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
THE FOLLOWING MUST BE COMPLETED BY APPLICANT
Applicable Code Sections O.C.G.A. § 35-8-7.1 and 35-8-8

PERSONAL INFORMATION

1. / / 2. Last Name, First Middle
   Social Security #

3. Address:
   Street # Street City, State Zip Code

4. U.S. Citizen: Yes No
   Height Weight Hair Color Eye Color
   D.O.B. / /

5. Sex: Male Female
   Race: American Indian/Alaska Native Asian
   Native Hawaiian/Other Pacific Islander Black
   White Other

---

EDUCATION

10. High School Graduate: Yes No
   Name of High School City State Graduation Date

11. GED: Yes No
   College Attended City State Graduation Date

13. Additional Colleges City State Type of Degree

PREVIOUS LAW ENFORCEMENT EMPLOYMENT

14. Have you ever been employed in Law Enforcement? Yes No
   If no, go to next section.

15. Have you ever been certified as a Peace Officer? Yes No
   Certification # State
   Department Name Location From To Reason for Leaving

---

MILITARY

17. If none, check here and go to the next section.

18. Branch: Dates of enlistment: / / 19. Type of Discharge:

---

AFIDAVIT

20. O.C.G.A. § 16-10-20- A person who knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact: makes a false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than $1,000 or by imprisonment for not less than one nor more than five years or both.

I attest and affirm that I have reviewed this application and the information supplied is true to the best of my knowledge.

Signature- Agency Head/Authorized Signature Applicant Signature

Notary Public/ Seal
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>
<thead>
<tr>
<th>Charge</th>
<th>Date</th>
<th>Location</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TRAFFIC HISTORY

<table>
<thead>
<tr>
<th>Violation</th>
<th>Date</th>
<th>Location</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Use additional paper if necessary)

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

PHOTO
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
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.
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)
2 Fingerprint Cards
(Processed Only)

1. F.B.I.
2. G.C.I.C.

If not attached, have cards been sent to G.C.I.C. [ ] [ ]
yes no

Send 2 applicant (blue) fingerprint cards to:

Georgia Crime Information Center
Records Section
P.O. Box 370748
Decatur, Georgia 30037-0748