

Conyers Police Department





First Name	MI	Last Name			Preferred Name
Date of Birth	Sex				Social Security Number
Street Address			City	State	Zip
Driver's License Number		Driver's License State		Occupati	on
Employer		Employer's Address			
Home Phone		Business Phone		Cell Phon	e
Email Address					
How long have you lived in Con	yers? <u>Years</u>	Months	_		
Address prior to moving to Con	yers				
Have you ever been arrested fo	or any offense ot	her than minor traffic off	ense? Y/N_		_
If yes for	W	nen?\	Where?		
Have you ever been convicted o	of a felony? Yes	No			
How did you Hear about the Ac	ademy?				
What do you expect to gain fro	m attending?				
What size shirt do you wear? S	ML	_XLXXL			
Will you be able to attend all cla	asses? Yes	No			
I hereby certify that the info Police Department is author consideration to attend the	ized to make an	y investigation of my pe	rsonal histo	ory deemed ne	ecessary for
Signature:			Date	·	
	For Official	Use Only			
Information verified by		Date			
Other					

DRIVER & CRIMINAL HISTORY CONSENT FORM

I hereby authorize the City of Conyers Police Department to receive any criminal history / driver history record information pertaining to me that may be in the criminal justice files of the State of Georgia, or any other local, state, or federal criminal justice agency.



CRIMINAL AND DRIVER	THIS INFORMATION MUST APPEAR ON THE CONSENT FORM AND MUST BE COMPLETED.
HISTORY INFORMATION	
LAST NAME	
	SUFFIX:
FIRST NAME	
FINST INAIVIE	
MIDDLE NAME	
OTHER LEGAL NAMES	
(4 TH NAME)	
OTHER NAMES USED	
(Marriage names, Maiden names, aliases, nicknames)	
DATE OF BIRTH	
DRIVER LICENSE NUMBER	STATE(S) OF ISSUE:
SOCIAL SECURITY NUMBER	
RACE	
10.02	
SEX	

(X)	
Applicant's Signature	DATE

CONYERS POLICE DEPARTMENT PERSONAL INQUIRY WAIVER



To:			

Notary Public

I respectfully request and authorize you to furnish the City of Conyers Police Department or their agents, any and all information that you may have concerning me, my work record, school record, my reputation, my financial status, my credit

status, and any pre-employment or screening information. Please include any and all medical, physical and mental records or reports, investigative and background reports (written or verbal) or documents including all information of a confidential and privileged nature, and photocopies, if required. This information is to be used to assist the City of Conyers Police Department in determining my qualifications and fitness for the position I am seeking with the City of Conyers Police Department.				
, , , , ,	n or others from liability or damage which may result from furnishing the information			
requested above.				
Applicant's Name Printed				
(X)				
Applicant's Signature	DATE			
AFFIDAVIT	DF ACKNOWLEDGMENT			
State of Georgia				
County of Rockdale				
KNOW ALL MEN BY THOSE PRESENT t	at on the day of personally appeared before the undersigned authority and upon being duly sworn, did			
acknowledge that he had voluntarily ϵ (X)	xecuted the above instrument for the purposes therein expressed.			
Applicant's Signature				
Sworn and subscribed before me this	he day of .			

Commission Expires