



CITY OF BRUNSWICK

POLICE DEPARTMENT

**SUPPLEMENTAL
DOCUMENTATION**





Brunswick Police Department
206 Mansfield Street
Brunswick, Georgia 31520
Phone: (912) 267-5559 – Fax: (912) 267-5526
www.brunswickpolice.org



ALL APPLICANTS ARE TO FURNISH COPIES OF THE FOLLOWING:

- ☐ HIGH SCHOOL DIPLOMA OR GED _____
- ☐ DRIVER'S LICENSE _____
- ☐ SOCIAL SECURITY CARD _____
- ☐ COPY 4 OF YOUR DD214 (If prior military) _____
- ☐ LETTER OF GOOD STANDING FROM UNIT COMMANDER (If active duty, reserve, or guardsman) _____
- ☐ CERTIFIED DEPARTMENT OF MOTOR VEHICLE DRIVER'S HISTORY REPORT FROM EVERY STATE EVER LICENSED (Lifetime reports ONLY) _____
- ☐ CERTIFIED BIRTH CERTIFICATE _____
- ☐ COLLEGE / UNIVERSITY DIPLOMA AND TRANSCRIPTS _____
- ☐ PASSPORT PHOTO (Must be taken and printed by a business)
- ☐ SUPPORTING DOCUMENTATION FOR NAME CHANGES (MARRIAGE LICENSE, COURT PAPERWORK, ADOPTION, ETC.)



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AGREEMENT

I hereby agree to submit to a computer voice stress analyzer test and also agree to abide by the City of Brunswick Police Department's Policies and Procedures.

I understand that my application for employment with the Brunswick Police Department will stay in an active file for twelve (12) months.

I also understand that after a twelve (12) month period in the active file, my application will go into an inactive file for an additional twelve (12) months. After that time, my file will be destroyed.

I have read the above agreement and understand fully.

CERTIFICATE OF APPLICANT

I hereby certify that all statements made on or in connection with my application for employment with the Brunswick Police Department, including those regarding my training experience are true and complete to the best of my knowledge and belief.

I understand and agree that any misstatements or omissions of material fact made on or in connection with my application for employment with the Brunswick Police Department will cause forfeiture on my part of all rights to employment by the City of Brunswick.

Signature of Applicant
(Do not sign unless witnessed by a City Official)

Date

Witness



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AUTHORITY TO RELEASE INFORMATION

Date: _____

TO WHOM IT MAY CONCERN:

I hereby authorize **any** representative of:

Business Name: **Brunswick Police Department**

Business Phone Number: **912-267-5559 or fax 912-267-5526**

bearing this release within one (1) year of this date, to obtain criminal and/or other information in your files pertaining to me.

I hereby direct you to release such information upon request of the bearer. This release is executed with the full understanding knowledge and understanding that the information is for the official use of the Brunswick Police Department.

Consent is granted for the Brunswick police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised the Brunswick Police Department will utilize this number only to facilitate the location of criminal and/or other records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Typed or Printed Legibly)

Signature: _____

SSN: _____ Telephone Number: _____

Race: _____ Sex: _____ Date of Birth: _____

Current Address: _____

Notary Public: _____ My Commission Expires: _____ Seal:



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EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Thank you for your interest in employment with the City of Brunswick Police Department. We offer equal employment opportunities to all persons without regard to race, color, religion, sex, age, national origin, disability, and veteran or any other legally protected status.

The undersigned does hereby acknowledge that they have read and understand the above EOC statement:

Signature of Applicant

Date

Signature of Witness

Date



Georgia Peace Officer Standards & Training Council
Application for Certification

PERSONAL HISTORY RELEASE

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

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

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

Last Name		First Name		Middle Name	
DATE OF BIRTH <small>(mdyyyy)</small>	MAIDEN NAME			PHONE NUMBER <small>(AREA CODE) - NUMBER</small> () - -	
Social Security Number:					
EMAIL ADDRESS					
ADDRESS: <i>Street</i>				Apartment/Unit#	
City:		State:		Zip Code:	

Candidate Signature (including maiden name)

Date

Notary Public Signature

Date

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- ☐ This authorization is valid for _____ days from date of signature.
- ☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date _____

Attorney for Individual (Pur E and U Only) _____ Bar Number _____ Date _____

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title _____

Revised October 2021