



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.



In connection with my application for employment (including contract for services or volunteer services) or tenancy _____ with _____. These consumer reports (investigative consumer reports in California), may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit report, (except California) etc. I further understand such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgements, bankruptcy proceedings, criminal records etc. from federal, state, and other agencies, which maintain such records.

In addition, investigative consumer reports, as defined by the Federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information *my work performance regarding character, general reputation, and personal characteristics*, may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: **HR TruCheck (HRTC)** located at: **3525 Hwy. 138 SW, Stockbridge, Georgia, 30281** or toll free telephone number 866.773.3675, upon proper identification, requesting the nature and substance of all information in its files on me at the time of my request, including the sources of information and HRTC, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); the recipients of any reports on me, which HRTC has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California, three years). I hereby consent to your obtaining the above information from HRTC. You may view the HRTC privacy policy at their website: (www.HRTruCheck.com).

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

- California, Minnesota, and Oklahoma applicants only: Check box if you request a copy of any consumer report ordered on you. **Request**

Notice to California Applicants:

You have the right under Section 1786.22 of the California Civil Code to contact HRTC during reasonable hours (9:00 a.m. to 4:00 p.m. (ET) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at HRTC's office, which address is listed above. You can have someone accompany you to HRTC's offices. HRTC may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for HRTC to disclose to or discuss your information with this third party: 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to HRTC; HRTC has trained personnel to explain any information in your file to you and if the file contains information that is coded, such will be explained to you.

Notice to New York Applicants:

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Corrections Law. _____ **(Initial)**
I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

Applicant's Printed Name _____ Social Security Number _____ Maiden Name _____
Date of Birth _____ Race _____ Gender _____ Phone Number _____ Email Address _____
Alias Names: _____
Driver's License #: _____ State: _____ Name on License: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
States and Counties: _____

I, _____, by signing this Consent via Electronic Signature, agree that my electronic signature is the legal equivalent to my manual signature. Whenever I execute this electronic signature, I understand it has the same validity and meaning as my handwritten signature.

I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Applicant's Signature (Required) _____ Current Date (Required) _____
Requested By: _____ Email Address: _____
Company Name: _____ Phone /Fax Number: _____
Cost Center / Dept: _____ Position Applied For: _____

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"/> <i>If Yes, indicate in which department:</i>	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"/> <i>If Yes, in which Branch:</i>	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.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

***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 <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"/>		
Reason for leaving:				May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
				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.

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

Part I – Applicant Identification

1. Full Name	_____	_____	_____
	First	Middle	Last

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

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

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

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

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

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* _____
- *Is it okay to contact you at this number?
 Yes No
- d) Email _____

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

<p>1. Did you receive: a) High School Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) High School(s) Attended _____</p> <p>b) Dates Attended _____</p>	<p>b) GED Certification <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) City/State _____</p> <p>d) Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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University/College: <i>List all colleges and/or universities you attended.</i>			
<p>2. University or College attended _____</p> <p>City/State: _____</p> <p>Degree received: (e.g. AA, BS, MBA) _____</p> <p>Units completed: _____</p> <p>Major/Minor: _____</p> <p>Dates Attended: _____</p>	<p>3. University or College attended _____</p> <p>City/State: _____</p> <p>Degree received: (e.g. AA, BS, MBA) _____</p> <p>Units completed: _____</p> <p>Major/Minor: _____</p> <p>Dates Attended: _____</p>		

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

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

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) _____ <i>If Applicable</i>

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.

<p>5. Name _____</p> <p>Contact Phone: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Years Known: _____ (e.g. 1987 to 1999)</p>	<p>6. Name _____</p> <p>Contact Phone: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Years Known: _____ (e.g. 1987 to 1999)</p>
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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) _____ <i>If Applicable</i>

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.

<p>8. Name _____</p> <p>Contact Phone: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Years Known: _____ (e.g. 1987 to 1999)</p>	<p>9. Name _____</p> <p>Contact Phone: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Years Known: _____ (e.g. 1987 to 1999)</p>
--	--

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: (First and Last Name)	Reason for Leaving	_____
	Coworker Name: (First and Last Name)	_____	_____

2. 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)	_____	_____

3. 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)	_____	_____

4. <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: <i>(First and Last Name)</i>	_____	Reason for Leaving
Coworker Name: <i>(First and Last Name)</i>	_____	_____

5. <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: <i>(First and Last Name)</i>	_____	Reason for Leaving
Coworker Name: <i>(First and Last Name)</i>	_____	_____

6. <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: <i>(First and Last Name)</i>	_____	Reason for Leaving
Coworker Name: <i>(First and Last Name)</i>	_____	_____

(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 your 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? Yes 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? Yes 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/ yrs)	Never Used, Not Even One Time
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>***, DO NOT SUBMIT these documents with Background Booklet*** 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. 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 style="vertical-align: top;"> <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 style="vertical-align: top;"> <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 style="text-align: center;">Date: _____</p>
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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	

Covington Fire Department



Message from the Fire Chief

This guide is intended to assist firefighter applicants in preparing for the selection process used by the Covington Fire Department. Familiarizing yourself with the testing procedures and expectations outlined in this document will help you better prepare for the challenges involved in becoming a firefighter.

While this information is designed to help applicants prepare, it does not guarantee success in the selection process. Firefighting is a demanding profession that requires a unique combination of physical ability, mental resilience, and dedication to public service. Some individuals may find that the physical and mental requirements of the profession are not suited for them.

If you choose to pursue a career with the Covington Fire Department, we encourage you to prepare thoroughly and wish you the best of luck throughout the process.

Introduction

Firefighting requires significant physical effort, technical skill, and the ability to perform effectively under stressful and often dangerous conditions. The physical demands of the profession are frequently underestimated by applicants.

For example, a firefighter may be required to climb multiple flights of stairs while carrying heavy equipment, locate and rescue a victim, and then return to the structure to continue firefighting operations. These tasks must often be completed while wearing protective gear and operating in hazardous environments.

Because of these demands, the Covington Fire Department maintains strict physical and professional standards during the hiring process to ensure candidates are capable of performing the duties required of the position.

Physical Agility Test (PAT)

The Physical Agility Test is designed to simulate tasks commonly performed by firefighters. Candidates must complete each event safely and within the required time limit.

Physical Agility Test Rules

- Candidates must 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 a self-contained breathing apparatus during the obstacle course.
- Running is not permitted during the test.
- A stopwatch will be used as the official time.
- Time begins when the candidate touches the first step of the first event and ends when the rescue dummy crosses the finish line during the final event.
- Candidates must complete the course in **10 minutes or less**. Exceeding this time will result in disqualification from the hiring process.
- Equipment must not be dropped. All equipment must be placed in the designated area before advancing to the next event.

Physical Agility Test Events

The following events must be completed in order.

Event 1 – Stair Climb / High-Rise Pack / K12 Simulator

Equipment

- High-rise pack consisting of a 50 ft section of 1¾ hose with attached nozzle
- K12 rescue saw simulator
- Stair well or tower

Description

The candidate will carry the high-rise pack up a flight of stairs without skipping steps. After reaching the landing, the candidate will turn and descend the stairwell. The process will be repeated a second time.



The candidate will then carry the K12 saw to the top of the stairs, descend, and perform a simulated triangular cut on a marked 3-foot equilateral triangle. After completing the simulated cut the candidate will return the saw to the designated area.

Event 2 – Hose Coupling

Equipment

- One 50-foot section of 1¾ hose with couplings

Description

The hose will be laid out with both couplings approximately one foot apart. The candidate must connect the hose by properly threading the male and female couplings together before moving to the next event.

Event 3 – Chop Simulator

Equipment

- Tractor tire
- 10-lb sledgehammer

Description

The candidate must strike the sidewall of the tire **12 times** using the sledgehammer. Each strike must begin with the hammer raised above shoulder level and be delivered with a controlled motion.

Event 4 – Charged Hose Drag / Advance

Equipment

- 150 ft section of charged 1¾ hose with nozzle



Description

The candidate must advance the charged hose line approximately **100 feet** across the concrete pad to the designated drop area. The nozzle must be placed in the designated location before proceeding.

Event 5 – Ladder Raise

Equipment

- 24-foot extension ladder

Description

Using the halyard, the candidate will raise the ladder using a hand-over-hand method until it reaches the designated locking point. The candidate must demonstrate the ladder is locked, then lower it back to its starting position using the same method.

Allowing the halyard to slide through the hands will result in a warning. Repeating the violation will result in failure of the event.

Event 6 – Following a Charged Hose Line

Equipment

- 50 ft charged hose line with gated wye
- 10-lb sledgehammer

Description

Starting on hands and knees, the candidate must follow the hose line while maintaining constant contact with it. Upon reaching the coupling, the candidate will switch hands and retrace their path while continuing to maintain hose contact.

Losing contact with the hose will require restarting the event.



Event 7 – Rescue Dummy Drag

Equipment

- Rescue dummy weighing approximately **165 lbs**

Description

The candidate will drag the rescue dummy **50 feet** to a cone, circle the cone, and return to the starting point. The event ends once the entire dummy crosses the finish cone.

Interview and Selection Process

Panel Interview

Candidates who successfully complete the Physical Agility Test will participate in a **Panel Interview**. This structured interview is conducted by four to five members of the department.

Each candidate will be asked the same set of standardized questions and may be asked to elaborate on their responses. Candidates are evaluated on communication skills, professionalism, appearance, and their potential to positively contribute to the department.

Cognitive Examination

IO Solutions Firefighter Selection Test (FST)

Candidates advancing from the panel interview will complete the **IO Solutions Firefighter Selection Test (FST)**. This cognitive assessment measures abilities important for firefighter job performance, including:

- Reading comprehension
- Mechanical reasoning
- Mathematical reasoning
- Problem solving
- Situational judgment



Scores from this exam will be used as part of the evaluation process to determine which candidates advance to the next phase.

Fire Chief Interview

A select number of top candidates will be invited to participate in a one-on-one interview with the Fire Chief.

This interview allows the Fire Chief to personally evaluate finalists and discuss their background, career goals, commitment to public service, and ability to represent the Covington Fire Department.

Conditional Job Offer

Following successful completion of the interview process and background investigation, qualified candidates will be submitted to the City of Covington Human Resources Department.

The Fire Chief and Human Resources representative will extend a **conditional offer of employment** to the top candidate(s).

Background Examination

Candidates selected to move forward in the process will undergo a background investigation. This includes:

- Criminal history check
- Driving record review
- Verification of employment history
- Reference checks

These checks are conducted with assistance from the Covington Police Department.



Medical Examination

Candidates receiving a conditional offer must complete a comprehensive medical examination performed by a licensed medical professional.

The examination includes:

- Physical evaluation
- Blood work
- Stress EKG
- Chest X-ray
- Drug screening

This examination is evaluated on a **pass/fail basis**.

Hire / Start Date

Upon successful completion of all required steps, the Human Resources Department will establish the candidate's official start date with the City of Covington.

Thank you for your interest in the Covington Fire Department. We wish you success throughout the hiring 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