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## **Braselton Police Department Application Process**

### **EQUAL OPPORTUNITY EMPLOYMENT**

**The Town of Braselton will make all employment decisions (including decisions about hiring, promotion, transfer, demotion, evaluation, compensation, and termination) without regard to race, color, national origin, citizenship, sex, pregnancy, religion, age, disability, service in the uniformed services, genetic information or any other classification protected by federal, state or local law. Braselton does not and will not permit unlawful discriminatory practices, sexual harassment, or harassment based on race, color, religion, national origin, age or disability. Employees and their work environment should be free from all forms of sexual harassment, discrimination, and intimidation.**

Thank you for your interest in the Braselton Police Department. Please see the checklist below. These items may NOT be all inclusive, but are designed to give applicants a step-by-step checklist outlining the process by which the Department selects individuals for employment as a sworn officer. The steps are in chronological order of completion. The first step must be successfully completed in order to move to the next step, etc. Please note that the process **STOPS** if any step is not completed in a manner satisfactory to the Department or if the applicant withdraws.

- 1) Fully completed application is received by the Department.
- 2) Review of application and copies of required documents such as:
  - a) Proof of U.S. Citizenship
  - b) Proof High School graduation or GED
  - c) Valid Driver's License

- d) POST Certification where applicable
  - e) Social Security Card
  - f) DD214 Form showing an honorable discharge (if applicable)
  - g) Name Change documents – i.e. marriage license, court order, etc. (if applicable)
  - h) Citizenship papers (if applicable)
- 3) Initial Interview (only to confirm interest of application prior to background investigation.
  - 4) Background Investigation including:
    - a) Verification of responses/documents
    - b) Driving History
    - c) Criminal History, Illegal Drugs, Thefts, etc.
    - d) Survey of law enforcement agencies where applicant has lived or frequented
    - e) Credit History
    - f) National Database/Ga. POST records and staff members
    - g) Personal References
    - h) Former Employers – Work History
    - i) Neighbors, former neighbors, school officials, etc.
  - 5) Preliminary Recommendation by Investigator(s)
  - 6) Polygraph or Voice Stress Test
  - 7) Objective Oral Interview
  - 8) Recommendation by Interviewer(s) as to which applicant(s) should receive further consideration for employment.
  - 9) Condition Offer of Employment (prior to medical and psychological testing)
  - 10) Medical Exam and Drug Testing
  - 11) Psychological Testing
  - 12) Hired

**Please detach this and the previous two sheets from your application and keep for future reference as all three pages comprise the Law Enforcement Applicant Information Form LE1**

**TOWN OF BRASELTON  
LAW ENFORCEMENT APPLICANT INFORMATION**

Attached, please find the Town employment application, waiver and consent forms LE2 through LE5. All these forms must be completely filled out, signed, notarized and returned by the applicant. Failure to return any of the required completed forms may disqualify the applicant from further consideration. You MUST be at least 21 years of age to apply for this position.

The following documents are also required to be submitted with your application:

1. A copy of your birth certificate
2. Certificate of Citizenship if you are a naturalized or repatriated citizen of the United States
3. A copy of your High School Diploma or GED and your College Diploma, if applicable
4. Georgia P.O.S.T. Certificate (You must be P.O.S.T. certified to apply for a position with the Braselton Police Department)
5. A copy of your Military Discharge (Form DD-214, Member 4) if you are a veteran of the Armed Forces

Applications and required attachments should be returned to:

Human Resources  
Town of Braselton  
PO Box 306, 4982 Highway 53  
Braselton GA 30517

Questions regarding your application and status should be directed to:

Lou Solis, Assistant Police Chief  
706-658-2852  
[lsolis@braselton.net](mailto:lsolis@braselton.net)



**Town of Braselton, Georgia**  
**APPLICATION FOR EMPLOYMENT**  
 (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

**PERSONAL INFORMATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS  
 STREET CITY STATE ZIP

PERMANENT ADDRESS  
 STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? YES----- NO-----

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES-----NO-----

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_  
ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_

**REFERRED BY:**

<u>EDUCATION</u>	<u>NAME AND LOCATION OF SCHOOL</u>	<u>NO. OF YEARS ATTENDED</u>	<u>DID YOU GRADUATE?</u>	<u>SUBJECTS STUDIED</u>
<u>GRAMMAR SCHOOL</u>				
<u>HIGH SCHOOL</u>				
<u>COLLEGE</u> <u>TRADE, BUSINESS</u> <u>OR</u> <u>CORRESPONDENCE</u> <u>SCHOOL</u>				

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)  
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

**FORMER EMPLOYER (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).**

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				

**WHICH OF THESE JOBS DID YOU LIKE BEST?**

**WHAT DID YOU LIKE MOST ABOUT THIS JOB?**

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR**

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

**IN CASE OF  
EMERGENCY NOTIFY**

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE: SIGNATURE:

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: DATE:

REMARKS:

NEATNESS ABILITY

HIRED: YES----- NO----- POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

Return to the Attention of Nan Edwards  
 Town of Braselton  
 4982 Highway 53  
 P. O. Box 306  
 Braselton, Georgia 30517  
 Phone: 706/654-3915 Fax: 706/654-3109  
 Email: nedwards@braselton.net

Form LE2

## Applicant's Certification

Read the following carefully before signing:

I hereby certify that all statements made on my application are true and complete to the best of my knowledge and belief. I also certify that I have no convictions for offenses involving the Family Violence Act as defined in O.C.G.A 19-13-1, to include no active Temporary Protective Orders (TPO) or Protective Orders. I understand and agree that any misstatement or omissions of material fact may cause any offer of employment made by the Town of Braselton to be withdrawn or, if employed, my employment to be terminated.

I further understand that any employment offered to me will be contingent upon the results of a complete character and fitness exam concerning the veracity of my responses to the information requested on this application. I also understand and agree that my employment application shall be the property of the Town of Braselton. I understand and agree that if employed I will not divulge to anyone any confidential, privileged information acquired by me during my employment, except as may be required by law. It is understood that as a condition of employment by the town of Braselton Police Department, I will, as provided by law governing protective services personnel, submit to a polygraph test when specifically ordered to do so.

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Signature of Applicant

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Date

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Witness

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Date

I certify that I have received a copy of the Law Enforcement Applicant Information Form LE1

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Signature of Applicant

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Date

Form LE3

## Personal Inquiry Waiver

Read the following carefully before signing:

Name: (Last, First, MI) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I respectfully request and authorize you to furnish the Town of Braselton government with any and all information that you may have concerning my school record, work record, military record, medical record, criminal record, reputation, or other facts as may be relevant to the nature of this inquiry. This information is to be used to assist the requesting agency in determining my qualifications and fitness for a position with the Town of Braselton government.

I hereby release you, your organization, the Town of Braselton, its agencies and authorities, and others from liability or damage which may result from furnishing the information requested. This instrument is valid for twelve months from the below date and may be photocopied as needed by the requesting official(s).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (Number, Street, Apartment, City, State, Zip)

### Affidavit

State of Georgia, County of \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who says he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
My Commission Expires:

(Seal)



Form LE5

Personal History Release

Read the following carefully before signing:

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; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the US Veteran's 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 in part, upon this release's 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 said information.

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

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address (Number, Street, Apartment, City, State, Zip)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Social Security Number

Affidavit

State of Georgia, County of \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who says he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
My Commission Expires:  
(Seal)