

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:

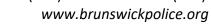
HIGH SCHOOL DIPLOMA OR GED
DRIVER'S LICENSE
SOCIAL SECURITY CARD
COPY 4 OF YOUR DD214 (If prior military)
LETTER OF GOOD STANDING FROM UNIT COMMANDER (If active duty, reserve, or guardsman)
CERTIFIED DEPARTMENT OF MOTOR VEHICLE DRIVER'S HISTORY REPORT FROM EVERY STATE EVER LICENSED (Lifetime reports 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.	<u>'</u>	, ,
Signature of Applicant (Do not sign unless witnessed by a City Official)		 Date
NAGL-		
Witness		



Date: _____

Brunswick Police Department

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AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:		
I hereby authorize any representative of	of:	
Business Name: Brunswick Police Dep	<u>artment</u>	
Business Phone Number: 912-267-555	or fax 912-267-5526	
bearing this release within one (1) year	of this date, to obtain crin	minal and/or other information in your files pertaining to me.
		of the bearer. This release is executed with the full understanding cial use of the Brunswick Police Department.
course of fulfilling its official responsibi from any and all liability for damages c	lities. I hereby release you, of whatever kind , which m	ish such information, as is described above, to third parties in the , as the custodian of such records, both individually and collectively ay at any time result to me, my heirs, family or associates because rmation, or any attempt to comply with it.
statute or regulation. I have been advis	sed the Brunswick Police Ding me in connection with t	tary basis with the understanding such is not required by Federal Department will utilize this number only to facilitate the location of this application. Should there be any questions as to the validity of
Full Name:		
	` ''	Printed Legibly)
Signature:		
SSN:		Telephone Number:
Race:	Sex:	Date of Birth:
Current Address:		
Notary Public:	My Commission E	Expires: Seal:



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EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Thank you for your interest in employment with offer equal employment opportunities to all personge, national origin, disability, and veteran or any	ons without regard to race, color, religion, sex
The undersigned does hereby acknowledge that to statement:	they have read and understand the above EO
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 preemployment 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 (mdyyyy)	MAIDEN NAME				HONE NUMBER REA CODE) - NUMBER)
Social Security Nur	nber:			•	
EMAIL ADDRES	SS				
ADDRESS: Street				Apar	tment/Unit#
City:			State:	Zip (Code:
Candidate Signature (i	ncluding maiden nam	e)			Date
Notary Public Signatur	re				 Date

Name-Based Criminal History Record Information Consent/Inquiry Form

hereby authorize	05		to conduct an inquiry fo
he purpose listed belo	Agency/Compar ow and receive any Georgia		history record information
as authorized by state			
Full Name (print)			
Address		1111	
Sex	Race	Date of Birth	Social Security Number
- 3	1111		
==			
This authorizatio	n is valid for	days from date o	f signature.
		, give o	consent to the above-named
entity to perform perio	odic criminal history backgro	und checks for the dura	ation of myemployment.
Signature			Date
	10 5 110 11		-
Attorney for Individua	(Pur E and U Only)	Bar Number	Date
Date of Inquiry:	Time of Inquiry:	Operator	r's Initials:
	0 10 12		
Purpose Code Used: (c			
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E - Employmen M - Working wi N - Working wi W - Working w	NON-CRIMINAL t ith Mentally Disabled th Elderly ith Children	JUSTICE PURPOSES	
E - Employmen M - Working wi N - Working wi W - Working wi P - Public Recor	NON-CRIMINAL t ith Mentally Disabled th Elderly ith Children rds (no consent required)	JUSTICE PURPOSES	
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Revised October 2021