

# GEORGIA DEPARTMENT OF CORRECTIONS



## Sworn Full and Part Time Hiring Package Checklist

### EMPLOYEE INFORMATION

Name:	
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### HIRING PACKAGE FORMS – SEND TO CHRM OFFICE

<input type="checkbox"/>	Employee Hiring Package Form -1	
<input type="checkbox"/>	Personal Information Form -1	
<input type="checkbox"/>	Employment Eligibility Verification (I-9) – 2 (Attach two forms of identification)	Directions included - 1
<input type="checkbox"/>	GSEPS Automatic Enrollment Acknowledgement Form - 1	
<input type="checkbox"/>	GSEPS Opt-Out Form – 1 (PT will automatically be enrolled in GDCP until retired or rehired. If TRS, contact local HR)	
<input type="checkbox"/>	Loyalty Oath -2	
<input type="checkbox"/>	Criminal/Driver History Consent Form – 1 (Attach Live Scan Results)	
<input type="checkbox"/>	Employee's Withholding Allowance Certificate (W-4) - 2	
<input type="checkbox"/>	Employee's Withholding Allowance Certificate (G-4) – 1	Directions included - 1

### FORMS – SEND TO REGIONAL OFFICE WITH ORIENTATION FORMS

<input type="checkbox"/>	MAPEP for Correctional Officers – 3	Directions included - 2
<input type="checkbox"/>	MAPEP – Inquiry Authority Use Statement & Health Information Checklist – 6	
<input type="checkbox"/>	Georgia Peace Officer Standards & Training Council – Physician's Affidavit - 2	
<input type="checkbox"/>	Georgia Peace Officer Standards & Training Council – Application for Certification - 1	
<input type="checkbox"/>	POST Supporting Documentation - Photograph - 1	
<input type="checkbox"/>	POST Supporting Documentation – GCIC/NCIC FP Results - 1	
<input type="checkbox"/>	POST Supporting Documentation – Certified Copy of School Records - 1	
<input type="checkbox"/>	POST Supporting Documentation – Primary Citizenship Proof - 1	
<input type="checkbox"/>	POST Supporting Documentation – Driver's History - 1	
<input type="checkbox"/>	POST Supporting Documentation – Entrance Exam Proof – 1 (Certified copy with seal on envelope from school)	
<input type="checkbox"/>	POST Supporting Documentation – Physician's Affidavit - 1	
<input type="checkbox"/>	POST Supporting Documentation – Personal History Release - 1	

<input type="checkbox"/>	POST Supporting Documentation – Court Disposition - 1	
<input type="checkbox"/>	POST Supporting Documentation – EE Statement - 1	
<input type="checkbox"/>	Selective Service Verification	
<input type="checkbox"/>	Authorization for Release of Information for Employment Purposes - 1	
<input type="checkbox"/>	<i>Instructions on how to Register as a New User on the Georgia POST website-7</i>	<i>For employee use only</i>

**ADDITIONAL DOCUMENTS – SEND TO CHRM WITH HIRING PACKET (COPY RETAINED AT LOCAL FACILITY)**

<input type="checkbox"/>	Personnel/Position Action - 1	
<input type="checkbox"/>	Two Forms of Identification	
<input type="checkbox"/>	Live Scan Fingerprint Results	
<input type="checkbox"/>	State Application/Resume	

# New Employee Onboarding

We'd Like to Hear from You!

## Getting Started

Contact your local Human Resources office with new hire-related questions and concerns.

Facility HR Office Phone: \_\_\_\_\_

General questions: [WelcomeToGDC@gdc.ga.gov](mailto:WelcomeToGDC@gdc.ga.gov)

Central Human Resource Management (CHRM) Phone: 478-992-5211

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## Benefits Eligibility, Enrollment & Programs

Have a benefits question?

Contact the Benefits Office [Benefit.Hub@gdc.ga.gov](mailto:Benefit.Hub@gdc.ga.gov)

## Georgia Department of Corrections Employee Hiring Package Form

Please type in your personal information following the instructions that you printed. Your personal information will be printed in each applicable field on all forms that you will print when you click the print button at the bottom of this form.

Field Name/Description	Applicant/Employee Data				
FirstName					
Middle Name		Initial:			
Maiden Name					
LastName					
Home Address					
Home Apartment Number					
Home City					
Home State					
Home Zip Code					
County of Residence					
Home Phone					
Work Phone					
Social Security Number					
Date of Birth	Month:		Day:		Year:
Place of Birth					
Employee ID (If Applicable)					
Race					
Gender					
Height	Feet:		Inches:		
Weight					
Eye Color					
Hair Color					
Job Title					

## *Personal Information Form Education, Language and Military*

PRINT NAME: \_\_\_\_\_

EMPLID: \_\_\_\_\_

<b>Highest Education Level (Check only 1 box)</b>			
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
B- Less Than HS Graduate		H- Some Graduate School	
C- HS Graduate or Equivalent		I- Master's Level Degree	
D- Some College		J- Doctorate (Academic)	
E- Technical School		K- Doctorate (Professional)	
F- 2-Year College Degree		L- Post-Doctorate	
G- Bachelor's Level Degree			

<b>Language Code (Check only if fluent in a language OTHER than English. Check only 1)</b>			
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Can French		Japanese	
Danish		Korean	
Dutch		Portuguese	
French		SChinese	
German		Spanish	
Greek		Swedish	
Intl Eng		TChinese	
Italian		Thai	

<b>Military (Check only 1 –Most recent status recommended.)</b>			
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Active Reserve		Pre-Vietnam-Era Veteran	
Inactive Reserve		Retired Military	
<b>Not a Veteran</b>		Vietnam-Era Veteran	
Post-Vietnam-Era Veteran			

Any questions should be directed to your local Human Resources Representative.

\_\_\_\_\_  
Signature/Date



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



## GSEPS Automatic Enrollment Acknowledgement Form

I, \_\_\_\_\_, do hereby acknowledge that as a Georgia State Employees' Pension & Savings Plan (GSEPS) member of the Employees' Retirement System of Georgia, I have been automatically enrolled in the Peach State Reserves 401(k) Plan at a contribution rate of 5% of my eligible before-tax salary. This contribution will be deducted each pay period. I understand that I may elect to change my contribution rate or opt out of the plan at any time by contacting GaBreeze.

I have also received the GSEPS Enrollment Information Notice as part of my new hire informational material from my Human Resources official.

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**Membership Election Form for Vested Members of the  
Employees' Retirement System or Teachers Retirement System**

**Member Name** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_  
(Please Print)

**Dept./School** \_\_\_\_\_ **Dept./School ID** \_\_\_\_\_

O.C.G.A 47-2-181(c)(1-4) and O.C.G.A 47-3-81(b)(1-5) state that any vested member (10 or more years of creditable service excluding forfeited leave) of the Employees' Retirement System (ERS) or the Teachers Retirement System (TRS) who becomes an employee in an agency covered by the other System may elect to remain a member of their vested System. *This election must be made in writing to the Boards of Trustees not later than 60 days of first becoming employed in a position covered by the other System and is irrevocable.*

**To the Boards of Trustees of the ERS and TRS:**

- Being vested, I elect to *remain* a member of the (check one):
- Employees' Retirement System
  - Teachers Retirement System

Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

- I elect to *become* a member of the (check one):
- Employees' Retirement System
  - Teachers Retirement System

Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEMBER:** Upon completion, file a copy of this form with your Human Resources or Payroll office.

**EMPLOYER:** Send a copy of the completed, signed form to the Employees' Retirement System *and* Teachers Retirement System **within 60 days of hire.**

**STATE OF GEORGIA  
LOYALTY OATH  
STATE SECURITY QUESTIONNAIRE**

NOTICE TO APPLICANTS/EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (Ga. Laws, 1953), as amended, requires each applicant/employee to complete and sign, prior to his/her employment in State government, a questionnaire which is designed to establish that there are no reasonable grounds to believe that he/she is a subversive person. A subversive person is defined as one who commits acts, advocates, or teaches the overthrow of the government of the United States or government of the State of Georgia by force or violence, or who is a knowing member of a subversive organization. Georgia Code 45-3-11 requires all employees of State government to take an oath that they will support the Constitution of the United States and the Constitution of the State of Georgia.

INSTRUCTIONS: All items must be completed on a typewriter or printed in ink. If more space is needed for any item, or explanation, continue under item 10. This questionnaire and loyalty oath will be filed in the employee's personnel file in the employing agency. The employee may request that a copy be executed for his/her personal files.

FULL NAME, INCLUDING MAIDEN NAME, NAMES OF FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES AND NICKNAMES AND THE DATES USED.

1.	LAST NAME	FIRST NAME	MIDDLE NAME	PHONE NO.
	MAIDEN NAME	DATES USED	NICKNAMES	DATES USED
	OTHER NAMES, INCLUDING ALIASES & FORMER MARRIAGES	DATES USED	NICKNAMES	DATES USED
		DATES USED	NICKNAMES	DATES USED

2.	ADDRESS	APT. NO.	CITY	STATE	COUNTY	ZIP
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3.	DATE OF BIRTH	U.S. CITIZEN _____ Yes    _____ No    (Nationality _____)	RACE	SEX
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4.	<p>Are you now or have you been in the last ten (10) years a member of any organization which to <i>your</i> knowledge at the time of membership advocates or has as one of its objects, the overthrow of the government of the United States or the government of the State of Georgia by force or violence?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </p> <p>If "Yes", state the name of the organization and your past and present membership status including any offices held therein.</p> <p>NOTE: If the answer to the above question is "Yes" and the employing authority deems further inquiry necessary, you will be notified of such determination. No action adverse to your application will be taken because of an affirmative answer until after such an inquiry, with notice to you and an opportunity for you to present evidence, and only if the results of such inquiry brings your application within the prohibition within the Sedition and Subversive Activities Act of 1953.</p>
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5.	LIST CHRONOLOGICALLY ALL OF YOUR PREVIOUS RESIDENCES FOR THE PAST TEN YEARS:				
	DATES		STREET	CITY	STATE
	From	To			

6.	LIST NAMES AND ADDRESSES OF THE FOLLOWING:	
	SPOUSE (MAIDEN NAME)	ADDRESS
	FATHER	ADDRESS
	MOTHER	ADDRESS

7. MILITARY SERVICE: (Past or Present)						
SERIAL NUMBER	BRANCH	ACTIVE SERVICE		ACTIVE OR INACTIVE		DISCHARGED Honorably ( ) Dishonorably ( ) Other ( ) If Discharge other than Honorable, explain in item 10.
		From	To	From	To	

8. Have you ever been convicted by Federal, State, or other law-enforcement authorities, for any violation of any Federal law, State law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less was imposed.)      YES      NO If answer is yes, provide the following information

CHARGE ON WHICH CONVICTED	DATE CONVICTED	NAME OF COURT & PLACE WHERE CONVICTED

Are you a former inmate, former parolee, or former probationer?      YES      NO If answer is yes, provide dates and details.

9. Are there any charges now pending against you by Federal, State, or other law enforcement authorities for any violations of any Federal law, State law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday.) Do not include minor violations for which a fine of \$35.00 or less would likely be imposed.)      Yes      No If answer yes, provide dates and details.

VIOLATION CHARGED	NAME OF GOVERNMENT	NAME OF COURT & LOCATION WHERE PENDING

Are you currently a parolee or probationer?      YES      NO If answer is yes, provide dates and details.

10. SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS: (Show item numbers to which answers or explanation apply. Attach a separate sheet if more space is needed.)


NOTE: Before signing this form, check all answers and explanations to see that you have answered all questions fully and correctly. This form is to be executed under oath subject to the penalties of false swearing as prescribed in Code Section 16-10-71 of the Criminal Code of Georgia.

LOYALTY OATH

I, \_\_\_\_\_, a citizen of      United States of America      And being  
 An employee of     Georgia Department of Corrections     And the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia.

AFFIDAVIT OF VERIFICATION

Georgia County

Personally appeared before the undersigned officer, duly authorized to administer \_\_\_\_\_  
 \_\_\_\_\_, who, after being duly sworn, deposes and says and declares under penalties of false swearing that he is the person who executed the foregoing instrument; that he has read and completed the same and knows and understands the contents thereof; that the matters stated therein and the answers and information furnished by him in the foregoing questionnaire, and loyalty oath, including any attachments thereto, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME: (SIGNATURE OF AFFIANT)

This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

(Notary Public)

## GEORGIA DEPARTMENT OF CORRECTIONS CRIMINAL/DRIVER HISTORY CONSENT FORM

**PLEASE PRINT**

<p>I hereby authorize the Georgia Department of Corrections to receive all criminal history information pertaining to me <b>anytime</b> during the course of my employment with the Department.</p> <p>I understand that convictions revealed from these background investigations may impact by certification with P.O. S.T. and my employment with the Department.</p>
<b>Reason (Check one below)</b>
<input type="checkbox"/> Criminal Justice Employment – Civilian Personnel OR <input type="checkbox"/> Criminal Justice Employment POST Certified Employee OR <input type="checkbox"/> POST Investigator
Supervisor(if current employee):
Signature:
Position Applied For:

**Please Enter Your Personal Information below**

Last Name		First Name	
Middle Name		Suffix	
Social Security #		Re-enter SSN#	
Date of Birth		Weight	
Sex		Race	
Eye Color		Hair Color	
Height		Place of Birth	
Country of Citizenship		D.L. State & #	

**Address Information**

Address		Address 2	
City		Apt	
County		Zip	
Address State		Email	
Phone #			

**\*\*\*\*\*PLEASE CHECK ONE OF THE BOXES BELOW\*\*\*\*\***

**One of the following must be checked:**

- This authorization is valid for 90/180/\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.

# Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

**2021**

**Step 1:**  
**Enter Personal Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b>		
<input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b>		
<input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:**  
**Claim Dependents**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
Multiply the number of qualifying children under age 17 by \$2,000 ▶	\$		
Multiply the number of other dependents by \$500 . . . . . ▶	\$		
Add the amounts above and enter the total here . . . . .		<b>3</b>	\$

**Step 4 (optional):**  
**Other Adjustments**

(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

**Step 5:**  
**Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

**Employers Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your return.

DO NOT SUBMIT THIS PAGE FOR INFORMATION ONLY







**State of Georgia**  
**Manual for Medical and Physical Examination Program (MAPEP)**  
**SPECIALIZED MEDICAL GUIDELINES- Category 5 Positions**

Candidates for "Category 5" positions must meet the requirements set forth in the General Medical Guidelines plus the following specific physical standards.

- A. General:** Height and weight should not be such as to interfere with specific job activities.
- B. Vision:** **1) Distant vision** -- minimum vision of 20/40 in each eye, corrected (with glasses or contact lenses) and at least 20/100 in each eye uncorrected (without glasses or contacts). **2) Near vision** -- minimum of 20/40, corrected or uncorrected in each eye. **3) Adequate depth perception and the ability to distinguish colors.** **4) Peripheral vision** -- at least 70 degrees in each eye.

All Category 5 positions are subject to the guidelines above for 2) Near Vision, 3) Depth perception and the ability to distinguish colors, and 4) Peripheral Vision. The following are position specific exceptions to the 1) Distant Vision guidelines only.

- **For GBI: Special Investigation Agent series only: 1) Distant vision** -- minimum vision of 20/20 in one eye and 20/40 in the other eye, corrected (with glasses or contact lenses), and minimum of 20/200 in each eye, uncorrected (without glasses or contacts).
- **For Trooper/ GSP series only: 1) Distant vision** -- minimum vision of 20/40 in each eye, corrected (with glasses or contact lenses), and minimum of 20/60 in each eye, uncorrected (without glasses or contacts).
- **For Correctional Officer series, Firefighting & Fire Prevention Specialist series, Probation Officer series, and Parole Officer series: 1) Distant vision** -- minimum vision of 20/40 in each eye, corrected or uncorrected (with or without glasses or contact lenses).

- C. Hearing:** Hearing loss no greater than 24dB (decibels) for the average of frequencies 500Hz, 1000Hz, 2000Hz, and 3000Hz in the better ear, unaided (without a hearing aid) or aided (with a hearing aid).

“Normal hearing” is a hearing loss no greater than 24 dB at 250Hz, 500Hz, 1000Hz, 2000Hz, 3000Hz, 4000Hz, 6000Hz, 8000Hz in both the right and left ears, unaided.

- An Oscopic examination is required prior to the air conduction audiogram.
- A complete pure tone or warble tone air conduction audiogram is required, and results recorded for all candidates. **The audiogram must be completed at all frequencies listed on Form MS 10-56 on both the right and left ears.** The pure tone air conduction audiogram is to be used as the baseline audiogram.
  - If the testing indicates air conduction thresholds to be within the stated hearing guidelines for employment, no further hearing testing is necessary. However, if any

single air conduction threshold is obtained outside the normal, 0-24dB range; i.e., if hearing is not within “normal limits”, the results of the test are explained to the candidate and the recommendation is made to obtain a complete audiological evaluation at the individual’s expense for his/her own hearing healthcare benefit.

- If the testing indicates air conduction thresholds to be outside the stated hearing guidelines for employment, the results of the test are explained to the candidate and a complete audiological evaluation is recommended, at the individual’s expense for his/her own hearing healthcare benefit.
- In addition to the pure tone air conduction testing, warble sound field testing is required and results must be recorded for all candidates who wear a hearing aid and do not meet the guidelines on the air conduction test, to verify if an individual meets the guideline for employment with the use of a hearing aid. If the site does not have the personnel or equipment to satisfy this requirement, then a referral is indicated.
- A qualified individual should administer the audiometric testing and perform the otoscopic examination. Qualified individuals include licensed audiologists, otolaryngologists, physicians trained in hearing conservation, technicians who are certified by the Council for Accreditation of Occupational Hearing Conservation, or technicians trained by such a physician. A technician who performs audiometric tests must be responsible to an audiologist, otolaryngologist, or physician.
- All tests should be performed in an acoustic environment to meet the current ANSI standards.
- All audiometric equipment should be calibrated annually to meet current ANSI standards.

**D. ENT:** There should be adequately free nasal breathing. The mouth should be free from deformities or conditions that interfere significantly with distinct speech.

**E. Cardiovascular:** Rheumatic and congenital heart disease should be thoroughly evaluated by the examining physician and commented on in the examination report. Atherosclerotic (arteriosclerotic) heart disease, myocardial infarction, coronary insufficiency, angina pectoris, and hypertension above 140/90 must be evaluated on an individual basis and must not be of sufficient severity to interfere with the performance of all duties.

**F. Respiratory:** Free of infectious diseases or other pulmonary processes that would interfere with the physical demands of the position.

**G. Gastrointestinal:** Must be free of any major pathological conditions that will interfere with the performance of physical requirements of the position.

**H. Rectum and Anus:** Major hemorrhoidal conditions and symptomatic pilonidal cysts must not be of sufficient severity to interfere with the job.

**I. Hernia:** Hernia (E) which might interfere with the performance of duty would require surgical repair with clearance from operating surgeon, prior to employment.

**J. Genital/Urinary:** Large varicocele or hydrocele, which might interfere with the performance of duties, should be repaired with clearance from operating surgeon prior to employment.

**K. Back and Neck:** History of significant injury, deformity, surgical procedure, or other spinal pathology should be thoroughly evaluated by the examining physician and commented on the examination report.

**L. Extremities: \*If a prosthesis or orthosis is used, such prosthesis or orthosis must not interfere with the performance of duty.** 1) Upper Extremities -- both hands must have at least the index, middle, and one other finger and must not interfere with the performance of duty; both thumbs must be functional; or see (\*) above. 2) Lower Extremities -- both lower extremities must be free from limitation of any joint motion which would interfere with the performance of duties; both great toes must be functionally normal; or see (\*) above.

**M. Nervous System:** Central and peripheral nervous system disorders must be evaluated by the medical examiner. Applicants with seizures must be thoroughly evaluated by the examining physician and all findings included in the examination report. Special attention must be given to any history of seizure activity.

**N. Emotional Stability:** Any history of significant emotional instability or mental illness should be thoroughly evaluated by the examining physician and commented on in the examination report.

**O. Laboratory Analysis:** Items 1 through 4 are not required unless medical history or physical examination results indicate that such tests are needed to adequately assess the applicant's physical status. Item 5 is required for Correctional Officers (including Juvenile Correctional Officers) only.

1. Urinalysis (Multi-Test Stick): Abnormalities in the sugar and albumin tests must be evaluated further. If Glycosuria is significant, must have Glucose Tolerance Test and if albuminuria, must have the cause identified.
2. Hemoglobin or Hematocrit.
3. Chest x-ray.
4. Resting Electrocardiogram.
5. Tuberculin Skin Test. (**For Correctional Officer Series Only**) If there is a positive reaction of 10mm or greater, a chest x-ray is required to document the absence of tuberculosis.

ADDITIONAL TEST(S) REQUESTED
Urinalysis
Pulmonary Function
Tuberculin Skin Test (TST)
EKG/Resting
EKG/Stress
Hemoglobin/Hematocrit
Chest X-Ray
Back X-Ray
Other Tests

**STATE OF GEORGIA**  
**MEDICAL AND PHYSICAL**  
**EXAMINATION PROGRAM**

**NOTE TO EXAMINING PHYSICIAN**

The person you are about to examine is being evaluated for the position described at the bottom of the third page of this form. In conducting your exam and reporting your findings and conclusions, take the job duty data into consideration.

**Medical Findings**

**ALL FIELDS IN THIS FORM MUST  
BE FILLED IN OR THE  
REVIEWING PHYSICIAN WILL  
RETURN THE FORM TO YOU.**

1. Examinee's Name	2. SSN	3. Height (Feet, Inches)	4. Weight (pounds)
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**5. Vision Evaluation**

Depth Perception	Within Normal Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	Peripheral Vision Right Eye _____ Left Eye _____
Distant Vision		Near Vision
a. Without Glasses	<input type="checkbox"/> Right 20/ _____ Left 20/ _____	b. Without Glasses <input type="checkbox"/> Right 20/ _____ Left 20/ _____
c. With Glasses	<input type="checkbox"/> Right 20/ _____ Left 20/ _____	d. With Glasses <input type="checkbox"/> Right 20/ _____ Left 20/ _____
e. Is color vision normal when Ishihara or other color plate test is used? <input type="checkbox"/> Yes <input type="checkbox"/> No	f. If the answer is "No", can applicant pass lantern or other compatible? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**6. Hearing Evaluation**

a. OTOSCOPIC EXAMINATION: Right Ear \_\_\_\_\_ Left Ear \_\_\_\_\_

b. PURE TONE AIR CONDUCTION TEST RESULTS: (This section is to be used for all pre employment air conduction hearing testing.)

Right Ear								Left Ear							
250	500	1000	2000	3000	4000	6000	8000	250	500	1000	2000	3000	4000	6000	8000

c. SOUND FIELD PURE TONE/WARBLE TONE TEST RESULTS: (This section is to be used in conjunction with the pure tone air conduction testing section for all individuals with hearing aids who do not meet the guidelines on the air conduction test.)

	250	500	1000	2000	3000	4000	6000	8000
Sound Field Test								

If individual meets the stated hearing guideline, no further hearing testing is necessary for the purpose of employment. *However, if any single air conduction threshold is obtained outside the normal, 0-24dB range, the results of the test must be explained to the candidate and the recommendation made to obtain a complete audiological evaluation at the individual's expense.*

d. AUDIOMETER SERIAL #: \_\_\_\_\_ e. DATE OF CALIBRATION: \_\_\_\_\_

f. **MEETS HEARING GUIDELINES:**  Yes  No

RESTRICTED/MEDICAL

7. Blood Pressure/Pulse		
a. Systolic/diastolic	b. Two additional Readings if elevated	c. Pulse

8. Physical Examination			
Clinical Evaluation	Normal	Abnormal	Remarks
a. Head, face, neck, and scalp			
b. Nose			
c. Mouth and Throat			
d. Ears			
e. Eyes			
f. Ophthalmoscopic			
g. Ocular motility			
h. Lungs and Chest (Breast, if indicated)			
I Heart			
j. Vascular system (Varicosities, etc.)			
k. Abdomen			
l. Anus and rectum (If indicated)			
m. Endocrine system			
n. Hernia (Any type)			
o. Upper extremities			
p. Feet			
q. Lower extremities			
r. Spine			
s. Identifying body marks, scars			
t. Skin, lymphatics			
u. Neurological			
v. Mental status			

**9. Allergies**

1.	3.
2.	4.

**10. Surgery**

Type of Surgery	Date (Mo/Yr)
1.	
2.	
3.	
4.	

RESTRICTED/MEDICAL

**11. Comments/Implications for Fitness for Duty**

--

**12. Physician Signature and Address**

a. Physician's Name (Type or Print)	b. Physician Telephone	c. Address
d. Signature	e. Date	

**13. Employer Name and Address**

IMPORTANT: Examining Physician -- Return all materials supplied by the prospective employee to the employer address provided.	Return to:
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***In order to comply with "The Genetic Information Nondiscrimination Act of 2008 (GINA), we ask that you NOT provide any genetic information when responding to this request for medical information. This includes family medical history, results of genetic tests, information regarding genetic services, and genetic information about an individual's or family members' fetus or embryo.***

**DESCRIPTION OF WHAT A CORRECTIONAL OFFICER IS REQUIRED TO DO:**

Position requires employee to supervise and maintain control and custody of offenders at correctional facilities and work sites; observe and monitor offenders for improper conduct and escape attempts; use physical force to restrain offenders; respond quickly to emergency situations (e.g., escapes, riots); utilize and operate security and/or manual labor work detail equipment (including motor vehicles in some classes); stand for extended periods of time; and engage in correctional officer training of a physical nature. The physical requirements for training are: Male: 16 push-ups in one minute, 25 sit-ups in one minute and a 13-minute mile. Female: 8 push-ups in one minute, 16 sit-ups in one minute and a 13-minute mile.





Explanation of items 15-17 checked "Yes." Enter item number before each comment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that all information given by me in connection with this medical assessment is true to the best of my knowledge and belief. I agree and understand that any misstatements of material facts may cause forfeiture on my part of all right to employment in the service of the State of Georgia; may result in dismissal after appointment; or may result in loss of entitlement to disability retirement benefits. My signature also indicates that I understand all of the questions on this form.*

20. \_\_\_\_\_  
Signature of Employee

8. \_\_\_\_\_  
Date

### B: Completed by Employer

1. Indicate type of job information used for medical review (check all that apply):

- Job description
- Performance standards
- Functional requirements analysis
- Environmental factors analysis
- Other (please specify) \_\_\_\_\_  
\_\_\_\_\_

2. Check job category:

- Category 1 Sedentary
- Category 2 Active
- Category 3 Food Handling
- Category 4 Health-related
- Category 5 Law Enforcement

3. Describe any notable or unusual job requirements or working conditions: (continue on separate page, if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Were any "reasonable accommodations" needed?

If "Yes," describe:  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
(Type or Print Official Contact's Name)

6. \_\_\_\_\_  
Signature of Official Contact

20. \_\_\_\_\_  
Date

**MEDICAL AND PHYSICAL EXAMINATION PROGRAM  
(MAPEP)**

Health Information Checklist

This checklist contains questions regarding your medical history and health. The primary use of this information will be to alert the employer and applicant of conditions that could negatively impact the health of customers or co-workers. This information may be used to determine fitness to perform job duties. This information will be handled in a confidential manner. It is essential that you answer all questions truthfully and completely. False or incomplete information may result in disqualification or termination if hired.

**Completed by Applicant/Employee**

(Type or Print in Ink)

Section I

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last,                      First                      Middle

Employing Agency: \_\_\_\_\_ Date Employed: \_\_\_\_\_

Section II

Have you now, or ever had the following?	Yes	No		Yes	No
1. Loss of sight of both eyes. Loss of uncorrected (without glasses or contact lens) vision of more than 75% bilaterally (vision of 20/160 or J* or worse using both eyes).			14. Psychoneurotic disability following confinement for treatment in a recognized medical or mental hospital for a period in excess of six months.		
2. Diabetes			15. Hemophilia		
3. Tuberculosis			16. Sickle cell anemia		
4. Epilepsy (convulsions, seizures or fits)			17. Cardiovascular (heart or blood vessel) disease		
5. Ankylosis (immobility) of major weight bearing joints (ankles, knee, hip)			18. Total occupational loss of hearing (loss of over half of hearing in each ear)		
6. Any permanent condition which causes 20% (or more) impairment of a foot, leg, hand, arm, back, or the body as a whole			19. Compressed air sequelae (damage to lungs, ruptured ear drum, etc. e to air concussion, blasting, explosion, etc.)		
7. Arthritis which is a hindrance to employment			20. Muscular dystrophy		
9. Amputated (loss of) foot, leg, arm, or hand			21. Hyperinsulinism (hypoglycemia)		
10. Parkinson's disease (Paralysis Agitans)			22. Residual disability from poliomyelitis (Disability due to polio)		
11. Cerebral palsy			23. Ruptured intervertebral (back) disc		
12. Multiple sclerosis			23. Chronic osteomyelitis (bone infection)		
13. Mental retardation (intelligence quotient within the lowest two percent of the general population)			24. Hepatitis		

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**STATE OF GEORGIA** Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**MEDICAL AND PHYSICAL** Job Title \_\_\_\_\_ Department \_\_\_\_\_  
**EXAMINATION PROGRAM**  
**MEDICAL HISTORY REPORT** Job Category (circle one) 1 2 3 4 5

The purpose of these questions is to gather information concerning your health and physical condition, both now and in the past. This information will be used only to determine whether you can safely perform the duties of the job for which you are being considered. Please answer all of the following questions as fully and completely as you can. If you don't understand a question, or are unsure of how to answer it, leave it blank and request assistance.

I certify under penalty of perjury, that the information given by me is true to the best of my knowledge and belief. I agree and understand that any misstatements of material facts may cause forfeiture on my part of all right to employment in the service of the State of Georgia, may result in dismissal after appointment; or may result in loss of entitlement to disability retirement benefits. My signature also indicates that I understand all of the questions on this medical history form.

EMPLOYEES' SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Individual History – To Be Completed By Applicant/Employee (Use Ink)**

**A. MEDICAL CONDITIONS.** Check every item. Do you have or have you ever had any of the following: (If "Yes," give date of most recent occurrence and explain on page 3.)

Health Condition	Yes	Year	No
<b>HEAD, NOSE, MOUTH AND THROAT</b>			
1. Persistent or severe headaches			
2. Frequent nose bleeds			
3. Frequent nasal congestion			
4. Persistent or severe sinus condition			
5. Bleeding gums			
6. Persistent or severe dental condition			
7. Hoarse when don't have cold			
8. Difficulty swallowing			
9. Persistent sore throat			
10. Loss of taste or smell			
11. Head injury			
12. Other head, nose, mouth or throat conditions:			
<b>EARS AND HEARING</b>			
13. Hearing difficulties			
14. Use hearing aid			
15. Ringing in ears (tinnitus)			
16. Perforated ear drum			
17. Persistent or severe ear infection			
18. Other ear or hearing conditions			
<b>EYES AND VISION</b>			
19. Glaucoma			
20. Cataract			
21. Eye irritations (itching or burning)			
22. Eye infection			
23. Defective vision			
24. Color blindness			
25. Injury to eye			
26. Eye surgery			
27. Double vision			

Health Condition	Yes	Year	No
28. Glasses			
29. Contact lenses			
<b>RESPIRATORY SYSTEM (lungs &amp; breathing)</b>			
30. Persistent or severe colds			
31. Persistent or severe cough			
32. Coughing blood			
33. Asthma or breathing difficulty			
34. Emphysema			
35. Pneumonia			
36. Tuberculosis			
37. Other lung or breathing condition:			
<b>CARDIOVASCULAR SYSTEM (heart &amp; blood vessels)</b>			
39. Heart attack			
39. Hardening of the arteries (Arteriosclerosis)			
40. High or low blood pressure			
41. Heart murmur			
42. Palpitations or irregular heart beat			
43. Episodes of chest pains, tightness, discomfort			
44. Shortness of breath			
45. Varicose veins			
46. Swelling of ankles, feet or legs (edema)			
47. Leg pains, cramps			
48. Other cardiac conditions:			
<b>GASTROINTESTINAL SYSTEM (stomach &amp; intestines)</b>			
49. Persistent or severe nausea or indigestion			
50. Persistent or severe stomach pain			
51. Vomiting blood			
52. Persistent or severe vomiting			
53. Hernia (rupture)			
54. Stomach or duodenal ulcer			

<i>Health Condition</i>	<i>Yes</i>	<i>Year</i>	<i>No</i>	<i>Health Condition</i>	<i>Yes</i>	<i>Year</i>	<i>No</i>
55. Colitis				99. Trick or locked knee			
56. Hemorrhoids or piles				100. Knee surgery			
57. Change in bowel habits				101. Foot problems			
58. Black stool or blood in stool				102. Bone infection			
59. Persistent or severe constipation				103. Broken or fractured bone			
60. Persistent or severe diarrhea				104. Persistent or severe muscle aches or pains			
61. Pancreatitis				105. Other Musculoskeletal conditions:			
62. Appendicitis				<b>ENDOCRINE/METABOLIC SYSTEM</b>			
63. Other conditions of stomach or intestines				106. Diabetes			
<b>LIVER, SPLEEN &amp; GALLBLADDER</b>				107. Thyroid condition or disease			
64. Cirrhosis				108. Hypoglycemia			
65. Hepatitis				109. Unexplained weight gain or loss			
66. Yellow jaundice				110. Unusual loss or growth of body hair			
67. Gallstones				111. Gout			
68. Other conditions of liver, spleen or gallbladder				112. Osteoporosis or other bone disease			
<b>KIDNEYS &amp; URINARY TRACT</b>				<b>SKIN</b>			
69. Kidney stones				113. Rash			
70. Kidney infection				114. Hives			
71. Blood or pus in urine				115. Moles that bleed or get larger			
72. Pain or burning when urinating				116. Change in color of skin (other than suntan)			
73. Frequent urination				117. Frequent boils/abscesses			
74. Albumen or protein in urine				118. Trouble with fingernails			
75. Prostate condition				119. Small itching blisters on the side of fingers or palms			
76. Burning discharge from penis				120. Sores that do not heal			
77. Other conditions of kidneys or urinary tract				121. Other skin conditions:			
<b>REPRODUCTIVE SYSTEM (FEMALES ONLY)</b>				<b>BLOOD/LYMPH (hematologic) SYSTEMS</b>			
78. Pregnant at present				122. Anemia			
<b>NEUROLOGICAL (Nervous) SYSTEM</b>				123. Bleeding disorder			
79. Epilepsy, convulsions, seizures				124. Sickle cell disease or trait			
80. Periods of blackouts/loss of consciousness				125. Phlebitis/blood clot			
81. Fainting spells				126. Blood transfusion			
82. Dizzy spells (vertigo)				127. Chills, fever, night sweats			
83. Memory difficulty				128. Lymph node or glandular swelling that persists			
84. Tremor of the hands or head				129. Other conditions of blood or lymph:			
85. Paralysis of any type				<b>CANCER</b>			
86. Stroke				130. Surgery			
87. Severe numbness, tingling or weakness				131. Radiation therapy			
88. Dyslexia/learning difficulty				132. Chemotherapy			
89. Other conditions of neurological (nervous) system:				133. Immunotherapy			
<b>MUSCULOSKELETAL SYSTEM</b>				134. Hormone therapy			
90. Arthritis				135. Breast			
91. Bursitis/tendonitis				136. Bone			
92. Swollen or painful joints				137. Skin			
93. Dislocations				138. Other			
94. Painful or trick shoulder				<b>PSYCHOLOGICAL/MOOD</b>			
95. Elbow problems				139. mental problem requiring hospitalization			
96. Wrist or hand problems				140. Suicidal/attempted suicide			
97. Back pain				141. Active psychosis			
98. Back surgery				142. Drug, narcotic or alcohol			

Health Condition	Yes	Year	No	Health Condition	Yes	Year	No
143. Persistent or severe depression/worry				ALLERGIES (caused by)			
144. Other psychological conditions:				152. Medication			
INFECTIOUS OR CHILDHOOD DISEASES				147. Rheumatic fever			
Meningitis/encephalitis				153. Food			
146. Polio				154. Soaps or detergents			
148. Mumps				155. Pollen			
149. Measles				156. Insect bites/scales			
150. Venereal Disease				157. Other:			
151. Other:							

Explanation of items checked "Yes." Enter item number (1-157) before each comment.

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**B. CURRENT MEDICATIONS:** \_\_\_\_\_

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**C. SURGICAL HISTORY**

Have you ever had surgery?  Yes  No

[If "Yes, complete the following information about each surgery]

TYPE OF SURGERY	DATE (Mo/Yr)
1. _____	_____
2. _____	_____

**D. HOSPITALIZATION HISTORY**

Have you ever been hospitalized?  Yes  No

[If "Yes," complete the following information about each hospitalization.]

REASON FOR HOSPITALIZATION	DATE (Mo/Yr)
1. _____	_____
2. _____	_____
3. _____	_____



Georgia Peace Officer Standards & Training Council  
*Physician's Affidavit*

**Physician's Affidavit – PAGE 1 of 2**

Candidate's Name				SS#
HEIGHT ft	HEIGHT in	WEIGHT lbs	SEX/GENDER	Date of Birth ( <i>mm/dd/yyyy</i> )

**PHYSICIAN'S INSTRUCTIONS:** Please complete this form & answer all questions related to your medical examination of this candidate. Do the following steps:

- **Review the candidate's job duties/responsibilities.** This candidate is applying to become a certified officer and will be required to meet the relevant job demands and working conditions of an officer in GA.
- **Complete the patient information and then conduct your physical exam.**
- **Review the patient's Medical and Physical History.**
- **Answer all questions.** Check the appropriate block for each question & provide any necessary comments.
- **SIGN & DATE** on the appropriate page of this form and provide your address & phone #.
- **Give all forms to the candidate** for return to the hiring agency.

**Questions:**

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?

- No - Proceed to question next question.  
 Indeterminate - Describe additional tests or information required prior to making final determination.

Yes - Describe the impact of these limitations including the following criteria: 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?

- No - Proceed to next question.  
 Indeterminate - Describe additional tests or information required prior to making final determination.

Yes - Describe the impact of these limitations including the following criteria: 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, and imminence and duration of the threat;

3.) 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.





Georgia Peace Officer Standards & Training Council  
*Application for Certification*

**PERSONAL HISTORY RELEASE**

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photo copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

Last Name		First Name	Middle Name
DATE OF BIRTH <i>(mdyyyy)</i>	MAIDEN NAME		PHONE NUMBER <i>(AREA CODE) - NUMBER</i> (    )-    -
Social Security Number:			
EMAIL ADDRESS			
ADDRESS: <i>Street</i>			Apartment/Unit#
City:	State:	Zip Code:	

\_\_\_\_\_  
Candidate Signature (including maiden name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date



## SELECTIVE SERVICE VERIFICATION

State Law requires all selected male applicants between the ages of 18 and 26 to present proof of having registered with the Selective Service System or to present proof of being exempt from registration prior to beginning State employment.

In accordance with State Law, I have verified that \_\_\_\_\_  
[Name of Applicant]

[check one]

Has registered with the Selective Service System (attach copy of the registration card or screen print from the Selective Service System Internet web site: [www.sss.gov](http://www.sss.gov))

OR

Is exempt from registration with the Selective Service System (attach verifying documentation)

\_\_\_\_\_  
[Name of Official – please print]

\_\_\_\_\_  
[Title]

\_\_\_\_\_  
[Signature of Official]

\_\_\_\_\_  
[Date]

Published 11/1/00

**GEORGIA DEPARTMENT OF CORRECTIONS**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

I hereby request and authorize THE GEORGIA DEPARTMENT OF CORRECTIONS

\_\_\_\_\_  
Address of Local Hiring Authority

to obtain from: Any Law Enforcement Agency, Former Employee or Personal Reference  
Name of Person or Agency Holding the Information

The following type(s) of information from my records (and any specific portion thereof):

Criminal background check, character information from personal reference, and  
Work record from former employers.

for the purpose of completing a Departmental Background Investigation for employment.

All information I hereby authorize to be obtained from this person or agency will be held strictly confidential and cannot be released again without my written consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of **Applicant**

\_\_\_\_\_  
Signature of **Witness**

\_\_\_\_\_  
Title or Relationship to Applicant

\_\_\_\_\_  
USE THIS SPACE IF APPLICANT WITHDRAWS CONSENT

\_\_\_\_\_  
Date this consent is revoked by applicant

\_\_\_\_\_  
Signature of Applicant

Instructions for accessing the new POST software - STEP 1

Go to the POST home page at [www.gapost.org](http://www.gapost.org). Click on **P.O.S.T. Data Gateway** under **\*\*Restricted Access\*\***. (See below.)

Home | About P.O.S.T. | FAQs | Related Links | Contact/Directions

Thursday, September 01, 2011

- [Officer Records](#)
- [Agency Reports](#)
- [P.O.S.T. Act](#)
- [Rules of the Council](#)
- [Upcoming Meetings](#)
- [Applications & Forms](#)
- [Council Members](#)
- [P.O.S.T. Certified Academies](#)
- [Operational Staff](#)
- [P.O.S.T. Divisions](#)

*It is the mission of the Georgia Peace Officer Standards and Training Council (P.O.S.T.) to provide the citizens of Georgia with qualified, professionally trained, ethical and competent peace officers and criminal justice professionals.*

**P.O.S.T. Staff**

- Operational Staff
- Certification & Training Division
- Operations Division
- Investigations Division

[More](#)

### Notices

**NOTICE: On Thursday September 1, 2011, POST will transfer to a new computer system. No change of status forms (C-11s) will be accepted after Wednesday August 30th. All future changes will be made in the new computer system. All efforts are being made to make this a smooth transition. Please be patient during this time.**

**Message Center**

**Upcoming Meetings**

**P.O.S.T. Council Meetings:**

- March 9, 2011
- June 8, 2011
- September 7, 2011
- December 6, 2011

**More Information**

**Questions?**

See the list of frequently asked questions regarding training requirements, certification, etc.

**View FAQs**

**\*\*Restricted Access\*\***



[POST Data Gateway](#)



[Staff Intranet](#)



- ▶ [Dates for new POST Software training](#)
- ▶ [Information regarding Barcoded ID's](#)
- [Petition for Modification of Probation](#)
- ▶ [2011 Legislation - Senate Bill 95](#)
- ▶ [Illegal Immigration Reform and Enforcement Act of 2011](#)
- ▶ [July 2011 POST Update](#)
- ▶ [Administrative Fee Schedule](#)
- ▶ [Equivalency of Training \(EOT\)](#)
- ▶ [FY 2010 Annual Report](#)
- ▶ [Georgia Chiefs \(GACP\) Training Approval Process](#)
- ▶ [Eyewitness Identification Training](#)
- ▶ [Revised Entrance Examination](#)
- ▶ [C12s available for purchase](#)
- ▶ [Questions Regarding POST Rule on Firearms Regualification](#)
- ▶ [POST Updates](#)
- ▶ [Background Investigation Manual](#)



### Applications & Forms

Quick Access:

- 
- 
- 
- 

*Go to Forms/Applications to view full list including important notes*

**STEP 2**

Click on Register Now.

**Returning User Login** 

**User Name**

**Password**

[Forgot User Name or Password?](#)

---

**New User?**

Click on Register Now here



### STEP 3

Fill in all fields. If you do not put information in a field marked with an \*, then an error message will appear & you will be required to fill in the data before you can progress. Once all fields are completed click **submit registration**. Be sure to select "Officer" as User Type in the field identified below.

#### New User Registration

Do not use copy paste for verification.

You will NOT have the ability to update your name, social or date of birth later.

Legal Name, social security number and date of birth changes can only be performed through POST administration.

You must use your legal name in the registration.

**REMEMBER:** Please enter your legal name. If you have not updated your legal name with POST (marriage, etc), you may be under your previous name in the old system.

First Name\*

Middle Name

Last Name\*

Suffix (if applies)

Social Security Number\*  -  -  Not required for open records request

Date of Birth\*  /  /  (mm/dd/yyyy) Not required for open records request

Verify First Name\*

Verify Middle Name

Verify Last Name\*

Verify Suffix (if applies)

Verify Social Security Number\*  -  -  Not required for open records request

Verify Date of Birth\*  /  /  (mm/dd/yyyy) Not required for open records request

Email\*

Verify Email\*

User Type\*

Select "Officer" for User Type for officers.

Note: Open Records users will need to select Open Records for user type.

#### Security Questions

Please select two different questions and provide answers.

Answer\*

Answer\*

Upon verification of your date of birth and social security number you will be emailed a valid username and password.

Submit Registration

Login

Required fields are highlighted and marked with \*

**STEP 4**

This screen may appear if you have not been entered into the old POST software system. If you have a demographic record in the POST system, it will show that a record matches your info. Click Continue and it will take you to another screen to complete the registration data.



**NOTICE: POST has no records on file that match your personal information. According to our records you have never been registered or certified by POST. If this information is correct, please continue and we will send a user name and password to test222@gapost.org. Please click continue to complete registration.**

Continue

Click continue here.



**STEP 5**

Please complete the necessary data entry for all of the following fields on this screen and select continue.

Thank you Dirty. Please provide the following demographic information to complete registration.

Race \*

Height \*  ft  in

Weight \*  lbs

Hair Color \*

Eye Color \*

Sex/Gender \*  Male  Female

Current Home Address:

Street \*

City \*

State \*

Zip Code \*  -

Primary Telephone \* (  )  -

Cell Telephone (  )  -

Other Telephone (  )  -

Click continue when all the required fields (\*) have been filled.

**STEP 6**

You will see a new user name. The example listed for DIRTY CALLAHAN is new user name "dcallahan" below.

New user dcallahan for DIRTY CALLAHAN added as an Officer  
Please click continue to proceed.




Click **continue** to proceed.



**STEP 7**

At this login will need to enter your user name and password that was automatically sent to your e-mail address. (Note: Some internet service providers (ISP) may have spam filters that prevent you from receiving your username and password. Please contact POST Help Desk at 770-732-5974 between 9 am - 11am or 1 pm to 3 pm to get assistance.)



<p><b>Returning User Login</b> </p> <p><b>User Name</b></p> <input type="text"/>
<p><b>Password</b></p> <input type="password"/>
<p><input type="button" value="Log In"/></p> <p><a href="#">Forgot User Name or Password?</a></p>
<p><b>New User?</b></p> <p><input type="button" value="Register Now"/></p>