



Please complete & return to:
City of Springfield
PO Box 1
130 South Laurel Street
Springfield, GA 31329

Full Name

Position Applied For

Date

City of Springfield

Police Officer - Employment Application

PLEASE READ BEFORE COMPLETING APPLICATION

The City of Springfield is an equal opportunity employer and does not discriminate in recruiting, hiring, promotion, or other employment terms based on race, color, religion, creed, national origin, citizenship, sex, age, disability, or veteran status. This applies to all categories of employment;

All employment decisions will be made solely upon the basis of the individuals' qualifications as related to the requirements of the position being filled. The information requested in this application will be used in a nondiscriminatory manner.

You may be asked to perform one or more job-related skill tests.

In accordance with the Immigration and Reform Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.

The City of Springfield maintains a smoke free workplace. Smoking is not permitted by either employees or guests in any of our facilities.

If hired, you will be required to notify your employer of any criminal conviction that occurs during your employment.

In accordance with our drug policies prospective Law Enforcement employees will submit to a drug screen.

City of Springfield
Law Enforcement Employment Application
(Please print in ink)

GENERAL INFORMATION

Last Name	First Name	Middle Name	Date
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Birth, Maiden or Other Names Used Past and Present

Current Street Address	City	State	Zip Code
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Telephone or Cell	Email Address
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Date Available	\$ _____ Hourly Minimum Pay Required
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Check Desired Status: Full Time Part Time Temporary

Check Shifts Available to Work: Days Evenings Nights Weekends

How Were You Referred to Us: Walk in Newspaper Website Other

PERSONAL RECORD

Are you age 18 or older? Yes No

Have you ever applied to the City of Springfield? Yes No If yes, when? _____

Military Service Branch	Date Entered	Date Discharged
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Reserve Status (If applicable): _____

Have you ever been convicted of a crime other than a minor traffic violation?

Yes No If yes, Explain: _____

EDUCATION RECORD:

School Name & Location	Years Completed	Degree/Certification
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High School

Business/Tech

College

Computer Skills: Personal Computer Word Processing Data Entry

Have you completed BASIC LAW ENFORCEMENT Certification Training? Yes No
(If yes, attach a copy of your training certification to this application)

WORK HISTORY (*Beginning with present or most recent employment*)

Are you currently employed? Yes No

May we contact your present employer? Yes No

Employer: _____ From: _____ To: _____

Address: _____

Phone Number: _____ Job Title: _____

Immediate Supervisor Name/Title: _____

Description of your duties: _____

Reason for Leaving: _____

Employer: _____ From: _____ To: _____

Address: _____

Phone Number: _____ Job Title: _____

Immediate Supervisor Name/Title: _____

Description of your duties: _____

Reason for Leaving: _____

Employer: _____ From: _____ To: _____

Address: _____

Phone Number: _____ Job Title: _____

Immediate Supervisor Name/Title: _____

Description of your duties: _____

Reason for Leaving: _____

PERSONAL REFERENCES – List 3 (Cannot be Relatives)

1. _____ Address: _____ Phone: _____

2. _____ Address: _____ Phone: _____

3. _____ Address: _____ Phone: _____

PLEASE READ BEFORE SIGNING

- I understand that this application is intended for information purposes only. Neither this application nor any other communication by the city representatives, written or oral, establishes an employment contract other than one terminable at will by the City of Springfield or the Applicant. The City of Springfield and its employees have the right to terminate the employment relationship with or without cause at any time. No communication or practice limits the reasons or procedures for termination or modification of the employment relationship.
- I understand that the City of Springfield does not discriminate on any basis, including age.
- I agree to have a drug and/or alcohol screen whenever required by the City of Springfield.
- If hired, I agree to inform my employer of any criminal conviction that occurs during my employment.
- I certify that all statements on this application are true and complete. I understand that any omission or misinformation given on this application will prohibit my employment or will be grounds for immediate dismissal whenever such omission or misinformation is discovered.
- I acknowledge that I have read and understand each of the above statements.

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby grant permission to the City of Springfield to contact the employer listed and further hereby authorize my former and/or present employer to give any information as to my behavior, performance and employment record with them.

I hereby release from all liability and damages these individuals, companies or agencies who provide information as stated above.

Signature

Date

The below is to be completed by the City of Springfield

Name of Current or Previous Employer: _____

Address _____ City _____ State _____ Zip _____

Applicant Name _____ Social Security Number _____

Position Applied for _____

Position held at your Agency/Company _____

Dates worked at your Agency/Company _____

RECORD OF EMPLOYMENT

APPLICANT – A copy of this form may be forwarded by the City to your current/previous employer(s)

EMPLOYER – Please complete in full and forward back to City of Springfield * PO Box 1 * Springfield, GA 31329.

(“ARI” - “Authorization for Release of Information” form)

Applicant Name: _____

1. Your working relationship with the applicant _____

2. Is the information provided on “ARI” correct? Yes No

3. Position, if different from “ARI” form: _____

4. Reason for leaving: _____

5. Would you rehire this person: Yes No If No, please explain _____

6. Applicant strong points: _____

7. Applicant weak points: _____

(Please check below with 5 being most favorable response and 1 least favorable response)

	5	4	3	2	1
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please verify applicant dates of employment From: _____ To: _____

Additional Comments: _____

Signature: _____ Date: _____

City of Springfield

CONSENT FORM FOR DRIVER HISTORY RECORDS

I hereby authorize the City of Springfield to receive any driving history record information pertaining to me which may be in the files of any State or Local Criminal Justice Agency in Georgia.

Print Full Name

Address

City

State

Zip

Sex

Race

DOB

Social Security Number

Signature

Date

Notary

Notary Expiration Date

City of Springfield

CONSENT FORM FOR CRIMAL HISTORY RECORDS

I hereby authorize the City of Springfield to receive any criminal history record information pertaining to me which may be in the files of any State or Local Criminal Justice Agency in Georgia.

Print Full Name

Address

City

State

Zip

Sex

Race

DOB

Social Security Number

Signature

Date

Notary

Notary Expiration Date