

**CITY OF STATHAM**  
327 Jefferson Street  
P. O. Box 28  
Statham, Georgia 30666

**POLICE CHIEF EMPLOYMENT APPLICATION PACKET**

Attached are the application, the Release of Information Waiver, and reference sheets, which must be completely filled out and returned by the applicant. The Release of Information Waiver must be notarized. Failure to complete any part of the application package may result in the applicant's disqualification from further consideration for the position.

**THE FOLLOWING DOCUMENTS MUST BE SUBMITTED AT THE TIME OF APPLICATION:**

1. A copy of your birth certificate;

2. Proof of citizenship if you are a naturalized citizen of the United States;

3. A copy of your high school diploma, GED, or high school transcripts. If you are a college graduate, a copy of your college diploma is also required.

4. A copy of your Georgia POST certificate if you are a certified Peace Officer. If you are a commissioned Police Officer in another state, proof of that certification is also necessary.

5. A copy of your DD-214 if you are a veteran of the United States armed forces; and

6. A seven (7) year driver's history from the Georgia Department of Motor Vehicle Safety.

A background investigation of all applicants will be conducted by the Statham Police Department. This investigation may include verification of education, employment, military service, and law enforcement training and certifications; review of driver's and criminal histories from all states in which the applicant has resided; and interviews of personal and work references.

Applicants receiving continued consideration after the preliminary background investigation will be scheduled for an oral interview with the Mayor, members of the City's Police Committee, and possibly other members of the Statham Police Department. After the oral interviews, applicants who receive conditional offers of employment will be required to submit to a pre-employment drug screening at the expense of the City of Statham.

The City of Statham reserves the right to disqualify any applicant without further notification based on information received during the preliminary background investigation.

**QUESTIONS REGARDING THE POSITION AND/OR STATUS OF YOUR APPLICATION SHOULD BE DIRECTED TO:**

Mayor Robert Bridges  
City of Statham  
327 Jefferson Street  
P. O. Box 28  
Statham, Georgia 30666  
(770) 725-5455 or (770) 725-7100

# CITY OF STATHAM

327 Jefferson Street  
 P.O. Box 28  
 Statham, Georgia 30666

## POLICE OFFICER/POLICE SUPPORT PERSONNEL APPLICATION FOR EMPLOYMENT

*We consider applications for all positions without regard to race, color, religion, age, marital, or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.*

DATE:		POSITION APPLIED FOR:	
NAME (LAST, FIRST M.I.):			
STREET ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE: ( )		WORK PHONE: ( )	
SSN:	DRIVER'S LICENSE #:		CLASS:
GEORGIA POST-CERTIFIED PEACE OFFICER?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
GEORGIA POST-CERTIFIED PEACE OFFICER?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
GEORGIA POST-CERTIFIED CORRECTIONS OFFICER, JAILER, OR COMMUNICATIONS OFFICER?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
POST-CERTIFIED PEACE OFFICER ELSEWHERE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
WHERE?			
HAVE YOU EVER WORKED FOR THE CITY OF STATHAM BEFORE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
WHEN:			
DEPARTMENT:		POSITION:	
REASON FOR LEAVING:			
HAVE YOU EVER FILED AN APPLICATION HERE BEFORE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
WHEN:			
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OF DOMESTIC VIOLENCE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES TO EITHER OF THE ABOVE, PLEASE DESCRIBE BELOW:			
DATE	CHARGE	DISPOSITION	
HAVE YOU EVER SERVED IN THE U.S. MILITARY?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
BRANCH:			
PERIOD OF MILITARY SERVICE:		FROM:	TO:
TYPE OF DISCHARGE:		RANK AT DISCHARGE:	
WERE YOU EVER THE SUBJECT OF A COURT MARTIAL?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
EDUCATION	SCHOOL NAME AND LOCATION	DID YOU GRADUATE?	
		YES <input type="checkbox"/>	
		NO <input type="checkbox"/>	
HIGH SCHOOL		YES <input type="checkbox"/>	
		NO <input type="checkbox"/>	
COLLEGE		YES <input type="checkbox"/>	
		NO <input type="checkbox"/>	
OTHER (SPECIFY)		YES <input type="checkbox"/>	
		NO <input type="checkbox"/>	

**WORK EXPERIENCE**

List 10 years experience starting with the most recent job held. Use a blank sheet, for additional space, if needed.

EMPLOYER:		JOB TITLE:	
EMPLOYED FROM:		EMPLOYED TO:	
STREET ADDRESS:			
CITY:		STATE:	
PHONE: ( )		IMMEDIATE SUPERVISOR:	
REASON FOR LEAVING:			
EMPLOYER:		JOB TITLE:	
EMPLOYED FROM:		EMPLOYED TO:	
STREET ADDRESS:			
CITY:		STATE:	
PHONE: ( )		IMMEDIATE SUPERVISOR:	
REASON FOR LEAVING:			
EMPLOYER:		JOB TITLE:	
EMPLOYED FROM:		EMPLOYED TO:	
STREET ADDRESS:			
CITY:		STATE:	
PHONE: ( )		IMMEDIATE SUPERVISOR:	
REASON FOR LEAVING:			
EMPLOYER:		JOB TITLE:	
EMPLOYED FROM:		EMPLOYED TO:	
STREET ADDRESS:			
CITY:		STATE:	
PHONE: ( )		IMMEDIATE SUPERVISOR:	
REASON FOR LEAVING:			
WHY DO YOU WANT TO WORK WITH THE STATHAM POLICE DEPARTMENT?			

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the City of Statham.

Signature of Applicant

Date

**CITY OF STATHAM**  
 327 Jefferson Street  
 P.O. Box 28  
 Statham, Georgia 30666

**PERSONAL REFERENCES**

NAME:		HOW LONG KNOWN:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE: ( )	WORK PHONE: ( )	
EMPLOYER:	JOB TITLE:	

NAME:		HOW LONG KNOWN:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE: ( )	WORK PHONE: ( )	
EMPLOYER:	JOB TITLE:	

NAME:		HOW LONG KNOWN:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE: ( )	WORK PHONE: ( )	
EMPLOYER:	JOB TITLE:	

**WORK REFERENCES**

NAME:		HOW LONG KNOWN:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE: ( )	WORK PHONE: ( )	
EMPLOYER:	JOB TITLE:	

NAME:		HOW LONG KNOWN:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE: ( )	WORK PHONE: ( )	
EMPLOYER:	JOB TITLE:	

NAME:		HOW LONG KNOWN:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE: ( )	WORK PHONE: ( )	
EMPLOYER:	JOB TITLE:	

