

Conyers Police Department





First Name	MI	Last Name	Pro	eferred Name	
Date of Birth	Race	Sex	So	cial Security Number	
Street Address	Apartment#	City	State	Zip	
Driver's License Number	Drive	Driver's License State			
Employer	Employer's Address				
Home Phone	Business Phone		Cell Phone		
Email Address					
How long have you lived in Con	nyers? <u>Years</u> <u>M</u>	onths			
Address prior to moving to Con	nyers				
Have you ever been arrested for	or any offense other than	n minor traffic offense? Y	/N		
If yes for	When?	Where?			
Have you ever been convicted	of a felony? Yes	_No			
How did you Hear about the Ac	cademy?				
What do you expect to gain fro	om attending?				_
What size shirt do you wear? S	6MLXL	_XXL			
Will you be able to attend all cl	lasses? YesNo				
I hereby certify that the info Police Department is author to attend the Citizens Police	rized to make any inves		-	-	
Signature:		Date			
					_
	For Official Use On	ly			
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	
2/3/17/11/12	SUFFIX:
FIRST NAME	
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	
NACE	
SEX	
32,	

(X)	
Applicant's Signature	DATE

CONYERS POLICE DEPARTMENT PERSONAL INQUIRY WAIVER



To:	<u> </u>
information that you may have concerning me status, and any pre-employment or screening reports, investigative and background reports privileged nature, and photocopies, if required	furnish the City of Conyers Police Department or their agents, any and all e, my work record, school record, my reputation, my financial status, my credit information. Please include any and all medical, physical and mental records or (written or verbal) or documents including all information of a confidential and I. This information is to be used to assist the City of Conyers Police Department r the position I am seeking with the City of Conyers Police Department.
I hereby release you, your organization or oth requested above.	ers from liability or damage which may result from furnishing the information
Applicant's Name Printed	
(X)	
Applicant's Signature	DATE

AFFIDAVIT OF ACKNOWLEDGMENT

Notary Public

Commission Expires