

# Whitfield County E-911 Emergency Communications Center



Applicant's Background  
Investigation Booklet

**\*\*Note\*\*** The following information should be completed and returned to the Whitfield County E-911 Emergency Communications Center.

**THE FOLLOWING MUST BE TURNED IN BEFORE A BACKGROUND INVESTIGATION WILL BE INITIATED.**

1. The applicant's Background Investigation Booklet: Fill it out completely. Please include zip codes, addresses, and telephone numbers for past employers and references. Include current telephone number with area codes.
2. Do not sign the personal waiver forms unless in the presence of a notary. (We can provide notary service when you return the booklet if needed.)
3. One copy of your high school diploma or GED certificate.
5. One copy of your DD214 Form (active military service).
6. One copy of any certificates of training you have received.
7. If not natural born USA citizen, proof of legal citizenship.

**\*\*We will not make copies for you.**

If any questions arise, call Ann Walters or Jeff Ownby  
Phone number (706) 370-4911

## PERSONAL DATA INSTRUCTION SHEET

1. PLEASE PRINT OR TYPE
2. ON COVER SHEET (PAGE 1), GIVE FULL NAME AND FULL ADDRESS.
3. COMPLETE ALL QUESTIONS IN DETAIL WHERE EXPLANATIONS ARE NECESSARY.
4. ANY QUESTIONS NOT PERTAINING TO YOU INDIVIDUALLY, LIST AS "N/A".
5. IF MORE WRITING SPACE IS NEEDED THROUGHOUT THIS APPLICATION FORM, USE REVERSE SIDE OF PAGE, LISTING THE NUMBER OF THE QUESTIONS TO BE FURTHER EXPLAINED.

### IMPORTANT

TRUTHFUL AND COMPLETE RESPONSES TO THIS APPLICATION ARE A NECESSITY. DISCOVERY OF INTENTIONAL OMISSIONS OR INCORRECT ANSWERS WILL BE A BASIS FOR THE TERMINATION OF THE APPLICATION PROCESS OR EMPLOYMENT, AND COULD RESULT IN CRIMINAL PROSECUTION UNDER GEORGIA LAW SECTION 16-10-20.

THIS INFORMATION WILL BE SUBJECT TO ADMINISTRATIVE INVESTIGATION.

I UNDERSTAND THAT IF I DO NOT WISH TO ANSWER A QUESTION IN THIS BOOKLET, I MAY CHOOSE NOT TO DO SO AND MY APPLICATION WILL BE TERMINATED.

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SIGNATURE

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DATE

# WHITFIELD COUNTY 911 COMMUNICATIONS CENTER

DATE FILED

\_\_\_\_\_  
month/day/year

**TO BE TYPEWRITTEN, OR PRINTED  
LEGIBLY WITH BLACK INK**

## INSTRUCTIONS

Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If more space is needed, add another page and identify additional information by number.

## PERSONAL

1. Your Name (**Print**)

\_\_\_\_\_  
**First**

**Middle**

**Last**

Give any other names you have used or been known by and attach a statement giving reasons. (If none, so state) \_\_\_\_\_

2. Your Social Security Number: \_\_\_\_\_

3. Your Address and Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

4. With whom do you reside ? \_\_\_\_\_

5. Are you a citizen of the United States?    YES    NO      
Natural Born: \_\_\_\_\_    Naturalized: \_\_\_\_\_

6. Are you a veteran?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If so, what branch? \_\_\_\_\_

7. List all organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated: \_\_\_\_\_

\_\_\_\_\_

8. What are your hobbies and special skills and abilities, including the speaking of foreign languages? \_\_\_\_\_

\_\_\_\_\_

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## EDUCATION

Circle the highest year completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

If you attended high school, list the name of the school, location (by city, state and mailing address) and the year you graduated:

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SCHOOL	LOCATION	YEAR GRADUATED
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ADDRESS	CITY	STATE	ZIP CODE
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If you attended college, list the name of the college, location, the year you graduated and your major course of study.

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COLLEGE	LOCATION	YEAR GRADUATED	MAJOR
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ADDRESS	CITY	STATE	ZIP CODE
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If you attended graduate school or have a graduate degree, list the name of the college or university you attended, its location and if graduated and your major area of study.

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COLLEGE/UNIVERSITY	LOCATION	YEARS ATTENDED
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GRADUATE YES/NO	MAJOR
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If you have any technical skills not necessarily acquired through formal education, list them here: \_\_\_\_\_

\_\_\_\_\_

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## REFERENCES

Fill in below the names of five persons not related to you, and not former employers, who have known you closely for at least five (5) years. All persons you name may be asked to appraise your character, ability, experience, personality, and other qualities. Please give complete and current names, addresses, telephone numbers, and business, occupation, or profession. Any areas left blank will be considered invalid.

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

RES. PHONE \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP CODE

BUSINESS, OCCUPATION OR PROFESSION \_\_\_\_\_  
\_\_\_\_\_

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

RES. PHONE \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP CODE

BUSINESS, OCCUPATION OR PROFESSION \_\_\_\_\_  
\_\_\_\_\_

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

RES. PHONE \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP CODE

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

RES. PHONE \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP CODE  
\_\_\_\_\_

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

RES. PHONE \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP CODE  
\_\_\_\_\_

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

RES. PHONE \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP CODE  
\_\_\_\_\_

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

RES. PHONE \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP CODE  
\_\_\_\_\_

## ACQUAINTANCES

Fill in the names of four (3) persons not related to you, and not former employers or references, who are friends, fellow students, or fellow workers. Names listed should be those of persons who have seen you frequently during the past year. You must give complete addresses including zip code, any areas left blank will disqualify the application.

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NAME \_\_\_\_\_

BUS. PHONE \_\_\_\_\_ RES. PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP CODE

BUSINESS, OCCUPATION OR PROFESSION \_\_\_\_\_

NAME \_\_\_\_\_

BUS. PHONE \_\_\_\_\_ RES. PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP CODE

BUSINESS, OCCUPATION OR PROFESSION \_\_\_\_\_

NAME \_\_\_\_\_

BUS. PHONE \_\_\_\_\_ RES. PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET & NUMBER CITY STATE ZIP CODE

BUSINESS, OCCUPATION OR PROFESSION \_\_\_\_\_

**WORK HISTORY**

1. What is your occupation or calling? \_\_\_\_\_
2. How did you find out about this job? \_\_\_\_\_
3. Are you seeking permanent employment with this department? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you ever worked for Whitfield County before? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member? \_\_\_\_\_ If yes, give details below:

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

6. Why did you leave your last job? \_\_\_\_\_

- 
7. Did a supervisor ever reprimand you for misconduct or not doing your job right? \_\_\_\_\_
  8. Did you have any arguments concerning job duties/working conditions? \_\_\_\_\_
  9. Were you ever fired or penalized because of an accident? \_\_\_\_\_
  10. What were your reasons for leaving other jobs? \_\_\_\_\_
- 

If you have been asked to resign or have been fired from a job in the last ten years, Circle the number of times this has occurred: \_\_\_\_\_

10 9 8 7 6 5 4 3 2 1 0

11. Have your employers always treated you fairly? \_\_\_\_\_

If not explain?  
\_\_\_\_\_

12. Do you object to wearing a uniform? \_\_\_\_\_

13. Do you object to working nights? \_\_\_\_\_

14. Have you had experience with shift work? \_\_\_\_\_

15. Have you previously submitted an application for employment with Whitfield County E – 911 Communications Center? \_\_\_\_\_

If yes, approximate date: \_\_\_\_\_

16. On the following page list all jobs you have held in the last ten (10) years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs, no matter how little time was involved. Give accurate mailing address and phone numbers. Any information left out will be considered invalid and will remove you from the list of eligible applicants.

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Title** \_\_\_\_\_

**Name & Address of Employer** \_\_\_\_\_

Street Address & No.

City & State

Zip Code

Telephone#

**Your Duties** \_\_\_\_\_

**Name & Title of Supervisor** \_\_\_\_\_

**Salary Per Month** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Title** \_\_\_\_\_

**Name & Address of Employer** \_\_\_\_\_

Street Address & No.                      City & State                      Zip Code                      Telephone#

**Your Duties** \_\_\_\_\_

**Name & Title of Supervisor** \_\_\_\_\_

**Salary Per Month** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Title** \_\_\_\_\_

**Name & Address of Employer** \_\_\_\_\_

Street Address & No.                      City & State                      Zip Code                      Telephone#

**Your Duties** \_\_\_\_\_

**Name & Title of Supervisor** \_\_\_\_\_

**Salary Per Month** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Title** \_\_\_\_\_

**Name & Address of Employer** \_\_\_\_\_

Street Address & No.                      City & State                      Zip Code                      Telephone#

**Your Duties** \_\_\_\_\_

**Name & Title of Supervisor** \_\_\_\_\_

**Salary Per Month** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Name & Address of Employer \_\_\_\_\_

Street Address & No.

City & State

Zip Code

Telephone#

Your Duties \_\_\_\_\_

Name & Title of Supervisor \_\_\_\_\_

Salary Per Month \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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## MILITARY

1. Have you ever served in a military or naval organization of the United States? \_\_\_\_\_
2. Give Branch of Service \_\_\_\_\_ Company \_\_\_\_\_
3. What is your service number? \_\_\_\_\_
4. Highest rank held? \_\_\_\_\_
5. List all medals and decorations awarded you as a member of the armed forces:

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6. What is the type of your discharge? (Honorable, Dishonorable, General, Honorable Conditions, etc.) Be exact: \_\_\_\_\_

7. Give date and location of entrance of active duty: \_\_\_\_\_

8. Give date and location of discharge: \_\_\_\_\_

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9. Give period or periods of active military service:

From \_\_\_\_\_ To \_\_\_\_\_ Rank held \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Rank held \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Rank held \_\_\_\_\_

10. Are you now, or were you ever an active or inactive member of any branch of the U.S. Reserve Forces? \_\_\_\_\_ Branch \_\_\_\_\_ Unit \_\_\_\_\_

Rank \_\_\_\_\_ Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

11. Are you now or were you ever a member of the National Guard? \_\_\_\_\_

State \_\_\_\_\_ Regiment \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Type Discharge \_\_\_\_\_

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12. Are you registered for the draft? \_\_\_\_\_

# ILLEGAL DRUGS

1. In the space provided, indicate any current use of drugs.

	<u>Date last used</u>	<u>No of times used</u>
Marijuana	_____	_____
Hashish	_____	_____
PCP	_____	_____
Angel Dust	_____	_____
THC	_____	_____
STP	_____	_____
LSD	_____	_____
Mescaline	_____	_____
Magic Mushrooms	_____	_____
Psilocybin	_____	_____
Heroin	_____	_____
Cocaine	_____	_____
Quaaludes	_____	_____
Opium	_____	_____
Speed	_____	_____
Uppers	_____	_____
Downers	_____	_____
Crank	_____	_____

During the last 1 (one) year, approximately how many times have you used illegal drugs during Working hours (includes lunch and coffee breaks)? Circle the approximate number.

Illegal Drugs      500    400    300    200    100    75    50    25    15    5

**WHITFIELD COUNTY 911 COMMUNICATIONS CENTER  
PRE-INVESTIGATIVE INTERVIEW QUESTIONNAIRE**

Read the following statement carefully. If you do not understand the questions, ask for assistance.

**STATEMENT**

I understand that I must answer these questions honestly. The subject matter will be included in my background investigation. **Misrepresentation, deliberate omission, or falsification found on any of the questions in the background booklet as well as this questionnaire will automatically disqualify me from further consideration.**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

1. Will working any shift on any days be a problem? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Do you have an application in with any other law, fire, or EMS agency ? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Have you ever been rejected by any law, fire, or EMS agency ? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Have you ever been fired or asked to resign from an employment ? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Have you ever been told by an employer that your attendance or punctuality was a problem ?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
6. Have you ever tried or used any drugs contrary to the law ? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Do any members of your family work for Whitfield County ? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Have you ever worked for Whitfield County before ? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Have you ever falsified any document, omitted any information or misrepresented any facts on your application ? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Have you been advised by anyone to be untruthful during your application process ?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
11. Will you fill out the background booklet completely and correctly ? \_\_\_\_\_ Yes \_\_\_\_\_ No
12. Is your application complete and correct ? \_\_\_\_\_ Yes \_\_\_\_\_ No
13. Have you answered all the above questions truthfully ? \_\_\_\_\_ Yes \_\_\_\_\_ No

**AFFIDAVIT**

**I hereby certify and affirm that all answers and subsequent statements made in this questionnaire are true, correct and complete. I further understand that any misrepresentation of material facts will subject me to disqualification for employment consideration, or dismissal from the Whitfield County 911 Communications Center.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness** \_\_\_\_\_

**WHITFIELD COUNTY 911 COMMUNICATIONS CENTER  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Whitfield County 911 Communication's Center, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give any consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports.

I understand that any information obtained by a personnel history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Whitfield County 911 Communications Center. I also 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.

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

\_\_\_\_\_  
**DATE**

**Signature:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

**SS#:** \_\_\_\_\_

**WHITFIELD COUNTY 911 COMMUNICATIONS CENTER  
804 PROFESSIONAL BLVD.  
DALTON, GA. 30720  
(706) 370 – 4911**

Do you give the Whitfield County 911 Communications Center permission to conduct a work record check with your present employer?     Yes     No

If you do not wish us to do so at this time, please list all disciplinary actions taken against you with your present employer. This information will be verified prior to your being employed with the Whitfield County 911 Communications Center.

Falsification will result in your being removed from the eligibility list.

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**Signature**

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**Date**

**WHITFIELD COUNTY 911 COMMUNICATIONS CENTER  
804 PROFESSIONAL BLVD.  
DALTON, GA. 30720  
(706) 370 - 4911**

**AUTHORIZATION FOR RELEASE OF PERSONAL MILITARY INFORMATION**

I authorize the National Personnel Records Center, St, Louis, MO, or other custodian of my military records to release to the Whitfield County 911 Communications Center, information or photocopies from my military personnel and related medical records, or only the following information or records

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This could include a photocopy of my DD Form 214, Report of Separation, or Article 15's and/or non-judicial punishment.

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**SIGNATURE**

---

**DATE**

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**NOTARY PUBLIC**

**WHITFIELD COUNTY 911 COMMUNICATIONS CENTER  
804 PROFESSIONAL BLVD.  
DALTON, GA. 30720  
(706) 370 – 4911**

I do hereby freely and voluntarily agree to submit to a urinalysis (drug screen) and pre-employment physical examination as part of my application for employment. I agree to release there test results to the Whitfield County 911 Communications Center with the understanding the results may be used to make a decision affecting my employment status. I understand that either the failure to quality according to the minimum standards established by this organization, or my refusal to submit to either of these procedures, may disqualify me from further consideration for employment. Upon being employed, I further agree and consent to submit to a urinalysis (drug screen) if selected during random drug screening procedures established by Whitfield County 911.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
Comm. Expires

\_\_\_\_\_  
Date

# WHITFIELD COUNTY CONSENT FORM

I hereby authorize Whitfield County 911 to receive any **Criminal History** record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
**Full Name Printed**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Sex**

\_\_\_\_\_  
**Race**

\_\_\_\_\_  
**DOB**

\_\_\_\_\_  
**SSN**

\_\_\_\_\_  
**Driver's License Number**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Yr. Expires**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Notary**

\_\_\_\_\_  
**Comm. Expires**

\_\_\_\_\_  
**Date**

# WHITFIELD COUNTY CONSENT FORM

I hereby authorize Whitfield County 911 to receive any **Drivers History** record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

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**Full Name Printed**

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**Address**

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**Sex**

**Race**

**DOB**

**SSN**

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**Driver's License Number**

**State**

**Yr. Expires**

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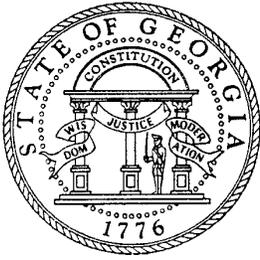
**Signature**

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**Notary**

**Comm. Expires**

**Date**



**Department of Motor Vehicle Safety**

**Driver Services Division**

**Attn: MVR Unit P.O. Box 80447 Conyers, Georgia 30013 (404) 657-9300**

**Request for Motor Vehicle Record**

**Requestor Information**

Requestor Name	Firm Name
Street Address	City, State Zip Code

**Please provide a motor vehicle record (MVR) for the following driver:**

Full Name (First Middle Maiden Last)	Date of Birth:	License Number:
Street Address	City, State Zip Code	

Please select either:

**Three (3) Year Record (\$5.00)** - This request is for a record covering the preceding three (3) years. I have enclosed the required fee of **\$5.00** with this application.

**Seven (7) Year Record (\$7.00)** - This request is for a record covering the preceding seven (7) years. I have enclosed the required fee of **\$7.00** with this application.

**For mail-in requests, include a self-addressed, stamped business size envelope.**

**Notice** - You must certify below that the purpose for this record request is either for **insurance underwriting** or for one of the other stated purposes.

Insurance Underwriting Use Certification

This record is for insurance underwriting purposes. I certify that the requested driver record is to be used for the underwriting of insurance and will be used for no other purposes. I further certify that there is on file with this company an application for insurance.

Requestor's Signature

Date

Credit, Employment, or Other Use Certification

This record is requested for the following purpose(s)?  Credit -  Employment -  Other Purpose

In accordance with OCGA §40-5-2, I do hereby authorize the requestor named above to procure a copy of my driver's license history.

Licensee Signature (Must be notarized)	Date	Notary Signature and Seal Here
Requestor Signature	Date	

**Before mailing this request be sure you have included the appropriate fee and a self-addressed, stamped business size envelope. MAIL CASHIER'S CHECK OR MONEY ORDER, NO PERSONAL CHECKS ACCEPTED.**