

CITY OF SUWANEE

Chief Michael S. Jones
373 Highway 23
Suwanee, GA 30024



Phone: (770) 945-8995
Fax: (770) 945-2985
E-Mail: www.suwanee.com

POLICE DEPARTMENT APPLICANT 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, or national origin. The Suwanee Police Department makes its decisions for employment on the bases of merit and fitness

JOB REQUIREMENTS

Please note the requirements posted for each position vacancy. Complete job descriptions and qualifications are available at the Suwanee Police Department, if not attached to this application. These are minimum requirements that all applicants must meet before being considered for employment.

HIRING PROCEDURES

Any person seeking employment with the Suwanee Police Department must complete and submit the application provided within the preset cut-off date.

After review of the qualification of each applicant, selected candidates will take a written test. Those passing the written test will go before a panel for an oral interview. Police Officer candidates will also take a physical agility test (requirements available at the Police Department if not attached to this application).

The Chief of Police will then review the list of recommended candidates. The Chief of Police may conduct additional interviews prior to making an offer of employment.

An offer of employment from the Chief of Police will be contingent upon passing a thorough background investigation. The investigation will include but not be limited to; criminal and traffic history checks, physical examination, agility test, psychological examination, drug screen, and state administered testing.

EXPIRATION

Application and qualification assessments shall be valid for a period of six months. The Chief of Police reserves the right to reject all applicants and re-advertise the position during a subsequent hiring cycle, and accept applications any time a position is vacant.

Should you desire to keep your application current, please let the police department know of any change in address or phone number by writing a letter to the attention of the Chief of Police.

NOTE

Applications, resumes, letters of reference, etc., submitted with applications become the property of the Suwanee Police Department. The information you have provided on the application may be subject to public disclosure under the Georgia Open Records Act.

Thank you for your interest in employment with the Suwanee Police Department.

**Physical Agility Test
Suwanee Police Department**

The candidate must complete the following agility test that is work related and simulates task that a police officer may need to perform during the normal course of police duties.

The following task must be completed as a course that is continual and not completed at different times.

All the candidates will be given instruction and shown how the course should be completed.

1. Run 50 yards.
2. Complete a stair climb that is 6 steps up, turn around, 6 steps down.
3. Pick up a cardboard box weighing approximately 30 pounds. Place box in trunk of Police car located approximately 30 feet from steps.
4. Pull a dummy that is in patrol car, out of the car. Dummy must be pulled at least 5 feet from the car. (Weight of dummy is approximately 150 pounds.)
5. Get in car, turn radio on, transmit a description of dummy.
6. After completing radio transmission, the candidate will jump a 3-foot area, climb over a 4-foot fence or wall, and finally fire an empty pistol, 6 times with the right hand, and 6 times with the left hand.
7. No time limit.

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.

The City of Suwanee is an equal opportunity employer and does not discriminate on the basis of race, sex, creed, religion, or national origin.

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...)	

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...)	

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...)	

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...)	

CITY OF SUWANEE

Chief Michael S. Jones
373 Highway 23
Suwanee, GA 30024



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