

**NAME:**

---

LAST

FIRST

MIDDLE

**POSITION APPLIED FOR:**

**DATE:**

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**CHATHAM COUNTY SHERIFF'S DEPARTMENT  
EMPLOYMENT APPLICATION  
AND  
BACKGROUND INVESTIGATION  
QUESTIONNAIRE**

## **IMPORTANT NOTICE**

**IT IS TO YOUR ADVANTAGE TO BE ABSOLUTELY TRUTHFUL IN ANSWERING ALL QUESTIONS IN YOUR INTERVIEWS, ON YOUR APPLICATION, AND YOUR PERSONAL HISTORY STATEMENT.**

**A MIS-STATEMENT OF FACT OR THE OMISSION OF REQUESTED INFORMATION IS GROUNDS FOR AUTOMATIC REJECTION.**

**WE HAVE FOUND THAT SOME APPLICANTS HAVE BEEN REJECTED BECAUSE OF A MIS-STATEMENT OR OMISSION WHERE THE FACT WHICH THEY ATTEMPTED TO HIDE WOULD NOT HAVE BEEN A REASON FOR REJECTION.**

**WE ENCOURAGE YOU TO BE ABSOLUTELY TRUTHFUL IN THESE MATTERS.**

**THE ENTIRE APPLICATION MUST BE IN YOUR OWN HANDWRITING.**



**POSITION: DEPUTY CORRECTIONS OFFICER**  
**DEPARTMENT: Jail #999 \*\*\*Updated Age Requirement\*\*\***  
**SALARY RANGE: \$31,105 - \$33,175**  
**APPLY BY: Until Filled**

**Job Summary:** Under general supervision, performs law enforcement and public safety work in the custody and security of jail inmates. Position requires close physical contact with inmates and direct contact with the public. Position is one of possible high stress and verbal and/or physical confrontations. Position requires that the candidate should be able to respond to any location in the jail by running. Position requires that the candidate should be able to successfully rescue an unconscious/injured officer by moving them to a safe location. Position also requires lifting (at times heavy). Written reports and mathematical calculations are required. Communication skills are critical to performance of duties. Candidates must be able to follow written and verbal directions and work different shifts as assigned. Candidates must be able to perform multiple tasks successfully under different degrees of circumstances. The Chatham County Sheriff's Department supervises inmates under the "Direct Supervision" concept. This requires candidates to work under conditions requiring direct contact and supervision of inmates for an entire shift. \*Notice: A conditional written agreement is required for this position.

**Minimum Qualifications:** High school diploma or GED, supplemented by three (3) years work experience involving public contact; or equivalent combination of training and experience; ability to complete Georgia Peace Officer Standards and Training Certification for Jail and Peace Officer. Valid driver's license; must be twenty (20) years of age. Physical ability to defend against inmate attack, ability to lift approximately 20 lbs. and push loaded carts, and the ability to climb stairs. Vision requirement must be 20/20 or 20/40 corrected. There is a physical agility test that is required of candidates for the position. The agility test requires candidates to run 900 feet and to successfully drag a 160 pound dummy approx. forty (40) feet in two (2) minutes or less. This is a one time entry level test.

**Special Requirements:** Must undergo physical, psychological, psychometric tests, observed urinalysis drug screening and background investigation (charges involving drugs or moral turpitude may disqualify candidates), driver's history (a record of numerous traffic infractions or pattern of disregard for traffic laws may disqualify candidates), and credit check. Must be able to successfully complete First Aid, CPR, and Firearms certification as required. Applicants must submit copies of the last seven (7) years driver's history for all states candidate possessed a license. Applicants must submit copies of driver's license, birth certificate, high school diploma or GED certificate, social security card, all applicable documentation of relevant training, and DD214 long form if applicable, and dispositions of any arrest with application to be eligible for testing. APPLICANT MUST BE A U.S. CITIZEN OR NATURALIZED WITH DOCUMENTATION.

The Chatham County Sheriff's Department is a SMOKE-FREE WORK ENVIRONMENT. Terms of conditional written agreement requires salary reimbursement for voluntary separation within two years of completion of P.O.S.T. Basic Law Enforcement Training Academy

# **INSTRUCTIONS AND INFORMATION**

## **PLEASE READ CAREFULLY BEFORE BEGINNING**

1. An investigation will be conducted by personnel in the Professional Standards Unit based on the information you provide in this application. It is critical that you fill out this application completely, truthfully, and accurately. If at any point during the background investigation, or thereafter, it is found that you misrepresented, deliberately omitted or falsified any information, you will be automatically disqualified from further consideration. It is imperative that you list any convictions to include a finding or a verdict of guilt or a plea of guilty and a plea of nolo contendere in a criminal proceeding, regardless of whether the judgment of guilt or sentence is withheld or not entered thereon. This included first offenders (Georgia State Law 35-8-7.1). Do not leave any blanks in this booklet. If an item does not apply, write N/A.

I fully understand what I have read.

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Signature/Date

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Notary Signature/Date

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Investigator Signature/Date

2. If you are a Georgia Certified Peace Officer (i.e. registered with the Georgia Peace Officer Standards and Training Council, P.O.S.T.) please attach a copy of your basic certificate displaying your certification number.
  
3. The following situations WILL prohibit an applicant from serving as a Law Enforcement Officer:
  - a. Conviction in any Court of a felony offense.
  - b. Conviction in any Court of a drug related offense.
  - c. Less than twenty-one (21) years of age at the time of appointment.
  - d. Any medical, physical, or mental condition which would prevent an applicant from satisfactorily performing assigned duties or complying with regulations of the Georgia P.O.S.T. Council.
  
4. The following situations MAY prohibit an applicant from serving as a Law Enforcement Officer:
  - a. Any pending criminal action in any court.
  - b. A military Discharge other than Honorable.
  - c. Seven (7) or more points accumulated against driver's record at the time of the application.
  - d. Not a citizen of the United States of America

\*\* An applicant who has received an official pardon or similar action for any offense or applicable condition as stated above, is not obligated to disclose the offense or condition in this application. If, however, during the course of a background investigation, facts are discovered regarding the offense or condition, the applicant may be required to produce proof of such pardon or action to remain in consideration for employment.

5. If you have any questions regarding this application, please contact the Chatham County Sheriff's Department Recruitment and Training Unit at (912) 652-7795

\*\* All forms so noted, must be signed in the presence of a Notary Public. These forms MUST bear the signature, stamp, and seal of a Notary Public. **YOU ARE RESPONSIBLE FOR OBTAINING A NOTARY!**

6. The following is a checklist for your convenience. We urge you to use it, as an incomplete application CANNOT be processed. Upon completion of the application, refer to this checklist to make sure no information has been omitted.

\_\_\_\_\_ I have attached copies of the following documents:

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ High School Diploma, GED, or Official High School Transcripts

\_\_\_\_\_ Social Security Card

\_\_\_\_\_ DD-214 Long Form (if applicable), showing character of service

\_\_\_\_\_ Marriage License(s) and/or Divorce Decree(s)

\_\_\_\_\_ Must provide an ORIGINAL seven (7) year Driver's History at your own expense.

\_\_\_\_\_ Valid Driver's License

\_\_\_\_\_ The application is signed, dated, and notarized

**I. PERSONAL INFORMATION**

1. Name: \_\_\_\_\_

2. Have you ever filled out an application with the Chatham County Government before? \_\_\_\_\_ If so, when and for what position? \_\_\_\_\_

3. Physical address (city, state, street, zip): \_\_\_\_\_

\_\_\_\_\_

Mailing address if different \_\_\_\_\_

\_\_\_\_\_

How Long? \_\_\_\_\_ Rent? \_\_\_\_\_ Own? \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Previous address(s) if less than 15 years at current address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How Long? \_\_\_\_\_ Rent? \_\_\_\_\_ Own? \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. \_\_\_\_\_

Date of Birth (MM/DD/YY)

Place of Birth (City, State, Country)

6. \_\_\_\_\_  
**Height                      Weight                      Hair Color                      Eye Color**

7. **Are you a U.S. Citizen?      YES    NO                      Natural Born                      YES    NO**

8. **Have you ever used any other name?      YES    NO**

\_\_\_\_\_  
**Nicknames/Aliases Used**

9. **Have you ever legally changed your name?      YES    NO**

**If "YES", what was your former name? \_\_\_\_\_**

**What Court ordered the name change? \_\_\_\_\_**

**II. MILITARY SERVICE**

10. **Complete Military Service:**

\_\_\_\_\_  
**Branch                                      Service#                                      Dates Served**

**Highest Rank: \_\_\_\_\_**

11. \_\_\_\_\_  
**Type of Discharge (if other than Honorable, explain)**

12. **If member of Reserve or Guard Unit, specify Branch and Unit**  
\_\_\_\_\_

13. **Did you ever receive any type of disciplinary action?      YES    NO**

**Court Martial?                                      YES    NO**

**AWOL?    YES    NO**

**Reduction in Rank?                              YES    NO**

**Article 15?    YES    NO**

**Any other?    YES    NO**

14. **Name and phone number of the last supervisor: \_\_\_\_\_**

**III. FORMAL EDUCATION**

15. Highest grade of school completed? \_\_\_\_\_

16. Did you graduate from High School? \_\_\_\_\_ Dates Attended: \_\_\_\_\_

17. Name of High School: \_\_\_\_\_

City/State: \_\_\_\_\_

Circle School Type: Public Private Home School Parochial

18. Do you have a GED certificate? YES NO  
If YES, give City/State and Agency Obtained from \_\_\_\_\_

19. Give names and locations of any Colleges and Universities you have attended, and major course work studied. \_\_\_\_\_  
\_\_\_\_\_

20. Circle highest year of college completed: 1 2 3 4 Degree/Year obtained \_\_\_\_\_

21. Graduate School: 1 2 3 4 Degree/Year obtained \_\_\_\_\_

22. Do you have any special skills or training that would be helpful to you if you were selected for law enforcement position? \_\_\_\_\_  
\_\_\_\_\_

23. Do you fluently speak or write any foreign language? YES NO  
If yes, please list: \_\_\_\_\_

24. If you wear corrective lenses (glasses or contacts) and if you lost them in a scuffle with an inmate or suspect, could you still function? YES NO

**IV. LAW ENFORCEMENT EMPLOYMENT HISTORY**

25. List previous law enforcement employment starting with the most recent first:

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Name/Address of Agency

---

Dates of Employment

Reason for Leaving

---

Name and telephone number of immediate supervisor

---

Job Title and Duties

May we contact this agency?

YES NO

26.

---

Name/Address of Agency

---

Dates of Employment

Reason for Leaving

---

Name and telephone number of immediate supervisor

---

Job Title and Duties

May we contact this agency?

YES NO

27.

---

Name/Address of Agency

---

Dates of Employment

Reason for Leaving

---

Name and telephone number of immediate supervisor

---

Job Title and Duties

May we contact this agency?

YES NO

**COMPLETE THIS SECTION ONLY IF YOU ARE CURRENTLY OR HAVE BEEN A LAW ENFORCEMENT OFFICER. THIS DOES NOT INCLUDE SECURITY AND/OR CORRECTIONS EXPERIENCE.**

28. Are you currently a Peace Officer? \_\_\_\_\_

29. If "YES", State of Certification: \_\_\_\_\_ Certification #: \_\_\_\_\_

30. Certification Date: \_\_\_\_\_ Name of Police Academy: \_\_\_\_\_

31. How many years Law Enforcement experience do you have? \_\_\_\_\_

32. Have you ever been the subject of an internal investigation? YES NO

If "YES", attach an explanation to this application giving full details.

33. Have you ever qualified with a weapon? YES NO

If "YES", what type of weapon(s)? \_\_\_\_\_

**V. NON-LAW ENFORCEMENT EMPLOYMENT HISTORY**

34. List previous employment for the past ten (10) years beginning with the most recent

35. \_\_\_\_\_  
Name/Address of Agency

\_\_\_\_\_

Dates of Employment	Reason for leaving
---------------------	--------------------

\_\_\_\_\_

Name and telephone number of immediate supervisor

\_\_\_\_\_

Job Title and Duties

36. \_\_\_\_\_  
Name/Address of Agency

\_\_\_\_\_

Dates of Employment	Reason for leaving
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\_\_\_\_\_

Name and telephone number of immediate supervisor

\_\_\_\_\_

Job Title and Duties

37. \_\_\_\_\_  
Name/Address of Agency

\_\_\_\_\_

Dates of Employment	Reason for leaving
---------------------	--------------------

\_\_\_\_\_

Name and telephone number of immediate supervisor

\_\_\_\_\_

Job Title and Duties

38. \_\_\_\_\_  
Name/Address of Agency

\_\_\_\_\_

Dates of Employment	Reason for leaving
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Name and telephone number of immediate supervisor

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Job Title and Duties

39.

---

Name/Address of Agency

---

Dates of Employment

Reason for leaving

---

Name and telephone number of immediate supervisor

---

Job Title and Duties

**VI. CRIMINAL RECORD (PLEASE CHECK APPROPRIATE RESPONSE)**

41. Have you ever been arrested, charged, convicted of a felony offense? YES NO

42. Have you ever been arrested, charged, convicted of a firearms or explosives charge? YES NO

43. Are there currently any charges pending against you for any criminal offense? YES NO

44. Have you ever been arrested, charged, convicted of any offenses related to alcohol or drugs? YES NO

45. Have you ever been arrested, charged, convicted of any type of offense (including traffic citations, warrants, or misdemeanors)? YES NO

46. Have you ever been arrested, charged, or convicted of a domestic violence offense? YES NO

47. Are you currently or have you ever been under investigation? YES NO

**EXPLAIN BELOW ANY QUESTIONS THAT YOU ANSWERED YES TO ABOVE.**

Date of Offense	Offense	Law Enforcement Authority/Court

**VII. DRIVING RECORD**

48. Can you operate a motor vehicle? YES NO

49. Do you possess a valid Georgia driver's license? YES NO

If "YES", give number and expiration date: \_\_\_\_\_

50. Have you ever possessed a license from any other state? YES NO

If "YES", give State and license number: \_\_\_\_\_

51. Has your license ever been suspended or revoked? YES NO

If "YES", for what reason? \_\_\_\_\_

Was it restored? YES NO

52. Have you ever been refused a license by any state? YES NO

53. Give details of any motor vehicle accidents you have been involved in.

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**VIII. PERSONAL REFERENCES**

54. Personal references (other than family members)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**IX. CREDIT REFERENCES**

55. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Type of Account: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Type of Account: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Type of Account: \_\_\_\_\_

**X. BACKGROUND INFORMATION (Marital and Family Information)**

56. **Marital Status:**

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_

57. **Spouse:** \_\_\_\_\_  
(First/Middle/Maiden/Last)

58. \_\_\_\_\_  
Spouse's date of birth \_\_\_\_\_ Spouse's place of birth \_\_\_\_\_

59. \_\_\_\_\_  
Date of marriage \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

60. \_\_\_\_\_  
Spouse's employer \_\_\_\_\_

61. \_\_\_\_\_  
Spouse's employer address \_\_\_\_\_

62. \_\_\_\_\_  
Spouse's employer's phone \_\_\_\_\_ Spouse's length of employment \_\_\_\_\_

63. **Is your spouse in favor of you becoming a Law Enforcement Officer?** YES NO

64. **Father's full name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
Living \_\_\_\_\_ Deceased \_\_\_\_\_

65. **Mother's full name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
Living \_\_\_\_\_ Deceased \_\_\_\_\_

66. **Brothers:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

67. Sisters:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

68. Father-in-law's full name: \_\_\_\_\_

Address: \_\_\_\_\_

69. Mother-in-law's full name: \_\_\_\_\_

Address: \_\_\_\_\_

70. Closest living relative: \_\_\_\_\_

Address: \_\_\_\_\_

71. List every child born to you:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Address where child resides</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

72. Are you supporting all children born to you or adopted by you? YES NO

73. Are you related to any Chatham County employee? YES NO

If "YES", please name the employee: \_\_\_\_\_

What department do they work in? \_\_\_\_\_

74. Do you know any employees of the Sheriff's Department? YES NO

If "YES", please give their names: \_\_\_\_\_

_____
_____
_____

**XI. OTHER INFORMATION**

75. This position may require you to:

Wear a uniform.	Do you object to doing so?	YES	NO
Work rotating shifts.	Do you object to doing so?	YES	NO
Work overtime.	Do you object to doing so?	YES	NO

76. Have you ever had experience working shift work? YES NO

If so, where and when: \_\_\_\_\_

77. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answer will be checked with FBI and other agencies.

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

78. Do you drink alcoholic beverages? YES NO  
If "YES", when was the last time? \_\_\_\_\_

79. Have you ever used marijuana? YES NO  
If "YES", when was the last time? \_\_\_\_\_

80. Have you ever used any other illegal drugs, opiates, pills, etc.? YES NO  
What were the circumstances? \_\_\_\_\_

81. Do you now or have you ever associated with anyone that uses drugs? YES NO  
If "YES", who were they? \_\_\_\_\_

82. Have you ever been fired or permitted to resign employment for breach of trust, embezzlement, theft, or other crime? YES NO  
If "YES", what were the circumstances? \_\_\_\_\_  
\_\_\_\_\_

83. Have you ever been fired or permitted to resign employment for abuse of authority or for any disciplinary reasons? YES NO  
If "YES", What were the circumstances? \_\_\_\_\_  
\_\_\_\_\_



## WILLINGNESS CHECKLIST

In the past, many people have taken the job of Correctional Officer without carefully considering the requirements of the work. It is in your best interest to answer each question honestly. For each job requirement on the list below, circle "YES" if you are willing to do it, or "NO" if you are not willing.

Do you believe an inmate can be rehabilitated?	YES	NO
Do you believe that you can set aside any personal prejudices and be fair in dealing with inmates convicted of serious crimes?	YES	NO
Are you willing to work a twelve (12) hour shift?	YES	NO
Are you willing to work alternating weekends?	YES	NO
Are you willing to work all holidays which are not on your regular days off?	YES	NO
In the event of an emergency, such as a shift vacancy, are you willing to work on your day(s) off?	YES	NO
Are you willing to wear a uniform to work every day?	YES	NO
Are you willing to work in a tobacco free environment?	YES	NO
Are you willing to participate in training to learn and develop techniques and skills required of a Correctional Officer?	YES	NO
Are you willing to use reasonable force when necessary, such as controlling disturbances, breaking up fights, etc..?	YES	NO
Are you willing to give first aid, including CPR, to inmates who are ill or injured?	YES	NO
Are you willing to search (frisk) inmates regardless of their sex and visually search (strip search) the body cavities of inmates the same sex as you for things that they are not allowed to have?	YES	NO
Are you willing to supervise inmates, regardless of their sex, while they are in the bathroom or shower area?	YES	NO

Are you willing to work with inmates who are sick and who may have contagious diseases?	YES	NO
Are you willing to work in an environment which can be noisy?	YES	NO
Are you willing and physically able to remain on your feet during your entire shift?	YES	NO
Are you willing to risk your personal safety to come to the aid of a fellow officer?	YES	NO
Are you willing to work, unarmed, in a locked area with inmates who are guilty of assaultive crimes (e.g., murder, rape, etc.)?	YES	NO
Are you willing to work in a situation where you may be cursed at and/or verbally or physically threatened?	YES	NO

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If you circled "NO" to any of these questions, you are probably not suited for this type of work and should not continue to pursue a position as a Corrections Officer.

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*I have read the above and wish to continue with the application process.*

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

Please print your name: \_\_\_\_\_

**CHATHAM COUNTY SHERIFF'S DEPARTMENT  
EMPLOYEE DATA SHEET**

NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

SEX \_\_\_\_\_ RACE \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_

SSN# \_\_\_\_\_ MARITAL STATUS S \_\_\_ M \_\_\_ D \_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ CLASS: A B C

PHYSICAL HOME ADDRESS \_\_\_\_\_

(NO P.O. BOXES)

STREET

CITY

STATE

ZIP

MAILING ADDRESS \_\_\_\_\_

STREET/P.O.BOX

CITY

STATE

ZIP

CURRENT HOME PHONE # \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ TELEPHONE # AT WORK \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_

DO YOU HAVE A G.E.D. CERTIFICATE? YES \_\_\_\_\_ NO \_\_\_\_\_

CIRCLE HIGHEST LEVEL OF EDUCATION:

HIGH SCHOOL DIPLOMA    GED    BACHELOR'S DEGREE    MASTER'S DEGREE

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME

TELEPHONE #/ALTERNATIVE #

BENEFICIARY \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**Review of Application**  
**Professional Standards Unit**

I, \_\_\_\_\_, reviewed my application

for employment with the Chatham County Sheriff's Department with \_\_\_\_\_

on \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_. I attest that all information submitted is correct and truthful. I understand

that any false statements made knowingly or willingly by me, may result in a termination of my

application with this Department.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**CHATHAM COUNTY SHERIFF'S DEPARTMENT**

**EMPLOYEE DATA SHEET**

Name \_\_\_\_\_ Position: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

SS#: \_\_\_\_\_ Marital Status: S \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_

Physical Home Address: \_\_\_\_\_  
Street City/State Zip

Mailing Address: \_\_\_\_\_  
Street City/State Zip

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
(area code) (area code)

Spouse's Name: \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY:

\_\_\_\_\_  
Name/Relationship Telephone # or Alternate Telephone #  
**DO NOT WRITE BELOW THIS LINE**

Professional Standards Unit conducted a criminal history check: \_\_\_\_\_  
Yes No

NCIC/GCIC \_\_\_\_\_ S.P.D. \_\_\_\_\_ C.C.P.D. \_\_\_\_\_  
Date Date Date

Other Agency: \_\_\_\_\_ Date Conducted: \_\_\_\_\_

Other Agency: \_\_\_\_\_ Date Conducted: \_\_\_\_\_

Equifax Conducted: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Conducted: \_\_\_\_\_

Polygraph Examination: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Conducted: \_\_\_\_\_

Signature of Investigator: \_\_\_\_\_

The above name person has been reviewed by myself and: for a \_\_\_\_\_  
Chatham County Sheriff's ID card is eligible is not eligible  
(Circle One) (Circle One)

\_\_\_\_\_  
Jail Administrator

\_\_\_\_\_  
Major

# CRIMINAL HISTORY BACKGROUND CHECK

## Summary

NAME: \_\_\_\_\_  
Last
First
Middle
Maiden

DOB: \_\_\_\_\_ GA OLN: \_\_\_\_\_  
 Out of state OLN: \_\_\_\_\_

SSN: \_\_\_\_\_ Requestor: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Procedure	Results	Remarks
CRIMINAL HISTORY CHECK	RECORD _____	SID# _____
	NO RECORD _____	SEE ATTACHED
STATE OF GEORGIA DRIVERS HISTORY	HISTORY _____	****See Attached ****
	NO HISTORY _____	
	SUBJECT LICENSE SUSPENDED _____	****See Attached ****
	SUBJECT LICENSE EXPIRED _____	****See Attached ****
OUT OF STATE DRIVER'S HISTORY	HISTORY _____	****See Attached ****
	NO HISTORY _____	
	SUBJECT LICENSE SUSPENDED _____	****See Attached ****
	SUBJECT LICENSE EXPIRED _____	****See Attached ****
PHOENIX	OCCURRENCES _____	DIN- _____
	BOOKINGS _____	DIN- _____

NOTE: PHOENIX INCLUDES MAGISTRATE COURT, SUPERIOR COURT, STATE COURT, & RECORDERS COURT  
 PROBATION WARRANTS, AND OUT OF TOWNSTATE WARRANTS.

### REMARKS

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**CHATHAM COUNTY SHERIFF'S DEPARTMENT  
1050 CARL GRIFFIN DRIVE  
SAVANNAH, GEORGIA 31405**

Sender: The Professional Standards Unit  
(912) 652-7695

Name: \_\_\_\_\_  
Last First Middle Maiden

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Requester: \_\_\_\_\_ Purpose: **Pre-Employment Criminal History Check**

**DO NOT WRITE BELOW THIS LINE**

\*\*\*\*\*

The results of your local criminal history records check revealed:

- \_\_\_\_\_ No history/ record
- \_\_\_\_\_ Citations
- \_\_\_\_\_ Incidents
- \_\_\_\_\_ Warrants

Police report attached:  Yes  No

Is the applicant currently wanted for any violation?  Yes  No

Does the subject have a criminal record?  Yes  No If so, please list below:

Disposition and Court of Adjudication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Source/ Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Check completed by:

Name : \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

**Thank you for all your consideration and assistance in with this matter.**

Revised 3/13/2007

**CHATHAM COUNTY SHERIFF'S DEPARTMENT**  
**FAIR CREDIT REPORTING ACT AUTHORIZATION TO OBTAIN INFORMATION**

In undertaking this agreement, I understand that I have certain rights under the Fair Credit Reporting Act which include but are not limited to the following;

- You must be told information in your file has been used against you.
- You can find out what is in your file.
- You can dispute inaccurate information with the CRA.
- Inaccurate information must be corrected or deleted.
- You can dispute inaccurate items with the sources of information.
- Outdated information may not be reported.
- Your consent is required for reports that are provided to employers, or reports that contain medical information.
- You may seek damages from violators.

If you desire a more detailed explanation of your rights, you may request a copy of a summary of your rights under the Fair Credit Reporting Act on request and at no cost from the department legal office or from the Training Unit.

Being knowledgeable of my rights under the Fair Credit Reporting Act, I hereby authorize the Chatham County Sheriff's Department to order and obtain a Consumer Report to be used for employment consideration purposes.

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**Printed Full Name**

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**Date**

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**Signature**

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**Department Witness**



## **LAUTENBERG SCREENING FORM**

**NOTICE!** Congress enacted legislation that prohibits certain persons from owning, possessing, storing, or transporting firearms, ammunition or their component parts. For this reason, it is necessary to screen all employment candidates (and in some cases our current employees in “for cause” circumstances) to determine if they fall within the prohibited group of persons exempted by the Lautenberg Act (18 United States Code, Section 922) from possessing firearms and/or ammunition. The Lautenberg Act makes it a felony for any person in the prohibited group to own or possess firearms or ammunition. Also, Lautenberg makes it a felonious act for any person to provide firearms or ammunition to any person who falls within the prohibited group. Therefore it would be unlawful for the department to “arm” a person who falls within this category.

It is, or should be obvious, that law enforcement officers must be capable of carrying and being proficient with the use of firearms to be able to perform their routine duties in this state.

For these reasons, it is essential for the department to know all candidates and current employees are free from the Lautenberg prohibition. Therefore, it is necessary and imperative that you answer the following questions truthfully while under oath. Your written responses and signature must be witnessed by a representative of this department.

Candidates for employment may choose to refuse to complete this form but in so doing, they must understand that they will effectively withdraw their application for employment with this department. Candidates who choose not to complete this form and thereby wish to withdraw their application from consideration for employment should write “refused” on the form, sign it, and have it witnessed by a department representative. Current employees undergoing administrative inquiry may not refuse to complete the form under oath without subjecting themselves to disciplinary action which may include suspension, demotion, or termination. Current employees who have questions or desire more information on this subject, are encouraged to consult the Professional Standards Unit.

I (print full name, date of birth, social security number, and driver’s license number)  
\_\_\_\_\_ the undersigned in consideration of  
future or continued employment with the Chatham County Sheriff’s Department, voluntarily agree  
and consent to answer the following questions truthfully, while under oath.

Answer all below listed questions in the box to the right with YES or NO	YES	NO
Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year?		
Have you been convicted in a court of a felony, or any other crime for which the judge could have imprisoned you for more than one year?		
Are you a fugitive from justice?		
Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?		
Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you been committed to a mental institution?		
Have you been discharged from the Armed Forces under dishonorable conditions?		
Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner?		
Have you ever been convicted in any court of a misdemeanor crime of domestic violence?		
Have you ever renounced your United States citizenship?		
Are you an alien illegally in the United States?		
Are you a non-immigrant alien (traveling or visiting without a permanent residence, not permanent aliens?)		

\_\_\_\_\_  
Signature

This \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

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

## ADDITIONAL INFORMATION SHEET

APPLICANT: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

PRESENT STREET ADDRESS (No P.O. Boxes, County, City, State): \_\_\_\_\_

\_\_\_\_\_

How long at current address? \_\_\_\_\_

PLEASE LIST ALL CITIES LIVED OVER THE PAST 15 YEARS:

CITY	STATE	COUNTY	FROM (MM/YY) TO (MM/YY)

**ANY ARREST, CONVICTIONS, WARRANTS ISSUED (IE: GOOD BEHAVIOR, CHILD SUPPORT, WORTHLESS CHECKS, AND ANY TRAFFIC TICKETS)**

CHARGE	DATE	CITY	COUNTY	STATE (ABV.)	DISPOSITION

**CHATHAM COUNTY SHERIFF'S DEPARTMENT**  
**AGREEMENT OF CONFIDENTIALITY**

I, \_\_\_\_\_, by affixing my signature to this document below, do signify and agree to the following conditions as a member and employee of the Chatham County Sheriff's Department.

I agree to perform the duties of my position in a confidential manner, save for that information open to public disclosure as required by law, or as otherwise authorized by the Sheriff.

I further agree to only discuss the duties, functions, and incidents involving the Department with fellow members of the Department, and other public agencies, and always within the confines as stipulated within the Sheriff's Department Policy and Procedure Manual. I agree that the only exception to this agreement shall be with prior consent or permission of the Sheriff or Undersheriff. I agree not to possess, distribute, sell, deliver, duplicate, or carry from the confines of the Chatham County Sheriff's Department, any document, duplicate document, or other official record, or article which produces records of the Department, without the expressed permission or consent of the Sheriff or Undersheriff.

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**Signature of Department Member**

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**Date**

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**Witness**

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**Date**

**CRIMINAL JUSTICE RELEASE WAIVER FOR NEW APPLICANTS**

**CONSENT TO BACKGROUND INVESTIGATION, DRUG TESTING, PHYSICAL, AND PSYCHOLOGICAL TESTING**

TO: SHERIFF AL ST. LAWRENCE  
CHATHAM COUNTY SHERIFF'S COMPLEX  
1050 CARL GRIFFIN DRIVE  
SAVANNAH, GA 31405

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SSN

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DRIVERS LICENSE STATE AND NUMBER

\_\_\_\_\_  
PHYSICAL ADDRESS (No P.O. Boxes)

\_\_\_\_\_  
DOB

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
SEX                  RACE                  HGT                  WGT

Accept this instrument as my personal request and authorization to conduct a comprehensive personal background investigation, including pending charges of any description, a complete traffic history, criminal history (including first offender status, if applicable). Credit history report, medical records, full and complete disclosure of educational institutions, financial statements and records, wherever filed; Veterans administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency rating, complaints or grievance by or against me. Furthermore, I voluntarily, FULLY CONSENT TO UNDERGO PHYSICAL, PSYCHOLOGICAL, PSYCHOMETRIC, AND URINALYSIS DRUG SCREEN TESTING. I am fully aware, and consent that the information gathered in this screening process, be known to the officers and employees of Chatham County Sheriff's Department, as well as the officers and employees of the Chatham County Personnel Department and the Georgia Peace Officers Standards and Training Council. I am aware that such information is required for application for P.O.S.T. certification as a law enforcement officer, and employment with the Chatham County Sheriff's Department. 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. Therefore, I AGREE THAT THE INFORMATION ACQUIRED IN THIS INVESTIGATION BE USED FOR EMPLOYMENT, TERMINATION, OR DISCIPLINARY DETERMINATIONS, and that such information becomes a matter of public information and is accessible to the public under existing laws.

In consideration of making application for employment, and in complete understanding of the foregoing facts and possible results, I agree to hold to all elements of this release waiver, and further agree TO HOLD HARMLESS, SHERIFF AL ST LAWRENCE, AND ALL OTHER EMPLOYEES OF THE CHATHAM COUNTY SHERIFF'S DEPARTMENT, AND CHATHAM COUNTY, FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION, INCLUDING ACT OF OMISSION OR COMMISSION.

This declaration is made freely and voluntarily without fear of punishment or promise of reward, and with full and complete understanding of the terms and consequences of my action.

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

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. \_\_\_\_\_  
(Legal Signature)

Sworn in the presence of \_\_\_\_\_