



# LAGRANGE GEORGIA

CITY OF LAGRANGE • 200 RIDLEY AVENUE • LAGRANGE, GEORGIA 30240

## EMPLOYMENT APPLICATION\*

Active for 30 days unless otherwise notified Date Applied \_\_\_\_\_

NOTE: All fields must be answered fully in order to be considered for employment. Please ask for assistance if any portion of application is unclear. All candidates will be required to pass a pre-employment drug test.

LAST NAME	FIRST	MIDDLE	STREET ADDRESS	CITY	STATE	ZIP
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PHONE NUMBER	SOCIAL SECURITY NO.	YEARS AT ABOVE ADDRESS
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MAJOR FIELDS OF EMPLOYMENT INTEREST AND POSITIONS DESIRED

ARE YOU AVAILABLE TO WORK ANY TIME OF THE DAY  YES  NO

ARE YOU AVAILABLE TO WORK ANY DAY OF THE WEEK  YES  NO

FORMER CITY EMPLOYEE	DEPARTMENT/DIVISION	JOB TITLE & DUTIES	FROM	TO
YES <input type="checkbox"/> NO <input type="checkbox"/>				

RELATIVES WORKING FOR THE CITY OF LAGRANGE NAMES AND RELATIONSHIP (Past or Present)

ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO BE EMPLOYED IN THE UNITED STATES?  YES  NO

IN CASE OF AN EMERGENCY NOTIFY	ADDRESS	PHONE (INCLUDE AREA CODE)
		(      )

HAVE YOU EVER BEEN CONVICTED FOR VIOLATING ANY LAW?  YES  NO A YES WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT IF YES, PLEASE EXPLAIN.

MUST POSSESS A VALID DRIVER'S LICENSE. PLEASE COMPLETE THE FOLLOWING:

POSSESS A VALID DRIVER'S LICENSE	GOOD DRIVING RECORD	DRIVER'S LICENSE NO.	DRIVER'S LICENSE CLASS/ENDORSEMENTS
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		

### MILITARY HISTORY

BRANCH	DATE ENTERED	DATE DISCHARGED	TYPE OF DISCHARGE	HIGHEST RANK ATTAINED AND UNIT

INDICATE SPECIFIC SKILLS ACQUIRED IN THE U.S. ARMED FORCES

### EDUCATIONAL HISTORY

SCHOOL NAME AND LOCATION	FROM	TO	LAST GRADE COMPLETED DIPLOMA/DEGREE	COURSE OF STUDY
HIGH SCHOOL				
TRADE (OR APPRENTICE) SCHOOL				
COLLEGE OR BUSINESS SCHOOL				
OTHER				

The City of LaGrange is an equal opportunity employer and provides fair and equal employment opportunities to all applicants for employment and employees without regard to race, color, religion, national origin, citizenship status, age, sex, disability, veteran's status, or political affiliation.

PLEASE COMPLETE BOTH SIDES AND ANSWER ALL QUESTIONS  
ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.

USE THIS SPACE FOR COMMENTS ABOUT YOUR SPECIAL ABILITIES I.E. APPRENTICESHIPS, TOOLS, CERTIFICATIONS, EXPERIENCE, ETC.

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NOTE: The City of LaGrange will conduct an extensive background check including contacting past employers, schools attended, and possibly a credit history. Please note any employers you do not want contacted.

EMPLOYMENT HISTORY (PLEASE COVER EMPLOYMENT HISTORY FOR PAST TEN YEARS, INCLUDING MILITARY IF APPLICABLE). USE ATTACHMENT IF NECESSARY.

(1) NAME OF EMPLOYER (2) ADDRESS OF EMPLOYER, (3) PHONE NUMBER	FROM MO./YR.	TO MO./YR.	WAGE RATE START/FINISH	JOB TITLE AND DUTIES	REASON FOR LEAVING SUPERVISOR'S NAME
name 1 address phone (					
name 2 address phone					
name 3 address phone					
name 4 address phone (					

PLEASE COMPLETE ALL AREAS ABOVE, WHETHER OR NOT A RESUME IS ATTACHED.

WORK REFERENCES WE MAY CONTACT (INCLUDE AT LEAST TWO MOST RECENT OR CURRENT SUPERVISORS)

NAME	NAME
ADDRESS	ADDRESS
OCCUPATION	PHONE
NAME	NAME
ADDRESS	ADDRESS
OCCUPATION	PHONE

Please read this important information below. Ask for clarification if needed.

The undersigned has applied for employment with the City of LaGrange and hereby authorizes the City of LaGrange to contact my current and former employers and references for the purpose of acquiring information regarding me; I hereby authorize such employers and references to supply such information verbally or in writing to the City of LaGrange. In consideration for their furnishing such information, I hereby waive any and all claims against such former employers and references which may arise from their furnishing such information.

I understand the City of LaGrange has a Substance Abuse Prevention Program which includes drug testing. I agree to comply with applicable City policy.

I understand that once offered a position I will be required to take a medical examination and drug screening.

I understand that once offered a position I may be required to pass a physical examination as a condition of continued employment.

I certify that the answers given by me to all of the questions on this application are to the best of my knowledge and belief, true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed.

I AGREE THAT IF HIRED, THE CITY OF LAGRANGE OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO CITY POLICY, PRACTICE, PROCEDURE, OR STATEMENT BY ANY CTY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT-WILL EMPLOYMENT RELATIONSHIP.

Date Available for Work \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**The following minimum guidelines are not all-inclusive, but are among the principal factors considered in evaluating an applicant's candidacy for employment. Any questions should be directed to the Office of Professional Standards, telephone 706-883-2631 or 706-883-2678.**

1. Must not have any felony convictions. Conviction of a misdemeanor offense may possibly deem applicant unacceptable. Applicants who have by self-admission, committed crimes that were never detected, shall be presumed to have committed the crime or act. Pleas of *Nolo Contendere* are considered a conviction.
2. No more than 1 DUI conviction or any DUI conviction in the past 5 years.
3. Must show a stable employment history.
4. Must have a credit history that reflects a pattern of credit stability. Must not have a bankruptcy in progress nor any pending garnishment or civil judgment, which may cause undue hardship while employed.
5. Must not have a history of illegal drug use. **Shall not have used marijuana within 24-month period prior to date of application.** Experimental usage of marijuana, prior to the age of 21 will not be sole reason for disqualifying a candidate.
6. Must successfully complete a polygraph examination.
7. Must not have had license suspended or revoked for reasons other than nonpayment of insurance premiums, in the last five years.



## **POLICE PATROL OFFICER**

The City of LaGrange, Georgia is seeking qualified candidates for the position of Patrol Officer. The LaGrange Police Department serves a population of approximately 30,000 citizens about one hour from Hartsfield-Jackson Atlanta International Airport. The ideal candidate will have exposure to law enforcement in a growing community, and be committed to Community Policing.

### **Minimum Requirements:**

- High School Diploma or equivalent
- Must be at least 21 years of age
- Must be a U.S. Citizen
- Must not have been convicted of a crime that could have resulted in imprisonment.
- Must successfully undergo extensive character background, psychological, and aptitude testing.
- Must successfully complete police academy entrance exam and 240 hours of basic training in first 12 months of employment.
- Possess a valid driver's license
- Must be able to perform the essential functions of the job

### **Desired Requirements:**

- Two years of accredited college or university preferred with Georgia P.O.S.T. Certification **or**
- Four years accredited college or university with no certification
- The City of LaGrange offers a lucrative benefits package including an employer paid retirement plan, PPO participation, Credit Union, 457 Deferred Compensation plan, and starting annual salary of \$40,060.80 during training. After satisfactory completion of all training the salary is raised to \$42,057.60, based on the schedule. (07/01/2015)

**Return application, essay, a current photograph, a copy of your valid driver's license, and notarized consent form to:**

**Human Resources Services  
City of LaGrange  
200 Ridley Ave  
LaGrange, GA 30240-2726**

EOE/NSE

## **PATROL OFFICER JOB DESCRIPTION**

An employee in this position is responsible for maintaining law and order; protecting life and property, and enforcing all statutes, laws, ordinances and regulations of the local, state and federal governments. Employee works under general supervision of a superior officer but has very definite operating procedures. However, much judgment is required in interpreting laws, ordinances, policies, and procedures. Employee must achieve a balance between enforcement of laws and ordinances and maintaining good public relations for the Police Department. Work contains a substantial element of risk and employee must be able to exercise judgment independently in emergency situations. Work is reviewed through reports, personal inspection and conferences. No supervision over others exercised.

### **EXAMPLES OF WORK**

The following duties and associated tasks are typically performed by a person in this position. No attempt is made to be exhaustive in this listing.

- Patrols assigned residential or business areas on foot or in a patrol car.
- Checks door and windows, observes for suspicious persons or activities or damaged property.
- Discourages criminal activity through high visibility.
- Protects people and property from criminal hazards; initiates investigation as warranted.
- Monitors area to ensure safety and welfare of civilians.
- Responds to radio dispatcher calls to investigate burglar alarms, traffic violations, domestic problems and other acts against person, property, or law or for assistance from other officers.
- Intercedes in domestic quarrels; attempts to dissolve potentially dangerous situations through tact.
- Resolves, or attempts to resolve, discrepancies or disagreements.
- Secures scene of more serious crimes and calls for assistance.
- Refers disadvantaged or victims to necessary agencies;
- Counsels victims as needed.
- Participates in traffic law enforcement by facilitating the flow of traffic when necessary; issues citations for violations; operates intoximeter.
- Processes, searches and incarcerates prisoners.
- Makes necessary reports.
- Ensures swift resolution of auto accidents.
- Verifies ownership or status of abandoned vehicles.
- Assists civilians in line of duty; gives directions, information, etc.
- Maintains scheduled court appearances
- Reviews prior information and data for court cases
- Makes case for judgment against perpetrator
- Acts as Bailiff in absence of official or as needed
- Participates in required in-service training
- Performs related work as required

## KNOWLEDGE, SKILLS, AND ABILITIES

- Knowledge of local and state laws and ordinances
- Knowledge of geography of city
- Knowledge of Community Policing Philosophy
- Knowledge of firearms
- Knowledge of modern police methods
- Knowledge of people and behavioral problems
- Knowledge of proper vehicle stop and check procedures
- Knowledge of legal and proper methods of arrest and investigation
- Knowledge of Georgia Criminal Code and traffic laws
- Skill in operations of motor vehicle at times at a high rate of speed
- Skill in police radio, radar, etc.
- Skill in use of firearms
- Skill in fact-finding
- Skill in observing unusual or out-of-the-ordinary situations
- Ability to communicate effectively, both orally and in writing
- Ability to react to a crisis situation calmly and quickly
- Ability to identify drugs and other substances
- Ability to qualify with firearms

## DESIRABLE TRAINING

- Meet requirements as set up by Georgia laws.
- Some experience in work involving frequent contact with the public and requiring the exercise of considerable tact and diplomacy.

## NECESSARY SPECIAL REQUIREMENTS

- Must be at least 21 years of age
- Must be a citizen of the U.S.
- Must have a high school diploma or equivalent and/or 45 hours of college.
- Must not have been convicted of a crime which could have resulted in imprisonment.
- Must not have a pattern of law violations.
- Must be willing to be finger printed
- Must be willing to have a record search.
- Must be of good moral character.
- Must pass an exam for physical, emotional, and mental fitness
- Must complete a basic training course of 240 hours within 12 months of employment
- Must successfully pass the entry level assessment test for police officers
- Possess a valid driver's license
- Be in good physical condition
- Must pass 12 weeks F.T.O. Program

# CITY OF LAGRANGE

## POLICE DEPARTMENT



### CONFIDENTIAL QUESTIONNAIRE

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT FOR: \_\_\_\_\_

## NOTICE TO APPLICANT

Please complete this booklet in its entirety and return it to The City of LaGrange Human Resources Department or the LaGrange Police Department. Answer all questions thoroughly and honestly. The sooner we receive your completed booklet, the sooner we can begin the processing of your application.

**I can not stress enough the importance of the accuracy of your answers.** The information, which you supply in this booklet, will be compared with information provided by others throughout the application process. You **will** be asked to verify these answers at the polygraph examination. Any discrepancy or omission may result in your removal from this application process. You may not be especially proud of something you have done in the past but you **must** write it down! Many candidates are removed from the process for this reason each year. The tragic irony is that what they omitted or falsified **may not** have excluded them from consideration.

It is important that you understand that the process involved in the selection of police officers is labor intensive and will require 90 to 180 days, a process consisting of background investigation, testing, and employment assessment.

If you have any questions about the application process or clarification about any of the questions contained in this booklet, please call us at (706) 883-2025.

City of LaGrange  
Human Resources Department  
200 Ridley Avenue  
LaGrange, Georgia 30240-2726

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### VISION REQUIREMENTS

In order to pass the physical examination, which will be required for employment, you must have corrected vision of 20/40 Acuity (Snellen) with or without correction. You must also be able to distinguish colors in traffic control devices (red, green and amber).



## **APPLICANT: READ THIS FIRST**

No other document, which you will prepare during your application for Police Officer Recruit, will be as important as the attached booklet. It is in your own best interest to follow instructions carefully. There are many more applicants for employment than there are available positions. A properly completed document enables us to better evaluate your application. We may be unable to process an incomplete document, and this may nullify your employment application.

## **ENTRIES MUST BE TYPED OR HANDWRITTEN BY THE APPLICANT IN BLACK INK.**

Before completing this document, closely read the instructions, which are written throughout. There are a number of copies of official documents you are required to obtain, and some of these documents may be necessary to adequately complete this booklet.

**When mentioning persons, be sure to fully identify the individual by his/her full correct name. Further, give complete address to determine street numbers correct street spellings, apartment numbers, telephone numbers and zip codes.**

When completing the residence portion of this booklet, be sure that you provide every address where you have lived for the past **ten** years. Begin, in order, from your present address. If necessary, call the appropriate person to find out the exact address and time period when you resided at that address.

When completing the employment portion of this booklet, be sure you provide each employer from your current employment going back to when you completed high school. If there was a period of unemployment, enter it in the booklet in the same sequence and manner as if this were another employer by indicating "from" and "to" and printing "**UNEMPLOYED**" in the block headed "Name of Employer." If you worked more than one job at one time, place the major first job and enter the part-time or secondary job in the block immediately after the primary position. Finally, if you were ever involuntarily separated from a job [i.e. last month or twenty years ago], include this in your employment record. **If additional space is needed for any item, the answer may be continued on a separate sheet of paper and attached.**

## ►► NOTICE TO POLICE DEPARTMENT APPLICANTS ◀◀

Applicants must submit and successfully complete the following:

1. An application package that will be reviewed for thoroughness and accuracy as part of the hiring process
2. An assessment which includes :
  - Physical agility test and Cooper Standard Test
  - An oral board
  - A written test
  - A typing test
  - Report Writing Exercise

The applicant must score at least 70%, to be further considered

3. A polygraph examination - Areas of questions consist of Work History, Driving History, Criminal Violations, Use of Illegal Drugs, and Employment.
4. Interview with a member from the Office of Professional Standards Unit.
5. Pass a thorough background investigation to include character, experience, background and physical fitness. The investigation will also include a review of all police records, previous employment files, past places of residence, lawsuits, personal habits including criminal conduct, internet activity, military records, credit history, educational background and other areas deemed pertinent and appropriate.
6. An interview conducted by the Chief of Police
7. A psychological examination at City expense \*\*
8. A drug screen \*\*
9. A physical examination \*\*
10. Successfully complete a two week pre-academy assessment process during which the applicant will be provided training on a variety of high liability topics to include, but not limited to, firearms skills, emergency driving, problem solving and report writing. Both firearms proficiency and emergency driving are required elements to successfully complete the Georgia Police Academy Training. Therefore, a strong emphasis will be placed on these two fundamentals during this pre-academy assessment process and the applicant will be required to demonstrate sufficient proficiency in both fundamentals in order to be permitted to attend the Georgia Police Academy. It is strongly recommended that applicants prepare themselves appropriately by familiarizing themselves as much as possible with both fundamentals prior to participation in the pre-academy assessment process.

**\*\*These examinations are conducted after a conditional offer of employment has been extended.** Revised 07/01/2015



**PERSONAL INQUIRY WAIVER  
AUTHORITY FOR RELEASE OF INFORMATION**

**TO WHOM IT MAY CONCERN:**

I respectfully request and authorize you to furnish the LaGrange Police Department any and all information, including that of a confidential or privileged nature, you may have concerning me. This includes police records, court records, work records, school records, military records, credit and financial records, internet activity, medical and mental records. This information will be used to assist in determining my qualifications and fitness for employment with the LaGrange Police Department.

Intending to be legally bound hereby, I release you, your organization, and others contacted from any liability or damage which may result from furnishing the information requested: Photostat copies of this authorization carry the same authority as the original.

I also authorize the City of LaGrange c/o the LaGrange Police Department to receive any **criminal** and/or **driver** history record information pertaining to me, which may be in the files of any State or Local criminal justice agency in Georgia.

Sex	Race	Date of Birth	Social Security Number
			Signature of Applicant

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to he/she has full knowledge of its purpose and that he/she executed this instrument of his/her own free will and accord.

Subscribed and sworn to me in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NOTARY SEAL

\_\_\_\_\_  
**NOTARY PUBLIC**

**NOTE: YOUR APPLICATION WILL NOT BE PROCESSED IF THIS FORM IS NOT PROPERLY COMPLETED.**

**Again, answer each question completely and honestly. Add extra sheets if you need more space than provided. Many people are not accepted because of omissions and concealment rather than because of previous behavior. While indiscretion or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.**

Finally, when you have fully completed this booklet return it to:

**Human Resources Dept.  
City of LaGrange  
200 Ridley Ave  
LaGrange, GA 30240-2726**

You **must** furnish our department with **one (1) copy** each of the following documents:

- 1) **Your Birth Certificate**
- 2) **Your High School Diploma/GED**
- 3) **Your college Transcripts**
- 4) **Your DD-214 (if applicable)**
- 5) **Your Naturalization Certificate (if applicable)**
- 6) **Your Driver's License**
- 7) **Your Social Security Card**
- 8) **A copy of your POST certification card, if you are a certified Georgia Peace Officer.**
- 9) **Test results from one of the following tests, ASSET, COMPASS, SAT, ACT or CPE (See minimum required scores on the chart provide on next page.)**

**IN ADDITION TO THE ABOVE:**

- 10) **RETURN THE ENCLOSED PERSONAL INQUIRY WAIVER COMPLETED AND NOTARIZED. RETURN THE ORIGINAL ONLY; NO ADDITIONAL COPIES ARE REQUIRED.**

## POST Entrance Exam Results

Below are the minimum scores required for satisfying OCGA § 35-8-8 regarding completion of the POST entrance examination.

TEST	Sub-Test	Scaled Score
Accuplacer	Reading	55
	Writing	60
	Numerical *	34
ASSET	Reading	38
	Writing	35
	Numerical *	35
COMPASS	Reading	70
	Writing	32
	Numerical *	26
SAT	Verbal or Critical Reading	430
	Math	400
ACT	Verbal or English & Reading	18
	Math	16
CPE	Reading	75
	Math	75
	English	75

\* Score is used for evaluation purposes only and does not determine whether a candidate successfully passes the exam. Persons attending a BLETC at one of the Technical Colleges in Georgia are required to achieve this minimum score.

**IMPORTANT NOTE:** Per OCGA 35-8-8, candidates that do not perform satisfactory on the Entrance Exam will be ineligible to retake the Entrance Exam for a period of 30 days after the unsuccessful attempt.

*Revised 05/27/2016*

## **PATROL OFFICER APPLICANT**

**In the space provided below, please write an essay entitled, "Why I want to be a Patrol Officer":**

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## FAMILY BACKGROUND OF APPLICANT

Provide complete address, zip codes, and phone numbers.

**Father:** \_\_\_\_\_

	Last	First	Middle	DOB
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Address: \_\_\_\_\_

	Street Address	City	State	Zip Code
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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Mother:** \_\_\_\_\_

	Last	First	Middle	DOB
--	------	-------	--------	-----

Address: \_\_\_\_\_

	Street Address	City	State	Zip Code
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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**NOTE:** If you were reared by anyone other than your parents, give the following information concerning those who raised you below:

**Name of Person:** \_\_\_\_\_

	Last	First	Middle	DOB
--	------	-------	--------	-----

Address: \_\_\_\_\_

	Street Address	City	State	Zip Code
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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Spouse:** \_\_\_\_\_

	Last	First	Middle	DOB
--	------	-------	--------	-----

Address: \_\_\_\_\_

	Street Address	City	State	Zip Code
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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Ex-Spouse:** \_\_\_\_\_

	Last	First	Middle	Date of Divorce
--	------	-------	--------	-----------------

Address: \_\_\_\_\_

	Street Address	City	State	Zip Code
--	----------------	------	-------	----------

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Ex-Spouse:** \_\_\_\_\_

	Last	First	Middle	Date of Divorce
--	------	-------	--------	-----------------

Address: \_\_\_\_\_

	Street Address	City	State	Zip Code
--	----------------	------	-------	----------

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List home addresses for the past ten years. (Work backwards, list current address first.) Attach additional sheet if needed.

1. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
2. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
3. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
4. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
5. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
6. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
7. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

List contact information for the last 3 physicians you visited

Doctor' Name	Office Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

According to O.C.G.A. 35-8-8 you must provide us with information on any medications you have taken in the past 12 months that may impair your ability to perform the duties of a peace officer in the State of Georgia.

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**EDUCATION / TRAINING / SKILLS**

**HIGH SCHOOL/VOCATIONAL SCHOOL GRADUATED FROM:**

SCHOOL	ADDRESS	CITY/STATE/ZIP	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduated High School/GED awarded: \_\_\_\_\_  
Highest Grade Completed: \_\_\_\_\_

**COLLEGE/UNIVERSITIES**

What colleges or universities have you attended? (List most recent first and work backwards.)

COLLEGE/UNIVERSITY	LOCATION	GRADUATED	MAJOR
_____	_____	Yes___No___	_____
_____	_____	Yes___No___	_____
_____	_____	Yes___No___	_____

Have you ever been suspended or expelled for academic probation from any school? Yes \_\_\_\_\_  
No\_\_\_\_\_ If yes, explain.

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

**FOREIGN LANGUAGE SKILLS**

Are you able to communicate in any language other than English (including sign language)? Yes \_\_\_\_\_  
No\_\_\_\_\_ If yes, specify and state fluency and reading levels:

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

**MILITARY STATUS OF APPLICANT**

Have you served in the armed forces of the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, branch of service: \_\_\_\_\_

Date of Service From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge: **(Exclude Medical Reasons)** \_\_\_\_\_

Any reserve obligation: Yes \_\_\_ No \_\_\_

If yes, supply reserve organization name and address below:

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Were you ever subject to any type of disciplinary action while serving in the Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes describe in detail.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been denied entrance to any of the Armed Forces? Yes \_\_\_ No \_\_\_ If yes, explain the basis for your denial (except for Medical Reasons).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**APPLICANT'S EMPLOYMENT BACKGROUND**

List all employment including part-time, beginning with current employer first, and work backwards **UNTIL HIGH SCHOOL GRADUATION**. You must include any employment from which you were terminated, regardless of when it occurred in your work history.

**Current Employer:**

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Applicant's Supervisor: \_\_\_\_\_  
Applicant's Position: \_\_\_\_\_ Dates  
of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving:  
(Exclude Medical Reasons) \_\_\_\_\_  
\_\_\_\_\_

**We will contact your current employer in the course of our background investigation.**

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Organization : \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Applicant's Supervisor: \_\_\_\_\_  
Applicant's Position: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving:  
(Exclude Medical Reasons) \_\_\_\_\_

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Organization : \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Applicant's Supervisor: \_\_\_\_\_  
Applicant's Position: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving:  
(Exclude Medical Reasons) \_\_\_\_\_

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Organization : \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Applicant's Supervisor: \_\_\_\_\_  
Applicant's Position: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving:  
(Exclude Medical Reasons) \_\_\_\_\_

\*\*\*\*\*

Organization : \_\_\_\_\_

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

Applicant's Supervisor: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving:

(Exclude Medical Reasons) \_\_\_\_\_

\*\*\*\*\*

Organization : \_\_\_\_\_

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

Applicant's Supervisor: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving:

(Exclude Medical Reasons) \_\_\_\_\_

\*\*\*\*\*

Organization : \_\_\_\_\_

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

Applicant's Supervisor: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving:

(Exclude Medical Reasons) \_\_\_\_\_

\*\*\*\*\*

Organization : \_\_\_\_\_

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

Applicant's Supervisor: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving:

(Exclude Medical Reasons) \_\_\_\_\_

\*\*\*\*\*

Organization : \_\_\_\_\_

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

Applicant's Supervisor: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving:

(Exclude Medical Reasons) \_\_\_\_\_

\*\*\*\*\*

Organization : \_\_\_\_\_

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

Applicant's Supervisor: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving:

(Exclude Medical Reasons) \_\_\_\_\_

If you answer "yes" to any of the questions below, give full details including the name and address of each employer, approximate dates, and the circumstances in each case.

Have you ever been discharged or disciplined at any employment?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain. \_\_\_\_\_

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Have you resigned (quit) while anticipating that your employer intended to discharge (fire) you for any reason?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain. \_\_\_\_\_

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Have you ever resigned (quit) while anticipating that your employer intended to take any form of disciplinary action against you?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain. \_\_\_\_\_

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Have you ever had any extended work absences for reasons other than medical or earned vacations?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain. \_\_\_\_\_

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**MISCELLANEOUS**

**SPECIAL SKILLS / TRAINING**

DO YOU HAVE SKILLS OR TRAINING IN THE FOLLOWING AREA?

<b>SKILL/TRAINING</b>	<b>NO</b>	<b>YES</b>	<b>SPECIFY COURSE/CERTIFICATION</b>
EMT/Paramedic			
Emergency Driving			
Firearms Training			
Counseling			
Legal/Paralegal			
Leadership Course(s)			
Martial Arts			
Other (Specify)			

Is there anything else in your background that you feel we should be aware of as we consider your employment application? Yes\_\_\_\_No\_\_\_\_(if yes, explain)

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Is there any reason that would prevent you from:

(A) Taking an oath with or without an affirmation? Yes\_\_\_\_No\_\_\_\_if yes, explain:

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(B) Supporting and defending the Constitution of the United States, The laws of the State of Georgia, and the laws and ordinances of the City of LaGrange?

(C) Yes\_\_\_\_No\_\_\_\_If yes, explain \_\_\_\_\_

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(D) Taking of life in protection against an immediate threat of deadly or serious injury to yourself or another? Yes\_\_\_\_No\_\_\_\_If yes, explain: \_\_\_\_\_

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**POLICE/SECURITY EXPERIENCE**

Do you have experience as a sworn police officer? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain, listing any State certifications held and date of certification:

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Do you have experience in private security? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain,

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Do you have experience as a police intern, volunteer, cadet or explorer with this or any other agency? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain,

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## PERSONAL REFERENCES

List ten (10) personal references that may be contacted between 8 A.M. and 5 P.M. Monday thru Friday. References should be individuals who are not related to you and who have known you for at least 5 years.

PLEASE PRINT

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION**

1. List all motor vehicles currently owned or operated by applicant. Make:  
\_\_\_\_\_ Make: \_\_\_\_\_ Make: \_\_\_\_\_  
Model: \_\_\_\_\_ Model: \_\_\_\_\_ Model: \_\_\_\_\_  
Tag No: \_\_\_\_\_ Tag No: \_\_\_\_\_ Tag No: \_\_\_\_\_  
State: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_
  
2. Motor vehicle insurance company (s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Agent: \_\_\_\_\_ Phone No: \_\_\_\_\_
  
3. Has your automobile insurance ever been cancelled for any non-medical reason?  
Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. List all current and past driver's licenses issued to applicant:  
Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_  
Valid? Yes \_\_\_ No \_\_\_ Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_  
Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_  
Valid? Yes \_\_\_ No \_\_\_  
Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_  
Valid? Yes \_\_\_ No \_\_\_
  
5. Has your license or privileges to operate a motor vehicle ever been revoked, refused, suspended, or canceled? Yes \_\_\_ No \_\_\_ (If yes, explain in detail supplying reason, dates, location, etc). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Has your vehicle registration ever been canceled, refused, revoked or suspended for any reason? Yes \_\_\_ No \_\_\_ (If yes, explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Have you ever been arrested or charged with DRIVING WHILE INTOXICATED or DRIVING UNDER THE INFLUENCE? Yes \_\_\_ No \_\_\_ (If yes, explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. To the best of your knowledge, how many points are currently on your driver's license? \_\_\_\_\_ points.
9. How many years have you been driving? \_\_\_\_\_
10. What type of equipment have you been driving? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. In what geographical areas have you operated vehicles? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Have you received any safe driver awards? \_\_\_\_\_ If yes, can you furnish a copy of the award or certificate? \_\_\_\_\_
13. Have you received driver's education? \_\_\_\_\_ If yes, furnish a copy of the certificate?

**TRAFFIC RECORD**

List all traffic violations (excluding parking tickets) you have received.

\*\*\*\*\*

Violation: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

Agency location: \_\_\_\_\_

\*\*\*\*\*

Violation: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

Agency location: \_\_\_\_\_

\*\*\*\*\*

Violation: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

Agency location: \_\_\_\_\_

\*\*\*\*\*

Violation: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

Agency location: \_\_\_\_\_

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Violation: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

Agency location: \_\_\_\_\_

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Violation: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

Agency location: \_\_\_\_\_

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Violation: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

Agency location: \_\_\_\_\_

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Violation: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

Agency location: \_\_\_\_\_

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**TRAFFIC ACCIDENTS**

List all traffic accidents in which you were as the driver of the vehicle.

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Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Was citation issued? Yes \_\_\_ No \_\_\_ If yes, what violation: \_\_\_\_\_  
Disposition: \_\_\_\_\_

\*\*\*\*\*

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Was citation issued? Yes \_\_\_ No \_\_\_ If yes, what violation: \_\_\_\_\_  
Disposition: \_\_\_\_\_

\*\*\*\*\*

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Was citation issued? Yes \_\_\_ No \_\_\_ If yes, what violation: \_\_\_\_\_  
Disposition: \_\_\_\_\_

\*\*\*\*\*

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Was citation issued? Yes \_\_\_ No \_\_\_ If yes, what violation: \_\_\_\_\_  
Disposition: \_\_\_\_\_

\*\*\*\*\*

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Was citation issued? Yes \_\_\_ No \_\_\_ If yes, what violation: \_\_\_\_\_  
Disposition: \_\_\_\_\_

\*\*\*\*\*

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Was citation issued? Yes \_\_\_ No \_\_\_ If yes, what violation: \_\_\_\_\_  
Disposition: \_\_\_\_\_

\*\*\*\*\*

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Was citation issued? Yes \_\_\_ No \_\_\_ If yes, what violation: \_\_\_\_\_  
Disposition: \_\_\_\_\_

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**CRIMINAL HISTORY**

Have you ever committed or participated in any of the following crimes  
(whether you were caught or not)?

<b>CRIME</b>	<b>YES</b>	<b>NO</b>	<b>CRIME</b>	<b>YES</b>	<b>NO</b>
<b>Vandalism</b>			<b>Telephone</b>		
<b>Child Abuse or Molestation</b>			<b>Computer Related Crimes</b>		
<b>Hunting/Fishing Law Violations</b>			<b>Impersonating a Police Officer</b>		
<b>Trespassing</b>			<b>Assault</b>		
<b>Arson</b>			<b>Weapons Violation</b>		
<b>Theft or Unauthorized Use of a Motor Vehicle</b>			<b>Aided or Abetted in the Commission of a Crime</b>		
<b>False Alarms</b>			<b>Fraud (Bad Checks)</b>		
<b>Embezzlement</b>			<b>Sexual Assault</b>		
<b>Extortion</b>			<b>Public Intoxication</b>		
<b>Prostitution</b>			<b>Disorderly Conduct</b>		
<b>Thefts</b>			<b>Wiretapping</b>		
<b>Perjury</b>			<b>Burglary</b>		
<b>Bigamy</b>			<b>Robbery</b>		
<b>Giving False Information</b>			<b>Other</b>		
<b>Any Drug Related Crime</b>			<b>Any Gang Crime</b>		

**IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN IN DETAIL. PROVIDE ADDITIONAL SHEET IF NECESSARY. INCLUDE DATES AND DISPOSITION.**

**CRIMINAL HISTORY**

Have you ever been arrested, interviewed, interrogated, or detained by any law enforcement agency? Yes \_\_\_ No \_\_\_ (If yes, explain in detail below giving date, reason, agency and disposition.)

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Have you ever been placed on probation or parole? Yes \_\_\_ No \_\_\_ (If yes, explain in detail below giving date, reason, authority and disposition.)

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Have you ever been convicted of a criminal offense? (Exclude traffic related offenses). Yes \_\_\_ No \_\_\_ (If yes, provide all details).

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Are you friends with anyone whom you suspect of being a seller of illegal drugs? Yes \_\_\_ No \_\_\_ (If yes, explain in detail)

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**HAVE YOU EVER:**

- 1. Used a weapon of any kind during a fight? Yes\_\_\_ No\_\_\_
- 2. Injured anyone as a result of a fight? Yes\_\_\_ No\_\_\_
- 3. Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter, or other unnatural death of a human being? Yes\_\_\_ No\_\_\_
- 4. Has your car been used in the commission of a crime? Yes\_\_\_ No\_\_\_
- 5. Have you been named in any manner, in a civil law suit? Yes\_\_\_ No\_\_\_
- 6. Have you used any illegal drug in the past five (5) years? Yes\_\_\_ No\_\_\_
- 7. Have you ever been a member of a gang Yes\_\_\_No\_\_\_

If you answered yes to any of the above questions, explain fully.

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Is there anything in your past, which if revealed at a later date, may prove to be embarrassing to you or to the Department, if employed? Yes\_\_\_No\_\_\_(If yes, explain in detail.)

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**I CERTIFY THAT ALL ENTRIES MADE BY ME IN THIS BOOKLET ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT IF AT ANY TIME DURING THE COURSE OF THE BACKGROUND INVESTIGATION OR DURING MY EMPLOYMENT WITH THE LAGRANGE POLICE DEPARTMENT, IT IS DISCOVERED THAT I HAVE MADE ANY UNTRUTHFUL STATEMENT, FALSIFIED MY APPLICATION OR GIVEN ANY MISLEADING STATEMENTS, IT SHALL BE SUFFICIENT CAUSE FOR MY IMMEDIATE TERMINATION.**

**I FURTHER UNDERSTAND THAT IF I AM NOT HIRED, I CAN REAPPLY**

- A. AFTER ONE YEAR IF THIS IS THE FIRST ATTEMPT.**
- B. AFTER THREE YEARS FOLLOWING THE SECOND ATTEMPT AND EACH ATTEMPT THEREAFTER.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Physical Agility Test  
Cooper Fitness Assessment

**PERSONAL INJURY WAIVER**

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**WAIVER**

I, the above named applicant, hereby release the City of LaGrange or any of its officials or authorized representatives from any liability or damage for any physical injury which may result from performing the physical agility test and participating in the Cooper Fitness Assessment as part of the testing for the position of Patrol Officer.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Applicant's Complete Address

**AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who says that he executed the above instrument of his own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

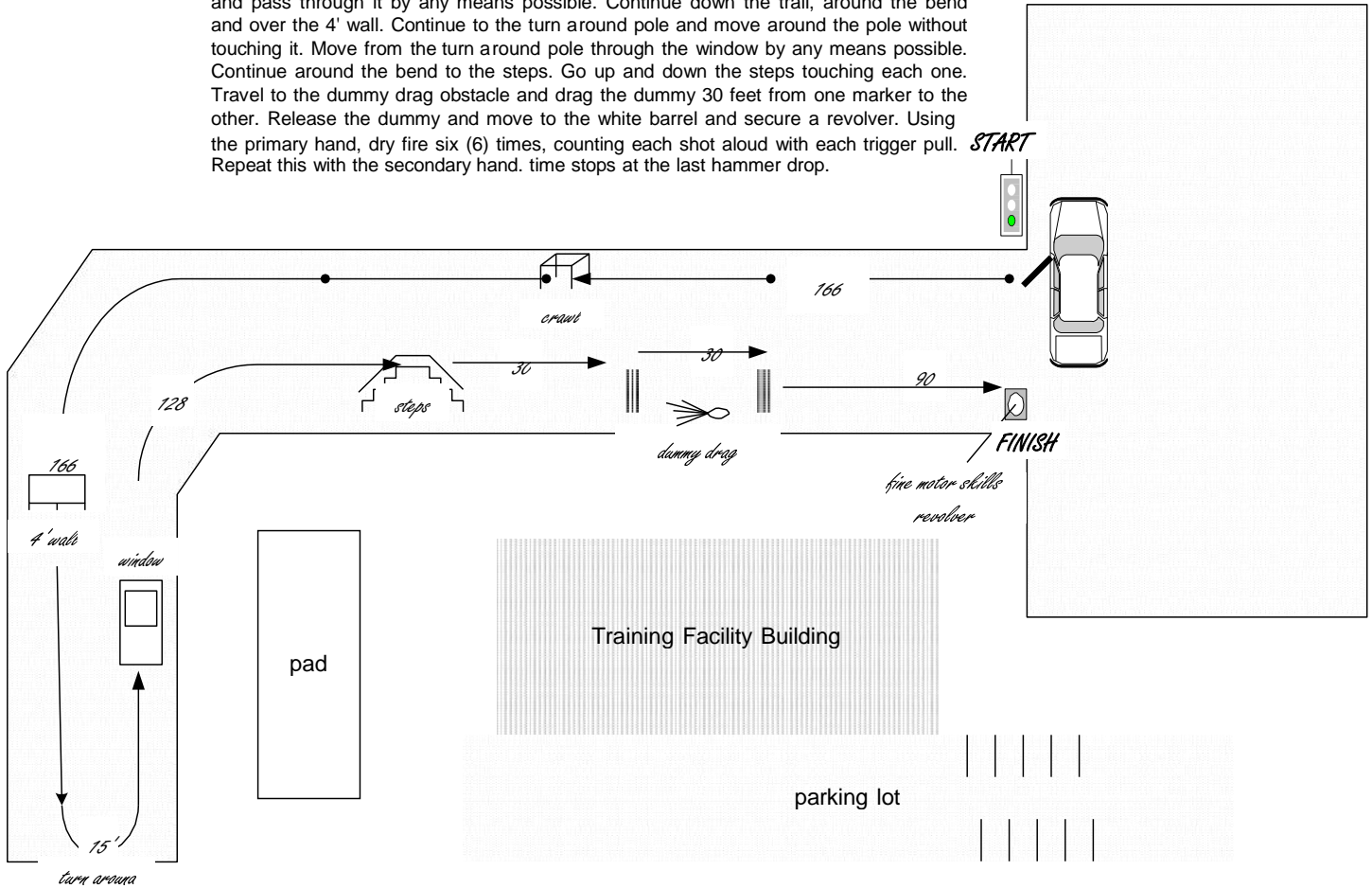
\_\_\_\_\_  
Notary Public

SEAL

My commission expires \_\_\_\_\_

# AGILITY COURSE

Start from a seated position in a patrol car with seatbelt fastened. On the command of GO, remove seatbelt, exit vehicle and close patrol car door. Move to the crawl obstacle and pass through it by any means possible. Continue down the trail, around the bend and over the 4' wall. Continue to the turn around pole and move around the pole without touching it. Move from the turn around pole through the window by any means possible. Continue around the bend to the steps. Go up and down the steps touching each one. Travel to the dummy drag obstacle and drag the dummy 30 feet from one marker to the other. Release the dummy and move to the white barrel and secure a revolver. Using the primary hand, dry fire six (6) times, counting each shot aloud with each trigger pull. Repeat this with the secondary hand. time stops at the last hammer drop.



## COOPER FITNESS ASSESSMENT

### PUSH – UPS (MALE)

AGE	21 – 25	26 - 30	31 - 35	36 - 40	41 – 45
Exceeds Standard	37	34	30	27	24
Meets Standard	33	30	27	24	21
Needs Improvement	29	26	24	21	18
Unacceptable	25	22	20	18	16
AGE	46 - 50	51 - 55	56 - 60	61 - +	
Exceeds Standard	20	17	17	17	
Meets Standard	18	15	15	15	
Needs Improvement	16	13	13	13	
Unacceptable	14	11	11	11	

### PUSH – UPS (FEMALE)

AGE	21 - 25	26 - 30	31 - 35	36 - 40	41 – 45
Exceeds Standard	20	17	14	13	12
Meets Standard	18	15	13	12	11
Needs Improvement	16	13	11	11	10
Unacceptable	14	11	10	9	8
AGE	46 - 50	51 - 55	56 - 60	61 - +	
Exceeds Standard	9	6	6	4	
Meets Standard	8	5	5	3	
Needs Improvement	7	4	4	4	
Unacceptable	6	3	3	1	

### SIT – UPS (MALE)

AGE	21 - 25	26 - 30	31 - 35	36 - 40	41 – 45
Exceeds Standard	45	43	40	37	35
Meets Standard	40	38	36	33	31
Needs Improvement	35	33	32	29	27
Unacceptable	30	28	27	25	23
AGE	46 - 50	51 - 55	56 - 60	61 - +	
Exceeds Standard	32	29	26	23	
Meets Standard	28	26	23	20	
Needs Improvement	25	23	20	18	
Unacceptable	21	20	17	15	

**SIT – UPS (FEMALE)**

<b>AGE</b>	<b>21 – 25</b>	<b>26 - 30</b>	<b>31 - 35</b>	<b>36 - 40</b>	<b>41 – 45</b>
Exceeds Standard	39	35	30	27	25
Meets Standard	35	31	27	24	22
Needs Improvement	31	27	24	21	19
Unacceptable	26	23	20	18	17
<b>AGE</b>	<b>46 - 50</b>	<b>51 - 55</b>	<b>56 - 60</b>	<b>61 - +</b>	
Exceeds Standard	21	19	12	9	
Meets Standard	19	17	11	8	
Needs Improvement	17	15	10	7	
Unacceptable	14	13	8	6	

**MILE AND A HALF RUN (MALE)**

<b>AGE</b>	<b>21 - 25</b>	<b>26 - 30</b>	<b>31 - 35</b>	<b>36 - 40</b>	<b>41- 45</b>
Exceeds Standard	11:34	11:48	12:09	12:25	12:50
Meets Standard	12:51	13:13	13:36	13:55	14:29
Needs Improvement	14:07	15:17	15:43	15:58	16:27
Unacceptable	16:03	16:41	17:10	17:33	18:26
<b>AGE</b>	<b>46 - 50</b>	<b>51 - 55</b>	<b>56 - 60</b>	<b>61 - +</b>	
Exceeds Standard	13:12	13:35	14:04	14:38	
Meets Standard	14:54	15:26	16:04	16:43	
Needs Improvement	16:36	17:17	18:04	18:48	
Unacceptable	18:18	19:08	20:05	20:54	

**MILE AND A HALF RUN (FEMALE)**

<b>AGE</b>	<b>21 - 25</b>	<b>26 - 30</b>	<b>31 - 35</b>	<b>36 - 40</b>	<b>41 – 45</b>
Exceeds Standard	13:35	13:48	14:02	14:24	14:51
Meets Standard	15:26	15:41	15:57	16:27	16:58
Needs Improvement	17:17	17:34	17:52	18:30	19:05
Unacceptable	19:07	19:26	19:46	20:34	21:13
<b>AGE</b>	<b>46 - 50</b>	<b>51 - 55</b>	<b>56 - 60</b>	<b>61 - +</b>	
Exceeds Standard	15:10	15:35	16:32	16:14	
Meets Standard	17:26	17:54	18:19	18:44	
Needs Improvement	19:42	20:13	20:46	21:15	
Unacceptable	21:58	22:23	23:14	23:05	

<b>4 – EXCEEDS STANDARDS</b>
<b>3 – MEETS STANDARDS</b>
<b>2 – NEEDS IMPROVEMENT</b>
<b>1 – UNACCEPTABLE</b>

RELEASE FROM LIABILITY & INDEMNITY AGREEMENT  
(PATROL VEHICLES)

I, \_\_\_\_\_, (print full name)

Address \_\_\_\_\_,

race/sex, \_\_\_/\_\_\_, SSN# \_\_\_\_\_, DOB \_\_\_\_\_, Phone # \_\_\_\_\_,  
being 21 years of age or older, in consideration of my being able to ride in a patrol vehicle belonging to the City of LaGrange and which is assigned to the City of LaGrange Police Department and my being allowed to accompany members of the City of LaGrange Police Department on patrol or other police activities, do hereby agree as follows:

- a. That I, for myself, heirs, assigns and legal representatives, release, discharge and covenant not to sue or make a claim against the City of LaGrange, Georgia, the LaGrange Police Department, or any of its agents, officers or elected officials, as a result of and for any injury or damage to person or property which may result from riding in a patrol vehicle or participating in the above-named activity.
- b. That I agree to indemnify the City of LaGrange, Georgia, the City of LaGrange Police Department, and their agents and employees for any loss sustained by them as a result of any damage or injury caused by me.
- c. That this agreement shall remain in effect until cancelled in writing to the City of LaGrange Police Department by myself or another adult with authority to do so.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participants Signature

**As part of the background process, candidates will be required to participate in a ride along with a Field Training Officer. Once Chief Dekmar has selected the eligible candidates to participate in the background investigation the candidate will be contacted with the date and time for the ride along by the FTO coordinator.**

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date

Revised 07/01/2015



**How did you hear about our department?**

**Internet** \_\_\_\_\_

**Social Media, if so which site** \_\_\_\_\_

**Newspaper, if so which one?** \_\_\_\_\_

**Job Fair, if so on what date?** \_\_\_\_\_

**Person, if so, whom?** \_\_\_\_\_

**LGTV** \_\_\_\_\_

**Other** \_\_\_\_\_



## Equal Employment Opportunity Information Form

The City of LaGrange is required by the United States Equal Employment Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes. This section is voluntary.

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

Name: \_\_\_\_\_

Job/Position Applied for: \_\_\_\_\_

Sex:       Male       Female      Date of Birth: \_\_\_\_\_

### Race/Ethnic Categories (check one)

- White**
- Black**
- Hispanic**
- Asian or Pacific Islander**
- American Indian or Alaskan Native**
- Other:** \_\_\_\_\_