

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 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;
- Physician-signed Medical/Physician Clearance to Test Form and Physician's Affidavit (both forms are included in this packet)
- 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) 542-0087.

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.

PHYSICIAN'S AFFIDAVIT
(Must use this form)

Note to Physician:

This applicant, 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.

I understand _____ is being considered for employment as a peace officer and as a result of employment could be subjected to severe mental stress. I have examined _____ and to the best of my knowledge this person is free from any physical, emotional or mental conditions which might adversely affect this person's ability to perform the duties of a peace officer or take part in training programs relative to law enforcement.

Physicians Name (Please Print)

Address

Physician's Signature

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
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Present Mailing Address	City	County	Zip Code
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Permanent Mailing Address	City	County	Zip Code
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Social Security Number	Driver's License Number	State
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Date of Birth	Place of Birth (<i>city, county, state</i>)	Age
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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
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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
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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
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Address	City	County	Zip Code
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Address	City	County	Zip Code
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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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High Schools:

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

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: _____

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	
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Address	Home Phone	Work Phone	
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How long have you known this person (approximately)? _____

Last Name	First	Middle	
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Address	Home Phone	Work Phone	
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How long have you known this person (approximately)? _____

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

Address	Home Phone	Work Phone	
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How long have you known this person (approximately)? _____

Criminal History

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

Date Arrested	Disposition of Case
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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
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Crime	State and County	Date
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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:
