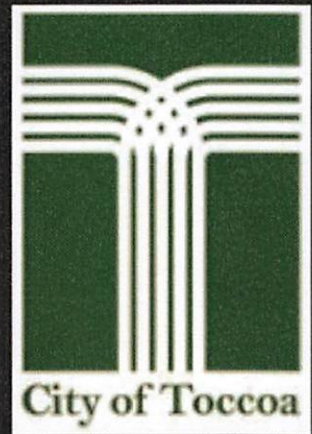




***Toccoa
Police
Department***



**NOW
HIRING**



Chief of Police



**City of Toccoa
92 N. Alexander St.
Toccoa, GA 30577**

Position Overview: The City of Toccoa is seeking a dynamic and experienced Police Chief to lead our law enforcement agency. The Police Chief, under general direction of the City Manager, is responsible for overseeing all operations of the police department, including administration, patrol, investigations, community relations and support services. The Chief of Police is responsible for establishing or modifying departmental policies and procedures, maintaining effective public relations, coordinating interagency operations, recommending and administering the department's annual budget and enforcing all statutes, ordinances, laws and regulations. This individual will play a crucial role in maintaining public safety, developing community partnerships, and fostering a culture of transparency and accountability within the department. The Chief of Police is responsible for the activities and actions of the employees of the department as the department implements the mission of protecting life and property, preventing and deterring crime, and promoting security.

Key Responsibilities:

- Provide leadership and direction to the police department, ensuring effective delivery of law enforcement services.
- Develop and implement policies, procedures, and strategies to enhance public safety and crime prevention.
- Oversee the recruitment, training, and development of police personnel.
- Manage the department's budget, resources, and equipment.
- Foster strong relationships with community leaders, residents, and other stakeholders.
- Ensure compliance with local, state, and federal laws and regulations.
- Address community concerns and enhance community policing efforts.
- Implement innovative approaches to crime reduction and public safety challenges.
- Maintain high standards of professionalism, integrity, and accountability within the department.
- Attends City Commission meetings and answers inquiries when necessary.

Qualifications:

- Bachelor's or Associates degree in Criminal Justice, Public Administration, or a related field.
- Minimum of 5-10 years of progressive law enforcement experience, with a least 5 years in a leadership role.
- Proven track record of effective management and leadership in a law enforcement setting.
- Strong understanding of modern policing practice, community policing, and public safety issues.
- Excellent communication, interpersonal, and organizational skills.
- Certification by the Georgia Peace Officers Standards and Training Council (GPOSTC) is required. This certification and its training requirements must be maintained as well as firearms qualification.

- Applicants must meet departmental policy for new hires such as a thorough background check, drug/alcohol screening, medical screening, polygraph examination and psychological screening.

Ability to:

- Manage and direct a comprehensive law enforcement program.
- Develop and administer departmental goals, objectives and procedures.
- Analyze and assess programs, policies and operational needs and make appropriate adjustments.
- Identify and respond to sensitive community and organizational issues, concerns and needs.
- Plan, organize, direct and coordinate the work of lower-level staff.
- Delegate authority and responsibility.
- Select, supervise, train and evaluate staff.
- Analyze problems, identify alternative solutions, project consequences of proposed actions and implement recommendations in support of goals.
- Research, analyze and evaluate new service delivery methods and techniques.
- Perform criminal investigations involving complex and sensitive situations.
- Respond to requests and inquires from the general public.
- Communicate clearly and concisely, both orally and in writing.

TO APPLY

Interested candidates should submit a completed City of Toccoa Application for Employment or Cover Letter and resume to Fredda Wheeler, City Manager, to fwheeler@cityoftoccoa.com or mail to P. O. Box 579, Toccoa, Georgia 30577. In addition to the completed resume, candidates must submit a list of three (3) professional references (at least one from a previous employer) that includes names and contact information. Review of application materials will begin immediately and will continue until the position is filled. To obtain an application please contact Jan Crawford, HR Director at (706) 282-3221 or email crawford@cityoftoccoa.com to have an application emailed to you, or stop by City Hall at 92 N. Alexander Street, Toccoa, Georgia 30577

Compensation will be based on qualifications and experience.

EMPLOYMENT APPLICATION



Required Documentation

The following items must be turned in with your application:

- Copy of your Driver's License
- Copy of your Social Security Card
- Copy of your Birth Certificate
- Current Photo

If certified please provide a copy of your current P.O.S.T Profile along with any and all certifications you have received.

FOR OFFICE USE ONLY	
Possible Work Location	Possible Positions

FOR OFFICE USE ONLY	
Work Location:	Rate:
Position:	Date:

City of Toccoa
An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL DATA

Name _____ Social Security No. _____
(Last) (First) (Middle)

Present Address _____
(No.) (Street) (City) (State) (Zip)

Telephone No. _____
(Area Code)

Are you legally eligible for employment in the USA? Yes _____ No _____ (If yes, verification will be required)

Are you of the legal age to work? Yes _____ No _____

Position Applied for _____

Have you ever been employed by the City of Toccoa? Yes _____ No _____

If yes, when and what position did you hold? _____

If your application is chosen, on what date will you be available for work? _____ 20 _____

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?

(Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

RECORD OF EDUCATION

(Check last year completed in high school or college)

SCHOOL	SCHOOL NAME AND ADDRESS	COURSE OF STUDY	LAST YR. COMPLETED	DID YOU GRADUATE? (Y/N)	If no, GED? (Y/N)
HIGH SCHOOL			1 2 3 4		
COLLEGE			1 2 3 4		
OTHER (SPECIFY)			1 2 3 4		

PERSONAL REFERENCES

(Not Former Employers or Relatives)

Name & Occupation	Address	Phone Number

RESUME

(List below present and past employment, beginning with your most recent)

Name & Address of Company Type of Business	From Mo/Yr.	To Mo/Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Describe below the work you did:						
Position Held:						
Phone #						

Name & Address of Company Type of Business	From Mo/Yr.	To Mo/Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Describe below the work you did:						
Position Held:						
Phone #						

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Position Held:						
Phone #						

Name & Address of Company Type of Business	From Mo/Yr.	To Mo/Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Describe below the work you did:						
Position Held:						
Phone #						

I hereby give permission to contact the employers listed above concerning my prior work employment and experience.

Signed _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s). Why?

EMPLOYMENT HISTORY

What is your present occupation? _____

Have you ever been declined employment? Yes _____ No _____ If so, explain:

Do you have any experience with shift work? Yes _____ No _____

Have you ever been engaged in any business as an owner, as a partner or as a corporate member?

Yes _____ No _____ If so, explain:

Have you ever worked for a member of your family? Yes _____ No _____ If so, explain:

Have you had any arguments concerning job duties or working conditions with an employer?

Yes _____ No _____ If so, explain:

Has a supervisor ever reprimanded you for being late or for being absent?

Yes _____ No _____ If so, explain:

Has a supervisor ever reprimanded you for misconduct or for not performing your job properly?

Yes _____ No _____ If so, explain:

Circle the number of times that you have been asked to resign or have been fired from a job in the last 10 years

10 9 8 7 6 5 4 3 2 1 0

Circle the number of times in the past ten years that you have resigned after being told that your employer intended to fire you or take any form of disciplinary action against you.

10 9 8 7 6 5 4 3 2 1 0

List ALL jobs you have held in the last ten years. Start with your present job and work backward. Include all periods of full time, part time, temporary, voluntary and military service of employment.

Indicate periods of unemployment and be prepared to explain.

Employer _____

Complete Address _____

From _____ To _____ Position _____

Supervisor's Name _____ Phone # _____

Employer _____
 Complete Address _____
 From _____ To _____ Position _____
 Supervisor's Name _____ Phone # _____

Employer _____
 Complete Address _____
 From _____ To _____ Position _____
 Supervisor's Name _____ Phone # _____

Employer _____
 Complete Address _____
 From _____ To _____ Position _____
 Supervisor's Name _____ Phone # _____

Employer _____
 Complete Address _____
 From _____ To _____ Position _____
 Supervisor's Name _____ Phone # _____

Employer _____
 Complete Address _____
 From _____ To _____ Position _____
 Supervisor's Name _____ Phone # _____

Employer _____
 Complete Address _____
 From _____ To _____ Position _____
 Supervisor's Name _____ Phone # _____

MILITARY RECORD

Have you ever attempted to join any branch of the armed forces?
 Yes _____ No _____ If so, explain: _____

Have you ever served active duty in any branch of the armed forces?
 Yes _____ No _____ If so, explain: _____

What is your service number? _____

List date and location of entrance of active duty: _____

List your type of discharge (Honorable, dishonorable, general, entry level separation, etc.) And be exact:

GRATUITIES

This section deals with gratuities (tips, gifts, rewards, bonuses, etc.) Some companies have strict rules about accepting gratuities and other companies have little or no guidelines. In some jobs, regular gratuities are a way of life. In such companies, refusing a gratuity may alienate a valuable business contact. Answer the questions below:

Circle the approximate value of all gratuities you have received during the last five years:

\$25,000	\$20,000	\$15,000	\$10,000	\$5,000	\$2,500	\$1,000
\$750	\$500	\$200	\$100	\$50	\$25	0

Have you ever knowingly violated an employer's rule regarding gratuities? Yes _____ No _____
 If yes, explain:

Have you ever been offered money or other gifts to do a special favor for someone, which was considered improper? Yes _____ No _____

CRIMINAL RECORD

CRIMINAL Convictions (felonies, misdemeanors, either civilian or military)

Crime Court Date

Disposition of case (dismissed, paid fine, probation)

Crime Court Date

Disposition of case (dismissed, paid fine, probation)

Conviction (traffic, including pleas of guilty and nolo contendere):

Offense Court Date

Disposition of case (dismissed, paid fine)

Have you ever been reported as a missing person or as a runaway? Yes _____ No _____
If yes, explain: _____

Have you ever been fingerprinted? If yes, give details:
Fingerprinted by: _____

Agency Date Purpose

Agency Date Purpose

Have you ever used narcotics, drugs, or marijuana illegally, whether caught/charged or not?
Yes _____ No _____ If yes, explain: _____

Have you ever knowingly cashed a bad check? Yes _____ No _____

Have you ever forged a check? Yes _____ No _____ If yes, explain: _____

Have you ever taken merchandise or materials from an employer? Yes _____ No _____
If yes, explain: _____

Have you ever taken money from an employer? Yes _____ No _____
If yes, explain: _____

Have you ever participated in a theft ring? Yes _____ No _____
If yes, explain: _____

Have you ever committed a serious undetected crime? Yes _____ No _____
If yes, explain: _____

Are you presently wanted by any law enforcement agency? Yes _____ No _____
If yes, explain: _____

Have you ever been arrested? Yes _____ No _____
If yes, explain: _____

Have you ever been in jail or prison? Yes _____ No _____
If yes, explain: _____

Have you ever been refused by a bonding company? Yes _____ No _____
If yes, explain: _____

Have you ever been assigned to probation/parole or community service? Yes _____ No _____
If yes, explain: _____

Are you involved in any lawsuits? Yes _____ No _____
If yes, explain: _____

Have you ever bounced a check that has turned into a warrant for your arrest?
(regardless of whether arrested or not) Yes _____ No _____
If yes, explain: _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Toccoa Police Department to conduct an inquiry for
Agency/Company
 the purpose listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date _____

Attorney for Individual (Pur E and U Only) _____ Bar Number _____ Date _____

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & Ill Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & Ill Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and Title

DRIVING RECORD

Your current driver's license number _____ State _____

Expiration Date _____ Restrictions _____

Have you ever possessed a driver's license issued by another State? Yes _____ No _____

If yes, list States and license numbers and names if other than present name at the time issued:

Have you ever been refused a driver's license by any State? Yes _____ No _____

If yes, give details:

Have you successfully completed any safe driving or driver's education course? Yes _____ No _____

If yes, who sponsored the course? _____ Date of completion: _____

Have you ever had your driver's license suspended or revoked? Yes _____ No _____

If yes, give details (include what State, dates and reason and whether it was a suspension or revocation)

Have you ever been charged with Driving Under the Influence of Drugs or Alcohol? Yes _____ No _____

If yes, give details:

Toccoa Police Department Consent for Driver History Report

I hereby authorize the CITY OF TOCCOA POLICE DEPARTMENT to receive a copy of my Georgia history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (Print)

Sex

Date of Birth

Driver's License Number

Signature

Date

LAW ENFORCEMENT EMPLOYMENT HISTORY

NOTICE: COMPLETE THIS SECTION ONLY IF YOU ARE CURRENTLY OR HAVE BEEN A LAW ENFORCEMENT OFFICER. THIS DOES NOT INCLUDE PRIVATE SECURITY EXPERIENCE

Are you currently a certified peace officer? Yes _____ No _____

Check any of the following areas in which you have received specialized training (DO NOT INCLUDE TRAINING PROVIDED IN BASIC MANDATE)

- | | |
|--------------------------------------|--|
| _____ Homicide Investigation | _____ Law Enforcement Management |
| _____ Rape Investigation | _____ Personnel Supervision |
| _____ Robbery Investigation | _____ Sex Crimes |
| _____ Auto Theft Investigation | _____ Courtroom Procedures |
| _____ Arson Investigation | _____ Evidence Presentation |
| _____ Crime Scene Technician | _____ First Aid |
| _____ Forgery Investigation | _____ CPR |
| _____ Patrol Techniques | _____ EMT/Advanced EMT |
| _____ Traffic Accident Investigation | _____ Self Protection/ Mechanics of Arrest |
| _____ Crime Prevention | _____ Pursuit/Defensive Driving |
| _____ Juvenile Crime Investigation | _____ Firearms |
| _____ Drug Investigation | _____ SWAT/ERT |
| _____ Criminal Investigation | _____ Report Writing |
| _____ First Responder | _____ Interviews & Interrogations |
| _____ Health/Wellness Awareness | _____ Officer Survival |
| _____ Interpersonal Relations | _____ Advanced Firearms |

Other: _____

Law Enforcement Experience:

- | | | |
|------------------|------------------|---------------|
| _____ Patrol | _____ Detective | _____ Traffic |
| _____ Supervisor | _____ Management | _____ Other |

This position may require you to:

Wear a uniform. Do you object to doing so? Yes _____ No _____

Work a rotating shift. Do you object to doing so? Yes _____ No _____

Work a non-rotating shift. Do you object to doing so? Yes _____ No _____

Work overtime. Do you object to doing so? Yes _____ No _____

Have you had experience working shift work? Yes _____ No _____

If yes, where and when?

If you have ever been finger printed by a police agency other than for an arrest, give details below. Your answers will be checked with the F.B.I. and other agencies.

Agency: _____	Date: _____	Purpose: _____
Agency: _____	Date: _____	Purpose: _____

Have you ever used marijuana? Yes _____ No _____

If yes, when was the last time?

How many times have you used marijuana in your lifetime?

What were the circumstances?

Have you ever used any other illegal drug, opiates, pills, etc.? Yes _____ No _____

If yes, What were the circumstances?

EMPLOYMENT HISTORY

Have you ever been fired from or permitted to resign employment for breach of trust, embezzlement, theft or any other crime? Yes _____ No _____

Have you ever been investigated by the Georgia Peace Officers Standards Training Council, or been involved in an internal investigation by any other department?

Circle one YES NO

If you answered yes, please explain:

Have you ever been arrested for domestic violence, or been a primary aggressor in a domestic violence incident?

Circle one YES NO

If you answered yes, please explain:

Have you been fired or permitted to resign employment for abuse of authority or for any disciplinary reasons? Yes _____ No _____

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? Yes _____ No _____

IF IT BECAME NECESSARY IN THE COURSE OF POLICE DUTIES TO TAKE A HUMAN LIFE, WOULD YOU HAVE ANY RELUCTANCE TO DO SO? Yes _____ No _____

Explain your answer in detail.

FINANCIAL

Bank _____ Savings # _____

Checking # _____ Loan Account # _____

List all sources of household income and monthly amounts:

Are you currently past due with any creditors? Yes _____ No _____

Have ever had anything repossessed? Yes _____ No _____

Have you ever been declared bankrupt? Yes _____ No _____

Have you ever had any wages garnished? Yes _____ No _____

Have you ever been involved in a lawsuit - criminal, civil or divorce? Yes _____ No _____

If yes, explain: _____

AFFADAVIT

I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL QUESTIONS AND INSTRUCTIONS IN THIS BOOKLET. I ALSO CERTIFY MY ANSWERS ARE TRUE AND COMPLETE AND THAT I HAVE NOT ENTERED FALSE OR MISLEADING INFORMATION. I FURTHER UNDERSTAND THAT MY UNTRUTHFUL MISSTATEMENT OF MATERIAL FACT COULD RESULT IN PROSECUTION AND WILL RESULT IN MY BACKGROUND INVESTIGATION BEING TERMINATED WITHOUT RESULTS.

AFFIANT

DATE

STATE OF GEORGIA

COUNTY OF _____

BEFORE ME PERSONALLY APPEARED THE SAID _____ WHO
SAYS THAT HE/SHE EXECUTED THE ABOVE STATEMENT OF HIS/HER OWN FREE WILL
AND ACCORD, WITH FULL KNOWLEDGE OF THE PURPOSE THEREOF.

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE

THIS _____ DAY OF _____ 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

AUTHORIZATION FOR RELEASE OF PERSONAL RECORDS

I the undersigned individual, authorize the review of and full disclosure of all records concerning myself to any duly authorized agent of the Toccoa Police Department, regardless of their public, private or confidential nature. I fully understand that this information could be used as a basis for the denial of public employment.

The intent of this Authorization For Release of Personal Records is to demonstrate my informed consent for full and complete disclosure of all records including, but not limited to, educational records, financial records and statements wherever filed, credit records, employment and pre employment records to include background reports, polygraph examination reports, disciplinary record, complaints or grievance records filed by me or against me, personnel evaluation records, medical and psychiatric records including treatment and/or consultation at hospitals, clinics by private practitioner and the U.S. Veteran's Administration, military records, the records of any completed or pending legal actions, civil and/or criminal, in which I have been named a party, the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, criminal history records and driver history records.

I fully understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, by virtue of the Authorization For Release of Personal Records will be considered to determine my suitability for employment as a peace officer for the City of Toccoa Police Department.

I certify that any entity or individual who releases any record concerning me consistent with this Authorization For Release of Personal Records shall not be held accountable for releasing any such record or records, and I do hereby release any entity or individual from any and all liability which could be incurred as a result of releasing said record or records.

A photocopy of the Authorization For Release of Personal Records shall be as valid as the original even though the said photocopy does not contain an original writing of my signature.

This Authorization For Release of Personal Records shall be valid for a period of (180) days from the date on which it was signed. The effective date of this instrument is the _____ day of _____ 20_____

Signature

Print Name (Last, First, Middle)

Street Address

City, County, State, Zip Code

Notary Public

Date of Birth Social Security Number

Race Sex