CHATHAM COUNTY SHERIFF’S OFFICE

EMPLOYMENT APPLICATION

AND

BACKGROUND INVESTIGATION QUESTIONNAIRE

PHASE 1

NAME: __________________________

LAST                FIRST                MIDDLE

POSITION APPLIED FOR: ________________________ DATE: ________________________
POSITION: DEPUTY CORRECTIONS OFFICER
DEPARTMENT: Jail #999
SALARY: $33,841 Minimum
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 within 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 transcript or GED (no online high school diplomas); ability to complete Georgia Peace Officer Standards and Training Certification for Jail and Peace Officer. Valid driver’s license; must be at least 18 years of age to apply. Applicant must possess the physical ability to defend against inmate attack; ability to lift approximately 20 lbs.; ability to push loaded carts; ability to climb stairs. Vision requirement must be 20/20 or 20/40 corrected. There is a physical agility test that is required by candidates for the position. The agility test requires candidates to run 900 feet and to successfully drag a 160 pound dummy approx. 40 feet. This is a onetime entry level test.

Special Requirements:
Applicants may undergo physical psychological and 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. Applicants must be able to successfully complete First Aid and CPR certification as required. Applicants must submit copies of last seven (7) years driver’s history for all states candidates possessed a license, birth certificate, high school diploma or GED certificate, social security card, all applicable documentation of relevant training and DD214 long form if applicable, current marriage license , all divorce decrees and dispositions of any arrests with application to be eligible for testing. ANY INCOMPLETE APPLICATION WILL NOT BE CONSIDERED. APPLICANTS 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 require salary reimbursement for voluntary separation within two (2) years of completion of P.O.S.T. Basic Law Enforcement Training Academy.
INSTRUCTIONS AND INFORMATION

PLEASE READ CAREFULLY BEFORE BEGINNING

An investigation will be conducted by personnel in the Internal Affairs Unit of the Chatham County Sheriff's Office 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 immediately 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 includes first offenders (Georgia State Law 35-8-7.1). Do not leave any blanks on this application. If an item does not apply, write N/A.

I fully understand what I have read.

__________________________________________  ________________________________
Applicant Signature                              Date

Sworn and subscribed before me this ______ day of _________________, 20__.

______________________________________________
Notary Signature

Seal
1. The following situation **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) 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.
   d) An applicant under P.O.S.T. review cannot submit an application until cleared by P.O.S.T.

2. The following situations **MAY** prohibit an applicant from serving as a Law Enforcement Officer:
   a) Any plea of criminal action in any court
   b) A military Discharge other than Honorable
   c) Seven (7) or more points accumulated against drivers’ record at time of application
   d) Not a citizen of the United States of America

3. 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 of 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.

4. If you have any questions regarding this application, contact the Chatham County Sheriff’s Office Recruitment & Training Unit at (912) 652-7795.

5. The following is a checklist for your convenience. We urge you to use it. An incomplete application cannot be processed. Upon completion of the application, refer to this checklist to make sure no information has been omitted. **ITEMS NEEDED:**

   - ☐ Birth Certificate (copy with appropriate seal)

   - ☐ High School Transcript (original must be in a sealed envelope from educational entity)
   - or Certified GED results (original must be in a sealed envelope from educational entity)
   - *(All above documentation should include accrediting agency)*
   - **NOTE:** If the applicant is unable to obtain a certified High School Transcript, the applicant may submit a certified transcript from an accredited College or University (must be in a sealed envelope) along with a copy of the High School Diploma.

   - ☐ Social Security Card (Copy)

   - ☐ DD-214, Member 4 Long Form (if applicable), showing character of service (Copy)

   - ☐ Marriage License(s) and /or Divorce Decree(s) (Copy)

   - ☐ 7 Year Driving History (Original Certified Copy of the Driver’s History. Must be provided at your expense)

   - ☐ Valid Driver’s License (Copy)

   - ☐ Georgia P.O.S.T. Certification bearing your certification number, if applicable (Copy)

   - ☐ Final Court Disposition for all criminal offenses, if applicable (Original/Copy accepted)

   - ☐ Completed (signed, dated and notarized) application

   - ☐ Letter of Good Standing from former Department (only if previously employed as a Peace Officer for a department out of state)
PERSONAL INFORMATION

1. Name: _____________________ / ___________________ / ___________________ / ___________________
   Last    First    Middle    Maiden

2. Email address: ________________________________________________

3. Have you filed an application with the Chatham County Government before?  □ Yes  □ No
   If so, when and for what position(s): ________________________________________________

4. 15 Year Residential Address History:

   Current Address:
   Street Address  City  State  Zip
   Mailing Address:
   Street Address  City  State  Zip
   Length of residency at current address? ______________  Rent or own? __________________
   Landlord Name: ___________________________  Landlord Phone: _______________________

   List all previous address(s) if less than 15 years at current address:

   Street Address  City  State  Zip
   Length of residency at address? ______________  Rent or own? __________________
   Landlord Name: ___________________________  Landlord Phone: _______________________

   Street Address  City  State  Zip
   Length of residency at address? ______________  Rent or own? __________________
   Landlord Name: ___________________________  Landlord Phone: _______________________

   Street Address  City  State  Zip
   Length of residency at address? ______________  Rent or own? __________________
   Landlord Name: ___________________________  Landlord Phone: _______________________

   Street Address  City  State  Zip
   Length of residency at address? ______________  Rent or own? __________________
   Landlord Name: ___________________________  Landlord Phone: _______________________

   Continue listing former addresses on page 18 if necessary.
5. Are you a U.S. Citizen? □ Yes □ No If no, of what country are you a citizen? ________________

6. Have you ever legally changed your name? □ Yes □ No

   If yes, from ________________________________ to ________________________________
   Name Name

   What court ordered the name change? _____________________
   City County State

   List all names/aliases you have used:
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________

MILITARY SERVICE

7. ___________________________________________________________________________________
   Branch Job Description Dates Served

   Highest rank achieved: _____________________ Rank at date of separation: ________________

8. Type of discharge received: ________________________________ If other than honorable, explain below.

   ___________________________________________________________________________________

9. If member of Reserves or Guard, specify branch and unit: ________________________________

10. At any time during your service, did you receive any type of disciplinary action? □ Yes □ No

    Check all of the following charges/actions taken against you during your military service that apply.
    □ Court Martial □ AWOL □ Reduction in rank □ Article 15 □ Chaptered

    If chaptered, explain: __________________________________________________________________

11. Last Supervisor’s Rank/Name: ___________________________ Phone: _______________________
FORMAL EDUCATION

12. Did you graduate from high school? ☐ Yes ☐ No Highest grade completed: ______________________

13. Graduation date or date of last attendance: ______________________________________________________

14. Name of high school: ________________________________________________________________
   Located: ____________________________
   City: ____________________ County: ______________ State: ____________________
   Type of School: ☐ Public ☐ Private ☐ Home School

15. Do you have a GED certificate: ☐ Yes ☐ No If yes, complete name and location of issuing agency.
   Issuing Agency Name: ____________________________
   City: ____________________ County: ______________ State: ____________________

16. Colleges/Universities attended:

   Name: ____________________________ City/State: ____________________________ Course study: ____________________________

   Name: ____________________________ City/State: ____________________________ Course study: ____________________________

17. Check highest year completed: ☐ 1 ☐ 2 ☐ 3 ☐ 4
   Degree Received: ____________________________ Year degree was obtained: ___________

18. Check highest year of Graduate School completed: ☐ N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4
   Degree Received: ____________________________ Year degree was obtained: ___________

19. Describe any special skills or training that would be helpful to you if you were selected for a law enforcement position: ________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________

20. Do you fluently speak or write any foreign language? List languages below:
    ________________________________________________________________
    ________________________________________________________________

21. If you wear corrective lenses (glasses or contacts) and you lost them in an altercation with an inmate or suspect, could you still function safely? ☐ Yes ☐ No
22. List previous law enforcement employment starting with the most recent first:

| Name of Agency: | ________________________________________________________________ |
| Located in: |                              |
| City | County | State |
| Dates of employment: | ________________ to _________________ | Title: ________________ |
| Reason for leaving: | ________________________________________________________________ |

| Supervisor’s Name: | _________________________ | Phone: ______________________________ | May we contact this agency? | □ Yes | □ No |

| Name of Agency: | ________________________________________________________________ |
| Located in: |                              |
| City | County | State |
| Dates of employment: | ________________ to _________________ | Title: ________________ |
| Reason for leaving: | ________________________________________________________________ |

| Supervisor’s Name: | _________________________ | Phone: ______________________________ | May we contact this agency? | □ Yes | □ No |

| Name of Agency: | ________________________________________________________________ |
| Located in: |                              |
| City | County | State |
| Dates of employment: | ________________ to _________________ | Title: ________________ |
| Reason for leaving: | ________________________________________________________________ |

| Supervisor’s Name: | _________________________ | Phone: ______________________________ | May we contact this agency? | □ Yes | □ No |

Continue listing former law enforcement employment on the back of this page if necessary.
23. Are you currently a Peace Officer? □ Yes □ No

24. If yes, list certifications and corresponding certification numbers.

_________________________________________  _______________________________________

_________________________________________  _______________________________________

_________________________________________  _______________________________________

25. Certification date: ___________ Name of Police Academy: ______________________________
   (Note: Georgia Certified Peace Officers must submit a copy of P.O.S.T. Basic Certificate with application)

26. How many years of law enforcement experience do you have? ______________________________

27. Have you ever been the subject of an internal investigation? □ Yes □ No

   If yes, please explain in detail:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   Final disposition of investigation: ________________________________________________

28. Have you ever qualified with a weapon? □ Yes □ No

   If yes, list weapon types below.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Applicants previously employed as a Peace Officer for a department out of state are required to submit a Letter of Good Standing from the former employer with the application.
NON LAW ENFORCEMENT EMPLOYMENT HISTORY

29. Going back (10) ten years, list all previous employers with the most recent being first:

| Name of Employer: | ________________________________________________ |
| Location: | City County State |
| Dates of employment: | ____________ to ____________ Title: __________________ |
| Reason for leaving: | ________________________________________________ |
| Supervisor’s Name: | _________________________ Phone: ___________________________ |
| May we contact this employer? | □ Yes □ No |

Continue listing former employers on the back of this page if necessary.
## CRIMINAL RECORD

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Have you ever been charged, arrested or convicted of a felony offense?</td>
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<tr>
<td>31. Have you ever been charged, arrested or convicted of an offense related to firearms or explosives?</td>
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<tr>
<td>32. Are there currently any charges pending against you for any criminal offense?</td>
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<tr>
<td>33. Have you ever been charged, arrested or convicted of any offense related to drugs or alcohol?</td>
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<tr>
<td>34. Have you ever been charged, arrested or convicted of any type of offense (including traffic citations, warrants or misdemeanors)?</td>
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<tr>
<td>35. Have you ever been charged, arrested or convicted of an offense related to domestic violence?</td>
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<tr>
<td>36. Are you currently or have you ever been under investigation?</td>
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<tr>
<td>37. Are you currently on probation for any offense?</td>
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</tbody>
</table>

38. If you answered yes to any question (33-40), give explanation below: (continue on back of page if needed)

<table>
<thead>
<tr>
<th>Date of Offense</th>
<th>Offense</th>
<th>Law Enforcement Authority/Court</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Explanation:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

It is the responsibility of the applicant to provide a Final Court Disposition for all criminal offenses with the application.
DRIVING HISTORY

39. Can you operate a motor vehicle? □ Yes □ No

40. Do you possess a valid Georgia Driver’s License? □ Yes □ No

   Georgia License Number: _______________________________ Expiration: __________________

41. Have you ever possessed a license from another state? □ Yes □ No

   If yes, list below.
   State: _______ License Number: __________________________ Expiration: ______________
   State: _______ License Number: __________________________ Expiration: ______________

42. Has your license ever been suspended or revoked? □ Yes □ No

   If yes, give reason below.
   _______________________________________________________________________________________

   Was the license restored? □ Yes □ No

43. Have you ever been involved in a vehicle accident where you were found “at fault”? □ Yes □ No

   Explain each incident: ____________________________________________________________________
   ______________________________________________________________________________________

PERSONAL REFERENCES

44. List three personal references below (not related):

   Name: _______________________________ Contact Number: (____) ________________
   Address: _______________________________ Street Address __________________ City State Zip

   Name: _______________________________ Contact Number: (____) ________________
   Address: _______________________________ Street Address __________________ City State Zip

   Name: _______________________________ Contact Number: (____) ________________
   Address: _______________________________ Street Address __________________ City State Zip
45. Are you related to any Chatham County employee? □ Yes □ No If yes, please list below:

<table>
<thead>
<tr>
<th>NAME</th>
<th>DEPARTMENT</th>
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<tbody>
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</table>

46. List any friends/acquaintances employed by the Chatham County Sheriff’s Office:

______________________________________  ______________________________________
______________________________________  ______________________________________
______________________________________  ______________________________________

47. Have you ever been terminated or resigned in lieu of termination for breach of trust, embezzlement, theft, or any other crime? □ Yes □ No

48. Have you ever been terminated or resigned in lieu of termination for abuse of authority or for any disciplinary reasons? □ Yes □ No

49. How did you hear about the job? Circle any that apply.
   a. Job Fair
   b. County or Sheriff’s Office Website
   c. Advertisement
   d. Employee
   e. Other: _________________________
CHATHAM COUNTY SHERIFF’S OFFICE
EMPLOYEE DATA SHEET

Name: ___________________________ Position: ___________________________

Last        First        Middle

Sex: __________ Race: ___________ DOB: ___________ Age: ___________

SS#: ___________________________ Marital Status (Check one): [ ] Single [ ] Married [ ] Divorced

Current Home Address: ________________________________________________

Street Address                     City                State                Zip

Mailing Address: ________________________________________________

Street Address                     City                State                Zip

Home Telephone: _________________________ Cell Phone: _________________________

Spouse’s Name: ____________________________

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: ___________________________ Phone: ___________________________ Alternate Phone: ___________________________

DO NOT WRITE BELOW THIS LINE

Internal Affairs Unit conducted a criminal history check: [ ] Yes [ ] No

NCIC/GCIC: ___________________________ SCMPD: ___________________________

Other Agency: ___________________________ Date Conducted: ___________________________

Other Agency: ___________________________ Date Conducted: ___________________________

Equifax Conducted: [ ] Yes [ ] No Date Conducted: ___________________________

Polygraph Conducted: [ ] Yes [ ] No Date Conducted: ___________________________

Investigator
Name (print): ___________________________ Signature: ___________________________

<table>
<thead>
<tr>
<th>Reviewer Signature</th>
<th>Review Date</th>
<th>Eligibility Status</th>
<th>Reason Not Eligible</th>
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<tbody>
<tr>
<td>Chief Deputy:</td>
<td></td>
<td>[ ] Yes [ ] No</td>
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<tr>
<td>Corrections Reviewer (Lt. Col. or above):</td>
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<td>[ ] Yes [ ] No</td>
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<tr>
<td>Enforcement Reviewer (Lt. Col. or above):</td>
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<td>[ ] Yes [ ] No</td>
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</tbody>
</table>
CRIMINAL HISTORY/BACKGROUND SUMMARY

Full Name:__________________________________________________________________________________

Last                                                      First  Middle                                                      Maiden

DOB: _______________________________________________ Birth:____________________________________

City          County             State

GA Driver’s License#: ___________________________ Out of State License #: __________________________ State: ___

SSN: ________-_______-_________       Sex: ___ Race: _____ Height: _______ Weight: _______

Address: _________________________________________________________________________________

Street Address          Apartment Number

City          State             Zip

_________________________  DO NOT WRITE BELOW THIS LINE _______________________________

Requestor:_________________________

Position:_________________________

Purpose:_________________________

CRIMINAL HISTORY CHECK

Record_________    SID#________________________

No Record_________    FBI#________________________

DRIVER HISTORY

History_________    See attached

No History_________    _________

Subject License Suspended_________    See attached

Subject License Expired _________    See attached

□ Valid License

PHOENIX

Warrants/Occurrences _________    DIN-________________________

Arrests/Bookings________________

NOTE: Phoenix includes Magistrate Court, Superior Court, State Court, Recorders Court, Probation Warrants and out of Town/State Warrants.

REMARKS: ________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Name:________________________________________________  Position:___________________

DOB: ____________________________   Sex:__________  Race:__________ SS#____________________

Requester:_____________________________  Purpose: Pre-Employment Criminal History Check

The results of your local criminal history records check revealed:

_______ No history record
_______ Citations
_______ Incidents
_______ Warrants

Police report attached: □ Yes  □ No

Is the applicant wanted for any violation? □ Yes  □ No

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

Disposition and Court of Adjudication:__________________________________________________________
______________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Source/Agency Name:_______________________________________________________________________
Address:__________________________________________________________________________________

Check completed by: ____________________  ____________________  ____________________
(Print Name) (Title) (Date)

Thank you for your consideration and assistance with this matter.
CHATHAM COUNTY SHERIFF’S OFFICE
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 stemming from violations.

If you desire a more detail 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 Office to order and obtain a Consumer Report to be used for employment consideration purposes.

___________________________________________  ________________________
Applicant Signature  Date

___________________________________________
Print Full Name

___________________________________________  ________________________
Witness Signature  Date

___________________________________________
Print Full Name
ADDITIONAL INFORMATION SHEET

NAME: ____________________________________  SSN: ___________ - ________ - ________

CURRENT STREET ADDRESS: __________________________________________________________

CITY: __________________________  COUNTY: __________________________  STATE: __________

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? ____________________________

LIST **ALL** CITIES OF RESIDENCE OVER THE **PAST 15 YEARS**:  

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>COUNTY</th>
<th>FROM (MM/YY) TO (MM/YY)</th>
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LIST ANY ARREST, CONVICTIONS, WARRANTS ISSUED (i.e. Good Behavior, Child Support, Worthless Checks and any Traffic Citations):

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>DATE</th>
<th>CITY</th>
<th>COUNTY</th>
<th>STATE</th>
<th>DISPOSITION</th>
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CRIMINAL JUSTICE RELEASE WAIVER FOR NEW APPLICANTS
CONSENT TO BACKGROUND INVESTIGATION, DRUG TESTING, PHYSICAL AND
PSYCHOLOGICAL TESTING

TO: SHERIFF JOHN T. WILCHER
CHATHAM COUNTY SHERIFF’S OFFICE
1050 CARL GRIFFIN DRIVE
SAVANNAH, GEORGIA 31405

<table>
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<tr>
<th>NAME</th>
<th>SSN</th>
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<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>DRIVERS LICENSE STATE AND NUMBER</td>
</tr>
<tr>
<td>CITY/STATE/ZIP</td>
<td>DOB</td>
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<td>SEX</td>
<td>RACE</td>
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<td></td>
<td>HEIGHT (feet/inches)</td>
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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 Veteran’s Administration records, employment and pre-employment records, background reports, polygraph examinations or reports, efficiency ratings, and complaints or grievances 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 the Chatham County Sheriff’s Office 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 P.O.S.T. certification as a law enforcement officer and employment with the Chatham County Sheriff’s Office. 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 all elements of this release waiver and further agree TO HOLD HARMLESS, SHERIFF JOHN T. WILCHER AND ALL OTHER EMPLOYEES OF THE CHATHAM COUNTY SHERIFF’S OFFICE AND CHATHAM COUNTY FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION INCLUDING AN 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 actions.

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

I give my consent to the Chatham County Sheriff’s Office to perform periodic criminal history background checks for the duration of my employment with this agent.

__________________________________
(Legal Signature)

Sworn and subscribed before me this _________ day of _____________________, 20_________.

________________________________________
(Notary Public)