



Floyd County Police Department Application

THIS PACKET MUST BE COMPLETE AND RETURNED WITH ALL REQUIRED ATTACHEMENTS.

Employment of Relatives Restricted (Nepotism Policy)

To prevent preferential or discriminatory treatment in the workplace based upon family or dating relationships, the following policy shall apply to all positions under the Civil Service System and employees of Floyd County, Georgia:

1. No person who is a "family member" of the County Manager shall be eligible for employment with the County.
2. No employee of the County shall be allowed to work under the immediate supervision or in the direct line of authority of a "family member" or someone with whom he or she is having a "dating relationship."
3. The term "immediate supervision" includes the responsibility and accountability for assigning work, evaluating performance, hiring, disciplining, or training.
4. The term "direct line of authority" includes an employee's immediate supervisor and each direct level of supervision all the way up to the top supervisory employee.
5. The term "family member" includes: spouse, parent, brother, sister, step-parent, child, step-child, grandparent, grandchild, or the same by relation of the employees' marriage.

IMPORTANT
PLEASE READ

Upon completion of this packet, attach the following:

1. High School Diploma or State General Education (G.E.D.)
2. Certified copy of your Birth Certificate or proof of birth. In place of a birth certificate, a copy of a valid *Georgia Driver's License*, and one or more of the following documents will be accepted.
 - a. Baptismal records
 - b. Draft Card
 - c. Court Records
 - d. Passport
 - e. Citizenship papers
 - f. Armed Forces discharge paper (DD214)
 - g. Certified copy of school records

This identification must show the Full Name and Date of Birth of the applicant. In order to establish the place of birth, an applicant must also submit a signed, notarized statement indicating that he/she is a United States Citizen in documents other than a birth certificate are furnished. Included in this statement must be the place, date, and country of birth. If the applicant is a naturalized citizen, a certified copy of the naturalization papers is to be sent with this statement.

3. A copy of your military discharge form DD-214 that shows the type of discharge, if applicable.
4. A Driver's History for the past seven (7) years (obtained from your local Georgia State Patrol headquarters. The Georgia State Patrol Drivers License Division will impose a \$7.00 for each personal request).
5. It is important that each applicant fill in all applicable questions. **All the forms and documents requested must be provided at the time of application.** Legible copies are acceptable. Copies may be made at your local library.

If you have any questions, contact Floyd County Human Resources
706-291-5156

8:00 a.m. – 5:00 p.m. Monday-Friday

All information must be returned to Floyd County Human Resources Department
3 Government Plaza, Suite 130, Rome, GA 30162

FLOYD COUNTY

POST OFFICE BOX 946
ROME, GEORGIA 30161

—EMPLOYEE APPLICATION—

Position(s) Applied For:

1. A. _____ B. _____ C. _____
FULL TIME PART TIME TEMP.

2. _____ 3. _____
LAST NAME FIRST MIDDLE SOCIAL SECURITY NUMBER

4. _____ 5. _____
ADDRESS - NUMBER AND STREET HOME PHONE NUMBER

_____ 6. _____
CITY STATE ZIP CODE BUSINESS PHONE NUMBER

7. When would you be available for employment? _____

8. What is the minimum salary you will accept? _____ per _____

9. Have you been employed previously by Floyd County? Yes No

10. Have you ever filled out an application here before? Yes No

11. Since your 17th birthday, have you been convicted of any violation of the law other than minor traffic violations?
 Yes No (A conviction will not necessarily exempt you from consideration for employment.)
 Explain any items to which you answered "yes" in this space.

12. Have you ever been a member of the armed services? Yes No
 Type of discharge _____

13. Do you hold a current Georgia Driver's License? Yes No Type _____
 Driver's License Number _____ State _____ Expiration Date _____

14. Do you have any relatives employed by Floyd County? Yes No
 If yes, give names and department _____

EDUCATION

15. Are you a high school graduate or do you hold a GED Certificate: Yes No
 If yes, name school _____ Date of Graduation _____

Date of GED _____

COMPLETE ONLY IF YOU HAVE ATTENDED TRADE SCHOOL AND/OR COLLEGE

16.	SCHOOL NAME and ADDRESS	HOURS CREDIT	MAJOR	MINOR	DEGREE	GRAD.DATE
Business/Trade School						
College						
College						
Graduate School						

17. Do you hold a current Professional License (i.e. Physician, Teaching, Electrical, etc.)? Yes No
 If yes, Profession _____ License Number _____

EMPLOYMENT HISTORY

Use additional sheets if necessary. List most recent jobs first.

Employed: From _____ To _____ Total Years _____ Months _____

Starting Salary _____ per _____ Final Salary _____ per _____ Emp. Phone _____

Employer _____ Address _____

Kind of Business _____ Your Position _____

Specific Duties _____

Reasons for Leaving _____

Employed: From _____ To _____ Total Years _____ Months _____

Starting Salary _____ per _____ Final Salary _____ per _____ Emp. Phone _____

Employer _____ Address _____

Kind of Business _____ Your Position _____

Specific Duties _____

Reasons for Leaving _____

Employed: From _____ To _____ Total Years _____ Months _____

Starting Salary _____ per _____ Final Salary _____ per _____ Emp. Phone _____

Employer _____ Address _____

Kind of Business _____ Your Position _____

Specific Duties _____

Reasons for Leaving _____

References (not relatives):

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I hereby certify that all statements made on this form are true to the best of my knowledge. I fully realize that should an investigation disclose any misrepresentation, I will be subject to immediate dismissal.

Date _____ Signature _____



SUBSTANCE ABUSE COVERAGE FORM

I understand the following provisions pertaining to Floyd County's Substance Abuse Policies:

- A. The use, possession, sale or distribution of alcohol, drugs or controlled substances in the workplace is strictly prohibited. For purposes of this policy, "drugs" or "controlled substances" include legal and illegal (street) drugs taken for non-medical reasons. It does not include prescription medication taken in accordance with a physician's instructions. The presence of such substances in my system during work hours places unacceptable risk and burden on the safe and efficient operation of my job, and consequently, is strictly forbidden.
- B. As a condition of employment, I must pass a drug test, and as an employee will be subject to further types of testing including: random, post-accident, reasonable suspicion, return to duty, and follow-up. Whenever I am instructed by my supervisor, my department head, or a representative from the Human Resources Department to take a drug or alcohol test, I will be required to report to the designated testing facility within TWO (2) HOURS of the time I am instructed to go.
- C. If arrested and/or convicted for off-the-job drug and alcohol activities, including driving under the influence, the County may take action against me, taking into consideration among other things, the nature of the charge, job assignment and record with the County.
- D. My cooperation with, and adherence to, Floyd County policies and procedures regarding substance abuse are conditions of my continued employment. If I violate, or am insubordinate by refusing to cooperate with any of these policies and procedures, I am subject to discipline, up to and including discharge.
- E. Refusal to undergo drug and alcohol tests following a work-related injury may affect or reduce my workers' compensation benefits under O. C. G. A. Sec. 34-9-17.

PRINTED NAME:	DATE:
SIGNATURE:	SOCIAL SECURITY #: _____ - _____ - _____

INSTRUCTIONS FOR COMPLETING BACKGROUND PACKET

TO: Potential Police Officer Applicant/Candidate

FROM: Capt. Greg Dobbins, Floyd County Police Department

Subject: Forms to be completed to conduct background investigation/hiring process

You must complete the following forms and return them to the Floyd County Police Department. These forms must be filled out completely, in detail with full explanation when necessary, **truthfully** and **honestly**. Failure to complete these forms truthfully and honestly and in detail could result in you being removed from the hiring process. If you have any questions, please contact Capt. Greg Dobbins at 706/235-7766 or 706/314-0918.

Please complete the following forms:

Form: B Police Department background investigation form
Form: C Questions to all candidates
Form: D Present or previous place(s) of employment....**Please complete a separate form for each job you've ever held**
Form: F Driver and criminal history release form
Form: G Release & Hold Harmless Agreement
Form: P Polygraph Questionnaire

Also include a copy of your driver's license, social security card, birth certificate, high school diploma or GED, and if you have been in the military, a copy of your DD214.

If you have any questions, please contact Capt. Greg Dobbins

Floyd County Police Department

Background Investigation

Applicant Questionnaire

- Applicant Name: _____
- Applicant Date of Birth: _____
- Applicant Social Security Number: _____
- Applicant Daytime Phone Number: _____
- Applicant Cell Phone Number/Pager Number: _____
- Applicant E-mail Address: _____

9. Present Home Address (Not a post office box number)

10. Length at Present address _____

11. Home phone _____ Business Phone _____ Cell _____

12. Chronologically List All Previous Places of Residence for the Last Ten (10) Years.

<u>From</u>	<u>To</u>	<u>Address</u>	<u>City</u>	<u>State</u>
<u>MO/YR</u>	<u>MO YR</u>			

A.

B.

C.

D.

E.

F.

G.

H.

I.

J.

13. Have you ever used narcotic drugs, barbiturates, amphetamines, marijuana, or any hallucinogenic drugs, cocaine, crack, methamphetamines, etc?

Yes _____ No _____

14. Have you ever served in any capacity as a police officer?

Yes _____ No _____

If Yes, indicate the following:

When, Where, Duties: _____

15. Are you a certified Peace Officer?

Yes _____ No _____

If Yes, indicate the following:

Certification number _____ and State _____

Date Certification was obtained _____

Other State Certification (s) and Number _____

Date Certification was obtained _____

16. Education Background

List all schools and colleges you have attended:

<u>From/To</u>	<u>School</u>	<u>Location</u>	<u>Graduated date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Personal References: (please let them know you are listing them as a reference)

A. _____
Name Address Telephone number (s)

B. _____
Name Address Telephone number (s)

C. _____
Name Address Telephone number (s)

O.C.G.A.s 16-10-20

A person who knowingly and willfully falsifies, conceals, covers up by any trick, scheme or device material fact: makes a false, fictitious or representation, or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one or more than five years, or both.

I affirm that this background contains no misrepresentation or falsifications, omissions, or concealment of material fact, and the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me in the investigation are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and may be dismissed.

Print and Sign your name

Date

State of Georgia
City and County of _____

Sworn to before me this _____ Day of _____, 20_____

Notary Public / Seal

Date

Please provide an e-mail address where we can contact you:

Investigator's comments: _____

Investigator's signature

Date

Questions to all Candidates

Date: _____

These questions must be completed by the candidate.

Name: _____
Full legal name

List all other names you have ever gone by and the dates:

You must list all the name (s) you have gone by. Failure to list all the name (s) you have gone by will result in the removal of your name from the hiring list or subject to termination. If you have any questions please ask!

You must answer these questions truthfully and honestly. If you are deceptive about any of these questions, you will not be considered for employment or if it is determined at a later date that you lied, then you could be terminated. Each answer must be answered in detail! If you have any questions concerning any questions, please ask. Now is the time to ask questions. Not later. It may be too late. If you need extra paper, please attach.

1. Have you ever experimented with marijuana?
2. Have you ever experimented with cocaine?
3. Have you ever experimented with crank or methamphetamine?
4. When is the last time you possessed or experimented with any illegal drug?
5. Have you ever sold any controlled substance: cocaine, crack, marijuana, xanax, crank, crystal methamphetamine, LSD, etc.?
6. Have you ever been arrested for D.U.I.? When? Where?
7. Do you have a valid driver's license? What state?

8. Do you understand that you will be required to attend and successfully complete "Mandate Training" which is presently ten (10) weeks?
9. Do you understand that you may be required to work first shift, second shift, or third shift? You will have to work holidays and weekends. Attend court on your off days.
10. Have you ever been certified as a Peace Officer in any State?
11. Have you ever been accepted to any mandate training course relating to law enforcement and then withdrew or removed?
12. Have you ever stolen anything? Explain in detail.
13. Have you committed a murder, rape, robbery, burglary, forgery, drug possession, theft, etc or have you been a suspect in any of the above crimes? Explain in detail.
14. Have you ever committed a heinous crime? Explain in detail.
15. Have you ever been arrested? Explain in detail.
16. Have you ever received any traffic tickets? Explain in detail. List all tickets.
17. Has your Peace Officer's certification ever been suspended?
18. Have you ever been under investigation by Peace Officer Standards and Training Council (P.O.S.T.C.) in Georgia or any other State? Explain in detail.
19. Are you presently being sued or have you ever been sued, or do you know of a potential law suit involving the "use of force", "vehicle pursuit (s)", "use of a firearm", or false arrest? Explain in detail.
20. Have you ever been complained on for using excessive force? Explain in detail.

21. Would you be willing to obtain a credit report from the credit bureau and release it to the Floyd County Police Department?
22. Are you delinquent on any student loans or child support? If yes, please explain in detail.
23. Please print your full name (s). This must include all of the names you have ever gone by. Explain any name change in detail.
24. Have you ever been investigated for family violence, domestic type incident? Examples: assault of any type towards a family member, girlfriend or boyfriend or spouse. Destruction or damaging property of a family member, girlfriend or boyfriend, or spouse. Please explain in detail.
25. Have you ever been charged with an incident relating to the family violence act? If you do not understand what this means, ask! Please complete this section in very detailed information.

If you need any extra paper to write on please attach it.

26. Have you ever been a certified peace officer? If yes, what is your peace officer's certification number? If yes, are you in good standing with Peace Officers Standard and Training Council? Explain in detail.
27. Are you up to date on your mandatory training hours? Explain. This includes all years in law enforcement.

Have you ever been placed on probation by P.O.S.T.C. (Peace Officer Standards and Training Council?) of any State?
28. List all law enforcement agencies or companies you have worked for that you have completed the paper work for them to do a background investigation on you. List name and address.
29. List any law enforcement agency that has completed a background investigation on you.

29. List any agency (Law Enforcement or otherwise) that as completed a complaint investigation on you. This includes citizens, supervisors, co-workers, department/agencies, etc.

Do you have any pending complaints and investigations being conducted by any agency or Peace Officer Standards and Training Council. If so, please explain in detail.

30. Would you take a polygraph test relating to these questions or any part of your background investigation administered by the Floyd County Police Department? This includes the information you put on your previous employment records.

31. Did you lie about any of these questions on this questionnaire form?

32. Do you have any visible tattoos on your arms, hands, neck, etc? Please explain in detail.

Full name: Please print full name legibly

Social Security Number

Sign your full name

Date

Witness

Present or past place of employment

FORM D

*****Please make sure to complete a separate FORM D for each job you've ever held.*****

Full name at the time of employment at this location: _____

Social Security Number

This form must be filled out completely, accurately, truthfully, and honestly. Failure to be honest and truthful and to include all the facts could result in you not being considered for employment with this agency. If you have any questions please ask. This is the time to ask questions if there are any. Also, failure to fill out this questionnaire properly could result in you being terminated if you are hired.

Present or previous employer, name of company: _____

Address: _____ Telephone number: _____

Dates employed: _____ Name of supervisor: _____

1. How many times have you been late for work?
2. How many days have you been out sick or otherwise?
3. Have you ever committed a crime while at this company or agency?
4. Have you ever been accused of a theft or damage to property?
5. Have you ever had an argument with any fellow workers, supervisors, or customers? Explain in detail.
6. Have you ever been counseled, reprimanded, suspended, or asked to resign or terminated? Explain in detail.
7. Have you ever been accused of illegal possession, use, or sell of any drugs while on this job?

8. Have you ever been accused of drinking any alcoholic beverages on the job?
9. Did you work a notice? Explain.
10. Did you voluntarily resign? Explain.
11. Would this employer give you a favorable recommendation for this job?
12. Would you be considered for re-hire?
13. Have you ever had a run-in with a co-worker, supervisor, client, customer, patient at this job? Explain in detail.
14. Have you ever been (to your knowledge) investigated by an internal affairs unit or law enforcement agency for any wrong doing ? Explain.
15. Have you ever been investigated for the use of excessive force? Have you been you been involved in a fight while at this job? Explain fully.
16. To your knowledge have you ever been investigated by department of corrections, any law enforcement agency, Peace Officer Standards and Training Council, or similar agency?

Full name: Please print legibly

Signature

Date



POLICE DEPARTMENT

FIVE GOVERNMENT PLAZA, SUITE 200 • POST OFFICE BOX 946 • ROME, GEORGIA
30161-2802

PHONE: 706.235.7766 • FAX: 706.291.5224 • www.floydcountyga.org

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Floyd County Police Department, whether such records are of a public, private or confidential nature.

The intent of this authorization is to give my ongoing consent for full disclosure of all my records of my driver's history, criminal history, educational background, military personal records, records of military service, records of financial or credit institutions (including record of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local state, and federal criminal justice agencies.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be used in determining my suitability and continuing suitability for employment. I authorize the disclosure of the aforementioned personal information to 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 incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as the original form, even though the photocopy does contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

Full Name Printed

Signature

Street Address

Date

City/State/Zip

Sex

Race

Social Security Number

Date of Birth

BOARD OF COMMISSIONERS
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ADMINISTRATION
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MAJOR TOM EWING, PATROL DIVISION CMDR.
MAJOR JEFF JONES, INVESTIGATIONS DIVISION CMDR.
CAPTAIN GREG DOBBINS, Administrative Aide

(Form 2 APPLICANT RELEASE AND HOLD HARMLESS AGREEMENT)

I, _____, hereby acknowledge that I am a Peace Officer applicant, or a candidate for appointment or certification to a position as a Peace Officer in the State of Georgia, or for attendance at a basic training course requires for such appointment and certification.

1. I hereby request that my former employers release to any law enforcement agency requesting employment related information as defined in O.C.G.A. §35-8-8(C)(1) the following:

All written information contained in a prior employer's records or personnel file that relates to an applicant's, candidate's, or peace officer's performance or behavior while employed by such prior employer, including performance evaluations, record of disciplinary actions, and eligibility for rehire. Such terms shall include information prohibited from disclosure by federal law or any document not in the possession of the employer at the time a request for such information is received.

2. In consideration of your providing such information to my prospective Law Enforcement employer, I hereby forever release and agree to hold harmless and to defend from all liability for any claims, causes of action or suits or charges by every former employer who provides such complete and accurate information about my employment to the requesting law enforcement agency in accord with O.C.G.A. §35-8-8(c)(2).

3. I understand that O.C.G.A. §35-8-8(c)(5) provides as follows:

Before taking final action on an application for employment based, in whole or in part, on any unfavorable employment related information received from a previous employer, a law enforcement agency shall inform the applicant, candidate, or peace officer that it has received such employment related information, and that the applicant, candidate, or peace officer may inspect and respond in writing to such information. Upon the applicant's, candidate, or peace officer's request, the law enforcement agency shall allow him or her to inspect the employment related information and to submit a written response to such information. The request for inspection shall be made within five business days from the date that the applicant, candidate, or peace officer is notified of the law enforcement agency's receipt of such employment related information. The inspection shall occur not later than ten business days after said notification. Any response to the employment related information shall be made by the applicant, candidate, or peace officer not later than three business days after his or her inspection.

Applicant Signature

(Print Name)

Sworn to Before Me this _____ day of _____ 20 _____

Notary Public

Signature of Notary

My commission expires: _____



POLICE DEPARTMENT

FIVE GOVERNMENT PLAZA, SUITE 200 • POST OFFICE BOX 946 • ROME, GEORGIA
30161-2802

PHONE: 706.235.7766 • FAX: 706.291.5224 • www.floydcountyga.org

LAW ENFORCEMENT PRE-EMPLOYMENT

POLYGRAPH QUESTIONNAIRE

I, _____, am an applicant for the _____

Department. I authorize the Floyd County Police Department to conduct a Polygraph Examination on myself for the purpose of pre-employment screening for the aforementioned Law Enforcement Agency.

Applicant (Print and Sign Name)

Date

Instructions:

Read each question on this questionnaire carefully. Answer "Yes" or "No" in the blank provided beside each question. If you answer any question with "Yes" please provide the last date that you participated in this activity. The Polygraph Examiner will review this questionnaire with you prior to the Polygraph Exam.

***REMEMBER: You must answer these questions completely and honestly!**

BOARD OF COMMISSIONERS

LARRY MAXEY, *CHAIRMAN*
GARRY FRICKS
IRWIN BAGWELL
SCOTTY HANCOCK
RHONDA WALLACE

ADMINISTRATION

BILL SHIFLETT, *CHIEF OF POLICE*
MARK WALLACE, *ASSISTANT CHIEF*
MAJOR TOM EWING, *PATROL DIVISION CMDR.*
MAJOR JEFF JONES, *INVESTIGATIONS DIVISION CMDR.*
CAPTAIN GREG DOBBINS, *Administrative Aide*

Have you ever committed or participated in any of the following criminal behavior. This includes whether or not you were arrested and charged:

Murder _____

Manslaughter _____

Simple Assault/Aggravated Assault _____

Simple Battery/Aggravated Battery _____

Kidnapping _____

Rape/Sexual Assault/Sexual Battery _____

Sexual Harassment _____

Statutory Rape _____

Child Molestation _____

Aggravated Sodomy _____

Prostitution/Soliciting Prostitution _____

Public Indecency/Exposure _____

Child Pornography _____

Burglary/Breaking and Entering _____

Robbery/Armed Robbery _____

Criminal Damage to Property _____

Vandalism _____

Arson _____

Making Bombs/Explosives _____

Making Bomb Threats

Terrorism

Terroristic Threats and Acts

Forgery

Credit Card Theft/Fraud/Forgery

ATM Card Theft/Fraud/Forgery

Offering a Bribe/Soliciting a Bribe

Perjury/Lying under Oath

False Report of a Crime

Possession of an Illegal Weapon

(Sawed-Off Shotgun or Rifle, Automatic Weapon, Machine Gun, Silencer, Bomb, Grenade, Dynamite, Explosives, Switchblade Knife, etc.)

Obstruction of an Officer

Impersonating a Police Officer

Possession of Stolen Property

Driving Under the Influence

Leaving the Scene of an Accident

Fleeing or Attempting to Elude Police

Suspended or Revoked License

Embezzlement

Counterfeiting

Welfare Fraud

Insurance Fraud

Workers Compensation Fraud

Unemployment Insurance Fraud

Tax Fraud

Mail Fraud

Destroying or Altering Serial Numbers

Enticing a Minor for Indecent Purpose

Income Tax Evasion

Computer Crimes

Domestic Violence/Family Violence



HUMAN RESOURCES DEPARTMENT

TWELVE EAST 4TH AVENUE, SUITE 102 • POST OFFICE BOX 946 • ROME, GEORGIA 30162
PHONE: 706.291.5156 • FAX: 706.233.0014 • www.floydcountyga.org

I hereby authorize the Floyd County Police Department to release any and all criminal history record information pertaining to me, which may be in the files of any local and/or state criminal justice agency. I do hereby release the Floyd County Police Department and all personnel from any damages because of/ or resulting from furnishing such information.

Please indicate below if this Criminal History check is for employment in any of the following areas:

- Public/Private School, Day Care, Child Welfare, any type child care;
- Mentally ill, and/or mentally retarded;
- Nursing Home, Personal care home, or other type elderly care;
- Criminal Justice Employment; or
- General Employment.

Please Print:

Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

City: _____ State: _____ Place of Birth: _____

Sex: Male Female

Race: _____

Signature _____ Date _____

Notary Public _____

My commission expires: _____

For Official Use Only:
Do Not Write in This Space

_____ No Record Found
(No Printout Attached)
_____ See Attached Record

Agency Signature _____

Date _____

BOARD OF COMMISSIONERS
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SCOTTY HANCOCK

ADMINISTRATION
LARRY JOHNSON, DIRECTOR