

## CHECK LIST

### PRE-ADMISSION TO THE CRIMINAL JUSTICE PUBLIC SAFETY ACADEMY

**Submit the following application materials as a complete packet:**

- \_\_\_\_\_ \$750.00 application fee  
(Check made payable to Department of Criminal Justice)
- \_\_\_\_\_ Letter of Intent (hand written)
- \_\_\_\_\_ Complete Application for pre-admission
- \_\_\_\_\_ Copy of a Certified Birth Certificate
- \_\_\_\_\_ Copy of a Social Security Card
- \_\_\_\_\_ Copy of an Official High School Diploma and Transcript
- \_\_\_\_\_ Copy of a Valid Driver's License
- \_\_\_\_\_ Copy of DD-214 (if applicable)
- \_\_\_\_\_ Official Copy of SAT, ACT or COMPASS Scores

Students who wish to apply for pre-admission to the Public Safety Academy must first apply for admission and be accepted to UNG. Please note that admission to the University does not automatically guarantee pre-admission to the Public Safety Academy. This application is a pre-admission step to the full admission process. The Public Safety Academy is an official academy of the Georgia Peace Officer Standards and Training Council. A candidate is fully accepted into the Public Safety Academy once they pass a psychological assessment, physical ability test, a background check, criminal history check, driver's history, and health physical. The Georgia Peace Officer Standards and Training Council holds the full authority to accept or deny Public Safety Academy Applicants.

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.), please contact Sallie Parker at [sallie.parker@ung.edu](mailto:sallie.parker@ung.edu) or 706-867-2853.

**UNIVERSITY OF NORTH GEORGIA  
CRIMINAL JUSTICE PUBLIC SAFETY ACADEMY  
APPLICATION  
PSA Admit Term: Fall \_\_\_\_\_ Spring \_\_\_\_\_**

<b>Application Information</b>				
<b>Last name</b>	<b>First name Middle Name</b>			<b>UNG ID #</b>
<b>Home Address (permanent)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Social Security #</b>
<b>Mailing address where you will live while in the program</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Campus PO Box #</b>
<b>Cell phone</b>	<b>Other phone</b>	<b>Email address (UNG)</b>		<b>Date of Birth</b>
<b>In case of emergency notify: (name, phone, relationship)</b>				
<p>Please indicate with your initials that the following documents are attached:</p> <p>a. Copy of a Certified BirthCertificate _____</p> <p>b. Copy of a Social SecurityCard _____</p> <p>c. Copy of an Official High School Diploma and Transcript _____</p> <p>d. Copy of a Valid Driver’s License _____</p> <p>e. Copy of Official Transcripts from AnyOther Universities _____ (if applicable)</p> <p>f. Copy of DD-214 _____ (if applicable)</p> <p>g. Official Copy of SAT, ACT or COMPASS Scores _____</p>				

**\*Incomplete application packets will not be processed.\***

**Please print this application and mail with all required materials to:**

**Department of Criminal Justice**

**339 Hansford Hall**

**Dahlonega, GA 30597**

**706-867-2671**

**(or deliver to Butch Newkirk or Sallie Parker, 31 Walker Drive, Dahlonega  
Campus)**

NAME \_\_\_\_\_

Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

**Education Information:**

Name of High School \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Address of High School \_\_\_\_\_

Phone Number of High School \_\_\_\_\_

## **Breakdown of Public Safety Academy Costs - PLEASE KEEP THIS PAGE FOR YOURSELF**

**\$750 is due at the time you submit your application. (Financial Aid cannot cover this cost. Only GMS cadets may be reimbursed for this fee).**

POST Certification - \$200.00 (required whether student graduates from the academy or not)

Driving History and Background Check - \$80.00

Driving History after the Emergency Vehicle Operator's Course - \$13.00

Fingerprints and Criminal History (ran twice during time in the academy) - \$96.50

Physical - \$50.00

Uniforms (2 T-shirts, 2 Polos, 1 Jacket, Hat) – \$230.50

Graduation fee (challenge coin & engraving, stole, & certificate) - \$55.00

### **Important fee information:**

Parts or all of the \$750 may be refunded if the student has not completed one or any of the above items. For example, once a student submits to a physical with a Physician, they will not be refunded that portion of the fee.

### **Additional costs:**

The Georgia Peace Officer Standards and Training Council now requires each academy applicant to complete and pass a psychological evaluation before they can be admitted to the academy. This is an additional fee and must be paid to the vendor directly. The vendor we use is \$275. We will give applicants this information once they pass the interview with our interview board.

Students are billed through the University for Course Lab Fees related to the Public Safety Academy. Financial aid may cover these fees. There are four labs with associated costs that cover ammunition, vehicle maintenance, CPR and First Aid supplies, Taser cartridges/batteries, and pepper spray. The University of North Georgia aims to keep the total cost for a student to go through the Public Safety Academy under \$2,000 which includes the initial \$750.

### **Important uniform information:**

Those admitted must purchase their uniform equipment, pants, and shoes/boots, no later than 1 month after full acceptance into the Public Safety Academy. The Coordinator will provide the student with a link to an online website where they can see and purchase all of the required items. The student will not be required to purchase the T-Shirts, Polos, Jacket and Hat, as this will be provided.

**Required shoes:** Students are not required to purchase a specific brand or style. However, the shoes or boots must be black and the wedge or bottom of the shoe must at least be a dark gray or black color.

## Office Use Only

Date Check was Deposited			
Date of Physical and Name of Doctors Office			
PSI Payment Date			
Cogent Payment Date			
Post Application Payment Date			
Physician Payment Date			
Uniform Payment Date			
Photo			

Please fill out the remaining application pages to the best of your ability. If you need a notary, we can notarize your paperwork in our office. Please double check on required signatures and include a photo with your application.



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

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 Of \_\_\_  
 Initial \_\_\_

**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  <b>Pre-Service Candidate for Peace Officer</b>
--	--

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**

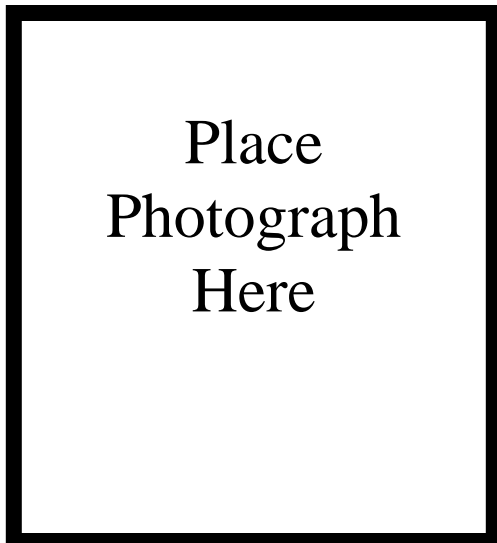
*Please read and sign in the presence of the agency head or authorized representative acknowledging your acceptance and understanding of this agreement.*

*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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**VERIFICATION/RECOMMENDATION/ACKNOWLEDGEMENT - PAGE 4**

I have verified the information provided by the candidate contained in this application, and I am aware that it is my responsibility to provide POST with a complete and accurate application on behalf of my agency. My initials have been placed in the upper right hand corner on each page to signify my review of the information provided, and I accept responsibility for the veracity of this application. Based on my verification, this candidate has met the requirements of O.C.G.A. § 35-8-8.

Signature –Agency Employee Responsible for Verification \_\_\_\_\_ Date \_\_\_\_\_

**BACKGROUND INVESTIGATION**

**Copy of Background Investigation Attached**

(FULL NAME OF CANDIDATE – FIRST, MIDDLE INITIAL, LAST)

Date Candidate was interviewed: (mm/dd/yyyy)	Name of Interviewer (First Last)
_____	_____

The Background Investigator verified the following information with the appropriate authorities:

- Education (High School & College)       Yes     No
- Prior LE Employment & Certification     Yes     No     Not applicable
- Military     Yes     No     Not applicable
- Criminal History                                 Yes     No
- Traffic History                                    Yes     No

Name of Background Investigator (First Last)  
 \_\_\_\_\_

Date Background Investigation Completed  
 (mm/dd/yyyy) \_\_\_\_\_

Signature of Person Conducting Background Investigation \_\_\_\_\_

**ACADEMY DIRECTOR RECOMMENDATION**

The candidate named in this application was found to satisfy the requirements of O.C.G.A. § 35-8-8, and is recommended by me for attendance to a Basic Law Enforcement Training Course and for certification upon successfully completing this training.

(NOTE: Once this application is approved a POSTFORM #2 authorizing the academy/school attendance will be issued. No person shall perform the duties of a peace officer until successful completion of the Basic Law Enforcement Training Course.)

“(a) No person required to comply with the certification provisions of this chapter shall be employed or appointed by any law enforcement unit without certification from the Council that the applicant has met the pre-employment requirements established in this chapter.”

Academy Director or Designee 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](http://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](http://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



**STOP! DO NOT COMPLETE -  
WILL COMPLETE IN THE  
OFFICE**



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Initial  
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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.

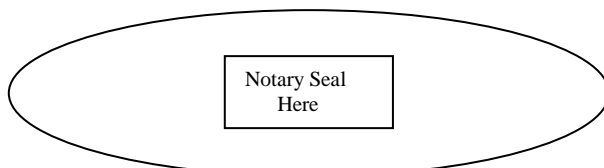
\_\_\_\_\_  
Print Name of Agency Head (or designee)

\_\_\_\_\_  
Agency Head (or designee) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date





**Georgia Peace Officer Standards & Training Council**  
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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):

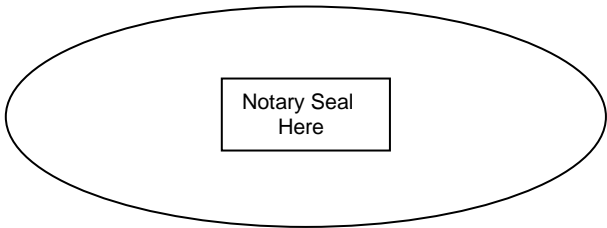
- Birth within the territory of the United States.
- My parents are United States citizens.
- Naturalization - I became a United States naturalized citizen on (date) [redacted]  
 (Please note that a copy of their U.S. naturalization certificate or their U.S. passport must be included with this application.)

\_\_\_\_\_  
 Candidate Signature (including maiden name)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Notary Public Signature

\_\_\_\_\_  
 Date





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**APPENDIX 10**

**AFFIDAVIT OF SUCCESSFUL COMPLETION OF HOME STUDY PROGRAM FROM PARENT/GUARDIAN**

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

**Section I**

**ATTESTATION OF APPLICANT**

I, *(FULL NAME OF CANDIDATE – First Middle Last)* hereby swear or affirm, under criminal penalty of a felony subject to punishment by fine of not more than \$ 1000.00 or by imprisonment for not less than one nor more than five years, that I received the attached home study diploma pursuant to my successful completion of a home study program as recognized by applicable Georgia Law.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Notary Public

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Notary Seal

**Section II**

**ATTESTATION OF PARENT / GUARDIAN**

I, *(FULL NAME OF Parent/Guardian– First Middle Last)* \_\_\_\_\_, hereby swear or affirm, under criminal penalty of a felony subject to punishment by fine of not more than \$ 1000.00 or by imprisonment for not less than one nor more than five years, that , my child / ward, received the attached home study diploma pursuant to his/her successful completion of a home study program as recognized by applicable Georgia Law. I further swear or affirm that the home study program completed by my child / ward was administered by a person or persons duly qualified to administer such a program under applicable Georgia Law.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Notary Public

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Notary Seal



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

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Initial \_\_\_\_

**APPENDIX 11**

**AFFIDAVIT OF SUCCESSFUL COMPLETION OF HOME STUDY PROGRAM FROM PARENT/GUARDIAN (Parent/Guardian Deceased)**

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

**Section I**

**ATTESTATION OF APPLICANT**

I,  
(FULL NAME OF CANDIDATE – First Middle Last) hereby swear or affirm, under criminal penalty of a felony subject to punishment by fine of not more than \$ 1000.00 or by imprisonment for not less than one nor more than five years, that I received the attached home study diploma pursuant to my successful completion of a home study program as recognized by applicable Georgia Law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary Public                                  Date                                  Notary Seal

**Section II**

**ATTESTATION OF PARENT / GUARDIAN DEATH**

I,  
(FULL NAME OF CANDIDATE – First Middle Last), hereby swear or affirm, under criminal penalty of a felony subject to punishment by fine of not more than \$ 1000.00 or by imprisonment for not less than one nor more than five years, that my parent (s) / guardian having custody of me during my home study program died on            (mm/dd/year).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary Public                                  Date                                  Notary Seal



**Georgia Peace Officer Standards & Training Council**  
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\_\_\_

**APPENDIX 12**

**EQUIVALENCY RATING REQUEST**

This request is for candidates that hold police officer certifications and completed a full time police officer academy in other states or with the federal government. It can either be submitted as a part of a POST officer application or it can be submitted for approval prior to employment in Georgia. Prior submittal is recommended to have optimal processing time. Please send only the items requested below. Other certificates are not required.

<b>CANDIDATE REQUESTING EQUIVALENCY</b>			
Last Name		Social Sec#	
First Name		Date of Birth (mm/dd/yyyy)	
Middle Name		Suffix:	
ADDRESS: Street		Apartment/Unit#	
City:		State:	Zip Code: █ -
CANDIDATE'S E-MAIL ADDRESS - @			
LAW ENFORCEMENT CERTIFICATION# █		STATE: █	
LAW ENFORCEMENT CERTIFICATION# █		STATE: █	

In order for your equivalency request to be processed you must provide the following documents:

- A copy of my Basic Course Completion Certificate is attached.
- A copy of my State Issued Certification is attached.
- A copy of my résumé (detailing my Law Enforcement History) is attached.

Submit these items by mailing to:  
Georgia Peace Officer Standards & Training Council, P.O. Box 349, Clarkdale, GA 30111-0349

Please send the POST response to me by:(check one)  via U.S. Postal Service mail  E-mail  
E-mail is recommended for faster response. A response will be returned to you within 4-6 weeks.

(Do not fill in this section. POST Use Only)

**Equivalency Request for Part-time Attendance granted**  
Granted on the condition that you have not been out of law enforcement for more than 36 months (calculated from last day of employment to date of hire as a law enforcement ofc in GA). You will attend the part-time (POST specified) number of hours. Submit a copy of this form with your application to obtain basic course approval form for part-time.

Authorized by: \_\_\_\_\_ Date Authorized: \_\_\_\_\_

**Equivalency Request DENIED** - Candidate did not meet one of the following conditions:

- Employment history requirement not met – had 36 month break in service
- Did not attend a full or equivalent police officer academy
- Other condition not met: \_\_\_\_\_

**GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL**

**PO Box 349**

**Clarkdale, Georgia 30111-0349**

**Mike Ayers  
Executive Director**



**Telephone: (770) 732-5604**

**Fax: (770) 732-5952**

As a professional member of the law enforcement profession in Georgia, I realize that I am held to a very high standard of professional conduct. As a certified peace officer or criminal justice professional, I freely accept this responsibility without reservation. I acknowledge that the following issues could result in serious adverse action taken against me. Those actions could result in sanctions up to and including the loss of my certification.

- 1) A conviction, plea of guilty, plea of no contest or admission of guilt (regardless of withheld adjudication) to a felony, a crime punishable by a sentence of more than one year, or a crime of moral turpitude in this or any other jurisdiction;
- 2) Unlawful use of a controlled substance;
- 3) The use of excessive or unwarranted force in dealing with the public and/or prisoners;
- 4) Dangerous or unsafe practices involving firearms or their security, weapons, or vehicles which indicate either a willful or wanton disregard for the safety of persons or property;
- 5) Physical or psychological abuse of members of the public or prisoners;
- 6) Any act of domestic violence;
- 7) Misrepresentation of employment-related information;
- 8) Willfully making a false, misleading, incomplete, deceitful or incorrect statement(s) to a law enforcement officer, agency, or representative, except when required by departmental policy or by the laws of this state;
- 9) Willfully making a false, misleading, incomplete, deceitful, or incorrect statement(s) to any court of competent jurisdiction, or to their staff members, whether under oath or not;

- 10) Willfully providing a false, misleading, incomplete, deceitful, or incorrect information on a document, record, report, or form, except when required by departmental policy or the laws of this state;
- 11) Willfully cheating or aiding another in cheating on any required testing procedures conducted in the scope of one's official duties. Note: No superior officer appointed over you has the authority to compel you to cheat or authorize you to cheat and as such, this is not a valid defense;
- 12) Willfully obeying the direction of a superior officer who has issued an apparent unlawful command or order. When uncertain as to the legitimacy or legality of the command it is incumbent upon me to seek clarification from the issuing officer or that officer's superior.

I fully understand the importance of professional conduct and that the public has every right to hold its public servants at the highest level of professional and personal conduct. Having freely volunteered to seek employment in this occupational field, I agree to these standards of conduct and understand their requirements. I further understand that should I decide to violate any of these standards, the Georgia Peace Officer Standards and Training Council has the authority to impose sanctions upon me up to and including the revocation of my certification.

I have read the foregoing conditions and I fully understand them. Should I fail to understand any portion of this agreement I accept that it is incumbent on me to seek additional explanation from a superior officer or by contacting a representative of Georgia POST Council by calling (770) 732-5604. I freely and voluntarily agree to the complete terms of this document and agree to be bound by the conditions of this agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Printed Name