

NAME: _____
LAST FIRST MIDDLE



CHATHAM COUNTY SHERIFF'S OFFICE

SHERIFF'S CITIZENS ACADEMY APPLICATION / BACKGROUND WAIVER

AND

BACKGROUND INVESTIGATION QUESTIONNAIRE

REVIEW OF APPLICATION INTERNAL AFFAIRS UNIT



I, _____ reviewed my application for Sheriff's Citizens Academy (SCA) with the Chatham County Sheriff's Office/Chatham County with _____ on (date)_____. 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 office.

Signature of Applicant

Date

Signature of Investigator

Date

Signature of Notary

Date



CHATHAM COUNTY SHERIFF'S OFFICE

APPLICANT DATA SHEET



Name: _____ Date: _____
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 _____ S.C.M.P.D. _____

Other Agency: _____ Date Conducted: _____

Other Agency: _____ Date Conducted: _____

Equifax Conducted: ___ Yes ___ No _____ Date Conducted: _____

Polygraph Conducted: ___ Yes ___ No _____ Date Conducted: _____

Signature of Investigator: _____

The above named person has been reviewed by myself and is (check one):

eligible not eligible _____
Commander/Jail Administrator Date

eligible not eligible _____
Chief Deputy Date

eligible not eligible _____
Sheriff Date

CRIMINAL HISTORY/BACKGROUND SUMMARY

Full Name: _____
Last First Middle Maiden

DOB: _____ GA License #: _____

Out of State License #: _____ State: _____

SSN: _____ - _____ - _____ Sex: _____ Race: _____

Address: _____
Street Address Apartment Number

City State Zip

DO NOT WRITE BELOW THIS LINE

Requestor: _____

Position: _____

Purpose: _____

CRIMINAL HISTORY CHECK

Record _____ SID# _____
No Record _____

DRIVER HISTORY

History _____ See attached
No History _____

Georgia
 Out of State

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: _____



CHATHAM COUNTY SHERIFF'S OFFICE

1050 CARL GRIFFIN DRIVE
SAVANNAH, GEORGIA 31405



**SENDER: INTERNAL AFFAIRS UNIT
(912) 652-7694**

Name: _____ Position: _____
Last First Middle

DOB: _____ Sex: _____ Race: _____ SS# _____

DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY LAW ENFORCEMENT AGENCY ONLY

Requestor: _____ 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/AgencyName: _____

Address: _____

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

Thank you for your consideration and assistance with this matter.



CHATHAM COUNTY SHERIFF'S OFFICE

AGREEMENT OF CONFIDENTIALITY



I, _____, by affixing my signature to this document below, do signify and agree to the following conditions as a member and SCA participant of the Chatham County Sheriff's Office.

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 Chatham County Sheriff's Office and other public agencies and always within the confines stipulated within the Chatham County Sheriff's Office Policy and Procedure Manual. I agree that the only exception to this agreement shall be with prior consent or permission of the Sheriff or Chief Deputy. I agree not to possess, distribute, sell, deliver, duplicate or carry from the confines of the Chatham County Sheriff's Office any document, duplicate document or other official record or article which produces records of the Chatham County Sheriff's Office without the expressed permission or consent of the Sheriff or Chief Deputy.

Signature

Date

Witness

Date

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

_____		_____	
NAME		SSN	
_____		_____	
STREET ADDRESS		DRIVERS LICENSE STATE AND NUMBER	
_____		_____	
CITY/STATE/ZIP		DOB	
_____		_____	
SEX	RACE	HEIGHT (feet/inches)	WEIGHT

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 URINALYSYS 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 to 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.

(Legal Signature)

Sworn and subscribed before me this _____ day of _____, 20_____.

(Notary Public)