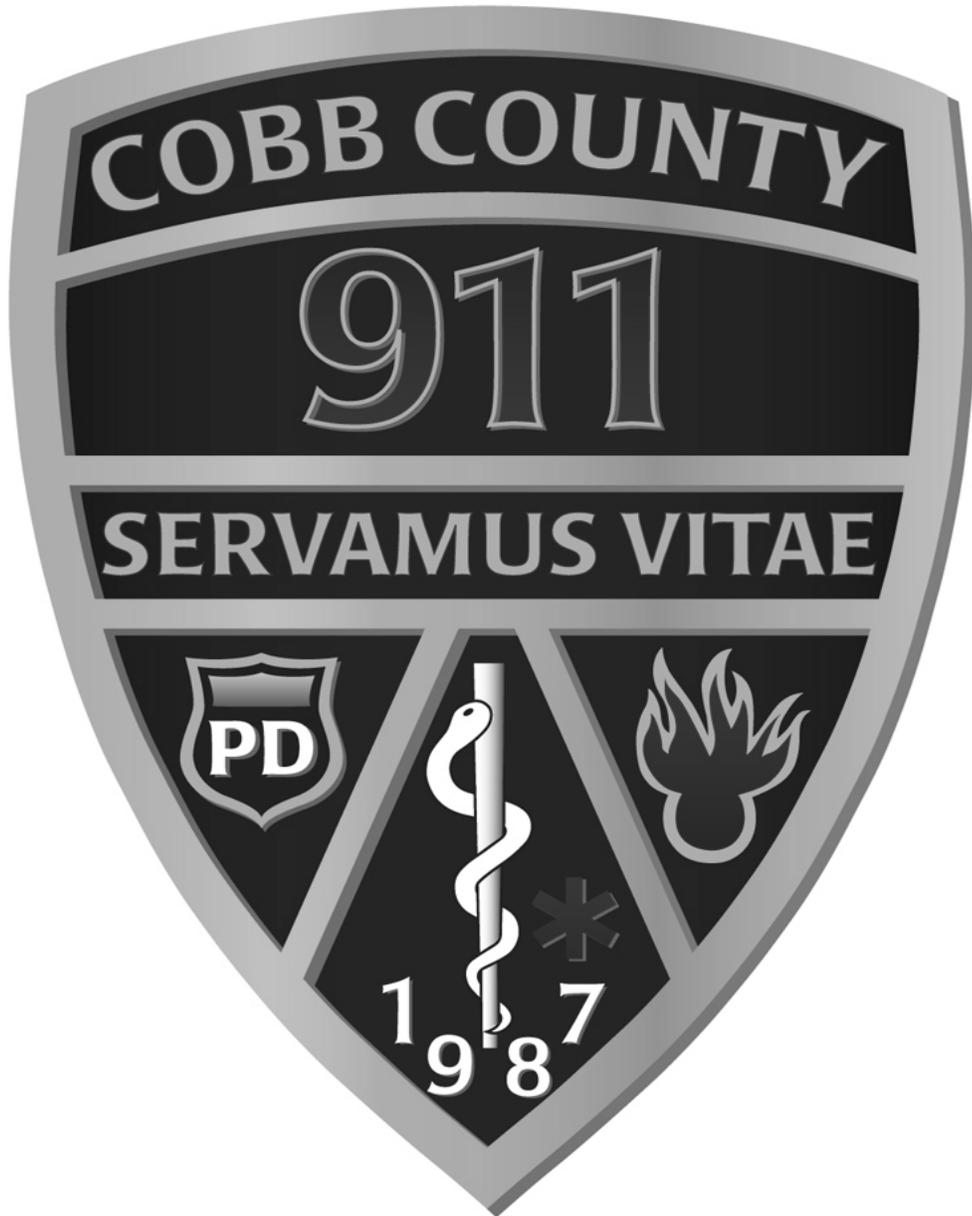


APPLICANT NAME \_\_\_\_\_

**COBB COUNTY E911  
EMERGENCY COMMUNICATIONS**



**CANDIDATE INFORMATION PACKET  
(CIP)**

DATE & TIME RETURNED \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_  
*(to be completed by IA)*

# IMPORTANT INSTRUCTIONS

This application is not an offer or contract for employment. The completion of this candidate packet or any other instrument does not stand as an agreement or promise to hire you. Any statement to the contrary by any employee not in writing is void. All information written in this candidate packet will be used only to determine suitability and qualifications of the applicant for employment reasons. Any printed material in this applicant packet is subject to revision without notice. This Candidate Information Packet is part of your application for employment.

Please fill in and print the PDF form or print in your own handwriting in black ink only. Should you make an entry in error, mark through it and initial and then make a new entry. Complete the entire packet answering all questions, explaining where necessary. If more space is needed, use the continuation page in the back of this booklet. All responses must be truthful.

No part of this booklet may be reproduced without the express consent of the Cobb County Director of Public Safety. Information you provide will be subject to confirmation by administrative investigation, computer data bases, polygraph and other forms of verification.

**Keep All Pages of This Booklet in Numerical Order**

**After completing this packet, follow the instructions contained within the initial email that was previously sent to you concerning when and where to turn in this packet. This email contained several attachments that included the Candidate Information Packet (CIP), Release Forms, Applicant Instructions, etc.**

## SUPPORTIVE DOCUMENTS

**Gather & Hold ALL applicable supportive documents. Should you be called for an interview with an investigator, bring ALL copies (no originals) and give them to the investigator.**

Drivers License  
Social Security Card  
Birth or Naturalization Certificate  
Dept. of Defense Form DD214 (*former military*)  
Court Order(s) (*Divorce Decree (s), Name Change (s), etc.*)  
Bankruptcy Discharges (*must list debtors*)  
Diploma(s)- High School / GED, College, etc.

Initials \_\_\_\_\_

# PERSONAL INFORMATION

*TYPED is Preferred - If Handwritten, Use Black Ink*

--

Position for which you are applying

--

Today's Date

I learned of this position via  Newspaper Ad  Internet  Employee  Radio/TV  
 Recruiter  Self-Inquiry  Job Fair  Cobb County Website  Other \_\_\_\_\_

## NAME

--	--	--	--

LAST

FIRST

FULL MIDDLE

SUFFIX

## ADDRESS *(No PO Box - Must Have Your Actual Physical Address)*

--	--	--

STREET #

STREET NAME

APT NUMBER

--	--	--	--

CITY

COUNTY/PARISH

STATE

ZIP CODE

## SOCIAL SECURITY NUMBER

## DATE OF BIRTH (MM/DAY/YEAR)

--	--

## PLACE OF BIRTH

--	--	--	--

CITY

COUNTY

STATE

COUNTRY

## TELEPHONE CONTACT NUMBERS (INCLUDE AREA CODES)

	Work #	
	Cell #	

RESIDENCE

WORK & CELL

EMAIL ADDRESS

The best time to reach you at home is between \_\_\_\_\_

\* May we contact you at work?  Yes  No  Please check with me first

Have you ever applied with Cobb County Public Safety before?  Yes  No

If "Yes", approximate date you applied → \_\_\_\_\_

Are you a U. S. Citizen?  Yes  No

Initials \_\_\_\_\_

# FAMILY HISTORY

**MARITAL STATUS:**  Single  Married  Separated  Divorced  Widowed

**SPOUSE**

--	--	--	--

**Last Name                      First Name                      Middle Name                      Maiden Name**

--	--	--

**Date of Birth (Mo/Day/Year)                      Occupation                      Contact Phone**

Provide the following information for each member of your immediate family. Include parents, step-parents, parents-in-law, children, (natural, step, adopted), siblings (blood, step and half). Do not list deceased members. LIST SPOUSE ABOVE. Use continuation page if necessary.

RELATIONSHIP	NAME (First, MI, Last)	PHONE	AGE

Ex-Spouse Information: If you were a part of a marriage which was dissolved, please provide the following information.

EX-SPOUSE	DATE OF DIVORCE	COURT OF RECORD (City/Co. State)

Initials \_\_\_\_\_

## EDUCATION & TRAINING

*You must provide proof of all education claimed*

NOTE: The minimum education required for jobs within Public Safety is a High School Diploma or State Certified GED.

In the space provided, list the requested information regarding your education.

NAME OF SCHOOL High School, College, Etc	CITY AND STATE	YEARS COMPLETED	DIPLOMA /DEGREE COURSE OF STUDY	YEAR GRADUATED

## RESIDENCE HISTORY

Beginning with your current place of residence and working back; list all addresses at which you have resided within the past seven (7) years.

NO.	FROM (Mo/Yr) TO (Mo/Yr)	STREET ADDRESS	CITY/STATE/ZIP
<b>Now</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			

Initials \_\_\_\_\_

# WORK HISTORY

Provide the following information about your past and current employer (s). Start with your current or most recent employer. **IMPORTANT:** Cobb County will verify your work history through existing records. List **all** full time, part time and temporary jobs you have held within the past seven (7) years. List **all** periods of **unemployment** during that same period. List a single military enlistment or service as one job.

## START WITH THE CURRENT OR MOST RECENT EMPLOYER

EMPLOYER	DATES EMPLOYED FROM:	ON THE 3 LINES BELOW, SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE / EMAIL	TO:	
ADDRESS(Include City/State/Zip)	STARTING SALARY	
STARTING/FINAL JOB TITLE	\$ PER	
IMMEDIATE SUPERVISOR	ENDING SALARY	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING	\$ PER	<b>MAY WE CONTACT FOR REFERENCE?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER

EMPLOYER	DATES EMPLOYED FROM:	ON THE 3 LINES BELOW, SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE / EMAIL	TO:	
ADDRESS(Include City/State/Zip)	STARTING SALARY	
STARTING/FINAL JOB TITLE	\$ PER	
IMMEDIATE SUPERVISOR	ENDING SALARY	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING	\$ PER	<b>MAY WE CONTACT FOR REFERENCE?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER

Initials \_\_\_\_\_

# WORK HISTORY CONTINUED

EMPLOYER	DATES EMPLOYED FROM:	ON THE 3 LINES BELOW, SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE / EMAIL	TO:	
ADDRESS(Include City/State/Zip)	STARTING SALARY	
STARTING/FINAL JOB TITLE	\$ PER	
IMMEDIATE SUPERVISOR	ENDING SALARY	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING	\$ PER	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER

EMPLOYER	DATES EMPLOYED FROM:	ON THE 3 LINES BELOW, SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE / EMAIL	TO:	
ADDRESS(Include City/State/Zip)	STARTING SALARY	
STARTING/FINAL JOB TITLE	\$ PER	
IMMEDIATE SUPERVISOR	ENDING SALARY	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING	\$ PER	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER

EMPLOYER	DATES EMPLOYED FROM:	ON THE 3 LINES BELOW, SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE / EMAIL	TO:	
ADDRESS(Include City/State/Zip)	STARTING SALARY	
STARTING/FINAL JOB TITLE	\$ PER	
IMMEDIATE SUPERVISOR	ENDING SALARY	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING	\$ PER	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER

Initials \_\_\_\_\_

# ARREST RECORD

IF YOU HAVE AN ARREST RECORD, YOU MUST PROVIDE COPIES OF COURT DOCUMENTS

If you have **ever** been physically arrested, indicted or charged with a criminal offense, provide all requested information; regardless if you were found guilty or the charges were dismissed.

- I have never been arrested, indicted or charged with a criminal offense.
- My arrest or criminal charges record is indicated below.

ARREST DATE	CHARGE	ARREST LOCATION CITY/COUNTY/STATE	DISPOSITION <small>(Guilty/ Not Guilty/Paid Fine/Nolle/Etc.)</small>

Please answer the following questions:

I have been questioned by the civilian (not military) police about my suspected involvement in a criminal investigation.       Yes       No

If "Yes", explain:

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I have been questioned by the military police about my suspected involvement in a criminal investigation.       Yes       No

If "Yes", explain:

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Has there **ever** been a warrant issued for your arrest?       Yes       No

If "Yes", explain:

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Have you **ever** been on probation or parole?       Yes       No

If "Yes", explain:

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Have you **ever** been sentenced to "Community Service"?       Yes       No

If "Yes", explain:

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Initials \_\_\_\_\_

# ILLEGAL DRUGS & SUBSTANCES

**IMPORTANT**

**Take time to read this section before making any entries. Your entries must be truthful.**

It is a fact some individuals experiment with drugs or substances in their lifetime. In the spaces provided, list **all illegal** or controlled substances or drugs you have **ever** tried, used or experimented with in your entire lifetime.

Definition: *Illegal Drugs/Substances*: Any pill, fluid, gas, propellant, liquid, powder, crystal or any other form of substance which has been or is considered as an illegal and/or dangerous drug or controlled substance. **DO NOT LIST ALCOHOL**

- I have never used an illegal drug/substance.  
 I have tried the drugs/substances listed below.

DRUG TYPE OR NAME	NUMBER OF USAGES	DATE OR AGE OF VERY LAST USE

## PARTICIPATION IN ILLEGAL DRUG DISTRIBUTION

List any and all illegal drugs or substances you have **ever** sold, given away or distributed to any person or group by any method.

- I have **never** been involved in drug sales/distribution.  
 I have **given** away the following drugs in my lifetime.  
 I have **sold** the following drugs in my lifetime.

DRUG NAME/TYPE	DISTRIBUTED HOW MANY TIMES	VERY LAST TIME DISTRIBUTED

- 1- Will the record reflect that you have ever been held or detained for questioning regarding any illegal drug activity?       Yes       No
- 2- Are you willing to undergo drug screening?       Yes       No

Initials \_\_\_\_\_

# OATH OF AFFIRMATION

**IMPORTANT: Read Carefully!**

## NOTICE TO APPLICANT

*Georgia Criminal Code 16-10-71, "False Swearing", a felony punishable by a maximum fine of \$1,000 plus imprisonment for not less than one nor more than five years or both.*

## AFFIDAVIT

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)(  
)

Having been advised of the penalty of O.C.G.A. 16-10-71 (State of Georgia, County of Cobb), False Swearing and being a lawful applicant for a position with Cobb County Department of Public Safety, I attest to confirm that any and all entries I have made in this booklet are true and correct to the best of my knowledge and belief. I agree to keep the Department informed of any and all changes to the information I have entered in this booklet.

I understand that any untruthful or misleading statement I make may result in my being rejected from hiring consideration and/or prosecution for False Swearing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT/AFFIANT

\_\_\_\_\_  
NOTARY PUBLIC (SEAL)

Initials \_\_\_\_\_

**AUTHORIZATION TO OBTAIN CREDIT REPORT**

Under the provisions of the Fair Credit Reporting Act, you are required to give written consent prior to your credit report being requested and reviewed by a prospective employer. This document is such authorization.

As an applicant for employment with the Cobb County Department of Public Safety, I hereby give my full consent and authority to the Cobb County Department of Public Safety, their agents and assigns, to request and review a report of my credit, payment record, indebtedness and any other data pertaining to my personal credit standing that may be on file with any and all credit reporting agencies. I understand that my credit report may be used in determining my suitability for the position for which I have applied.

I understand that should I be denied employment based on my credit report, I will be provided with a copy of the report as well as my consumer's rights.

The personal information I have provided Cobb County will be used in obtaining the report.

Last Name	First Name	Full Middle Name
Street Number	Street Name	Apartment Number
City	State	ZIP
Date of Birth	Soc. Sec No.	Home Phone

I certify that the information I have provided above is true and correct to the best of my knowledge.

Signature	Date

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Notary Public Date Seal

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Part 1 of 2

To Whom It May Concern: I am an applicant for a position with Cobb County Department of Public Safety. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department. I hereby authorize any representative of the Cobb County Department of Public Safety bearing this release to obtain any information upon request of the bearer. I do hereby authorize a review of an full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Cobb County Department of Public Safety, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. 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 that may provide pertinent data for Cobb County Department of Public Safety to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work records, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, and any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or 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, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organizations, and all others from liability or damages that might result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its 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 direct you to release such information upon request of the duly accredited representative of Cobb County Department of Public Safety regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of Cobb County Department of Public Safety, acceptance and processing of my application for employment, I agree to hold the custodian of such records, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with Cobb County Department of Public Safety. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by Cobb County Department of Public Safety in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on the rear of the form. 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.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Applicant Signature: \_\_\_\_\_/Print Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seal

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Part 2 of 2

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

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

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

OTHER NAMES USED: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
(Number, Street, Apt #)

\_\_\_\_\_  
(City, State, Zip Code)

OTHER STATES OF RESIDENCY: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
(City, State, Nation)

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

HGT: \_\_\_\_\_ WGT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

OTHER DRIVER'S LICENSES YOU HAVE HELD:

(State)	(License Number)
_____	_____
_____	_____
_____	_____
_____	_____