



GEORGIA BUREAU OF INVESTIGATION

Georgia Law Enforcement Criminal Intelligence Analysis Certification Program

Application for New Membership

Type of Membership:

Basic

Practitioner

Name: Last _____ First _____ Middle _____

Agency/Employer: _____

Agency/Employer Address: _____ City _____ Zip Code: _____

Department Head:

Name: _____ Title _____ Contact Number: (____) _____

Immediate Supervisor:

Name: _____ Title _____ Contact Number: (____) _____

Email Address: _____

Applicant Title or Position: _____

Please Note: If you are currently a crime analyst, you must explain in an **Attachment to this Application** that you are to be assigned as an intelligence analyst, or as an analyst conducting both crime and intelligence analysis.

If you are a criminal investigator, you must explain in an **Attachment to this Application** that your duties include, or will include, intelligence analysis functions conducted for your department.

Rank (If Applicable): _____

Work Telephone Number: (____) _____

Work Fax Number: (____) _____

Work Email Address: _____

Time in Current Title or Position: Years: _____ Months: _____

Are you a full-time employee in your current position? Yes: ____ No: ____

Time in Previous Title(s) or Position(s) in Current Department- Applicable to This Program:

Title or Position: _____ Years: _____ Months: _____

Title or Position: _____ Years: _____ Months: _____

Title or Position: _____ Years: _____ Months: _____

Time with Previous Employer-Applicable to this Program

Agency/Employer: _____

Current Department Head of Previous Employer:

Name: _____ Title _____ Contact Number: (____) _____

Department Address: _____ City _____ Zip Code: _____

Dates of Employment: (mm/yy to mm/yy) From: _____ To: _____

Applicable Title/Position: _____

Time in Title/Position: Years: ____ Months: ____

Did your current employer conduct a fingerprint-based background investigation on you during your hiring process?

Yes: ____ No: ____ (If **No**, please explain the reasons on an **Attachment to this Application**)

Have you ever been arrested or convicted for a crime other than minor traffic violations?

Yes: ____ No: ____ (If **Yes**, please explain in detail on an **Attachment to this Application**)

Do you have any history of disciplinary actions against you in your current or previous employment?

Yes: ____ No: ____ (If **Yes**, please explain in detail on an **Attachment to this Application**)

Are you currently in good standing with Georgia P.O.S.T.? (If Applicable)

Yes: ____ No: ____ Not Applicable: ____ (If **No**, please explain in detail on an **Attachment to this Application**)

Have you completed the required preliminary training in 28 CFR 23? Yes: ____ No: ____

If so, please attach a copy of your completion certificate to this application. If this training has not been successfully completed, and extraordinary circumstances exist that will prevent you from meeting the requirement, please explain in detail in an **Attachment to this Application**.

Have you completed the required preliminary training in the Microsoft Office Suite (Basic courses in Excel, PowerPoint, and Access)? Yes: ____ No: ____

If so, please attach a copy of the certifying training documents to this application. If this training has not been successfully completed, either due to an allowable program exception or due to extraordinary circumstances, please explain in detail in an **Attachment to this Application**.

Please list below all courses successfully completed that meet the course heading requirements for the certification program in either the Basic or Practitioner Level, or in both levels. Please provide the titles, dates and number of hours for the

Please ensure the following documents are attached to this application upon submission:

1. A letter from your department head recommending you for admission to the program, and stating that all applicant eligibility requirements and employer requirements have been met. This letter must be on department letterhead, with an original signature by the department head.
2. A copy of your departmental policy on the use, handling and protection of intelligence information and a copy of the departmental policy on the protection of privacy, civil rights and civil liberties. Both documents (if separate) must be submitted with the completed application.
3. Copies of training certificates or other acceptable documentation of successful completion of prior training in required certification course headings as described in Section IV of the written certification program document (see also the subsections relating to Credit and Other Considerations for prior training).

Certification and Signature:

I hereby certify that all information provided in this application is true and correct to the best of my knowledge and belief.

Signed: _____

Date: _____

Upon completion of the application and attachment of all required documents, please send the completed application to:

**Program Coordinator
Criminal Intelligence Analysis Certification Program
Georgia Information Sharing and Analysis Center
P.O. Box 29649
Atlanta, Georgia 30359**