

THE UNIVERSITY OF GEORGIA POLICE DEPARTMENT

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

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

Please complete entire application and return with the required documents:

For All Positions please provide the following information:

- Birth Certificate (copy)
- Social Security Card (copy)
- Georgia or current state of residence driver's license (copy)
- DD214 Member-4 if applicable (copy)
- High School Diploma or Equivalence Certificate (copy)
- Signed and notarized Authorization to Obtain Credit History Information Form and Authorization to Release Information form with original signatures (forms are included in this packet)
- Completed Application for Classified Employment (application can be obtained at <http://www.ps.uga.edu/Administration/JobOpenings.html>)

For Police Officer Positions please include the following information in addition to information requested above:

- Notarized copy of your Driver's History. If you are a Georgia resident, you can obtain a copy from the Georgia Department of Motor Vehicle Safety at 1505 US Hwy 29, (706) 542-8660 or from your local DMVS office;
- Peace Officer Certification (copy) if you are already certified by the Georgia Peace Officer Standards and Training Council;
- Medical/Physician Clearance to Test Form and Physician's Affidavit (both forms are included in this packet); **Must be signed by a physician/doctor**.
- Applicant-signed Explanation of Agreement for Reimbursement and Police Officer Job Description Questionnaire (both forms are included in this packet)

For Escort Driver Positions please include the following information in addition to information requested for "All Positions":

- A notarized copy of your Driver's History. If you are a Georgia resident, this can be obtained from the Georgia Department of Motor Vehicle Safety, 1505 US Hwy 29, (706) 542-8660, or your local DMVS office.

INSTRUCTIONS

The Applicant Information Form contains all the necessary information for the applicant to be considered for hire by the University of Georgia Police Department. In order for the 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 Departments' Administrative Assistant 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 it is required. Please include zip codes and current phone numbers with all address information.

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 application lacking the necessary attached paperwork will result in my application not being processed.

Signature

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 150 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

Thank you for your cooperation.

Authorization to Obtain Credit History Information

I, _____, born _____ on _____,
(Name) (City & State) (Date of Birth)

having filed an application for employment with the University of Georgia Police Department, hereby consent to have the University of Georgia Police Department obtain a report of my credit history in conjunction with a background investigation conducted regarding my possible future employment. I understand that the University of Georgia Police Department will obtain a credit report as part of this process.

I hereby give consent to the University of Georgia Police Department to solicit, obtain, inspect and copy any and all information, records and documents pertaining to my credit history necessary to complete a thorough background investigation relative to my possible future employment.

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 my credit history, to furnish them to the University of Georgia Police Department for inspection and copying.

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

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 \$10,000.00 which will lessen to \$7,500.00 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 polygraph 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

APPLICANT INFORMATION FORM

Personal Data

| | | | |
|-----------|------------|-------------|--------------|
| Last Name | First Name | Middle Name | Phone Number |
|-----------|------------|-------------|--------------|

| | | | |
|-------------------------|------|--------|----------|
| Present Mailing Address | City | County | Zip Code |
|-------------------------|------|--------|----------|

| | | | |
|---------------------------|------|--------|----------|
| Permanent Mailing Address | City | County | Zip Code |
|---------------------------|------|--------|----------|

| | | |
|------------------------|-------------------------|-------|
| Social Security Number | Driver's License Number | State |
|------------------------|-------------------------|-------|

| | | |
|---------------|---|-----|
| Date of Birth | Place of Birth (<i>city, county, state</i>) | Age |
|---------------|---|-----|

Persons residing with you (*Do not include dependents*)

Hometown (*city, county, state where you were raised*)

Places of residence within the past 10 years:

| | | | |
|---------|------|--------|----------|
| Address | City | County | Zip Code |
|---------|------|--------|----------|

| | | | |
|---------|------|--------|----------|
| Address | City | County | Zip Code |
|---------|------|--------|----------|

| | | | |
|---------|------|--------|----------|
| Address | City | County | Zip Code |
|---------|------|--------|----------|

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| Address | City | County | Zip Code |
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| Address | City | County | Zip Code |
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| Address | City | County | Zip Code |
|---------|------|--------|----------|

| | | | |
|---------|------|--------|----------|
| Address | City | County | Zip Code |
|---------|------|--------|----------|

Physical Description

Race Sex Height (Ft/In) Hair Color Eye Color Weight

Medical History

This information is to determine if you have any medical issues that could affect your ability to perform the duties of a police officer. (If hired, failure to disclose this information could result in termination.)

Type of Surgery Date Limitations resulting from surgery

Type of Surgery Date Limitations resulting from surgery

Type of Surgery Date Limitations resulting from surgery

If you wish your application to be considered under laws pertaining to persons with disabilities, you may (if you qualify as a person with disability) identify yourself by describing in the space below any accommodation in the workplace which you might need in order to perform the essential duties of a UGA Police Department position:

Marital Status

Check applicable box:

Married Single Divorced Widowed Separated

Spouse's Last Name First Middle Maiden

Date of Marriage Date of Spouse's Death, Divorce, or Separation (if applicable)

Spouse's Employer Employer's Address (city, state) Employer's Phone Number

Dependents

Do you have children? Yes No

Do your children reside with you? Yes No N/A

If your children do not reside with you, are you financially responsible for them? Yes No N/A

If your children do not reside with you and you are financially responsible for them, do you fulfill those financial obligations? Yes No N/A

Any special problems: _____

Emergency Contact

In case of an emergency, notify:

Name _____ Address _____ Phone # _____

Deceased? Yes No
Your Father's Last Name _____ First _____ Middle _____

Your Father's Address (*Use mother's if your father is deceased*) _____ Phone # _____

Your Father's Occupation and Employer (*use mother's if the father is deceased*) _____

Habits and Hobbies (include tobacco, alcohol, drugs, gambling, etc.)

Failure to disclose this information could result in disqualification from hire.

Habits: _____

Hobbies: _____

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

Formal Education

Colleges, Universities, Vocational or Trade Schools Attended:

| Name | Location (city, state) | From/To | Hours/Degree |
|------|------------------------|---------|--------------|
|------|------------------------|---------|--------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

High Schools:

| Name | Location (city, state) | From/To | Graduate? (Yes or No) |
|------|------------------------|---------|-----------------------|
|------|------------------------|---------|-----------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

GED/USAFI:

| GED | USAFI | Location test was administered |
|-----|-------|--------------------------------|
|-----|-------|--------------------------------|

Equivalency Diploma or Certificate Awarded? Yes No N/A

Date Test Was Administered: _____

Name and Address of State Authority Issuing the Diploma: _____

Career Objectives

Reasons for wanting this work: _____

Active 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

Army Reserve or National Guard

Are you currently on active reserve duty? Yes No

Name of Reserve or National Guard Unit

Address of Unit

Commanding Unit Current Rank Service # Length of Service

Employment History

Please list **all** jobs in chronological order, beginning with the most recent. If you need more space, you may attach additional sheets.

| | | |
|-----------------------|---------------------|---------------------------------------|
| Employer | Address | Phone # |
| Position Title | Dates Employed | Supervisor |
| Duties | | |
| Reason for Leaving | | |
| Starting Salary _____ | Ending Salary _____ | Number of Hours Worked Per Week _____ |

| | | |
|-----------------------|---------------------|---------------------------------------|
| Employer | Address | Phone # |
| Position Title | Dates Employed | Supervisor |
| Duties | | |
| Reason for Leaving | | |
| Starting Salary _____ | Ending Salary _____ | Number of Hours Worked Per Week _____ |

| | | |
|-----------------------|---------------------|---------------------------------------|
| Employer | Address | Phone # |
| Position Title | Dates Employed | Supervisor |
| Duties | | |
| Reason for Leaving | | |
| Starting Salary _____ | Ending Salary _____ | Number of Hours Worked Per Week _____ |

| | | |
|-----------------------|---------------------|---------------------------------------|
| Employer | Address | Phone # |
| Position Title | Dates Employed | Supervisor |
| Duties | | |
| Reason for Leaving | | |
| Starting Salary _____ | Ending Salary _____ | Number of Hours Worked Per Week _____ |

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

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

Personal References

Please include a minimum of three personal references, and do not include family members.

| | | | |
|-----------|-------|--------|--|
| Last Name | First | Middle | |
|-----------|-------|--------|--|

| | | | |
|---------|------------|------------|--|
| Address | Home Phone | Work Phone | |
|---------|------------|------------|--|

How long have you known this person (approximately)? _____

| | | | |
|-----------|-------|--------|--|
| Last Name | First | Middle | |
|-----------|-------|--------|--|

| | | | |
|---------|------------|------------|--|
| Address | Home Phone | Work Phone | |
|---------|------------|------------|--|

How long have you known this person (approximately)? _____

| | | | |
|-----------|-------|--------|--|
| Last Name | First | Middle | |
|-----------|-------|--------|--|

| | | | |
|---------|------------|------------|--|
| Address | Home Phone | Work Phone | |
|---------|------------|------------|--|

How long have you known this person (approximately)? _____

Criminal History

List any 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? Yes No If "Yes," give details below:

Offense Charged Arresting Agency

Date Arrested Disposition of Case

Offense Charged Arresting 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

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:



Peace Officer Application for Certification

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 law enforcement agency in the State of Georgia, including but not limited to the current place of employment. Peace officers are charged with the responsibility of enforcing criminal laws and are subject to deal with violent individuals and situations. Officers are often required to defend themselves and others from physical attacks, subdue resisting individuals, and make decisions under stress concerning the use of deadly force. **These types of positions generally require a high level of physical capability.**

O.C.G.A. §35-8-8 and POST Rule 464-3-.02 require that candidates be found, after examination by a licensed physician or surgeon, to be free from any physical, emotional, or mental conditions which might adversely affect his/her exercising the powers or duties of a peace officer. Please note that your answers are intended to provide the **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 464-3-.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# (Area Code) - Number |
|---|--|

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 (mmddyyyy) | (Jr., Sr., II, III, IV, etc.) | Maiden Name | HEIGHT ft in |
| | | | WEIGHT lbs <i>(without shoes & coat)</i> |
| | | | SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female |

Job Applied for by the candidate is:



Peace Officer Application for Certification

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">• Job functions affected• Nature & degree of severity• Duration of impairment (if intermittent or temporary)• Likelihood(s) associated with this impact |

2.) In your opinion, could the 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">• Specific job duties/functions and/or working conditions that precipitate the risk:• Nature & severity of potential harm:• Impact of harm on self and/or others:• Likelihood(s) associated with this risk:• Imminence and duration of the threat; |

Please describe any means, devices or work restrictions that could reduce or eliminate any identified risks to a level not significantly greater than that posed by the average 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.



Peace Officer Application for Certification

Physician's Affidavit - Page 3 of 3

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



Georgia Peace Officer Standards & Training Council

Peace Officer Application for Certification

Pg ___
Of ___
Initial
