



Columbus Police Department

P.O. Box 1866 -510 Tenth Street
Columbus, Georgia 31902-1866



PERSONNEL OFFICE

PHONE: 706 653-3154

WEB SITE: www.columbusga.org/police

FAX: 706 653-3152

TO THE 911 APPLICANT

The Columbus Police Department is an Equal Opportunity Employer and we conform to all local, state and federal rules, regulations and laws pertaining to hiring practices and labor requirements. Before your application can be processed, you must type at least twenty (20) net words per minute. To schedule a typing test, please call:

Phylicia Belk, Administrative Secretary
(706) 653-3221
From 9:00 A.M. to 11:00 A.M.
Monday through Friday

When you *report for* the typing test, you must have this completed application and original copies of the following:

- HIGH SCHOOL DIPLOMA OR STATE EQUIVALENCY CERTIFICATE (GED)
- BIRTH CERTIFICATE OR PROOF OF BIRTH
- NATURALIZATION VERIFICATION (If applicable)
- DD-214 (If applicable)

YOU MUST PRESENT THE ABOVE DOCUMENTS PRIOR TO TAKING YOUR TEST.

These documents will remain with your application. Please be sure that you have made other copies, if necessary. Should you be chosen for employment, you will be required to present a current driver's license and Social Security card.

Please note that you are applying for the position of Emergency Communications Technician I in our 911 Communications Center, which requires a 12-hour shift with rotation on days off. This position is at pay grade 10 with the following salary: \$25,984.53 annually, \$999.41 bi-weekly, \$12.49 per hour. You will receive 11 paid holidays per year, 10 vacation days and 13 sick days.

I hope this information will enhance your application process.

Sincerely,

V. G. Pasko

V. G. Pasko
Personnel Director



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DATE SUBMITTED _____ Reference No. _____
(Department Use Only)

APPLICANT'S NAME _____

POSITION APPLIED FOR _____

—If Special Enforcement Officer or employee/member of any other agency, also list Department/Agency and Phone Number—

You are hereby informed that all statements and information submitted will be investigated and are subject to verification. You are also advised that all applicants will be fingerprinted to determine the existence of any criminal record and for further identification purposes.

IMPORTANT

This application must be completed by the applicant in black ink.

When submitting this application, the following documents must be attached, *if applicable*.

1. A copy of your Birth Certificate or Naturalization Verification
2. A copy of your high school diploma or State Equivalency Certificate (GED)
3. A copy of your Social Security card
4. A copy of your driver's license
5. A copy of your military DD 214 form, reflecting discharge status
6. Any record of a name change, excluding marriage

NOTE: Other documents may be required, depending on the prerequisites of the position.

All supporting documents and information in this application must be clear and legible. All applicable areas of this application must be completed, including names, addresses and phone numbers.

PERSONAL INFORMATION

Name _____
Last First Middle Maiden

Home Phone No. _____ Business Phone No. _____

Street Address _____ City/State/Zip _____

Social Security Number _____ Driver's License No. _____ State _____

EDUCATION

High School Graduate Yes No

Name of High School Address/City/State Date Graduated

GED USAFI Check, if applicable

Date Administered _____ State _____ Certificate Awarded? Yes No

Name and address of state authority issuing certificate _____

College or University

Name City/State From/To (Year) Hours or Degree Completed*

*Indicate quarter or semester hours

SPECIAL SKILLS AND TRAINING

List any additional skills, training or experience related to the position applied for:

CRIMINAL HISTORY

Charge	Location (City/State)	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE

Branch of Service _____ Rank _____ Dates of Service _____

Character of Discharge (If other than honorable, please explain.) _____

Reserve or National Guard

_____	_____
Name of Unit	Rank/Position
_____	_____
Address of Unit	Phone Number

PERSONAL REFERENCES

List three personal references. Do not use family members. Complete information is needed to include street numbers, apartment numbers, city, state and zip code.

Name _____ Phone Number _____

Address _____

Number City State Zip

Name _____ Phone Number _____

Address _____

Number City State Zip

Name _____ Phone Number _____

Address _____

Number City State Zip

EMPLOYMENT HISTORY
(Last 10 Years)

Start with your PRESENT or most recent job. Use month and year for starting and ending dates. Complete address and phone numbers are required.

1. _____
Last or Current Employer

Address _____ City _____ State _____ Zip _____

Last Position Held _____ To _____
Dates Employed _____

Supervisor _____ Phone Number _____

Duties _____

Reason For Leaving _____

May we contact your present employer? Yes No (A "No" answer will not affect your consideration for employment.)

2. _____
Employer

Address _____ City _____ State _____ Zip _____

Last Position Held _____ To _____
Dates Employed _____

Supervisor _____ Phone Number _____

Duties _____

Reason For Leaving _____

3. _____
Employer

Address _____ City _____ State _____ Zip _____

Last Position Held _____ To _____
Dates Employed _____

Supervisor _____ Phone Number _____

Duties _____

Reason For Leaving _____

4.

Employer _____

Address _____ City _____ State _____ Zip _____

Last Position Held _____ To _____
Dates Employed _____

Supervisor _____ Phone Number _____

Duties _____

Reason For Leaving _____

5.

Employer _____

Address _____ City _____ State _____ Zip _____

Last Position Held _____ To _____
Dates Employed _____

Supervisor _____ Phone Number _____

Duties _____

Reason For Leaving _____

6.

Employer _____

Address _____ City _____ State _____ Zip _____

Last Position Held _____ To _____
Dates Employed _____

Supervisor _____ Phone Number _____

Duties _____

Reason For Leaving _____





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AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any officer or other authorized representative of the Columbus Police Department bearing this release or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment, educational records (including, but not limited to academic, achievement, attendance, athletic, personal history and disciplinary records), medical records and credit records. Further authorization is extended to all police departments, Sheriff's Departments, Juvenile Courts and Clerks of Courts, to furnish the bearer with information, reprints, photographs and any other record containing information relating to criminal history or activity.

I hereby direct you to release such information upon request of bearer. I hereby release you, as the custodian of such records, and any employer, school, college, university or other educational institution, hospital or other repository of medical records, credit bureaus or consumer reporting agency, including its officers, employees or related personnel (both individually and collectively) from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

I further authorize the acceptance of a copy of this original to be used as authorization to release any and all information in lieu of the original which remains on file with the Columbus Police Department. Should there be any questions as to the validity of this release, you may contact me below.

NAME _____
 Signature

NAME _____
 Printed

Date of Birth _____

Social Security Number _____

Current Street Address _____

City and State _____

Telephone Number _____

Witness _____

Date _____