

**GEORGIA
PEACE OFFICER STANDARDS
AND
TRAINING COUNCIL**



**APPLICATION FOR CERTIFICATION
COMMUNICATION OFFICER**

This application complies with requirements of O.C.G.A. § 35-8-23. Failure to complete all portions of the application will result in a delay in processing and could result in denial of certification.

O.C.G.A. § 35-8-15 requires each law enforcement unit to prepare duplicate records on any candidate, forward one copy to the Council and maintain the second copy on file at the headquarters of the law enforcement unit.

*Return to:
GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL
P.O. Box 349
Clarkdale, Georgia 30111*

CRIMINAL AND TRAFFIC HISTORY

Please read the following information before completing this page!!!

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 in the space below 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 specifically 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, and bond forfeiture.

NOTE: The failure to provide all of the requested information, leaving this section blank, or stating "see attached criminal history" may result in the rejection or denial of the application. If the applicant has no criminal or traffic history, the applicant MUST write "NONE" in the appropriate space below.

CRIMINAL HISTORY (Misdemeanors and Felonies)

Table with 4 columns: Charge, Date, Location, Disposition. Multiple empty rows for data entry.

TRAFFIC HISTORY

Table with 4 columns: Violation, Date, Location, Disposition. Multiple empty rows for data entry.

(Use additional paper if necessary)

Empty square box for attention check.

ATTENTION!! Have you completed the above section according to the instructions? If so, check the box to the left. If not, do so NOW before continuing.

ATTESTATION

I have personally reviewed the above section. I attest and affirm that the above information regarding 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).

Applicant Signature

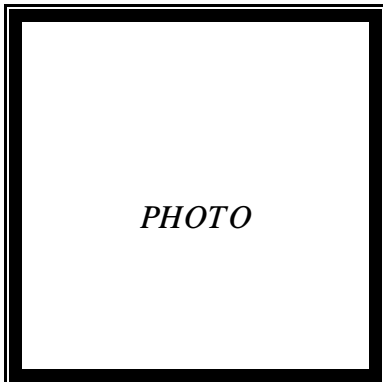
Notary Public / Seal

I, (Full Name of Candidate) _____, when approved for Basic Communication Officer 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 P.O.S.T. Council. I release the Georgia Peace Officer Standards and Training Council, the Department of Public Safety, the State of Georgia, and any other official associated or connected with the training academy for liability in case of illness or accident.

This application will be valid for 18 months only. If not certified by that time, this application will be returned to my employing agency and a new application submitted according to P.O.S.T. Council rule 464-3-.01.

Candidate Signature

Date



Agency Head or Authorized Representative

PERSONAL HISTORY RELEASE

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; 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 preemployment 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.

Signature (Including maiden name) Date

Address Phone Number

City State Zip Social Security Number

Date of Birth

Notary Public Date

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.

(Revised 2/11/88)

CANDIDATE TRAINING AND CERTIFICATION

Agency Making Application: _____

Address: _____

Agency Phone Number: (____) _____

Agency e-mail: _____

Academy candidate will attend: _____

Anticipated academy start date: ____ / ____ / ____

Candidate Name: _____

Candidate is employed full-time as a Communication Officer with this agency working a minimum of 30 hours per week or 120 hours per 28 day period.

Yes ____ No ____ Reserve ____

Date Interviewed: ____ / ____ / ____ (POST rule 464-14-.02(h))

Date of Employment: ____ / ____ / ____

A background investigation was completed by _____
(Investigator)

on ____ / ____ / ____ . Candidate was found to satisfy requirements of O.C.G.A. § 35-8-23.

The Candidate named on this application is recommended by me for attendance to a Basic Communication Officer Training Course and for certification upon successfully completing this training. I understand that POST reimbursement guidelines prevent subsistence reimbursement for trainees who live within 45 miles of the training academy or who fail to satisfactorily complete the training. Also, no training costs (tuition or subsistence) will be paid by POST for a trainee receiving a reduced salary during training, or who attends the basic course more than 6 months after being employed.

NOTE: *If Candidate is approved for training a POSTFORM #2 authorizing the academy school attendance will be sent to the agency head.*

"(a) No person required to comply with the certification provisions of this chapter shall be employed or appointed as a Communication Officer without certification from the Council that the applicant has met the preemployment requirements established in this chapter nor may employment or appointment pursuant to such certification continue beyond the time established in this chapter for satisfactory completion of the basic course without certification from the Council that the candidate has satisfactorily completed the basic course."

Date: ____ / ____ / ____ Signature: _____

Agency Head

PHYSICIAN'S AFFIDAVIT

Note to Physician:

This applicant, if certified, will have the prerequisites necessary to gain employment at any Public Safety agency in the State of Georgia, including but not limited to the current place of employment.

Communication Officers are charged with the responsibility of receiving and dispatching public safety information by telephone, radio, and teletype systems, often during emergencies and under stress.

I understand _____ is being considered for employment as a communication officer and as a result of employment could be subjected to severe mental stress. I have examined _____ and to the best of my knowledge this person is free from any physical, emotional or mental conditions which might adversely affect this person's ability to perform the duties of a communication officer or take part in training programs.

Physicians Name (Please Print)

Address

Physician's Signature

Date

Attach Birth Certificate Here

In lieu of a birth certificate, a valid Georgia Drivers' License plus one or more of the following documents may be accepted:

- a. Baptismal record*
- b. Draft card*
- c. Court records*
- d. Passport*
- e. Citizenship papers*
- f. Armed Forces discharge paper (DD214)*
- g. Certified copy of school records*

This identification must show the full name and date of birth of the applicant. In order to establish the place of birth, an applicant must also submit a signed, notarized statement indicating that he is a United States citizen if documents other than a birth certificate are furnished. Included in this statement must be the place, date and county of birth. If the applicant is a naturalized citizen, a certified copy of the naturalization papers are to be sent with the statement.

*Attach High School Diploma
or State Issued GED Here*

O.C.G.A. § 35-8, (a), (3) requires any person appointed or certified as a peace officer to have a high school diploma or its recognized equivalent. This requirement may be satisfied by providing a high school diploma, or transcript showing graduation or an approved college degree or college transcript showing high school graduation. Transcripts must be certified by school. A recognized equivalent means a diploma awarded by any state on the basis of a General Education Development (GED) test.

GED must be awarded by a state. United States Armed Forces Institute (USAFI) must be converted to a state awarded certificate. In order to convert the USAFI to a state awarded certificate the candidate must correspond with:

*Georgia Department of Technical & Adult Education
Office of Adult Literacy/GED Testing Services
1800 Century Place, Suite 555
Atlanta, Georgia 30345*

*Attach Military Discharge or DD214 Showing
Type of Discharge Here*

*A copy of discharge, or DD form 214 must be furnished. If
type of discharge or character of service is other than
"honorable", attach an explanation. More information or
documentation may be required.*

*Certified Driver History
Attach Here*

*Must be original from Department of Public Safety
(Copies will not be accepted)*

*Georgia Crime Information Center and
National Crime Information Center Printout*

Attach Printout Here (Original Only)

