



Georgia Peace Officer Standards & Training Council
Pre-Service Application for Certification

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CERTIFICATION OF CANDIDATE - PAGE 1

Projected Academy: _____ Projected Academy Start Date _____

Notify POST via e-mail if actual start date is different from this projection.

Candidate's Last Name _____ Candidate's First Name _____ Candidate's Middle Name _____ Give suffix (such as Jr. , Sr., II, III, IV, V, etc.) : _____	Candidate's Position Pre-Service Candidate for Peace Officer
--	--

Maiden Name

RACE _____	SEX/GENDER _____
---------------	---------------------

Education (select highest level that documentation is provided for in this application)

Social Sec# _____	Date of Birth (mm/dd/yyyy) _____
----------------------	-------------------------------------

HEIGHT _____ ft _____ in	WEIGHT _____ lbs	HAIR COLOR _____	EYE COLOR _____
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Are you a citizen of the United States?
 Yes No

ACADEMY MAKING APPLICATION _____	ACADEMY PHONE# (AREA CODE) - NUMBER (____)-____-____
-------------------------------------	---

NAME OF ACADEMY CONTACT (Agency Person Processing Application) _____	CONTACT PHONE# (IF DIFFERENT) (AREA CODE) - NUMBER (____)-____-____ EXT _____
---	--

EMAIL ADDRESS OF ACADEMY CONTACT
 _____@_____

Effective July 1, 2008, candidates completing the POST requirements and training for certification will receive their certification via mail to their home address.

Checklist (Please check each block below to verify that a complete application is provided.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Page 2 Agreement/Photo | <input type="checkbox"/> Page 6 Education | <input type="checkbox"/> Page 10 Criminal History |
| <input type="checkbox"/> Page 3 PH Release | <input type="checkbox"/> Page 7 Military | <input type="checkbox"/> Page 11 FPs/Attestation |
| <input type="checkbox"/> Page 4 Verification | <input type="checkbox"/> Page 8 Entrance Exam/LE Hist | <input type="checkbox"/> Physician's Affidavit |
| <input type="checkbox"/> Page 5 Birth/Citizen | <input type="checkbox"/> Page 9 Driver Hist | |
-
- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate or other docs provided | <input type="checkbox"/> DD214 form |
| <input type="checkbox"/> Naturalization Papers. (both must be attached.) | <input type="checkbox"/> Discharge explanation |
| <input type="checkbox"/> Notarized/Written Statement required (see Appendix 9) | <input type="checkbox"/> Entrance Exam Results |
| <input type="checkbox"/> High School Diploma/GED/Homeschool Affidavit | <input type="checkbox"/> GCIC/NCIC Printout |
| <input type="checkbox"/> Electronic Fingerprint Receipt for Georgia Applicant Processing Service | <input type="checkbox"/> Driver's History |



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CANDIDATE AGREEMENT & PHOTOGRAPH – PAGE 2

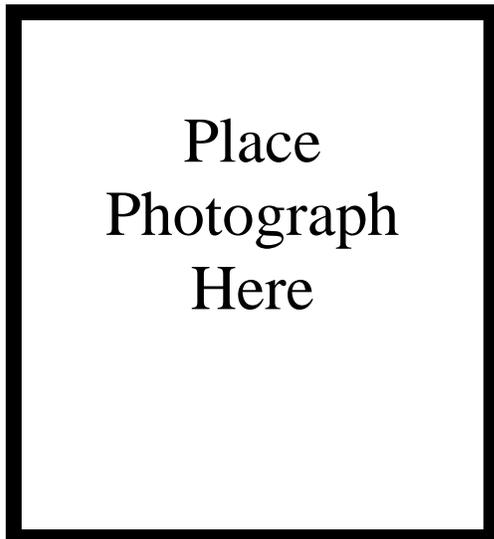
Please read and sign in the presence of the agency head or authorized representative acknowledging your acceptance and understanding of this agreement.

I,
(FULL NAME OF CANDIDATE – First Middle Last),

when approved for Basic Law Enforcement Academy Training, agree to obey all rules and regulations, and understand that I am subject to dismissal from the Training Academy for any infractions or failure to achieve the scholastic standard set by the Georgia POST Council. I further certify that I am in good health, physically fit, and of good moral character and release the Georgia Peace Officer Standards and Training Council, the Department of Public Safety, the Georgia Public Safety Training Center, the State of Georgia, and any other official associated or connected with the training academy for liability in case of illness or accident.

I understand that I must satisfactorily complete a basic training course prior to performing the duties of a peace officer, according to O.C.G.A. §35-8-9.

This application will be valid for 18 months only. If not certified by that time, a new application must be submitted according to POST Council Rule 464-3-.01.



Candidate Signature

Date

Agency Head or Authorized Representative Signature



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PERSONAL HISTORY RELEASE – PAGE 3

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and 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.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I 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 photo copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

Last Name		First Name	Middle Name
DATE OF BIRTH <i>(mdyyyy)</i>	MAIDEN NAME		PHONE NUMBER <i>(AREA CODE) - NUMBER</i> () - -
Social Security Number:			
Email Address @			
ADDRESS: <i>Street</i>		Apartment/Unit#	
City:	State:	Zip Code: -	

 Candidate Signature (including maiden name)

 Date

 Notary Public Signature

 Date



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BIRTH & CITIZENSHIP VERIFICATION – PAGE 5

Does candidate's name match the name on their birth certificate? Yes No
 If **No**, please list all of the names that candidate has had since birth and explain discrepancy (adoption, marriage, name change, etc).
 (Documentation for a name change for anything other than marriage **MUST** be attached.)

Check here if name change documentation is attached

Names: (List chronologically with most recent first):

Name: [] Used from (YR) [] to (YR) []

Name: [] Used from (YR) [] to (YR) []

Name: [] Used from (YR) [] to (YR) []

Name: [] Used from (YR) [] to (YR) []

Explanation(s) for name changes: []

Was Candidate born in the United States? Yes No

Country of birth if other than U.S.: []

City: []

State: []

Was the candidate a U.S. military dependent at the time of birth? Yes No

Is the candidate a naturalized citizen? Yes No

NOTE: If naturalized, a certified copy of the naturalization papers OR a copy of their U.S. passport must be submitted.

ATTACHMENTS

Attached to this page is a copy of the candidate's certified birth certificate: YES NO

If **NO**, attached is a copy of the candidate's valid Georgia Driver's License **and:**
 (must have **at least one** of the following documents – **check** the ones that are attached)

- Baptismal Record (w/full name & date of birth)
- Draft Card (w/full name & date of birth)
- Court Records (w/full name & date of birth)
- Passport (w/full name & date of birth)
- Citizenship Papers (w/full name & date of birth)
- Armed Forces Discharge Paper (DD214) (w/full name & date of birth)
- Certified Copy of School Records (w/full name & date of birth)

IMPORTANT NOTE: If any of the above documents are used for this verification, the documents must show **the full name** and **date of birth** of the candidate. In order to establish the **place of birth**, the candidate must submit a **signed & notarized statement** (Appendix 9) indicating that the candidate is a United States citizen if documents other than a birth certificate are furnished. Included in this statement must be the place, date and country of birth.

If the candidate is a **naturalized citizen**, a **certified copy of the naturalization papers or a copy of their U.S. passport** and a completed Appendix 9 must be submitted.

Appendix 9 attached (Appendix 9 is the required signed & notarized statement listed above)

Certified copy of naturalization papers or U.S. passport is attached



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EDUCATION – PAGE 6

Please attach High School Diploma or GED or Home School Affidavit to this page.

Candidate graduated high school from: *(select one)*

(Important Note: School must have a state, regional, or national accreditation that POST accepts – see www.chea.org for acceptable accrediting agencies.)

High School Name:

Location of High School (City/State):

Year Graduated (yyyy)

H.S. Phone #

 - -

COLLEGE

Candidate received their highest college degree from:

Year Graduated w/highest degree (yyyy)

The degree was a/an:

Note: If candidate wishes to have their college degree recorded in their profile, a copy of their diploma or a certified copy of their college/university transcript can be attached in addition to their high school diploma.

Check here if candidate has ALSO attached a college diploma/transcript for their profile.

List colleges/universities attended or obtained a degree from *(list colleges/universities):*

(Use and attach appendix 4 for additional degrees obtained and/or colleges attended)

College/Univ:

Attended from (mo/yr to mo/yr): to

Did not obtain degree

Obtained: Associate's Bachelor's Master's Doctorate degree.

College/Univ:

Attended from (mo/yr to mo/yr): to

Did not obtain degree

Obtained: Associate's Bachelor's Master's Doctorate degree.

College/Univ:

Attended from (mo/yr to mo/yr): to

Did not obtain degree

Obtained: Associate's Bachelor's Master's Doctorate degree.

*** IMPORTANT NOTE:** If the candidate obtained their diploma from a correspondence school or received a diploma via the internet, the hiring agency will need to check & attach accreditation of the school. Schools issuing diplomas must be accredited by one of the POST accepted accrediting agencies (see www.chea.org for acceptable accrediting agencies).



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MILITARY – PAGE 7

PLEASE ATTACH YOUR MILITARY DISCHARGE OR DD214 HERE.

(DD214 (Member 4 form version) must indicate type of discharge.)

Did this candidate serve in the military? Yes No

(If “NO”, go to the next page. If Yes, complete this page.)

Candidate served in the (*check as apply*): Air Force Army Coast Guard Marines

Navy National Guard Reserves – Give Branch

Other Department of Defense service – list

IMPORTANT NOTE: If the candidate recently served or is currently serving in the reserves, it is acceptable to attach a letter from their current military reserve commander regarding their service record.

Candidate’s dates of enlistment:

FROM (MONTH/YEAR) TO (MONTH/YEAR)

FROM (MONTH/YEAR) TO (MONTH/YEAR)

FROM (MONTH/YEAR) TO (MONTH/YEAR)

Was candidate’s CHARACTER OF SERVICE/DISCHARGE honorable? Yes No

(If Yes, go to the next page. If No, candidate’s character of service was listed as (choose applicable one from pull down menu below):

A brief **explanation** regarding candidate’s character of service/discharge must also be attached to this page (providing details for the reason for this character).



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ENTRANCE EXAM & LE EMPLOYMENT HISTORY – PAGE 8

ENTRANCE EXAM (Exam Result must be attached to this page.)

LAW ENFORCEMENT CERTIFICATION HISTORY

1. Has the candidate ever been certified or previously submitted an application to GA Post Council?
 Yes No

2. Has the candidate ever been certified as an officer in another state? Yes No
 (If **YES**, list state & certification #'s. Use appendix 6 for additional listings if necessary.)

STATE (Ex. GA): CERTIFICATION#

STATE (Ex. GA): CERTIFICATION#

If the candidate answers "**YES**" to #2 above, POST requires written proof from the other state's POST Council or equivalent that the officer's certification in that state is in "good standing." See Reference Manual for more details on "Good Standing". (Check box below to verify that proof of good standing is attached.)

3. Has the candidate ever been denied an application for certification for a law enforcement professional position (i.e. police, jail, communications, probation, parole, etc) in GA or another state?
 Yes No N/A If **YES**, a written signed explanation must be provided. Check box below if attached.)

4. Has the candidate's certification ever been disciplined or sanctioned in another state?
 YES NO N/A (If **YES**, provide a written signed explanation & check box below if attached.)

Attachments to this page:

Proof of Officer's "**good standing**"/**certification status** (needed for states other than Georgia ONLY)

A written & signed explanation of the **officer's denial**.

A written & signed explanation of the **officer's discipline or sanction**.

LAW ENFORCEMENT EMPLOYMENT HISTORY

Please list law enforcement agencies that you have worked for in chronological order (with most recent first). See appendix 6 for additional pages for employment history if necessary.

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

EQUIVALENCY RATING FOR PRIOR LAW ENFORCEMENT EXPERIENCE

POST response regarding this rating **is being requested** with this application.
 (**IMPORTANT NOTE:** If an equivalency rating is desired, see Appendix 12 for form/details. Additional processing time may be required if an equivalency rating is requested with the submittal of this application. Prior submittal is suggested.)

POST response regarding this rating **is attached** with this application.



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Certified Driver History - PAGE 9

Attached is a certified copy of **candidate's GA driver's history** or **printed from GCIC**

Attached is a certified copy of **candidate's driver's history** from another state

IMPORTANT NOTE:

Certified copy of an individual's driver's history must be the approved/accepted version by the state's department that governs driver's licenses and driver histories.

Candidate has possessed driver's licenses in what states in the past 10 years: *(Check what applies)*

Georgia Driver's License ONLY during past 10 years

Military Driver's License ONLY during past 10 years

Military Driver's License (From (yr) [] To (yr) [])

States other than Georgia *(list years and states below)*

YEARS: From (yr) [] To (yr) [] State: [] From (yr) [] To (yr) [] State: []

From (yr) [] To (yr) [] State: [] From (yr) [] To (yr) [] State: []

From (yr) [] To (yr) [] State: [] From (yr) [] To (yr) [] State: []

Has candidate ever been given a traffic citation?

Yes *(If Yes, complete this section.)* **No** *(If No, go to next page.)*

Has candidate received more than three citations during the past five years? **Yes** **No**

Has candidate ever had their license suspended? **Yes** *(If yes, check which reason and give year)* **No**

Year: [] DUI/DWI Points Insurance related Other *If other, give brief reason below:*

Reason: []

List any traffic citation received during the past five years. Use *Appendix 2* if necessary.

DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
[]	[]	[]	[]
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
[]	[]	[]	[]
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
[]	[]	[]	[]
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
[]	[]	[]	[]
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
[]	[]	[]	[]

Candidate's Last Name _____

Information verified by Candidate: _____

Candidate's Signature



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CRIMINAL HISTORY – PAGE 10

Please read the following information carefully before completing the next pages.
 Pursuant to Title 35, Chapter 8 of the Official Code of Georgia Annotated and the Rules of the Georgia Peace Officer Standards and Training Council, each applicant is required to disclose **EACH AND EVERY arrest and/or citation** which the applicant has received, along with the disposition of **EACH AND EVERY arrest and/or citation**. Dispositions include, but are not limited to, dismissal, placement on a dead docket, nolle prosequi, finding or verdict of guilty or not guilty, plea of guilty, plea of nolo contendere, treatment under the First Offender Act, expungement, sealed, pardoned, or bond forfeiture. **NOTE: Failure to provide all requested information (including any intentional or unintentional omissions) may result in the rejection/denial of the application.**

Has the candidate lived only in the state of Georgia: Yes No

Has the candidate ever been arrested? Yes If Yes, complete this section. No If No, go to the Next Section.

Has the candidate ever been convicted of a felony? Yes No

Has candidate ever been charged with a crime of domestic/ family violence? Yes No
 (If **YES**, a copy of the police incident report **and** the court disposition regarding the arrest must be attached.)

Is the candidate currently or ever been subject to a qualifying protection order (temporary or federal) prohibiting the possession of a firearm or ammunition? Yes No (If **Yes**, submit copy of the order.)

List all felonies first. List all other charges in chronological order (with most recent first). Use *Appendix 1* if necessary.

DATE OF ARREST m/d/yyyy _____ GIVE STATE ARRESTED (2 LETTER ABBREVIATION) _____	<u>ARRESTING AGENCY</u> _____ <u>CHARGE</u> (pick from list, if not on list provide below) _____ If not on list, give charge: _____ <u>DISPOSITION:</u> _____ If OTHER, give disposition below: _____	<u>CONVICTED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: _____ <input type="checkbox"/> Probation Time(mos/yrs): _____ <input type="checkbox"/> Incarceration Time(mos/yrs): _____ <input type="checkbox"/> Community Service
DATE OF ARREST m/d/yyyy _____ GIVE STATE ARRESTED (2 LETTER ABBREVIATION) _____	<u>ARRESTING AGENCY</u> _____ <u>CHARGE</u> (pick from list, if not on list provide below) _____ If not on list, give charge: _____ <u>DISPOSITION:</u> _____ If OTHER, give disposition below: _____	<u>CONVICTED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: _____ <input type="checkbox"/> Probation Time(mos/yrs): _____ <input type="checkbox"/> Incarceration Time(mos/yrs): _____ <input type="checkbox"/> Community Service

Attachments: Police Incident Report Court Disposition Signed/Notarized Statement re: incident

Candidate's Last Name _____

Information verified by Candidate: _____

Candidate's Signature



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GCIC/NCIC PRINTOUT/FINGERPRINT RESULTS - PAGE 11

State law requires a fingerprint check to be conducted by both GCIC and NCIC for candidates for certification.

Attached **Electronic Fingerprint Results Receipt** for Ga Applicant Processing Service

Please provide Appendix 13 which is a separate document from this application to the candidate to assist in using the GAPS fingerprinting service. For more details see [Georgia Applicant Processing Service](http://www.ga.cogentid.com/index.htm) at web site <http://www.ga.cogentid.com/index.htm>.

CANDIDATE ATTESTATION

I have personally reviewed this application regarding ALL INFORMATION provided by me including my criminal and driver history. I attest and affirm that the information provided in this application including my criminal and traffic history is complete and correct to the best of my knowledge. I further understand that any act of omission may be grounds for denial of this application for certification as a peace officer (O.C.G.A. §35-8-7.1) and could result in criminal prosecution (O.C.G.A. §16-10-20). Each page is signed by me confirming verification of the data on that individual page. I understand that any page not signed and verified by me could result in a delay of processing of this application.

Last Name	Social Sec#
First Name	Date of Birth (mm/dd/yyyy)
Middle Name	Suffix:

 Applicant Signature (*Sign Full Name*)

 Date

AGENCY ATTESTATION

As the agency head (or designee for the agency head), I have reviewed this application regarding ALL INFORMATION provided by the candidate including the criminal and driver history. I attest and affirm that the information provided in this application including the criminal and traffic history are within the hiring standards of our department and adhere to the requirements set forth by the Georgia Peace Officer Standards Training Council.

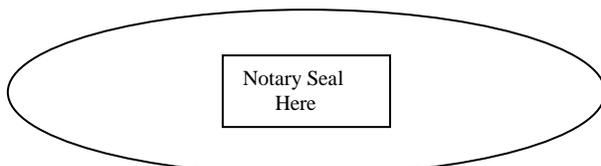
 Print Name of Agency Head (or designee)

 Agency Head (or designee) Signature

 Date

 Notary Public

 Date





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Physician's Affidavit – PAGE 1 of 3

PHYSICIAN'S INSTRUCTIONS:

Please complete this form and answer all questions related to your medical examination of this candidate. Do the following steps:

1. **Review the candidate's job duties/responsibilities.** This candidate is applying to become a certified peace officer and will be required to meet the relevant job demands and working conditions of a peace officer in Georgia.
2. **Complete the patient information** at the bottom of this page and then conduct your physical exam.
3. **Review the patient's Medical and Physical History.** A Report Form may be provided to you by the candidate or you may use the form commonly used in your medical practice.
4. **Answer all questions** by checking the appropriate block on each page and providing any comments necessary for the hiring agency's assessment.
5. **SIGN & DATE** on the appropriate page of this form and **provide** your address & phone #.
 (Please note that this exam must be conducted by a licensed physician or osteopath, and the form signed by a licensed physician or osteopath **only**. *(Forms signed by other personnel such as nurses, nurse practitioners, physician's assistant, or other staff will be rejected.)*)
6. **Give all forms to the candidate** for return to the hiring agency.

This candidate, if certified, will have the prerequisites necessary to gain employment at any law enforcement agency in the State of Georgia, including but not limited to the current place of employment. Peace officers are charged with the responsibility of enforcing criminal laws and are subject to deal with violent individuals and situations. Officers are often required to defend themselves and others from physical attacks, subdue resisting individuals, and make decisions under stress concerning the use of deadly force. **These types of positions generally require a high level of physical capability.**

O.C.G.A. §35-8-8 and POST Rule 464-3-.02 require that candidates be found, after examination by a licensed physician or surgeon, to be free from any physical, emotional, or mental conditions which might adversely affect his/her exercising the powers or duties of a peace officer. Please note that your answers are intended to provide the **hiring agency** with the most useful information possible to base an employment decision, confirm to the Georgia Peace Officer Standards and Training Council that this candidate **meets** the requirements set forth in POST Rule 464-3-.02, and in your medical opinion, this candidate is capable of **safely completing** the required training and **safely performing** the necessary job duties.

Name of Agency Contact (Agency Person Processing Application)	Contact Phone# (Area Code) - Number () - - EXT
---	---

EMAIL ADDRESS OF AGENCY CONTACT
 @

SECTION 1: TO BE COMPLETED BY LICENSED EXAMINING PHYSICIAN

Social Sec#	Last Name	First Name	Middle Name
DATE OF BIRTH (mm/dd/yyyy)	Suffix:	Maiden Name	HEIGHT ft in WEIGHT lbs (without shoes & coat) SEX:

This individual is a candidate for Peace Officer Certification in Georgia.



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Physician's Affidavit - PAGE 2 of 3

1.) In your opinion, does the candidate have, or is the candidate likely to develop, any physical symptoms or limitations that could impair performance in this position?

<input type="checkbox"/> No	Proceed to question 2
<input type="checkbox"/> Indeterminate	Describe additional tests or information required prior to making final determination.
<input type="checkbox"/> Yes	Describe the impact of these limitations including the following criteria: <ul style="list-style-type: none">• Job functions affected• Nature & degree of severity• Duration of impairment (if intermittent or temporary)• Likelihood(s) associated with this impact

2.) In your opinion, could the candidate's performance in this position result in a risk to the health and safety of the candidate or others?

<input type="checkbox"/> No	Proceed to question 3
<input type="checkbox"/> Indeterminate	Describe additional tests or information required prior to making final determination.
<input type="checkbox"/> Yes	Describe the impact of these limitations including the following criteria: <ul style="list-style-type: none">• Specific job duties/functions and/or working conditions that precipitate the risk:• Nature & severity of potential harm:• Impact of harm on self and/or others:• Likelihood(s) associated with this risk:• Imminence and duration of the threat;

Please describe any means, devices or work restrictions that could reduce or eliminate any identified risks to a level not significantly greater than that posed by the average candidate. Include the manner in which the accommodation needs to be implemented, maintained, and monitored; any side effects or risks associated with the accommodation; and a revised estimate of the candidate's viability in this position if it is implemented.



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Physician's Affidavit - Page 3 of 3

3.) In summary, what is your overall evaluation of the candidate's ability to safely perform the duties of this position? *(choose one below)*

This candidate has **no physical, emotional, or mental** conditions that might adversely affect his/her ability to perform the duties of a peace officer or take part in training programs relative to law enforcement.

Comments:

This candidate has **no physical conditions** that might adversely affect his/her ability, **but** there are some concerns that should be addressed regarding **one or more emotional or mental conditions** that could adversely affect their ability. (Please state recommendations on how to address here.)

Comments:

This candidate has **no emotional or mental conditions** that could adversely affect their ability, **but** there are some concerns that should be addressed regarding **one or more physical conditions** that could adversely affect their ability. (Please state recommendations on how to address here.)

Comments:

This candidate has **one or more physical, emotional, or mental conditions** that could adversely affect their ability that need to be addressed. (Please state recommendations on how to address here.)

Comments:

SIGNATURE OF LICENSED EXAMINING PHYSICIAN *(required)*

EXAMINING PHYSICIAN'S NAME (printed)

DATE (m/d/yyyy)

 Last First

ADDRESS OF LICENSED EXAMINING PHYSICIAN'S PRACTICE

Phone:
Area Code+Number
 ()

Street _____

City, State, Zip _____

SECTION 2: ACADEMY DIRECTOR'S ASSESSMENT

(TO BE COMPLETED BY ACADEMY DIRECTOR OR DESIGNEE)

Based on the information provided by the physician and the candidate, it is my belief that the candidate meets the state standards for this position and can safely perform the essential job demands of the position for which they are being trained. If a reasonable accommodation is necessary for this individual and the state standards are still met, I have attached a letter explaining the necessary accommodations.

SIGNATURE OF ACADEMY DIRECTOR OR DESIGNEE *(required)*

DATE

Accommodation Noted: Check here if a letter from academy director giving details of accommodation is attached (**required**). This letter indicates that the candidate needs a reasonable accommodation which can be implemented without undue hardship to the agency & still meets state standards.



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APPENDIX 1 – ADDITIONAL CRIMINAL HISTORY

List all felonies first. List all other charges in chronological order (with most recent first).

DATE OF ARREST m/d/yyyy _____	<u>ARRESTING AGENCY</u> _____ <u>CHARGE</u> (pick from list, if not on list provide below) _____ If not on list, give charge: _____ <u>DISPOSITION:</u> _____ If OTHER, give disposition below: _____	<u>CONVICTED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: _____ <input type="checkbox"/> Probation Time(mos/yrs): _____ <input type="checkbox"/> Incarceration Time(mos/yrs): _____ <input type="checkbox"/> Community Service
DATE OF ARREST m/d/yyyy _____	<u>ARRESTING AGENCY</u> _____ <u>CHARGE</u> (pick from list, if not on list provide below) _____ If not on list, give charge: _____ <u>DISPOSITION:</u> _____ If OTHER, give disposition below: _____	<u>CONVICTED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: _____ <input type="checkbox"/> Probation Time(mos/yrs): _____ <input type="checkbox"/> Incarceration Time(mos/yrs): _____ <input type="checkbox"/> Community Service
DATE OF ARREST m/d/yyyy _____	<u>ARRESTING AGENCY</u> _____ <u>CHARGE</u> (pick from list, if not on list provide below) _____ If not on list, give charge: _____ <u>DISPOSITION:</u> _____ If OTHER, give disposition below: _____	<u>CONVICTED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: _____ <input type="checkbox"/> Probation Time(mos/yrs): _____ <input type="checkbox"/> Incarceration Time(mos/yrs): _____ <input type="checkbox"/> Community Service

Attachments: Police Incident Report Court Disposition Signed/Notarized Statement re: incident

Candidate's Last Name _____

Information verified by Candidate: _____
 Candidate's Signature



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APPENDIX 3 – ADDITIONAL NAMES

Names: (List chronologically with most recent first):

- Name: Used from (YR) to (YR)

Explanation(s) for name changes:

Candidate's Last Name
Information verified by Candidate: _____ <div style="text-align: center; margin-top: -10px;">Candidate's Signature</div>



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APPENDIX 4 – ADDITIONAL EDUCATION

List colleges/universities attended or obtained a degree from (list colleges/universities):
(Use and attach appendix 4 for additional degrees obtained and/or colleges attended)

College/Univ: _____
Attended from (mo/yr to mo/yr): _____ to _____
 Did not obtain degree
Obtained: Associate's Bachelor's Master's Doctorate degree.

College/Univ: _____
Attended from (mo/yr to mo/yr): _____ to _____
 Did not obtain degree
Obtained: Associate's Bachelor's Master's Doctorate degree.

College/Univ: _____
Attended from (mo/yr to mo/yr): _____ to _____
 Did not obtain degree
Obtained: Associate's Bachelor's Master's Doctorate degree.

College/Univ: _____
Attended from (mo/yr to mo/yr): _____ to _____
 Did not obtain degree
Obtained: Associate's Bachelor's Master's Doctorate degree.

College/Univ: _____
Attended from (mo/yr to mo/yr): _____ to _____
 Did not obtain degree
Obtained: Associate's Bachelor's Master's Doctorate degree.

College/Univ: _____
Attended from (mo/yr to mo/yr): _____ to _____
 Did not obtain degree
Obtained: Associate's Bachelor's Master's Doctorate degree.

College/Univ: _____
Attended from (mo/yr to mo/yr): _____ to _____
 Did not obtain degree
Obtained: Associate's Bachelor's Master's Doctorate degree.

Candidate's Last Name

Information verified by Candidate: _____
Candidate's Signature



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APPENDIX 5 – ADDITIONAL MILITARY

Candidate served in the (*check as apply*): Air Force Army Coast Guard Marines
 Navy National Guard Reserves – Give Branch _____
 Other Department of Defense service – list _____

IMPORTANT NOTE: If the candidate recently served or is currently serving in the reserves, it is acceptable to attach a letter from their current military reserve commander regarding their service record.

Candidate's dates of enlistment:

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____

Was candidate's CHARACTER OF SERVICE/DISCHARGE honorable? Yes No

(If **Yes**, go to the next page. If **No**, candidate's character of service was listed as (choose applicable one from pull down menu below):

A brief **explanation** regarding candidate's character of service/discharge must also be attached to this page (providing details for the reason for this character).

Candidate served in the (*check as apply*): Air Force Army Coast Guard Marines
 Navy National Guard Reserves – Give Branch _____
 Other Department of Defense service – list _____

IMPORTANT NOTE: If the candidate recently served or is currently serving in the reserves, it is acceptable to attach a letter from their current military reserve commander regarding their service record.

Candidate's dates of enlistment:

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____

Was candidate's CHARACTER OF SERVICE/DISCHARGE honorable? Yes No

(If **Yes**, go to the next page. If **No**, candidate's character of service was listed as (choose applicable one from pull down menu below):

A brief **explanation** regarding candidate's character of service/discharge must also be attached to this page (providing details for the reason for this character).

Candidate's Last Name _____

Information verified by Candidate: _____
 Candidate's Signature



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APPENDIX 6 – ADDITIONAL L.E. HISTORY

Additional certifications:

- STATE (Ex. GA): CERTIFICATION#

Please list law enforcement agencies that you have worked for in chronological order (with most recent first). See appendix 6 for additional pages for employment history if necessary.

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Candidate's Last Name

Information verified by Candidate: _____
 Candidate's Signature



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APPENDIX 9 – CITIZENSHIP VERIFICATION STATEMENT

I,
 (FULL NAME OF CANDIDATE – First Middle Last) , do hereby state that I was born in

(Name of City, State, Territory/Country of Birth) [redacted], [redacted],

on (date of birth) [redacted].

My parents names are (father) [redacted] and (mother) [redacted].

I became a U.S. Citizen by (check one):

- Birth within the territory of the United States.
- My parents are United States citizens.
- Naturalization - I became a United States naturalized citizen on (date) [redacted]
 (Please note that a copy of their U.S. naturalization certificate or their U.S. passport must be included with this application.)

 Candidate Signature (including maiden name)

 Date

 Notary Public Signature

 Date

