



Suwanee Police Department

Chief Michael S. Jones

373 Highway 23 NW
Suwanee, GA 30024-2267

(770) 945-8995
Fax (770) 945-2985

www.suwanee.com

Application Information

Please read the following before completing your application:

Employment Policy

The City of Suwanee is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, creed, gender, religion, age, or national origin.

Job Requirements

Minimum Qualifications: Certified and Non-Certified Officers

- Must be at least 21 years of age
- (For Certified Officers) Georgia Peace Officer Certification or pre-service graduation from the police academy preferred
- Possess a valid driver's license
- Be a U.S. Citizen
- Have a high school diploma or it's recognized equivalent. College degree preferred.

Minimum Qualifications: Communications Officers

- Must be at least 18 years of age
- Possess a valid driver's license
- Be a U.S. Citizen
- Have a high school diploma or recognized equivalent. College degree preferred.

Selection Elements

All elements of the selection process for sworn and civilian personnel will be administered, scored, evaluated, and interpreted in a uniform manner. The process for sworn and civilian personnel shall include:

- Application Filing
- Application Review
- Review of applications for legal requirements/ minimum job requirements.
- Written examination (Non-Sworn) or Skills test (Communications)
- Oral interview
- Candidate eligibility list developed
- Interview with Chief of Police
- Background Investigation
- Polygraph (Police and Communications Applicants)
- Drug Screen (All), Medical Exam (Police and Communications Applicants)
- Appointment
- Probationary period

Once your application is reviewed you will be sent notification of your application status. If you are selected for an interview and a tentative job offer is made you will go through the background

investigation process which varies in time based on the availability of scheduling medical, psychological, and deception testing. On average the background process takes up to one month.

Your Application will remain active for one year. After one year you may re-submit an application.

You may submit your application in person or by mail to:

City of Suwanee Human Resources
330 Town Center Ave.
Suwanee, Ga. 30024

A complete job description is available upon request from the City of Suwanee Department of Human Resources.

If you have any questions regarding your application or the selection process contact Human Resources at 770 945-8996.

CITY OF SUWANEE POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

373 Hwy. 23
Suwanee, Ga. 30024

Internal Use			
Date Received:	Interview Date:		
Received By:	Conditional Job Offer		
	Background Completed:		
	Start Date:		
	Comments:		

GENERAL INFORMATION AND INSTRUCTIONS

Evaluations of applications are based on individual merit. Information **must be complete**. Your ability to complete this application will be evaluated and used as one basis for employment decisions. This application must be typed or printed in ink. False or misleading statements or deliberate evasive answers will be grounds for rejection of this application, or dismissal at a later date. A resume may be attached to provide additional information, but does not take the place of completing the application itself.

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PERSONAL DATA

Position Applying For: _____

Name: _____
(Last) (First) (Middle)

Present Address: _____

Telephone Numbers: _____
Home Work Pager

If applying for Police Officer, are you at least 21 years old? Yes No

If applying for a non-police officer position, are you at least 18 years old? Yes No

Are you a United States Citizen? Yes No

REFERENCES

Please list at least three personal references that may be contacted as part of the selection process for the Suwanee Police Department. References must be able to be contacted by the investigative personnel of the Suwanee Police Department. All information listed below must be completed.

Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
City _____	State _____ Zip Code _____
Relationship:(co-worker, neighbor, etc...)	

Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
City _____	State _____ Zip Code _____
Relationship:(co-worker, neighbor, etc...)	

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Relationship:(co-worker, neighbor, etc...)	

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Relationship:(co-worker, neighbor, etc...)	

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City _____	State _____ Zip Code _____
Relationship:(co-worker, neighbor, etc...)	

Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
City _____	State _____ Zip Code _____
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CITY OF SUWANEE

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E-Mail: www.suwanee.com

POLICE DEPARTMENT

Authority to Release Information

To Whom It May Concern:

I hereby authorize any Police Officer or other authorized representative of the Suwanee Police Department bearing this release, or copy thereof, within one year of the date indicated below to release any and all information pertaining to my employment.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Suwanee Police Department. Consent is granted for the Suwanee Police Department to furnish the above information to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, or any related personnel both individually and collectively from any and all liability for 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.

Full Name: _____
(Typed or Printed)

Social Security Number: _____

Signature: _____

Date: _____ Home Telephone: _____

Present Address: _____

Notary Public
Please Place Commission and Seal

Applicants Certification and Agreement

May we contact your current employer?

Yes

No

I understand that even though the Suwanee Police Department may not contact my present employer, the Authority to Release Information Form must be signed to enable the Suwanee Police Department to contact former employers.

I further certify that the facts set forth in this application for employment are true to the best of my knowledge. I fully understand that the falsification of this application or the omission of complete information will be grounds for rejection of this application, or later dismissal.

Applicant Signature

Date