



## *City of Winder HR Department*

### **General Application Requirements**

Upon submitting applications please include one of the following for ID purposes:

- Georgia Driver's License
- Valid Student ID
- Passport Photo

**This checklist is being provided for applicant use to help determine all required information is being submitted.**

#### **Completed Application Checklist:**

- Application completed in its entirety
- Resume (if Applicable)
- Copy of Picture ID
- Police Department Supplement completed in its entirety  
(Including documents specified in the Police Department Supplement)



## *City of Winder Human Resources Department*

Due to the volume of applications received we will no longer be contacting applicants to re-submit any missing or incomplete information. Therefore it is of the utmost importance to complete the application in its entirety and provide any documents requested. Resumes may be submitted along with the completed application.

Applications submitted incomplete or missing information will be considered incomplete and will not be processed further. If you have any questions in regards to submitting an application please contact the HR Department before returning application to City Hall.

Documents requested must be submitted at the time of returning application to City Hall. If you are expecting documents but do not have them while completing the application you will need to wait until you receive these documents to turn in your application; otherwise your application will be considered incomplete. Also, if the open position has a deadline date no applications for this position will be considered after the deadline date.

Once you have completed all necessary paperwork please return to City Hall, HR Department.

Thank you for your interest in the City of Winder.

Human Resources Department

# Application for Employment



**CITY OF WINDER**  
45 EAST ATHENS STREET  
P.O. BOX 56  
WINDER, GA 30680  
Phone: (770) 867-3106  
Web: <http://www.cityofwinder.com>

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

Please Print

Position applied for \_\_\_\_\_ Application Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home Phone ( ) \_\_\_\_\_ Cellular/Other # ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Shift preferred  1  2  3  Any Expected pay \_\_\_\_\_

Would you accept full-time work?  Yes  No Would you accept part-time work?  Yes  No

On what date would you be available for work? \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_  Home  Cellular/Other

How were you referred to our Company? \_\_\_\_\_

Have you submitted an application here before?  Yes  No If yes, please give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here?  Yes  No If yes, please give dates: \_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from our Company?  Yes  No  
If yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit if required?  Yes  No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.)  Yes  No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?  
NOTE: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.  
 Yes  No  Need more information about the job's "essential functions" to respond

Will you travel if required?  Yes  No Will you work overtime if required?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?  Yes  No  N/A

Have you ever been bonded?  Yes  No

Please provide your driver's license number, if driving is required for this job. \_\_\_\_\_ State \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our Company?  Yes  No If yes, please explain: \_\_\_\_\_

NOTE: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime?  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment Experience

Place an **X** by the employer(s) you **DO NOT** want us to contact. List your most recent employer first.

Employer \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates employed: from (mm/yy) \_\_\_\_/\_\_\_\_ to (mm/yy) \_\_\_\_/\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

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Employer \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates employed: from (mm/yy) \_\_\_\_/\_\_\_\_ to (mm/yy) \_\_\_\_/\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

---

Employer \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates employed: from (mm/yy) \_\_\_\_/\_\_\_\_ to (mm/yy) \_\_\_\_/\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

## Employment Experience (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

Have you ever been fired or asked to resign from a job?  Yes  No

If yes, please explain:

## Education Background

**High School:** \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**College:** \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**Graduate School:** \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**Vocational Training/Other:** \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**Continuing Education:**

## Special Training or Skills

Languages, machine operation, etc., that would be of benefit in the job for which you are applying.

## Facial Security Number

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ The City of Winder will make reasonable efforts to safeguard the privacy of this information and will use it only for employment purposes.

## References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-Mail	Years Known

## Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the City of Winder's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the City of Winder's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the City of Winder. I understand that no City of Winder representative, other than its City Administrator, and then only when in writing and signed by the City Administrator, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

The City of Winder does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Voluntary Affirmative Action Data

**PLEASE NOTE: Completion of this form is voluntary.**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/ National Guard, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we request that you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Not providing it will not subject you to any negative personnel decision or action. Your cooperation is appreciated.

**To be completed by applicant on a voluntary basis. Not for interview purposes. File separately from application.**

## Applicant Information

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Male  Female Position applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral source:**

- Government employment agency  Private employment agency  Current employee  
 Walk-in  School  Relative  
 Other \_\_\_\_\_  Advertisement was seen in \_\_\_\_\_

Person who referred you, if applicable \_\_\_\_\_

**Please select one of the following Equal Employment Opportunity Identification Groups:**

- Hispanic or Latino  White (not Hispanic or Latino)  Asian (not Hispanic or Latino)  
 Native Hawaiian/Other Pacific Islander (not Hispanic or Latino)  Black/African American (not Hispanic or Latino)  
 American Indian/Alaskan Native (not Hispanic or Latino)  Two or more races (not Hispanic or Latino)

**Veteran Status Information (for government contractors with contracts of \$100,000 or more entered into on or after December 1, 2003)**

The City of Winder is a government contractor subject to the amended Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), which requires government contractors to take affirmative action to employ and advance qualified disabled veterans, Armed Forces service medal veterans, recently separated veterans and other protected veterans. If you belong to any of these groups, we would like to include you under our affirmative action program. If you want to be included, please tell us. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.**

The information provided will be used only in ways that are consistent with the amended VEVRAA. This information will be kept confidential, except that: (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs (OFCCP), or the Americans with Disabilities Act, may be informed.

**Please check all boxes that apply to you:**

- I am an Armed Forces service medal veteran:** a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- I am a recently separated veteran:** any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- I am an "other protected" veteran:** a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.

continued from page )

I would like to be included under the City of Winder's affirmative action program (if applicable) pertaining to Armed Forces service medal veterans, recently separated veterans and other protected veterans. (You may request this now and/or at any time in the future.)

None of the above apply to me.

**Disabled Veterans (APPLICANT: Only complete this section if the City of Winder has checked "Yes" below.) EMPLOYER: Indicate if you are inviting applicants to participate in your company's affirmative action program benefiting disabled veterans.**

**Yes.** We invite applicants to provide information (on a voluntary basis) regarding their status as a "disabled veteran" for inclusion in our affirmative action program. Check this box ONLY if the City of Winder is actually undertaking affirmative action for disabled veterans at the application stage (pre-offer) or is otherwise authorized to collect such data to comply with federal, state or local affirmative action obligations pertaining to disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

**APPLICANT:**

If the City of Winder has checked "Yes" above, you are invited to provide additional information regarding your status as a "disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a "disabled veteran" as:

- a) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or
- b) a person who was discharged or released from active duty because of a service-connected disability.

If you are a disabled veteran, please indicate whether you would like to be included under the City of Winder's affirmative action program for disabled veterans. You may elect to be included now or at any time in the future.

**Yes.** I would like to be included under the City of Winder's affirmative action program for disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)

**No.** At this time, I would not like to be included in the City of Winder's affirmative action program for disabled veterans.

If you are a disabled veteran, please tell us about any special methods, skills and procedures that qualify you for positions you otherwise might not be able to do because of your disability so you will be considered for any such positions.

Applicant's signature: \_\_\_\_\_

**For Administrative Use**

Position(s) applied for \_\_\_\_\_  Current opening  No current opening

Other position(s) considered for \_\_\_\_\_

Hired?  No  Yes Hire date \_\_\_\_/\_\_\_\_/\_\_\_\_ Position hired for \_\_\_\_\_

**Position classification**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Executive/senior-level officials and managers | <input type="checkbox"/> Administrative support workers | <input type="checkbox"/> Sales workers        |
| <input type="checkbox"/> First/mid-level officials and managers        | <input type="checkbox"/> Professionals                  | <input type="checkbox"/> Service workers      |
|  | <input type="checkbox"/> Operatives                     | <input type="checkbox"/> Technicians          |
|  | <input type="checkbox"/> Craft workers                  | <input type="checkbox"/> Laborers and helpers |

Additional notes \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**CITY OF WINDER**

**APPLICATION FOR EMPLOYMENT**



**WINDER POLICE DEPARTMENT**



## WINDER POLICE DEPARTMENT EMPLOYMENT PROCEDURES

This guideline outlines the process by which new employees are hired.

### I. GENERAL

The Winder Police Department, an equal opportunity employer, shall not discriminate against any employee or applicant for employment because of his/her race, sex, color, religion, or veteran status.

### II. APPLICANT FOR EMPLOYMENT

Written applications shall be taken from all persons seeking employment with the Winder Police Department when made during the posted hours for accepting applications. The application shall remain current for 90 calendar days from the date it is completed.

### III. BASIC REQUIREMENTS FOR EMPLOYMENT

A. Individuals seeking employment with the Winder Police Department must meet the following requirements:

1. Be at least 21 years old.
2. Be a U.S. citizen or have a permanent visa.
3. Pass the certified pre-employment tests including a psychological examination and personal interview.
4. Contingent with job offer, pass physical examination tests including a drug test administered by an appointed physician and the examination approved by the Peace Officers Standards and Training Council.
5. Receive a high recommendation from the Winder Police Department Review Board.
6. Pass a physical agility test.
7. See additional requirements.
8. Have a high school diploma or G.E.D.

### IV. REVIEW BOARD INTERVIEW

The secretary will call applicants in advance to advise the date and time of the Review Board interview. It is very important for the applicant to be on time. If the applicant must cancel for any reason, please call at least forty-eight (48) hours in advance. If the applicant is going to be late, please call. Also on this date, the applicant will be asked to complete an employment interview report. Please allow yourself time, approximately three (3) hours, to complete the written and verbal requirements.

NOTE: APPLICATION MUST BE COMPLETED IN DETAIL PRIOR TO SUBMITTING TO THE WINDER POLICE DEPARTMENT AND PRIOR TO A PRE-EMPLOYMENT INTERVIEW.



## WINDER POLICE DEPARTMENT EMPLOYMENT REQUIREMENTS

### AN EMPLOYEE OF THE CITY OF WINDER POLICE DEPARTMENT MUST:

1. Be 21 years of age to patrol or 20 years of age for dispatch.
2. Have a high school diploma or G.E.D.
3. Attend and graduate from a certified police academy within six months of employment under contract.
4. Satisfactorily complete the Winder Police Department field training program.
5. Have no prior criminal convictions.
6. Be willing to conform to police policies and procedures.
7. Sign awareness statements for (a) firearms policy (b) G.C.I.C. privacy statement (c) probation policy (d) emergency driving policy (e) Drug Free Awareness Environment.
8. Maintain a telephone.
9. Be able to work any shift.
10. Earn a minimum of twenty-four (24) hours per year on in-service training.
11. Must score 80 or better at the pistol range firing the Georgia Peace Officer's double action course semi-annually and during the probationary period.
12. Agree to employment under a twelve (12) months probation policy.
13. Have less than three (3) traffic citations in three (3) years, no DUI's in the past five (5) years.
14. Must agree to participate in any unannounced drug screening test conducted by the Winder Police Department and/or its appointed representatives.

### EMPLOYMENT BENEFITS

1. Life Insurance.
2. Hospitalization Insurance.
3. Dependant Insurance Coverage/Cafeteria Plans.
4. Training.
5. Retirement.
6. Graduated Vacation Plan.
7. Employee Incentive and Awards Program.



WINDER POLICE DEPARTMENT  
EMPLOYMENT APPLICATION

TYPE OR PRINT. ATTACH ADDITIONAL SHEETS IF NECESSARY.

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MI)

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ OTHER PHONE NUMBER \_\_\_\_\_

GEORGIA DRIVER'S LICENSE \_\_\_\_\_ YES \_\_\_\_\_ NO LICENSE NO. \_\_\_\_\_

PLEASE INDICATE THE POSITION(S) FOR WHICH YOU ARE APPLYING:  
(A) PATROL OFFICER \_\_\_\_\_ (B) DISPATCHER \_\_\_\_\_ (C) SECRETARIAL \_\_\_\_\_  
(D) JAILER \_\_\_\_\_ (E) OTHER \_\_\_\_\_

DO YOU OBJECT TO WORKING NIGHT SHIFTS: \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER FILED AN APPLICATION HERE BEFORE: \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF SO, WHEN: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE: \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF SO, WHEN: \_\_\_\_\_

ARE YOU EMPLOYED NOW: \_\_\_\_\_ YES \_\_\_\_\_ NO  
MAY WE CONTACT YOUR EMPLOYER: \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU AVAILABLE TO WORK: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_  
SHIFT WORK \_\_\_\_\_ TEMPORARY \_\_\_\_\_

ARE YOU ON LAY OFF AND SUBJECT TO RECALL: \_\_\_\_\_ YES \_\_\_\_\_ NO

CAN YOU TRAVEL IF JOB REQUIRES: \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU A CERTIFIED PEACE OFFICER: \_\_\_\_\_ YES \_\_\_\_\_ NO

CERTIFICATION NUMBER: \_\_\_\_\_ DATE OF CERTIFICATION: \_\_\_\_\_

LIST ALL THE DEPARTMENTS YOU HAVE WORKED WITH:

NAME	FROM	TO	RANK	SUPERVISOR	PHONE



**WINDER POLICE DEPARTMENT  
EMPLOYMENT APPLICATION**

**MILITARY:**

HAVE YOU EVER SERVED IN A MILITARY BRANCH OF THE UNITED STATES:

\_\_\_\_\_ YES \_\_\_\_\_ NO

BRANCH: \_\_\_\_\_ USA \_\_\_\_\_ USAF \_\_\_\_\_ USN \_\_\_\_\_ USCG

DATE OF SERVICE: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_ RANK: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_ HONORABLE \_\_\_\_\_ GENERAL \_\_\_\_\_ ADMINISTRATIVE  
\_\_\_\_\_ OTHER THAN HONORABLE \_\_\_\_\_ DISHONORABLE  
\_\_\_\_\_ OTHER \_\_\_\_\_

ARE YOU NOW A MEMBER OF A RESERVE UNIT: \_\_\_\_\_ YES \_\_\_\_\_ NO

UNIT ADDRESS: \_\_\_\_\_  
UNIT STREET CITY STATE ZIP

WERE YOU EVER THE SUBJECT OF ANY DISCIPLINARY ACTION WHILE A MEMBER IN THE UNITED STATES MILITARY: YES NO EXPLAIN:

**DRIVING AND CRIMINAL HISTORY:**

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED: \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER BEEN ARRESTED OR RECEIVED A TRAFFIC CITATION:  
\_\_\_\_\_ YES \_\_\_\_\_ NO

DATE	CHARGE	ARRESTING AGENCY	DISPOSITION

HAVE YOU EVER BEEN ARRESTED FOR DRIVING UNDER THE INFLUENCE (DUI):  
\_\_\_\_\_ YES \_\_\_\_\_ NO EXPLAIN: \_\_\_\_\_

WHILE DRIVING, HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT:  
\_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY: \_\_\_\_\_ YES \_\_\_\_\_ NO  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**WINDER POLICE DEPARTMENT  
EMPLOYMENT APPLICATION**

**EDUCATION:**

ELEMENTARY SCHOOL: \_\_\_\_\_  
NAME CITY STATE

HIGH SCHOOL: \_\_\_\_\_  
NAME CITY STATE

HIGHEST GRADE COMPLETED: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

VOCATIONAL/TRADE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

DIPLOMA/DEGREE(S): \_\_\_\_\_

HONORS RECEIVED: \_\_\_\_\_

STATE ANY ADDITIONAL EDUCATION OR TRAINING YOU FEEL MAY BE HELPFUL TO US IN  
CONSIDERING YOUR APPLICATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS:**

SUMMARIZE YOUR SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR  
OTHER EXPERIENCE(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

PLEASE LIST AT LEAST THREE (3) REFERENCES (NOT RELATIVES, FORMER EMPLOYERS, OR  
PRESENT EMPLOYERS) WHO ARE RESPONSIBLE ADULTS OR REPUTABLE STANDING IN THEIR  
COMMUNITIES. THESE PERSONS SHOULD HAVE KNOWN YOU FOR AT LEAST FIVE (5) YEARS.  
PREFERABLY THE PAST FIVE (5) YEARS.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_



**WINDER POLICE DEPARTMENT  
EMPLOYMENT APPLICATION**

**REFERENCES: (CONTINUED)**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PLEASE LIST AT LEAST THREE (3) ACQUAINTANCES (NO RELATIVES, FORMER EMPLOYERS, OR PRESENT EMPLOYERS, OR ABOVE REFERENCES) WHO ARE FRIENDS, FELLOW STUDENTS, FELLOW WORKERS, ETC. THESE PERSONS SHOULD HAVE SEEN YOU FREQUENTLY DURING THE PAST FIVE YEARS.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_







**WINDER POLICE DEPARTMENT  
EMPLOYMENT APPLICATION**

UPON RETURNING THIS APPLICATION TO THE WINDER POLICE DEPARTMENT, COPIES OF THE FOLLOWING DOCUMENTS MUST BE ATTACHED:

- HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE
- CERTIFIED COPY OF YOUR BIRTH CERTIFICATE
- IF YOU ARE A VETERAN, YOUR DD FORM 214
- YOUR GEORGIA DRIVER'S LICENSE
- REMEMBER TO INCLUDE COMPLETE ADDRESSES AND PHONE NUMBERS WHERE SPECIFIED

WHEN THE APPLICATION HAS BEEN COMPLETED, PLEASE RETURN THIS APPLICATION TO THE PERSONNEL OFFICER AT CITY HALL, 45 EAST ATHENS ST., WINDER, GA 30680.

PLEASE USE THE SPACE BELOW TO WRITE DOWN ANY QUESTIONS OR COMMENTS FOR YOUR APPOINTMENT.





**WINDER POLICE DEPARTMENT  
EMPLOYMENT APPLICATION**

**APPLICANT'S CONSENT FORM**

I understand that the City of Winder requires an employment physical and that a drug test is also a part of this hiring process. I also understand that such drug testing will consist of the taking of urine, or any other medically recognized test designed to detect traceable amounts of drugs in the body. I further understand that if such testing indicates the presence of drugs in my body in any detectable amount, I will be disqualified from further hiring consideration. I hereby give my consent to the City of Winder to administer any or all of the above drug testing procedures to me and to use the results thereof in further determining my employability with the City of Winder. I understand that this isn't a contract for employment and that, even if employed, I will remain terminable at-will and free to resign at any time I choose.

I represent that I have used the following prescription and/or over-the-counter drugs within the last thirty (30) days:

1. Over-the-counter drugs: \_\_\_\_\_
2. Prescription drugs: \_\_\_\_\_
3. Prescribing physician: \_\_\_\_\_

Address(es) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_