THE UNIVERSITY OF GEORGIA POLICE DEPARTMENT

Application for Internship

What academic session do you wish to complete your internship (circle one) and write in the year:

Fall_____ Spring_____ Summer_____

Please include the following information as part of the application in the order below. A checklist has been provided for your convenience:

☐ Copy of your birth certificate;

☐ Copy of your Social Security card;

☐ Copy of your current state of residence driver's license;

☐ Copy of your high school diploma or equivalency certificate;

☐Completed, signed, and notarized Authorization to Release Information form;
Notary services are available at the University of Georgia Police Department without cost. If you wish for a staff member at UGPD to notarize your document, do not sign it until in the presence of the Notary.

☐ Signed Applicant Privacy Rights Notification Form

APPLICANT INFORMATION

Last Name	First Name	Middle Name	Phone

Driver's License Number	State	E-mail Address (UGA Email if current student)

Present Mailing Address	City	County	Zip Code

Permanent Mailing Address	City	County	Zip Code

Place of Birth (City and State)

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 Training Unit representative 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 <u>not</u> be processed;

The Authorization to Release Information form must be completed, signed and properly notarized;

Ensure that all forms that require signatures are properly dated, signed and included in the packet;
Ensure that you have read and signed the STATEMENT OF COMPLETION below after thoroughly reviewing your application for accuracy and completeness.

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.

_____

Applicant Printed Name

_____ _____

Applicant Signature Date

Authorization to Release Information

I, _____ _____ _____
Last Name First Name Middle Name

_____ _____ _____ _____ _____ _____
Social Security Number Height Weight Eye Color Hair Color Sex

_____ _____ _____ _____
Street Address City State Zip

having filed an application for internship with the University of Georgia Police Department, hereby consent to have a background investigation conducted in regard to my possible future internship. 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 internship. Pertinent records may include, but are not limited to (**initial each item below**):

___ Access to any and all social media networking sites of which I am a member;

___ Criminal and driver history records;

___ Previous and current employment records;

___ Educational records, and;

___ Credit history and financial records.

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 internship.

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.

_____ _____ _____
Signature of Applicant Printed Name Date

State of, _____, County of, _____,

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

_____ _____
Notary Public Expiration Date

Internship Objectives

Please discuss your reason(s) for choosing the University of Georgia Police Department as your desired internship site.

Are you currently applying for an internship at one or more locations other than UGPD? ☐ Yes ☐ No

Personal Interests

Please discuss your personal interests and hobbies. Please include any memberships you have in clubs, organizations, civic groups, or affiliations.

Educational History

Colleges, Universities, Vocational, or Trade Schools

Name	*Location (City, State)*	*Hours/Degree*

High School(s)

Name	*Location (City, State)*	*Graduate (Yes/No)*

Completed Military Service

Branch	Selective Service Number	From (MM/YY) - To (MM/YY)

Military Job Description	Highest Rank Attained

Date and Location of your first entrance into active duty.

Unit Assignments

Branch	*Unit (Company/Ship)*	*Location*	*From (MM/YY)*	*To (MM/YY)*

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

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 this page.*

Employer		Address	Phone
Position Title		Employed From (MM/YY to MM/YY)	Supervisor
Duties			
Reason for Leaving			
Starting Salary $	Ending Salary $	Hours Worked Per Week:	

Employer		Address	Phone
Position Title		Employed From (MM/YY to MM/YY)	Supervisor
Duties			
Reason for Leaving			
Starting Salary $	Ending Salary $	Hours Worked Per Week:	

Employer | Address | Phone

Position Title | Employed From (MM/YY to MM/YY) | Supervisor

Duties

Reason for Leaving

Starting Salary $ | Ending Salary $ | Hours Worked Per Week:

Employer | Address | Phone

Position Title | Employed From (MM/YY to MM/YY) | Supervisor

Duties

Reason for Leaving

Starting Salary $ | Ending Salary $ | Hours Worked Per Week:

Employer | Address | Phone

Position Title | Employed From (MM/YY to MM/YY) | Supervisor

Duties

Reason for Leaving

Starting Salary $ | Ending Salary $ | Hours Worked Per Week:

Employer | Address | Phone

Position Title | Employed From (MM/YY to MM/YY) | Supervisor

Duties

Reason for Leaving

Starting Salary $ | Ending Salary $ | Hours Worked Per Week:

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

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

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

☐ Yes ☐ No

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

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," provide details below:

Offense Charged — Arresting Agency

Date Arrested — Case Disposition

Offense Charged — Arresting Agency

Date Arrested — Case Disposition

Have you ever been convicted of a felony? ☐ Yes ☐ No

If "Yes," provide details below:

Have you ever been placed on probation? ☐ Yes ☐ No

If "Yes," provide details below:

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," provide 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," provide details below:

List complete history of traffic charges including please of “guilty” and nolo contendere. Include all charges since being issued a driver’s license.

Crime	State and County	Date
Crime	State and County	Date
Crime	State and County	Date
Crime	State and County	Date
Crime	State and County	Date
Crime	State and County	Date
Crime	State and County	Date
Crime	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 substances used, number of times used, circumstances under which the use occurred and time frames for use:

Do you use tobacco products? ☐ Yes ☐ No

If “Yes,” explain:

Explain any events in your life that may be discovered during a background investigation that may or may not affect your internship with the University of Georgia Police Department.

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-recordinformation-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/obtainingcriminal- 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 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

National Data Exchange (N-DEx) Notice and Consent

I authorize any employee or representative of _____
criminal justice agency

to search the National Data Exchange (N-DEx) to obtain information regarding my qualification and fitness to serve as a _____
applicant position

I understand that N-DEx is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in N-DEx may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in N-DEx will not be disclosed to any other person or agency unless authorized and consistent with applicable law.

I release _____
criminal justice agency

from any liability or damage that may result from the use of information obtained from N-DEx.

Redress:

If employment is denied solely due to information obtained from N-DEx, and the applicant challenges the accuracy or completeness of those records, the denying agency shall provide the applicant with the contact information of the agency owning the information underlying the decision to deny. After receiving a written request from the applicant challenging the accuracy or completeness of the record used to deny employment, the record-owning agency shall then review the relevant information and advise the applicant in writing whether it has confirmed the accuracy or completeness of its records or whether the records will be corrected. If the applicant does not receive a response from the record-owning agency within 30 days from the date of the applicant's written request, the applicant may contact the FBI CJIS Division N-DEx Unit, 1000 Custer Hollow Rd, Clarksburg, WV 26306. The FBI shall forward the challenge to the record-owning agency for verification or correction. The record-owning agency shall then review the relevant information and advise the applicant in writing whether it has verified its records or whether the records will be corrected. Agencies should inform applicants of their responsibility to provide any corrected information to the denying agency that may assist the record owning agency in its research on behalf of the applicant.

Full Name (Print):					
Address:					
Sex:		Race:		Date of Birth:	
Social Security Number:					
Date:					
Signature:					