

Circle: Felony Misdemeanor Police Agency \_\_\_\_\_

City/State \_\_\_\_\_ Disposition \_\_\_\_\_

Crime Charged \_\_\_\_\_ Date \_\_\_\_\_

Circle: Felony Misdemeanor Police Agency \_\_\_\_\_

City/State \_\_\_\_\_ Disposition \_\_\_\_\_

Crime Charged \_\_\_\_\_ Date \_\_\_\_\_

Circle: Felony Misdemeanor Police Agency \_\_\_\_\_

City/State \_\_\_\_\_ Disposition \_\_\_\_\_

Crime Charged \_\_\_\_\_ Date \_\_\_\_\_

Circle: Felony Misdemeanor Police Agency \_\_\_\_\_

City/State \_\_\_\_\_ Disposition \_\_\_\_\_

8. Have you ever been placed on probation or parole? No  Yes  If yes, give details (including date and length) \_\_\_\_\_

9. Are you presently under any subpoenas? No  Yes  If yes, explain \_\_\_\_\_

\_\_\_\_\_

DRIVING RECORD

1. Your current driver's license # \_\_\_\_\_ What State \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Any Restrictions: \_\_\_\_\_

2. Do you have or have you ever had a driver's license issued by any other State?  
 YES  NO  If yes, list the States and the license numbers (if known): \_\_\_\_\_

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

3. Has any State ever refused you a driver's license? YES  NO  If yes, explain: \_\_\_\_\_

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

4. Have you ever obtained a driver's license under an assumed name? YES  NO   
 If yes, explain: \_\_\_\_\_

\_\_\_\_\_

5. Have you ever had your driver's license suspended or revoked in any State?  
 YES  NO  If yes, give details (include what State, the dates, the reason and whether it was a suspension or revocation):

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

6. List below all traffic citations (except for parking) that you have received in the last ten (10) year (if more space is required use the back of this page):

| City / State | Date | Violation | Penalty |
|--------------|------|-----------|---------|
|              |      |           |         |
|              |      |           |         |
|              |      |           |         |
|              |      |           |         |
|              |      |           |         |
|              |      |           |         |
|              |      |           |         |
|              |      |           |         |
|              |      |           |         |
|              |      |           |         |

# **I M P O R T A N T !**

## **Please Read**

It is the **APPLICANT'S RESPONSIBILITY** to assure all information given in this booklet and the employment application is accurate and complete. The instructions at the beginning of this document also apply to the employment application. Your ability to follow these instructions will be evaluated during the application process.

The following pages are waivers and various forms that you are required to complete in order to be processed for consideration for a position with the Columbus Police Department, Consolidated Government of Columbus, Georgia. When signing the waivers, please have them notarized by a Notary Public.

If you need additional space to complete any of the questions or information in this booklet or the employment application, please use the additional pages found near the back. Be sure to refer to page and question numbers when giving additional information. If additional information is from the employment application, please note that.

We request that you do not contact the Police Personnel Office just to find out the status of your application. Due to the volume of applicants we process and the amount of work involved, it will only slow down the background investigation process. Keep in mind that the application process is quite lengthy. It may take 3 to 6 months or longer to process the application **AFTER** the Physical Agility test and State Entrance Exam have been accomplished. You will be notified by the Police Personnel Office if any additional information is needed from you or from any references.

We ask that you call the Police Personnel Office at anytime during the process if events require that additional or corrected information be added to the information already furnished. This includes address or phone number changes, traffic citations, arrests, etc.

**Visit our web site for more information:  
[www.columbusga.org/cpd/](http://www.columbusga.org/cpd/)**

**Columbus Police Department  
P.O. Box 1866  
510 10<sup>th</sup> St.  
Columbus, GA 31902**

**Personnel Unit  
(706) 653-3154**

# *Columbus Police Department*

**P.O. Box 1866 — 510 10<sup>th</sup> Street**

**Columbus, Georgia 31902-1866**

## *Personnel Office*

**Phone (706) 653-3154 — FAX (706) 653-3171**

TO WHOM IT MAY CONCERN

I, \_\_\_\_\_, having submitted an application to the Columbus Police Department for the position of Police Officer, agree to participate in all phases of the applicant screening process to determine my suitability for employment.

I fully understand that a Physical Qualifications Test is required and that my participation in said test is a personal choice. In doing so, I hereby relieve the Columbus Police Department, The Columbus Consolidated Government and their representatives of any and all liability for personal harm or injury resulting from my participation.

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

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

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

My Commission Expires: \_\_\_\_\_

Notary Seal

**FOR APPLICANTS WHO HAVE NEVER SERVED IN THE MILITARY**

# MILITARY AFFIRMATION

I, \_\_\_\_\_, do hereby swear or affirm that I have never enlisted nor served in any of the military forces of the United States or in any foreign military service. I further swear or affirm that I have never served in any branch of the United States Reserve Forces or in any State National Guard.

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

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

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Date

\*\*\*If you have prior or present military service please initial below indicating you have reviewed this page. \_\_\_\_\_

# NCIC / GCIC REQUEST

**Please Print Clearly**

Date \_\_\_\_\_ Position Applied For \_\_\_\_\_

FULL NAME \_\_\_\_\_  
(First) (Middle) (Last)

List any other names you have ever used. Include a brief explanation in parenthesis for each name listed (i.e., alias, maiden name, nickname, previous marriage, etc.)

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

Social Security Number \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

List below all the cities and states you have lived in. Be sure to include those cities where you attended school or where you were stationed or TDY in the military.

CITY/STATE

CITY/STATE

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

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**Department Use Only**

No Local Record \_\_\_\_\_ Local Record Attached \_\_\_\_\_ NCIC/GCIC Attached \_\_\_\_\_

Driver's History Attached \_\_\_\_\_ Comments \_\_\_\_\_

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

PLACE STAMP BELOW





***Columbus Police Department***  
**P.O. Box 1866—510 Tenth Street**  
**Columbus, Georgia 31902-1866**  
***Personnel Office***  
706-653-3154

**IMPORTANT**

**WE NEED CLEAR COPIES OF THE FOLLOWING DOCUMENTS (1-8)  
WHEN YOU RETURN YOUR APPLICATION**

1. Birth Certificate
2. High School Diploma or GED Certificate
3. High School and ALL College Transcripts sent directly to the police department.
4. College Diploma (if applicable)
5. Updated **Original / Sealed** College Transcripts
- 6 DD214 Form (**member 4 copy**) reflecting the character of your discharge (if applicable)
7. Valid Driver's License and Social Security Card (maybe copied on same sheet)
8. Record of any legal name change (excluding marriage)
9. An **Original & Certified** 10-year driver's license history from **ALL** states in which you have been licensed within the last **10 years, except Georgia. If you have only been issued a Georgia license, we can obtain this information.**

\*\*\*\*\*If your license is from another state you must check with that state for their procedure to get your driver's history.\*\*\*\*\*

**It is the applicant's responsibility to assure that all information is in their file. Missing information may cause a delay or termination in the processing of their application.**

**\*\*\*\**Minimum requirements are at least a high school diploma or GED. (No exceptions)*\*\*\*\***

## Public Safety Reimbursable Moving Expense Guidelines

Sworn Public Safety officers relocating to the Columbus area that meet the following criteria are eligible for reimbursement of actual relocation expenses of up to \$1000. Because these payments are subject to IRS rules and audit, receipts must be submitted and expenses outside of these guidelines are not reimbursable.

**Moving Distance:** Your new CCG job location must be at least 50 miles from your former home.

**Eligible Expenses:** For expenses to be reimbursable they must be reasonable for the circumstances of your move and consistent with the following guidelines.

1. Personal vehicle mileage is payable at the current CCG reimbursement rate for a single one-way trip to your new Columbus area address from your former address by the most direct route. This reimbursement is available for a maximum of 2 personally owned vehicles that are actually driven from your old to your new home. Mileage is not payable for a towed vehicle. Fuel expenses are included in the mileage rate and not reimbursable.
2. Meals at the current CCG per diem rate and lodging are payable/reimbursable based upon the following table. Lodging is reimbursable for a maximum of \$120 per day including taxes.

| Mileage from former address | Number days per diem | Number days lodging |
|-----------------------------|----------------------|---------------------|
| 50 to 99                    | 0.5                  | 0                   |
| 100 to 299                  | 1                    | 0                   |
| 300 to 499                  | 1.5                  | 1                   |
| 500 to 699                  | 2                    | 1                   |
| 700 to 899                  | 2.5                  | 2                   |
| 900 or more                 | 3                    | 2                   |

3. Professional moving fees are reimbursable for the full amount of charges up to the \$1,000 maximum.
4. Moving equipment and packing materials charges including a moving truck rental/mileage fees, fuel for moving trunk, trailer, vehicle trailer, hand or appliance truck, furniture pads, boxes, etc. rented/purchased from a moving equipment company (moving truck fuel may be purchased anywhere).
5. For new employees that are not traveling by personal vehicle and/or rented moving equipment the cost of a single one-way trip to Columbus by common carrier is reimbursable for the employee and all her/his dependents, up to the \$1,000 maximum.
6. Relocation expenses not reimbursable (but that may be tax deductible – see IRS Publication 521) include: the expense of selling a home or breaking a lease, purchasing or renting a new residence, security deposits (rental and utility), storage charges, license or tag fees, taxes, pre-move house hunting expenses, return trips to former residence and any eligible expenditure or combination of eligible expenditures that exceeds \$1,000.

If you have any questions about what is a reimbursable expense contact your department's relocation coordinator or the Human Resources Department at 706/653-4059.



# Columbus Police Department

P.O. Box 1866 – 510 Tenth Street  
Columbus, Georgia 31902-1866



## Personnel Office

PHONE: (706) 653-3154 ~ WEB SITE: <http://www.columbusga.org/Police> ~ FAX (706) 653-3171

## APPLICATION FOR EMPLOYMENT

DATE SUBMITTED \_\_\_\_\_ Reference # \_\_\_\_\_  
(Month) (Day) (Year) (Departmental use only)

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

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

\*\*\*If Special Enforcement Officer or employee/member of any other agency also list Department/Agency and Phone Number

You are hereby informed all statements and information submitted may be investigated and are subject to verification. You are also advised that each applicant will be fingerprinted to determine any criminal record and for further identification purposes.

**IMPORTANT: THIS APPLICATION FORM MUST BE COMPLETED BY THE APPLICANT IN BLACK INK AND SWORN TO BEFORE A NOTARY PUBLIC OR BY AN OFFICER AUTHORIZED TO ADMINISTER OATHS.**

Upon completing this application the following documents must be attached:

1. A copy of your Birth Certificate/Naturalization Verification; if applicable
2. A copy of your High School Diploma or State Equivalency Certificate
3. A copy of your Social Security Card (and Driver's License, if applicable)
4. A copy of your Military DD-214 Form (reflecting discharge status); if applicable

**\*The following two mandates are supporting documentation for Police Applicants Only unless specified in other job prerequisites**

5. A certified copy of your College Transcript (and diploma) reflecting at least 63 semester/96 quarter hours from an accredited College or University. Also a verification of final GPA (grade point average) if not reflected on transcript.
6. Any record of a name change (excluding marriage); if applicable

**Note:** Other documents may be required depending on the prerequisites of the position.

**ALL SUPPORTING DOCUMENTS AND INFORMATION IN THIS APPLICATION MUST BE CLEAR AND LEGIBLE. ALL APPLICABLE AREAS MUST BE FILLED OUT COMPLETELY TO INCLUDE ALL NAMES, ADDRESSES, AND TELEPHONE NUMBERS CONTAINED HEREIN.**



### CRIMINAL HISTORY

| Charge | Location (City/State) | Date  | Disposition |
|--------|-----------------------|-------|-------------|
| _____  | _____                 | _____ | _____       |
| _____  | _____                 | _____ | _____       |
| _____  | _____                 | _____ | _____       |
| _____  | _____                 | _____ | _____       |
| _____  | _____                 | _____ | _____       |
| _____  | _____                 | _____ | _____       |
| _____  | _____                 | _____ | _____       |

### MILITARY SERVICE

**Military:** \_\_\_\_\_  
(Branch) (Rank/Position) (Dates of Service)

Character of Discharge: (if other than Honorable, explain) \_\_\_\_\_  
\_\_\_\_\_

**Reserve or National Guard:** \_\_\_\_\_  
(Name of Unit) (Rank/Position)

\_\_\_\_\_  
(Address of Unit) (Phone Number)

### PERSONAL REFERENCES

**List 3 Personal References Below: (Please do not use family members or past supervisors)**

*\*You must have known your personal references for a minimum of three (3) years.\**

Complete addresses are needed to include number/street, apt#, city, state, zip, etc.

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMPLOYMENT HISTORY (Last ten years)**

Start with your **PRESENT** or most recent job: (Please use month/year for starting & ending dates of employment, if presently employed put **“PRESENT”** instead of the ending date.

**COMPLETE NUMERICAL STREET ADDRESSES AND PHONE NUMBERS REQUIRED**  
*(Include FAX numbers if possible)*

1. \_\_\_\_\_  
(Current or Last Employer)

\_\_\_\_\_  
(Address)      City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
(Official Job Title)      From \_\_\_\_\_ To \_\_\_\_\_  
(Dates Employed)

\_\_\_\_\_  
(Name of Immediate Supervisor)      (Phone No.)

Statement of Duties: \_\_\_\_\_

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

May we contact your present employer?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (A “No” answer will not affect your consideration for employment)

2. \_\_\_\_\_  
(Employer)

\_\_\_\_\_  
(Address)      City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
(Official Job Title)      From \_\_\_\_\_ To \_\_\_\_\_  
(Dates Employed)

\_\_\_\_\_  
(Name of Immediate Supervisor)      (Phone No.)

Statement of Duties: \_\_\_\_\_

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

3. \_\_\_\_\_  
(Employer)

\_\_\_\_\_  
(Address)      City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
(Official Job Title)      From \_\_\_\_\_ To \_\_\_\_\_  
(Dates Employed)

\_\_\_\_\_  
(Name of Immediate Supervisor)      (Phone No.)

Statement of Duties: \_\_\_\_\_

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

4.

\_\_\_\_\_  
(Employer)

\_\_\_\_\_  
(Address)      City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
(Official Job Title)      From \_\_\_\_\_ To \_\_\_\_\_  
(Dates Employed)

\_\_\_\_\_  
(Name of Immediate Supervisor)      (Phone No.)

Statement of Duties: \_\_\_\_\_

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

5.

\_\_\_\_\_  
(Employer)

\_\_\_\_\_  
(Address)      City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
(Official Job Title)      From \_\_\_\_\_ To \_\_\_\_\_  
(Dates Employed)

\_\_\_\_\_  
(Name of Immediate Supervisor)      (Phone No.)

Statement of Duties: \_\_\_\_\_

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

**POLICE APPLICANTS: LIST ADDITIONAL EMPLOYMENT HISTORY IN BACKGROUND BOOKLET.**  
\*\*\*\*\*If additional employment is listed please circle **CONTINUED**

**DECLARATION**

**Declaration of Applicant:**

I hereby certify that there are no willful misrepresentations or falsifications in the foregoing statements and answers to questions. I am aware that should investigation disclose any such misrepresentations or falsifications, my application will be rejected, or if already employed, my employment may be terminated. I also understand that a failure to answer each question will cause my application to be disqualified.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SUBSCRIBED AND DULY SWORN BEFORE ME BY THE ABOVE PERSON ON THE \_\_\_\_\_

DAY OF \_\_\_\_\_, YR \_\_\_\_\_ IN THE COUNTY OF \_\_\_\_\_

AND STATE OF \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

COMMISSION EXPIRES \_\_\_\_\_

NOTARY SEAL



# Columbus Police Department

P.O. Box 1866 – 510 Tenth Street  
Columbus, Georgia 31902-1866



*Personnel Office*

**PHONE:** (706) 653-3154 ~ **WEB SITE:** <http://www.columbusga.org/Police> ~ **FAX** (706) 653-3171

## AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any Officer or other authorized representative of the Columbus Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and educational records (including, but not limited to: academic, achievement, attendance, athletic, personal history and disciplinary records); medical records; and credit records. Further authorization is extended to all Police Departments, Sheriff's Departments, Juvenile Courts and Clerks of Courts, to furnish the bearer with information, reprints, photographs and any other record containing information relating to criminal history or activity.

I hereby direct you to release such information upon request of bearer. I hereby release you, as the custodian of such records, and any employer, school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau of consumer reporting agency, including its officers, employees, or 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.

I further authorize the acceptance of a copy of this original to be used as authorization to release any and all information in lieu of the original which remains on file with this investigating agency. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: \_\_\_\_\_  
(Signature)

Full Name: \_\_\_\_\_  
(Printed)

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

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

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Witness: \_\_\_\_\_

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