



**Georgia Peace Officer Standards & Training Council**  
**Communications Officer Application for Certification**

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**CERTIFICATION OF CANDIDATE - PAGE 1**

Projected Academy: Date	Projected Academy Start
Candidate's Last Name	<b>Communications Officer</b>
Candidate's First Name	
Candidate's Middle Name	
Check if applies: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> III <input type="checkbox"/> IV If other give here:	
Maiden Name	Date of Employment <i>(mm/dd/yyyy)</i>
RACE	SEX/GENDER

**Education** (Choose highest level. Documentation required.)

Social Sec#	Date of Birth <i>(mm/dd/yyyy)</i>
-------------	--------------------------------------

HEIGHT [ ] ft [ ] in	WEIGHT [ ] lbs	HAIR COLOR	EYE COLOR
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Are you a citizen of the United States?  
 Yes  No

AGENCY MAKING APPLICATION	AGENCY PHONE#
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NAME OF AGENCY CONTACT <i>(Agency Person Processing Application)</i>	CONTACT PHONE#  EXT
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EMAIL ADDRESS OF AGENCY CONTACT

The above listed candidate is/will be employed with your agency as which of the following:  
 **Full-time communications officer** *(Full-time employment is a minimum of 30 hours/ week or 120 hours/28 day period.)*

**Checklist** (Please check each block below to verify that a complete application is provided.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Page 2 Agreement/Photo                                 | <input type="checkbox"/> Page 6 Education             | <input type="checkbox"/> Page 10 Criminal History |
| <input type="checkbox"/> Page 3 PH Release                                      | <input type="checkbox"/> Page 7 Military              | <input type="checkbox"/> Page 11 Printout/FPs     |
| <input type="checkbox"/> Page 4 Verification                                    | <input type="checkbox"/> Page 8 Entrance Exam/LE Hist | <input type="checkbox"/> Page 12 Attestation      |
| <input type="checkbox"/> Page 5 Birth/Citizen                                   | <input type="checkbox"/> Page 9 Driver Hist           | <input type="checkbox"/> Physician's Affidavit    |
| <input type="checkbox"/> Birth Certificate or other docs provided               | <input type="checkbox"/> DD214 form                   |   |
| <input type="checkbox"/> Naturalization Papers. <i>(both must be attached.)</i> | <input type="checkbox"/> Discharge <u>explanation</u> |   |
| <input type="checkbox"/> Notarized/Written Statement required (see Appendix 9)  | <input type="checkbox"/> GCIC/NCIC Printout           |   |
| <input type="checkbox"/> High School Diploma/GED/Homeschool Affidavit           | <input type="checkbox"/> Driver's History             |   |
| <input type="checkbox"/> Electronic Fingerprint Submission Results attached     |   |   |
| <input type="checkbox"/> Fingerprint Cards mailed to GCIC                       |   |   |



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**CANDIDATE AGREEMENT & PHOTOGRAPH – PAGE 2**

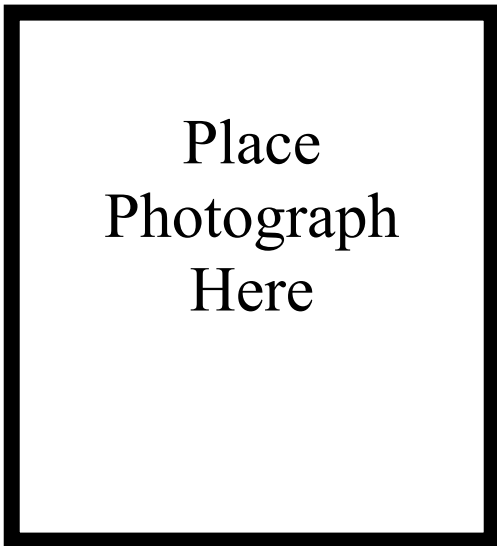
*Please read and sign in the presence of the agency head or authorized representative acknowledging your acceptance and understanding of this agreement.*

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

when approved for Basic Communications 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 POST Council. I further certify that I am in good health, physically fit, and of good moral character and release the Georgia Peace Officer Standards and Training Council, the Department of Public Safety, the Georgia Public Safety Training Center, the State of Georgia, and any other official associated or connected with the training academy for liability in case of illness or accident.

I understand that I must satisfactorily complete a basic training course, according to O.C.G.A. §35-8-23, and under POST Rule 464-16-.01, I must attend the basic course within six (6) months of the initial date of employment in order to perform the duties of a communications officer.

This application will be valid for 18 months only. If not certified by that time, a new application must be submitted.



\_\_\_\_\_  
Candidate Signature Date

\_\_\_\_\_  
Agency Head or Authorized Representative Signature



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**PERSONAL HISTORY RELEASE – PAGE 3**

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photo copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

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

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date



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

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

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

\_\_\_\_\_  
 Date

**BACKGROUND INVESTIGATION**

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

Date Candidate was interviewed:  
 (mm/dd/yyyy)

Name of Interviewer (First Last)

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

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

Name of Background Investigator (First Last)

Date Background Investigation Completed  
 (mm/dd/yyyy)

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

**AGENCY HEAD RECOMMENDATION**

The candidate named in this application was found to satisfy the requirements of O.C.G.A. § 35-8-23.

The Candidate named on this application is recommended by me for attendance to a Basic Communications Officer Training Course and for certification upon successfully completing this training. I am aware of POST reimbursement guidelines and understand that the candidate must be a paid, full-time employee during training. (NOTE: Once this application is approved a POSTFORM #2 authorizing the academy/school attendance will be issued. No person shall perform the duties of a communications officer without successful completion of the Basic Communications Officer Training Course per POST Rule 464-16-.01.)

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

\_\_\_\_\_  
 Agency Head Signature

\_\_\_\_\_  
 Date



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**BIRTH & CITIZENSHIP VERIFICATION – PAGE 5**

Does candidate's name match the name on their birth certificate?  Yes  No  
 If **No**, please list all of the names that candidate has had since birth and explain discrepancy (adoption, marriage, name change, etc).  
 (Documentation for a name change for anything other than marriage **MUST** be attached.)

Check here if name change documentation is attached

**Names:** (List chronologically with most recent first – Use Appendix 3 if needed to list more names used):

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

**Explanation(s) for name changes:**

Was Candidate born in the United States?  Yes  No

Country of birth if other than U.S.:

City:

State:

Was the candidate a U.S. military dependent at the time of birth?  Yes  No

Is the candidate a naturalized citizen?  Yes  No

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

**ATTACHMENTS**

Attached to this page is a copy of the candidate's certified birth certificate:  YES  NO

If **NO**, attached is a copy of the candidate's valid Georgia Driver's License  **and:**  
 (must have at least one of the following documents – **check** the ones that are attached)

- Baptismal Record (w/full name & date of birth)
- Draft Card (w/full name & date of birth)
- Court Records (w/full name & date of birth)
- Passport (w/full name & date of birth)
- Citizenship Papers (w/full name & date of birth)
- Armed Forces Discharge Paper (DD214) (w/full name & date of birth)
- Certified Copy of School Records (w/full name & date of birth)

**IMPORTANT NOTE:** If any of the above documents are used for this verification, the documents must show **the full name** and **date of birth** of the candidate. In order to establish the **place of birth**, the candidate must submit a **signed & notarized statement** (Appendix 9) indicating that the candidate is a United States citizen if documents other than a birth certificate are furnished. Included in this statement must be the place, date and country of birth.

If the candidate is a **naturalized citizen**, a **certified copy of the naturalization papers or a copy of their U.S. passport** and a completed Appendix 9 must be submitted.

Appendix 9 attached (Appendix 9 is the required signed & notarized statement listed above)

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



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**EDUCATION – PAGE 6**

**Please attach High School Diploma, GED, or Home School Affidavit (Appendices 10 or 11) to this page.**

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

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

High School Name:

Location of High School (City/State):

Year Graduated (yyyy)

H.S. Phone #

Accreditation of the school attached.

**COLLEGE**

Candidate received their highest college degree from:

Year Graduated w/highest degree (yyyy)

The degree was a/an:

**Note:** If candidate wishes to have their college degree recorded in their profile, a copy of their diploma or a certified copy of their college/university transcript can be attached in addition to their high school diploma.

Check here if candidate has ALSO attached a college diploma/transcript for their profile.

List colleges/universities attended or obtained a degree from *(list colleges/universities):*

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

College/Univ:

Attended from (mo/yr to mo/yr): \_\_\_\_\_ to \_\_\_\_\_

Did not obtain degree

Obtained:  Associate's  Bachelor's  Master's  Doctorate degree.

College/Univ:

Attended from (mo/yr to mo/yr): \_\_\_\_\_ to \_\_\_\_\_

Did not obtain degree

Obtained:  Associate's  Bachelor's  Master's  Doctorate degree.

College/Univ:

Attended from (mo/yr to mo/yr): \_\_\_\_\_ to \_\_\_\_\_

Did not obtain degree

Obtained:  Associate's  Bachelor's  Master's  Doctorate degree.

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



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**MILITARY – PAGE 7**

**PLEASE ATTACH YOUR MILITARY DISCHARGE OR DD214 HERE.**

(DD214 (Member 4 form version) must indicate type of discharge.)

(Use Appendix 5 to list any additional military service.)

Did this candidate serve in the military?  Yes  No

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

Candidate served in the (*check as apply*):  Air Force  Army  Coast Guard  Marines

Navy  National Guard  Reserves – Give Branch

Other Department of Defense service – list

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

Candidate’s dates of enlistment (use Appendix 5 to list additional military service):

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

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

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

Was candidate’s CHARACTER OF SERVICE/DISCHARGE honorable?  Yes  No

(If Yes, go to the next page. If No, candidate’s character of service was listed as (choose applicable one from pull down menu below):

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



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**LE EMPLOYMENT HISTORY – PAGE 8**

**LAW ENFORCEMENT CERTIFICATION HISTORY**

1. Has the candidate ever been certified or previously submitted an application to GA Post Council?  
 Yes  No

2. Has the candidate ever been certified as an officer in another state?  Yes  No  
 (If **YES**, list state & certification #s. Use appendix 6 for additional listings if necessary.)

STATE (Ex. GA):  CERTIFICATION#   
 STATE (Ex. GA):  CERTIFICATION#

If the candidate answers "**YES**" to #2 above, POST requires written proof from the other state's POST Council or equivalent that the officer's certification in that state is in "good standing." See Reference Manual for more details on "Good Standing". (Check box below to verify that proof of good standing is attached.)

3. Has the candidate ever been denied an application for certification for a law enforcement professional position (i.e. police, jail, communications, probation, parole, etc) in GA or another state?  
 Yes  No  N/A If **YES**, a written signed explanation must be provided. Check box below if attached.)

4. Has the candidate's certification ever been disciplined or sanctioned in another state?  
 YES  NO  N/A (If **YES**, provide a written signed explanation & check box below if attached.)

Attachments to this page:

- Proof of Officer's "**good standing**"/certification status (needed for states other than Georgia ONLY)
- A written & signed explanation of the **officer's denial**.
- A written & signed explanation of the **officer's discipline or sanction**.

**LAW ENFORCEMENT EMPLOYMENT HISTORY**

Please list law enforcement agencies that you have worked for in chronological order (with most recent first). Use appendix 6 for additional pages for employment history if necessary.

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





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**Certified Driver History - PAGE 9**

- Attached is a certified copy of candidate's GA driver's history or printed from GCIC
- Attached is a certified copy of candidate's driver's history from another state

**IMPORTANT NOTE:**

Certified copy of an individual's driver's history must be the approved/accepted version by the state's department that governs driver's licenses and driver histories.

Candidate has possessed driver's licenses in what states in the past 10 years: *(Check what applies)*

- Georgia Driver's License ONLY during past 10 years
- Military Driver's License ONLY during past 10 years
- Military Driver's License (From (yr)      To (yr)      )

States other than Georgia *(list years and states below)*

YEARS:	From (yr)	To (yr)	State:	From (yr)	To (yr)	State:
	From (yr)	To (yr)	State:	From (yr)	To (yr)	State:
	From (yr)	To (yr)	State:	From (yr)	To (yr)	State:

Has candidate ever been given a traffic citation?

- Yes** *(If Yes, complete this section.)*     **No** *(If No, go to next page.)*

Has candidate received more than three citations during the past five years?     **Yes**     **No**

Has candidate ever had their license suspended?     **Yes** *(If yes, check which reason and give year)*     **No**

Year:      DUI/DWI     Points     Insurance related     Other *If other, give brief reason below:*

Reason:

List any traffic citation received during the past five years. Use *Appendix 2* to list more 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 and/or citation. Dispositions include, but are not limited to, dismissal, placement on a dead docket, nolle prosequi, finding or verdict of guilty or not guilty, plea of guilty, plea of nolo contendere, treatment under the First Offender Act, expungement, sealed, pardoned, or bond forfeiture. **NOTE: Failure to provide all requested information (including any intentional or unintentional omissions) may result in the rejection/denial of the application.**

Has the candidate lived only in the state of Georgia:  Yes  No

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

Has the candidate ever been convicted of a felony?  Yes  No

Has candidate ever been charged with a crime of domestic/ family violence?  Yes  No  
 (If **YES**, a copy of the police incident report **and** the court disposition regarding the arrest must be attached.)

Is the candidate currently or ever been subject to a qualifying protection order (temporary or federal) prohibiting the possession of a firearm or ammunition?  Yes  No (If **Yes**, submit copy of the order.)

List all felonies first & all other charges in chronological order (with most recent first). Use *Appendix 1* to list more if necessary.

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> <input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service
DATE OF ARREST m/d/yyyy	<u>ARRESTING AGENCY</u>  <u>CHARGE</u> (pick from list, if not on list provide below)  If not on list, give charge:  <u>DISPOSITION:</u>  If OTHER, give disposition below:	<u>CONVICTED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service

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

Candidate's Last Name

Information verified by Candidate: \_\_\_\_\_  
Candidate's Signature



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**GCIC/NCIC PRINTOUT/FINGERPRINT RESULTS - PAGE 11**

State law requires a fingerprint check to be conducted by both GCIC and NCIC for candidates for certification. Agencies have three (3) options for meeting this requirement. Check option your agency has chosen below:

**OPTION 1:** (Recommended) Attached **Electronic Fingerprint Results** for GCIC/NCIC (Both GCIC & NCIC results required.)

See Georgia Applicant Processing Service at web site (<http://www.ga.cogentid.com/index.htm>) for fingerprinting service or go to a local law enforcement agency that has an electronic fingerprinting system such as LIVESCAN.) See *Appendix 13* for more details.

**IMPORTANT NOTE:**

If the agency attaches both GCIC and NCIC electronic fingerprint results, then a printout from the GCIC and NCIC criminal history is not required.

**OPTION 2:** Attached original & complete printout of GCIC/NCIC criminal history & agency has submitted fingerprint cards to GCIC for processing

Two (2) fingerprint cards sent to:  
Georgia Crime Information Center  
Records Section  
P.O. Box 370748  
Decatur, Georgia 30037-0748

Results from the Georgia Crime Information Center and results from the FBI/National Crime Information Center will be sent to the employing agency if OPTION 2 is used. Both of these results must be received at POST before a certification can be issued. It is the employing agency's responsibility to submit these results to POST if Option 2 is chosen. These results will be sent to the employing agency from GCIC and FBI/NCIC, and the agency must then send these results to POST.

**OPTION 3:** Attached GCIC "processed" card result & NCIC "processed" card result

- GCIC processed fingerprint cards have the results from GCIC noted on the card.
- FBI/NCIC result will be the Civil Applicant Response and Rap Sheet if applicable.

**IMPORTANT NOTE:**

It is strongly recommended that an agency use an electronic fingerprint submission for processing prints (either Georgia Applicant Processing Service at web site (<http://www.ga.cogentid.com/index.htm>) or a local law enforcement agency's electronic fingerprinting system). Agencies that do not have access to such systems are encouraged to check with larger agencies in their area to see if one is available. By attaching these electronic fingerprint submission results, agencies are able to improve the efficiency of the certification process.

Please do not send "unprocessed" fingerprint cards with this application. Doing so significantly slows down the process of certification.



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**CANDIDATE ATTESTATION – PAGE 12**

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 communications officer (O.C.G.A. §35-8-3) 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	Check if applies: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III <input type="checkbox"/> IV If other give here:

\_\_\_\_\_  
 Applicant Signature (Sign Full Name)

\_\_\_\_\_  
 Date

**AGENCY ATTESTATION**

As the agency head (or designee for the agency head), I have reviewed this application regarding ALL INFORMATION provided by the candidate including the criminal and driver history. I attest and affirm that the information provided in this application including the criminal and traffic history are within the hiring standards of our department and adhere to the requirements set forth by the Georgia Peace Officer Standards Training Council.

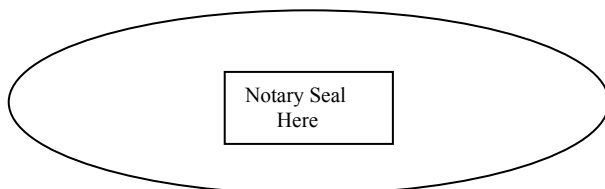
\_\_\_\_\_  
 Print Name of Agency Head (or designee)

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date





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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 candidate. Do the following steps:

1. **Review the candidate's job duties/responsibilities** for which he/she is being employed to make sure that you are familiar with the relevant job demands and working conditions of the specific position for which the candidate 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 should be provided to you by the hiring agency 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 hiring agency'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 return to the hiring agency.

This candidate, 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. Communications 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.

O.C.G.A. §35-8-8 and POST Rule 464-14-.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 communications officer. Please note that your answers are intended to provide the **hiring agency** with the most useful information possible to base an employment decision, confirm to the Georgia Peace Officer Standards and Training Council that this candidate **meets** the requirements set forth in POST Rule 464-14-.02, and in your medical opinion, this candidate is capable of **safely completing** the required training and **safely performing** the necessary job duties.

Name of Agency Contact (Agency Person Processing Application)	CONTACT PHONE#
	EXT

EMAIL ADDRESS OF AGENCY CONTACT

**SECTION 1: TO BE COMPLETED BY LICENSED EXAMINING PHYSICIAN**

Social Sec#	Last Name	First Name	Middle Name
DATE OF BIRTH (mmdyyy)	(Jr., Sr., II, III, IV, etc.) Maiden Name	HEIGHT ft in	WEIGHT lbs <i>(without shoes &amp; coat)</i> SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female

Job Applied for by the candidate is:



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**Physician's Affidavit - PAGE 2 of 3**

**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?**

<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"><li>• Job functions affected</li><li>• Nature &amp; degree of severity</li><li>• Duration of impairment (if intermittent or temporary)</li><li>• Likelihood(s) associated with this impact</li></ul>

**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?**

<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"><li>• Specific job duties/functions and/or working conditions that precipitate the risk:</li><li>• Nature &amp; severity of potential harm:</li><li>• Impact of harm on self and/or others:</li><li>• Likelihood(s) associated with this risk:</li><li>• Imminence and duration of the threat;</li></ul>

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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**3.) In summary, what is your overall evaluation of the candidate's ability 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:**

**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 \_\_\_\_\_

**SECTION 2: HIRING AUTHORITY'S ASSESSMENT**

**(TO BE COMPLETED BY HIRING AUTHORITY)**

**Based on this physician's assessment, can the above named candidate safely perform the essential job demands of the position for which you are hiring?**

Yes

Yes, with accommodation. Candidate needs a reasonable accommodation which can be implemented without undue hardship. **NOTE:** Check here if a letter from agency head giving details of accommodation is attached (**required**).

No (If no, provide justification letter.)

**SIGNATURE OF AGENCY HEAD OR DESIGNEE** *(required)*

**DATE**



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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> <input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service
DATE OF ARREST m/d/yyyy	<u>ARRESTING AGENCY</u>  <u>CHARGE</u> (pick from list, if not on list provide below)  If not on list, give charge:  <u>DISPOSITION:</u>  If OTHER, give disposition below:	<u>CONVICTED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service
DATE OF ARREST m/d/yyyy	<u>ARRESTING AGENCY</u>  <u>CHARGE</u> (pick from list, if not on list provide below)  If not on list, give charge:  <u>DISPOSITION:</u>  If OTHER, give disposition below:	<u>CONVICTED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service

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

Candidate's Last Name \_\_\_\_\_

Information verified by Candidate: \_\_\_\_\_  
 Candidate's Signature





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**APPENDIX 2 – ADDITIONAL DRIVER HISTORY**

List any traffic citation received during the past five years.

DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
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DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION

Candidate's Last Name

Information verified by Candidate: \_\_\_\_\_

Candidate's Signature



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**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)
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)
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)*:

College/Univ:

Attended from (mo/yr to mo/yr): \_\_\_\_\_ to \_\_\_\_\_

*Did not obtain degree*

Obtained:  Associate's  Bachelor's  Master's  Doctorate degree.

College/Univ:

Attended from (mo/yr to mo/yr): \_\_\_\_\_ to \_\_\_\_\_

*Did not obtain degree*

Obtained:  Associate's  Bachelor's  Master's  Doctorate degree.

College/Univ:

Attended from (mo/yr to mo/yr): \_\_\_\_\_ to \_\_\_\_\_

*Did not obtain degree*

Obtained:  Associate's  Bachelor's  Master's  Doctorate degree.

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 (Ex. GA):	<input type="text"/>	CERTIFICATION#	<input type="text"/>
STATE (Ex. GA):	<input type="text"/>	CERTIFICATION#	<input type="text"/>
STATE (Ex. GA):	<input type="text"/>	CERTIFICATION#	<input type="text"/>
STATE (Ex. GA):	<input type="text"/>	CERTIFICATION#	<input type="text"/>
STATE (Ex. GA):	<input type="text"/>	CERTIFICATION#	<input type="text"/>
STATE (Ex. GA):	<input type="text"/>	CERTIFICATION#	<input type="text"/>
STATE (Ex. GA):	<input type="text"/>	CERTIFICATION#	<input type="text"/>
STATE (Ex. GA):	<input type="text"/>	CERTIFICATION#	<input type="text"/>

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:

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving:

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving:

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving:

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving:

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving:

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving:

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving:

Candidate's Last Name \_\_\_\_\_

Information verified by Candidate: \_\_\_\_\_  
 Candidate's Signature

**Appendices 7 & 8 are not included in this format & should be printed separately if used.**



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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, 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 (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





**APPENDIX 11**

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

Last Name	Social Sec#
First Name	Date of Birth (mm/dd/yyyy)
Middle Name	Check if applies: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III <input type="checkbox"/> IV Other: _____

**Section I**

**ATTESTATION OF APPLICANT**

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

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

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

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

\_\_\_\_\_  
Date

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

**Section II**

**ATTESTATION OF PARENT / GUARDIAN**

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

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

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

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

\_\_\_\_\_  
Date

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

***There is not an appendix 12 for the Communications Ofc application. Appendix 13 is not included in this format & should be printed separately if needed.***