



CITY OF BRUNSWICK

POLICE DEPARTMENT

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 blue/black 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.

FAILURE TO PRINT LEGIBLY WILL RESULT IN HINDERING THE APPLICATION PROCESS



Brunswick Police Department

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



Tobe C. Green
Chief of Police

REQUEST FOR CRIMINAL HISTORY

TO: TAC Operator

PUR Code: _____

FROM: Recruiting Office

APPLICANT: Police: _____ Fire: _____ Other: _____

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

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 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 Legibly)

Sex

Race

Date of Birth

Driver's License Number

State

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.

Name: Last		First		Middle
e-mail address:				
Address:				
City:		State:	Zip Code:	
Telephone Number: ()		Date of Birth: (mm/dd/yyyy)		
Social Security Number: - -		Place of Birth (City/State/County)		
Nickname(s), Maiden Name, other names by which you have been known:				
Race:	Height:	Weight:	Color of Eyes:	Color of Hair:
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List below all states in which you have resided and all states that have issued you a driver's license:				
Scars, Tattoos, or other distinguishing marks:				

B. RESIDENCES – List all addresses where you have lived during the past five (5) years, beginning with your current address. List dates by month and year. Attach extra pages if necessary.

FROM	TO	ADDRESS (include City/State/Zip)

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.

(1)

FROM:	TO:
EMPLOYER:	
ADDRESS (include City/State/Zip):	
PHONE NUMBER: ()	EXTENTION:
JOB TITLE:	
DUTIES:	
NAME OF A CO-WORKER:	
SUPERVISOR’S NAME:	
PHONE NUMBER: ()	EXTENTION:
YOUR SPECIFIC REASON FOR LEAVING:	

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(2)

FROM:	TO:
EMPLOYER:	
ADDRESS (include City/State/Zip):	
PHONE NUMBER: ()	EXTENTION:
JOB TITLE:	
DUTIES:	
NAME OF A CO-WORKER:	
SUPERVISOR'S NAME:	
PHONE NUMBER: ()	EXTENTION:
YOUR SPECIFIC REASON FOR LEAVING:	

(3)

FROM:	TO:
EMPLOYER:	
ADDRESS (include City/State/Zip):	
PHONE NUMBER: ()	EXTENTION:
JOB TITLE:	
DUTIES:	
NAME OF A CO-WORKER:	
SUPERVISOR'S NAME:	
PHONE NUMBER: ()	EXTENTION:
YOUR SPECIFIC REASON FOR LEAVING:	

(4)

FROM:	TO:
EMPLOYER:	
ADDRESS (include City/State/Zip):	
PHONE NUMBER: ()	EXTENTION:
JOB TITLE:	
DUTIES:	
NAME OF A CO-WORKER:	
SUPERVISOR'S NAME:	
PHONE NUMBER: ()	EXTENTION:
YOUR SPECIFIC REASON FOR LEAVING:	

(5)

FROM:	TO:
EMPLOYER:	
ADDRESS (include C/S/Z):	
PHONE NUMBER: ()	EXTENTION:
JOB TITLE:	
DUTIES:	
NAME OF A CO-WORKER:	
SUPERVISOR'S NAME:	
PHONE NUMBER: ()	EXTENTION:
YOUR SPECIFIC REASON FOR LEAVING:	

D. MILITARY RECORD

1. Have you ever served in the U.S. Armed Forces? Yes No

2. Date of Service: From _____ To _____

Branch of Services:	
Unit Designation:	
Highest Rank Held:	
Type of Discharge:	

3. Were you ever disciplined while in the military services (include court-martial, Captain's mast, corporal punishment, etc)? Yes No

CHARGE(S)	AGENCY	DATE	AGE @ TIME	DISPOSITION

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

E. EDUCATIONAL HISTORY

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

2.	COLLEGE OR UNIVERSITY ATTENDED:	
City & State:	Dates Attended:	
Units Completed:	Major/Minor:	
Degree Received, If any, & Date:		

3.	COLLEGE OR UNIVERSITY ATTENDED:	
City & State:	Dates Attended:	
Units Completed:	Major/Minor:	
Degree Received, If any, & Date:		

4.	COLLEGE OR UNIVERSITY ATTENDED:	
City & State:	Dates Attended:	
Units Completed:	Major/Minor:	
Degree Received, If any, & Date:		

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

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

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.

G. ARREST, DETENTION, 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):

2. With what company do you carry automobile insurance?

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.

I. FINANCIAL OBLIGATIONS

1. Have you ever filed for declared bankruptcy or filed for the Wage Earner's Plan? Yes No

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

2. Have any of your bills ever been turned over to a collection agency? Yes No

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

3. Have you ever had purchased goods repossessed? Yes No

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

4. Have your wages ever been garnished? Yes No

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

5. Have you ever been delinquent on income or other tax payments? Yes No

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

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.

NAME:		YEARS KNOWN:
ADDRESS (include City/State/Zip):		
RESIDENT PHONE:	BUSINESS PHONE:	CELL PHONE:
BUSINESS ADDRESS (include City/State/Zip):		

NAME:		YEARS KNOWN:
ADDRESS (include City/State/Zip):		
RESIDENT PHONE:	BUSINESS PHONE:	CELL PHONE:
BUSINESS ADDRESS (include City/State/Zip):		

NAME:		YEARS KNOWN:
ADDRESS (include City/State/Zip):		
RESIDENT PHONE:	BUSINESS PHONE:	CELL PHONE:
BUSINESS ADDRESS (include City/State/Zip):		

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

NAME & ADDRESS	TYPE (Social, Fraternal, Sorority, Professional, etc.)	FROM	TO



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TOBE C. GREEN
Chief of Police

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

Describe education, training and experience that you feel will be helpful to you in the position you are applying for:

Explain why you are applying for this job:



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ALL APPLICANTS ARE TO FURNISH COPIES OF THE FOLLOWING:

- HIGH SCHOOL DIPLOMA OR GED _____
- DRIVER'S LICENSE _____
- SOCIAL SECURITY CARD _____
- DD214 (Military) _____
- CERTIFIED DEPARTMENT OF MOTOR VEHICLE DRIVER'S HISTORY REPORT _____
- CERTIFIED BIRTH CERTIFICATE _____



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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.

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



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AUTHORITY TO RELEASE INFORMATION

Date: _____

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of:

Business Name: _____

Business Phone Number: _____

Representative's Name: _____

(Typed or Printed)

Representative's Signature: _____

bearing this release within one (1) year of this date, to obtain criminal and/or other information in your files pertaining to me.

I hereby direct you to release such information upon request of the bearer. This release is executed with the full understanding knowledge and understanding that the information is for the official use of the Brunswick Police Department.

Consent is granted for the Brunswick police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, 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 criminal and/or other records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: _____

(Typed or Printed Legible)

Signature: _____

SSN: _____

Telephone Number: _____

Race: _____

Sex: _____

Date of Birth: _____

Current Address: _____

Witness: _____

