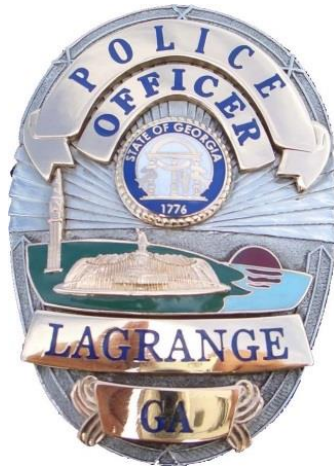


City of LaGrange

Police Department Employment Application



Confidential Questionnaire

Applicant's Name: _____

Address: _____

Home Phone Number: _____ Cell Number: _____

The City of LaGrange is an equal opportunity employer and provides fair and equal employment opportunities to all applicants for employment without regard to race, color, religion, national origin, citizenship status, age, sex, disability, veteran's status, or political affiliation.

Police Patrol Officer

Overview

The City of LaGrange, Georgia is seeking qualified candidates for the position of Patrol Officer. The LaGrange Police Department serves a population of approximately 30,000 citizens about one hour from Hartsfield-Jackson Atlanta International Airport. The ideal candidate will have exposure to law enforcement in a growing community, and be committed to Community Policing.

Minimum Requirements:

- High School Diploma or equivalent.
- Must be at least 21 years of age.
- Must be a U.S. Citizen.
- Must possess a valid driver's license that has not been suspended or revoked for reasons other than nonpayment of insurance premiums, in the past five years.
- Must not have any felony convictions. Conviction of a misdemeanor offense may possibly deem applicant unacceptable. Applicants who have by self-admission, committed crimes that were never detected, shall be presumed to have committed the crime or act. Pleas of *Nolo Contendere* are considered a conviction.
- No more than 1 DUI conviction or any DUI conviction in the past 5 years.
- Must show a stable employment history and credit history.
- Must not have a history of illegal drug use. **Shall not have used marijuana within 24-month period prior to date of application.** Experimental usage of marijuana, prior to the age of 21 will not be sole reason for disqualifying a candidate.
- Must successfully undergo extensive character background, polygraph examination, psychological, and aptitude testing.
- Must successfully complete police academy entrance exam and 240 hours of basic training in first 12 months of employment.
- Must be able to perform the essential functions of the job.
- Must be able to work rotating shifts, nights, weekends, and holidays.
- Be in good physical condition.
- Must pass 12 week FTO Program.

The City of LaGrange offers a lucrative benefits package including an employer paid retirement plan, PPO participation, Credit Union, 457 Deferred Compensation plan, and starting annual salary of \$40,060.80 during training. After satisfactory completion of all training and successful completion of the physical fitness standards the salary is increased to \$42,057.60.

Police Patrol Officer Job Description

An employee in this position is responsible for maintaining law and order; protecting life and property, and enforcing all statutes, laws, ordinances and regulations of the local, state and federal governments. Employee works under general supervision of a superior officer but has very definite operating procedures. However, much judgment is required in interpreting laws, ordinances, policies, and procedures. Employee must achieve a balance between enforcement of laws and ordinances and maintaining good public relations for the Police Department. Work contains a substantial element of risk and employee must be able to exercise judgment independently in emergency situations. Work is reviewed through reports, personal inspection and conferences. No supervision over others exercised.

Examples of Work

The following duties and associated tasks are typically performed by a person in this position. No attempt is made to be exhaustive in this listing.

- Patrols assigned residential or business areas on foot or in a patrol car and checks doors and windows.
- Discourages criminal activity through high visibility.
- Protects people and property from criminal hazards; initiates investigation as warranted.
- Monitors area to ensure safety and welfare of civilians.
- Responds to radio dispatcher calls to investigate burglar alarms, traffic violations, domestic problems and other acts against person, property, or law or for assistance from other officers.
- Intercedes in domestic quarrels; attempts to dissolve potentially dangerous situations through tact.
- Resolves, or attempts to resolve, discrepancies or disagreements.
- Secures scene of more serious crimes and calls for assistance.
- Refers disadvantaged or victims to necessary agencies and counsels victims as needed.
- Participates in traffic law enforcement by facilitating the flow of traffic when necessary; issues citations for violations; operates intoximeter.
- Processes, searches and incarcerates prisoners.
- Makes necessary reports.
- Ensures swift resolution of auto accidents.
- Verifies ownership or status of abandoned vehicles.
- Assists civilians in line of duty; gives directions, information, etc.
- Maintains scheduled court appearances.
- Reviews prior information and data for court cases.
- Makes case for judgment against perpetrator.
- Acts as Bailiff in absence of official or as needed.
- Participates in required in-service training.
- Performs related work as required.

Knowledge, Skills and Abilities

- Knowledge of local and state laws and ordinances.
- Knowledge of geography of city.
- Knowledge of Community Policing Philosophy.
- Knowledge of firearms.
- Knowledge of modern police methods.
- Knowledge of people and behavioral problems.
- Knowledge of proper vehicle stop and check procedures.
- Knowledge of legal and proper methods of arrest and investigation.
- Knowledge of Georgia Criminal Code and traffic laws.
- Skill in operations of motor vehicle at times at a high rate of speed.
- Skill in police radio, radar, etc.
- Skill in use of firearms.
- Skill in fact-finding.
- Skill in observing unusual or out-of-the-ordinary situations.
- Ability to communicate effectively, both orally and in writing.
- Ability to react to a crisis situation calmly and quickly.
- Ability to identify drugs and other substances.
- Ability to qualify with firearms.

Desired Requirements

- Meet requirements as set up by Georgia laws.
- Some experience in work involving frequent contact with the public and requiring the exercise of considerable tact and diplomacy.
- Two years of accredited college or university with degree.
- Four years accredited college or university with degree.

Notice to Applicant

No other document, which you will prepare during your application process will be as important as the attached booklet. It is in your own best interest to follow instructions carefully. There are more applicants for employment than there are available positions. A properly completed document enables us to better evaluate your application. We may be unable to process an incomplete document, and this may nullify your employment application.

I can not stress enough the importance of the accuracy of your answers. The information, which you supply in this booklet, will be compared with information provided by others throughout the application process. You **will** be asked to verify these answers at the polygraph examination. Any discrepancy or omission may result in your removal from this application process. You may not be especially proud of something that you have done in the past but you **must** write it down! Many candidates are removed from the process for this reason each year. The sad part is that what the applicant omitted or falsified may not have excluded them from consideration.

Entries must be typed or handwritten by the applicant themselves. When mentioning persons, be sure to fully identify the individual by his/her full correct name. Further, give complete addresses to determine street numbers correct street spellings, apartment numbers, telephone numbers and zip codes.

It is important that you understand that the process involved in the selection of police officers is labor intensive and will require 90 to 180 days. This process consist of background investigation, testing, and an employment assessment.

If you have any questions about the application process or need clarification about any of the questions contained in this booklet, please contact Sgt. Sanders at (706) 883-2678 or Sgt. Moore at (706) 883-2631.

Application, essay, a current photograph, all required documentation, and notarized consent form may be mailed or delivered in person to:

Human Resources City of LaGrange
200 Ridley Ave
LaGrange, GA 30240-2726

Applications may also be delivered in person to the LaGrange Police Department 24/7:

LaGrange Police Department
100 West Haralson Street
LaGrange, Georgia 30240

Application Checklist

You must furnish our department with one (1) copy each of the following documents:

- Your Birth Certificate.
- Your High School Diploma/GED.
- Your College Transcripts.
- Your DD-214 (if applicable).
- Your Naturalization Certificate (if applicable).
- Your Driver's License.
- Your Social Security Card.
- A copy of your POST certification card, if you are a certified Georgia Peace Officer.
- Test results from one of the following tests, Accuplacer, ASSET, COMPASS, SAT, ACT or CPE (See minimum required scores on the chart provide on next page.)

Required notarized pages must be completed correctly and notarized for us to process the application:

- Personal Inquiry Waiver.
- Acknowledgement of Training Reimbursement.
- Acknowledgement of Physical Fitness Testing Requirements.
- Personal Injury Waiver.

Required Exam Results

Below are the minimum scores required for satisfying OCGA § 35-8-8 regarding completion of the POST entrance examination.

TEST	Sub-Test	Scaled Score
Accuplacer	Reading	55
	Writing	60
	Numerical *	34
ASSET	Reading	38
	Writing	35
	Numerical *	35
COMPASS	Reading	70
	Writing	32
	Numerical *	26
SAT	Verbal or Critical Reading	430
	Math	400
ACT	Verbal or English & Reading	18
	Math	16
CPE	Reading	75
	Math	75
	English	75

* Score is used for evaluation purposes only and does not determine whether a candidate successfully passes the exam. Persons attending a BLETC at one of the Technical Colleges in Georgia are required to achieve this minimum score.

IMPORTANT NOTE: Per OCGA 35-8-8, candidates that do not perform satisfactory on the Entrance Exam will be ineligible to retake the Entrance Exam for a period of 30 days after the unsuccessful attempt.

Revised 05/27/2016

Overview of Application Process

Successful applicants will go through the following process:

1. An application will be reviewed for thoroughness and accuracy as part of the hiring process.
2. Applicants must score at least 70% on the assessment testing which includes the following testing elements:
 - Physical agility test and Cooper Standard Test
 - An oral board
 - A written test
 - A typing test
 - Report Writing Exercise
3. A polygraph examination - Areas of questions consist of Work History, Driving History, Criminal Violations, Use of Illegal Drugs, and Employment.
4. Interview with a member from the Office of Professional Standards Unit.
5. Pass a thorough background investigation to include character, experience, background and physical fitness. The investigation will also include a polygraph examination, a review of all police records, previous employment files, past places of residence, lawsuits, personal habits including criminal conduct, internet activity, military records, credit history, educational background and other areas deemed pertinent and appropriate.
6. An interview conducted by the Chief of Police.
7. A psychological examination at the City's expense, after conditional job offer has been extended.
8. A drug screen and physical examination, after conditional job offer has been extended.
10. Successfully complete a two week pre-academy assessment process during which the applicant will be provided training on a variety of high liability topics to include, but not limited to, firearms skills, emergency driving, problem solving and report writing. Both firearms proficiency and emergency driving are required elements to successfully complete the Georgia Police Academy Training. Therefore, a strong emphasis will be placed on these two fundamentals during this pre-academy assessment process and the applicant will be required to demonstrate sufficient proficiency in both fundamentals in order to be permitted to attend the Georgia Police Academy. It is strongly recommended that applicants prepare themselves appropriately by familiarizing themselves as much as possible with both fundamentals prior to participation in the pre-academy assessment process.



**Personal Inquiry Waiver
Authority for Release of Information**

To whom it may concern:

I respectfully request and authorize you to furnish the LaGrange Police Department any and all information, including that of a confidential or privileged nature, you may have concerning me. This includes police records, court records, work records, school records, military records, credit and financial records, internet activity, medical and mental records. This information will be used to assist in determining my qualifications and fitness for employment with the LaGrange Police Department.

Intending to be legally bound hereby, I release you, your organization, and others contacted from any liability or damage which may result from furnishing the information requested: Photostat copies of this authorization carry the same authority as the original.

I also authorize the City of LaGrange c/o the LaGrange Police Department to receive any **criminal** and/or **driver** history record information pertaining to me, which may be in the files of any State or Local criminal justice agency in Georgia.

Full Printed Name

Address

Sex Race Date of Birth

Social Security Number

Signature of Applicant

Before me personally appeared _____ who stated this document and its intent was explained to he/she has full knowledge of its purpose and that he/she executed this instrument of his/her own free will and accord.

Subscribed and sworn to me in my presence this _____ day of _____.

Notary Seal

Notary Public

Family Background of Applicant

Provide complete address, zip codes, and telephone numbers.

Father: _____
Last Name First Name Middle Date of Birth
Address: _____

Home Phone: _____ Cell Phone: _____

Mother: _____
Last Name First Name Middle Date of Birth
Address: _____

Home Phone: _____ Cell Phone: _____

If you were raised by anyone other than your parents, give the following information concerning those who raised you below:

Person: _____
Last Name First Name Middle Date of Birth
Address: _____

Home Phone: _____ Cell Phone: _____

Spouse: _____
Last Name First Name Middle Date of Birth
Address: _____

Home Phone: _____ Cell Phone: _____

Ex-Spouse: _____
Last Name First Name Middle Date of Birth
Address: _____

Home Phone: _____ Cell Phone: _____

Ex-Spouse: _____
Last Name First Name Middle Date of Birth
Address: _____

Home Phone: _____ Cell Phone: _____

**List home addresses for the past ten years (work backwards, list current address first).
Attach additional sheet if needed.**

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

List contact information for the last 3 physicians you visited

<u>Doctor' Name</u>	<u>Office Address</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

According to O.C.G.A. 35-8-8 you must provide us with information on any medications you have taken in the past 12 months that may impair your ability to perform the duties of a peace officer in the State of Georgia.

Education/Training/Skills

High School/Vocational School Graduated From:

<u>School</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Date</u>

Graduated High School/GED Awarded: _____

College Universities

What colleges or universities have you attended? (List most recent first and work backwards.)

<u>College/University</u>	<u>Location</u>	<u>Graduated</u>	<u>Major</u>
		Yes__ No__	
		Yes__ No__	
		Yes__ No__	

Have you ever been suspended or expelled for academic probation from any school?
Yes__ No__ If yes, explain.

Foreign Language Skills

Are you able to communicate in any language other than English (including sign language)?
Yes__ No__ If yes, specify and state fluency and reading levels.

Military Status of Applicant

Have you served in the armed forces of the U.S.? Yes_____ No_____

If yes, branch of service:_____

Date of Service: From_____ To_____

Type of Discharge (Exclude Medical Reasons)_____

Any reserve obligation: Yes_____ No_____

If yes, supply reserve organization name and address below:

Organization:_____

Address:_____

Supervisor:_____ Business Phone:_____

Were you ever subject to any type of disciplinary action while serving in the Armed Forces?
Yes_____ No_____ If yes, describe in detail.

Have you ever been denied entrance to any of the Armed Forces? Yes_____ No_____ If yes,
explain the basis for your denial (except for Medical Reasons).

Other Law Enforcement Applications/Experience

List all other police departments with which you have applied for employment.

<u>Department</u>	<u>Date</u>	<u>Status</u>

Do you have experience as a sworn police officer? Yes____ No____ If yes, explain and list any certifications held and date of certification:

Do you have experience in private security? Yes____ No____ If yes, explain.

Do you have experience as a police intern, volunteer, cadet or explorer with this or any other agency? Yes____ No____ If yes, explain.

Applicant's Employment Background

List all employment including part-time, beginning with current employer first, and work backwards **UNTIL HIGH SCHOOL GRADUATION**. You must include any employment from which you were terminated, regardless of when it occurred in your work history. If there was a period of unemployment, enter it in the booklet in the same sequence and manner as if this were another employer by indicating "from" and "to" and printing "**UNEMPLOYED**" in the block headed "Name of Employer."

Current Employer:

Organization: _____
Address: _____
Supervisor: _____ Position: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving (Exclude Medical Reasons): _____

We Will Contact your current employer in the course of our background investigation.

Previous Employers:

Organization: _____
Address: _____
Position: _____ Supervisor: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving (Exclude Medical Reasons): _____

Organization: _____
Address: _____
Position: _____ Supervisor: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving (Exclude Medical Reasons): _____

Organization: _____
Address: _____
Position: _____ Supervisor: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving (Exclude Medical Reasons): _____

Organization: _____
Address: _____
Position: _____ Supervisor: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving (Exclude Medical Reasons): _____

Organization: _____
Address: _____
Position: _____ Supervisor: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving (Exclude Medical Reasons): _____

Organization: _____
Address: _____
Position: _____ Supervisor: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving (Exclude Medical Reasons): _____

Organization: _____
Address: _____
Position: _____ Supervisor: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving (Exclude Medical Reasons): _____

Organization: _____
Address: _____
Position: _____ Supervisor: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving (Exclude Medical Reasons): _____

Organization: _____
Address: _____
Position: _____ Supervisor: _____
Dates of Employment: From: _____ To: _____
Reason for Leaving (Exclude Medical Reasons): _____

If you answer "yes" to any of the questions below, give full details including the name and address of each employer, approximate dates, and the circumstances in each case.

Have you ever been discharged or disciplined at any employment?

Yes ___ No ___ If yes explain. _____

Have you resigned or quit while anticipating that your employer intended to discharge or fire you for any reason?

Yes ___ No ___ If yes explain. _____

Have you ever resigned or quit while anticipating that your employer intended to take any form of disciplinary action against you?

Yes ___ No ___ If yes explain. _____

Have you ever had any extended work absences for reasons other than medical or earned vacations?

Yes ___ No ___ If yes explain. _____

Miscellaneous

Do you have skills or training in the following areas?

SKILL/TRAINING	YES	NO	SPECIFY COURSE/CERTIFICATION
EMT/Paramedic			
Emergency Driving			
Firearms Training			
Counseling			
Legal/Paralegal			
Leadership Course(s)			
Martial Arts			
Other (Specify)			

Is there anything else in your background that you feel we should be aware of as we consider your employment application? Yes ___ No ___ If yes explain.

Is there a reason that would prevent you from:

Taking an oath with or without an affirmation: Yes ___ No ___ If yes, explain.

Supporting and defending that Constitution of the United States, the laws of the State of Georgia, and the laws and ordinances of the City of LaGrange? Yes ___ No ___ If yes, explain.

Applicant's Motor Vehicle/License Information

List all motor vehicles currently owned or operate by applicant:

Make: _____ Model: _____ Tag: _____ State: _____
Make: _____ Model: _____ Tag: _____ State: _____
Make: _____ Model: _____ Tag: _____ State: _____
Make: _____ Model: _____ Tag: _____ State: _____

Motor vehicle insurance company(s):

Company: _____ Agent: _____
Address: _____ Phone: _____

Company: _____ Agent: _____
Address: _____ Phone: _____

List all current and past driver's licenses issued to applicant:

Number: _____ State: _____ Date: _____ Status: _____
Number: _____ State: _____ Date: _____ Status: _____
Number: _____ State: _____ Date: _____ Status: _____

Has your license or privileges to operate a motor vehicle ever been revoked, refused, suspended, or canceled? Yes ___ No ___ If yes, explain.

Has your vehicle registration ever been canceled, refused, revoked, or suspended for any reason? Yes ___ No ___ If yes, explain.

Have you ever been arrested or charged with Driving While Intoxicated or Driving Under the Influence? Yes ___ No ___ If yes, explain.

To the best of your knowledge, how many points are currently on your driver's license?
_____ Points

How many years have you been driving? _____

Have you received driver's education or received any safe driver awards? If yes, can you finish copies of awards or certificates? _____

Traffic Record

List all traffic violations (excluding parking tickets) you have received.

Violation: _____ Date: _____
Issuing Agency: _____ State: _____
Disposition: _____

Violation: _____ Date: _____
Issuing Agency: _____ State: _____
Disposition: _____

Violation: _____ Date: _____
Issuing Agency: _____ State: _____
Disposition: _____

Violation: _____ Date: _____
Issuing Agency: _____ State: _____
Disposition: _____

Violation: _____ Date: _____
Issuing Agency: _____ State: _____
Disposition: _____

Violation: _____ Date: _____
Issuing Agency: _____ State: _____
Disposition: _____

Violation: _____ Date: _____
Issuing Agency: _____ State: _____
Disposition: _____

Violation: _____ Date: _____
Issuing Agency: _____ State: _____
Disposition: _____

Violation: _____ Date: _____
Issuing Agency: _____ State: _____
Disposition: _____

Violation: _____ Date: _____
Issuing Agency: _____ State: _____
Disposition: _____

Traffic Accidents

List all traffic accidents in which you were the driver of the vehicle.

Date: _____ City: _____ State: _____
Was citation issued? Yes__ No__ If yes, what violation? _____
Disposition: _____

Date: _____ City: _____ State: _____
Was citation issued? Yes__ No__ If yes, what violation? _____
Disposition: _____

Date: _____ City: _____ State: _____
Was citation issued? Yes__ No__ If yes, what violation? _____
Disposition: _____

Date: _____ City: _____ State: _____
Was citation issued? Yes__ No__ If yes, what violation? _____
Disposition: _____

Date: _____ City: _____ State: _____
Was citation issued? Yes__ No__ If yes, what violation? _____
Disposition: _____

Date: _____ City: _____ State: _____
Was citation issued? Yes__ No__ If yes, what violation? _____
Disposition: _____

Date: _____ City: _____ State: _____
Was citation issued? Yes__ No__ If yes, what violation? _____
Disposition: _____

Date: _____ City: _____ State: _____
Was citation issued? Yes__ No__ If yes, what violation? _____
Disposition: _____

Date: _____ City: _____ State: _____
Was citation issued? Yes__ No__ If yes, what violation? _____
Disposition: _____

Date: _____ City: _____ State: _____
Was citation issued? Yes__ No__ If yes, what violation? _____
Disposition: _____

Criminal History

Have you ever committed or participated in any of the following crimes, whether you were caught or not?

CRIME	YES	NO	CRIME	YES	NO
Vandalism			Telephone		
Child Abuse or Molestation			Computer Related Crimes		
Hunting/Fishing Law Violations			Impersonating a Police Officer		
Trespassing			Assault		
Arson			Weapons Violation		
Theft or Unauthorized Use of a Motor Vehicle			Aided or Abetted in the Commission of a Crime		
False Alarms			Fraud (Bad Checks)		
Embezzlement			Sexual Assault		
Extortion			Public Intoxication		
Prostitution			Disorderly Conduct		
Thefts			Wiretapping		
Perjury			Burglary		
Bigamy			Robbery		
Giving False Information			Other		
Any Drug Related Crime			Any Gang Crime		

If you answered yes to any of the above, please explain in detail. Provide additional sheets if necessary. Include dates and dispositions.

Have you ever been arrested or detained by any law enforcement agency?
Yes___ No___ If yes, explain in detail below giving date, reason, agency, and disposition.

Have you ever been interviewed or interrogated by any law enforcement agency?
Yes___ No___ If yes, explain in detail below giving date, reason, and agency.

Have you ever been questioned by the police in reference to a domestic violence incident?
Yes___ No___ If yes, explain in detail below giving date and agency.

Have you ever been placed on probation, parole, or participated in pretrial diversion? (Exclude traffic related offenses). Yes___ No___ If yes, explain in detail below.

Are you friends with anyone whom you suspect of being a seller of illegal drugs?
Yes___ No___ If yes, explain in detail below.

Have You Ever?

1. Used a weapon of any kind during a fight? Yes___ No___
2. Injured anyone as a result of a fight? Yes___ No___
3. Been present at, witnessed, or involved in any way in any kind of murder, killing, manslaughter, or other unnatural death of a human being? Yes___ No___
4. Has your vehicle been used in the commission of a crime? Yes___ No___
5. Have you been named in any manner in a civil law suit? Yes___ No___
6. Have you used any illegal drug in the past five (5) years? Yes___ No___
7. Have you ever been a member of a gang? Yes___ No___

If you answered yes to any of the above questions, explain fully.

Is there anything in your past, which if revealed at a later date, may prove to be embarrassing to you or to the Department, if employed? Yes___ No___ If yes, explain in detail.

Truthfulness Statement

I certify that all entries made by me in this booklet are true, complete and correct to the best of my knowledge. I further understand that if at any time during the course of the background investigation or during my employment with the LaGrange Police Department, it is discovered that I have made any untruthful statement, falsified my application or give any misleading statements, it shall be sufficient cause for my immediate removal from the hiring process or termination from my employment.

I further understand that if I am not hired, I can reapply:

- A. After one year if this is the first attempt.
- B. After three years following the second attempt and each attempt thereafter.

Signature of Applicant

Print Name

Date



Acknowledgement of Training Reimbursement

Title 35, Chapter 8, Section 22 (35-8-22) Reimbursement of training expenses by subsequent employer of peace officer; collection procedure; required documentation

(a) Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any county or municipality thereof employs a peace officer and said peace officer is hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. If said officer is hired by another agency during a period of 15 to 24 months after mandated or formalized training requirements are completed, then one-half of the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the State of Georgia or any county or municipality thereof which initially paid for such training. The council shall set standards for reimbursement by hiring agencies based upon actual expenses incurred in mandated or formalized training by individual departments.

(b) The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment thereof and may enforce collection of such obligation through civil remedies and procedures.

(c) Effective July 1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgment of the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officer's employment with the demanding governmental unit. Otherwise, this Code section shall not apply to such demand for reimbursement.

I, _____, acknowledge and understand the terms outlined in the statute above.

Officer Signature

Date

Notary Public

Date

Revised: 02/06/2018



Physical Agility Test/Cooper Fitness Assessment

Personal Injury Waiver

Applicant's Name: _____

Date of Birth: _____

Social Security Number: _____

Waiver

I, the above named applicant, hereby release the City of LaGrange or any of its officials or authorized representatives from any liability or damage for any physical injury which may result from performing the physical agility test and participating in the Cooper Fitness Assessment as part of the testing for the position of Patrol Officer.

Applicant's Signature

Date

Applicant's Complete Address

Affidavit

State of _____

County of _____

Before me personally appeared the said _____ who says that he executed the above instrument of his own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this _____ day of _____.

Notary Public

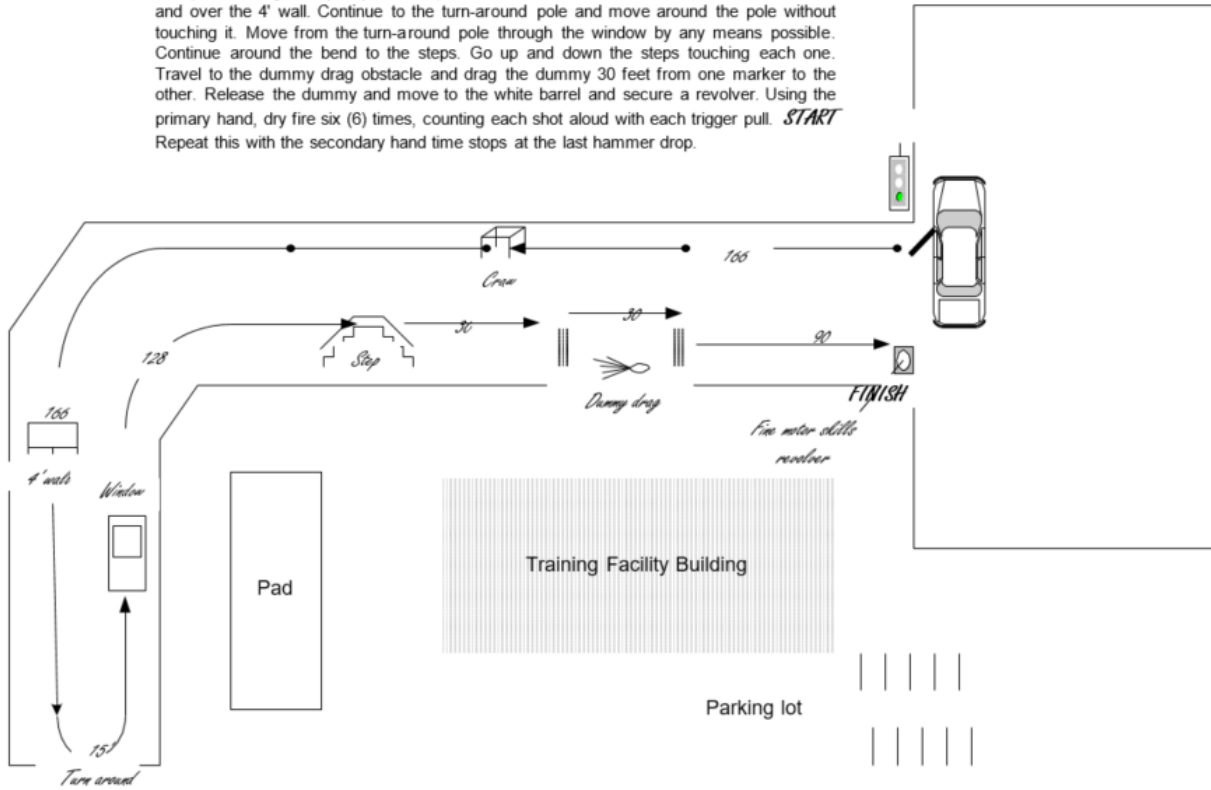
My commission expires _____

SEAL

Agility Course

The following illustration is of the Agility Course that must be completed as part of the application process.

Start from a seated position in a patrol car with seatbelt fastened. On the command of GO, remove seatbelt, exit vehicle and close patrol car door. Move to the crawl obstacle and pass through it by any means possible. Continue down the trail, around the bend and over the 4' wall. Continue to the turn-around pole and move around the pole without touching it. Move from the turn-around pole through the window by any means possible. Continue around the bend to the steps. Go up and down the steps touching each one. Travel to the dummy drag obstacle and drag the dummy 30 feet from one marker to the other. Release the dummy and move to the white barrel and secure a revolver. Using the primary hand, dry fire six (6) times, counting each shot aloud with each trigger pull. **START** Repeat this with the secondary hand time stops at the last hammer drop.



COOPER FITNESS ASSESSMENT

PUSH – UPS (MALE)

AGE	21 – 25	26 - 30	31 - 35	36 - 40	41 – 45
Exceeds Standard	37	34	30	27	24
Meets Standard	33	30	27	24	21
Needs Improvement	29	26	24	21	18
Unacceptable	25	22	20	18	16
AGE	46 - 50	51 - 55	56 - 60	61 - +	
Exceeds Standard	20	17	17	17	
Meets Standard	18	15	15	15	
Needs Improvement	16	13	13	13	
Unacceptable	14	11	11	11	

PUSH – UPS (FEMALE)

AGE	21 - 25	26 - 30	31 - 35	36 - 40	41 – 45
Exceeds Standard	20	17	14	13	12
Meets Standard	18	15	13	12	11
Needs Improvement	16	13	11	11	10
Unacceptable	14	11	10	9	8
AGE	46 - 50	51 - 55	56 - 60	61 - +	
Exceeds Standard	9	6	6	4	
Meets Standard	8	5	5	3	
Needs Improvement	7	4	4	4	
Unacceptable	6	3	3	1	

SIT – UPS (MALE)

AGE	21 - 25	26 - 30	31 - 35	36 - 40	41 – 45
Exceeds Standard	45	43	40	37	35
Meets Standard	40	38	36	33	31
Needs Improvement	35	33	32	29	27
Unacceptable	30	28	27	25	23
AGE	46 - 50	51 - 55	56 - 60	61 - +	
Exceeds Standard	32	29	26	23	
Meets Standard	28	26	23	20	
Needs Improvement	25	23	20	18	
Unacceptable	21	20	17	15	

SIT – UPS (FEMALE)

AGE	21 – 25	26 - 30	31 - 35	36 - 40	41 – 45
Exceeds Standard	39	35	30	27	25
Meets Standard	35	31	27	24	22
Needs Improvement	31	27	24	21	19
Unacceptable	26	23	20	18	17
AGE	46 - 50	51 - 55	56 - 60	61 - +	
Exceeds Standard	21	19	12	9	
Meets Standard	19	17	11	8	
Needs Improvement	17	15	10	7	
Unacceptable	14	13	8	6	

MILE AND A HALF RUN (MALE)

AGE	21 - 25	26 - 30	31 - 35	36 - 40	41- 45
Exceeds Standard	11:34	11:48	12:09	12:25	12:50
Meets Standard	12:51	13:13	13:36	13:55	14:29
Needs Improvement	14:07	15:17	15:43	15:58	16:27
Unacceptable	16:03	16:41	17:10	17:33	18:26
AGE	46 - 50	51 - 55	56 - 60	61 - +	
Exceeds Standard	13:12	13:35	14:04	14:38	
Meets Standard	14:54	15:26	16:04	16:43	
Needs Improvement	16:36	17:17	18:04	18:48	
Unacceptable	18:18	19:08	20:05	20:54	

MILE AND A HALF RUN (FEMALE)

AGE	21 – 25	26 - 30	31 - 35	36 - 40	41 – 45
Exceeds Standard	13:35	13:48	14:02	14:24	14:51
Meets Standard	15:26	15:41	15:57	16:27	16:58
Needs Improvement	17:17	17:34	17:52	18:30	19:05
Unacceptable	19:07	19:26	19:46	20:34	21:13
AGE	46 – 50	51 - 55	56 - 60	61 - +	
Exceeds Standard	15:10	15:35	16:32	16:14	
Meets Standard	17:26	17:54	18:19	18:44	
Needs Improvement	19:42	20:13	20:46	21:15	
Unacceptable	21:58	22:23	23:14	23:05	

4 – EXCEEDS STANDARDS**3 – MEETS STANDARDS****2 – NEEDS IMPROVEMENT****1 – UNACCEPTABLE**

**Release from Liability & Indemnity Agreement
(Patrol Vehicles)**

I _____, (print full name)

Address _____,

Race/Sex: ___/___, SSN#: _____, DOB: _____,

Phone# _____, being 21 years of age or older, in consideration of my being able to ride in a patrol vehicle belonging to the City of LaGrange and which is assigned to the City of LaGrange Police Department and my being allowed to accompany members of the City of LaGrange Police Department on patrol or other police activities, do hereby agree as follows:

- a. That I, for myself, heirs, assigns and legal representatives, release, discharge and covenant not to sue or make a claim against the City of LaGrange, Georgia, the LaGrange Police Department, or any of its agents, officers or elected officials, as a result of and for any injury or damage to person or property which may result from riding in a patrol vehicle or participating in the above-named activity.
- b. That I agree to indemnify the City of LaGrange, Georgia, the City of LaGrange Police Department, and their agents and employees for any loss sustained by them as a result of any damage or injury caused by me.
- c. That this agreement shall remain in effect until cancelled in writing to the City of LaGrange Police Department by myself or another adult with authority to do so.

Signed on the ___ day of _____, 20 .

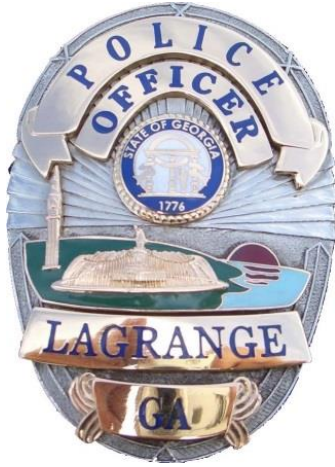
Witness

Participants Signature

As part of the background process, candidates will be required to participate in a ride along with a Field Training Officer. Once Chief Dekmar has selected the eligible candidates to participate in the background investigation the candidate will be contacted with the date and time for the ride along by the FTO coordinator.

Chief of Police

Date



Please let us know how you heard about our department. Check all that apply.

- Internet, if so which website? _____
- Social Media, if so which site? _____
- Newspaper, if so which publication? _____
- Job Fair, if so which one and date? _____
- Person, if so whom? _____
- LGTV _____
- Other _____

Equal Employment Opportunity Information Form

The City of LaGrange is required by the United States Equal Employment Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes. This section is voluntary.

Date: _____

Name: _____

Job/Position Applied for: _____

Sex: Male Female Date of Birth: _____

Race/Ethnic Categories

- White
- Black
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other: _____