



CITY OF BRUNSWICK

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# POLICE DEPARTMENT

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PERSONAL HISTORY  
STATEMENT



## INSTRUCTIONS

Please read these instructions carefully before proceeding. These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment

- Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
- If a question is not applicable to you, enter N/A in the space provided.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses and phone numbers. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- An accurate and complete form will help expedite your investigation. Deliberate omissions and/or falsifications will result in disqualification.
- Your failure to accurately complete this form may delay confirmation of your eligibility for employment.



Edna Johnson

# Brunswick Police Department

206 Mansfield Street  
Brunswick, Georgia 31520  
Phone (912) 267-5559  
Fax (912) 267-5526  
[www.brunswickpolice.org](http://www.brunswickpolice.org)



## REQUEST FOR CRIMINAL HISTORY

TO: TAC Operator

PUR Code: \_\_\_\_\_

FROM: Administrative Division

APPLICANT: Police: \_\_\_\_\_ Fire: \_\_\_\_\_ Other: \_\_\_\_\_

<b>Name: Last</b>		<b>First</b>		<b>Middle</b>	
<b>Address:</b>					
<b>City:</b>			<b>State:</b>		<b>Zip Code:</b>
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race</b>	<b>Height:</b>	<b>Weight:</b>	<b>Color of Eyes:</b>	<b>Color of Hair:</b>
<b>Social Security Number:</b> - - -			<b>Date of Birth: (mm/dd/yyyy)</b>		
<b>Nickname(s), Maiden Name, other names by which you have been known:</b>					
<b>List below all states in which you have resided and all states that have issued you a driver's license:</b>					
<b>OTHER INFORMATION (INCLUDES ANY IDENTIFICATION NUMBERS, ARREST DATA OR CIRCUMSTANCE WHICH MIGHT ASSIST IN IDENTIFYING SUBJECT.)</b>					
<b>SID#:</b>		<b>FBI#:</b>		<b>MUN#:</b>	

### THIS BLOCK IS FOR DEPARTMENT USE ONLY

I certify that the information applied for is necessary in the interest of the due administration of the laws, and not for the purpose of assisting a private citizen in carrying on his personal interests or in maliciously or uselessly harassing, degrading or humiliating any person.

\_\_\_\_\_  
Signature of Officer or Other Person Requesting Information

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

**Georgia Driver's History Consent Form**

I hereby authorize the \_\_\_\_\_ **BRUNSWICK POLICE DEPARTMENT** \_\_\_\_\_  
(fire department/law enforcement agency name)  
to receive a copy of my Georgia driver's history information as part of my application for criminal justice  
employment, or for use relative to the performance of my official duties with this agency.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Sex

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, the undersigned individual and a former employee of

\_\_\_\_\_ (hereinafter referred to as "previous employer"),

**(please leave blank)**

having applied for employment with Brunswick Police Department (hereinafter referred to as "my prospective employer"), acknowledge and understand that my prospective employer may or has already requested records and/or information pertaining to and regarding my employment with previous employer. I hereby request and authorize my previous employer to release any and all records and/or communicate any and all information to my prospective employer which my previous employer deems, in its sole discretion, pertain to and/or related to my employment with previous employer, including, but not limited to, records and information regarding my job performance, ability, and fitness, and the circumstances surrounding same, and any and all testing results, or refusal to test for alcohol and any and all controlled substances.

In consideration of the benefit of having previous employer release said records and/or communicate said information to my prospective employer, the receipt, adequacy, and sufficiency of which is hereby acknowledged, I agree to hold harmless and release previous employer, its officers, agents, and employees from and against all liability, loss, costs, damages, fee and expenses (including attorney's fees) as a result of any claim, suit, claims settlement, award, penalty, fine, defense or judgment because of loss, damage, harm, or injury to myself or to any person, property or right arising out of, related to, or in consequence of previous employer releasing and/or communicating the aforesaid records and/or information to my prospective employer. I further acknowledge and agree that the doctrine of sovereign immunity bars any recovery in any lawsuit relating in any way to the disclosure of the records and/or information described herein that I may bring against previous employer or that may be brought against previous employer on my behalf.

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

\_\_\_\_\_  
Signature

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

Sworn to and subscribed before me

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

NOTARY PUBLIC

My Commission Expires

**A. APPLICANT IDENTIFICATION** - Information provided in this section is used for identification purposes only.

<b>Name: Last</b>		<b>First</b>	<b>Middle</b>
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Telephone Number:</b> (        )        -		<b>Date of Birth: (mm/dd/yyyy)</b>	
<b>Nickname(s), Maiden Name, other names by which you have been known:</b>			
<b>Social Security Number:</b> -        -		<b>Place of Birth: (City/State/County)</b>	
<b>Are you a U.S. Citizen?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>Driver's License Number:</b>		<b>State of Issue:</b>	
<b>Height:</b>	<b>Weight:</b>	<b>Color of Eyes:</b>	<b>Color of Hair:</b>
<b>Scars, Tattoos or other distinguishing marks:</b>			

**B. RESIDENCES** - List all addresses where you have lived during the past five (5) years, beginning with the present address. List date by month and year. Attach extra page if necessary.

FROM	TO	ADDRESS

**C. WORK HISTORY** - Beginning with your present or most recent job, list all employment since the age of 16, including part-time, temporary or seasonal employment. Include all periods of unemployment and explain any gaps in your employment history. Attach extra pages if necessary.

<b>FROM:</b>	<b>TO:</b>
<b>EMPLOYER:</b>	
<b>ADDRESS:</b>	
<b>PHONE NUMBER: (        )</b>	
<b>JOB TITLE:</b>	
<b>DUTIES:</b>	
<b>NAME A CO-WORKER:</b>	
<b>SUPERVISOR'S NAME:</b>	
<b>YOUR SPECIFIC REASON FOR LEAVING:</b>	

<b>FROM:</b>	<b>TO:</b>
<b>EMPLOYER:</b>	
<b>ADDRESS:</b>	
<b>PHONE NUMBER: (        )</b>	
<b>JOB TITLE:</b>	
<b>DUTIES:</b>	
<b>NAME A CO-WORKER:</b>	
<b>SUPERVISOR'S NAME:</b>	
<b>REASON FOR LEAVING:</b>	

<b>FROM:</b>	<b>TO:</b>
<b>EMPLOYER:</b>	
<b>ADDRESS:</b>	
<b>PHONE NUMBER: (        )</b>	
<b>JOB TITLE:</b>	
<b>DUTIES:</b>	
<b>NAME A CO-WORKER:</b>	
<b>SUPERVISOR'S NAME:</b>	
<b>REASON FOR LEAVING:</b>	

<b>FROM:</b>	<b>TO:</b>
<b>EMPLOYER:</b>	
<b>ADDRESS:</b>	
<b>PHONE NUMBER: (        )</b>	
<b>JOB TITLE:</b>	
<b>DUTIES:</b>	
<b>NAME A CO-WORKER:</b>	
<b>SUPERVISOR'S NAME:</b>	
<b>REASON FOR LEAVING:</b>	

<b>FROM:</b>	<b>TO:</b>
<b>EMPLOYER:</b>	
<b>ADDRESS:</b>	
<b>PHONE NUMBER: (        )</b>	
<b>JOB TITLE:</b>	
<b>DUTIES:</b>	
<b>NAME A CO-WORKER:</b>	
<b>SUPERVISOR'S NAME:</b>	
<b>REASON FOR LEAVING:</b>	

**D. MILITARY RECORD**

1. Have you ever served in the U.S. Armed Forces?

YES

NO

2. Date of Service: From \_\_\_\_\_ To \_\_\_\_\_

<b>Branch of Service:</b>	
<b>Unit Designation:</b>	
<b>Highest Rank Held:</b>	
<b>Type of Discharge:</b>	

3. Were you ever disciplined while in the military service (include court-martial, Captain's Mast, company punishment, etc.)?

YES

NO

CHARGE	AGENCY	DATE	AGE @ TIME	DISPOSITION

If you received a discharge other than honorable, give complete details:

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**E. EDUCATIONAL HISTORY**

1.	HIGH SCHOOL ATTENDED	CITY & STATE	DATE ATTENDED		GRADUATED	
			From	To	Yes	No

<b>2. COLLEGE OR UNIVERSITY ATTENDED:</b>
CITY & STATE:
DATES ATTENDED:
UNITS COMPLETED:
MAJOR/MINOR:
DEGREE RECEIVED, IF ANY, AND DATE:

<b>3. COLLEGE OR UNIVERSITY ATTENDED:</b>
CITY & STATE:
DATES ATTENDED:
UNITS COMPLETED:
MAJOR/MINOR:
DEGREE RECEIVED, IF ANY, AND DATE:

<b>4. COLLEGE OR UNIVERSITY ATTENDED:</b>
CITY & STATE:
DATES ATTENDED:
UNITS COMPLETED:
MAJOR/MINOR:
DEGREE RECEIVED, IF ANY, AND DATE:

5. List any other schools attended, (Trade, Vocational, Business, etc.) Give name and address of school, dates attended, course of study, certificate, and any other pertinent information.

**F. SPECIAL QUALIFICATIONS AND SKILLS**

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

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2. List any specialized machinery or equipment which you can operate.

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3. If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, or fair).

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING

4. List any other special skills, qualifications, or experience you may possess that you believe may be beneficial to you if hired.

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**G. ARRESTS, DETENTIONS, AND LITIGATION**

1. Have you ever been arrested, detained by police, summoned into court, pled guilty or no contest to a crime or been convicted of a crime?

- Yes                       No

If yes, complete the following (list juvenile as well as adult occurrences).

REASON DETAINED/CRIME CHARGED	POLICE AGENCY, CITY & STATE	DATE	DISPOSITION OF CASE

**NOTE:** Answering “yes” does not constitute an automatic bar to employment.  
“Please give details and penalties of each occurrence.”

2. Have you ever been involved as party in civil litigation?

**Yes**

**No**

**H. TRAFFIC RECORD**

1. Has your driver’s license ever been suspended or revoked?

**Yes**

**No**

If yes, give date, location and reason(s):

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2. With what company do you carry automobile insurance?

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3. List, to the best of your ability, all driving citations you have received as an adult or juvenile, excluding parking tickets.

MONTH & YEAR	CHARGE	CITY & STATE	DISPOSITION

4. Describe, in a brief narrative, any traffic accidents in which you have been involved, giving approximate dates and locations.

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**I. FINANCIAL OBLIGATIONS**

1. Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan?

**Yes**             **No**

If yes, please give details (include when, where, why)

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2. Have any of your bills ever been turned over to a collection agency?

**Yes**             **No**

If yes, please give details (include when, firm involved, circumstances)

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3. Have you ever had purchased goods repossessed?

**Yes**             **No**

If Yes, please give details (include when, firms involved, circumstances)

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4. Have your wages ever been garnished?

**Yes**             **No**

If yes, please give details (include when, where, why)

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5. Have you ever been delinquent on income or other tax payments?

Yes

No

If yes, please give details (include when, where, why)

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**J. REFERENCES-** List three (3) persons who know you well enough to provide current information about you. Do not list relatives or former employers. Do not list more than one reference from the same household.

<b>NAME:</b>	<b>YEARS KNOWN:</b>
<b>ADDRESS:</b>	
<b>RESIDENCE PHONE:</b>	
<b>BUSINESS ADDRESS:</b>	
<b>BUSINESS PHONE:</b>	

<b>NAME:</b>	<b>YEARS KNOWN:</b>
<b>ADDRESS:</b>	
<b>RESIDENCE PHONE:</b>	
<b>BUSINESS ADDRESS:</b>	
<b>BUSINESS PHONE:</b>	

<b>NAME:</b>	<b>YEARS KNOWN:</b>
<b>ADDRESS:</b>	
<b>RESIDENCE PHONE:</b>	
<b>BUSINESS ADDRESS:</b>	
<b>BUSINESS PHONE:</b>	

**K. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)**

<b>NAME &amp; ADDRESS</b>	<b>TYPE</b> <b>(Social, Fraternal, Professional, etc.)</b>	<b>FROM</b>	<b>TO</b>



**Edna Johnson**  
Chief of Police

## **Brunswick Police Department**

### **APPLICANT STATEMENT**

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

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

\_\_\_\_\_  
Date





# **Brunswick Police Department**

206 MANSFIELD STREET  
BRUNSWICK, GEORGIA 31520  
PHONE: 267-5559



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ALL APPLICANTS ARE TO FURNISH COPIES OF THE FOLLOWING:

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High School Diploma or GED

Drivers License

Social Security Card

DD214 (Military)

Certified Department of Motor Vehicle Driver's History Report

Certified Birth Certificate



# Brunswick Police Department

206 MANSFIELD STREET  
BRUNSWICK, GEORGIA 31520  
PHONE: 267-5559



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## AGREEMENT

I hereby agree to submit to a computer voice stress analyzer test and also agree to abide by the City of Brunswick Police Department's Policies and Procedures.

I understand that my application for employment with the Brunswick Police Department will stay in an active file for twelve (12) months.

I also understand that after a twelve (12) month period in the active file, my application will go into an inactive file for an additional twelve (12) months. After that time, my file will be destroyed.

I have read the above agreement and understand fully.

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## Certificate of Applicant

I hereby certify that all statements made on or in connection with my application for employment with the Brunswick Police Department, including those regarding my training experience, are true and complete to the best of my knowledge and belief.

I understand and agree that any misstatements or omissions of material fact made on or in connection with my application for employment with the Brunswick Police Department will cause forfeiture on my part of all rights to employment by the City of Brunswick.

\_\_\_\_\_  
Signature of Applicant  
"Do not sign unless witness by City Official"

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness



# Brunswick Police Department

206 MANSFIELD STREET  
BRUNSWICK, GEORGIA 31520  
PHONE: 267-5559



## AUTHORITY TO RELEASE

To Whom It May Concern:

I hereby authorize any representatives of Brunswick Police Department bearing this release, or copy thereof, within one (1) year of its date, to obtain information contained in your files or other files lawfully at your disposal, pertaining to my driving history and/or criminal history records.

I hereby direct you to release any and all such information upon request of the bearer of this document.

Consent is granted for the Brunswick Police Department to furnish such information, as is described, directed and authorized above, to the above stated parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, any officers, employees or related personnel of the Brunswick Police Department, 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 am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised the Brunswick Police Department will utilize this number only to facilitate the location of any driving history and/or criminal history records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature: \_\_\_\_\_

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

**"Do not sign unless witness by City Official"**

Full Name (Print please) \_\_\_\_\_

Address: (Print please) \_\_\_\_\_

Phone: \_\_\_\_\_ SSN #: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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