



Georgia Peace Officer Standards & Training Council
Equivalency of Training Application for Certification

Pg. ___
 Of ___
 Initial ___

CERTIFICATION OF CANDIDATE - PAGE 1

Candidate's Last Name				
Candidate's First Name				
Candidate's Middle Name				
Name Suffix (Sr., Jr., II, III, etc.)			Social Sec#	
Maiden Name			Date of Birth (mm/dd/yyyy)	
RACE			SEX/GENDER	
Education (select highest level that documentation is provided for in this application)				
HEIGHT ft	HEIGHT in	WEIGHT lbs	HAIR COLOR	EYE COLOR
Are you a citizen of the United States?				
ADDRESS: <i>Street</i>			Apartment/Unit#	
City:		State:	Zip Code:	
Candidate's Phone Number:				
Candidate's EMAIL ADDRESS				

Please answer the following questions:

Did you complete a full or equivalent **police officer, federal police, or military police (military must include CID)** type academy?

Give the name of the academy (or equivalent type of training facility) that you completed:

Did the academy that you completed require you to demonstrate proficiency with a firearm?

Have you been actively employed in a law enforcement position within the past 36 months?

Provide the following information.

Law Enforcement Certification number:	State of issuance:
Law Enforcement Certification number:	State of issuance:
Law Enforcement Certification number:	State of issuance:

Attach the following documents to this page:

A copy of my Basic Course Completion Certificate (check to verify attachment)

A copy of my State/Federal/Military Issued Certification (check to verify attachment)

A copy of my résumé (detailing my Law Enforcement History) (check to verify attachment)

If you have an offer of employment with a Georgia Law Enforcement agency, Appendix 12 is required.

(NOTE: If these documents are not provided, your application will remain unprocessed until all documents are received.)

POST USE ONLY:

Equivalency Request DENIED **Equivalency Request granted**

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: _____

Failed Examination



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CANDIDATE AGREEMENT & PHOTOGRAPH – PAGE 2

Please read and sign acknowledging your acceptance and understanding of this agreement.

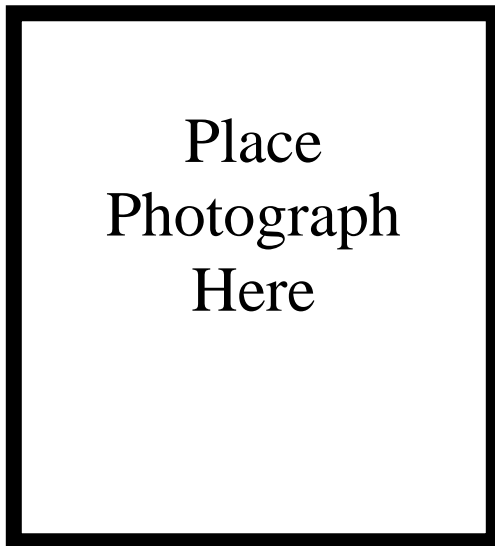
I,

(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 the requirements for a basic training course or an equivalency 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



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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.

Candidate's Last Name		
Candidate's First Name		
Candidate's Middle Name		
Name Suffix (Sr., Jr., II, III, etc.)		Social Sec#
Maiden Name		Date of Birth
ADDRESS: <i>Street</i>		Apartment/Unit#
City:	State:	Zip Code:
Candidate's Phone Number:		
Email Address		

 Candidate Signature (including maiden name)

 Date

 Notary Public Signature

 Date



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GCIC/NCIC PRINTOUT/FINGERPRINT RESULTS - PAGE 4

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

Give **Results Date** (Date fingerprinted)

Attached **Electronic Fingerprint Results Receipt** for **Ga Applicant Processing Service** or **Fingerprint results obtained by employing agency** (if employed)

Attach the receipt from candidate's payment to the Georgia Applicant Processing Service for fingerprint service. See Appendix 13 for details on using the GAPS fingerprinting service. More details can be found at the Georgia Applicant Processing Service 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.

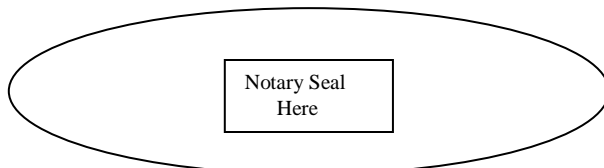
Candidate's Last Name	
Candidate's First Name	
Candidate's Middle Name	
Name Suffix (Sr., Jr., II, III, etc.)	Social Sec#
Maiden Name	Date of Birth

 Applicant Signature (*Sign Full Name*)

 Date

 Notary Public

 Date





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BIRTH & CITIZENSHIP VERIFICATION – Page 5

Give Full Name as Listed on Birth Certificate:

NOTE: If the name on the birth certificate and the name given on **Page 1** of this application **do not match**, give all other names **used after your birth name** in the section below. Put **“present”** in the **“to”** block if a name is currently used.

Names: (List chronologically with most recent first)

Name:

Used From:

Used To:

Explanation for name change:

Name:

Used From:

Used To:

Explanation for name change:

Name:

Used From:

Used To:

Explanation for name change:

Name:

Used From:

Used To:

Explanation for name change:

Check here if name change documentation is attached

Was candidate born in the United States?

Candidate's Country of birth if other than U.S.:

City (where born):

State (where born):

Was the candidate a U.S. military dependent at the time of birth?

Is the candidate a naturalized citizen?

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:

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)

Copy of U.S. Passport attached



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EDUCATION – PAGE 6

Check which of the following documents is provided for the education requirement:

- High School Diploma or Certified Transcript from an accredited school
- GED Diploma or Certified Transcript (a military GED can be submitted to GA Dept of Ed to get a state issued GED diploma)
- Home School Affidavit
- College degree or Certified Transcript from an accredited school/college/university
- Evaluation of International Transcript from a school or college outside of the United States
- Acceptance letter to a degree program from any accredited college or university in the United States

The U.S. school/college/university provided as proof of my education requirement is accredited by (select appropriate one): Regulated by a public school system or state department of education **or**

(pick accreditation agency from pull down menu)

IMPORTANT NOTE: Candidate must attach a copy of the proof of accreditation for any schools or colleges located outside of Georgia that **are not regulated** by a public school system/state department of education or for any internet schools/correspondence schools. (Please use www.chea.org to check accreditation for U.S. colleges & universities. Screen printout from www.chea.org is acceptable as proof.)

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

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 all colleges/universities attended or obtained a degree from:

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

College/Univ:

Attended From:

To:

Degree Status:

College/Univ:

Attended From:

To:

Degree Status:

College/Univ:

Attended From:

To:

Degree Status:

College/Univ:

Attended From:

To:

Degree Status:

Candidate's Name:



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

Candidate served in the *(select from pull down menu)*:

If Reserves – Give Branch

If 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. If the candidate is on “Terminal Leave,” then the candidate will be able to submit their terminal leave orders with this application. their Dd214 must be submitted upon receipt from the military before a certification can be issued.

Candidate’s Dates of Enlistment

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

Was the candidate’s final discharge from the military listed as “HONORABLE” only on their DD214 Member 4 form?

Identify the candidate’s **CHARACTER OF SERVICE/DISCHARGE** listed on their DD214 member 4 form if it is not listed as “HONORABLE” **only**? (select from the pull down menu below)

IMPORTANT NOTE: A brief **explanation** in writing (signed & dated) regarding the candidate’s character of service/discharge must be attached to this page if discharge listed on DD214 in the character of discharge **does not state** “HONORABLE” **ONLY**. (For example, discharges such as Uncharacterized, General Under Honorable conditions, etc. would require an explanation.) The explanation should include the pertinent details relating to the discharge character.

Additional military service can be listed using Appendix 5.

Candidate’s Name:



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ENTRANCE EXAM & LE EMPLOYMENT HISTORY – PAGE 8

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

Exam taken:	Minimum test scores: <u>ASSET</u> : Reading – 38, Writing – 35, Numerical* – 35 <u>COMPASS</u> : Reading – 70, Writing – 23, Numerical* – 26 <u>SAT</u> : Verbal/Critical Reading – 430, Math – 400 <u>ACT</u> : Verbal/English/Reading – 18, Math – 16 <u>CPE</u> : Reading – 75, English – 75, Math – 75 * Numerical scores for ASSET/COMPASS used for evaluation ONLY.
Date of Exam:	
Reading/Verbal/Critical Reading Score:	
Writing/English:	
Math Score:	

LAW ENFORCEMENT CERTIFICATION HISTORY

1. 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? If **YES**, a written signed explanation must be provided. Check box below if attached.

2. Has the candidate's certification ever been disciplined or sanctioned in another state? (If **YES**, provide a written signed explanation & check box below if attached.)

Attachments to this page:

Proof of Officer's "**good standing**"/**certification status required** (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 (MONTH/YEAR)	Employed TO (MONTH/YEAR)
Position held:	
Reason for leaving:	
Agency Name:	
State:	
Employed FROM (MONTH/YEAR)	Employed TO (MONTH/YEAR)
Position held:	
Reason for leaving:	
Agency Name:	
State:	
Employed FROM (MONTH/YEAR)	Employed TO (MONTH/YEAR)
Position held:	
Reason for leaving:	
Candidate's Name:	



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DRIVER'S HISTORY - PAGE 9

Attached is a certified copy of candidate's driver history or histories.
Must provide for all states that driver has held license within the past ten years.

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 held Georgia Driver's License ONLY during past 10 years?

Candidate has held a military Driver's License ONLY during past 10 years?

Candidate has held a Driver's License in the following states during the past ten years:

State (Abbreviation):	License held from (year):	to (year):
State (Abbreviation):	License held from (year):	to (year):
State (Abbreviation):	License held from (year):	to (year):
State (Abbreviation):	License held from (year):	to (year):
State (Abbreviation):	License held from (year):	to (year):
State (Abbreviation):	License held from (year):	to (year):

Has candidate been given a traffic citation during the past five years?

Has candidate received more than three citations during the past five years?

Has candidate ever had their license suspended?

Year of suspension: _____ **Reason** (choose): _____

*If **Other** reason chosen, give brief reason/explanation here:*

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

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, charge, count, 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.**

- 1.) Has the candidate lived only in the state of Georgia?
- 2.) Has the candidate ever been arrested?
- 3.) Has the candidate ever been convicted of a felony?
- 4.) Is the candidate currently or ever been subject to a qualifying protection order (temporary or federal) prohibiting the possession of a firearm or ammunition?
 (If **Yes**, submit copy of the order.)
- 5.) Has candidate ever been convicted of a crime involving the use of physical force against someone who is a current or former spouse, parent, guardian, person who shares a child in common, person who is cohabiting with you, or by a person similarly situated to a spouse, parent, or guardian?
- 6.) Has the candidate ever been convicted of a crime involving the **attempted** use of physical force against someone who is a current or former spouse, parent, guardian, person who shares a child in common, person who is cohabiting with you, or by a person similarly situated to a spouse, parent, or guardian?

If **YES** to either questions (#5 or #6) above, provide a signed, written statement describing the nature of the offense, disposition, & court of conviction. Including pleas of nolo contendere, pleas pursuant to **Alford v. North Carolina**, or pleas under the First Offender Act. Also provide any information regarding receipt of a pardon or if you have otherwise (had your civil rights restored. A copy of the police incident report **and** the **court disposition** regarding the arrest must be attached.

List all felonies first in the section below. All other charges should be listed in chronological order (most recent first). Use Appendix 1 if necessary.

Date of Arrest:		State where arrested:		Offense Severity:	
Arresting Agency:					
Charge:			If not on list, give charge:		
# of Counts:					
Disposition:			If other disposition, list:		
If amounts below are part of disposition, please list:					
Fine Amt:	Probation Amt:		Incarceration Amt:		Community Svc Amt:
Date of Arrest:		State where arrested:		Offense Severity:	
Arresting Agency:					
Charge:			If not on list, give charge:		
# of Counts:					
Disposition:			If other disposition, list:		
If amounts below are part of disposition, please list:					
Fine Amt:	Probation Amt:		Incarceration Amt:		Community Svc Amt:

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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Physician's Affidavit – PAGE 1 of 2

Candidate's Name				SS#
HEIGHT ft	HEIGHT in	WEIGHT lbs	SEX/GENDER	Date of Birth (mm/dd/yyyy)

PHYSICIAN'S INSTRUCTIONS: Please complete this form & answer all questions related to your medical examination of this candidate. Do the following steps:

- **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.
- **Complete the patient information and then conduct your physical exam.**
- **Review the patient's Medical and Physical History.**
- **Answer all questions.** Check the appropriate block for each question & provide any necessary comments.
- **SIGN & DATE** on the appropriate page of this form and provide your address & phone #.
- **Give all forms to the candidate** for return to the hiring agency.

Questions:

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?

No - Proceed to question next question.

Indeterminate - Describe additional tests or information required prior to making final determination.

Yes - Describe the impact of these limitations including the following criteria: 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?

No - Proceed to next question.

Indeterminate - Describe additional tests or information required prior to making final determination.

Yes - Describe the impact of these limitations including the following criteria: 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, and imminence and duration of the threat;

3.) 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 2 of 2

Candidate's Name:

4.) In summary, my overall evaluation of the ability of the above named candidate 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:

(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.

EXAMINING PHYSICIAN'S NAME (printed)

SIGNATURE OF LICENSED EXAMINING PHYSICIAN (required)

DATE (m/d/yyyy)

 Last

 First

ADDRESS OF LICENSED EXAMINING PHYSICIAN'S PRACTICE

Phone:
Area Code+Number
 ()

 Street

 City, State, Zip



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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:		State where arrested:		Offense Severity:	
Arresting Agency:					
Charge:			If not on list, give charge:		
# of Counts:					
Disposition:			If other disposition, list:		
If amounts below are part of disposition, please list:					
Fine Amt:	Probation Amt:	Incarceration Amt:	Community Svc Amt:		
Date of Arrest:		State where arrested:		Offense Severity:	
Arresting Agency:					
Charge:			If not on list, give charge:		
# of Counts:					
Disposition:			If other disposition, list:		
If amounts below are part of disposition, please list:					
Fine Amt:	Probation Amt:	Incarceration Amt:	Community Svc Amt:		
Date of Arrest:		State where arrested:		Offense Severity:	
Arresting Agency:					
Charge:			If not on list, give charge:		
# of Counts:					
Disposition:			If other disposition, list:		
If amounts below are part of disposition, please list:					
Fine Amt:	Probation Amt:	Incarceration Amt:	Community Svc Amt:		
Date of Arrest:		State where arrested:		Offense Severity:	
Arresting Agency:					
Charge:			If not on list, give charge:		
# of Counts:					
Disposition:			If other disposition, list:		
If amounts below are part of disposition, please list:					
Fine Amt:	Probation Amt:	Incarceration Amt:	Community Svc Amt:		
Date of Arrest:		State where arrested:		Offense Severity:	
Arresting Agency:					
Charge:			If not on list, give charge:		
# of Counts:					
Disposition:			If other disposition, list:		
If amounts below are part of disposition, please list:					
Fine Amt:	Probation Amt:	Incarceration Amt:	Community Svc Amt:		
Attachments: <input type="checkbox"/> Police Incident Report <input type="checkbox"/> Court Disposition <input type="checkbox"/> Signed/Notarized Statement re: incident					

Candidate's Last Name
Information verified by Candidate: _____ <div style="text-align: center; margin-left: 200px;">Candidate's Signature</div>



APPENDIX 3 – ADDITIONAL NAMES

Names: (List chronologically with most recent first):

Name:	
Used From:	Used To:
Explanation for name change:	
Name:	
Used From:	Used To:
Explanation for name change:	
Name:	
Used From:	Used To:
Explanation for name change:	
Name:	
Used From:	Used To:
Explanation for name change:	
Name:	
Used From:	Used To:
Explanation for name change:	
Name:	
Used From:	Used To:
Explanation for name change:	
Name:	
Used From:	Used To:
Explanation for name change:	
Name:	
Used From:	Used To:
Explanation for name change:	
Name:	
Used From:	Used To:
Explanation for name change:	
Name:	
Used From:	Used To:
Explanation for name change:	
Name:	
Used From:	Used To:
Explanation for name change:	
Candidate's Last Name	
Information verified by Candidate: _____ <div style="text-align: center;">Candidate's Signature</div>	



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APPENDIX 5 – ADDITIONAL MILITARY

Candidate served in the *(select from pull down menu)*:

If Reserves – Give Branch

If 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. If the candidate is on “Terminal Leave,” then the candidate will be able to submit their terminal leave orders with this application. their Dd214 must be submitted upon receipt from the military before a certification can be issued.

Candidate’s Dates of Enlistment

FROM *(MONTH/YEAR)*

TO *(MONTH/YEAR)*

FROM *(MONTH/YEAR)*

TO *(MONTH/YEAR)*

FROM *(MONTH/YEAR)*

TO *(MONTH/YEAR)*

FROM *(MONTH/YEAR)*

TO *(MONTH/YEAR)*

Was the candidate’s final discharge from the military listed as “HONORABLE” only on their DD214 Member 4 form?

Identify the candidate’s CHARACTER OF SERVICE/DISCHARGE listed on their DD214 member 4 form if it is not listed as “HONORABLE” only? *(select from the pull down menu below)*

Candidate served in the *(select from pull down menu)*:

If Reserves – Give Branch

If 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. If the candidate is on “Terminal Leave,” then the candidate will be able to submit their terminal leave orders with this application. their Dd214 must be submitted upon receipt from the military before a certification can be issued.

Candidate’s Dates of Enlistment

FROM *(MONTH/YEAR)*

TO *(MONTH/YEAR)*

FROM *(MONTH/YEAR)*

TO *(MONTH/YEAR)*

FROM *(MONTH/YEAR)*

TO *(MONTH/YEAR)*

FROM *(MONTH/YEAR)*

TO *(MONTH/YEAR)*

Was the candidate’s final discharge from the military listed as “HONORABLE” only on their DD214 Member 4 form?

Identify the candidate’s CHARACTER OF SERVICE/DISCHARGE listed on their DD214 member 4 form if it is not listed as “HONORABLE” only? *(select from the pull down menu below)*

Candidate’s Last Name

Information verified by Candidate: _____

Candidate’s Signature



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APPENDIX 6 - ADDITIONAL L.E. HISTORY

Law Enforcement Certification number:	State of issuance:
Law Enforcement Certification number:	State of issuance:
Law Enforcement Certification number:	State of issuance:
Law Enforcement Certification number:	State of issuance:
Law Enforcement Certification number:	State of issuance:
Law Enforcement Certification number:	State of issuance:
Law Enforcement Certification number:	State of issuance:
Law Enforcement Certification number:	State of issuance:
Law Enforcement Certification number:	State of issuance:
Agency Name:	
State:	
Employed FROM (MONTH/YEAR)	Employed TO (MONTH/YEAR)
Position held:	
Reason for leaving:	
Agency Name:	
State:	
Employed FROM (MONTH/YEAR)	Employed TO (MONTH/YEAR)
Position held:	
Reason for leaving:	
Agency Name:	
State:	
Employed FROM (MONTH/YEAR)	Employed TO (MONTH/YEAR)
Position held:	
Reason for leaving:	
Agency Name:	
State:	
Employed FROM (MONTH/YEAR)	Employed TO (MONTH/YEAR)
Position held:	
Reason for leaving:	
Agency Name:	
State:	
Employed FROM (MONTH/YEAR)	Employed TO (MONTH/YEAR)
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)

on (date of birth)

My parents names are (father)

and (mother)

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)
(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

Notary Seal
Here



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APPENDIX 12 (For Equivalency Candidates w/pending GA LE employment ONLY)

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. Hiring LE agencies must attest to the information in this application, attest to the Physician's Affidavit, & provide the required information.

(FULL NAME OF CANDIDATE – FIRST, MIDDLE INITIAL, LAST)																	
AGENCY MAKING APPLICATION	AGENCY PHONE# <small>(AREA CODE) - NUMBER</small>																
NAME OF AGENCY CONTACT <i>(Agency Person Processing Application)</i>	CONTACT PHONE# <small>(AREA CODE) - NUMBER</small>																
EMAIL ADDRESS OF AGENCY CONTACT																	
<p>The above listed candidate is/will be employed with your agency as which of the following: Full-time peace officer <i>(Note: Full-time employment is a minimum of 30 hours/week or 120 hours/28 day period.)</i></p>																	
Date of Employment <i>(mm/dd/yyyy)</i>																	
<p>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 of 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.</p> <p align="center">-----</p> <p>Signature- Agency Employee Responsible for Verification Date</p>																	
Date Candidate was interviewed: <small><i>(mm/dd/yyyy)</i></small>	Name of Interviewer <i>(First Last)</i>																
<p>The Background Investigator verified the following information with the appropriate authorities:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 40%;">- Education (High School & College)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 20%;">-Criminal History</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>- Prior LE Employment & Certification</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Not applicable</td> <td></td> </tr> <tr> <td>- Military</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Not applicable</td> <td></td> </tr> <tr> <td>- Traffic History</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>		- Education (High School & College)	<input type="checkbox"/> Yes <input type="checkbox"/> No	-Criminal History	<input type="checkbox"/> Yes <input type="checkbox"/> No	- Prior LE Employment & Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable		- Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable		- Traffic History	<input type="checkbox"/> Yes <input type="checkbox"/> No		
- Education (High School & College)	<input type="checkbox"/> Yes <input type="checkbox"/> No	-Criminal History	<input type="checkbox"/> Yes <input type="checkbox"/> No														
- Prior LE Employment & Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable															
- Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable															
- Traffic History	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Name of Background Investigator <i>(First Last)</i>	Date Background Investigation Completed <small><i>(mm/dd/yyyy)</i></small>																
Signature of Person Conducting Background Investigation																	
<p>As the agency head (or designee), 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.</p>																	
Name of Agency Head or Designee <i>(First Last)</i>	<table style="width:100%; border: none;"> <tr> <td style="width: 70%;">Agency Head or Designee Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Agency Head or Designee Signature	Date														
Agency Head or Designee Signature	Date																



APPENDIX 13 (GA Applicant Processing Service Information)

The Georgia Crime Information Center (GCIC) is responsible for processing fingerprint based criminal history record checks for employment/licensing purposes. In an effort to provide more timely responses, GCIC has partnered with Cogent Systems for the implementation of the Georgia Applicant Processing Service (GAPS). GAPS provides agencies submitting fingerprint cards for employment record checks with the option to have applicant background checks processed electronically. This process will provide timely search results and decrease rejections due to poor fingerprint quality of inked fingerprint cards.

Fixed GAPS offices will be located throughout the state so that GA residents will not travel more than 25 miles to a GAPS location for fingerprinting services.

Search results & criminal history records or “rapsheets” will be available for the agency to retrieve directly from the GAPS website within 24-48 hours after the applicant is fingerprinted and the transaction submitted to GCIC. A service fee is charged by the vendor, but fingerprint checks which are authorized for an FBI check may receive a reduced fee for electronic submissions.

Pre-Service candidates must submit fingerprint results with their application to meet the state requirements for attendance to a basic law enforcement academy. The following steps must be completed by the candidate using GAPS:

Step 1: Go to the website: www.ga.cogentid.com to determine the nearest GAPS location by looking under the heading “**GAPS Print Site Locations.**” Then click on “**Print Locations & Hours**” to find a location. Also, click on “**What to Bring**” to know what you will need.

Step 2: Next, go to the header, “**Registration**”, & click on “**Single Applicant Registration.**” This will begin your registration & payment process.

Step 3: Complete the web form with your personal data and payment information. Please use the following information for the fields – Reason, ORI/OAC, & Verification Code in this web form:

Reason: POST Pre-Service Student

ORI/OAC: GAGSP0007

(Please note that this field is case sensitive so use capital letters. The three digits before the “7” are zeros.)

Verification Code: gpostcouncil

(Please note that this field is case sensitive so use lowercase letters.)

Step 4: Print Step 4 on the screen to attach to your application. It should have at the top – Applicant Registration, Step 4 – Registration Complete, Thank you for Registering. You will need to keep a copy for your records also.

Step 5: Go to the GAPS location at your scheduled time & get fingerprinted. The GAPS location will provide the necessary fingerprinting service.

Please note that it takes a minimum of 48 hours for POST Council to review the results. In some instances, it may take longer. Prints may be rejected for a variety of reasons by the FBI or GBI such as characteristics of low quality. These types of rejections are not common. If this occurs, a request for a second submission by the FBI may occur. See Cogent System information for how to handle if rejected and if costs apply. When results are available to POST staff, the results will be printed and attached to your application for completion of the POST application process. Please do not contact POST directly regarding the status of your prints. You will need to direct all questions to the academy that is submitting your application. If you need further assistance with the GAPS service, you can call the GCIC Helpline at (404)-244-2639 –“OPTION 2” or via e-mail at GAApplicant@gbi.state.ga.us .