



STATESBORO POLICE DEPARTMENT

Ph 912-764-9911

25 West Grady Street, Statesboro, Georgia 30458

Fx 912-489-5050

Citizens Police Academy 2024 Class Dates: October 1st- November 5th, 2024 (Graduation on November 5th, 2024)

Date: _____

Name: _____

Home Address: _____

Telephone Number – Home: _____ Work: _____ Cell: _____

Business Address: _____
_____ Telephone Number: _____

Email Address: _____

Do you live in the City of Statesboro? Yes No

If no, do you own a business in the City of Statesboro? Yes No

Social Security Number: _____ Driver's License: _____ State: _____

Place of Birth: _____ Date of Birth: _____

Emergency contact name: _____

Contact address: _____
_____ Phone Number: _____

Relationship: Wife/Husband Parent Child Friend Other

Complete the above information, the liability waiver and the release for Criminal History Background Check (Attached) and return by mail or in person to:

Megan Bolton at the Statesboro Police Department by: **September 17th, 2024.**

*(All information provided will be confidential and used only to process applications.
Any criminal history that includes a conviction for a felony or misdemeanor of a high and aggravated
nature will disqualify the applicant from attending the Citizen Police Academy.)*



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Release of Liability

I, _____, do hereby release the Statesboro Police Department
(NAME)

and the City of Statesboro, Georgia and any agent or employees thereof from any and all liability, claims, and hold harmless if I am injured or personally damaged in any way from the participation in this program offered by the Statesboro Police Department. By my signature affixed to this agreement, I also am made aware and do hereby acknowledge and release the Statesboro Police Department and the City of Statesboro and any agent or employees thereof from any and all liability; that I may inadvertently be placed in harm's way as to the normal course of business associated with the Statesboro Police Department and the participation in this program.

Participant: _____
(SIGNATURE)

Signed this _____ day of _____, 20____.
(MONTH)

Witness: _____
(SIGNATURE)

Signed this _____ day of _____, 20____.
(MONTH)



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Date Received by S.P.D. : _____

GEORGIA CRIMINAL HISTORY REQUEST

~~\$25.00 fee due (correct change or a money order). Personal checks will not be accepted.~~

The applicant's signature **must** be notarized **before** this form is turned over to the police department for completion. This original form will be kept on file at the Statesboro P.D. for audit purposes. A certified copy will be provided to the requestor.

SECTION 1: (To be completed by the requestor.)

The private person/business/commercial establishment agrees that the Statesboro Police Department, the Georgia Crime Information Center, the employees of either agency or the employees of any other agency in the state shall not be responsible for the accuracy of the information given or have any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check. I certify that I am the authorized person in the hiring/job assignment/housing placement of this applicant and that I am aware of federal and state laws and rules and regulations governing the use of criminal history record information.

Rule 140-2-.04 of the Georgia Crime Information Center Council requires that we advise you of the following: If a decision adverse to the record subject is made, the record subject must be informed by the individual or agency making the adverse decision of all information pertinent to that decision. This disclosure must include that a criminal history record information check was made, the specific contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person in question is a misdemeanor under Georgia law.

I have read the information provided above and do hereby request a Georgia criminal history on the person described in SECTION 2 of this form for the following purpose:

- employment – general (E)
- employment – providing care to children (W)
- employment – providing care to the elderly (N)
- employment – providing care to the mentally ill/mentally retarded (M)
- housing (E)
- personal inspection (E)
- other {please explain} Citizens Police Academy (PUR/C)
- employment with Statesboro P.D. – Civilian (J)
- employment with Statesboro P.D. – P.O.S.T. certified (Z)
- Public Records – displays Georgia felony convictions only; NO CONSENT REQUIRED (P)

Please PRINT the requested information.

Requestor's Full Name: Anna Madison Bridges

Requestor's Employer: Statesboro Police Department, 25 W. Grady St., Statesboro, GA 30458

Requestor's Signature: _____ Date: _____



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SECTION 2: (To be completed by the applicant.)

I hereby authorize the requestor named in SECTION 1 of this form to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I hereby agree that the Statesboro Police Department, the Georgia Crime Information Center, the employees of either agency or the employees of any other agency in the state shall not be responsible for the accuracy of the information given or have any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check.

Please PRINT the requested information.

Last Name: _____ First: _____ Middle: _____

Maiden Name/Other Name(s) Used: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: _____ Race: _____ Social Security Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Applicant's Signature: _____ Date: _____

One of the following **MUST** be checked if this request is for employment purposes:

This authorization is valid for 90 / 180 / _____ days from date of signature.

I, _____, give consent to the employer named in SECTION 1 to perform periodic criminal history background checks for the duration of my employment.

NOTE TO EMPLOYER: There will be a charge of \$25.00 for each additional criminal history report requested.

- Your signature **must** be notarized **before** this form is turned over to the police department for completion.
- ~~\$25.00 fee due (correct change or a money order). Personal checks will not be accepted.~~

Notary Public, _____ County, GA

My Commission Expires: _____

SECTION 3: (To be completed by Statesboro P.D. personnel ONLY!)

NOTE TO REQUESTOR: Use of the information disseminated shall be limited to the purpose for which it was intended. The information may not be disseminated further.

GEORGIA CRIMINAL HISTORY INFORMATION:

No Georgia criminal history found based upon the applicant's personal information provided in Section 2 of this form.

Georgia criminal history printout attached. { _____ page(s) / State Identification # _____ }

Request completed on _____ by, _____ Name _____ Title _____