



PRE-EMPLOYMENT BACKGROUND PACKET

*City of Snellville, Georgia
Personnel Section*

**2342 Oak Road
Snellville, Georgia 30078
(770) 985-3500**

Dear Applicant,

Thank you for taking an interest in employment with the City of Snellville, Georgia. All applicants for any position within the City of Snellville are required to successfully complete an intensive background investigation. If you are still interested in employment, the next step in the application process will be the completion and submission by you of the information requested herein. Enclosed you will find the City of Snellville's Background Packet consisting of a Pre-Employment Questionnaire, Personal Data Form and Authorization for Release of Personal Information, along with instructions for each. Please complete and return by mail, e mail or in person to the address shown below. **Any applicant, who fails to complete the required forms and to supply proper documents such as birth certificate, transcripts, etc., will be removed from further employment consideration.**

Personnel Section

***2342 Oak Road
Snellville, Georgia 30078
(770) 985-3500***

It is vitally important that you provide full and complete information. **Any evasion, omission or deliberate false statement by you will invalidate your application.**

After review of your background packet, you may be contacted for an interview. The purpose of the interview will be to determine your suitability for employment.

Sincerely,

Gabriela Downs

Gabriela Downs
Personnel Officer

CITY OF SNELLVILLE

INSTRUCTIONS FOR COMPLETION OF YOUR PRE-EMPLOYMENT BACKGROUND PACKET

1. If forms are handwritten, use blue or black ink and be sure forms are clear and legible.
 2. If additional space is needed for any section or question in the enclosed forms, or if you wish to furnish additional information, attach sheets of paper the same size as these forms, and assign numbered answers to correspond to the questions.
 3. **All information must be completed and returned within 15 days.**
 4. **Incomplete forms/packets will not be accepted.**
 5. You must answer all questions correctly. **Do not use "N/A"**, meaning not applicable. *Failure to furnish the pertinent information requested on the application may result in the City of Snellville being unable to complete a background investigation and may disqualify you as a candidate for employment. Intentional omissions or false answers will be a basis for the termination of the application process.*
 6. If you are unable to provide any of the information requested, an explanation must be given as to the reason.
 7. **The information provided by you will be subject to both polygraph examination and background investigation.**
 8. Questions concerning your pre-employment background packet may be directed to the *Personnel Officer* at 770-985-3507.
 9. Any information received throughout the employment process including, but not limited to, the background packet, release forms, employment information, psychological reports, credit information, medical information, etc., are the sole property of the City of Snellville and no information will be released back to the applicant.
- Please read the following statements, then sign and date this form. Your signature denotes that you have read and understand the statement:
 - 1) **I UNDERSTAND THAT IF I DO NOT WISH TO ANSWER A QUESTION IN THIS BOOKLET, I MAY CHOOSE NOT TO DO SO AND MY APPLICATION WILL BE TERMINATED.**
 - 2) **I UNDERSTAND THAT IN ORDER TO PROMOTE AND ENCOURAGE CANDID EVALUATIONS BY PERSONS INTERVIEWED DURING APPLICANT BACKGROUND INVESTIGATIONS, ALL EVALUATIONS SHALL BE CONFIDENTIAL, PURSUANT TO THE OPEN RECORDS ACT. CONFIDENTIAL EVALUATIONS ARE INFORMATION OR RECORDS WHICH ASSESS WORK PERFORMANCE, PREJUDICES, INTEGRITY, ETHICAL CONDUCT, HONESTY, FINANCIAL RESPONSIBILITY, OR PAST PERSONAL BEHAVIOR.**



Signature

04/22/2021

Date

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 City of Snellville, Georgia, whether such records are of a public, private, or confidential nature.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records 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) deemed by the City of Snellville to be a participant in the determination process of employment suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

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

Alphonso Forrest II
Full Name Printed
 302 Bon Air Dr

Street Address
 Augusta, GA, 30907

City/State/Zip
 253-81-7434

Social Security Number


Signature
 04/22/2021

Date
 M _____ Blk _____
Sex Race
 08/12/1991 , 056395060

Date of Birth & Driver License Number/State

PERSONAL HISTORY

DATE: 04/22/2021 POSITION APPLIED FOR: Police officer

NAME: Forrest Alphonso II
Last First Middle

LIST ANY OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY & WHY:

IF NONE, SO STATE: "Pocco", a childhood nickname

DATE OF BIRTH: 08/12/1991 PLACE OF BIRTH: Augusta GA
Month Day Year City State

SOCIAL SECURITY NUMBER: 253-81-7434

MARITAL STATUS: Not married AGE: 29 SEX: M RACE: Blk

HEIGHT: 6'2 WEIGHT: 210 HAIR: Blk EYES: Bro

DO YOU HAVE ANY TATTOOS THAT WOULD BE VISIBLE WHILE WEARING A SHORT SLEEVE UNIFORM SHIRT?

YES NO

IF SO, DO YOU UNDERSTAND THAT OIC POLICY REQUIRES THE SUCCESSFUL REMOVAL or COVERING BEFORE APPLICANTS MAY BE CONSIDERED FOR EMPLOYMENT?

YES NO

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO NATURAL BORN NATURALIZED

HOME ADDRESS: 302 Bon Air Dr
Street
Augusta GA 30907 Richmond
City State Zip County

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: 470-791-6467 E-mail address: Alphonso.forrest@gmail.com

WITH WHOM DO YOU RESIDE? (GIVE NAMES AND RELATIONSHIPS) Hallo Hall (daughter)

YOUR OCCUPATION: Police officer

BUSINESS NAME: Richmond county sheriff's office

BUSINESS ADDRESS: 401 Walton Way, Augusta, Ga, 30907

FAMILY HISTORY

Spouse's Occupation _____
 Spouse's Employer _____ Work Phone _____

If divorced, list former spouse's name(s), address and current phone number:

Current Address _____
 Current Phone Number _____

List all dependents, include all children who may not live in your household.

<u>Name</u>	<u>Date of Birth</u>	<u>Residence Address</u>
Hallo Hall	03/08/13	302 Bon Air Dr Augusta, GA, 30907

List the names of every member of your immediate family who are currently living, including father, mother, sisters, brothers, father-in-law and mother-in-law.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
Alphonso Forrest Sr.	Father	2163 Ellis St Augusta, Ga	(706) 254-5693
Carlton Forrest Sr.	Brother	2116 3rd Ave Augusta, GA	(706) 294-7849
Sobreano Forrest	Mother	546 Laney Walker Blvd Augusta, Ga	(706) 826-8425
Tamica Forrest	Sister	4398 Vaculuse Rd Aiken SC 29801	(803) 439-3415
Alexander Forrest	Brother	2163 Ellis St Augusta, Ga	(706) 254-5693
Alexsandra Forrest	Sister	2163 Ellis St Augusta, Ga	(706) 254-5693

RESIDENTIAL HISTORY

List addresses of all residences for the last ten (10) years, starting with present.

<u>From</u> <i>Month / Year</i>		<u>To</u> <i>Month / Year</i>	<u>Address</u>	<u>City</u>	<u>State</u>
07/17	/	(Present)	302 Bon Air Dr	Augusta	GA
4/15	/	07/17	3105 Wrightsboro Rd	Augusta	GA
01/13	/	04/15	214 Golden Way	Augusta	GA
10/11	/	01/13	3636 Alene cir	Augusta	GA
	/				
	/				
	/				
	/				
	/				
	/				

LITIGATION

Have you ever been named as a defendant in any type of lawsuit?

Yes No

If yes, complete the following:

_____	_____	_____
<i>Date</i>	<i>Title of action or proceeding</i>	<i>Court Disposition</i>
_____	_____	_____
<i>Date</i>	<i>Title of action or proceeding</i>	<i>Court Disposition</i>

Have you ever filed a lawsuit against any other person, company, or employer?

Yes No

If yes, complete the following:

_____	_____	_____
<i>Date</i>	<i>Title of action or proceeding</i>	<i>Court Disposition</i>
_____	_____	_____
<i>Date</i>	<i>Title of action or proceeding</i>	<i>Court Disposition</i>

DRIVING RECORD

Do you have a current driver's license? Yes No

If "yes", provide the following information:

State of Issue: GA Driver's License Number: 056395060

Classification: CM Expiration Date: 08/12/2024

List **ALL** traffic citations you have ever received except parking: **(If none, so state).**

<u>Location (City/State)</u>	<u>Approximate Date</u>	<u>Violation</u>	<u>Disposition</u>
Augusta, GA	04/24/2013	Speeding	Paid ticket
Augusta, GA	05/24/2013	Window tint violation	Paid ticket
Augusta, GA	05/24/2013	No seat-belt	Paid ticket

Did you ever possess a driver's license issued by any state other than Georgia? *If yes, give state, license number, dates & name issued to:* Yes No

<u>State</u>	<u>License Number</u>	<u>Name Issued To</u>	<u>Year(s)</u>

Has your license ever been suspended or revoked by any state? Yes No

Have you ever been refused a driver's license by any state? Yes No

Has your auto insurance ever been canceled? Yes No

Were you ever denied auto insurance? Yes No

Did you ever obtain a driver's license under another name? Yes No

Have you ever been involved in an accident you failed to report? Yes No

Have you ever been involved in any accident as a driver? Yes No

If yes, how many. 2

If you answered "yes" to any of the above questions, an explanation is required:
I was involved in 2 accidents. 1 at fault, 1 not at fault

CONTRABAND/PERSONAL DEALINGS/SEXUAL CONTACT

CONTRABAND: ANY ITEM NOT ISSUED BY A LAW ENFORCEMENT AGENCY (CELL PHONES, TOBACCO, DRUGS, FINANCIAL TRANSACTION CARD NUMBERS, ETC.)

PERSONAL DEALINGS: ANY CONTACT WITH A PERSON IN CUSTODY OR ON PROBATION/PAROLE WHICH IS NOT IN CONJUNCTION WITH YOUR OFFICIAL DUTIES

SEXUAL CONTACT: ANY TYPE OF SEXUAL CONTACT WITH A PERSON IN CUSTODY OR ON PROBATION/PAROLE (KISSING, FONDLING, GROPING, INTERCOURSE, ORAL SEX, ANAL SEX, ETC.)

Have you ever intentionally introduced contraband into a correctional facility? Yes No

Have you ever been accused of introducing contraband into a correctional facility? Yes No
If yes, when was the last time? _____

Have you ever accepted any form of payment or gift from anyone related to contraband and/or personal dealings with inmates? Yes No

Have you ever given contraband to an inmate? Yes No

Have you ever had any type of sexual contact with an inmate? Yes No

Have you ever been accused of any type of sexual contact with an inmate? Yes No
If yes, when was the last time? _____

If you answered "yes" to any of the above questions, an explanation is required: _____

ALCOHOL

Did you ever operate a vehicle/boat under the influence of alcohol? Yes No
If yes, when was the last time? _____

Have you ever been stopped for driving under the influence but not taken to jail? *If yes, when was the last time?* Yes No _____

Did you ever call in sick because of a “hangover”? Yes No

Did you ever consume alcoholic beverages prior to reporting for work? Yes No

Did you ever consume alcoholic beverages while at work? Yes No

If you answered “yes” to any of the above questions, an explanation is required: _____

GAMBLING

Do you have gambling debts? Yes No

If yes, an explanation is required: _____

What is the most money you have ever illegally bet at one time? _____

What is the largest amount of money you have ever lost? _____

Did you ever borrow money to pay a gambling debt? Yes No
If yes, how many times? _____

Did you ever steal money to pay a gambling debt? Yes No
If yes, how many times? _____

CRIMINAL HISTORY

Have you ever been arrested or been the subject of a criminal complaint or indictment or been required to appear as a suspect or defendant in any criminal (including juvenile) proceeding or before any prosecuting officer or investigative agency?

Yes No

Have you ever been convicted or pled guilty or pled nolo contendere to a misdemeanor crime?

Yes No

Have you ever been convicted or pled guilty or pled nolo contendere to a felony crime?

Yes No

Have you ever received a sentence under the First Offender Act or are you currently serving probation as a sentence under First Offender?

Yes No

Were you ever arrested as a juvenile?

Yes No

Have you ever been a member of a Street Gang?

Yes No

Have you ever been an associate of a Street Gang?

Yes No

Have you ever been:

Sentenced to incarceration?

Yes No

Placed in a police lineup?

Yes No

Placed on probation?

Yes No

Placed on parole?

Yes No

Placed in a holding cell?

Yes No

Placed in a military stockade?

Yes No

Placed in a disciplinary school?

Yes No

Questioned by the police as a suspect of a crime?

Yes No

***If you answered "yes" to any of the above questions, an explanation is required:
(Please include name of Arresting Agency and Court of Jurisdiction)***

When I was juvenile, I was accused of touching
my cousin inappropriately. I was found not guilty

HAVE YOU EVER COMMITTED OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES OR OFFENSES? THE QUESTION APPLIES EVEN THOUGH YOU MAY NOT HAVE BEEN ARRESTED OR DETECTED.

	YES	NO	AGE
Murder		X	
Voluntary Manslaughter		X	
Involuntary Manslaughter		X	
Aggravated Assault		X	
Battery/Simple or Aggravated		X	
Kidnapping		X	
False Imprisonment		X	
Hijacking an Aircraft		X	
Child Abuse		X	
Driving on Revoked Driver's License		X	
Fleeing and Attempting to Elude		X	
Driving Under the Influence (DUI)		X	
Vehicular Homicide		X	
Rape		X	
Aggravated Sodomy		X	
Statutory Rape		X	
Child Molestation		X	
Bestiality		X	
Necrophilia		X	
Public Indecency		X	
Prostitution		X	
Pimping		X	
Bigamy		X	
Incest		X	
Cruelty to Animals		X	
Burglary		X	
Criminal Damage to Property		X	
Vandalism		X	
Arson		X	
Criminal Possession of Explosives		X	
Theft by Taking		X	
Theft by Deception		X	
Theft by Conversion		X	
Theft of Services		X	
Theft of Lost or Mislaid Property		X	
Theft by Receiving Stolen Property		X	
Hit and Run		X	
Shoplifting		X	
Theft of Motor Vehicle, Parts, Components		X	
Robbery		X	
Armed Robbery		X	
Forgery		X	
Credit Card Fraud		X	

	YES	NO	AGE
Accessing Computers for Fraudulent Purposes		X	
Unauthorized Access, Alteration, Destruction of Computers		X	
Bribery		X	
Violation of Oath by Public Officer		X	
Impersonation of Public Officer or Public Employee		X	
Obstruction or Hindering of Law Enforcement Officers		X	
Obstruction or Hindering of Firefighters		X	
Giving False Name or Address to Law Enforcement Officers		X	
False Report of a Crime		X	
False Report of a Fire		X	
Concealing Death of Another Person		X	
Escape		X	
Perjury		X	
Tampering with Evidence		X	
Treason		X	
Advocating Overthrow of Government		X	
Riot		X	
Inciting a Riot		X	
Terroristic Threats and Acts		X	
Peeping Tom		X	
Unlawful Eavesdropping		X	
Illegal Possession of Sawed-Off Shotgun, Machine Gun, Silencer		X	
Commercial Gambling		X	
Dog fighting		X	
Sexual Exploitation of Children		X	
Child Pornography		X	
Illegal Possession, Manufacture, Distribution, Use of Illegal Drugs or Marijuana		X	
Trafficking in Cocaine, Illegal Drugs or Marijuana		X	
Use of Fictitious Name or False Address When Obtaining Drugs		X	
Intentional Inhalation of Model Glue		X	
Domestic Family Violence		X	
Stalking		X	

If you answered "yes" to any of the above, an explanation is required: _____

THEFTS

- Did you ever steal any money from an employer? Yes No
- Did you ever steal anything from an employer? Yes No
- Did you ever steal any property or money from a fellow employee? Yes No
- Did you ever deliberately "shortchange" a customer? Yes No
- As an adult, did you ever steal anything from a store or business? Yes No
- Did you ever alter a price tag in a store? Yes No
- Did you ever forge a check? Yes No
- Did you ever intentionally write a bad check? Yes No
- Did you ever steal anything from a vehicle? Yes No
- Did you ever act as a lookout when anyone else was stealing? Yes No

If you answered "yes" to any of the questions above, an explanation is required:

SECURITY

- Have you ever been a member of any group or organization that advocates violent dissent or the overthrow of this government or any other government? Yes No
- Have you ever been a member of a group or organization that advocates violence, racism, or other illegal activities? Yes No
- Have you ever been refused a security clearance or bond? Yes No
- Have you ever been involved in any type of riot, illegal demonstration or illegal strike? Yes No
- Have you ever participated in the use or manufacture of explosive devices or firebombs? Yes No

If you answered "yes" to any of the above questions, an explanation is required:

DRUG HISTORY

Check the appropriate column(s) for each of the following drugs which you have recreationally and/or casually used or which you are currently using **without a medical prescription**.

<i>Name of Drug</i>	<i>Never Used</i>	<i>Tried/Used</i>	<i>Last Time Month/Year</i>	<i>First Time Month/Year</i>	<i>Number of Times</i>
Amphetamines/Uppers	X				
Ativan	X				
Barbiturates/Downers	X				
Benzedrine	X				
Biphetamine	X				
Cocaine/Coke	X				
Codeine	X				
Crack	X				
Crank/Meth/Ice	X				
Darvon	X				
Darvon/Darvocet	X				
Demerol	X				
Dexedrine	X				
Dilaudid	X				
Ecstasy(XTC)/ MDMA/MDA	X				
Equanil	X				
GHB/Liquid Ecstasy	X				
Glue	X				
Hash Oil	X				
Hashish	X				
Heroin	X				
Huffing/Inhalant Use	X				
Ketamine/Cat Valium	X				
Librium	X				
Lortab/Lorcet	X				
LSD/Acid/STP	X				
Marijuana/THC	X				
Meperidine	X				
Mescaline	X				
Methadone	X				
Methamphetamine	X				
Methaqualone	X				
Morphine	X				
Mushrooms/Psilocybin	X				
Nembutal	X				
Nexus	X				

Nitrous Oxide					
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<i>Name of Drug</i>	<i>Never Used</i>	<i>Tried/Used</i>	<i>Last Time Month/Year</i>	<i>First Time Month/Year</i>	<i>Number of Times</i>
Opium	X				
Oxycodone	X				
OxyContin	X				
PCP/Angel Dust	X				
Percodan/Percocet	X				
Peyote	X				
Phenobarbital	X				
Preludin	X				
Rohypnol	X				
Qualudes	X				
Seconal	X				
Speed	X				
Steroids	X				
Talwin	X				
Thai Stick	X				
Tranxene	X				
Tylox	X				
Valium	X				
Vicodin	X				
Wygesic	X				
Xanax	X				
Other	X				

Explain fully any item(s) checked: _____

Have you ever used any illegal drug not listed in either chart? Yes No

If yes, list the drug(s) used, last time used and number of times used:

_____	_____	_____
<i>Type of Drug</i>	<i>Last Time Used</i>	<i>Number of Times Used</i>
_____	_____	_____
<i>Type of Drug</i>	<i>Last Time Used</i>	<i>Number of Times Used</i>

Are you currently using any illegal drugs?

Yes No

If yes, list type of drug(s) used, amount used and how often used:

_____	_____	_____
<i>Type of Drug</i>	<i>Amount Used</i>	
_____	_____	_____
<i>Type of Drug</i>	<i>Amount Used</i>	

How many of your friends, associates or family members are Street Gang members? _____

How many of your current friends or associates use illegal drugs? _____

When was the last time that someone used illegal drugs in your presence? _____

Describe the type of drug and circumstances: _____

Have you attended a Rave?

Yes No

Number of Times Attended: _____ **Last Time Attended:** _____

Have you ever tried/used illegal drugs just prior to reporting to work?

Yes No

Have you ever tried/used illegal drugs while at work?

Yes No

Have you ever tried/used illegal drugs at lunch or breaks at work?

Yes No

Have you ever tried/used illegal drugs just after getting off work?

Yes No

Describe the type of drug and circumstances: _____

Have you ever taken alcohol and illegal drugs together?

Yes No

Drug: _____ **Last Time:** _____ **Number of Times Used:** _____

Have you ever operated a vehicle/boat under the influence of illegal drugs?

Yes No

Drug: _____ **Last Time:** _____ **Number of Times Used:** _____

Have you ever grown or participated in growing marijuana? How much?

Yes No

When? _____
Where? _____
What did you do with the marijuana? _____
Have you ever manufactured or participated in manufacturing
illegal drugs? Yes No
What type? _____
How much? _____
When? _____
Where? _____
What did you do with the drugs? _____

Have you ever purchased and/or received any illegal drugs? Yes No
Drug: _____ Last Time: _____ Number of Times Used: _____

Describe the type of drug and circumstances: _____

- Have you ever sold any illegal drug(s) or any substance that you purported or claimed to be an illegal drug? Yes No
- Have you ever transported or stored any illegal drugs? Yes No
- Have you ever set up a drug buy for yourself or anyone else? Yes No
- Have you ever overdosed on illegal drugs? Yes No
- Have you ever illegally used anyone else's drug prescription? Yes No
- Have you ever forged, illegally obtained, sold or stolen a drug prescription? Yes No
- Have you ever passed or attempted to pass a forged or stolen drug prescription? Yes No
- Have you ever stolen drugs from anyone? Yes No
- Do you own/possess any drug paraphernalia? Yes No

If you answered "yes" to any of the above questions, an explanation is required:

PROFESSIONAL LICENSE(S) AND/OR ASSOCIATIONS

List all professional license(s) held by you. *(If none, so state).*

None

Have you ever had a professional license revoked or suspended for any reason?

Yes No

If yes, give details including type of license and reason for revocation or suspension:

List any special skill(s) or certificate(s) held by you. *(If none, so state).*

None

List all organizations, clubs and associations of which you are or have been a member of within the past ten (10) years.

Name

City/State

None

Do you serve on any local, state, or federal board, commission, authority, or in any elected office?

Yes No

Name of board, commission, authority or office:

Have you ever been the subject of any previous background investigation by any federal, state or local agency?

Yes No

If yes, list agencies:

WORK HISTORY

Have you or any companies in which you are or were a principal ever been the subject of an investigation or litigation that was conducted by a federal, state, or local agency?

Yes No *If yes, explain:* _____

Are you now or have you ever been engaged in any business as an owner, partner or corporate member?

Yes No *If yes, give details below:* _____

Do you have any affiliation with any company that does business with the Georgia Department of Corrections?

Yes No *If yes, give name of company and explain below:* _____

Have you ever been investigated, reprimanded, fined or suspended from doing business with any local, state or federal agency?

Yes No *If yes, explain:* _____

Has a supervisor ever given you a verbal or written reprimand, been suspended or disciplined for any reason?

Yes No *If yes, explain and give name of employer and dates:*

I was written up twice for body cam. Both written warning.

Suspended for not going to a call but was later overturned.

Have you ever cheated an employer? (Unauthorized Sick Leave, Padded Expense Accounts, etc.)

Yes No *If yes, explain:* _____

Have you deliberately destroyed any property of an employer?

Yes No *If yes, explain:* _____

Circle the number of times you have been asked to resign or have been fired from a job within the last ten (10) years?

0 1 2 3 4 5 6 7 8 9 10

Explain the circumstances of each in the space below:

Have you ever quit a job to avoid being fired?

Yes No

If yes, explain:

Have you ever been a party to a lawsuit, resulting from your actions in the performance of your job?

Yes No

If yes, explain:

Are you willing and able to work nights and weekends? **(NOTE: ALL APPLICANTS FOR THE POSITION OF INVESTIGATOR/SPECIAL AGENT ARE EXPECTED TO WORK ANY SHIFT ASSIGNED).**

Yes No *If "no", please explain:*

Do you have any obligation or commitment, which would prevent you from working varying shifts, days, or position assignments as requested by the Office of Investigations and Compliance?

Yes No *If "yes", please explain:*

List **ALL** jobs you have held since high school. **Put your PRESENT or MOST RECENT JOB FIRST.** Include Military Service in proper time sequence. List **temporary or part-time jobs** REGARDLESS OF HOW LITTLE TIME WAS INVOLVED. If you need more space, you may attach additional pages. (All addresses and phone numbers must be current. **DO NOT use post office box as an address.**)

From 05/12 To 03/14 Title Juvenile correctional officer

Name of Employer Augusta YDC

3481 Mike Padgett Hwy Augusta GA 30906
Street Address City State Zip Code

Phone Number 706-792-7500 Full-Time Job

Salary per month \$3,000 Part-time Job

Your duties Supervising juvenile delinquents

Name & title of supervisor & best time to contact: Lt. Danny Figeroua/ 706-792-7500

Reason for leaving New Job

PLEASE NOTE: MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO CONDITIONAL OFFER? Y NO THEY WILL BE CONTACTED POST OFFER.

From 03/14 To Still employed Title Deputy

Name of Employer Richmond county sheriff's office

400 Walton Way Augusta GA 30901
Street Address City State Zip Code

Phone Number 706-821-1000 Full-time Job

Salary per month \$3,500 Part-time Job

Your duties Patrolling zones. Answering 911 calls, welfare checks, testifying in court etc.

Name & title of supervisor & best time to contact: Lt. Tracey Carter/ 706-821-1000

Reason for leaving Still employed

From _____ To _____ Title _____

Name of Employer _____

Street Address

City

State

Zip Code

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address

City

State

Zip Code

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address _____ *City* _____ *State* _____ *Zip Code* _____

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address _____ *City* _____ *State* _____ *Zip Code* _____

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address

City

State

Zip Code

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
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From _____ To _____ Title _____

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Part-time Job

Your duties _____

Name & title of supervisor
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Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address _____ *City* _____ *State* _____ *Zip Code* _____

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Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

From _____ To _____ Title _____

Name of Employer _____

Street Address _____ *City* _____ *State* _____ *Zip Code* _____

Phone Number _____

Full-time Job

Salary per month _____

Part-time Job

Your duties _____

Name & title of supervisor
& best time to contact: _____

Reason for leaving _____

PRIOR CRIMINAL JUSTICE EMPLOYMENT HISTORY

If you were ever employed by a criminal justice or law enforcement agency, answer the following questions:

- Have you ever accepted a payoff? Yes No
- Have you ever stolen anything from someone you arrested? Yes No
- Have you ever stolen anything from an evidence room? Yes No
- Have you ever kept the property of someone you arrested? Yes No
- Did you ever carry a "throw down" weapon? Yes No
- Have you ever unlawfully entered a business or residence? Yes No
- Have you ever stolen anything from an impounded vehicle? Yes No
- Did you ever falsify an expense voucher? Yes No
- Have you ever received any type of gratuity for dropping a case or disposing of an arrest ticket? Yes No
- Have you ever tampered with evidence? Yes No
- Have you ever kept for personal use or for resale any illegal drugs taken from someone that had been arrested/detained or questioned? Yes No
- Have you ever used any illegal drugs/marijuana while a law enforcement officer? Yes No
- Did you ever warn anyone that they were the subject of a criminal investigation? Yes No
- Did you ever "cover up" a crime committed by a fellow officer? Yes No
- Did you ever make a false official report? Yes No
- Did you ever make a false entry on a log? Yes No
- Have you ever illegally destroyed a case file, computer record or official report? Yes No
- Have you ever illegally retained seized weapons or property? Yes No

- Have you ever intentionally falsified a case file, computer record or official report? Yes No
- Have you ever "planted" evidence? Yes No
- Were you ever suspended from your job? Yes No
- Have you ever "tipped-off" a friend, acquaintance or relative about an active investigation involving them or someone they know? Yes No
- Did you ever "cover up" a criminal offense for a friend or relative? Yes No
- While employed by a criminal justice agency, have you ever illegally possessed or sold marijuana, cocaine or other illegal drugs? Yes No
- Have you ever stolen anything from a crime scene? Yes No
- While employed by a criminal justice agency, did you ever violate your oath of office? Yes No
- Have you ever lied under oath during a trial? Yes No
- Have you ever been a party to a lawsuit resulting from your actions in the performance of your job? Yes No
- Have you ever been investigated by Georgia P.O.S.T. Council or any other state's agency that regulates peace officer certification? Yes No

If you answered "yes" to any of the above questions, an explanation is required, including dates and agency with whom you were employed and outcome of any disciplinary or investigation: _____

FINANCIAL INFORMATION

Have you ever declared, or are you about to declare bankruptcy? Yes No
If yes, provide date filed, location, circumstances and date cleared or discharged:

Are any of your payments to creditors past due? Yes No
If yes, list creditors and explain circumstances:

Have you failed to file income tax returns for any past years? Yes No
If yes, give year and details:

Are you or any company in which you have a controlling interest delinquent in filing any local, state or federal taxes? Yes No
If yes, give details:

Do you owe any past due federal, state or local taxes? (Including IRS, State Dept of Revenue, Property, Ad Valorem, Income, etc) Yes No
If yes, give year, amount owed and to whom. If you are on an approved payment plan to repay, provide details:

Have you ever defaulted on a student loan? Yes No
If yes, explain:

Do you owe any past-due child support payments? Yes No

If yes, give name of person debt is owed and amount owed: _____

Have you ever had your wages garnished?

Yes No

If yes, explain: _____

Have you ever intentionally declined to pay a debt?

Yes No

If yes, explain: _____

Have you ever been ordered by a court to make financial payments?

Yes No

If yes, explain: _____

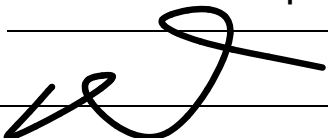
What income, other than salary, do you have at present? *Include spouse's salary.*

City of Snellville, Georgia
Personnel Office
Pre-Employment Questionnaire

CERTIFICATION THAT MY ANSWERS ARE TRUE

I have read and understand each question on this questionnaire. My responses on this questionnaire are true, complete and correct to the best of my knowledge and are made in good faith. I understand that making a knowing and willful false statement on this questionnaire is a crime. I further understand that making a false or misleading statement or failing to answer a question(s) will result in my disqualification from consideration for employment with the City of Snellville, Georgia. I do hereby authorize the City of Snellville to conduct a review of all records concerning myself, whether such records are of a public, private or confidential nature.

Full Name Printed: Alphonso Forrest II

Signature: 

Date: 04/22/2021

City of Snellville, Georgia
Personnel Section

2342 Oak Road
Snellville, Georgia 30078
(770) 985-3500

POLYGRAPH WAIVER & RELEASE OF LIABILITY

I understand that I will be required to take a standard public safety pre-employment polygraph examination at the time and place to be determined by the City of Snellville as part of the background screening process for the position of Police Officer with the City of Snellville, Georgia.

The pre-employment polygraph examination will be administered only after receiving a "conditional job/placement offer" from the City of Snellville and will be administered in accordance with all applicable federal and state laws.

I acknowledge that I freely and voluntarily agree to be interviewed and to undergo a polygraph examination administered by an employee or designee of the City of Snellville. I further acknowledge that I have the following rights:

1) I may refuse to be interviewed or examined and in doing so, I authorize the City of Snellville, Georgia to notify the Georgia Peace Officer Standards and Training Council of my refusal.

2) The interview and/or polygraph examination will be terminated at any time I request and in doing so, I authorize the City of Snellville to notify the Georgia Peace Officer Standards and Training Council of my refusal.

I hereby authorize and request that employees of the City of Snellville disclose any and all information, conclusions, and opinions arising out of, or connected with my interview(s) and polygraph examination(s), even though such information, conclusions, and opinions may be unfavorable or may result in adverse consequences to me.

I hereby release and forever discharge the City of Snellville, Georgia, their employees, agents, representatives, partners, officers, directors, and their successors from all liability, and from each and every demand, claim, or cause of action existing, or which may hereafter arise, resulting directly or indirectly from the conduct of my interview(s) and/or polygraph examination(s) and/or publication, communication or dissemination of any information, conclusions, and opinions arising out of or connected with my interview(s) and/or polygraph examination(s).

By signing below, I acknowledge that I have reviewed and completed this "Waiver and Release of Liability" personally and with sufficient time to deliberate upon its contents.

Alphonso Forrest II

Printed Name of Candidate/Applicant



Signature of Candidate/Applicant

04/22/2021

Date

Signature of Witness