

CITY OF CAIRO

POLICE DEPARTMENT



Application Background Booklet



CAIRO

Georgia

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Instructions:

(Read carefully before proceeding)

These instructions are provided as a guide to assist you in properly completing your Background Booklet. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Make sure your booklet is **legibly printed in ink or typed**.
2. Answer all questions to the best of your ability. If a question is not applicable to you, enter **N/A** in the space provided.
3. **Read all section directions carefully** before making any entries on the form. Be sure your information is correct and in the proper sequence.
4. **You are responsible** for obtaining accurate contact information (addresses and/or phone numbers). If you are not sure of an address or phone number, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. An accurate, thorough, and complete form will help expedite your investigation. **Deliberate omissions or falsifications will result in disqualification.**
6. If there is insufficient space on the form for you to include all information required, attach extra sheets to the booklet. Reference the relevant section and question number before continuing your answer.
7. As you complete the questionnaire, if you are uncertain about how to answer a particular question, answer the question to the best of your ability and attach a statement regarding the question(s) and the problems you may have had in answering the question(s).
8. **Take the necessary time to be accurate and truthful.** Do not be afraid to answer questions that may involve criminal sanctions, such as smoking marijuana, as no criminal charge can be filed from this questionnaire. In addition, your answers to this questionnaire will not necessarily disqualify you from the position you seek.
9. The **confidentiality of background information** is strict and can be shared with only the top administrators of the Cairo Police Department.
10. If you have any questions regarding the questionnaire or the background investigation, please contact the Cairo Police Department at (229) 378-3096.
11. Complete background investigations are kept in a locked cabinet and/or secure facility to ensure confidentiality.
12. **Applications and background booklets** can be submitted by, **Mail:** City of Cairo, Human Resources - Sandra Roberts, P.O. Box 29 Cairo, GA 39828 or **Hand Delivered:** to Cairo City Hall, 119 North Broad St., Cairo, GA 39828.
13. **Page numbers 4 and 23 have to be Notarized before submission.** City Hall and the Police Department both have Notaries available at no cost.



**City of Cairo Police
Department**
Authorization to Release Information

Applicant Name: _____
first middle last

Applicant Date of Birth: _____ Applicant Identifier: _____
(month/day/year) (Social Security Number)

I, _____, hereby authorize the review and full disclosure of all records and information concerning myself, including any partial records, whether said records are public, private, or confidential in nature. This authorization is explicitly granted to **any duly authorized agent of the Cairo Police Department, including authorized contract agents working for this agency.**

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, performance evaluations, complaints or grievances filed by or against me, and salary records; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records; and/or records of complaints of a civil nature made by or against me, wherever located.

Additionally, I also authorize and consent to a complete and full disclosure of Internal Affairs records (or other internal disciplinary records regardless of their title) including, but not limited to, Internal Affairs complaints, investigations, findings, records of disciplinary action, and disciplinary hearings. I hereby authorize the full and complete disclosure of these records whether they are unsealed, sealed, purged, or otherwise confidential due to previous agreements between me and the entity holding the records.

I reiterate and emphasize that the intent of this authorization is to provide **full and free access to the background and history of my personal life**, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Cairo Police Department, to consider in determining my suitability for employment by that agency. It is my specific intent to provide access to personal information, including all personnel files and documents and the sources of information specifically identified herein.

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 considered in determining my suitability for employment. I understand that all materials and documents pertaining to this background investigation become the property of The City of Cairo, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event of my application is disapproved; the sources of confidential information cannot be revealed to me.

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

Applicant Signature _____

Date: _____

Must be signed in the presence of a Notary:

Subscribed and sworn before me this	_____
_____ day of _____	_____ 20_____
My commission expires _____	_____ 20_____
Notary: _____	_____

**City of Cairo
Police Department
Personal History Statement**

Part I – Applicant Identification

1. Full Name	_____	_____	_____
	First	Middle	Last

2. Other Names Used (E.g. maiden name, married name (s), changes for adoption or other legal name change, any pseudonym, alias, etc.)	a) _____ b) _____ c) _____ d) _____	Dates when these names were used: _____ _____ _____ _____ (e.g. From 1989 to 1994; from 1997 to present)
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3. Nicknames Used (e.g. Robert, Rob, Bob, Bobby, Bubba, Slick, etc.)	a) _____ b) _____ c) _____	d) _____ e) _____ f) _____
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4. Height _____	6. Eye Color _____
5. Weight _____	7. Hair Color _____

8. Describe any Scars, Marks & Tattoos:	a) _____ b) _____ c) _____	: _____ _____ _____ Location on Body
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9. Date of Birth _____	12. City of Birth _____
Month/Day/Year	13. State of Birth _____
10. Social Security # _____	14. County of Birth _____
11. State SSN Issued _____	

15. Are you a Citizen of the United States? Yes No
16. Are You: Natural Born (Provide a copy of your Birth Certificate)
- Naturalized (Provide original Naturalization Papers Resident)
- Alien (Provide Alien Registration Card)

Part II – Marital/Family Data

1. Marital Status: Single Married Divorced Separated
2. If married, what is the full name of your spouse (Include maiden name)?

First Middle Last

3. If married, are you living with your spouse? Yes No
- If no, please explain:

4. List the following information about your current and former spouses:

Name of Spouse	Address of Spouse	Date of Marriage	Location of Marriage	Date of Divorce	Location of Divorce

Part III – Contact Information (Phone and Email)

1. List the phone numbers where you can be reached.
- a) Home Phone _____
- b) Cell Phone _____
- c) Work Phone* _____
- *Is it okay to contact you at this number?
 Yes No
- d) Email _____

2. In Case of Emergency?

Name	Phone Number	Address	Relationship
a)			
b)			

Part IV – Residences.

Beginning with your current address, list all addresses where you have lived during the past 10 years and the dates you lived there (e.g. Aug 2003-Jan 2005). Attach extra pages if necessary.

1. Current Address

From: _____ Street (Apt #) _____ City _____ State _____ Zip

To:

Prior Address(es)

2. From:

To: _____ Street (Apt #) _____ City _____ State _____ Zip

3. From:

To: _____ Street (Apt #) _____ City _____ State _____ Zip

4. From:

To: _____ Street (Apt #) _____ City _____ State _____ Zip

5. From:

To: _____ Street (Apt #) _____ City _____ State _____ Zip

6. From:

To: _____ Street (Apt #) _____ City _____ State _____ Zip

7. From:

To: _____ Street (Apt #) _____ City _____ State _____ Zip

8. From:

To: _____ Street (Apt #) _____ City _____ State _____ Zip

Part V – Educational History

<p>1. Did you receive: a) High School Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) High School(s) Attended _____</p> <p>b) Dates Attended _____</p>	<p>b) GED Certification <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) City/State _____</p> <p>d) Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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University/College: *List all colleges and/or universities you attended.*

<p>2. University or College attended _____</p> <p>City/State: _____</p> <p>Degree received: _____</p> <p>(e.g. AA, BS, MBA)</p> <p>Major/Minor: _____</p> <p>Dates Attended: _____</p>	<p>3. University or College attended _____</p> <p>City/State: _____</p> <p>Degree received: _____</p> <p>(e.g. AA, BS, MBA)</p> <p>Major/Minor: _____</p> <p>Dates Attended: _____</p>
--	--

University/College: *List all colleges and/or universities you attended.*

<p>4. University or College attended _____</p> <p>City/State: _____</p> <p>Degree received: _____</p> <p>(e.g. AA, BS, MBA)</p> <p>Major/Minor: _____</p> <p>Dates Attended: _____</p>	<p>5. University or College attended _____</p> <p>City/State: _____</p> <p>Degree received: _____</p> <p>(e.g. AA, BS, MBA)</p> <p>Major/Minor: _____</p> <p>Dates Attended: _____</p>
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Other Schools: *List other schools attended (trade, vocational, business, etc.) including any pertinent information...*

<p>5. Name of School _____</p> <p>City/State: _____</p> <p>Certificates: _____</p> <p>Course of Study: _____</p> <p>Dates Attended: _____</p>	<p>6. Name of School _____</p> <p>City/State: _____</p> <p>Licenses: _____</p> <p>Course of Study: _____</p> <p>Dates Attended: _____</p>
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Special Qualifications & Skills

8. List any special licenses or permits you hold, such as pilot license, radio operator, scuba, etc., showing licensing authority, original date of issue and date of expiration:

9. List any special certifications you hold, such as CPR, First Aid, Radar/Laser showing certifying agency and state, original date of issue and date of expiration:

10. List any specialized machinery, equipment, or technology that you are qualified to operate:

11. Foreign Languages: *If you are fluent in a foreign language, indicate your degree of fluency (excellent, good, fair)*

Language	(Indicate fluency)	Speaking	Understanding	Reading	Writing
a)					
b)					
c)					

Part VI – Military Service

1. Have you ever attempted to enlist in any branch of the United States Armed Forces? (Including Reserves, National Guard and/or Coast Guard) Yes No

2. Have you ever served in any branch of a Foreign Military? Yes No

3. Have you ever been involved in a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.? Yes No

4. Have you ever served in the any branch of the United States Armed Forces? Yes No

If "yes," please supply the following information:

Branch of Service: _____	Service ID Number: _____
Dates of Service: _____ (From)	(To) _____
Type of Discharge: _____	Military Job Description: _____
Highest Rank Held _____	Military Occupation Specialty (MOS) <i>If Applicable</i> _____

Past commanding officers or military acquaintances can be sources of relevant information about your background. List the individuals from your military career who know you well enough to provide accurate information about you.

<p>5. Name _____</p> <p>Contact Phone: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Years Known: _____ (e.g. 1987 to 1999)</p>	<p>6. Name _____</p> <p>Contact Phone: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Years Known: _____ (e.g. 1987 to 1999)</p>
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7. Have you served in an **additional** branch of the United States Armed Forces? Yes No

If "yes," please supply the following information:

Branch of Service: _____	Service ID Number: _____
Dates of Service: _____ (From)	(To) _____
Type of Discharge: _____	Military Job Description: _____
Highest Rank Held _____	Military Occupation Specialty (MOS) <i>If Applicable</i> _____

Past commanding officers or military acquaintances can be sources of relevant information about your background. List the individuals from your military career who know you well enough to provide accurate information about you.

<p>8. Name _____</p> <p>Contact Phone: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Years Known: _____ (e.g. 1987 to 1999)</p>	<p>9. Name _____</p> <p>Contact Phone: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Years Known: _____ (e.g. 1987 to 1999)</p>
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10.	If you left the military service under Entry Level Separation , please describe the circumstances in detail:

11.	Have you ever been the subject of a court-martial, tried on charges, or the subject of an Article 15, company punishment or ANY OTHER disciplinary action while a member of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If "yes," please supply the following information and explain the offense(s) in detail on the back of the page.</i>			
Type of Disciplinary Action	Branch of Service	Date of Action	Disposition of Action

12.	List all periods of active military service - <i>anything over thirty (30) days</i> :		
Date From Month/Year	Date To Month/Year	Duty station: Name of station and City closest to duty station	Rank Held

Part VII – Personal References.

List five persons who know you well enough to provide current information about you. DO NOT list relatives or former employers.

1. Name	_____	Home Phone:	_____
Address	_____	Cell Phone	_____
City, State, Zip	_____	When and how did you meet this person?	_____
Email	_____		

2. Name	_____	Home Phone:	_____
Address	_____	Cell Phone	_____
City, State, Zip	_____	When and how did you meet this person?	_____
Email	_____		

3. Name	_____	Home Phone:	_____
Address	_____	Cell Phone	_____
City, State, Zip	_____	When and how did you meet this person?	_____
Email	_____		

4. Name	_____	Home Phone:	_____
Address	_____	Cell Phone	_____
City, State, Zip	_____	When and how did you meet this person?	_____
Email	_____		

5. Name	_____	Home Phone:	_____
Address	_____	Cell Phone	_____
City, State, Zip	_____	When and how did you meet this person?	_____
Email	_____		

Part VIII – Work History

Beginning with your current/most recent job, **list all employment since age 16.** Include part-time, temporary, and seasonal jobs. **Include all periods of unemployment.** Attach extra pages...

<p>1. Current/Most Recent Job</p> <p><i>From:</i> _____</p> <p><i>To:</i> _____</p> <p>Address you work(ed) at: _____</p> <p>Note: Include address, city, and state</p> <p>Supervisor Name: _____ (First and Last Name)</p> <p>Coworker Name: _____ (First and Last Name)</p>	<p>Employer/Company Name: _____</p> <hr/> <p>Job Title (& Duties): _____</p> <hr/> <p>Phone Number: _____</p> <hr/> <p>Reason for Leaving _____</p>
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<p>2. From: _____</p> <p><i>To:</i> _____</p> <p>Address you work(ed) at: _____</p> <p>Note: Include address, city, and state</p> <p>Supervisor Name: _____ (First and Last Name)</p> <p>Coworker Name: _____ (First and Last Name)</p>	<p>Employer/Company Name: _____</p> <hr/> <p>Job Title (& Duties): _____</p> <hr/> <p>Phone Number: _____</p> <hr/> <p>Reason for Leaving _____</p>
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<p>3. From: _____</p> <p><i>To:</i> _____</p> <p>Address you work(ed) at: _____</p> <p>Note: Include address, city, and state</p> <p>Supervisor Name: _____ (First and Last Name)</p> <p>Coworker Name: _____ (First and Last Name)</p>	<p>Employer/Company Name: _____</p> <hr/> <p>Job Title (& Duties): _____</p> <hr/> <p>Phone Number: _____</p> <hr/> <p>Reason for Leaving _____</p>
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4. <i>From:</i>	Employer/Company Name:	
<i>To:</i>	Job Title (& Duties):	
Address you work(ed) at:	_____	Phone Number: _____
Note: Include address, city, and state	_____	_____
Supervisor Name: (<i>First and Last Name</i>)	_____	Reason for Leaving
Coworker Name: (<i>First and Last Name</i>)	_____	

5. <i>From:</i>	Employer/Company Name:	
<i>To:</i>	Job Title (& Duties):	
Address you work(ed) at:	_____	Phone Number: _____
Note: Include address, city, and state	_____	_____
Supervisor Name: (<i>First and Last Name</i>)	_____	Reason for Leaving
Coworker Name: (<i>First and Last Name</i>)	_____	

6. <i>From:</i>	Employer/Company Name:	
<i>To:</i>	Job Title (& Duties):	
Address you work(ed) at:	_____	Phone Number: _____
Note: Include address, city, and state	_____	_____
Supervisor Name: (<i>First and Last Name</i>)	_____	Reason for Leaving
Coworker Name: (<i>First and Last Name</i>)	_____	

(Attach extra copies of this page if necessary to provide a complete work history)

Please answer the following questions relating to your work history.

7. Have you ever been terminated, forced to resign or otherwise involuntarily separated by a previous employer?

Yes No

If yes, please explain:

8. Have you ever been reprimanded by a supervisor for misconduct or for not doing your job properly?

Yes No

If yes, please explain:

9. Have you ever been reprimanded for being late or absent? Yes No

If yes, please explain:

10. Have you ever been disciplined by a supervisor (including verbal or written reprimands, suspensions, fines, etc.)

Yes No

If yes, please explain:

11. Have you ever left a job without giving a two weeks notice? Yes No

If yes, please explain:

12. Have you ever been engaged in any business as an owner, partner, or corporate member? Yes No

If yes, please explain:

13. Have you ever taken anything of value, goods, or services from an employer without their permission?

Yes No

If yes, please explain: _____

14. Have you ever taken any cash money from an employer? Yes No
 If yes, please explain:

15. Figure out a dollar amount of how much you have taken from all employers combined during the last five years and circle the amount below that comes closest to the total dollars in merchandise, goods, or services you have taken. This may include but is not limited to paper, pens, clips, etc.

\$0 \$10 \$25 \$50 \$70 \$100 \$200 \$500 \$750 \$1000 \$2500 \$5000

Other Amount: _____

Please explain **any** amounts:

If more room is needed continue on the back of this page.

16. In the last five years, have you submitted an application for employment with any other public safety agency or department? Yes No

If yes, please provide the following information:

Agency	Date Applied	Disposition of Application

17. Have you ever taken a voice stress analysis/polygraph examination for any reason? Yes No

If yes, please provide the following information:

Date	Agency/Company	City/State	Reason Tested	Result

18. Have you ever been rejected for cause from a public safety job? Yes No

If yes, please explain fully. Be specific: _____

19. At the present time, do you have any pending applications with any other public safety agency?

Yes No

If yes, please list the agency, the position applied for and the current status:

Part IX – Arrests, Detention, and Litigation

1. Have you ever been involved as a party in a civil litigation(s)? Yes No

If "yes," please give details:

2. Have you ever been arrested, detained by police, or summoned into court? Yes No

If "yes," please supply the following information:

a)	Alleged Crime: _____	Police Agency: _____
	Date of Occurrence: _____	Case Disposition: _____
b)	Alleged Crime: _____	Police Agency: _____
	Date of Occurrence: _____	Case Disposition: _____
c)	Alleged Crime: _____	Police Agency: _____
	Date of Occurrence: _____	Case Disposition: _____

Part X – Traffic Record

1. Current Driver's License Number: _____	State of Issue: _____	Expiration Date: _____
2. List all states where you have held a driver's license or state identification card: _____		
3. Has your drivers' license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes," give date, location, and reasons:		

4. Briefly describe any traffic accidents in which you have been involved:		
a)	Accident date _____ City/State: _____ Injury Accident? _____	
	Did the police investigate? _____ Investigating Agency: _____	
	Description of Accident: _____	
b)	Accident date _____ City/State: _____ Injury Accident? _____	
	Did the police investigate? _____ Investigating Agency: _____	
	Description of Accident: _____	
c)	Accident date _____ City/State: _____ Injury Accident? _____	
	Did the police investigate? _____ Investigating Agency: _____	
	Description of Accident: _____	
d)	Accident date _____ City/State: _____ Injury Accident? _____	
	Did the police investigate? _____ Investigating Agency: _____	
	Description of Accident: _____	
e)	Accident date _____ City/State: _____ Injury Accident? _____	
	Did the police investigate? _____ Investigating Agency: _____	
	Description of Accident: _____	
f)	Accident date _____ City/State: _____ Injury Accident? _____	
	Did the police investigate? _____ Investigating Agency: _____	
	Description of Accident: _____	

5. To the best of you memory, list all the driving citations you have received as an adult and as a juvenile , excluding parking tickets:		
a)	Citation/Charge: _____ Month/Year: _____	
	City/State _____ Disposition _____	
b)	Citation/Charge: _____ Month/Year: _____	
	City/State _____ Disposition _____	
c)	Citation/Charge: _____ Month/Year: _____	
	City/State _____ Disposition _____	
d)	Citation/Charge: _____ Month/Year: _____	
	City/State _____ Disposition _____	
e)	Citation/Charge: _____ Month/Year: _____	
	City/State _____ Disposition _____	

f) Citation/Charge: _____	Month/Year: _____
City/State _____	Disposition _____
g) Citation/Charge: _____	Month/Year: _____
City/State _____	Disposition _____
h) Citation/Charge: _____	Month/Year: _____
City/State _____	Disposition _____

Part XI – Membership in Organizations (Past and present)

1. Name & Address of Organization	Type (Social, Professional, etc.)	From:	To:
a)			
b)			
c)			
d)			

Part XII – Personal Declarations (General)

1. Have you ever **made application for employment** with the Cairo Police Department?
 Yes No
If yes, please supply the following information:

Job Applied For	Date(s)	Status of Application
a)		
b)		
c)		
d)		

2. Have you ever **worked for** any public safety agency in a paid and/or volunteer capacity? Yes No
If yes, please supply the following information:

Agency Name	Job Title	Paid/Volunteer	Date(s) (to/from)	Supervisor's Name
a)				
b)				
c)				
d)				

3. Do you have or ever had any Public Safety Certification? Yes No
If yes, please supply the following information: (Provide copies of Certificates if possible)

Training Center	Agency Name	Date	Certification Number (if known)
a)			
b)			
c)			
d)			

4. Are you willing and able to work the following types of schedules: Yes No

a) Day shift -	d) Night shift -	e) Weekends -	f) Holidays -	g) Overtime -
b) 12 hour - regular shifts -	If no, to any of these, please explain:			
c) Be "on-call" for scheduled period -				

5. Do you have any relatives that are employed with The City of Cairo? Yes No
 Relatives include, but are not limited to, siblings, parents, grandparents, cousins, aunts, uncles, in-laws, etc...
 If yes, please list below:

Name	Relationship to You	Department In Which They Work
a)		
b)		
c)		

6. Do you have any social media accounts? Yes No
 If yes, please list below:

Type of Account (ie. Facebook, Tik Tok, Instagram, Twitter, etc.)	Name Account Under

Part XIII – Personal Declarations (Controlled Substances/Illegal Substances)

Alcohol/Liquor Consumption:
 1. Describe in your own words, the frequency and extent of your use of intoxicating liquors:

2. Declare if you have used or tried any of the substances below **even once** (excluding legitimate prescriptions). List any other substances/controlled substances you have taken not listed below.
You will be questioned on this information during your background interview later in the process.

Substance	Date First Used*	Date Last Used*	Total # of Times Used	Avg Times Used (per week, month)	Total Time Used (# of months/yrs)	Never Used, <u>Not Even One Time</u>
a) Marijuana/Hashish						
b) Amphetamines/Speed						
c) Methamphetamine						
d) Cocaine/Crack						
e) Heroin						
f) Inhalants						
g) LSD						
h) PCP						
i) Barbiturates/Tranquilizers						
j) Hallucinogenics						
k) Ecstasy						
l) Steroids						
m) Any other illegal drug:						
n)						
o)						

***Month and year must be included, particularly if the use was within the past five (5) years.
 (Attach extra copies of this section if necessary to provide a complete history)**

3. Have you ever sold drugs or narcotics to anyone? (yes/no) If yes, explain in detail

4. Have you ever given or furnished drugs or narcotics to anyone? (yes/no) If yes, explain in detail:

Part XIV – Miscellaneous Questions

1. Do you know of anything that might prevent you from obtaining the position you have applied for? (yes/no) If yes, please provide an explanation in detail:

2. Is there any reason why you cannot work flexible, rotating shifts, which are related to your job assignment or duties? (yes/no) If yes, please provide an explanation in detail:			
3. Have you purposely omitted any information from your employment application, resume, this document, or any other documentation you have submitted? (yes/no) If yes, please provide an explanation in detail:			
4. Were you able to understand all of the questions in this document? (yes/no) If no, please provide an explanation in detail:			
5. How did you find out about this position? Please circle the appropriate answer.			
a. advertisement	b. mailing list	c. job fair	d. other (explain)

Part XV – Required Proof of Identification and/or Qualifications

***** DO NOT SUBMIT these documents with Background Booklet*****
Be prepared to bring them with you to interviews and/or job offers.

During the background investigation, applicants may be asked to provide various proofs to verify the statements made in the Background Booklet, employment application and during any investigation interviews or contacts.

Examples of documentation that applicants should be prepared to provide may include, but not be limited to:

- Birth certificate
- Photo identification
- High school diploma/GED certification
- College diploma
- College transcripts (proof of coursework)
- Trade school diploma/certification
- Licenses held (i.e. pilot, radio operator)
- Training certification (i.e. First Aid/CPR)
- Proof of military service (i.e. DD-214)

The person assigned to complete each candidate's background investigation/voice-stress analysis will determine what information he/she would like you to bring with you. However, since it may take you a while to find and obtain the necessary documentation, please be prepared to gather this information in advance of your appointment.

Part XVI – Candidate Certification

- I hereby certify that there are **NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS** in the information I have provided in the Background Booklet and on any other additional documentation that I have attached to or provided along with the Background/Informational Booklet.
- I am fully aware that any such **MISREPRESENTATION, OMISSIONS, OR FALSIFICATIONS** will be grounds for immediate rejection of my application for employment and/or termination of my employment with Cairo.

Signature of Applicant: _____

Date: _____



CAIRO POLICE DEPARTMENT

HONESTY INTEGRITY RESPECT ACCOUNTABILITY

I hereby give consent for the **Cairo Police Department** to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

<i>Full Name (print):</i>			
<i>Address:</i>			
		<i>City:</i>	<i>State:</i>
<i>Sex</i>	<i>Race</i>	<i>Date of Birth</i>	<i>Social Security #</i>

This authorization is valid for 90 / 180 / _____ (circle one) days from date of signature.

I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature _____
Date

This document has been subscribed and affirmed before me in the County of Grady, State of Georgia,

This _____ day of _____, 20_____.

Notary Public *My commission expires:* _____

Requestor: **Cairo Police Department**

Employment (E) – Provides Georgia Criminal History Record information
Civilian Employment with a Criminal Justice Agency (J) – Provides Georgia & III Criminal History Record Information, except Juvenile or Restricted Records
P.O.S.T. Certified Employment with a Criminal Justice Agency (Z) - Provides Georgia & III Criminal History Record Information, Including Restricted Records, that contain Completed First Offender Sentences any Offense

The Inquiry resulted in the following: (check all that apply) SID/FBI # _____

<input type="checkbox"/> No Georgia CHRI results available	<input type="checkbox"/> Georgia CHRI attached/released
<input type="checkbox"/> No NCIC/GCIC Warrant results available	<input type="checkbox"/> Possible NCIC/GCIC Warrant
	Agency:
	Telephone:

Agency Designee and Title _____
Date/Time



CAIRO POLICE DEPARTMENT

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Driver's History Consent Form

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the Cairo Police Department to receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

Signature _____ Date _____

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	
Date Results Provided	
Person Results Provided to	



CAIRO POLICE DEPARTMENT

HONESTY INTEGRITY RESPECT ACCOUNTABILITY

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Chief Giovannie Santos gsantos@cairopd.com
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Privacy Act Statement

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

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Applicant Privacy Rights Notification Signature Form

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

Signature

Print Name

Date

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