



## DAWSON COUNTY SHERIFF'S OFFICE

19 Tucker Avenue  
Dawsonville, Georgia 30534  
Office (706) 344-3535 ~ Fax (706) 344-3537



### BACKGROUND INVESTIGATION QUESTIONNAIRE OFFICE OF PROFESSIONAL STANDARDS

#### Instructions

The Office of Professional Standards and Conduct will perform an extensive background investigation on applicants seeking employment with the Dawson County Sheriff's Office using the information provided in this questionnaire. This background investigation helps ensure each applicant to the Dawson County Sheriff's Office meets the qualifications, standards of integrity, and moral character required for the position under consideration.

Complete this questionnaire completely and accurately; incomplete questionnaires will not be accepted. All statements contained within this questionnaire are subject to truth verification. If the space provided is inadequate, attach a continuation sheet, and identify additional information by item number and page number. Any information found to be erroneous, whether intentional or not, may constitute ground for disqualification from the employment process. Please type or print all information in blue or black ink.

Select yes or no to indicate the most correct answer. If a question does not apply, please place "N/A" in the space provided to indicate not applicable. You are not required to answer any question on the questionnaire; however, failure to do so will be a basis for disqualification from the selection process. If a question is not answered, it will be assumed that the applicant chose not to answer said question.

If you have any questions regarding this questionnaire, please contact our Executive Assistant Sandra Evans via email at [sevens@dawsoncountysheriff.org](mailto:sevens@dawsoncountysheriff.org) or phone (706) 344-3535.

**PAGE 24 MUST BE SIGNED AND NOTARIZED**

**BACKGROUND INVESTIGATION QUESTIONNAIRE  
OFFICE OF PROFESSIONAL STANDARDS**

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

**Position applied for:**

Deputy  Detention officer  E-911  Civilian  Other: \_\_\_\_\_

**PERSONAL HISTORY**

1. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
(First) (Middle) (Last)

2. List any other names you have used, including names associated with marriage(s).  
\_\_\_\_\_

3. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Sex (optional): \_\_\_\_\_  
Race (optional):  American Indian/Alaskan Native  Asian  Black  White  Unknown  Other \_\_\_\_\_

4. Social security number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

5. Physical address: \_\_\_\_\_  
(Number) (Street) (Apartment Number)  
\_\_\_\_\_  
(City) (State) (Zip) (County)

6. Mailing address: \_\_\_\_\_  
(Number) (Street) (Apartment Number)  
\_\_\_\_\_  
(City) (State) (Zip) (County)

7. Place of birth: \_\_\_\_\_  
(City) (State) (Zip) (County)

8. Are you a citizen of the United States?  Yes  No  
Natural born  Yes  No  
Naturalized  Yes  No Certificate number: \_\_\_\_\_

9. In chronological order, list every place you have lived for the past 15 years beginning with your most current address.

From	Until	Street address	City	State	Zip

10. List all associations, clubs, and/or organizations of which you have been an associate or member.

Name	Address	Date of membership/association
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. List special abilities, hobbies, and/or skills that may be beneficial for the position to which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Can you type?                     Yes                     No                    Words per minute: \_\_\_\_\_

13. Please list five individuals as references who have knowledge of you and your qualifications. Exclude former employers, relatives, and roommates.

Name	Address	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## MARITAL/FAMILY HISTORY

14. Status:       Single                       Married                       Divorced                       Widowed

### Present Spouse Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Social security number: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ County of marriage: \_\_\_\_\_

Spouse's occupation/employer: \_\_\_\_\_

### Previous Spouse(s) Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

15. Has any member of your family ever been arrested, convicted, or plead guilty to a crime?                       Yes     No

If yes, please provide:

Name	Relation	Arresting agency	Date	Disposition
_____				
_____				
_____				
_____				

16. Please list every child born to you, adopted by you, stepchildren, and/or children supported by you.

Name	Age	Residence
_____		
_____		
_____		
_____		
_____		

*According to O.C.G.A. § 19-13-1, "family violence" is defined as the occurrence of one or more of the following acts between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household: any felony; or commission of the offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, and/or criminal trespass.*

17. Have you ever engaged in an act of family violence?                       Yes     No

18. Have you ever been accused of an act of family violence?                       Yes     No

19. Have you ever been questioned by law enforcement regarding a family violence incident?                       Yes     No

20. Have you ever been served with a temporary protection or restraining order?                       Yes     No

## EDUCATIONAL BACKGROUND

21. Indicate the number of years completed in school:

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18

22. Are you a high school graduate?       Yes  No      If yes, provide date of graduation: \_\_\_\_\_

Name of high school attended: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address of high school attended: \_\_\_\_\_  
(Address) (City) (State) (Zip)

23. If no, have you earned a high school equivalent/G.E.D.?  Yes  No      If yes, provide date: \_\_\_\_\_

24. Whether completed or not, list all training schools, colleges, trade schools, etc. that you have attended following high school. Include full address, dates attended, date completed, and the certificate title or degree earned.

School name	Address	City/State	Dates	Degree

25. Have you ever been expelled or suspended from any school?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Have you ever attended a mandate school or law enforcement academy for a police officer, sheriff's deputy, correction officer, and/or communications officer?  Yes  No

If yes, where attended: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Certification number: \_\_\_\_\_

**Please provide a copy of your certificate.**

## EMPLOYMENT HISTORY

If you answer yes to any of the following, please provide a detailed explanation on the space provided below.

27. Have you previously worked for Dawson County?  Yes  No

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28. Have you previously applied for a position with Dawson County?  Yes  No

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29. Are you now or have you ever been related to an employee of the Dawson County Government?  Yes  No

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30. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?  Yes  No

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31. Have you ever been reprimanded for being late or absent from work?  Yes  No

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32. Have you ever been reprimanded by a work supervisor?  Yes  No

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33. Have you ever had disagreements with previous employers concerning job duties and/or work conditions?  Yes  No

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34. Have you ever been fired or penalized by an employer because of a motor vehicle accident?  Yes  No

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35. Indicate the number of times you have been asked to resign or have been fired from a job in the past ten years. Provide a detailed explanation in space provided below.

0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15

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36. Have you ever worked a varying or rotating shift?  Yes  No

37. Are you willing to work a varying or rotating shift?  Yes  No

38. Do you object to wearing a uniform?  Yes  No

39. If applying to be a deputy sheriff and it became necessary in the performance of your duties to take a human life, would you be reluctance to do so because of religious or other beliefs?  Yes  No

40. Provide the names of five persons **not related to you**, who have known you on a **professional basis**. These individuals may be asked to appraise your character, ability, experience, personality, and other qualities.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary contact number: \_\_\_\_\_ Secondary contact number: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary contact number: \_\_\_\_\_ Secondary contact number: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary contact number: \_\_\_\_\_ Secondary contact number: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary contact number: \_\_\_\_\_ Secondary contact number: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary contact number: \_\_\_\_\_ Secondary contact number: \_\_\_\_\_

41. List all employment, beginning with the most recent, you have held in the last ten years. If applicable, include military service in the proper time sequence and temporary part-time employment regardless of length of employment. **All law enforcement employment must be included.**

From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Employer name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for separation: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Employer name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for separation: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Employer name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for separation: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Employer name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for separation: \_\_\_\_\_  
\_\_\_\_\_



From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Employer name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for separation: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Employer name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for separation: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Employer name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for separation: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Employer name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for separation: \_\_\_\_\_  
\_\_\_\_\_



55. Do you gamble (legal or otherwise)?

Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

56. Do you have any gambling debts?

Yes  No

If yes, amount of gambling debt \$ \_\_\_\_\_



## ALCOHOL USE

60. Do you drink alcoholic beverages?  Yes  No

If yes, what type, how frequently, and how much: \_\_\_\_\_  
\_\_\_\_\_

61. Have you ever lost a job because of a drinking problem?  Yes  No

62. Have you ever been counseled by an employer because of your drinking habits?  Yes  No

63. Have you ever called in sick because of a hangover?  Yes  No

64. Have you ever called in sick because you were intoxicated or had been drinking?  Yes  No

65. During the last ten years, approximately how many times have you used alcohol during working hours? This includes lunch or other breaks, as well as while time actually working. Indicate the approximate number below.

0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15

66. Have you ever committed an alcohol related offense?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

67. Have you ever been arrested because of drinking?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

68. Have you ever held a job where alcohol use was common practice?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

69. Have you ever had any trouble with your spouse or family due to alcohol usage?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

70. Have you ever been fired or penalized because of drinking?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DRUG USE

The following section questions past or present drug usage you may have experienced. If you answer yes to any of the following questions, provide a full explanation in the space provided in this section. Attach additional pages as necessary.

71. Have you ever delivered or sold illegal drugs or marijuana?  Yes  No
72. Have you ever tried, used, or possessed marijuana?  Yes  No
73. Have you ever used or possessed any other illegal drug, opiates, pills, etc.?  Yes  No
74. During the past ten years, have you ever used marijuana or other illegal drugs during working hours (including lunch and/or other breaks)?  Yes  No
75. Have you ever overdosed on illegal drugs?  Yes  No
76. Have you ever illegally used someone else's prescription?  Yes  No
77. Have you ever grown or participated in growing marijuana?  Yes  No
78. Have you ever manufactured or participated in manufacturing illegal drugs?  Yes  No
79. Have you ever intentionally transported illegal drugs?  Yes  No
80. Have you ever arranged a drug buy for yourself or someone else?  Yes  No
81. Have you ever forged, illegally stolen, bought, or sold a drug prescription?  Yes  No
82. Have you ever possessed or attempted to pass a forged prescription?  Yes  No
83. Have you ever been arrested or convicted of a drug violation?  Yes  No
84. Have you ever stolen drugs from anyone?  Yes  No
85. Have you ever sold any substance you claimed to be an illegal drug?  Yes  No
86. Indicate which of the following, if any, you have used. Provide a brief description stating the date last used (approximate month, day, and year) and state if you sold, purchased, or possessed the drug. Lastly, include your age when this occurred.

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Acid         | <input type="checkbox"/> Heroin          | <input type="checkbox"/> Percodan               |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Loratab         | <input type="checkbox"/> Phenobarbital          |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> LSD             | <input type="checkbox"/> Preludin               |
| <input type="checkbox"/> Benzedrine   | <input type="checkbox"/> Marijuana       | <input type="checkbox"/> Psilocybin             |
| <input type="checkbox"/> Cocaine      | <input type="checkbox"/> MDA             | <input type="checkbox"/> Steroids               |
| <input type="checkbox"/> Codeine      | <input type="checkbox"/> Mescaline       | <input type="checkbox"/> STP or roofies         |
| <input type="checkbox"/> Demerol      | <input type="checkbox"/> Methadone       | <input type="checkbox"/> Talwin/PZB             |
| <input type="checkbox"/> Dexedrine    | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Thai stick             |
| <input type="checkbox"/> Dilaudid     | <input type="checkbox"/> Morphine        | <input type="checkbox"/> Tylox                  |
| <input type="checkbox"/> Ecstasy      | <input type="checkbox"/> Mushrooms       | <input type="checkbox"/> Valium                 |
| <input type="checkbox"/> Glue         | <input type="checkbox"/> Opium           | <input type="checkbox"/> Xanax                  |
| <input type="checkbox"/> Hash oil     | <input type="checkbox"/> Oxycodone       | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Hashish      | <input type="checkbox"/> PCP             |   |







## PRIOR CRIMINAL JUSTICE EMPLOYMENT HISTORY

If you were employed by a criminal justice or law enforcement agency, answer the following questions. If you answer "yes" to any question, provide a detailed explanation in the space provided at the end of the section. If you have no criminal justice experience, select "N/A" at the end of this paragraph and proceed to the next section. Attach additional pages as needed.  N/A

87. Have you ever accepted a payoff?  Yes  No
88. Have you ever stolen anything from anyone you arrested?  Yes  No
89. Have you ever stolen anything at the scene of a larceny or burglary?  Yes  No
90. Have you ever kept the property of someone that you arrested?  Yes  No
91. Did you ever carry a "throw-down" weapon?  Yes  No
92. Have you ever unlawfully entered a business or residence?  Yes  No
93. Have you ever stolen anything from a towed motor vehicle?  Yes  No
94. Have you ever falsify an expense voucher?  Yes  No
95. Have you ever received any type of gratuity for dropping a case or disposing of an arrest or ticket?  Yes  No
96. Have you ever illegally tampered with evidence?  Yes  No
97. Have you ever kept for personal use or for resale any illegal drugs taken from someone who had been arrested, detained, or questioned?  Yes  No
98. Have you ever illegally destroyed a case file, computer entry, official report, etc.?  Yes  No
99. Have you ever planted evidence?  Yes  No
100. Were you ever suspended without pay from your job?  Yes  No
101. Have you ever "tipped off" a friend, acquaintance, or any other person about an active investigation involving them?  Yes  No
102. Did you ever "cover up" a criminal offense for a friend or relative?  Yes  No
103. Since being employed with a criminal justice agency, have you used or sold any illegal drugs?  Yes  No
104. Have you ever stolen anything from a crime scene?  Yes  No
105. Have you ever been a party to a lawsuit because of your actions in the performance of your job?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CRIMINAL HISTORY INFORMATION

During this section, you will be asked questions regarding your involvement in criminal activity. If you answer "yes" to any of the following questions, please use the provided space at the end of the section to explain fully the circumstances surrounding the event. You should answer who, what, where, when, and how. Use additional pages as necessary.

106. Have you ever been arrested or convicted of a crime?  Yes  No

107. Have you ever plead guilty or nolo contendere to a crime?  Yes  No

108. Have you ever received a sentence?  Yes  No

109. Have you ever been:

Sentenced to incarceration  Yes  No

Placed in a holding cell  Yes  No

Placed in a training school  Yes  No

Placed in a military stockade  Yes  No

Questioned as a suspect of a crime  Yes  No

Placed in a police lineup  Yes  No

Placed on probation  Yes  No

Placed in jail  Yes  No

Placed on parole  Yes  No

110. Have you ever stolen money from an employer?  Yes  No

111. Have you ever stolen anything from an employer?  Yes  No

112. Have you ever stolen anything from a fellow employee?  Yes  No

113. Have you deliberately "short changed" a customer?  Yes  No

114. Have you deliberately destroyed property of an employer?  Yes  No

115. After reaching your seventeenth birthday, have you ever stolen anything from a store?  Yes  No

116. Have you ever altered a price tag in a store?  Yes  No

117. Have you ever forged a check?  Yes  No

118. Have you ever intentionally written a bad check?  Yes  No

119. Have you ever stolen anything from a vehicle?  Yes  No

120. Have you ever acted as a lookout as someone else was committing a criminal act?  Yes  No

121. Are you a fugitive from justice?  Yes  No

122. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which shows a policy of advocating or approving the commission of acts of force or violence to deny any other person their rights under the Constitution of the United States? Or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

123. Have you ever committed an undetected crime?  Yes  No

124. Have you ever been turned down by a bonding company?  Yes  No

125. Have you ever intentionally perjured yourself in a court of law?  Yes  No
126. Are you involved in any lawsuits?  Yes  No
127. Have you ever fraudulently used a credit card?  Yes  No
128. Are you being paid by any person to seek employment with this agency or promised any payment should you succeed in obtaining employment with this agency?  Yes  No

129. The following are offenses are prosecutable under the criminal code of the State of Georgia. Please indicate any offense(s) you have committed. This applies to incidents that may be known or unknown to law enforcement or the judicial system. If you have any questions concerning whether you have or have not committed a particular offense, leave the offense blank and contact your investigator for clarification. If you indicate an offense, please describe all circumstances on the following page(s). If you do not indicate an offense, we will assume you have not committed that offense.

- |   |   |
|---|---|
| <input type="checkbox"/> Aggravated assault                         | <input type="checkbox"/> Incest   |
| <input type="checkbox"/> Aggravated battery                         | <input type="checkbox"/> Inciting an insurrection                       |
| <input type="checkbox"/> Aggravated sodomy                          | <input type="checkbox"/> Influencing witnesses                          |
| <input type="checkbox"/> Armed robbery                              | <input type="checkbox"/> Interference with custody                      |
| <input type="checkbox"/> Arson                                      | <input type="checkbox"/> Interference with government property          |
| <input type="checkbox"/> Attempting to elude an officer             | <input type="checkbox"/> Involuntary manslaughter                       |
| <input type="checkbox"/> Battery                                    | <input type="checkbox"/> Issuance of bad checks                         |
| <input type="checkbox"/> Bestiality                                 | <input type="checkbox"/> Kidnapping                                     |
| <input type="checkbox"/> Bigamy                                     | <input type="checkbox"/> Manufacturing or importing illegal drugs       |
| <input type="checkbox"/> Bribery                                    | <input type="checkbox"/> Masturbation for hire                          |
| <input type="checkbox"/> Burglary                                   | <input type="checkbox"/> Murder   |
| <input type="checkbox"/> Carrying pistol without a license          | <input type="checkbox"/> Necrophilia                                    |
| <input type="checkbox"/> Child molestation                          | <input type="checkbox"/> Non-support of child or spouse                 |
| <input type="checkbox"/> Concealing a death                         | <input type="checkbox"/> Obstruction of an officer                      |
| <input type="checkbox"/> Conspiracy                                 | <input type="checkbox"/> Pandering                                      |
| <input type="checkbox"/> Contributing to the delinquency of a minor | <input type="checkbox"/> Peeping tom                                    |
| <input type="checkbox"/> Criminal damage to property                | <input type="checkbox"/> Perjury  |
| <input type="checkbox"/> Criminal possession of explosives          | <input type="checkbox"/> Pimping  |
| <input type="checkbox"/> Criminal possession of incendiary          | <input type="checkbox"/> Possession of tools for commission of a crime  |
| <input type="checkbox"/> Criminal solicitation                      | <input type="checkbox"/> Possession of unlawful weapon                  |
| <input type="checkbox"/> Cruelty to children                        | <input type="checkbox"/> Possession/sale of illegal drugs or substances |
| <input type="checkbox"/> Driving under the influence                | <input type="checkbox"/> Prostitution                                   |
| <input type="checkbox"/> Eavesdropping                              | <input type="checkbox"/> Public indecency                               |
| <input type="checkbox"/> Embracery                                  | <input type="checkbox"/> Rape   |
| <input type="checkbox"/> Escape                                     | <input type="checkbox"/> Reckless conduct                               |
| <input type="checkbox"/> False imprisonment                         | <input type="checkbox"/> Resisting arrest                               |
| <input type="checkbox"/> False report of a crime                    | <input type="checkbox"/> Robbery  |
| <input type="checkbox"/> False swearing                             | <input type="checkbox"/> Sexual battery                                 |
| <input type="checkbox"/> Feticide                                   | <input type="checkbox"/> Sodomy   |
| <input type="checkbox"/> Forgery                                    | <input type="checkbox"/> Solicitation of sodomy                         |
| <input type="checkbox"/> Fraud                                      | <input type="checkbox"/> Statutory rape                                 |
| <input type="checkbox"/> Gambling                                   | <input type="checkbox"/> Tampering with evidence                        |
| <input type="checkbox"/> Giving false information                   | <input type="checkbox"/> Theft  |
| <input type="checkbox"/> Hijacking                                  | <input type="checkbox"/> Treason  |
| <input type="checkbox"/> Hindering apprehension of a criminal       | <input type="checkbox"/> Vandalism                                      |
| <input type="checkbox"/> Illegal use of a credit card               | <input type="checkbox"/> Voluntary manslaughter                         |
| <input type="checkbox"/> Impersonating a peace officer              | <input type="checkbox"/> Wiretapping                                    |







138. Have you ever obtained a license under an assumed name?  Yes  No

139. Have you been involved in any hit and run accidents?  Yes  No

140. Have you ever left the scene of an accident without rendering aid?  Yes  No

141. Have you ever been involved in a motor vehicle accident?  Yes  No

If yes, provide a detailed account of each accident, whether collision or non-collision. Provide date, location, cause(s) of accident, and who was legally at fault. Indicate whether or not there was a police investigation and injury.

Date	Location	Cause of accident	Who was legally at fault?

142. Have you ever been charged with driving under the influence of alcohol and/or drugs?  Yes  No

If yes, provide a detailed explanation: \_\_\_\_\_  
\_\_\_\_\_  
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## ACKNOWLEDGEMENT OF NOTARY PUBLIC

I hereby certify that I have read and understand all questions and instructions contained in this questionnaire, and that my answers are true and complete. I understand that any untruthful misstatement of material fact will result in:

- Disqualification of my application and/or dismissal from employment with the Dawson County Sheriff's Office;
- According O.C.G.A. § 16-10-71, false swearing is a felony punishable by a maximum fine of \$1,000.00 plus imprisonment for not less than one, nor more than five years, or both.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**STATE OF GEORGIA**

**COUNTY OF \_\_\_\_\_**

On \_\_\_\_\_, before me, \_\_\_\_\_, a notary public in and for said state, personally appeared \_\_\_\_\_, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is scribed to and acknowledged to me that he or she completed this questionnaire for the purpose and consideration therein expressed.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_

My commission expires \_\_\_\_\_

[NOTARY SEAL]



**DAWSON COUNTY DETENTION CENTER**  
**WILLINGNESS SURVEY AND JOB DETAIL**

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

A career in detention services is both rewarding and fulfilling; however, this position may not be fitting for all applicants. Upon accepting employment within detention, many individuals have encountered duties and/or work environments that were unanticipated. The following duties and responsibilities include, but are not limited to, tasks performed by our staff. Please read each question carefully and consider if you are willing to perform said task or if the work environment described is unacceptable. Any employee who refuses to perform any of the following duties is subject to dismissal.

1. Are you willing to work twelve-hour shifts with inmates in a secure setting?  Yes  No
2. Are you willing to work a shift that may be one of the following or change schedules without advanced notice? Shifts are 6:00 a.m. to 6:00 p.m. or 6:00 p.m. to 6:00 a.m.  Yes  No
3. Are you willing to work rotating shifts, including weekends and holidays?  Yes  No
4. Are you willing to work weekends with days off during the week?  Yes  No
5. Are you willing to work all holidays that do not fall on your day off?  Yes  No
6. Are you willing to work past your normally scheduled work hours, if asked to do so, without advance notification?  Yes  No
7. Are you willing to stand for twelve hours except during meals and/or breaks?  Yes  No
8. Are you willing to be confined in the facility for your entire shift? Are you willing to eat the meal provided by the facility or a meal you bring?  Yes  No
9. Are you willing to work in areas of the building that smell of unpleasant odors?  Yes  No
10. Are you willing to respond to life threatening incidents, such as injured or sick inmates, as your training allows?  Yes  No
11. Are you willing to work in locked areas of the building supervising the activities of inmates who have been charged with murder, rape, child molestation, armed robbery, etc.?  Yes  No
12. Are you willing to supervise the activities of inmates who may call you obscene names, use profanity, and/or use sexually explicit language while talking to other inmates?  Yes  No
13. Are you willing to pat-search inmates, visitors, and/or volunteers?  Yes  No
14. Are you willing to conduct strip searches of inmates the same sex as you? Please note, this includes visually looking at their body cavities.  Yes  No
15. Are you willing to attend and successfully complete state mandated law enforcement training provided by the Dawson County Sheriff's Office?  Yes  No
16. Are you willing to report a fellow officer who is jeopardizing the safety of inmates and/or others by breaking departmental rules or regulations?  Yes  No

17. Are you willing to testify in court concerning events that have occurred in the facility?  Yes  No
18. Are you willing to wear a uniform while performing your assigned duties?  Yes  No
19. Are you willing to work in a job where you are not free to discuss many of your daily activities with family, friends, and/or associates?  Yes  No
20. Are you willing to undergo an intensive background investigation, which includes F.B.I. and National Crime Information Center checks?  Yes  No
21. Are you willing to report sexual harassment or other forms of harassment of fellow workers?  Yes  No
22. Are you willing to follow agency policy and procedures?  Yes  No
23. Are you willing and able to treat inmates without prejudice?  Yes  No
24. Are you willing to report a fellow officer who is mistreating an inmate?  Yes  No

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_