



Georgia Peace Officer Standards & Training Council
Petition for Reconsideration/Reinstatement Application

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 Initial ___

CERTIFICATION OF CANDIDATE – PAGE 1

Candidate's Last Name		Candidate's Position	
Candidate's First Name		Petitioner	
Candidate's Middle Name			
Give suffix (such as Jr. , Sr., II, III, IV, V, etc.) :			
Maiden Name			
RACE		SEX/GENDER	
Education (check highest level that documentation is provided for in this application)			
Social Sec#		Date of Birth (mm/dd/yyyy)	
HEIGHT		WEIGHT	HAIR COLOR
ft	In	lbs	
			EYE COLOR
Are you a citizen of the United States? 			
ARE YOU CURRENTLY EMPLOYED WITH A LAW ENFORCEMENT AGENCY? 		What is your position with this agency?	
NAME OF CURRENT EMPLOYER		EMPLOYER PHONE#	
		EXT	
NAME OF CONTACT PERSON AT CURRENT EMPLOYER			
EMAIL ADDRESS OF CONTACT PERSON AT CURRENT EMPLOYER			

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 3 PH Release
<input type="checkbox"/> Page 4 Birth/Citizen
<input type="checkbox"/> Page 5 Education
<input type="checkbox"/> Birth Certificate or other docs provided
<input type="checkbox"/> <u>Naturalization Papers</u> . (both must be attached.)
<input type="checkbox"/> Notarized/Written Statement required (see Appendix 9)
<input type="checkbox"/> High School Diploma/GED/Homeschool Affidavit
<input type="checkbox"/> Electronic Fingerprint Receipt for Georgia Applicant Processing Service | <input type="checkbox"/> Page 6 Military
<input type="checkbox"/> Page 7 LE History
<input type="checkbox"/> Page 8 Driver History
<input type="checkbox"/> Page 9 Criminal History
<input type="checkbox"/> DD214 form
<input type="checkbox"/> Discharge <u>explanation</u>
<input type="checkbox"/> Driver's History
_____ Letters of Support
_____ Other: Court Docs/Police Reports | <input type="checkbox"/> Page 10 Attestation
<input type="checkbox"/> Physician's Affidavit |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|



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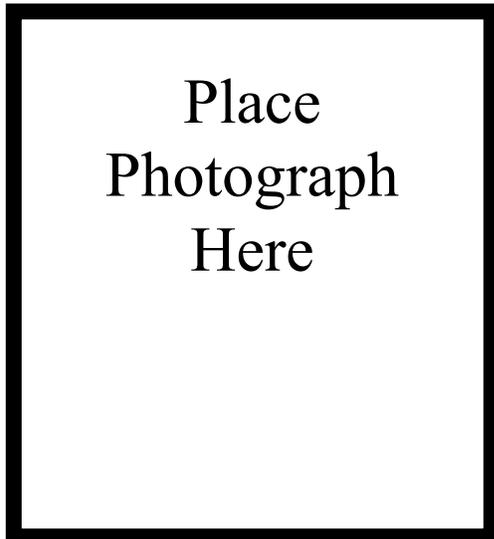
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CANDIDATE AGREEMENT & PHOTOGRAPH – PAGE 2

Please read and sign. Your signature is the method of acknowledging your acceptance and understanding of this agreement.

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

if approved for reinstatement or reconsideration, agree to obey all rules and regulations, and understand that I am subject to dismissal from any 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.



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.

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

 Candidate Signature (including maiden name)

 Date

 Notary Public Signature

 Date



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BIRTH & CITIZENSHIP VERIFICATION – PAGE 4

Does candidate's name match the name on their birth certificate?

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?

Country of birth if other than U.S.:

City:

State:

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

Is the candidate a naturalized citizen?

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

ATTACHMENTS

Check block below to verify that a copy of the candidate's certified birth certificate is attached to this page:

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 (required for candidates born outside the U.S. ONLY) (Appendix 9 is referenced above)

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



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EDUCATION – PAGE 5

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

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

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

High School Name:

Location of High School (City/State):

Year Graduated (yyyy)

H.S. Phone #

COLLEGE

Candidate received their highest college degree from:

Year Graduated w/highest degree (yyyy)

The degree was a/an: degree.

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 _____

Attended or Degree Issued:

College/Univ:

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

Attended or Degree Issued:

College/Univ:

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

Attended or Degree Issued:

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



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MILITARY – PAGE 6

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 (*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?
 (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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LE EMPLOYMENT HISTORY – PAGE 7

LAW ENFORCEMENT CERTIFICATION HISTORY

1. Has the candidate ever been certified or previously submitted an application to GA Post Council?
 [Redacted]

2. Has the candidate ever been certified as an officer in another state? [Redacted]

(If **YES**, list state & certification #'s. Use appendix 6 for additional listings if necessary.)

STATE: CERTIFICATION#

STATE: 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?
 [Redacted] (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?
 [Redacted] (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:	Reason for leaving: [Redacted]
Position held:			
Agency Name:			
State:	Employed from (mo/yr)	to:	Reason for leaving: [Redacted]
Position held:			
Agency Name:			
State:	Employed from (mo/yr)	to:	Reason for leaving: [Redacted]
Position held:			
Agency Name:			
State:	Employed from (mo/yr)	to:	Reason for leaving: [Redacted]
Position held:			
Agency Name:			
State:	Employed from (mo/yr)	to:	Reason for leaving: [Redacted]
Position held:			



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CRIMINAL HISTORY – PAGE 9

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: _____

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

Has the candidate ever been convicted of a felony? _____

Has candidate ever been charged with a crime of domestic/ family violence? _____
 (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? _____ (If **Yes**, must 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> _____ <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> _____ <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service

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

Candidate's Last Name _____

Information verified by Candidate: _____
Candidate's Signature



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GCIC/NCIC PRINTOUT/FINGERPRINT RESULTS - PAGE 10

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

For more details see Georgia Applicant Processing Service at web site
[http://www.gapost.org/pdf file/preserv_gaps13.pdf](http://www.gapost.org/pdf_file/preserv_gaps13.pdf) .

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.

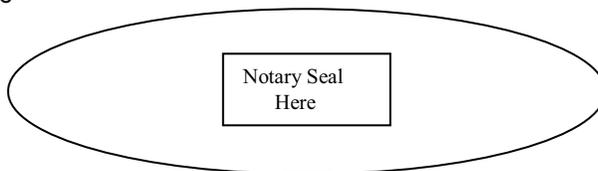
Last Name	Social Sec#
First Name	Date of Birth (mm/dd/yyyy)
Middle Name	Suffix:

 Applicant Signature (*Sign Full Name*)

 Date

 Notary Public

 Date





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Physician's Affidavit – PAGE 1 of 3

PHYSICIAN'S INSTRUCTIONS:

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

1. **Review the individual's job duties/responsibilities** for which he/she is being considered. Make sure that you are familiar with the relevant job demands and working conditions of the specific position for which the individual is being considered. Additional information such as job descriptions; critical knowledge, skills, or tasks lists; or other items may be provided. A list of job duties and responsibilities could be provided to you by the individual along with this form.
2. **Complete the patient information** at the bottom of this page and then conduct your physical exam.
3. **Review the patient's Medical and Physical History.** A Report Form may be provided to you by the candidate or you may use the form commonly used in your medical practice.
4. **Answer all questions** by checking the appropriate block on each page and providing any comments necessary for the individual's assessment.
5. **SIGN & DATE** on the appropriate page of this form and **provide** your address & phone #. (Please note that this exam must be conducted by a licensed physician or osteopath, and the form signed by a licensed physician or osteopath **only**. (Forms signed by other personnel such as nurses, nurse practitioners, physician's assistant, or other staff will be rejected.)
6. **Give all forms to the candidate** for sending to GA POST Council.

This individual, if certified, will have the prerequisites necessary to gain employment at any law enforcement agency in the State of Georgia. This individual, if employed as a peace officer, will be charged with the responsibility of enforcing criminal laws and could be subject to deal with violent individuals and situations. Officers are often required to defend themselves and others from physical attacks, subdue resisting individuals, and make decisions under stress concerning the use of deadly force. **These types of positions generally require a high level of physical capability.**

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

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SECTION 1: TO BE COMPLETED BY LICENSED EXAMINING PHYSICIAN

Social Sec#	Last Name	First Name	Middle Name
DATE OF BIRTH (mm/dd/yyyy)	Suffix:	Maiden Name	HEIGHT ft in WEIGHT lbs (without shoes & coat) SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female

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Physician's Affidavit - PAGE 2 of 3

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

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

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

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

Please describe any means, devices or work restrictions that could reduce or eliminate any identified risks to a level not significantly greater than that posed by the average individual. 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 individual's viability in this position if it is implemented.



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Physician's Affidavit - Page 3 of 3

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

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

Comments:

SIGNATURE OF LICENSED EXAMINING PHYSICIAN (required)

EXAMINING PHYSICIAN'S NAME (printed)

DATE (m/d/yyyy)

Last

First

ADDRESS OF LICENSED EXAMINING PHYSICIAN'S PRACTICE

Phone:
Area Code+Number
 ()

Street

City, State, Zip



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APPENDIX 1 – ADDITIONAL CRIMINAL HISTORY

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

DATE OF ARREST m/d/yyyy	<u>ARRESTING AGENCY</u> <u>CHARGE</u> (pick from list, if not on list provide below) _____ If not on list, give charge: <u>DISPOSITION:</u> _____ If OTHER, give disposition below:	<u>CONVICTED:</u> _____ <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service
DATE OF ARREST m/d/yyyy	<u>ARRESTING AGENCY</u> <u>CHARGE</u> (pick from list, if not on list provide below) _____ If not on list, give charge: <u>DISPOSITION:</u> _____ If OTHER, give disposition below:	<u>CONVICTED:</u> _____ <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service
DATE OF ARREST m/d/yyyy	<u>ARRESTING AGENCY</u> <u>CHARGE</u> (pick from list, if not on list provide below) _____ If not on list, give charge: <u>DISPOSITION:</u> _____ If OTHER, give disposition below:	<u>CONVICTED:</u> _____ <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service

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

Candidate's Last Name _____
 Information verified by Candidate: _____
 Candidate's Signature



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APPENDIX 3 – ADDITIONAL NAMES

Names: (List chronologically with most recent first):

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

Candidate's Last Name
Information verified by Candidate: _____ Candidate's Signature



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APPENDIX 4 – ADDITIONAL EDUCATION

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

College/Univ:

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

Attended or Degree Issued: _____

College/Univ:

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

Attended or Degree Issued: _____

College/Univ:

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

Attended or Degree Issued: _____

College/Univ:

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

Attended or Degree Issued: _____

Candidate's Last Name

Information verified by Candidate: _____

Candidate's Signature



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APPENDIX 5 – ADDITIONAL MILITARY

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

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

Candidate's dates of enlistment:
 FROM (MONTH/YEAR) TO (MONTH/YEAR)
 FROM (MONTH/YEAR) TO (MONTH/YEAR)
 FROM (MONTH/YEAR) TO (MONTH/YEAR)

Was candidate's CHARACTER OF SERVICE/DISCHARGE honorable? Yes No
 (If **Yes**, go to the next page. If **No**, candidate's character of service was listed as (choose applicable one from pull down menu below):

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

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

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

Candidate's dates of enlistment:
 FROM (MONTH/YEAR) TO (MONTH/YEAR)
 FROM (MONTH/YEAR) TO (MONTH/YEAR)
 FROM (MONTH/YEAR) TO (MONTH/YEAR)

Was candidate's CHARACTER OF SERVICE/DISCHARGE honorable? Yes No
 (If **Yes**, go to the next page. If **No**, candidate's character of service was listed as (choose applicable one from pull down menu below):

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

Candidate's Last Name _____

Information verified by Candidate: _____
 Candidate's Signature



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APPENDIX 6 – ADDITIONAL L.E. HISTORY

Additional certifications:

STATE : CERTIFICATION#
 STATE : CERTIFICATION#

Please list law enforcement agencies that you have worked for in chronological order (with most recent first).

Agency Name:			
State:	Employed from (mo/yr)	to:	
Position held:		Reason for leaving:	<input type="text"/>
Agency Name:			
State:	Employed from (mo/yr)	to:	
Position held:		Reason for leaving:	<input type="text"/>
Agency Name:			
State:	Employed from (mo/yr)	to:	
Position held:		Reason for leaving:	<input type="text"/>
Agency Name:			
State:	Employed from (mo/yr)	to:	
Position held:		Reason for leaving:	<input type="text"/>
Agency Name:			
State:	Employed from (mo/yr)	to:	
Position held:		Reason for leaving:	<input type="text"/>

Candidate's Last Name

Information verified by Candidate: _____
 Candidate's Signature



Georgia Peace Officer Standards & Training Council
Petition for Reconsideration/Reinstatement Application

Pg. ___
Of ___
Initial

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, County, Territory/Country of Birth) ON (date of birth)

My parents names are (father's name)

and (mother's name)

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

(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

