

CITY OF CUMMING POLICE DEPARTMENT

Chartered in 1834



Personal History Questionnaire

The City of Cumming affords equal opportunity to everyone regardless of race, creed, color, gender, national origin, age or disability. All eligible individuals will be afforded the same opportunity for employment selection or program participation. Accordingly, should you be disabled, you may request any reasonable accommodation in order to participate in the employment application or program participation.

An equal opportunity employer

Applicant Requirements

- Must be 21 years of age
- High School Diploma or equivalent
- Valid Driver's License
- Successful Completion of GA POST Basic Peace Officer Training
- Pass the following:
 - Background Investigation
 - Oral Interview
 - Polygraph/CVSA Examination
 - Psychological Examination
 - Medical Examination

Uniform and Equipment Provided

- External Vest Carriers
- Primary and Back-Up handguns
- Rifle/Shotgun
- Taser
- Body Camera
- Uniforms and Boots

Benefits of becoming a City of Cumming Police Officer

- Take-home vehicle program
- Health, Vision, & Dental (Anthem Blue Cross Blue Shield)
- 144 Hours of PTO and 9 Paid Holidays
- City Paid Georgia Municipal Defined Benefits Retirement Plan and POAB (Vested after 5 years)
- City Paid STD and Life Insurance
- City Paid Uniform Dry-Cleaning

Opportunities for Advancement

- Motor/Traffic Enforcement
- CID
- Intermediate and Advanced Certifications
- Supervision and Leadership Training

Required Document Checklist

The following documents must be included with this application and will not be returned.

- ☐ Copy of driver's license
- ☐ Copy of birth certificate
- ☐ Copy of High School diploma
- ☐ Copy of Social Security Card
- ☐ College transcripts and diploma if applicable
- ☐ Military documents (DD 214)
- ☐ This packet
- ☐ Applicant resume
- ☐ Criminal History Form
- ☐ City of Cumming Employment App.

City of Cumming Police Department Disqualifications for Employment

Elements of the selection process are designed to evaluate the integrity, ethical standards, honesty, prejudice, and past behavior of all applicants. Therefore, only those persons whose conduct, and behavior exemplify expected moral, ethical and professional traits shall be considered.

The following circumstances shall automatically disqualify applicants from consideration for employment:

- Felony Conviction (to include First Offender Status);
- Purchase or use of Marijuana within the past two (2) years;
- Purchase or Use of illegal drugs such as methamphetamine, cocaine, ecstasy, etc., within the past five (5) years;
- Sale, distribution or manufacturing of any drug;
- Purchase or use of pharmaceutical drugs without a prescription from a licensed practicing physician within the past two (2) years (a onetime use, such as taking a relative's prescription, may be excluded);
- Any discharge from a branch of the United States Military which reveals the applicant to be non-suitable for employment.
- Knowingly associating with family, friends or others who purchase, sale and/or use illegal drugs or participate in criminal activities.
- Any outstanding criminal charges;
- Discovery of applicant's involvement in any crime of a serious/aggravated nature or past or present gang affiliation;
- Issues which would prevent the applicant from complying with agency Uniform/Dress and Personal Appearance policies;
- Any convictions under the Family Violence Act.
- Any conviction or plea of nolo contendere for a serious traffic offense.
- Any applicant with a documented history of lack of candor, truthfulness, or dishonesty
- Any applicant who is on probation for any reason(s) or has a pending investigation with the Georgia Peace Officer Standard and Training (POST) Council or any other state certifying agency
- A conviction (including Nolo contendere plea) of DUI within the past:
 - Three) years for Civilian position;
 - Five (5) years for Sworn Peace Officer position.

Applicants with certain misdemeanor convictions not mentioned above may be considered if two (2) years have passed since their conviction. Each incident shall be evaluated on a case-by-case basis.

City of Cumming Police Department

301 Veterans Memorial Blvd.

Cumming, GA 30040

Authorization for Release of Personal Information

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the CUMMING POLICE DEPARTMENT, whether such records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me).

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be used in determining my suitability for employment by the City of Cumming. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the CUMMING POLICE DEPARTMENT to be a participant in the determination process of such suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information document.

Full Name Printed

Date of Birth

Social Sec. Number

Street Address

City

State

Zip

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Applicant Signature

Date

Sworn to and subscribed to before me this _____ day of _____, 20____.

Notary Public Signature

Date

My commission expires: _____

Notary
Seal

Applicant Personal History Questionnaire

Pre-employment History file access restricted by Standard Operating Procedures

Verification of Information

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment or training with the Cumming Police Department. An extensive background investigation will be conducted into your personal history. Applicants for the position of Police Officer will be required to take a polygraph (lie detector) examination to confirm the information in this questionnaire, and to determine other items of background information.

Any false, misleading, or incomplete information submitted for accurate information will be grounds to disqualify you from further consideration in the application process with the Cumming Police Department.

I confirm that I have read and that I understand the above and that all statements and documents presented to the Arnold Police Department are true, correct, complete, and made in good faith.

Applicant Signature

Date

Before you begin, read the entire set of directions and listing of documents required for the submission. This is a competitive process, therefore, applications will not be accepted, processed or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.

Complete this form in your handwriting or printing. If you need any special accommodations in completing this questionnaire, contact the Administrative Lieutenant at (770) 781-2000.

Read each question carefully before answering. Be certain that your answers are legible.

Be certain that each question is answered *completely* and *correctly*. Submit all documents as requested. If a question does not apply to you, write N/A (not applicable) in the space. Leave no blank space.

Additional space will be provided on the last page of this application for answers which require clarification or further explanation. All entries on those pages will begin with the section/question number that you are referencing. If more space is needed for employment or education history, you may print duplicate copies of the page as needed.

After the Personal History Questionnaire is an additional 7-page employment application required for employment with the City of Cumming. It contains certain duplicate information, but should be filled out completely upon submission of this packet.

Upon completion, the application, personal history questionnaire, and all required documents listed on the previous page, will be submitted to the Cumming Police Department in person or by mail at 301 Veterans Memorial Boulevard, Cumming, GA 30040. Submissions may also be made by e-mail to recruiting@cummingpd.net.

A. PERSONAL HISTORY / General Background Information

1. Full legal name: _____
(Last) (First) (Middle)

Date of Birth: ____/____/____ Place of Birth: _____
(City/State/Country)

Soc. Security #: ____-____-____ Driver's License: _____
(State/Number)

2. Current Address: _____

How long living at current address? _____ Phone Number: _____

3. Have you ever used a different name? Circle: Yes No

4. Have you ever used a different social security #? Yes No

5. Have you ever used a different date of birth? Yes No

6. Are you a United States citizen? Yes No

7. Educational Background:

(Name of High School) (City/State) (Year Graduated)

(Name of College) (City/State) (Year Graduated)

College Degree or # of Hours / Major Studies: _____

(Name of Graduate School) (City/State) (Year Graduated)

Degree / Field of Study: _____

Specialty Training beyond above: _____

8. Have you ever taken a polygraph or other type of honesty test? Yes No

If "Yes": _____
(When) (Where) (Purpose or Reason)

B. EMPLOYMENT HISTORY

Current Employment(s): _____
(Company) (Date Started)

1. Previous Employments (List from most recent. Include name of employer and dates of employment) Use additional pages (p. 22) **if** space provided is inadequate.

2. List any instances where you have been fired and/or asked to resign or forced to leave a job.

4. List all times you have been disciplined (suspended, reprimanded, etc.) by any supervisor:

5. Have you ever been accused of racial or ethnic bias or sexual harassment?

Yes No

6. Have you ever received unemployment compensation?

Yes No

7. Have you ever received workers compensation or unemployment compensation that you were not entitled to?

Yes No

8. Did you ever work and get paid - under the table - off the books?

Yes No

9. Have you taken more than \$1,000.00 in merchandise from an employer in one day?
(Even something you borrowed and failed to return.)

Yes No

10. Have you taken more than \$1,000.00 in cash from an employer in one day? (Even
borrowing with the intent to repay and you didn't.)

Yes No

11. Have you kept more than \$50.00 overage (more money than the final accounting
shows) in one day?

Yes No

12. What is the most valuable thing you have ever taken from an employer?

13. Were you ever aware of fellow employees taking from your employer?

Yes No

If yes, what did you do about it? _____

14. List any pending applications for other police positions:

15. Have you ever applied for and not been selected for a police position?

Yes No

If Yes, why not selected? _____

Military Service

1. Have you registered with selective services?

Yes No

2. Were you ever in the military?

Yes No

If yes: _____
(Branch) (Dates of service)

3. If currently enlisted, anticipated separation date? _____

4. List all disciplinary problems / demotions / convictions for violations of uniform code of military justice.

5. Circle type of discharge received if applicable.

Honorable Honorable under general conditions Hardship

Dishonorable Medical Other

6. Did you ever take any equipment or ordnance from the military?

Yes No

7. What is the most serious infraction you committed in the military, whether detected or undetected?

C. VIOLATIONS OF THE LAW

General

Have you ever been INVOLVED IN any of the following (that is, have you in any way participated in, conspired with or assisted anyone, regardless of whether or not you were caught)?

	Yes	No
1. Cause a person's death / person to be hospitalized.	_____	_____
2. Take from a store as a child / as an adult.	_____	_____
3. Take any property or money without the owner's permission.	_____	_____
4. Take a motor vehicle without the owner's permission.	_____	_____
5. Change a price tag.	_____	_____
6. Falsely report a fire or other emergency situation.	_____	_____
7. Falsely report a crime.	_____	_____
8. Use phony or false identification.	_____	_____
9. Use a credit card or ATM card illegally.	_____	_____
10. Commit a "hate crime" (racial, ethnic or religious motive).	_____	_____
11. Involved in a physical altercation.	_____	_____
12. Use of show a weapon during an altercation.	_____	_____
13. Take a purse or a wallet / take something from a purse or wallet.	_____	_____
14. Make a threatening or obscene communication anonymously (via phone, mail, E-mail, FAX, etc.)	_____	_____
15. Receive or distribute any items you knew or suspected were stolen.	_____	_____
16. Intentionally damage another's property by any means.	_____	_____
17. Carry any type of a weapon (authorized / unauthorized).	_____	_____
18. Manufacture or utilize an explosive or incendiary device.	_____	_____
19. Make a phony or inflated insurance claim.	_____	_____
20. Knowingly make a false statement on any official document.	_____	_____
21. Knowingly make a false statement in a judicial proceeding.	_____	_____
22. Take something from someone by force.	_____	_____
23. Break into a motor vehicle.	_____	_____
24. Break into a building (home / business / etc.).	_____	_____
25. Set fire to anything (Arson).	_____	_____
26. Taken anything worth over \$5,000. / \$1,000. / \$500. (If yes, circle amount that applies)	_____	_____
What is the most valuable item you have ever taken: _____		
27. Have sexual contact with someone without their consent.	_____	_____
28. Kidnap someone or otherwise keep someone against his or her will.	_____	_____
29. Counterfeit anything.	_____	_____
30. Commit blackmail / any form of extortion.	_____	_____
31. Forgery	_____	_____
32. Any sexual involvement with a minor (under age 16).	_____	_____
33. Sell, buy, distribute, or manufacture any illegal substance.	_____	_____
34. Bribery	_____	_____
35. Tamper with a witness or evidence.	_____	_____
36. Fail to appear in court.	_____	_____
37. Use a computer to commit a crime.	_____	_____
38. Make a false statement to the police.	_____	_____
39. Harass or stalk someone.	_____	_____
40. Expose yourself in public.	_____	_____

	Yes	No
41. Interfere with a police officer.	_____	_____
42. Deliberately hurt an animal.	_____	_____
43. Make an illegal bet/take illegal bets.	_____	_____
44. Married to more than one person at the same time.	_____	_____
45. Impersonate a police officer	_____	_____
46. Ever been convicted of a criminal offense.	_____	_____
47. Ever been given accelerated rehabilitation or youthful offender status.	_____	_____
48. Ever had a criminal charge reduced in court.	_____	_____
49. Ever been fingerprinted.	_____	_____
50. Have the police ever been contacted because of something you did or assisted someone in doing?	_____	_____
51. Are the police presently looking for you for any reason? (outstanding warrant, questioning, etc.).	_____	_____
52. Do you have a permit to carry a handgun or revolver?	_____	_____
53. Were you ever denied a permit to carry a handgun.	_____	_____
54. Did you ever have a gun permit revoked?	_____	_____
55. Were you ever in illegal possession of a weapon?	_____	_____
56. Any family or close acquaintances been involved in criminal activity?	_____	_____
If yes, did you assist them in any way?	_____	_____
57. Ever been involved in organized crime.	_____	_____

58. What is the most serious criminal act you ever committed, whether detected or undetected Use additional pages (p. 22) **if** space provided is inadequate.

Domestic Violence

1. If married, experiencing any marital problems.	_____	_____
2. Ever use physical force with your spouse or significant other (Striking, pushing, slapping, shaking, any felony, any battery, any assault, stalking, unlawful restraint, criminal damage to property or criminal trespass)	_____	_____
3. Ever use physical force with a parent (striking, pushing, slapping, etc.).	_____	_____
4. Ever use physical force with your child or anyone else's. (Striking, pushing, slapping, shaking, etc.).	_____	_____
5. Ever been the subject of a restraining order or a protective order.	_____	_____

Motor Vehicle

1. Have you ever had driver's licenses from more than one state at the same time?

Yes No

2. Have you ever been refused a driver's license?

Yes No

3. Have you ever altered a license or given false information to obtain a license?

Yes No

4. Did you ever have your license suspended or revoked?

Yes No

5. Did you ever knowingly drive an unregistered motor vehicle?

Yes No

6. Did you ever knowingly drive an uninsured motor vehicle?

Yes No

7. When was the last time you drove a motor vehicle while under the influence of drugs or alcohol? _____

How many times in past year? _____

8. Please list all accidents you were involved in as the driver.

(WHEN) (WHERE) (#OF VEH. INVOLVED) (POLICE AT SCENE) (WHO WAS AT FAULT)

9. Any serious injuries or death?

Yes No

10. Were alcohol or drugs ever a factor in an accident?

Yes No

11. Did you ever damage another's property with a vehicle and not report it?

Yes No

12. List all summonses (tickets) received for moving violations: (use reverse, if needed)

(VIOLATION) (WHEN) (WHERE) (DISPOSITION)

13. List any written or verbal warnings for moving violations:
Use additional pages (p. 22) if space provided is inadequate.
(VIOLATION) (WHEN) (WHERE)

14. Do you currently owe any fines for traffic or parking violations?

Yes No

15. Ever have a traffic or parking ticket 'fixed'?

Yes No

Subversive or Gang Activity

(Have you ever been associated with (that is, you were a member or associate member, attended meetings, provided financial or any other type of assistance, volunteered for or were in any way affiliated with any group, gang, or movement that):

1. Advocates or uses violence to further its goals?

Yes No

2. Requires the commission of a crime to become a member or to retain membership?

Yes No

3. Engages in criminal activity.

Yes No

4. Espouses hatred for any racial, ethnic, or religious group?

Yes No

5. Advocates any subversive activity, such as altering the government by unconstitutional means?

Yes No

6. Have you ever been asked to join, or have you ever attempted to join any of the groups / organizations mentioned?

Yes No

7. Do you have any friends, relatives or close acquaintances that have any ties with any of the groups or organizations that have been mentioned?

Yes No

D. SEXUAL CONDUCT

Have you ever been involved in any of the following (that is, have you committed, participated in, or conspired with anyone, regardless of whether or not you were caught)?

1. Ever force someone to have sexual relations/contact with you?
Yes No
2. Ever sexually involved with a minor (under age 16)?
Yes No
3. Ever sexually aroused by a child?
Yes No
4. Ever have sexual relations/contact with a family member?
Yes No
5. Ever have sexual relations/contact with an animal?
Yes No
6. Ever have sexual relations/contact with a corpse (dead person or animal)?
Yes No
7. Ever sexually aroused by a fire?
Yes No
8. Ever paid for sex or been paid for sex?
Yes No
9. Ever have sexual relations/contact while at work?
Yes No
10. Ever possess, sell, produce, or distribute any child pornographic material?
Yes No
11. Ever intentionally expose yourself in public?
Yes No
12. Ever physically or sexually abuse a child?
Yes No
13. Ever have sexual relations/contact with someone not able to give consent (ability to consent absent or diminished due to unconsciousness, drugs, alcohol or mentally incompetent)?
Yes No
14. Ever been involved in any illegal sexual activity?
Yes No

E. DRUGS

1. Ever been involved in any illegal sexual activity?
Yes No
2. Do you smoke cigarettes?
Yes No If "yes", when did you start? _____
3. When did you first TRY marijuana? _____
4. When did you last USE marijuana? _____
5. Estimate the total number of USAGES: _____
Periods of heavier USAGES: _____
6. Ever purchase, sell, manufacture or distribute marijuana, or assist anyone?
Yes No
7. Ever USE marijuana while at work? Yes No
Yes No
8. When did you first TRY cocaine? _____
9. When did you last USE cocaine? _____
10. Estimate total USAGE of cocaine: _____
Most USED in 24 hr. period: _____
11. Ever purchase, sell, manufacture or distribute cocaine, or assist anyone?
Yes No
12. What other drugs have you TRIED?

	FIRST TIME	LAST TIME	TOTAL TIMES
Hashish	_____	_____	_____
Opium	_____	_____	_____
Heroin	_____	_____	_____
Quaaludes	_____	_____	_____
Downers	_____	_____	_____
Speed / Meth	_____	_____	_____
LSD/Acid	_____	_____	_____
Mescaline	_____	_____	_____
Peyote	_____	_____	_____
Magic mushrooms	_____	_____	_____
THC (purple pills)	_____	_____	_____
PCP / Angel dust	_____	_____	_____
Ecstasy	_____	_____	_____
Steroids	_____	_____	_____
Lily	_____	_____	_____
Nitrous oxide (whippets)	_____	_____	_____
Amyl nitrate (rush)	_____	_____	_____
Butyl nitrate (locker-room)	_____	_____	_____

13. Ever USE any other illegal narcotic substance that has not been mentioned?

Yes No

14. Ever USE another person's prescription medication?

Yes No

15. Any close friends, relatives or significant others involved in the use, sale, manufacture or distribution of any illegal substance?

Yes No

Alcohol Use

1. How much alcohol have you consumed in the past 24 hrs? _____

The past week? _____

Your average consumption during a typical week? _____

2. When was the last time you drank too much? _____

3. Ever miss work because of alcohol consumption?

Yes No

4. Ever been treated, counseled, or sought help for a drinking problem?

Yes No

5. Has drinking ever caused a problem in your personal life or on the job?

Yes No

6. Have you ever-consumed alcohol while you were working?

Yes No

7. Have you ever been told by someone that they felt you had a drinking problem?

Yes No

F. FINANCIAL HISTORY

1. Do you owe anything on / to any of the following (circle and fill in data)?

	OWED TO	AMOUNT OWED (total & per mo.)	CURRENT/BEHIND
Doctor / Dentist			
Hospital / Clinic			
Mortgage			
Bank loan			
Finance Co			
Auto loan			
Back taxes			
Credit union			
Student loan			
Court judgment			
Child support			
Alimony			
Back rent			
Delinquent utilities			
Other loans (family, etc.)			
Credit cards			

2. Are you current with all debts?

Yes No

3. Ever not pay a debt - just 'skip out' on it?

Yes No

4. Ever have a debt turned over to a collection's agency?

Yes No

5. Ever been evicted?

Yes No

6. Have wages garnished?

Yes No

7. Repossession of vehicle?

Yes No

8. Ever declare bankruptcy or been sued for a debt?

Yes No

9. Ever not financially support someone you were obligated to?

Yes No

10. Ever experience financial problems due to gambling?

Yes No

11. Ever issue a check knowing you did not have the funds to cover it?

Yes No

G. MEDICAL HISTORY

1. Ever been admitted to a hospital?

Yes

No

If "Yes", explain. Use additional pages (p. 22) **if** space provided is inadequate.

2. Ever had any surgical procedures?

Yes

No

If "Yes", explain. Use additional pages (p. 22) **if** space provided is inadequate.

3. List any prescription medications you have taken today (even if someone else's prescription)

MEDICATION

PURPOSE

The last time you took a prescription medication (even if someone else's prescription)?

Please list any prescription medications you have taken in the past five years. Use additional pages (p. 22) **if** space provided is inadequate.

MEDICATION

PURPOSE

4. The last time you sought professional medical treatment?

The reason you sought treatment:

5. Any illnesses or injuries that have caused you any permanent impairment, loss of mobility, disability?

Yes

No

Are you being treated for a chronic condition?

Yes

No

Do you need the assistance of any brace, cane, or prosthetic device?

Yes

No

6. Circle all of the following that you have had.

Dizzy spells	Tonsillectomy	Torn cartilage
Black outs	Dyslexia	Circulatory ailment
Epilepsy	Tuberculosis	Nervous disorder
Convulsions	Stroke	Hepatitis
Asthma	Common cold	Back problems
Amnesia	Hernia	Scoliosis
Allergies	Cancer	Rheumatic fever
High blood pressure	Diabetes	Skin disease
Cyst or tumor	Paralysis	Knee problems
High cholesterol	EKG / EEC	Mental disorder
Stomach trouble	kidney trouble	Eyeglass / Contact lenses
Fainting spells	Ear trouble	Diarrhea
Head injury	Broken bones	Sexually transmitted disease
Headaches	Foot problems	Color blindness
Ulcers	Appendicitis	Constipation
Gynecological disorder	Hemorrhoids	Hearing problem
		Eye surgery, therapy, treatment

7. Ever been counseled or treated for any emotional or psychological problem, or institutionalized for such a problem? Yes No

Yes No

8. Ever been counseled or treated for an addiction to any illegal narcotic substance?

Yes No

9. Ever try to physically harm yourself?

Yes No

10. Ever been treated for high blood pressure or hypertension?

Yes No

Former Law Enforcement Officers Only

List all police departments, correctional departments and/or security companies that you have been **employed by along with dates of** employment Use additional pages (p. 22) if space provided is inadequate.

While so employed, did you engage in any of the following conduct?

1. Motor vehicle violation while on duty?
Yes No
2. Take something that did not belong to you while on duty?
Yes No
3. Drink alcohol while on duty?
Yes No
4. Have sexual relations while on duty?
Yes No
5. Commit any crime while on duty?
Yes No
6. Sleep on duty?
Yes No
7. Keep seized evidence or contraband?
Yes No
8. Hit or strike a handcuffed person?
Yes No
9. Use excessive force?
Yes No
10. Accept liquor?
Yes No
11. Take your employer's equipment/supplies without permission?
Yes No
12. Use a controlled or illegal substance on duty?
Yes No

13. Smuggle contraband or unauthorized material?
Yes No
14. Supply unauthorized or confidential information to anyone?
Yes No
15. Accept something free or at a discount while on duty?
Yes No
16. Accept anything in exchange for performing or not performing your duties?
Yes No
17. Ever 'fix' a ticket or otherwise improperly intercede in an official process?
Yes No
18. Remove, copy or read a file or document when not authorized to do so?
Yes No
19. Made a false report or altered a document?
Yes No
20. Planted evidence or otherwise "framed" someone?
Yes No
21. Covered up for any member of your agency?
Yes No
22. Told someone that they were being investigated without authorization?
Yes No
23. Lied in court or on a report or affidavit?
Yes No
24. Use your official capacity to extort or attempt to extort anyone?
Yes No
25. Broken any of your agency's rules or regulations?
Yes No
26. Ever been disciplined?
Yes No
27. Ever accidentally discharge a firearm?
Yes No
28. Why did you leave the agencies listed (or why are you contemplating leaving, if presently employed)? (Use the space below and the reverse, if needed)

_____ of _____

Reference the corresponding section, question, or specific item. You may print copies of this page as needed.

[illegible]

City of Cumming Police Department Mission Statement



The Cumming Police Department is dedicated to enhancing the quality of life for all who live, work, and visit our city. Our primary goal is to ensure safety, prevent crime, and build trust with our community, all while upholding the highest ethical standards in law enforcement.