

INSTRUCTIONS

This questionnaire is to be used to perform a background investigation on applicants seeking employment with the Ellijay Police Department. The purpose of the background investigation is to ensure the employees of the Police Department meet the minimum qualifications, as well as ensure applicants meet the standards of integrity and moral character needed for the position under consideration.

You are to fill out this questionnaire completely and accurately. Incomplete applications will not be accepted. All statements in the questionnaire are subject to verification. Incorrect statements will disqualify or remove you from employment consideration. If the space provided is inadequate, attach a continuation sheet and identify additional information by item number and page number. Any information found to be erroneous, whether intentional or not, may be used as a reason for disqualification from the employment process.

Place an "x" in the yes/no boxes to indicate the most correct answer. If a question does not apply to you, please place "N/A" in the space provided to indicate not applicable. You do not have to answer any question on the questionnaire. However, failure to do so will be a basis for disqualification from the selection process. If a question is not answered, it will be assumed that the applicant chose not to answer said question.

******Page 24 must be signed and Notarized******

BACKGROUND INVESTIGATION QUESTIONNAIRE OFFICE OF PROFESSIONAL STANDARDS

Position Applied For: Police Officer Civilian Employee Reserve/Auxiliary

LEGIBLY PRINT (OR TYPE) ALL INFORMATION IN BLACK OR BLUE INK

PERSONAL HISTORY STATEMENT

1. Name: _____
(First) (Middle) (Last) (Suffix)

Phone #: _____ - _____ - _____ Cell Phone #: _____ - _____ - _____

Pager #: _____ - _____ - _____ E-mail: _____

2. Give any other names you have used or been known by, including names associated with marriages.

3. Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Sex: _____ Race: _____ (W= White, B= Black, A= Asian, I= American Indian/Alaskan Native, O=Other, U= Unknown)

4. Social Security No. _____ Date of Birth _____

5. Address: _____
(Number) (Street) (Apt. No.)

(City) (State) (Zip) (County)

6. Place of Birth: _____
(City) (State) (Zip) (County)

7. Are you a Citizen of the United States? Yes No Natural Born: Yes No
Naturalized: Yes No

8. Please list any and all URL Internet Web Site addresses for any website/internet services such as web posting, blogs, chat rooms, video downloads, and internet dating sites i.e. Facebook, MySpace, Officer.com, Match.com, and YouTube etc. that you currently subscribe to or have subscribed to in the past and include your screen name.

9. List all your addresses for the last 5 years. Start with your present or most recent address.

FROM	UNTIL	STREET ADDRESS	CITY	STATE, ZIP

10. List all organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated.

Name	address	Date of membership/association

11. List your special skills, abilities, and hobbies, which may be beneficial to the Police Department.

12. Do you type? Yes No WPM _____

13. Please list, as personal references, **five** individuals who have knowledge of you, your character and your integrity. Please ensure that the addresses and phone numbers are correct and current. **Do not** include current or former employers. **Do not** include relatives.

Name	Address	Phone number	E-mail address
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Marital / Family History

14. Status: Single Live-in partner Married Divorced Spouse deceased

Present spouse or live-in partner information:

Name: _____ Date of Birth: _____

Place of Birth: _____ Social Security Number: _____

Date of marriage: _____ County of Marriage: _____

Occupation/employer: _____ Annual income: _____

Ex-spouse's name: _____

Cause for no longer being married: _____

(Reason for divorce, deceased, etc.)

15. Has any member of your family ever been arrested, convicted, or plead guilty to a felony or misdemeanor crime? Yes No

If yes, please provide:

Name	relationship	arresting agency	charges	date	disposition

16. Please list every child born to you, adopted by you, and any step-children, or children supported by you:

NAME	AGE	RESIDENCE

OCSA 19-13-1. "Family violence" means the occurrence of one or more of the following acts between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household: any felony; or commission of the offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass.

17. Have you ever engaged in an act of family violence? Yes No

18. Have you ever been accused of an act of family violence? Yes No

19. Have you ever been a victim of family violence? Yes No

20. Have you ever been questioned by law enforcement regarding a family violence incident? Yes No

21. Have you ever been served with a temporary protective order or restraining order? Yes No

Educational Background

22. Are you a high school graduate?

Yes No

Date graduated: _____

Name of High School Attended: _____ From: _____ to _____

Address of High School Attended: _____
Address city state zip

23. If no, do you have a high school equiv. /GED? Yes No

State Obtained: _____ Date obtained: _____ (Please provide copies of certificates)

24. List all training schools, colleges, trade schools, etc. that you have attended following high school, whether completed or not. Include full address, dates attended / completed and the certificate title or degree earned.

School Name	Address	City/State	Dates	Degree

25. Were you ever expelled or suspended from any school? Yes No

If yes, please explain: _____

26. Have you ever attended a Mandated School or law enforcement type academy for Police, Sheriff's Deputy, Basic Jailer or Corrections Officer? Yes No

If yes: Where attended: _____
Dates Attended: _____
Certification No: _____
OKEY No. (Ga.) _____

Please provide a copy of certificate

Employment History

If you answer 'yes' to any of the following, please elaborate on the line provided below each question.

27. Have you ever applied for a position or worked for The City of Ellijay before? Yes No

28. Are you now, or have you ever been related to any employee of the City of Ellijay Government? Yes No

29. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member? Yes No

30. Have you ever been reprimanded for being late or absent from work? Yes No

31. Have you ever been reprimanded by a work supervisor? Yes No

32. Have you ever had disagreements with previous employers concerning job duties/working conditions? Yes No

33. Have you ever been fired or involuntarily terminated from work by a previous employer? Yes No

34. Have you ever left a job without giving notice? Yes No

35. Have you ever resigned in lieu of termination or after an internal investigation has been started by your employer involving you? Yes No

36. Have you ever been declined employment? Yes No

37. Have you ever been the subject of an internal investigation either founded or unfounded? Yes No

38. Circle the number of times you have ever been asked to resign or have been fired from a job. Provide reason(s) on space provided.

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15+

39. Have you had experience with working varying or rotating shifts at work? Yes No

40. Are you willing to work varying or rotating shifts? Yes No

41. If it became necessary, in the performance of your duties, to take a human life, would you have reluctance to do so? Yes No

If yes, please explain: _____

42. Provide the names of five professional references, **not related to you**, such as employers, teachers, or former supervisors. These individuals may be asked to appraise your character, ability, experience, personality and other qualities.

Name: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____ E-mail _____

Name: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____ E-mail _____

Name: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____ E-mail _____

Name: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____ E-mail _____

Name: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____ E-mail _____

43. List all employment you have held beginning with your most recent employer. If applicable, include military service in the proper time sequence and temporary part-time employment no matter how little time was involved. **Include ALL law enforcement employment, regardless of when.** If you were unemployed for a given period, provide the dates in the proper sequence.

From: _____ To: _____ Position Held: _____ Salary: _____

Employer Name: _____ Phone No.: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____

Employer Name: _____ Phone No.: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____

Employer Name: _____ Phone No.: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____

Employer Name: _____ Phone No.: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____
Employer Name: _____ Phone No.: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Supervisor's Name: _____ Title: _____
Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____
Employer Name: _____ Phone No.: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Supervisor's Name: _____ Title: _____
Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____
Employer Name: _____ Phone No.: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Supervisor's Name: _____ Title: _____
Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____
Employer Name: _____ Phone No.: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Supervisor's Name: _____ Title: _____
Your Duties: _____ Reason for Leaving? _____

From: _____ To: _____ Position Held: _____ Salary: _____
Employer Name: _____ Phone No.: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Supervisor's Name: _____ Title: _____
Your Duties: _____ Reason for Leaving? _____

Financial and Credit History

44. In regards to your home, do you: Rent, Own or are buying, Live with _____

45. How much mortgage / rent do you pay per month? \$ _____

46. Do you own or lease a car, truck or motorcycle? Yes No
 If not, do you have reliable transportation? Yes No

Make: _____ Model: _____ Tag # _____ State: _____
 Make: _____ Model: _____ Tag # _____ State: _____
 Make: _____ Model: _____ Tag # _____ State: _____

47. Do you owe money to your previous employers or work associates? Yes No
 If yes, please explain _____

48. If prior law enforcement, are you bound to a contract concerning any training you may have received from your previous employer? Yes No

49. Please list all your monthly payments, to include housing, utilities, all creditors, etc. Use extra pages as necessary.

NAME OF FIRM	MONTHLY PAYMENT	BALANCE DUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

50. Are you currently delinquent on any payments or debts? Yes No
 If yes, please explain: _____

51. Do you own or are you buying real estate? Yes No

52. Have you ever filed for bankruptcy, Chapter 7, Chapter 11, or Chapter 13? Yes No
 If yes, please explain: _____

53. Have you ever had any wage garnishments? Yes No
 If yes, please explain: _____

54. Have you ever had anything repossessed? Yes No

If yes, please explain: _____

55. What is your total indebtedness (all money owed to creditors) at present? \$ _____

56. Have your creditors treated you fairly? Yes No

57. What is the approximate amount of your monthly living expenses (total minimum monthly payment to creditors, food, sundries, entertainment, etc)? \$ _____

58. Are you under court order to make payments to any person, entity, corporation, etc.? Yes No

If yes, please explain: _____

59. Do you gamble or play the lottery? Yes No If yes, explain: _____

60. Do you have any gambling debts? Yes No If yes, amount \$ _____

Military History

61. Have you ever served in a military organization of the United States, to include the Reserves or National Guard? Yes No

If yes: Branch of Service _____

Highest rank held _____

Medals and or Decorations _____

Discharge Type _____ attach copy of DD214

Date and location of Discharge _____

62. Period or periods of military service:

From	To	Rank / rating held
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63. Have you ever received any type of disciplinary action (such as courts martial, articles 15, Captain's Mast, etc.) while in the military? Yes No If yes, give full details, including dates and results:

Alcohol Use

64. Do you drink alcoholic beverages? Yes No
If yes, what type, how frequently, and how much: _____

65. Have you ever lost a job because of a drinking problem? Yes No

66. Have you ever been counseled by an employer because of your drinking habits? Yes No

67. Have you ever called in sick because you had a hangover? Yes No

68. Have you ever called in sick because you were intoxicated or had been drinking? Yes No

69. During the last ten years, approximately how many times have you used alcohol during working hours? (This would include during lunch or coffee breaks as well as while actually working).
Circle the approximate number.

0 1 2 3 4 5 6 7 8 9 10 12 13 14 15

70. Have you ever committed an alcohol related offense? Yes No
If yes, please explain: _____

71. Have you ever been arrested because of drinking? Yes No
If yes, please explain: _____

72. Have you ever held a job where alcohol use was common during business hours? Yes No
If yes, please explain: _____

73. Have you ever had any trouble with your spouse or family due to the use of alcohol? Yes No
If yes, please explain: _____

74. Have you ever been fired or penalized because of drinking? Yes No
If yes, please explain: _____

Drug Use

The following section deals with any past or present usage of drugs. If you answer yes to any of the following questions, provide a full explanation in the space provided in this section. Use extra sheets as needed.

75. Have you ever possessed or delivered illegal drugs or marijuana? Yes No
76. Have you ever sold or given away to family or friends any illegal drugs or marijuana? Yes No
77. Have you ever tried or used marijuana? Yes No
78. Have you ever tried or used any other illegal drug, opiates, pills, etc.? Yes No
79. During the past ten years, have you ever used marijuana or other illegal drugs while at work (including lunch or coffee breaks)? Yes No
80. Have you ever overdosed on illegal drugs? Yes No
81. Have you ever illegally used someone else's prescription? Yes No
82. Have you ever grown or participated in growing marijuana? Yes No
83. Have you ever manufactured or participated in manufacturing illegal drugs? Yes No
84. Have you ever intentionally transported illegal drugs? Yes No
85. Have you ever "set up" a drug buy? Yes No
86. Have you ever been with friends when they were buying illegal drugs? Yes No
87. Have you ever forged, stolen, bought, or sold a drug prescription? Yes No
88. Have you ever possessed or attempted to pass a forged prescription? Yes No
89. Have you ever been arrested or convicted for a drug violation? Yes No
90. Have you ever stolen drugs? Yes No
91. Have you ever sold any substance, which you purported or claimed to be an illegal drug? Yes No
92. Have you ever been associated with any person who is/was involved in any illegal drug activity? Yes No

If yes, please explain: _____

Which of the following have you used, if any? Circle the item, then provide a brief description stating the date last used (as close to the month, day and year as possible) whether you sold, purchased or possessed it, and the age you were when this happened.

IF YOU HAVE USED, POSSESSED, SOLD OR PURCHASED ANY DRUG NOT LISTED, YOU MUST PROVIDE A DESCRIPTION AS STATED ABOVE.

HEROIN
 OPIUM
 MORPHINE
 COCAINE
 LSD
 ANGEL DUST
 COKE
 VICODIN
 SNOW
 SNORT
 PCP
 ACID
 VALIUM
 CODEINE
 DILAUDID
 PERCODAN
 SPECKLE BIRD
 TYLOX
 DEMEROL
 METHAMPHETAMINE
 SPEED
 SOPEAS
 KAT
 RUSH
 ICE

BLUES
 TEES
 SPECIAL K
 BEAUTIES
 RJS
 PHENOBARBITAL
 NEMBUTAL
 SECONAL
 REDS
 GLUE
 PRELUDIN
 LUEDS
 QUAALUDE
 BLUE NITRO
 EQUANIL
 LIBRIUM
 OXYCODON
 MEPPERIDINE
 BENZEDRINE
 BENNIES
 DEXEDRINE
 MARIJUANA
 MUSHROOMS
 NEXUS
 STEROIDS

GHB
 PEYOTE
 MESCALINE
 HASHISH
 HASH OIL
 DRAGON
 TALWIN
 CRANK
 CRACK
 THAI STICK
 THC
 PSILOCYBIN
 TALWIN/PZB
 AMPHETAMINES
 BARBITUATES
 METHADONE
 MDA
 UPPERS
 DOWNERS
 ECSTACY
 BIPHETAMINES
 STP OR ROOFIES
 METHAQUALANE
 GEEK JOINT
 CRYSTAL METH

EXPLANATION:

Prior Criminal Justice Employment History

If you were ever employed by a criminal justice or law enforcement agency, answer the following questions. If you answer 'yes' to any question, explain in the space provided at the end of the section. If you have no criminal justice experience, place 'N/A' at the end of this paragraph and go to the next section. Use extra sheets as needed.

- | | |
|---|--|
| 93. Have you ever accepted a payoff? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 94. Have you ever stolen anything from anyone you arrested? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 95. Have you ever kept the property of someone that you arrested? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 96. Did you ever carry a 'throw down' weapon? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 97. Have you ever unlawfully entered a business or residence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 98. Have you ever stolen anything from a motor vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 99. Have you ever falsified an expense voucher? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 100. Have you ever received any type of gratuity for dropping a case or disposing of an arrest or ticket? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 101. Have you ever tampered with evidence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 102. Have you ever kept, for personal use or for resale, any illegal drugs taken from someone who had been arrested detained or questioned? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 103. Have you ever illegally destroyed a case file, computer entry, or official report? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 104. Have you ever planted evidence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 105. Were you ever suspended without pay from your job? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 106. Have you ever 'tipped off' a person about an active investigation involving them? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 107. Did you ever 'cover up' a criminal offense for a friend or relative? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 108. Since you were first employed in criminal justice work, have you used or sold marijuana, cocaine, or other illegal drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 109. Have you ever stolen anything from a crime scene? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 110. Have you ever been a party to a lawsuit as a result of your actions in the performance of your job? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, explain:

Criminal History Information

During this section, you will be asked questions regarding your involvement in criminal activity. If you answer 'Yes' to any of the following questions, please use the provided space at the end of the section to explain, in detail, all of the circumstances surrounding the event. You should answer the questions who, what, where, when, how and why. Use extra sheets as needed.

111. Have you ever been arrested or convicted of a crime? Yes No

112. Have you ever pled guilty, Nolo Contendere or first offender to a crime? Yes No

113. Have you ever received a sentence by a criminal court? Yes No

114. Have you ever been:

Sentenced to incarceration Yes No
Placed in a holding cell Yes No
Placed in a training school Yes No
Placed in a military stockade Yes No

Placed in a police lineup Yes No
Placed on probation Yes No
Placed in jail Yes No
Placed on parole Yes No

Questioned as a suspect of a crime by the police? Yes No

115. Have you ever stolen money from an employer? Yes No

116. Have you ever intentionally stolen anything from an employer? Yes No

117. Have you ever stolen anything from a fellow employee? Yes No

118. Have you deliberately 'short changed' a customer? Yes No

119. Have you deliberately destroyed property of an employer? Yes No

120. After reaching your 17th birthday, have you ever stolen anything from a store? Yes No

121. Did you ever alter a price tag in a store? Yes No

122. Have you ever forged a check? Yes No

123. Did you ever intentionally write a bad check? Yes No

124. Did you ever steal anything from a vehicle? Yes No

125. Did you ever act as a lookout while someone else was committing a criminal act? Yes No

126. ARE YOU A FUGITIVE FROM JUSTICE? Yes No

127. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is Totalitarian, Fascist, Communist, or Subversive, or which shows a policy of advocating or approving the commission of acts of force or violence to deny any other person their rights under the Constitution of the United States? Or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

128. Have you ever committed an undetected crime? Yes No

129. Has a bonding company ever turned you down? Yes No

130. Did you ever intentionally perjure yourself in a court of law? Yes No

131. Are you currently involved in any personal or professional lawsuits? Yes No

132. In the past, have you ever been involved in a lawsuit either as a plaintiff or a defendant? Yes No

133. Did you ever fraudulently misuse a credit card? Yes No

134. Are you being paid by any person to seek employment with this agency or promised any payment should you succeed in obtaining employment with this agency? Yes No

135. Please list all law enforcement agencies for which you have applied to for employment and the status of that application.

The following are offenses, which have been established by the State of Georgia as prosecutable under the criminal code of the State of Georgia. Please circle the offense or offenses that you have committed. This applies to incidents that may or may not be known to law enforcement or the judicial system. If you have any questions concerning whether you have or have not committed a particular offense, leave it blank and ask your contact investigator for a clarification of the offense. If you circle an offense, please describe all circumstances on the following page. If you do not circle an offense it is assumed that you are stating that you have never committed that offense. If you have a question as to whether you committed a particular offense or not, bring it to the attention of your contact investigator.

criminal solicitation

conspiracy

murder

voluntary manslaughter

involuntary manslaughter

aggravated assault

battery

aggravated battery

kidnapping

false imprisonment

hijacking

interference with custody

cruelty to children

reckless conduct

feticide

rape

aggravated sodomy

statutory rape

child molestation

bestiality

necrophilia

public indecency

prostitution

pimping

pandering

solicitation of sodomy

masturbation for hire

bigamy

incest

sexual battery

burglary

possession of tools for commission of a crime

criminal damage to property

interference with government property

vandalism

arson

criminal possession of explosives

criminal possession of incendiary

theft

armed robbery

robbery

forgery

issuance of bad checks

illegal use of credit card

fraud

bribery

impersonating a peace officer

giving false information

false report of a crime

concealing a death

hindering apprehension of a criminal escape

perjury

false swearing

embracey

influencing witnesses

tampering with evidence

treason

inciting an insurrection

wiretapping

eavesdropping

peeping tom

possession of unlawful weapon

carrying a concealed weapon

gambling

contributing to the delinquency of a minor

possession or sale of illegal drugs or substances

manufacturing or importing illegal drugs

driving under the influence

obstruction of an officer

attempting to elude an officer

Driving Record

The following section deals with your current and past driving history. List everything regarding your driving history regardless of the type of incident and/or the time span since the incidents took place.

136. Do you have a driver's license? Yes No

Type: _____ Class: _____ Endorsements: _____

State of issue: _____ License No. _____

Does it contain restrictions? Yes No If so, type: _____

Expiration date: _____

137. List below all traffic citations or warnings you have received, excluding parking:

Location	Approx. Date	Violation type	Disposition

138. Have you ever possessed an operator's license with a license number other than the one listed above? Yes No If yes provide: _____

Type: _____ Class: _____ Endorsements: _____

State of issue: _____ License No. _____

Does it contain restrictions? Yes No Restriction type: _____

Expiration date: _____

139. Has your license ever been suspended or revoked for any reason? Yes No

140. Have you ever been refused an operator's license by any state? Yes No

141. Do you have automobile liability insurance at the present time? Yes No

142. Has your insurance ever been canceled? Yes No

143. Have you ever been denied automobile insurance? Yes No

144. Have you ever obtained a license under an assumed name? Yes No

145. Did you ever have any hit and run accidents? Yes No

146. Did you ever leave the scene of an accident without giving assistance? Yes No

147. Have you ever been involved in a motor vehicle accident? Yes No

148. If yes, give complete details for each accident, whether collision or non-collision. Give dates, locations, causes of accidents, and who was legally at fault. Indicate whether or not there was a police investigation and whether or not there was injury.

149. Have you ever been charged with driving under the influence of alcohol or drugs? Yes No

If yes, give full details and explanation:

150. Do you have any unpaid or pending traffic citations? Yes No

If yes, please explain: _____

Lined writing area consisting of 28 horizontal lines.

AFFIDAVIT OF APPLICANT

I hereby certify that I have read and understand all questions and instructions in this questionnaire, and that my answers are true and complete.

I understand that any untruthful misstatement of material fact will result in:

- (1) Disqualification of my application or dismissal from employment with the City of Ellijay Police Department;

And/or

- (2) Prosecution for the offense of False Swearing (Ga. Code Sec. 16-10-71), a felony punishable by a maximum fine of \$1,000.00 plus imprisonment for not less than one nor more than five years, or both.

I understand that the completed Background Investigation Questionnaire is the property of the City of Ellijay and will not be returned to the applicant, nor will it be copied, faxed, emailed, etc. to the applicant.

APPLICANT'S SIGNATURE

DATE SIGNED

STATE OF GEORGIA
COUNTY OF _____

Before me personally appeared, _____, who says that he / she executes the above statement of his / her own free will and accord, with full knowledge of the purpose thereof.

Sworn to me and subscribed in my presence this _____ day of _____ year _____.

(Notary Public)

My Commission Expires: _____