



Background Investigation

This is a sampling of information from different sources. We suggest that you research as many sources as possible to better prepare yourself for the background portion of your testing process.

The most important step and aspect in this process is to live and conduct your life in a manner in which there will be no negative issues regarding your background – if you have not done so to this point start now!

Virtually every fire department requires a candidate to successfully pass a background investigation, before they are accepted into the recruit academy. This usually requires you to complete a "background packet" that can consist of up to 30 pages of information you are expected to provide.

Items that can be included and evaluated within a background investigation can include:

- Verification of ALL of the information you listed on your application and/or resume (checking for completeness and accuracy)
- Credit history check (poor financial management can lead to disqualification)
- All vehicle accidents you have been involved in
- Your record with the Law (arrests, traffic tickets, etc.)
- Military related information (if you were in the military)
- Information about EVERY job you have ever held or have held for the past 10 years. This information can include name of company, name of supervisor, address/phone number of company, job title, job duties/responsibilities, salary information, etc.
- Drug use / alcohol use
- Any lawsuits you may have been involved in
- Family / relative contact information
- Verification of all residences you have ever resided at
- Verification of all of your certificates and degrees you stated you possessed

Things to do NOW to ensure you have your background information in order for your upcoming background investigation:

1. Check your credit report. Go to the website set up by the Federal Trade Commission: www.annualcreditreport.com or call toll free - 877-322-8228 or write: Annual Credit Report

Request Service, PO Box 105281, Atlanta, GA 30348-5281. Do this regularly to ensure there are no surprises!

2. Stay out of trouble with the law. Realize you're being watched and scrutinized, and be very careful about doing something that could possibly cost you a future career (such as getting a DUI, getting arrested, making poor decisions, etc.)

3. Complete a sample background packet. Do this to see what information you will need to collect NOW as opposed to at the last minute when a fire department is scrambling to get them done and putting you on a short time frame (one week or less). Granted, you won't be able to get all of this completed in one sitting, but that's why you do it now. Do what you can from memory and then start doing the necessary research to fill in all the boxes and track down the required documentation.

DOWNLOAD A FREE BACKGROUND PACKET:

[CLICK HERE](#) to download a **background packet** that you can fill out (you are able to type your responses in the boxes) and keep as a reference tool so that when you get that real background packet to complete, you should already have the majority of the information they are asking for at your fingertips.

Even though this background is for a peace officer position (which most firefighters do not qualify as), this is very similar to what will be provided to you by a fire department if they are interested in hiring you.

NOTE: If you do not know any or all of this information at this point in time, you better do what you have to do to obtain ALL of that information very quickly. There is a background investigation in your future, don't wait until the last minute to get all the required information!

It is not uncommon to be given the background packet and be told that you have anywhere from 24 hours to one week to complete it. Not turning it in on the due date or turning it in incomplete is unacceptable! Remember, this is a portion of the hiring process and if you can't follow the directions or provide ALL of the requested information, you are subject to being disqualified from the process! Start obtaining the required information now!

KEY POINT: Make sure you make a copy of the background packet that you are required to fill out. Number one it will make it easier for you the next time you have to complete one because most background packets are similar in nature. Number two, it allows you a permanent record of what information you provided the department so you ensure you remember what information you had provided.

After you complete the background packet, it will usually be turned over to a person that will verify the information you provided. The person doing your background investigator may be a member of the local law enforcement agency, a member of the fire department (arson investigator, chief officer, etc.), or a person working for a private background investigation company that is probably an off-duty or retired peace officer.

It is not uncommon for the background investigator to contact all of your family members, your former and current work supervisors, your references and your former college instructors to verify the information you had provided. A good suggestion is to make sure that every person you have provided contact information for has been contacted by you in advance to let them know you are testing for the position of firefighter so they may be prepared to answer questions about you. This way, they are not blindsided by phone calls from the investigator. Also, if you put down a person's contact information, make sure they at least have something good to say about you. Ask them what they will say about you to the background investigator. This is extremely important because it is not uncommon to be asked during an oral interview "if we contacted a former supervisor, what would they say about you?" At least this way you can provide them with an honest answer, not just a "duh, I don't know."

Questions the background investigator might ask your relatives, references, or family members can include:

- Do you feel the individual would make a good firefighter?
- How well does the individual get along with others?
- Does the individual take any drugs or use any alcohol that you are aware of?
- What are the individual's strengths?
- What are the individual's weaknesses?
- Is the individual honest, ethical, dependent, and hard-working?
- Would you rehire the individual (for your former supervisors)?
- Is the individual responsible, mature, and accountable?
- Does the individual demonstrate common sense?
- How do you feel about the individual performing the duties of a firefighter?
- Is the individual have a tardiness or absenteeism problem (for your supervisors)?
- Has the individual ever been arrested or had problems with the law?
- Do you put complete trust into this individual?

Remember that nobody is perfect. Remember that the job of the background investigator is to find out discrepancies, falsifications, inaccuracies, or inconsistencies with what you have documented on your application, resume, and background packet. Any one of the above problems can and potentially will lead to your being disqualified from the hiring process. The key is to be honest and to not lie!

Attached is a "State of Georgia" sample background packet

We suggest you contact the agency you are applying to and obtain a copy of their background packet.

You will find that each agency has a different packet, format, process and asked questions.

Most importantly always strive to maintain a clean background regardless of what profession you choose.

Don't wait for the testing process for the agency to research your background.

You should do this on your own and have a current and maintain copy for yourself at all times.

There should be no surprises when going through a background process. They will research everything.

- Background – sample (but not limited too) key items:
 - Banking history
 - Birth Certificate / Certificate of Naturalization (if applicable)
 - Credit reports
 - Criminal history (if you have any question of something being an issues bring it up)
 - College diploma
 - DMV record
 - Drug test
 - Finger print
 - High school or GED diploma
 - Lie detector test
 - Marriage certificate (if applicable)
 - Marriage's dissolution (if applicable)
 - Military DD form 214 – long form (if applicable)
 - Proof of current automobile insurance
 - References (friends)
 - References (neighbors)
 - References (work related)
 - Social Security Card
 - Traffic collision reports (within the last five years)
 - Transcripts for all schools attended

Start putting your background packet together now and maintain it at all times.

www.FirefightersABCs.com



PRE-EMPLOYMENT BACKGROUND PACKET



Department of Public Safety

*Post Office Box 1456
Atlanta, Georgia 30371-1456*

**Colonel Mark W. McDonough
Commissioner**

Dear Applicant,

Thank you for taking an interest in employment with the Department of Public Safety by completing the State of Georgia Application for Employment. All applicants for any position within the Department of Public Safety (DPS) are required to successfully complete an intensive background investigation. If you are still interested in employment, the next step in the application process will be the completion and submission by you of the information requested herein. Enclosed you will find the Department of Public Safety Background Packet consisting of a Pre-Employment Questionnaire, Personal Data Form and Authorization for Release of Personal Information, along with instructions for each. Please complete and return by mail to the address shown below. **Any applicant who fails to complete the required forms and to supply proper documents such as birth certificate, transcripts, etc., will be removed from further employment consideration.**

Department of Public Safety
Human Resources Division
Applicant Backgrounds
P. O. Box 1456
Atlanta, Georgia 30371-1456

It is vitally important that you provide full and complete information. **Any evasion, omission or deliberate false statement by you will invalidate your application.**

After review of your background packet, you may be contacted for an interview. The purpose of the interview will be to determine your suitability for employment.

Sincerely,

Lisa Maier
Director, Human Resources Division
Department of Public Safety

DEPARTMENT OF PUBLIC SAFETY

INSTRUCTIONS FOR COMPLETION OF YOUR PRE-EMPLOYMENT BACKGROUND PACKET

1. If forms are handwritten, use black ink and be sure forms are clear and legible.
 2. If additional space is needed for any section or question in the enclosed forms, or if you wish to furnish additional information, attach sheets of paper the same size as these forms, and assign numbered answers to correspond to the questions.
 3. **All information must be completed and returned within 30 days.**
 4. **Incomplete forms/packets will not be accepted.**
 5. You must answer all questions correctly. **Do not use "N/A"**, meaning not applicable. *Failure to furnish the pertinent information requested on the application may result in the Department of Public Safety being unable to complete a background investigation and may disqualify you as a candidate for employment. Intentional omissions or false answers will be a basis for the termination of the application process.*
 6. If you are unable to provide any of the information requested, an explanation must be given as to the reason.
 7. **The information provided by you will be subject to both polygraph examination and background investigation.**
 8. Questions concerning your pre-employment background packet may be directed to the Department of Public Safety, Human Resources Division at (404) 624-7553.
 9. Any information received throughout the employment process including, but not limited to, the background packet, release forms, employment information, psychological reports, credit information, medical information, etc., are the sole property of the Department of Public Safety and no information will be released back to the applicant.
- Please read the following statements, then sign and date this form. Your signature denotes that you have read and understand the statement:
 - 1) **I UNDERSTAND THAT IF I DO NOT WISH TO ANSWER A QUESTION IN THIS BOOKLET, I MAY CHOOSE NOT TO DO SO AND MY APPLICATION WILL BE TERMINATED.**
 - 2) **I UNDERSTAND THAT IN ORDER TO PROMOTE AND ENCOURAGE CANDID EVALUATIONS BY PERSONS INTERVIEWED DURING APPLICANT BACKGROUND INVESTIGATIONS, ALL EVALUATIONS SHALL BE CONFIDENTIAL, PURSUANT TO THE OPEN RECORDS ACT. CONFIDENTIAL EVALUATIONS ARE INFORMATION OR RECORDS WHICH ASSESS WORK PERFORMANCE, PREJUDICES, INTEGRITY, ETHICAL CONDUCT, HONESTY, FINANCIAL RESPONSIBILITY, OR PAST PERSONAL BEHAVIOR.**

Signature

Date

DOCUMENTS TO BE SUBMITTED WITH YOUR BACKGROUND PACKET

Enclose all of the following applicable documents with your completed Background Packet in the envelope provided for your convenience.

- (1) **Certified Copy** of your Birth Certificate and/or **Certified Copy** of Court Orders Authorizing Any Name Change. If name change due to marriage and/or divorce, include Certified Copies of Marriage Certificate(s) and Divorce Decree(s) as applicable.
- (2) **Certified Copy** of Certification of Naturalization (if you are a Naturalized Citizen) OR **Photocopy** of your INS Card (issued by U.S. Immigration & Naturalization)
- (3) A State of Georgia Application For Employment
- (4) **Photocopies** of GA Work Ready Assessment score reports
- (5) **Official Grade Transcripts** from:
 - a. High School – (Must be an accredited school) or GED diploma (if applicable)
 - b. College
 - c. Vocational/Technical Schools
(Request forms are located at the end of the packet for your convenience and you may photocopy as needed).
- (6) A Recent **Full-Length Photograph**
- (7) **Photocopy** of P.O.S.T. Certification (if currently certified)
- (8) **Photocopy** of DD-214 for each period of Military Service (must be Member-4 copy showing lines 23-30 regarding separation and discharge information)
- (9) **Photocopy** of Selective Service Registration Card if you are a male applicant between the ages of 18 and 26 years of age. (Proof may also be obtained online from the Selective Service System Website at <https://www.sss.gov/RegVer/wfVerification.aspx> or at the Selective Service Automated Line telephone number (847) 688-6888). *

**Any male applicant between the ages of 18 and 26 years of age must present proof of having registered with the Selective Service System as required by federal law, or of being exempt from such registration.*

If you wish to have items #1, #2, #4 or #7 returned, please specify and enclose a self-addressed, stamped envelope. Items #3, #5, #6, #8 and #9 will not be returned.

**NO PHOTOCOPIES WILL BE ACCEPTED
IN LIEU OF CERTIFIED COPIES OR OFFICIAL TRANSCRIPTS**

DEPARTMENT OF PUBLIC SAFETY

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
--

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Department of Public Safety, whether such records are of a public, private, or confidential nature.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be used in determining my suitability and continuing suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Department of Public Safety to be a participant in the determination process of employment suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

Full Name Printed	Signature	
Street Address	Date	
City/State/Zip	Sex	Race
Social Security Number	Date of Birth	

DEPARTMENT OF PUBLIC SAFETY

AUTHORIZATION FOR RELEASE OF CREDIT HISTORY

I do hereby authorize a review and full disclosure of Credit History records concerning myself to any duly authorized investigator of the Department of Public Safety.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or rating), and other financial statements and records wherever filed.

I understand that any information obtained by a credit history which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability and continuing suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Department of Public Safety to be a participant in the determination process of my employment suitability. I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I understand that under the Federal Fair Credit Reporting Act, I have the right to:

- (a) **obtain** (under section 612) information contained in my credit file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against me because of information supplied by the consumer reporting agency if I request the report within 60 days of receiving notice of the action.
- (b) **dispute** (under section 611) with a consumer reporting agency the accuracy or completeness of any information in a consumer report furnished by the agency.

I understand that the consumer reporting agency does not make decisions regarding any adverse action taken by the Department of Public Safety nor is the consumer reporting agency able to provide any specific reasons why an adverse action was taken. The Department of Public Safety obtains credit history records from Database Systems International, 3525 Highway 138, SE, Stockbridge, GA 30281, toll-free telephone number 1-866-773-3675.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Credit History.

_____	_____
Full Name Printed	Signature
_____	_____
Street Address	Date
_____	_____
City/State/Zip	Sex Race
_____	_____
Social Security Number	Date of Birth

DEPARTMENT OF PUBLIC SAFETY

PROBATION PERIOD POLICY STATEMENT

I understand that employment with the Department of Public Safety begins with a probationary period during which I must demonstrate my fitness for continued employment. In addition, I understand that failure to successfully complete this probationary period will result in the termination of employment.

I further understand that any employment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willingly withholding information or making false statements in any part of the Pre-Employment Background Packet can be the basis for dismissal from the Department of Public Safety. I agree to these conditions and I hereby certify that all statements made by me on these documents are true and complete, to the best of my knowledge.

Signature

Date

RESIDENTIAL HISTORY

List addresses of all residences for the last ten (10) years, starting with present.

<u>From</u> <i>Month / Year</i>	<u>To</u> <i>Month / Year</i>	<u>Address</u>	<u>City</u>	<u>State</u>
	(Present)			
/				
/				
/				
/				
/				
/				
/				
/				
/				
/				
/				
/				
/				

LITIGATION

Have you ever been named as a defendant in any type of lawsuit?

Yes No

If yes, complete the following:

<i>Date</i>	<i>Title of action or proceeding</i>	<i>Court Disposition</i>
<i>Date</i>	<i>Title of action or proceeding</i>	<i>Court Disposition</i>

Have you ever filed a lawsuit against any other person, company, or employer?

Yes No

If yes, complete the following:

<i>Date</i>	<i>Title of action or proceeding</i>	<i>Court Disposition</i>
<i>Date</i>	<i>Title of action or proceeding</i>	<i>Court Disposition</i>

DRIVING RECORD

Do you have a current driver's license? Yes No

If "yes", provide the following information:

State of Issue: _____ Driver's License Number: _____

Classification: _____ Expiration Date: _____

List **ALL** traffic citations you have ever received except parking: **(If none, so state).**

<u>Location (City/State)</u>	<u>Approximate Date</u>	<u>Violation</u>	<u>Disposition</u>

Did you ever possess a driver's license issued by any state other than Georgia? *If yes, give state, license number, dates & name issued to:* Yes No

<i>State</i>	<i>License Number</i>	<i>Name Issued To</i>	<i>Year(s)</i>

Has your license ever been suspended or revoked by any state? Yes No

Have you ever been refused a driver's license by any state? Yes No

Has your auto insurance ever been canceled? Yes No

Were you ever denied auto insurance? Yes No

Did you ever obtain a driver's license under another name? Yes No

Have you ever been involved in an accident you failed to report? Yes No

Have you ever been involved in any accident as a driver? Yes No

If yes, how many. _____

If you answered "yes" to any of the above questions, an explanation is required:

ALCOHOL

Did you ever operate a vehicle/boat under the influence of alcohol? Yes No
If yes, when was the last time? _____

Have you ever been stopped for driving under the influence but not taken to jail? *If yes, when was the last time?* Yes No _____

Did you ever call in sick because of a “hangover”? Yes No

Did you ever consume alcoholic beverages prior to reporting for work? Yes No

Did you ever consume alcoholic beverages while at work? Yes No

If you answered “yes” to any of the above questions, an explanation is required: _____

GAMBLING

Do you have gambling debts? Yes No

If yes, an explanation is required: _____

What is the most money you have ever illegally bet at one time? _____

What is the largest amount of money you have ever lost? _____

Did you ever borrow money to pay a gambling debt? Yes No
If yes, how many times? _____

Did you ever steal money to pay a gambling debt? Yes No
If yes, how many times? _____

CRIMINAL HISTORY

Have you ever been arrested or been the subject of a criminal complaint or indictment or been required to appear as a suspect or defendant in any criminal (including juvenile) proceeding or before any prosecuting officer or investigative agency?

Yes No

Have you ever been convicted or pled guilty or pled nolo contendere to a misdemeanor crime?

Yes No

Have you ever been convicted or pled guilty or pled nolo contendere to a felony crime?

Yes No

Have you ever received a sentence under the First Offender Act or are you currently serving probation as a sentence under First Offender?

Yes No

Were you ever arrested as a juvenile?

Yes No

Have you ever been a member of a Street Gang?

Yes No

Have you ever been:

Sentenced to incarceration?

Yes No

Placed in a police lineup?

Yes No

Placed on probation?

Yes No

Placed on parole?

Yes No

Placed in a holding cell?

Yes No

Placed in a military stockade?

Yes No

Placed in a disciplinary school?

Yes No

Questioned by the police as a suspect of a crime?

Yes No

***If you answered "yes" to any of the above questions, an explanation is required:
(Please include name of Arresting Agency and Court of Jurisdiction)***

HAVE YOU EVER COMMITTED OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES OR OFFENSES? THE QUESTION APPLIES EVEN THOUGH YOU MAY NOT HAVE BEEN ARRESTED OR DETECTED.

	YES	NO	AGE
Murder			
Voluntary Manslaughter			
Involuntary Manslaughter			
Aggravated Assault			
Battery/Simple or Aggravated			
Kidnapping			
False Imprisonment			
Hijacking an Aircraft			
Child Abuse			
Driving on Revoked Driver's License			
Fleeing and Attempting to Elude			
Driving Under the Influence (DUI)			
Vehicular Homicide			
Rape			
Aggravated Sodomy			
Statutory Rape			
Child Molestation			
Bestiality			
Necrophilia			
Public Indecency			
Prostitution			
Pimping			
Bigamy			
Incest			
Cruelty to Animals			
Burglary			
Criminal Damage to Property			
Vandalism			
Arson			
Criminal Possession of Explosives			
Theft by Taking			
Theft by Deception			
Theft by Conversion			
Theft of Services			
Theft of Lost or Mislaid Property			
Theft by Receiving Stolen Property			
Hit and Run			
Shoplifting			
Theft of Motor Vehicle, Parts, Components			
Robbery			
Armed Robbery			
Forgery			
Credit Card Fraud			

THEFTS

- Did you ever steal any money from an employer? Yes No
- Did you ever steal anything from an employer? Yes No
- Did you ever steal any property or money from a fellow employee? Yes No
- Did you ever deliberately "shortchange" a customer? Yes No
- As an adult, did you ever steal anything from a store or business? Yes No
- Did you ever alter a price tag in a store? Yes No
- Did you ever forge a check? Yes No
- Did you ever intentionally write a bad check? Yes No
- Did you ever steal anything from a vehicle? Yes No
- Did you ever act as a lookout when anyone else was stealing? Yes No

If you answered "yes" to any of the questions above, an explanation is required:

SECURITY

- Have you ever been a member of any group or organization that advocates violent dissent or the overthrow of this government or any other government? Yes No
- Have you ever been a member of a group or organization that advocates violence, racism, or other illegal activities? Yes No
- Have you ever been refused a security clearance or bond? Yes No
- Have you ever been involved in any type of riot, illegal demonstration or illegal strike? Yes No
- Have you ever participated in the use or manufacture of explosive devices or firebombs? Yes No

If you answered "yes" to any of the above questions, an explanation is required:

DRUG HISTORY

Check the appropriate column(s) for each of the following drugs which you have recreationally and/or casually used or which you are currently using **without a medical prescription**.

<i>Name of Drug</i>	<i>Never Used</i>	<i>Tried/Used</i>	<i>Last Time Month/Year</i>	<i>First Time Month/Year</i>	<i>Number of Times</i>
Amphetamines/Uppers					
Ativan					
Barbiturates/Downers					
Benzedrine					
Biphetamine					
Cocaine/Coke					
Codeine					
Crack					
Crank/Meth/Ice					
Darvon					
Darvon/Darvocet					
Demerol					
Dexedrine					
Dilaudid					
Ecstasy(XTC)/ MDMA/MDA					
Equanil					
GHB/Liquid Ecstasy					
Glue					
Hash Oil					
Hashish					
Heroin					
Huffing/Inhalant Use					
Ketamine/Cat Valium					
Librium					
Lortab/Lorcet					
LSD/Acid/STP					
Marijuana/THC					
Meperidine					
Mescaline					
Methadone					
Methamphetamine					
Methaqualone					
Morphine					
Mushrooms/Psilocybin					
Nembutal					
Nexus					
Nitrous Oxide					

<i>Name of Drug</i>	<i>Never Used</i>	<i>Tried/Used</i>	<i>Last Time Month/Year</i>	<i>First Time Month/Year</i>	<i>Number of Times</i>
Opium					
Oxycodone					
OxyContin					
PCP/Angel Dust					
Percodan/Percocet					
Peyote					
Phenobarbital					
Preludin					
Rohypnol					
Qualudes					
Seconal					
Speed					
Steroids					
Talwin					
Thai Stick					
Tranxene					
Tylox					
Valium					
Vicodin					
Wygesic					
Xanax					
Other					

Explain fully any item(s) checked: _____

Have you ever used any illegal drug not listed in either chart? Yes No

If yes, list the drug(s) used, last time used and number of times used:

_____	_____	_____
<i>Type of Drug</i>	<i>Last Time Used</i>	<i>Number of Times Used</i>
_____	_____	_____
<i>Type of Drug</i>	<i>Last Time Used</i>	<i>Number of Times Used</i>

Are you currently using any illegal drugs? Yes No

If yes, list type of drug(s) used, amount used and how often used:

<i>Type of Drug</i>	<i>Amount Used</i>	<i>How Often Used</i>
<i>Type of Drug</i>	<i>Amount Used</i>	<i>How Often Used</i>

How many of your friends, associates or family members are Street Gang members? _____

How many of your current friends or associates use illegal drugs? _____

When was the last time that someone used illegal drugs in your presence? _____

Describe the type of drug and circumstances: _____

Have you attended a Rave? Yes No

Number of Times Attended: _____ **Last Time Attended:** _____

Have you ever tried/used illegal drugs just prior to reporting to work? Yes No

Have you ever tried/used illegal drugs while at work? Yes No

Have you ever tried/used illegal drugs at lunch or breaks at work? Yes No

Have you ever tried/used illegal drugs just after getting off work? Yes No

Describe the type of drug and circumstances: _____

Have you ever taken alcohol and illegal drugs together? Yes No

Drug: _____ **Last Time:** _____ **Number of Times Used:** _____

Have you ever operated a vehicle/boat under the influence of illegal drugs? Yes No

Drug: _____ **Last Time:** _____ **Number of Times Used:** _____

Have you ever grown or participated in growing marijuana? Yes No

How much? _____

When? _____

Where? _____

What did you do with the marijuana? _____
Have you ever manufactured or participated in manufacturing
illegal drugs? Yes No
What type? _____
How much? _____
When? _____
Where? _____
What did you do with the drugs? _____

Have you ever purchased and/or received any illegal drugs? Yes No

Drug: _____ Last Time: _____ Number of Times Used: _____

Describe the type of drug and circumstances: _____

Have you ever sold any illegal drug(s) or any substance that
you purported or claimed to be an illegal drug? Yes No

Have you ever transported or stored any illegal drugs? Yes No

Have you ever set up a drug buy for yourself or anyone else? Yes No

Have you ever overdosed on illegal drugs? Yes No

Have you ever illegally used anyone else's drug prescription? Yes No

Have you ever forged, illegally obtained, sold or stolen a drug
prescription? Yes No

Have you ever passed or attempted to pass a forged or stolen
drug prescription? Yes No

Have you ever stolen drugs from anyone? Yes No

Do you own/possess any drug paraphernalia? Yes No

If you answered "yes" to any of the above questions, an explanation is required:

PROFESSIONAL LICENSE(S) AND/OR ASSOCIATIONS

List all professional license(s) held by you. *(If none, so state).*

Have you ever had a professional license revoked or suspended for any reason?

Yes No

If yes, give details including type of license and reason for revocation or suspension:

List any special skill(s) or certificate(s) held by you. *(If none, so state).*

List all organizations, clubs and associations of which you are or have been a member of within the past ten (10) years.

Name

City/State

Do you serve on any local, state, or federal board, commission, authority, or in any elected office? Yes No

Name of board, commission, authority or office: _____

Have you ever been the subject of any previous background investigation by any federal, state or local agency? Yes No

If yes, list agencies: _____

EDUCATION

Circle highest year of education that you successfully completed:

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

If you graduated from high school or received a GED Certificate, complete the following:

<i>School</i>	<i>Address</i>	<i>Year Graduated</i>
---------------	----------------	-----------------------

If you attended a University / College / Vocational-Trade School, list the name of the school, location, years attended, major course of study and any degree or certificate obtained:

<i>School</i>	<i>Location (City & State)</i>
---------------	------------------------------------

<i>Dates Attended</i>	<i>Major</i>	<i>Degree/Certificate</i>
-----------------------	--------------	---------------------------

<i>School</i>	<i>Location (City & State)</i>
---------------	------------------------------------

<i>Dates Attended</i>	<i>Major</i>	<i>Degree/Certificate</i>
-----------------------	--------------	---------------------------

<i>School</i>	<i>Location (City & State)</i>
---------------	------------------------------------

<i>Dates Attended</i>	<i>Major</i>	<i>Degree/Certificate</i>
-----------------------	--------------	---------------------------

If you attended graduate school or have a graduate degree, list the name of the college or university attended, address, major area of study and degree obtained:

<i>College/University</i>	<i>Address</i>	<i>Years Attended</i>
---------------------------	----------------	-----------------------

<i>Graduate Degree</i>	<i>Year Degree Obtained</i>	<i>Major</i>
------------------------	-----------------------------	--------------

If you have any technical skills not necessarily acquired through formal education, list them here: _____

Were you ever expelled or suspended from any school, college or university?

- Yes No **If yes, explain:** _____

WORK HISTORY

Have you or any companies in which you are or were a principal ever been the subject of an investigation or litigation that was conducted by a federal, state, or local agency?

Yes No *If yes, explain:* _____

Are you now or have you ever been engaged in any business as an owner, partner or corporate member?

Yes No *If yes, give details below:* _____

Do you have any affiliation with any company that does business with the State of Georgia?

Yes No *If yes, give name of company and explain below:*

Have you ever been investigated, reprimanded, fined or suspended from doing business with any local, state or federal agency?

Yes No *If yes, explain:* _____

Has a supervisor ever given you a verbal or written reprimand, been suspended or disciplined for any reason?

Yes No *If yes, explain and give name of employer and dates:*

Have you ever cheated an employer? (Unauthorized Sick Leave, Padded Expense Accounts, etc.)

Yes No *If yes, explain:* _____

Have you deliberately destroyed any property of an employer?

Yes No *If yes, explain:* _____

Circle the number of times you have been asked to resign or have been fired from a job within the last ten (10) years?

0 1 2 3 4 5 6 7 8 9 10

Explain the circumstances of each in the space below:

Have you ever quit a job to avoid being fired? Yes No

If yes, explain: _____

Have you ever been a party to a lawsuit, resulting from your actions in the performance of your job? Yes No

If yes, explain: _____

Are you willing and able to work nights and weekends? **(NOTE: ALL APPLICANTS FOR TROOPER, MOTOR CARRIER COMPLIANCE OFFICER, CUSTOMER SERVICE AGENT, SAFETY OFFICER & POLICE CORPORAL ARE EXPECTED TO WORK ANY SHIFT ASSIGNED).**

Yes No **If "no", please explain:** _____

Do you have any obligation or commitment, which would prevent you from relocating from your current residence to an assignment anywhere in the State of Georgia? **(NOTE: ALL APPLICANTS FOR TROOPER MUST BE WILLING TO ACCEPT STATEWIDE ASSIGNMENT).**

Yes No **If "yes", please explain:** _____

List **ALL** jobs you have held since high school. **Put your PRESENT or MOST RECENT JOB FIRST.** Include Military Service in proper time sequence. List **temporary or part-time jobs** REGARDLESS OF HOW LITTLE TIME WAS INVOLVED. If you need more space, you may attach additional pages. (All addresses and phone numbers must be current. **DO NOT** use post office box as an address.)

From _____ To _____ Title _____

Name of Employer _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Full-Time Job

Salary per month _____ Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

Would your employment be jeopardized if your present employer were contacted during the background investigation? Yes No

From _____ To _____ Title _____

Name of Employer _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Full-time Job

Salary per month _____ Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address

City

State

Zip Code

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address

City

State

Zip Code

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address

City

State

Zip Code

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address

City

State

Zip Code

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address _____ *City* _____ *State* _____ *Zip Code* _____

Phone Number _____ Full-time Job

Salary per month _____ Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address _____ *City* _____ *State* _____ *Zip Code* _____

Phone Number _____ Full-time Job

Salary per month _____ Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address

City

State

Zip Code

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address

City

State

Zip Code

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

PRIOR CRIMINAL JUSTICE EMPLOYMENT HISTORY

If you were ever employed by a criminal justice or law enforcement agency, answer the following questions:

- Have you ever accepted a payoff? Yes No
- Have you ever stolen anything from someone you arrested? Yes No
- Have you ever stolen anything from an evidence room? Yes No
- Have you ever kept the property of someone you arrested? Yes No
- Did you ever carry a "throw down" weapon? Yes No
- Have you ever unlawfully entered a business or residence? Yes No
- Have you ever stolen anything from an impounded vehicle? Yes No
- Did you ever falsify an expense voucher? Yes No
- Have you ever received any type of gratuity for dropping a case or disposing of an arrest ticket? Yes No
- Have you ever tampered with evidence? Yes No
- Have you ever kept for personal use or for resale any illegal drugs taken from someone that had been arrested/detained or questioned? Yes No
- Have you ever used any illegal drugs/marijuana while a law enforcement officer? Yes No
- Did you ever warn anyone that they were the subject of a criminal investigation? Yes No
- Did you ever "cover up" a crime committed by a fellow officer? Yes No
- Did you ever make a false official report? Yes No
- Did you ever make a false entry on a log? Yes No
- Have you ever illegally destroyed a case file, computer record or official report? Yes No
- Have you ever illegally retained seized weapons or property? Yes No

Have you ever intentionally falsified a case file, computer record or official report? Yes No

Have you ever "planted" evidence? Yes No

Were you ever suspended from your job? Yes No

Have you ever "tipped-off" a friend, acquaintance or relative about an active investigation involving them or someone they know? Yes No

Did you ever "cover up" a criminal offense for a friend or relative? Yes No

While employed by a criminal justice agency, have you ever illegally possessed or sold marijuana, cocaine or other illegal drugs? Yes No

Have you ever stolen anything from a crime scene? Yes No

While employed by a criminal justice agency, did you ever violate your oath of office? Yes No

Have you ever lied under oath during a trial? Yes No

Have you ever been a party to a lawsuit resulting from your actions in the performance of your job? Yes No

Have you ever been investigated by Georgia P.O.S.T. Council or any other state's agency that regulates peace officer certification? Yes No

If you answered "yes" to any of the above questions, an explanation is required, including dates and agency with whom you were employed and outcome of any disciplinary or investigation: _____

MILITARY HISTORY

Are you registered for the Draft? Yes No Not Applicable

Any male applicant between the ages of 18 and 26 years of age must present proof of having registered with the Selective Service System as required by federal law, or of being exempt from such registration.

Have you ever served in the Armed Forces of the United States? Yes No

If Yes, list branch: _____

Service Number _____ Highest Rank Held _____

Give date and location of entrance to active duty. _____

Give date and location of discharge. _____

What is the type of your discharge? (*Honorable, Dishonorable, General, Honorable Under General Conditions, etc.*) _____

Are you now, or were you ever an active or inactive member of any branch of the United States Reserve Forces? Yes No

If yes, list branch: _____ Unit _____

Highest rank held _____ Location _____

From _____ To _____ Type of Discharge _____

Are you now or were you ever a member of the National Guard? Yes No

If yes, list State _____ Unit _____

Highest rank held _____ Location _____

From _____ To _____ Type of Discharge _____

List all decorations and/or service medals awarded to you as a member of the Armed Forces, National Guard or Reserve Forces? *If none, so state.*

Were you ever court-martialed, tried on charges, or were you the subject of a summary court, desk court, captain's mast or company punishment, or any other formal disciplinary action while a member of the Armed Forces, National Guard or Reserve Forces?

Yes No *If yes, explain:* _____

REFERENCES AND ACQUAINTANCES

List the names of **five** persons not related to you and not former employers, who are friends, fellow students, or co-workers who have seen you frequently during the past year and preferably those who have known you for the past (5) years. These persons may be asked to appraise your reputation for honesty, trustworthiness, sobriety, reliability, and discretion. **Please provide both business and residential phone numbers where possible.**

Name _____
Business Phone () _____ Cell/Home Phone () _____
Best Time to Contact _____ Best Time to Contact _____
Address _____
Number & Street *City* *State* *Zip Code*
Business, Occupation or Profession _____

Name _____
Business Phone () _____ Cell/Home Phone () _____
Best Time to Contact _____ Best Time to Contact _____
Address _____
Number & Street *City* *State* *Zip Code*
Business, Occupation or Profession _____

Name _____
Business Phone () _____ Cell/Home Phone () _____
Best Time to Contact _____ Best Time to Contact _____
Address _____
Number & Street *City* *State* *Zip Code*
Business, Occupation or Profession _____

Name _____
Business Phone () _____ Cell/Home Phone () _____
Best Time to Contact _____ Best Time to Contact _____
Address _____
Number & Street *City* *State* *Zip Code*
Business, Occupation or Profession _____

Name _____
Business Phone () _____ Cell/Home Phone () _____
Best Time to Contact _____ Best Time to Contact _____
Address _____
Number & Street *City* *State* *Zip Code*
Business, Occupation or Profession _____

Have you ever declared, or are you about to declare bankruptcy? Yes No

If yes, provide date filed, location, circumstances and date cleared or discharged:

Are any of your payments to creditors past due? Yes No

If yes, list creditors and explain circumstances:

Have you failed to file income tax returns for any past years? Yes No

If yes, give year and details:

Are you or any company in which you have a controlling interest delinquent in filing any local, state or federal taxes? Yes No

If yes, give details:

Do you owe any past due federal, state or local taxes? (Including IRS, State Dept of Revenue, Property, Ad Valorem, Income, etc) Yes No

If yes, give year, amount owed and to whom. If you are on an approved payment plan to repay, provide details:

Have you ever defaulted on a student loan? Yes No

If yes, explain:

Do you owe any past-due child support payments? Yes No

If yes, give name of person debt is owed and amount owed:

Have you ever had your wages garnished?

Yes No

If yes, explain: _____

Have you ever intentionally declined to pay a debt?

Yes No

If yes, explain: _____

Have you ever been ordered by a court to make financial payments?

Yes No

If yes, explain: _____

What income, other than salary, do you have at present? *Include spouse's salary.*

***Department of Public Safety
Pre-Employment Questionnaire***

CERTIFICATION THAT MY ANSWERS ARE TRUE

I have read and understand each question on this questionnaire. My responses on this questionnaire are true, complete and correct to the best of my knowledge and are made in good faith. I understand that making a knowing and willful false statement on this questionnaire is a crime. I further understand that making a false or misleading statement or failing to answer a question(s) will result in my disqualification from consideration for employment with the Department of Public Safety. I do hereby authorize the Department of Public Safety to conduct a review of all records concerning myself, whether such records are of a public, private or confidential nature.

Full Name Printed: _____

Signature: _____ **Date:** _____

REQUEST FOR EDUCATIONAL RECORD

(For Applicant Use Only)

IT WILL BE THE RESPONSIBILITY OF THE APPLICANT TO ORDER HIS/HER TRANSCRIPTS (BOTH HIGH SCHOOL AND COLLEGE).

DATE: _____

TO: Registrar or Records Manager

Name of High School/College/University

Address

City / State / Zip Code

It is requested that you forward official transcripts of my educational record to me at the following address:

FROM:

Name of Applicant

Address

City / State / Zip Code

Signature

I.D. Data

Maiden Name: _____

Social Security #: _____

Date of Birth: _____

Student Number: _____

REQUEST FOR EDUCATIONAL RECORD

(For Applicant Use Only)

IT WILL BE THE RESPONSIBILITY OF THE APPLICANT TO ORDER HIS/HER TRANSCRIPTS (BOTH HIGH SCHOOL AND COLLEGE).

DATE: _____

TO: Registrar or Records Manager

Name of High School/College/University

Address

City / State / Zip Code

It is requested that you forward official transcripts of my educational record to me at the following address:

FROM:

Name of Applicant

Address

City / State / Zip Code

Signature

I.D. Data

Maiden Name: _____

Social Security #: _____

Date of Birth: _____

Student Number: _____