



INSTRUCTIONS FOR COMPLETING AN APPLICATION PACKET FOR EMPLOYMENT WITH THE CITY OF COVINGTON

1. Fill out and return the entire application packet including names of supervisors, telephone numbers, addresses, duties, etc. A notation of "See Résumé" or "See Attached" is not acceptable and will not be used for evaluation purposes.
2. You must apply for an exact job title (only one job title per application packet, i.e. Police Officer, Equipment Operator, Laborer, etc.). A job description for the job title for which you are applying is available for your review.
3. You may be asked to provide documentation for employment eligibility and for all minimum job requirements such as a driver's license, high school diploma, P.O.S.T. certification, etc. **All applicants of the City of Covington must successfully pass pre-employment drug testing and a background investigation which may include the information listed on the application, driving history, criminal history, identity and credit report for all applicable jobs.** Applications are not rejected because of minor omissions or deficiencies that can be corrected prior to the interviewing or testing process.
4. Application packets will not be reviewed before the closing date for each job advertisement. Any application packet received after the closing date will not be considered for that advertised vacancy. If selected, you will be notified by phone or email for a scheduled personal interview.
5. Applications will remain active for a period of 3 months (Non-Public Safety applicants) and 12 months (Public Safety applicants). It will, however, be kept on file for 3 years per the City of Covington's retention schedule. You must complete a new application packet once the application has become inactive. We do not update or renew inactive application packets. We will not notify you of the inactive status of your application packet.
6. We will not accept résumés in lieu of the application packet; however, you may submit a copy of your résumé along with the application. An incomplete application packet or misleading information will immediately disqualify you from consideration during our selection process.
7. Any person convicted for the first time of any criminal offense involving the manufacture, distribution, sale or possession of a controlled substance, marijuana or a dangerous drug shall be ineligible for employment for a period of 3 months from the date of conviction. Any person convicted two or more times shall be ineligible for employment for a period of 5 years from the date of the most recent conviction.
8. An offer of employment for any position is contingent upon the successful completion of a satisfactory background investigation, a pre-employment drug screen and/or medical examination.
9. Applications and background booklets can be submitted by, **Email:** hrdept@cityofcovington.org, **Mail:** City of Covington, P.O. Box 1527 Covington, GA 30015 or **Hand Delivered:** to Covington City Hall 2194 Emory St NW, Covington, GA 30014.

LABORCHEX INC.

Disclosure Statement

By this document the City of Covington discloses to you that a consumer report regarding your credit history, criminal history and other background information and/or an investigative consumer report containing information as to your character general reputation, personal characteristics and/or mode of living may be obtained from consumer reporting agencies, personal interviews or other sources in connection with your application for employment or any time during your employment (including independent contractor assignments, as applicable). The information obtained shall be used solely for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee or independent contractor.

All terms are used as defined in the FCRA, 15 U.S.C. § 1681 et seq.

LABORCHEX INC.

AUTHORIZATION TO PROCURE A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT

To: _____ Company Name: _____ Fax: _____

The following person is seeking immediate employment and has Fully and Legally Authorized you to provide employment information. Name: _____ Soc. Sec. Number _____

I HEREBY authorize **City of Covington** or those authorized by them to procure consumer reports and/or investigative consumer reports on me in connection with my application for employment or any time during my employment, which shall be used solely for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee or as an independent contractor. I understand that reports may include information about my prior employment, D.O.T. commercial driver experience as outlined in Parts 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations (FMCSRs), driving records, military record, education, creditworthiness and history, character, general reputation, criminal record, and mode of living, residency, general reputation, personal characteristics, performance, experience, reasons for termination of past employment and other qualities pertinent to my qualifications for employment.

I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, consumer reporting agencies, and personal interviews with my current and former employers, friends, neighbors and associates. I understand that upon written request to the Human Resources Manager, **City of Covington** I will be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. I understand that upon written request to the Human Resources Manager, **Paul Dailey** a copy of this Authorization will be provided to me.

PRINT NAME

SIGN NAME

DATE: _____ **TIME:** _____

IDENTIFICATION INFORMATION: OTHER NAMES: _____

Other names I have been known by or worked under (for example, birth name; names by marriage, divorce, or adoption; or other name changes, etc.):

DATE OF BIRTH _____ **SOCIAL SECURITY NUMBER:** _____

(Date of Birth, Other Names and Social Security Number are used only for identification purposes to ensure accuracy of reports.)

CURRENT HOME ADDRESS: _____
STREET CITY STATE ZIP

PREVIOUS HOME ADDRESS: _____
STREET CITY STATE ZIP

EXACT NAME ON DRIVERS LICENSE: _____

DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

LABORCHEX INC.

1929 Spillway Road, Suite D, Brandon, Mississippi 39048

Phone: 1.800.880.0366 Fax: 800.844.2722

<https://www.laborchex.com>

CITY OF COVINGTON EMPLOYMENT APPLICATION

Human Resources Department
2194 Emory Street
P.O. Box 1527
Covington, GA 30015
www.cityofcovington.org

PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

SECTIONS MARKED WITH AN * ARE REQUIRED TO BE FILLED OUT BY APPLICANT

A résumé may accompany the application; however, consideration for a position is based on the information submitted on this form, along with any supplementary materials specified on the job announcement. All materials must be received no later than the closing date specified. Documentation submitted becomes the property of the City of Covington and will not be returned. Unsolicited résumés, or materials requesting general consideration for any position, will not be considered or retained. We currently accept applications via, Email: hrdept@cityofcovington.org, Mail: City of Covington, PO Box 1527 Covington, GA 30015 or hand delivered to Covington City Hall.

*Exact Title of Position Applied For:			*Date of Application:		
Personal Information					
*Last Name:		*First Name:	MI	Home Phone Number:	Cell Phone Number:
*Street Address:		*City:		*State:	*Zip:
Have you been employed with us before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , indicate in which department:		Did you leave in good standings? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever served in the United States Military? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , in which Branch:		Are you eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		Email Address:	
Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/>		Date available to work:		*How did you hear about this position?	
Education					
	High School	Undergraduate College/University		Graduate/Professional	
*School Name:					
*School Address: City, State, Zip					
Diploma/Degree Received:	Diploma <input type="checkbox"/> GED <input type="checkbox"/> *Year:	Degree <input type="checkbox"/> Year:		Degree <input type="checkbox"/> Year:	
Degree Type:		Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/>		Master's <input type="checkbox"/> Doctorate <input type="checkbox"/>	
Major Course of Study:					
Describe any specialized training, apprenticeship, skills, and extra-curricular activities					
Describe any honors you have received					
List professional, trade, business, or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.</i>					

***Personal References**

List only personal references that are not related to you and are not a previous employer.

*Full Name:	*Phone number:	*Years Acquainted:

Employment History

Start with your present or most recent employer. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Present or Most Recent Employer:				Job Title:		Supervisor role: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Street Address City State Zip				Supervisor's Name and Title:					
From: (Month/Year)		To: (Month/Year)		Final Salary:		No. of Persons Supervised:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Reason for leaving:				May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
				Phone number:					
Duties:									
Past Employer:				Job Title:		Supervisor role: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Street Address City State Zip				Supervisor's Name and Title:					
From: (Month/Year)		To: (Month/Year)		Final Salary:		No. of Persons Supervised:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Reason for leaving:				May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
				Phone number:					
Duties:									
Past Employer:				Job Title:		Supervisor role: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Street Address City State Zip				Supervisor's Name and Title:					
From: (Month/Year)		To: (Month/Year)		Final Salary:		No. of Persons Supervised:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Reason for leaving:				May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
				Phone number:					
Duties:									

Employment History Continued

Past Employer:

Job Title:

Supervisor role:

Yes ☐ No ☐

Street Address

City

State

Zip

Supervisor's Name and Title:

From: (Month/Year)

To: (Month/Year)

Final Salary:

No. of Persons
Supervised:

Full-Time ☐

Part-Time ☐

Temporary ☐

Reason for leaving:

May we contact this employer? Yes ☐ No ☐

Phone number:

Duties:

If you need additional space, please use additional information space on the back of the application.

General Information

Driver's License? Yes ☐ No ☐ *State: _____ Speak in a language other than English: Yes ☐ No ☐ If yes, what language? _____

CDL? Yes ☐ No ☐ Class: _____ Write in a language other than English: Yes ☐ No ☐ If yes, what language? _____

Summarize special job-related skills and qualifications acquired from employment or other experience.

Computer Software Applications:

Microsoft:

Word ☐ Excel ☐ Powerpoint ☐ Publisher ☐ Outlook ☐

Other programs:

Machinery and Equipment Skills:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that as a prospective employee, I must verify identity and employment eligibility prior to employment.

I authorize investigation of all statements contained in this application for employment as may be necessary for arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. If I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted at that time.

I understand that a medical examination and/or drug screen may be required for the job which I have applied and I agree to submit to such medical examination and/or drug screen. I understand that any offer of employment is conditional upon the results of the medical examination and/or drug screen.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the City of Covington, Georgia.

☐

**Checking this box certifies that all information included in this application is accurate and complete to the best of my knowledge. Furthermore, typing your name on the line below qualifies as your signature of authorization.*

*Signature

Date

Additional Information:

The City of Covington, Georgia is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, veteran status, or disability in compliance with the Americans with Disabilities Act. The City of Covington is a certified Drug-Free Workplace.

EMAIL APPLICATION TO: HRDEPT@CITYOFCOVINGTON.ORG



City of Covington Public Safety

Application Background Booklet



COVINGTON-NEWTON COUNTY



Contents

Instructions	3
Authorization to Release Information	4
Part I – Applicant Identification	5
Part II – Marital/Family Data	6
Part III – Contact Information (Phone and Email)	6
Part IV – Residences.	7
Part V – Educational History	8
Part VI – Military Service	9
Part VII – Personal References.....	12
Part VIII – Work History.....	13
Part IX – Arrests, Detention, and Litigation.....	17
Part X – Traffic Record.....	17
Part XI – Membership in Organizations (Past and present)	19
Part XII – Personal Declarations (General).....	19
Part XIII – Personal Declarations (Controlled Substances/Illegal Substances)	21
Part XIV – Miscellaneous Questions	21
Part XV – Required Proof of Identification and/or Qualifications	22
Part XVI – Candidate Certification.....	22
SECTION A - COVINGTON POLICE DEPARTMENT.....	23
SECTION B - COVINGTON FIRE DEPARTMENT	25
SECTION C – Covington / Newton County 911	27

Instructions

(Read carefully before proceeding)

These instructions are provided as a guide to assist you in properly completing your Background Booklet. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Make sure your booklet is **legibly printed in ink or typed**.
2. Answer all questions to the best of your ability. If a question is not applicable to you, enter **N/A** in the space provided.
3. **Read all section directions carefully** before making any entries on the form. Be sure your information is correct and in the proper sequence.
4. **You are responsible** for obtaining accurate contact information (addresses and/or phone numbers). If you are not sure of an address or phone number, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. An accurate, thorough, and complete form will help expedite your investigation. **Deliberate omissions or falsifications will result in disqualification.**
6. If there is insufficient space on the form for you to include all information required, attach extra sheets to the booklet. Reference the relevant section and question number before continuing your answer.
7. As you complete the questionnaire, if you are uncertain about how to answer a particular question, answer the question to the best of your ability and attach a statement regarding the question(s) and the problems you may have had in answering the question(s).
8. **Take the necessary time to be accurate and truthful.** Do not be afraid to answer questions that may involve criminal sanctions, such as smoking marijuana, as no criminal charge can be filed from this questionnaire. In addition, your answers to this questionnaire will not necessarily disqualify you from the position you seek.
9. The **confidentiality of background information** is strict and can be shared with only the top administrators of the public safety agency you are applying to Covington Police Department, Covington Fire Department or Covington – Newton County 9-1-1 Communications Center.
10. If you have any questions regarding the questionnaire or the background investigation, please contact the Human Resources Department at (770) 385-2025.
11. Complete background investigations are kept in a locked cabinet and/or secure facility to ensure confidentiality.
12. **Applications and background booklets** can be submitted by, **Email:** hrdept@cityofcovington.org, **Mail:** City of Covington, P.O. Box 1527 Covington, GA 30015 or **Hand Delivered:** to Covington City Hall 2194 Emory St NW, Covington, GA 30014.



Page 4

**City of Covington
Public Safety
Personal History Statement**

Part I – Applicant Identification

1. Full Name			
	First	Middle	Last

2. Other Names Used (E.g. maiden name, married name (s), changes for adoption or other legal name change, any pseudonym, alias, etc.)		a) _____ b) _____ c) _____ d) _____	Dates when these names were used: (e.g. From 1989 to 1994; from 1997 to present)
---	--	--	--

3. Nicknames Used (e.g. Robert, Rob, Bob, Bobby, Bubba, Slick, etc.)		a) _____ b) _____ c) _____	d) _____ e) _____ f) _____
---	--	----------------------------------	----------------------------------

4. Height _____	6. Eye Color _____
5. Weight _____	7. Hair Color _____

8. Describe any Scars, Marks & Tattoos:		a) _____ b) _____ c) _____	Location on Body
---	--	----------------------------------	------------------------------

9. Date of Birth _____ Month/Day/Year	12. City of Birth _____
10. Social Security # _____	13. State of Birth _____
11. State SSN Issued _____	14. County of Birth _____

15. Are you a Citizen of the United States? ☐ Yes ☐ No
16. Are You: ☐ Natural Born (Provide a copy of your Birth Certificate)
- ☐ Naturalized (Provide original Naturalization Papers Resident)
- ☐ Alien (Provide Alien Registration Card)

Part II – Marital/Family Data

1. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated
2. If married, what is the full name of your spouse (Include maiden name)?

 First Middle Last

3. If married, are you living with your spouse? ☐ Yes ☐ No
 If no, please explain:

4. List the following information about your current and former spouses:

Name of Spouse	Address of Spouse	Date of Marriage	Location of Marriage	Date of Divorce	Location of Divorce

Part III – Contact Information (Phone and Email)

1. List the phone numbers where you can be reached.
- a) Home Phone _____
- b) Cell Phone _____
- c) Work Phone* _____
- d) Email _____
- *Is it okay to contact you at this number?
☐ Yes ☐ No

2. In Case of Emergency?

Name	Phone Number	Address	Relationship
a)			
b)			

Part IV – Residences.

Beginning with your current address, list all addresses where you have lived during the past 10 years and the dates you lived there (e.g. Aug 2003-Jan 2005). Attach extra pages if necessary.

1. Current Address				
From:	Street (Apt #)	City	State	Zip
To:				

Prior Address(es)

2. From:				
To:	Street (Apt #)	City	State	Zip
3. From:				
To:	Street (Apt #)	City	State	Zip
4. From:				
To:	Street (Apt #)	City	State	Zip
5. From:				
To:	Street (Apt #)	City	State	Zip
6. From:				
To:	Street (Apt #)	City	State	Zip
7. From:				
To:	Street (Apt #)	City	State	Zip
8. From:				
To:	Street (Apt #)	City	State	Zip

Part V – Educational History

1. Did you receive:	a) High School Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	b) GED Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) High School(s) Attended	_____ c) City/State _____			
b) Dates Attended	_____ d) Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No			

University/College: <i>List all colleges and/or universities you attended.</i>			
2. University or College attended _____		3. University or College attended _____	
City/State: _____		City/State: _____	
Degree received: (e.g. AA, BS, MBA) _____	Units completed: _____	Degree received: (e.g. AA, BS, MBA) _____	Units completed: _____
Major/Minor: _____		Major/Minor: _____	
Dates Attended: _____		Dates Attended: _____	

University/College: <i>List all colleges and/or universities you attended.</i>			
4. University or College attended _____		5. University or College attended _____	
City/State: _____		City/State: _____	
Degree received: (e.g. AA, BS, MBA) _____	Units completed: _____	Degree received: (e.g. AA, BS, MBA) _____	Units completed: _____
Major/Minor: _____		Major/Minor: _____	
Dates Attended: _____		Dates Attended: _____	

Other Schools: <i>List other schools attended (trade, vocational, business, etc.) including any pertinent information...</i>			
5. Name of School _____		6. Name of School _____	
City/State: _____		City/State: _____	
Certificates: _____	Licenses: _____	Certificates: _____	Licenses: _____
Course of Study: _____		Course of Study: _____	
Dates Attended: _____		Dates Attended: _____	

Special Qualifications & Skills

8. List any special licenses or permits you hold, such as pilot license, radio operator, scuba, etc., showing licensing authority, original date of issue and date of expiration:

9. List any special certifications you hold, such as CPR, First Aid, Radar/Laser showing certifying agency and state, original date of issue and date of expiration:

10. List any specialized machinery, equipment, or technology that you are qualified to operate:

11. Foreign Languages: *If you are fluent in a foreign language, indicate your degree of fluency (excellent, good, fair)*

Language	(Indicate fluency)	Speaking	Understanding	Reading	Writing
a)					
b)					
c)					

Part VI – Military Service

1. Have you ever attempted to enlist in any branch of the United States Armed Forces? (Including Reserves, National Guard and/or Coast Guard) ☐ Yes ☐ No

2. Have you ever served in any branch of a Foreign Military? ☐ Yes ☐ No

3. Have you ever been involved in a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.? ☐ Yes ☐ No

4. Have you ever served in the any branch of the United States Armed Forces? ☐ Yes ☐ No

If "yes," please supply the following information:

Branch of Service:

Service ID Number:

Dates of Service:
(From)

(To)

Type of Discharge:

Military Job Description:

Highest Rank Held

Military Occupation
Specialty (MOS)

If Applicable

*Past commanding officers or military acquaintances can be sources of relevant information about your background.
List the individuals from your military career who know you well enough to provide accurate information about you.*

5. Name

6. Name

Contact Phone:

Contact Phone:

Address:

Address:

City, State, Zip

City, State, Zip

Years Known:

Years Known:

(e.g. 1987 to 1999)

(e.g. 1987 to 1999)

7. Have you served in an **additional** branch of the United States Armed Forces? ☐ Yes ☐ No

If "yes," please supply the following information:

Branch of Service:

Service ID Number:

Dates of Service:
(From)

(To)

Type of Discharge:

Military Job Description:

Highest Rank Held

Military Occupation
Specialty (MOS)

If Applicable

*Past commanding officers or military acquaintances can be sources of relevant information about your background.
List the individuals from your military career who know you well enough to provide accurate information about you.*

8. Name

9. Name

Contact Phone:

Contact Phone:

Address:

Address:

City, State, Zip

City, State, Zip

Years Known:

Years Known:

(e.g. 1987 to 1999)

(e.g. 1987 to 1999)

10.	If you left the military service under Entry Level Separation , please describe the circumstances in detail:

11.	Have you ever been the subject of a court-martial, tried on charges, or the subject of an Article 15, company punishment or ANY OTHER disciplinary action while a member of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>If "yes," please supply the following information and explain the offense(s) in detail on the back of the page.</i>			
	Type of Disciplinary Action	Branch of Service	Date of Action	Disposition of Action

12.	List all periods of active military service - <i>anything over thirty (30) days</i> :			
	Date From Month/Year	Date To Month/Year	Duty station: Name of station and City closest to duty station	Rank Held

Part VII – Personal References.

List five persons who know you well enough to provide current information about you. DO NOT list relatives or former employers.

1. Name	Home Phone:		
Address	Cell Phone		
City, State, Zip		When and how did you meet this person?	
Email			

2. Name	Home Phone:		
Address	Cell Phone		
City, State, Zip		When and how did you meet this person?	
Email			

3. Name	Home Phone:		
Address	Cell Phone		
City, State, Zip		When and how did you meet this person?	
Email			

4. Name	Home Phone:		
Address	Cell Phone		
City, State, Zip		When and how did you meet this person?	
Email			

5. Name	Home Phone:		
Address	Cell Phone		
City, State, Zip		When and how did you meet this person?	
Email			

Part VIII – Work History

Beginning with your current/most recent job, **list all employment since age 16.** Include part-time, temporary, and seasonal jobs. **Include all periods of unemployment.** Attach extra pages...

1. Current/Most Recent Job	Employer/Company Name: _____	
	From: _____	Job Title (& Duties): _____
	To: _____	
	Address you work(ed) at: _____	Phone Number: _____
	Note: Include address, city, and state	
	Supervisor Name: _____	Reason for Leaving
	(First and Last Name) _____	
	Coworker Name: _____	
	(First and Last Name) _____	

2. <i>From:</i>	Employer/Company Name: _____	
	<i>To:</i> _____	Job Title (& Duties): _____
	Address you work(ed) at: _____	
	Phone Number: _____	
	Note: Include address, city, and state	
	Supervisor Name: _____	Reason for Leaving
	(First and Last Name) _____	
	Coworker Name: _____	
	(First and Last Name) _____	

3. <i>From:</i>	Employer/Company Name: _____	
	<i>To:</i> _____	Job Title (& Duties): _____
	Address you work(ed) at: _____	
	Phone Number: _____	
	Note: Include address, city, and state	
	Supervisor Name: _____	Reason for Leaving
	(First and Last Name) _____	
	Coworker Name: _____	
	(First and Last Name) _____	

4. From:	Employer/Company Name:	
To:	Job Title (& Duties):	
Address you work(ed) at:	_____	Phone Number: _____
Note: Include address, city, and state		
Supervisor Name: (First and Last Name)	_____	Reason for Leaving
Coworker Name: (First and Last Name)	_____	

5. From:	Employer/Company Name:	
To:	Job Title (& Duties):	
Address you work(ed) at:	_____	Phone Number: _____
Note: Include address, city, and state		
Supervisor Name: (First and Last Name)	_____	Reason for Leaving
Coworker Name: (First and Last Name)	_____	

6. From:	Employer/Company Name:	
To:	Job Title (& Duties):	
Address you work(ed) at:	_____	Phone Number: _____
Note: Include address, city, and state		
Supervisor Name: (First and Last Name)	_____	Reason for Leaving
Coworker Name: (First and Last Name)	_____	

(Attach extra copies of this page if necessary to provide a complete work history)

Please answer the following questions relating to your work history.

7. Have you ever been terminated, forced to resign or otherwise involuntarily separated by a previous employer?

☐ Yes ☐ No

If yes, please explain:

8. Have you ever been reprimanded by a supervisor for misconduct or for not doing your job properly?

☐ Yes ☐ No

If yes, please explain:

9. Have you ever been reprimanded for being late or absent? ☐ Yes ☐ No

If yes, please explain:

10. Have you ever been disciplined by a supervisor (including verbal or written reprimands, suspensions, fines, etc.)

☐ Yes ☐ No

If yes, please explain:

11. Have you ever left a job without giving a two weeks notice? ☐ Yes ☐ No

If yes, please explain:

12. Have you ever been engaged in any business as an owner, partner, or corporate member? ☐ Yes ☐ No

If yes, please explain:

13. Have you ever taken anything of value, goods, or services from an employer without their permission?

☐ Yes ☐ No

If yes, please explain: _____

14. Have you ever taken any cash money from an employer? ☐ Yes ☐ No
If yes, please explain:

15. Figure out a dollar amount of how much you have taken from all employers combined during the last five years and circle the amount below that comes closest to the total dollars in merchandise, goods, or services you have taken. This may include but is not limited to paper, pens, clips, etc.

\$0 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$70 ☐ \$100 ☐ \$200 ☐ \$500 ☐ \$750 ☐ \$1000 ☐ \$2500 ☐ \$5000 ☐

Other Amount: _____

Please explain any amounts:

If more room is needed continue on the back of this page.

16. In the last five years, have you submitted an application for employment with any other public safety agency or department? ☐ Yes ☐ No

If yes, please provide the following information:

Agency	Date Applied	Disposition of Application

17. Have you ever taken a voice stress analysis/polygraph examination for any reason? ☐ Yes ☐ No

If yes, please provide the following information:

Date	Agency/Company	City/State	Reason Tested	Result

18. Have you ever been rejected for cause from a public safety job? ☐ Yes ☐ No

If yes, please explain fully. Be specific: _____

19. At the present time, do you have any pending applications with any other public safety agency?

☐ Yes ☐ No

If yes, please list the agency, the position applied for and the current status:

Part IX – Arrests, Detention, and Litigation

1. Have you ever been involved as a party in a civil litigation(s)? ☐ Yes ☐ No

If "yes," please give details:

2. Have you ever been arrested, detained by police, or summoned into court? ☐ Yes ☐ No

If "yes," please supply the following information:

a)	Alleged Crime: _____	Police Agency: _____
	Date of Occurrence: _____	Case Disposition: _____
b)	Alleged Crime: _____	Police Agency: _____
	Date of Occurrence: _____	Case Disposition: _____
c)	Alleged Crime: _____	Police Agency: _____
	Date of Occurrence: _____	Case Disposition: _____

Part X – Traffic Record

*****You are required to submit a 3-Year Driver's History at the time you submit the Background Booklet and your application, in addition to completing this section of the booklet.*****

1. Current Driver's License Number: _____	State of Issue: _____	Expiration Date: _____
2. List all states where you have held a driver's license or state identification card: _____		
3. Has your drivers' license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes," give date, location, and reasons: _____		

4. Briefly describe any traffic accidents in which you have been involved:		
a)	Accident date _____	City/State: _____ Injury Accident? _____
	Did the police investigate? _____	Investigating Agency: _____
	Description of Accident: _____	
b)	Accident date _____	City/State: _____ Injury Accident? _____
	Did the police investigate? _____	Investigating Agency: _____
	Description of Accident: _____	
c)	Accident date _____	City/State: _____ Injury Accident? _____
	Did the police investigate? _____	Investigating Agency: _____
	Description of Accident: _____	
d)	Accident date _____	City/State: _____ Injury Accident? _____
	Did the police investigate? _____	Investigating Agency: _____
	Description of Accident: _____	
e)	Accident date _____	City/State: _____ Injury Accident? _____
	Did the police investigate? _____	Investigating Agency: _____
	Description of Accident: _____	
f)	Accident date _____	City/State: _____ Injury Accident? _____
	Did the police investigate? _____	Investigating Agency: _____
	Description of Accident: _____	

5. To the best of you memory, list all the driving citations you have received as an adult and as a juvenile , excluding parking tickets:		
a)	Citation/Charge: _____	Month/Year: _____
	City/State _____	Disposition _____
b)	Citation/Charge: _____	Month/Year: _____
	City/State _____	Disposition _____
c)	Citation/Charge: _____	Month/Year: _____
	City/State _____	Disposition _____
d)	Citation/Charge: _____	Month/Year: _____
	City/State _____	Disposition _____
e)	Citation/Charge: _____	Month/Year: _____
	City/State _____	Disposition _____

f) Citation/Charge: _____	Month/Year: _____
City/State _____	Disposition _____
g) Citation/Charge: _____	Month/Year: _____
City/State _____	Disposition _____
h) Citation/Charge: _____	Month/Year: _____
City/State _____	Disposition _____

Part XI – Membership in Organizations (Past and present)

1. Name & Address of Organization	Type (Social, Professional, etc.)	From:	To:
a)			
b)			
c)			
d)			

Part XII – Personal Declarations (General)

1. Have you ever made application for employment with the Covington Police Department, Covington Fire Department or Covington-Newton County 911 or any other public safety agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please supply the following information:			
Agency Name	Job Applied For	Date(s)	Status of Application
a)			
b)			
c)			
d)			

2. Have you ever worked for any public safety agency in a paid and/or volunteer capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please supply the following information:				
Agency Name	Job Title	Paid/Volunteer	Date(s) (to/from)	Supervisor's Name
a)				
b)				
c)				
d)				

3. Do you have or ever had <u>any</u> Public Safety Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please supply the following information:			
Training Center	Agency Name	Date	Certification Number (if known)
a)			
b)			
c)			
d)			

4. Are you willing and able to work the following types of schedules: <input type="checkbox"/> Yes <input type="checkbox"/> No				
a) Day shift -	d) Night shift -	e) Weekends -	f) Holidays -	g) Overtime -
b) 12 hr 15 min regular shifts -		If no, to any of these, please explain:		
c) Be "on-call" for scheduled period -				

5. Do you have any relatives that are employed with The City of Covington? <input type="checkbox"/> Yes <input type="checkbox"/> No Relatives include, but are not limited to, siblings, parents, grandparents, cousins, aunts, uncles, in-laws, etc... If yes, please list below:		
Name	Relationship to You	Department In Which They Work
a)		
b)		
c)		

Part XIII – Personal Declarations (Controlled Substances/Illegal Substances)**Alcohol/Liquor Consumption:**

1. Describe in your own words, the frequency and extent of your use of intoxicating liquors:

2. Declare if you have used or tried any of the substances below **even once** (excluding legitimate prescriptions). List any other substances/controlled substances you have taken not listed below.

You will be questioned on this information during your background interview later in the process.

Substance	Date First Used*	Date Last Used*	Total # of Times Used	Avg Times Used (per week, month)	Total Time Used (# of months/hrs)	Never Used, <u>Not Even One Time</u>
a) Marijuana/Hashish						
b) Amphetamines/Speed						
c) Methamphetamine						
d) Cocaine/Crack						
e) Heroin						
f) Inhalants						
g) LSD						
h) PCP						
i) Barbiturates/Tranquilizers						
j) Hallucinogenics						
k) Ecstasy						
l) Steroids						
m) Any other illegal drug:						
n)						
o)						

***Month and year must be included, particularly if the use was within the past five (5) years.**

(Attach extra copies of this section if necessary to provide a complete history)

3. Have you ever sold drugs or narcotics to anyone? (yes/no) If yes, explain in detail

4. Have you ever given or furnished drugs or narcotics to anyone? (yes/no) If yes, explain in detail:

Part XIV – Miscellaneous Questions

1. Do you know of anything that might prevent you from obtaining the position you have applied for? (yes/no) If yes, please provide an explanation in detail:

2. Is there any reason why you cannot work flexible, rotating shifts, which are related to your job assignment or duties? (yes/no) If yes, please provide an explanation in detail:			
3. Have you purposely omitted any information from your employment application, resume, this document, or any other documentation you have submitted? (yes/no) If yes, please provide an explanation in detail:			
4. Were you able to understand all of the questions in this document? (yes/no) If no, please provide an explanation in detail:			
5. How did you find out about this position? Please circle the appropriate answer.			
a. advertisement	b. mailing list	c. job fair	d. other (explain)

Part XV – Required Proof of Identification and/or Qualifications

<p align="center">***, DO NOT SUBMIT these documents with Background Booklet***</p> <p align="center">Be prepared to bring them with you to interviews and/or job offers.</p> <p>During the background investigation, applicants may be asked to provide various proofs to verify the statements made in the Background Booklet, employment application and during any investigation interviews or contacts.</p> <p>Examples of documentation that applicants should be prepared to provide <u>may include, but not be limited to:</u></p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> • Birth certificate • Photo identification • High school diploma/GED certification • College diploma • College transcripts (proof of coursework) • Trade school diploma/certification • Licenses held (i.e. pilot, radio operator) • Training certification (i.e. First Aid/CPR) • Proof of military service (i.e. DD-214) </td> <td> <ul style="list-style-type: none"> • Proof of employment (i.e. recent pay stubs, W2 forms, etc.) • Proof of job performance (i.e. letters of recommendation, performance evaluations, letters of commendation/discipline, etc.) • Current drivers license and/or driving abstract • Proof of vehicle liability insurance • Proof of vehicle registration </td> </tr> </table> <p>The person assigned to complete each candidate's background investigation/voice-stress analysis will determine what information he/she would like you to bring with you. However, since it may take you a while to find and obtain the necessary documentation, please be prepared to gather this information in advance of your appointment.</p>	<ul style="list-style-type: none"> • Birth certificate • Photo identification • High school diploma/GED certification • College diploma • College transcripts (proof of coursework) • Trade school diploma/certification • Licenses held (i.e. pilot, radio operator) • Training certification (i.e. First Aid/CPR) • Proof of military service (i.e. DD-214) 	<ul style="list-style-type: none"> • Proof of employment (i.e. recent pay stubs, W2 forms, etc.) • Proof of job performance (i.e. letters of recommendation, performance evaluations, letters of commendation/discipline, etc.) • Current drivers license and/or driving abstract • Proof of vehicle liability insurance • Proof of vehicle registration
<ul style="list-style-type: none"> • Birth certificate • Photo identification • High school diploma/GED certification • College diploma • College transcripts (proof of coursework) • Trade school diploma/certification • Licenses held (i.e. pilot, radio operator) • Training certification (i.e. First Aid/CPR) • Proof of military service (i.e. DD-214) 	<ul style="list-style-type: none"> • Proof of employment (i.e. recent pay stubs, W2 forms, etc.) • Proof of job performance (i.e. letters of recommendation, performance evaluations, letters of commendation/discipline, etc.) • Current drivers license and/or driving abstract • Proof of vehicle liability insurance • Proof of vehicle registration 	

Part XVI – Candidate Certification

<ul style="list-style-type: none"> • I hereby certify that there are NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS in the information I have provided in the Background Booklet and on any other additional documentation that I have attached to or provided along with the Background/Informational Booklet. • I am fully aware that any such MISREPRESENTATION, OMISSIONS, OR FALSIFICATIONS will be grounds for immediate rejection of my application for employment and/or termination of my employment with Covington - Newton County 9-1-1 Communications Center. <p>Signature of Applicant: _____</p> <p>Date: _____</p>
--



SECTION A - COVINGTON POLICE DEPARTMENT

SELECTION PROCESS

APPLICANTS – KEEP THIS PAGE FOR YOUR REFERENCE

Step 1

The Human Resources Director for the City of Covington shall review all applications for positions in the police department. This review will consider only the candidate's ability to meet standards for employment. The Human Resources Director shall have the responsibility of forwarding all qualified applications and the accompanying background booklets to the Captain of Support Services.

Step 2

The Captain of Support Services will conduct a criminal history check and driver's history check on all applicants.

Step 3

Applicants will then be required to complete a physical agility test of upper body strength and cardiovascular fitness. A departmental physical fitness instructor will administer this test.

Step 4

Applicants will then be assessed during an oral examination by a review board comprised of ranking officers. Candidates will be asked questions concerning:

Applicant's background information	Initial application
Personal Characteristics;	Mental ability
Education Experience	Ability to communicate
Personal goals and Objectives	Presence

Each selection panel member shall rate the candidate on a scoring sheet based on the interview.

A list of candidates and their rating will be recorded on a summary sheet. A score of 80 or better is required for placement on the list. Candidates will be selected from the list until all vacancies are filled. The list will remain active for a period of one year.

Step 5

Applicants must present an official score from one of the following tests: SAT, ACT, ACCUPLACER, COMPASS, etc. If an applicant has not taken one of the listed tests they must do so to meet the requirements for the Entrance Exam. (If a test is needed we recommend taking the ACCUPLACER for Law Enforcement at Georgia Piedmont College).

Step 6

An experienced investigator will conduct background investigations. The investigator conducting a background shall attach a written report of findings and recommendations to the background report. All records pertaining to an applicant's background will be forwarded to the Captain of Support Services upon completion of the investigation. The background investigation will include:

- An updated check of criminal record, if any
- An updated check of driving record, if any.
- Verification of applicant's credentials (education experience).
- Verification of past employment.
- Verification of five (5) personal references.
- Neighborhood canvas
- Check of applicant's financial background, if necessary.

Step 7

Certification of eligible candidates will be made by the Captain of Support Services and forwarded to the Chief of Police for review. This list shall be maintained by the Captain of Support Services in the event no positions are available. When a position becomes available, the Captain of Support Services shall schedule candidates for the final interview with the Chief of Police. The Chief of Police should have at least two candidates to choose from.

Step 8

The Chief of Police or his designee will then give the applicant a conditional offer of employment contingent that the applicant passes steps 10 and 11.

Step 9

The investigator shall have a voice stress analysis and/or polygraph examination conducted on the applicant. Only personnel who are certified in voice stress analysis techniques or polygraph techniques will conduct the tests. Tests will be conducted at the Covington Police Department or other approved testing site, and results will be included in the applicant's background report. No applicant will be disqualified from appointment solely on the results of the voice stress analysis or the polygraph.

Step 10

The applicant is required to complete a psychological test. The results of this test will be forwarded to Psychological Research, Inc. for evaluation. The results will be placed in the applicant's background report and later in the personnel file if the applicant is hired.

Step 11

Applicants who are accepted for hiring will be required to have a medical examination and drug screen before they assume sworn status. A medical exam is also a requirement for Georgia P.O.S.T. A licensed physician will conduct medical examinations.

Step 12

The Chief of Police shall submit a written appointment recommendation to the Human resources Department in accordance with personnel policy.

Physical Agility Test (PAT)

Who Can Test: All candidates must be Georgia Peace Officer Standards and Training Council approved and enrolled with a GPSTC academy to be selected for testing.

Attire: Candidates may wear GPSTC cadet PT Gear or other suitable PT clothes for the test. (Non-academy clothing shall be modest and professional.)

Running shoes are required.

No jewelry other than one ring and a watch.

Test Facilitation:

- Candidates may challenge the course twice for BLETC course offering (approximately every three months).
- Candidates are only allowed 1 run per testing date.
- First run failures may make a 2nd attempt on a subsequent date (i.e., a first run failure on the first date could re-test on the second or third date. A first run failure on the second date could re-test on the third date. There are no re-tests for first run failures on the final date.
- No make-up days will be scheduled.
- Late arrivals will not be allowed to run (not considered a failed attempt).
- Candidates will not be admitted or substituted after testing.
- No non-agency spectators are allowed.
- No-one except Academy personnel and participants will be allowed on the course or in the immediate testing area.

Course Description

- The course measures a total of 870 feet (290 yards/265.2 meters) (half-court basketball court)
- There is a time limit of two minutes six seconds (2:06). Time starts on candidate's movement from the starting line and ends when they pass the finish line.
- The course consists of a series of nine interspersed individual tasks, arranged in a continuous format that may be viewed as being essential (physical) job tasks for law enforcement training:

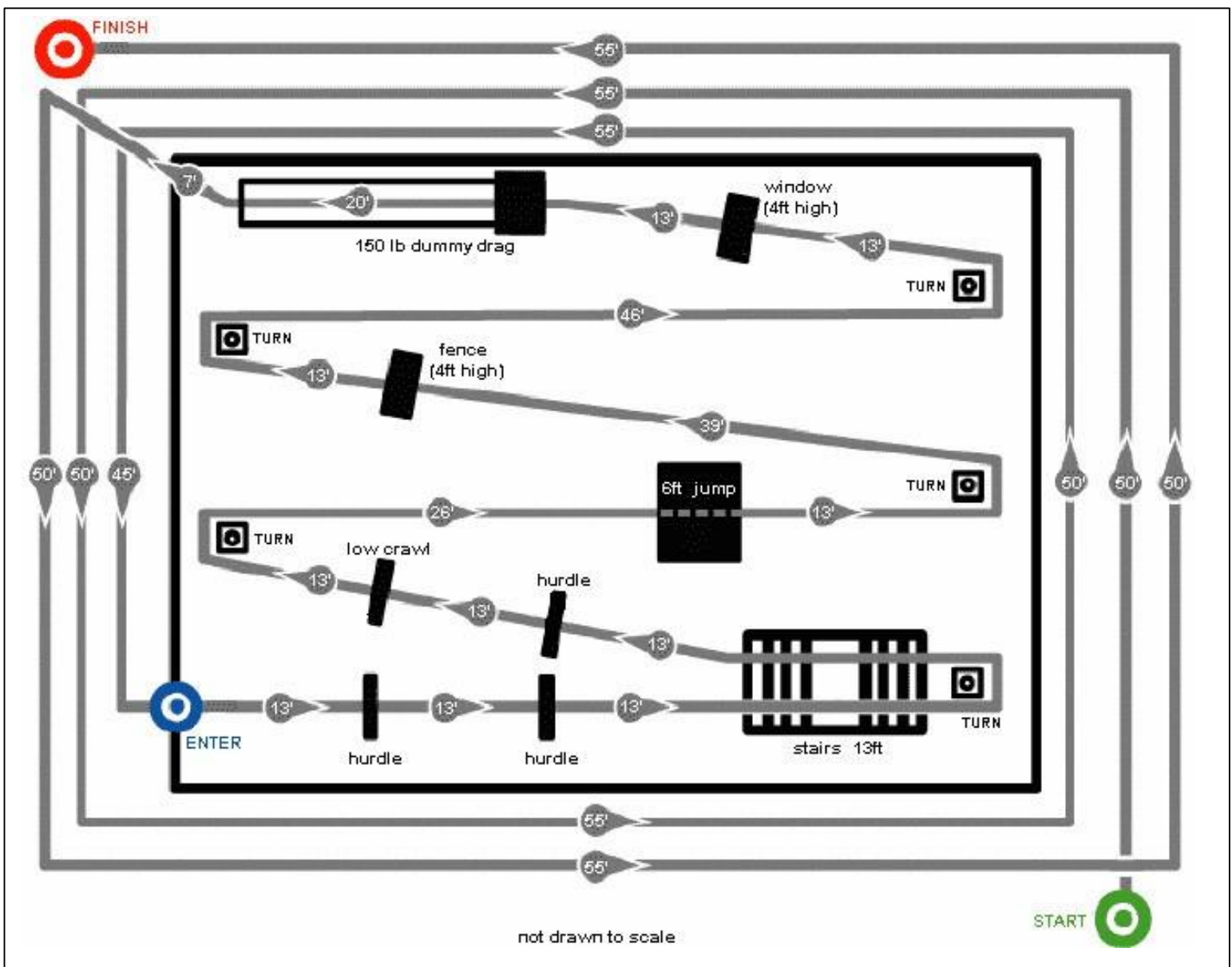
Running,	Jumping (low hurdle)
Climbing stairs	Low crawling
Jumping (broad-type)	Climbing a fence (chain-link/four feet)
Climbing through a window	Moving/dragging a weight (150 lbs.)
Changing direction on the run	

Running the Course:

- The candidate starts the course at a point indicated on the course map.
- The candidate runs one and ¾ laps around the perimeter of the course and enters the interior of the course at the point indicated on the course map.
- The first obstacle encountered in the interior consists of two low hurdles, one and a half feet high and four feet long, placed 13 feet apart.
- After clearing the hurdles, stairs (five steps up to a 32 inch wide landing, 45 inches above the floor and five steps down) must be negotiated twice. (Note that each step has a 7.5 inch rise and tread that is 11 inches wide.) The candidate may skip steps going up but must touch each stair coming down.
- Once the stair event is completed another low hurdle must be cleared; the trainee must then successfully negotiate a low crawl under an obstacle set at two feet above the floor.
- Make a turn and clear a ditch simulation that is six feet in width
- After another turn a chain link fence (four feet in height) must be climbed
- Two additional turns made and a four feet high window must be successfully entered
- The candidate must then drag a 150 pound dead weight a distance of 20 feet
- Finishing with one more running lap around the perimeter of the course

Penalties Assessed

- +2 seconds for knocked down hurdles
- +2 seconds for foot faults on "ditch simulation"
- 3 physical attempts "through the window" and "over the fence" before evaluator can offer run around
- If a candidate skips stairs going down they will be returned to the stair landing and repeat





SECTION B: Covington Fire Department

So you want to be a firefighter...

A Message from the Fire Chief:

The purpose of this information is to aid each firefighter applicant in preparing successfully for the challenging screening procedures employed by the Covington Fire Department in testing for the position of firefighter. We believe that adequate knowledge and prior familiarization with the test items will greatly increase the probability of passing these tests.

I wish to emphasize that merely following the guidelines will not guarantee success. There are individuals who, for a variety of reasons, may not be capable of the demands of firefighting. Nevertheless, if you intend to apply, either here or somewhere else, we urge you to prepare as well as possible and wish you good luck!

Introduction

Firefighting involves extremely hard and skillful physical exertion, as well as the ability to cope with emergency situations. The physical demands of firefighting are often underestimated. Because of this, many firefighter applicants are overwhelmed by the challenging, screening procedures employed in the selection of new recruits. Demanding physical standards are necessary because firefighting requires a high level of physical fitness. For example, consider the following circumstances: A four-story building is on fire. A firefighter rushes upstairs to the fourth floor, a cry for help is heard. The firefighter must react quickly to rescue the victim. When the victim is reached, he/she must be led or carried outside to safety. Once this is accomplished, the firefighter must re-enter the building and battle the fire.

Covington Fire Department Physical Agility Rules

- **Candidates** will be required to wear athletic **pants or jeans**, a T-shirt and tennis shoes. Open toe shoes, watches, and loose or restrictive jewelry are not permitted.
- **Candidates** will wear a Fire helmet with chin strap, structural firefighting gloves, and self-contained breathing apparatus for the duration of the obstacle course.
- No running is allowed.
- A stopwatch will be used as the official test time. Time starts when the candidate touches the first step at the first event station and will stop when the entire Rescue dummy passes the finish cone on the last event station.
- If a candidate exceeds a time of **10:00 minutes**, it will be considered a failure and the candidate will not be permitted to continue with the hiring process.
- At no time should the equipment be dropped. The candidate shall place all equipment in the designated area before advancing to the next obstacle.

The following list is in the order of the event stations that each candidate must complete:

Event 1 - Stair Climb High Rise pack /K12 Simulator

Equipment - High rise pack consisting of a 50 ft. section of 1 ¾ hose in an accordion stack secured with 2 straps. One strap will be on each end. A 1 ½ nozzle will be attached on one end.

The High-rise pack is to be placed standing on its side at the bottom right of the stairs with the nozzle facing the bottom step and the hose perpendicular to the bottom step.

The K12 will be placed on the left side near the base of the stairs. The saw will not be simulated in the "ON" position.

Description - Candidate must pick up and carry the high-rise pack in a method the candidate chooses and ascend the stairs making sure not to skip any of the steps. When the candidate arrives at the landing, the candidate will advance through the B-side door through the tower. The candidate will advance through the hallway, descend the interior stairwell, and exit the door on the D-Side. At this time the candidate will return to the stairs on the c-side and repeat the same obstacle. After the second time, the candidate will place the high-rise pack on the right side of the stairway near the base of the stairs.

Next, the candidate will pick the K12 up and ascend the stairs to the landing. At the top of the landing, the candidate will perform a simulated cut on a piece of plywood. The triangle cut that will be performed will be marked with a 3' equilateral triangle. After the simulation cut is performed the candidate will follow the same route through the tower and around the structure carrying the K12. The K12 will be placed in the designated area and candidate will advance to the next obstacle.

Event 2 - Coupling Connection

Equipment - (1) 50' section of 1 ¾ hose with 1 ½ couplings. The hose will be placed on the ground unrolled whereas both ends be approximately 1 foot from each other.

Description - The candidate will couple the ends of the hose together by threading both the male and female couplings. Once fully threaded, the candidate can move on to the next obstacle.

Event 3 – Chop simulator

Equipment - A tractor tire and an 8 lb sledgehammer. The tire and sledgehammer will be on the C side of the building. The sledgehammer will be standing upright inside the center of the tire.

Description - The candidate will face the tire with both feet planted firmly on the ground and grasp the handle of the sledgehammer. The candidate must raise the striking end of the hammer each time over the plane of the candidate's shoulders, and with a controlled swing/chop and strike the sidewall of the tire 12 times.

Event 4 - 1 ¾ Hose drag/advance

Equipment - 1 ¾ hose 200 ft. in length with a 1 ¾ nozzle attached. The hose will be charged and placed in an "accordion load" style on the ground behind the white line, with the nozzle resting just behind the line. The bale of the nozzle will be secured closed and flush with the concrete.

Description - Candidate will proceed to the nozzle and must advance the charged hose line across the concrete until the candidate reaches the designated drop area. This is approximately 100 ft. The candidate will set the nozzle down just off the concrete pad. Candidate cannot advance to the next event until the nozzle is placed in the designated area.

Event 5 -Ladder Raise

Equipment - 24 ft. extension ladder secured to the landing. The ladder will be placed on the right side of the stairs (B-Side), so that it can be extended and locked in, as well as lowered by the candidate with no assistance. A marker will be placed on the beams and rungs of the ladder so the candidate will know where the ladder locks will need to stop.

Description - Candidate will grasp the halyard with both hands and pull using a hand over hand method until the ladder is fully extended and locked out at the designated mark. Once the ladder is fully extended and locked out, the candidate will let go of the halyard to show the evaluator it's locked out. The candidate may then grasp the halyard again pulling to unlock the ladder and lower the extended section using the hand over hand method until the extended section is completely retracted and locked in on the starting rung. If the candidate does not use the hand over hand method or lets the halyard slide through the candidate's hands they will be warned. If the candidate repeats the same offense, it will constitute a failure and they must restart this event.

Event 6 - Following a charged hose line

Equipment - 50 ft. of 1 ¾ charged hose with 1 ¾ nozzle and gated wye. An 8lb Sledgehammer. The hose will be charged from the hydrant on the A/B corner of the pad and the supply line will lead to the door on the B side. At this door will be a gated wye, connecting a 50-foot section of 1 3/4" leading to the door on the C side where the secured nozzle will be placed. The nozzle of the starting 50 ft. section is to be placed at the entrance door where the candidate will enter (C-side).

Description - Candidate is to begin on their hands and knees with one hand on the charged hose line. The candidate will start the event and must always maintain contact with the hose while progressively moving forward until they reach the gated wye. If the candidate fails to maintain contact with the hose this will result in an automatic restart to the event. While maintaining contact with the hose with one hand the candidate will have an 8lb sledgehammer in the other hand. When the candidate reaches the gated wye, the candidate will swap hands and reverse their path exiting the same door they entered.

Event 7 - Rescue dummy drag/carry

Equipment- Rescue dummy weighing approximately 165 lbs, 2 cones placed 50 ft apart with rescue dummy lying face up and its head facing the second cone.

Description - From the starting cone, the candidate will drag the dummy to the opposite cone, circling the cone, and returning to the starting cone. The candidate shall utilize the method of their choosing to drag the dummy. The cones will be 50 ft. apart. The event is not finished until the entire rescue dummy passes the starting cone. The candidate must go around the second cone completely making sure not to allow the rescue dummy to come in to contact with the cone. Once the rescue dummy passes the finish cone the time will stop and the total time from all the events will be recorded.

+Oral Interview(s)

The next phase in the selection process for the position of firefighter with the City of Covington Fire Department is the oral interview. The oral interview is designed to give interviewers a "first look" at the candidate and allow him or her the opportunity to respond to a set of verbal questions. The interview process is highly structured, with four or five interviewers participating in the process. Each candidate will be asked to respond to the same set of questions and may be asked to elaborate on specific responses. Candidates will be graded by the interviewers based on their overall responses to questions, general appearance, and perceived ability to contribute to the organization in a positive manner. Following successful completion of the physical ability test, and oral interview, remaining candidates will be placed on an eligibility list for employment with the Fire Department. Each candidate will be categorized as "outstanding", "well qualified", or "qualified", depending on his or her final composite score. Prior to being offered a position with the Covington Fire Department, each qualified candidate recommended by the interviewers will participate in a "one-on-one" interview with the Fire Chief.

Background Examination

The final hurdle in the hiring process for Firefighter with the Covington Fire Department is an examination of each candidate's personal background. This examination involves a routine check of criminal and driving records by the Covington Police Department and discussions with previous employers and references as provided by the candidate.

Job Offer

Upon successful completion of the physical ability test, oral interview, and the background examination, a list of qualified candidates will be sent to the Human Resources Department. The Fire Chief and a Human Resources representative will make a conditional job offer to the top candidate(s). Upon acceptance of the job offer a complete medical physical and a drug screen will be scheduled.

Medical Physical Examination

Each candidate will be required to pass a physical examination performed by a licensed medical practitioner prior to being hired. The examination is comprehensive and includes blood work, stress- EKG testing, chest X-rays, and drug screen testing. This examination is rated on a "pass-fail" basis.

Hire/Start Date

Upon the successful completion of all steps, The Human Resources Department will assign the date that your employment will begin with the City of Covington. Again, thank you for your interest in the Covington Fire Department. We wish you success in the process.

SECTION C – Covington / Newton County 911

SELECTION PROCESS



COVINGTON-NEWTON COUNTY

APPLICANTS – RETURN THIS PAGE WITH YOUR APPLICATION

An "Eligibility List" will be created to fill vacancies for up to one (1) year.

JOB DUTIES

Covington-Newton County 9-1-1 Communications Center is recruiting individuals who want an exciting, lifesaving and fulfilling career in 9-1-1 Communications. We will train successful candidates to respond to emergency calls and dispatch police, fire and medical personnel and resources.

9-1-1 Communications Dispatchers:

- Handle emergency and non-emergency phone calls, complaints and inquiries from the public.
- Assess a caller's emotional state and prioritize calls based on request urgency.
- Respond to public safety responders' needs and requests from the field.
- Operate 2-way radios, Computer Aided Dispatch (CAD) and other communication tools.
- Remember and accurately follow complex instructions and protocols while working in a busy, loud, stressful and multi-tasking environment.
- Memorize and accurately recall Newton County geography, including the location of major roads, neighborhoods, schools, parks, key landmarks and buildings, and the overall addressing system.

PLEASE NOTE:

SHIFT WORK IS **MANDATORY**. Covington-Newton County 9-1-1 runs 24-hours a day, 365-days a year. Shifts assignments are determined at the time of employment.

QUALIFICATIONS – Successful 9-1-1 Dispatcher candidates come with a variety of experience, education, and training that demonstrates knowledge and skills to perform intensive work in a multi-tasking, multi-sensory, stressful work environment. 9-1-1 Dispatcher candidates must:

- | | |
|---|---|
| <ol style="list-style-type: none">1. Have a High School diploma or GED certification.2. Be at least 18 years of age prior to hire.3. Be a US Citizen4. Pass an extensive background investigation.5. <u>Have no felony convictions.</u>6. Have reliable transportation to get to/from work at all hours of day or night (e.g. 9 pm or 3 am, etc.).7. Have a working telephone. | <ul style="list-style-type: none">• Have excellent interpersonal communication skills.• Take direct orders as well as constructive criticism and feedback without being defensive.• React quickly and correctly to emergency situations.• Perform extensive data entry with speed and accuracy based on written and/or verbal sources.• Learn, retain and apply complex and detailed procedures, such as police and fire dispatching. |
|---|---|

A Dispatcher must be able and willing to:

- Work mandatory overtime as needed and assigned.
- Demonstrate reliable and predictable attendance.
- Study, learn and practice job skills throughout the training and on-the-floor rotations.
- Train and work under pressure in a loud, multi-tasking environment.

SELECTION PROCESS

APPLICANTS - RETURN THIS PAGE WITH YOUR APPLICATION

Step 1

The Human Resources Department of the City of Covington shall review all applications for positions in the 911 Center. This review will consider only the candidate's ability to meet the minimum standards for employment. The Human Resources Department shall have the responsibility of forwarding all qualified applications to the Director of Communications.

Step 2

The Operations Manager or Team Leaders will then review the applications; this review will consider only the candidate's ability to meet the minimum standards for employment.

Step 3

The Operations Manager or Team Leaders will contact the Covington Police Department to have a record check on the applicant and it will include the following:

1. Check of criminal record, if any
2. Check of driving records, if any

Step 4

All eligible candidates for any Communications Technician position will be notified by mail or telephone of an upcoming date for the CritiCall™ assessment. All eligible candidates for Team Leader or Operations Manager positions will be notified by mail or telephone of an upcoming date for a Profile Examinations Inc. assessment. Failure to attend the appropriate assessment will result in the candidate's ineligibility.

Step 5

A background investigation will be completed on the applicant and it will include:

1. Verifications of the applicant's credentials (education experience)
2. Verification of the applicant's past employment
3. Verification of five (5) personal references
4. Verification of the applicant's past employment

Step 6

Applicants will then be assessed during an oral interview by the selection panel. Candidates will be asked questions concerning:

1. Experience
2. Knowledge and Perception of the Position
3. Personal Characteristics
4. Mental Ability
5. Ability to Communicate
6. Personal Goals and Objectives

Applicants will also be required to perform a written exercise. The applicant will be judged on their ability to completely and appropriately answer the questions provided in an acceptable written format. Each selection panel member shall rate the candidate on a scoring sheet based on the gathered information and review.

Step 7

The applicant is required to complete a psychological test. The results of this test will be forwarded to a third party company for evaluation. The results will be placed in the applicant's background report and turned over to the Human Resources Department.

Step 8

A final list of eligible candidates will be assembled according to the results of the assessment and maintained by the Director of Communications. When a position becomes available, the Director of Communications shall schedule candidates for the final interview. The Director of Communications should have at least two (2) candidates chosen for this interview.

Step 9

The Director of Communications and the Human Resources representative will conduct an oral interview with the applicant. During the interview, qualified applicants will be given a conditional job offer on the condition that the applicant passes steps 10 and 11.

Step 10

An investigator with the Covington Police Department shall have a voice stress analysis and/or polygraph examination conducted on the applicant. Only personnel who are certified in voice stress analysis techniques or polygraph techniques will conduct the tests. The tests will be conducted at the Covington Police Department or other approved testing site, and results will be included in the applicant's background report. No applicant will be disqualified from appointment solely on the results of the voice stress analysis or the polygraph.

Step 11

Applicants who accept a conditional offer of employment will be required to complete a medical examination and drug screen before they are officially hired. A medical exam is also necessary for Georgia P.O.S.T. requirements. A licensed physician will conduct medical examinations. The results will be placed in the applicant's packet and later turned over to the Human Resources Department.

Step 12

The Director of Communications shall submit a written appointment recommendation to the Human Resources Director in accordance with the City of Covington's Personnel Policy.

ACKNOWLEDGEMENT & UNDERSTANDING WORK SCHEDULE
APPLICANTS - RETURN THIS PAGE WITH YOUR APPLICATION

I understand that if I am hired for the position of **Communications Technician**, for the Covington – Newton County 9-1-1 Communications Center, it will involve my working any of numerous shifts. I understand that I may be assigned to any shift and that at the discretion of my supervisor, I may be rotated to another shift with little or no notice. The 9-1-1 Center operates two (2) shifts. Each shift is twelve (12) hours and fifteen (15) minutes long. They are as follows:

1. Day Watch 0600 – 1815
2. Night Watch 1800 – 0615

The 9-1-1 Center has four (4) teams. Each team is labeled: A Team, B Team, C Team, or D Team. The 9-1-1 Center operates on a two (2) week/fourteen (14 day) work period. Each team will alternate days working so that each team will have one three (3) day weekend in a work period. (Example: Teams A and B work Monday, Tuesday, Friday, Saturday, and Sunday of the first week, then only Wednesday and Thursday of the second week. Teams C and D work the opposite days from Teams A and B, being: Wednesday and Thursday of the first week and Monday, Tuesday, Friday, Saturday, and Sunday of the second week.) Teams rotate days to nights. I understand that these hours can change at any time with little or no notice and shifts/hours are not negotiable. I understand the above conditions and have no objections to them.

By signing below, I acknowledge that I have received and understand the above listed selection process, and acknowledge that this process could take approximately four (4) months to complete.

Printed Name of Applicant

Signature of Applicant

Date

Notary Public