



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 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

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

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

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

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

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

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

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

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

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: _____

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: _____