

TO APPLY FOR A POSITION WITH THE **ROCKMART POLICE DEPARTMENT**

**AT CITY OF ROCKMART,
PLEASE CONTINUE WITH THE FOLLOWING STEPS:**

1. Fully complete the application packet.
2. **Notary Public** ***must*** be present to witness and notarize your signature on the **AUTHORIZATION FOR RELEASE OF BACKGROUND AND PERSONAL INFORMATION.**
3. Include a **valid email address.**
4. Attach a copy of your:
 - **Driver's License** or **Government Issued Photo ID,**
 - **High School Diploma** or **GED Certificate,** and
 - **Birth Certificate.**

5. Place packet and above listed items in a **sealed manila envelope.**

6. Address the envelope to:
**CITY OF ROCKMART
ATTN: HUMAN RESOURCES
P.O. BOX 231
ROCKMART, GA 30153**

*Include your **NAME, RETURN ADDRESS, EMAIL ADDRESS, AND PHONE NUMBER** on the outside top left of the envelope.*

7. To streamline your application quickly, deliver your application in person to the Rockmart Police Department during regular business hours. Otherwise, send it regular mail to the above address.
8. If you are selected for an interview, you will receive an invitation with a date and time to attend.

POLICE

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CITY OF ROCKMART

316 North Piedmont Avenue – Post Office Box 231

Rockmart, Georgia 30153

www.rockmart-ga.gov

EMPLOYMENT APPLICATION – ROCKMART POLICE DEPARTMENT ONLY

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to apply.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including but not limited to, discrimination based upon ancestry, marital status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to the information obtained from a consumer reporting agency, including but not limited to information regarding credit date, personal character, general reputation, and mode of living. **This list, however, is not exhaustive of the grounds on which discrimination is prohibited.**

(PLEASE PRINT CLEARLY)

PERSONAL

Date: _____ Social Security No.: _____

Name: _____
Last First Middle

Phone: Cell: _____ Home: _____ Other: _____

E-mail Address: _____

Address: _____
No. Street

_____ City State Zip Code

List **ALL** previous names used. (i.e. Maiden Name, etc.) _____

Are you eligible for employment in the U.S.A.? Yes ____ No ____

If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes ____ No ____

If no, hire is subject to verification that you are of minimum legal age.

Position Applied for: _____

Were you previously employed by us? Yes ____ No ____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any job-related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? *(If more space is needed, please attach a separate sheet.)*

PRIOR ADDRESS HISTORY (List 5 Previous Addresses where you resided and/or accepted mail. Include dates.)

From: _____ To: _____
Address: _____
No. Street
City State Zip Code

From: _____ To: _____
Address: _____
No. Street
City State Zip Code

From: _____ To: _____
Address: _____
No. Street
City State Zip Code

From: _____ To: _____
Address: _____
No. Street
City State Zip Code

EDUCATION (Please attach copies of Diploma, Degree, Certificates, etc.)

School	Name and Address	Course of Study	Graduate/Diploma
Elementary			
High			
College/University			
Other (Specify)			

EMPLOYMENT HISTORY (List below present and past employment, beginning with most recent.)

I. Name: _____
Address: _____
Telephone No.: _____ From: _____ To: _____
Weekly Starting Salary: _____ Weekly Last Salary: _____ Supervisor: _____
Reason for Leaving: _____

II. Name: _____
Address: _____
Telephone No.: _____ From: _____ To: _____
Weekly Starting Salary: _____ Weekly Last Salary: _____ Supervisor: _____
Reason for Leaving: _____

III. Name: _____
Address: _____
Telephone No.: _____ From: _____ To: _____
Weekly Starting Salary: _____ Weekly Last Salary: _____ Supervisor: _____
Reason for Leaving: _____

IV. Name: _____
Address: _____
Telephone No.: _____ From: _____ To: _____
Weekly Starting Salary: _____ Weekly Last Salary: _____ Supervisor: _____
Reason for Leaving: _____

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I – Yes ___ No ___ Employer II – Yes ___ No ___
Employer III – Yes ___ No ___ Employer IV – Yes ___ No ___

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation: _____
Address: _____ Phone No.: _____
City: _____ State: _____ Zip: _____

Name and Occupation: _____
Address: _____ Phone No.: _____
City: _____ State: _____ Zip: _____

Name and Occupation: _____
Address: _____ Phone No.: _____
City: _____ State: _____ Zip: _____

BEST CONTACT METHODS

May we telephone you to follow up on this application on your **cell**? Yes ____ No ____

If yes, what is the **best time** to call? _____

May we telephone you to follow up on this application at **home**? Yes ____ No ____

If yes, what is the **best time** to call? _____

May we telephone you to follow up on this application at **work**? Yes ____ No ____

If yes, what is the **best time** to call: _____

Preferred telephone number? _____ cell / home / work (indicate which)

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if I am employed, any false statement on this application may result in my dismissal. I further understand that this application is not and not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to hire me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, any time, for any reason or no reason. No one other than an officer of the City of Rockmart has any authority to enter into any agreement for employment for any specified period or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

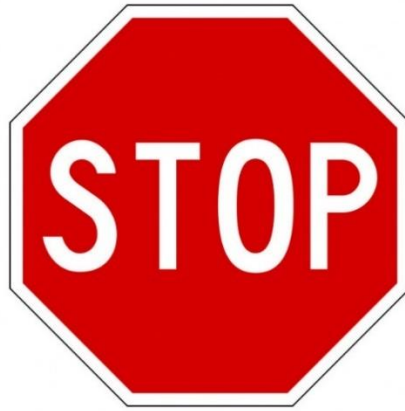
X

Signature of Applicant

Date

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Dear Applicant:

Before proceeding with the last page, you **MUST** be in the presence of a Notary Public. To locate one near you, visit:
<https://search.gsccca.org/notary/search.asp>

Please **DO NOT SIGN** the *AUTHORIZATION* **until you are in the presence of a Notary Public.**

The *APPLICANT AUTHORIZATION FOR RELEASE OF BACKGROUND AND PERSONAL INFORMATION*, **MUST** have your signature **notarized** by a Notary Public *before* submitting this application packet for consideration.

Please be sure to include a copy of your **Driver's License** or **Government Issued Photo ID** with the application.

Thank you,

Human Resources
City of Rockmart

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CITY OF ROCKMART
HUMAN RESOURCES DEPARTMENT
APPLICANT AUTHORIZATION FOR RELEASE OF BACKGROUND AND PERSONAL INFORMATION

I, X, do hereby authorize a review and full disclosure of all records, personal information and employment history concerning myself as an applicant for employment to any duly authorized agent of the City of Rockmart, whether said records, information and/or history are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure pertaining to the following:

- (PLEASE INITIAL EACH ITEM)
- A. Criminal / Background History X
- B. Motor Vehicle Report (MVR) / Driver History X
- C. Educational Verification / History X
- D. Employment Verification / Any and All Personnel
Records of All Previous Employments X

I also certify that any person(s) who may furnish such information concerning me, shall not be held accountable for providing or 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 signed release form will be valid as an original, even though the photocopy does not contain an original writing of my signature.

"The undersigned acknowledges and agrees that the City of Rockmart and its agents may, within its sole and absolute discretion, deny the undersigned application based upon any information obtained through this background check".

X

Applicant Signature

Date

Date of Birth

Social Security Number

Driver's License Number

Notary

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National Data Exchange (N-DEx) Notice and Consent

I authorize any employee or representative of ROCKMART POLICE DEPARTMENT / CITY OF ROCKMART
criminal justice agency

to search the National Data Exchange (N-DEx) to obtain information regarding my qualification and fitness
to serve as a(n) _____.
applicant position

I understand that N-DEx is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in N-DEx may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in N-DEx will not be disclosed to any other person or agency unless authorized and consistent with applicable law.

I release ROCKMART POLICE DEPARTMENT / CITY OF ROCKMART
criminal justice agency

from any liability or damage that may result from the use of information obtained from N-DEx.

Redress:

If employment is denied solely due to information obtained from N-DEx, and the applicant challenges the accuracy or completeness of those records, the denying agency shall provide the applicant with the contact information of the agency owning the information underlying the decision to deny. After receiving a written request from the applicant challenging the accuracy or completeness of the record used to deny employment, the record-owning agency shall then review the relevant information and advise the applicant in writing whether it has confirmed the accuracy or completeness of its records or whether the records will be corrected. If the applicant does not receive a response from the record-owning agency within 30 days from the date of the applicant's written request, the applicant may contact the FBI CJIS Division N-DEx Unit, 1000 Custer Hollow Rd, Clarksburg, WV 26306. The FBI shall forward the challenge to the record-owning agency for verification or correction. The record-owning agency shall then review the relevant information and advise the applicant in writing whether it has verified its records or whether the records will be corrected. Agencies should inform applicants of their responsibility to provide any corrected information to the denying agency that may assist the record owning agency in its research on behalf of the applicant.

Full Name (Print):					
Address:					
Sex:		Race:		Date of Birth:	
Social Security Number:					
Date:					
Signature:					

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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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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.

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