

THE UNIVERSITY OF GEORGIA POLICE DEPARTMENT

Application for Employment

Please check the position(s) you are applying for:

- | | |
|---|--|
| <input type="checkbox"/> Police Officer | <input type="checkbox"/> Clerical Worker |
| <input type="checkbox"/> Communications Officer | <input type="checkbox"/> Security Guard |
| <input type="checkbox"/> Internship | |

Please complete the entire application and return with the required documents:

For ALL POSITIONS please provide the following:

- Completed, signed and notarized Authorization to Release Information form;
- Birth Certificate (copy)
- Social Security Card (copy)
- Georgia or current state of residence driver's license (copy)
- High School Diploma or Equivalency Certificate (copy)

For POLICE OFFICER positions please include the items above and the following:

- A notarized copy of your 7 year Driver's History
- Peace Officer Certification (copy) if you are a certified Police Officer in the State of Georgia
- Physicians Clearance to Test Form (*MUST be signed by a physician/doctor*)
- Signed Explanation of Agreement for Reimbursement (*non-certified applicants only*)
- Signed Police Officer Job Questionnaire

APPLICANT INFORMATION

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Phone</i>
<i>Driver's License #/State</i>		<i>E-mail Address</i>	
<i>Present Mailing Address</i>		<i>City</i>	<i>County</i>
<i>Permanent Mailing Address</i>		<i>City</i>	<i>County</i>
<i>Hometown (City, County & State Where You Grew Up)</i>		<i>City and State of Birth</i>	

Revised 05/2021

Date Submitted (UGPD USE ONLY)

INSTRUCTIONS

In order for your application to be evaluated adequately, it is extremely important that all the appropriate information be included. Every space on the form should be filled with an answer. Any questions that do not apply or to which the answers are unknown should be answered as "N/A" for non-applicable or "Unknown." Any spaces left blank and later discovered to pertain to the applicant could result in disqualification or dismissal. Any questions about the Applicant Information Form or the hiring procedure should be addressed to the UGA Police Department's Administrative Lieutenant at (706) 542-5813. If there is not enough room on any portion of this form for the requested information, please attach additional sheets for the information as required. Please include zip codes and current phone numbers with all address information. Please note the following important information:

- **Incomplete applications will not be processed;**
- **Applications submitted for positions without current vacancies will not be processed or maintained, contact the UGA Police Department or refer to the UGA Human Resources on-line job listings (www.hr.uga.edu) to search for current vacancies within the UGA Police Department;**
- **The Authorization to Release Information form (*page 3*) must be completed, signed and properly notarized;**
- **The Physicians Clearance to Test form (*page 4*) must bear the original signature of a licensed physician, copies will not be accepted;**
- **Do not include any additional medical information or forms other than what is requested in the application, this may result in the application being disqualified;**
- **Ensure that all forms that require signatures are properly dated, signed and included in the packet;**
- **Ensure that the attachments listed below are included in the specified location and order;**
- **Ensure that you have read and signed the STATEMENT OF COMPLETION below after thoroughly reviewing your application for accuracy and completeness.**

Attach the required documents listed below and any additional documents or copies in the following order at the end of the application packet:

1. Birth Certificate (copy);
2. Social Security Card (copy);
3. Georgia or current state of residence driver's license (copy);
4. High School Diploma or Equivalency Certificate (copy);
5. Peace Officer Certification (copy) if you are a certified Police Officer in the State of Georgia;
6. A notarized copy of your 7 year Driver's History (contact your local DMVS Office);
7. Additional copies or pertinent documents.

STATEMENT OF COMPLETION

I hereby certify that each and every statement made on this form is true and complete and that this application includes the documents which are required to be attached for the position applied for as outlined on the first page of this application. I further understand that any false statement or omission of information will subject me to disqualification or dismissal. Lastly, I understand that an incomplete application or an application lacking the necessary attached paperwork, signatures or notarization will result in my application not being processed.

Signature

Date

**The University of Georgia Police Department
Authorization to Release Information**

I, _____
Last Name
First Name
Middle Name

Social Security Number
Height
Weight
Eye Color
Hair Color

Date of Birth
Sex
Race

Street Address
City
State
Zip

having filed an application for employment with the University of Georgia Police Department, hereby consent to have a background investigation conducted in regard to my possible future employment. This investigation and my consent necessarily involve the areas of moral character, professional reputation, physical and mental fitness, credit, employment history, and education.

I understand that I will not receive a copy of the information obtained through this investigation and that I am not entitled to know its contents. The contents of my background are privileged.

I also authorize and request every person, firm, corporation, agency, court, association or institution having control of any documents, records or other information pertaining to me, including all documents and records regarding charges or complaints filed against me, or any other pertinent data, to furnish them to the University of Georgia Police Department for inspection and copying.

I hereby give consent to the University of Georgia Police Department to solicit, obtain, inspect and copy any and all information, records and documents necessary to complete a thorough background investigation relative to my possible future employment. Pertinent records may include, but are not limited to (initial each item below):

- Criminal and driver history records,*
- Educational records,*
- Previous and current employment records,*
- Credit history and financial records,*
- Access to any and all social media networking sites of which I am a member;*

I hereby release and forever discharge every person, firm, corporation, agency, court, association or institution furnishing such information from any and all liability arising out of the furnishing of such documents, records or information, or out of the investigation made by the University of Georgia Police Department.

I hereby release and forever discharge the University of Georgia, its Police Department, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind arising from or by reason of any injury, damage or the consequences thereof, resulting from or in any way connected with the background investigation conducted in regard to my possible future employment.

I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I hereby certify that I am at least 18 years of age and suffering under no legal disability and that I have read and understood the above.

<i>Signature of Applicant</i>	<i>Printed Name</i>	<i>Date</i>

State of _____, County of _____, Sworn to and subscribed
before me this _____ day of _____, 20____.

Notary Public

Expiration Date

*The University of Georgia Police Department
Medical/Physician's Clearance to Test Form*

NAME OF PARTICIPANT

Dear Physician:

The purpose of this communication is to inform you of the above-named individual's intentions with regards to participation in the University of Georgia Police Department's pre-employment physical abilities test. We are aware of the fact that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above-named participant has any medical condition or disorder that would preclude participation. It must be emphasized that we are not asking you to assume responsibility for the participant while participating in this test. Rather, we merely want to have as much information as possible when making decisions concerning applicability of testing.

The testing program will consist of a series of physical abilities tests conducted at our training site. The battery of job-related field tests is intended to be completed in the fastest possible time and will require maximum effort by the participant. Tests are designated to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skill and aerobic power. Tests will include two 220-yard runs, dragging a 160 lb. object 100-feet, jumping over obstacles (12-14 inches high), climbing over a wall (40 inches high), two 50-foot sprints and movement around a series of pylons.

Ultimately, the primary goal of this testing is to determine whether the participant is capable of performing minimum standards appropriate to law enforcement, corrections or correctional probation.

I have examined this participant and his/her medical history, and based upon my evaluation, I recommend that:

_____ Participation is NOT advisable at the present time. (If you advise against participation, please DO NOT disclose the participant's medical condition on this form.)

_____ Within a reasonable degree of probability, no medical condition or disorder exists which precludes this participant from participation in the physical abilities' tests as described.

Signature of Physician

Date

Name and Address of Physician

Explanation of Agreement for Reimbursement (Non-Certified Applicants)

Before being hired by the University of Georgia Police Department you will be required, as a condition of employment, to sign an Agreement for Reimbursement. This explanation is not to serve as the official Agreement for Reimbursement. The Agreement for Reimbursement will be signed by the employee upon being offered employment with the University of Georgia Police Department. The Agreement for Reimbursement contains the following provisions:

1. The employer has agreed to hire the employee to exercise his/her skills and abilities required to serve as a duly appointed police officer with the University of Georgia Police Department.
2. The employee recognizes that there are certain expenses connected with the training required to become a certified police officer in accordance with the Georgia Peace Officer Standards and Training Council.
3. The employer shall be responsible for paying the employee's salary while attending the police academy and will further provide the employee with uniforms, weapons and other necessary equipment.
4. In exchange for receiving a salary while attending the police academy and equipment necessary to perform the tasks of a police officer, the employee agrees to work for the University of Georgia Police Department for a period of twenty-four (24) months, beginning on the date of successful completion of the police academy.
5. The employee agrees that the training is not only necessary but is also a valuable asset to the employee and the Police Department can only recover the costs of such training by receiving the services of the employee for the twenty-four (24) month period.
6. The employee agrees that if he/she should leave the Department voluntarily prior to completion of the police academy, he/she shall reimburse the Department for the amount of their gross salary for the time attended plus an administrative cost of 10% of their salary during that time. No reimbursement will be assessed if the employee involuntarily fails to complete the police academy.
7. Employee agrees that if he/she leaves the Department voluntarily within the twenty-four (24) month period that he/she will pay back the cost of the training and outfitting as follows:
 - a. 0 to 18 months.....100%
 - b. 19 to 24 months.....75%
8. The total due if the employee voluntarily terminates employment before working the full 18 months will be \$18,701.00 which will lessen to \$14,025.00 from the beginning of the 19th month until the end of the 24th month.

I have read and understand the explanation of the Agreement for Reimbursement. I realize that further explanation will be provided at a later date or upon my request.

Signature _____ Date _____

Printed Name of Applicant _____

Police Officer Job Description Questionnaire

The following fourteen (14) questions ask about your willingness and/or ability to perform certain tasks required of a Police Officer. Please answer all of the questions accurately. Failure to do so may delay your application. Check the answer that best describes how you rate yourself on each item. This is not a test.

1. Are you willing to undergo a background investigation to establish your integrity?
(This will cover any arrest/ criminal records, traffic record, military record, etc.) Yes No
2. Understanding that the Georgia Peace Officer Standards and Training Council requires you to qualify annually with your firearm, are you willing to maintain a proficiency level which allows you to meet this standard even if this involves practicing on your own time? Yes No
3. Are you willing to work day, evening, or night shifts along with holidays and weekends? Yes No
4. Are you willing to stop arguments and fights in spite of potential danger of physical harm to yourself? Yes No
5. Are you willing to approach and arrest dangerous persons? Yes No
6. Are you willing to complete detailed reports and maintain accurate records? Yes No
7. Are you willing to interact and work with people from different cultural, ethnic, and/or socioeconomic backgrounds? Yes No
8. Are you willing to attend training programs necessary to meet the minimum annual training standard set forth by the Georgia Peace Officer Standards and Training Council? Yes No
9. In this job you will be issued a firearm as part of your basic equipment. With this in mind, are you willing to use necessary force, up to and including deadly force? Yes No
10. Are you willing to tolerate verbal abuse and insults and not let them interfere with your ability to do your job? Yes No
11. Are you willing to submit to a pre-employment drug screening? Yes No
12. Are you willing to take a pre-employment written psychological examination? Yes No
13. Are you willing to take a pre-employment truth verification examination? Yes No
14. Are you willing to make decisions based on limited information? Yes No

PLEASE SIGN THIS QUESTIONNAIRE AFTER READING THE STATEMENT BELOW.

I have read and understand the Police Officer job description. I have read and answered each of the fourteen (14) questions honestly. I realize that other portions of the application process may serve to check my answers to these questions.

Signature

Date

Printed Name of Applicant

Career Objectives

Reasons for wanting this work: _____

Please describe any qualifications, specialized training and/or other skills that you possess which you feel relate to Law Enforcement work:

Hobbies

Hobbies: _____

Clubs, Organizations, Civic Groups, or Affiliations, etc.: _____

Formal Education

Colleges, Universities, Vocational or Trade Schools Attended:

Name	Location (<i>city, state</i>)	Hours/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

High Schools:

Name	Location (<i>city, state</i>)	Graduate? (<i>Yes or No</i>)
_____	_____	_____
_____	_____	_____
_____	_____	_____

GED/USAFI:

GED	USAFI	Location test was administered
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Equivalency Diploma or Certificate Awarded? Yes No N/A

Date Test Was Administered: _____

Name and Address of State Authority Issuing the Diploma: _____

Completed Military Service

Branch _____ Selective Service Number _____ From (mo/yr) To (mo/yr) _____

Military Job Description _____ Highest Rank Attained _____

Date and Location of your first entrance into active duty: _____

Unit Assignments in the Service:

Branch	Unit (Company/Ship)	Location	From Mo/Yr	To Mo/Yr

Date and Location of your last discharge from Active Duty: _____

Type of Discharge: Honorable General Medical Bad Conduct Dishonorable

Places of Residence Within the Past Ten Years

Address _____ City _____ County _____ State _____ Zip Code _____

Address _____ City _____ County _____ State _____ Zip Code _____

Address _____ City _____ County _____ State _____ Zip Code _____

Address _____ City _____ County _____ State _____ Zip Code _____

Address _____ City _____ County _____ State _____ Zip Code _____

Address _____ City _____ County _____ State _____ Zip Code _____

Address _____ City _____ County _____ State _____ Zip Code _____

Persons currently residing with you (Do Not Include Dependents)

Personal References

Please include a minimum of three personal references. Do not include family members or previous employers.

Last Name	First	Middle	Years Known
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Address	Home Phone	Work Phone
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Last Name	First	Middle	Years Known
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Address	Home Phone	Work Phone
---------	------------	------------

Last Name	First	Middle	Years Known
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Address	Home Phone	Work Phone
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Employment History

*Please list **all** jobs in chronological order, beginning with the most recent. If you need more space, you may attach additional copies of page 10. Failure to fully complete employment information may result in disqualification.*

Employer	Address	Phone #
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Position Title	Employed From (mo/yr) To (mo/yr)	Supervisor
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Duties

Specific Reason for Leaving

Starting Salary _____ Ending Salary _____ Number of Hours Worked Per Week _____

Employer	Address	Phone #
----------	---------	---------

Position Title	Employed From (mo/yr) To (mo/yr)	Supervisor
----------------	----------------------------------	------------

Duties

Specific Reason for Leaving

Starting Salary _____ Ending Salary _____ Number of Hours Worked Per Week _____

Employer	Address	Phone #
----------	---------	---------

Position Title	Employed From (mo/yr) To (mo/yr)	Supervisor
----------------	----------------------------------	------------

Duties

Specific Reason for Leaving

Starting Salary _____ Ending Salary _____ Number of Hours Worked Per Week _____

Employer	Address	Phone #
----------	---------	---------

Position Title	Employed From (mo/yr) To (mo/yr)	Supervisor
----------------	----------------------------------	------------

Duties

Specific Reason for Leaving

Starting Salary _____ Ending Salary _____ Number of Hours Worked Per Week _____

Employer	Address	Phone #
----------	---------	---------

Position Title	Employed From (mo/yr) To (mo/yr)	Supervisor
----------------	----------------------------------	------------

Duties

Specific Reason for Leaving

Starting Salary _____ Ending Salary _____ Number of Hours Worked Per Week _____

Employer	Address	Phone #
----------	---------	---------

Position Title	Employed From (mo/yr) To (mo/yr)	Supervisor
----------------	----------------------------------	------------

Duties

Specific Reason for Leaving

Starting Salary _____ Ending Salary _____ Number of Hours Worked Per Week _____

Have you ever been discharged, terminated or forced to resign from employment? Yes No

If "Yes," give name of employer(s) and specific reason(s):

Have you ever lost wages or taken a day off without pay as a result of disciplinary action by a supervisor?

Yes No If "Yes," give the name of the employer and your explanation:

Criminal History

List all criminal charges (felonies, misdemeanors, either civilian or military, not traffic). This would include first offender and nolo contendere pleas and/or dismissals; this would include incidents involving any other name you may have gone by in the past. Attach additional sheets if necessary.

Have you ever been arrested and/or indicted? Yes No If "Yes," give details below:

Offense Charged	Arresting/Charging Agency
-----------------	---------------------------

Date Arrested	Disposition of Case
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Offense Charged	Arresting/Charging Agency
-----------------	---------------------------

Date Arrested	Disposition of Case
---------------	---------------------

Have you ever been convicted of a Felony? Yes No If "Yes," give details below:

Have you ever been placed on Probation? Yes No If "Yes," give details below:

Pending Charges or Indictments

List any pending or outstanding criminal charges or citations, to include unpaid/pending traffic citations.

Crime State and County Date

Crime State and County Date

Have you ever been questioned about or been the subject of a criminal investigation(s)? Yes No

If "Yes," give details below:

Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment or any other disciplinary action while a member of the armed forces? Yes No

If "Yes," give details below:

Traffic Charges

List complete history, including pleas of Guilty and nolo contendere. Include all charges since being issued drivers' license.

Offense State and County Date

Offense State and County Date

Offense State and County Date

Offense State and County Date

Offense State and County Date

Offense State and County Date

Offense State and County Date

Offense State and County Date

Offense State and County Date

Other Information

Do you currently or have you in the past used any illegal drugs or used prescription drugs in an illegal manner?

Yes No *If "Yes," give **specific** details below, to include specific substances, number of times used, circumstances under which the use occurred and time frames of use:*

Do you use tobacco products? Yes No If yes, explain:

Explain any events in your life that may come up in a background check that may or may not affect your employment in Public Safety work:

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

**Applicant Privacy Rights
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

Signature

Print Name

Date