

# Employment Record

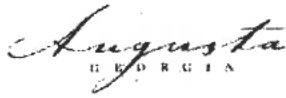
Name Wilson, Robert S.      Empl # 17962      Computer # C486      Date of Hire 12/03/16      Transferred/Rehired \_\_\_\_\_

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
12/03/2016	Jailer 12.5	SPR0526153	5034	\$1,234.55	41	Date of Hire
06/06/2017	Certified Jailer	SPR0526153	5034	\$1,286.81	41	Certified Jailer
12/30/2017				\$1,406.58	0	Salary with 84 hours and 1.5% cola.
06/06/2018	JAILER	SPR82H131	5034	\$1,406.58	12	NEW PCN AND PAY GRADE
04/20/2019	DEPUTY	SDR81MM013	5041	\$1,524.40	15	PROMOTED TO DEPUTY
05/04/2019	DEPUTY	SDR81NQ166	5041	\$1,524.40	15	TRANSFERRED PCN
06/27/2020				\$40,228.83	0	COLA INCREASE
06/12/2021				\$42,753.42	0	DEPUTY 1ST CLASS
12/25/2021				\$45,891.09	0	2022 SALARY INCREASE

# Employment Record

Name Wilson, Robert S.      Empl # 17962      Computer # C486      Date of Hire 12/03/16      Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
12/03/2016	Jailer 12.5	SPR0526153	5034	\$1,234.55	41	Date of Hire
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12/30/2017				\$1,406.58	0	Salary with 84 hours and 1.5% cola.
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04/20/2019	DEPUTY	SDR81MM013	5041	\$1,524.40	15	PROMOTED TO DEPUTY
05/04/2019	DEPUTY	SDR81NQ166	5041	\$1,524.40	15	TRANSFERRED PCN
06/27/2020				\$40,228.83	0	COLA INCREASE
06/12/2021				\$42,753.42	0	DEPUTY 1ST CLASS



The City of Augusta
Human Resources Department
Request for Personnel Action (RPA)

Employee Name: Robert S. Wilson EMP I.D.: 17962 DEPT #: 5041 Proposed Effective Date: 6/12/2021

PART 1: TYPE OF REQUEST ---#1: must fill out Part 2-A ONLY ---#2-12: must fill out Part 2-B & Part 3 ---#13: must fill out Part 2-C & Part 3 ---#14: fill out Part 2 & 3
1. Name/Phone/Add 2. Reclassification 3. Position Abolishment 4. Transfer 5. Promotion 6. Demotion 7. Interim Appointment
8. Suspension 9. New Position 10. Work Hours 11. Rate of Pay 12. Budget # 13. Separation 14. Other:

PART 2: PREPARATION FOR PERSONNEL ACTION
A. PERSONAL INFORMATION
Name Change:
Address:
Employee Signature (required for personal information changes): Date:

B. POSITION INFORMATION table with columns CHANGE FROM and CHANGE TO. C. SEPARATION INFORMATION table with rows VQ 01-07 and other fields like Date Hired, Last Day Worked, Separation Date.

PART 3: EXPLANATION FOR REQUEST See Attached Documentation? [X] YES [ ] NO (if no, must give explanation for request)
DEPUTY 1ST CLASS. JOB DESCRIPTIONS ATTACHED. THE SHERIFF'S OFFICE HAS THE FUNDING.

PART 4: DEPARTMENT APPROVAL
This Request was Processed By: Bonnie Hayes Contact Phone #: 706-821-1095 Date Of Request: 5/20/2021
Department Director Signature: [Signature] Concurrence Date: 5.21.21
Department Director Signature (2): Concurrence Date:
Administrator Signature (only required for ineligibility for rehire): Concurrence Date:
General Counsel Signature (only required for ineligibility for rehire): Concurrence Date:

If a transfer between departments, both director signatures required\*\*\*
BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: [ ] PAYROLL [ ] BENEFITS Verified: [ ] Employee Information [ ] Position Information [ ] Separation Information

Received on (date): Effective on the PP begin/end date of: Processed By/Date:

Table with 3 columns: EMP MGR/Date, HR MGR/Date, HR Comp/Date; EMP RELATIONS/Date, HR DIR/Date, City ADM/Date

# Employment Record

Name Wilson, Robert S. Empl # 17962 Computer # C486 Date of Hire 12/03/16 Transferred/Rehired \_\_\_\_\_

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
12/03/2016	Jailer 12.5	SPR0526153	5034	\$1,234.55	41	Date of Hire
06/06/2017	Certified Jailer	SPR0526153	5034	\$1,286.81	41	Certified Jailer
12/30/2017				\$1,406.58	0	Salary with 84 hours and 1.5% cola.
06/06/2018	JAILER	SPR821J131	5034	\$1,406.58	12	NEW PCN AND PAY GRADE
04/20/2019	DEPUTY	SDR81MM013	5041	\$1,524.40	15	PROMOTED TO DEPUTY
05/04/2019	DEPUTY	SDR81NQ166	5041	\$1,524.40	15	TRANSFERRED PCN
06/27/2020				\$40,228.83	0	COLA INCREASE

# Employment Record

**Name** Wilson, Robert S.     
 **Empl #** 17962     
 **Computer #** C486     
 **Date of Hire** 12/03/16     
 **Transferred/Rehired**

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
12/03/2016	Jailer 12.5	SPR0526153	5034	\$1,234.55	41	Date of Hire
06/06/2017	Certified Jailer	SPR0526153	5034	\$1,286.81	41	Certified Jailer
12/30/2017				\$1,406.58	0	Salary with 84 hours and 1.5% cola.
06/06/2018	JAILER	SPR821J131	5034	\$1,406.58	12	NEW PCN AND PAY GRADE
04/20/2019	DEPUTY	SDR81MM013	5041	\$1,524.40	15	PROMOTED TO DEPUTY



The City of Augusta
Human Resources Department
Request for Personnel Action (RPA)

Employee Name: Robert S. Wilson EMP I.D.: 17962 DEPT #: 5041 Proposed Effective Date: 5/4/2019

PART 1: TYPE OF REQUEST --> #1: must fill out Part 2-A ONLY --> #2-12: must fill out Part 2-B & Part 3 --> #13: must fill out Part 2-C & Part 3 --> #14: fill out Part 2 & 3
1. Name/Phone/Add 2. Reclassification 3. Position Abolishment 4. Transfer 5. Promotion 6. Demotion 7. Interim Appointment
8. Suspension 9. New Position 10. Work Hours 11. Rate of Pay 12. Budget # 13. Separation 14. Other:

PART 2: PREPARATION FOR PERSONNEL ACTION
A. PERSONAL INFORMATION
Name Change:
Address:
Employee Signature (required for personal information changes):
Date:

Table with 3 main sections: B. POSITION INFORMATION (Dept #, Job Title, FLSA Status, Pay Class, Salary Grade, PCN, Daily Hours, Hourly Rate, Bi-Weekly Salary, Annual Salary, Supplemental Pay, Safety Sensitive, GL Account number, Employee Replaced) and C. SEPARATION INFORMATION (SEPARATION FROM SERVICE REASON: VQ 01-07, Date Hired, Last Day Worked, Separation Date, Terminated 3 days ADM Given, Proper Notice Given, Eligible for Re-Hire, VAC BAL, COMP BAL)

PART 3: EXPLANATION FOR REQUEST
See Attached Documentation? [X] YES [ ] NO (if no, must give explanation for request)
Employee is transferred. Job descriptions attached. The Sheriff's Office has the funding.

PART 4: DEPARTMENT APPROVAL
This Request was Processed By: Bonnie Hayes Contact Phone #: ( 706 ) 821 - 1095 Date Of Request: 4/19/2019
Department Director Signature: John Inman Concurrency Date: 4/19/19
Department Director Signature (2): Concurrency Date:

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: [ ] PAYROLL [ ] BENEFITS Verified: [ ] Employee Information [ ] Position Information [ ] Separation Information

Received on (date): Effective on the PP begin/end date of: Processed By/Date:
EMP MGR/Date: HR MGR/Date: HR Comp/Date:
EMP RELATIONS/Date: HR DIR/Date: City ADM/Date:

# Employment Record

**Name** Wilson, Robert S.   
 **Empl** 17962   
 **Computer #** C486   
 **Date of Hire** 12/03/16   
 **Transferred/Rehired** \_\_\_\_\_

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
12/03/2016	Jailer 12.5	SPR0526153	5034	\$1,234.55	41	Date of Hire
06/06/2017	Certified Jailer	SPR0526153	5034	\$1,286.81	41	Certified Jailer
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05/04/2019	DEPUTY	SDR8INQ166	5041	\$1,524.40	15	TRANSFERRED PCN



The City of Augusta
Human Resources Department
Request for Personnel Action (RPA)

Employee Name: Robert S. Wilson EMP I.D.: 17962 DEPT #: 5034 Proposed Effective Date: 4/20/2019

PART 1: TYPE OF REQUEST --> #1: must fill out Part 2-A ONLY --> #2-12: must fill out Part 2-B & Part 3 --> #13: must fill out Part 2-C & Part 3 --> #14: fill out Part 2 & 3

- 1. Name/Phone/Add 2. Reclassification 3. Position Abolishment 4. Transfer 5. Promotion 6. Demotion 7. Interim Appointment
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PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION
Name Change:
Address:
Employee Signature (required for personal information changes):
Date:

Table with 3 columns: CHANGE FROM, CHANGE TO, SEPARATION FROM SERVICE REASON. Rows include Dept #, Job Title, FLSA Status, Pay Class, Salary Grade, PCN, Daily Hours, Hourly Rate, Bi-Weekly Salary, Annual Salary, Supplemental Pay, Safety Sensitive, GL Account number, Employee Replaced.

PART 3: EXPLANATION FOR REQUEST
See Attached Documentation? [X] YES [ ] NO (if no, must give explanation for request)
Employee is promoted. Job descriptions attached. The Sheriff's Office has the funding.

PART 4: DEPARTMENT APPROVAL
This Request was Processed By: Bonnie Hayes
Contact Phone #: ( 706 ) 821 - 1095
Date Of Request: 3/29/19
Department Director Signature:
Concurrence Date:

If a transfer between departments, both director signatures required\*\*\*
BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: [ ] PAYROLL [ ] BENEFITS Verified: [ ] Employee Information [ ] Position Information [ ] Separation Information

Received on (date): Effective on the PP begin/end date of: Processed By/Date:

Table with 3 columns: EMP MGR/Date, HR MGR/Date, HR Comp/Date; EMP RELATIONS/Date, HR DIR/Date, City ADM/Date



# Employment Record

**Name** Wilson, Robert S.   
 **Empl** 17962   
 **Computer #** C486   
 **Date of Hire** 12/03/16   
 **Transferred/Rehired** \_\_\_\_\_

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
12/03/2016	Jailer 12.5	SPR0526153	5034	\$1,234.55	41	Date of Hire
06/06/2017	Certified Jailer	SPR0526153	5034	\$1,286.81	41	Certified Jailer
12/30/2017				\$1,406.58	0	Salary with 84 hours and 1.5% cola.
06/06/2018	JAILER	SPR8211131	5034	\$1,406.58	12	NEW PCN AND PAY GRADE

# Employment Record

**Name** Wilson, Robert S.     
 **Empl** 17962     
 **Computer #** C486     
 **Date of Hire** 12/03/16     
 **Transferred/Rehired** \_\_\_\_\_

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
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**Name** Wilson, Robert S.    **Empl** 17962    **Computer #** C486    **Date of Hire** 12/03/16    **Transferred/Rehired**

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
12/03/2016	Jailer 12.5	SPR0526153	5034	\$1,234.55	41	Date of Hire
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# Employment Record

<b>Name</b>	<b>Empl</b>	<b>Computer #</b>	<b>Date of Hire</b>	<b>Transferred/Rehired</b>		
Wilson, Robert S.	17962	C486	12/03/16			
<b>Date</b>	<b>Position</b>	<b>PCN</b>	<b>Department</b>	<b>Rate of Pay</b>	<b>Grade</b>	<b>Reason for Change</b>
12/03/2016	Jailer 12.5	SPR0526153	5034	\$1,234.55	41	



STATE OF GEORGIA  
COUNTY OF RICHMOND

2021 Law Enforcement and First Responder Grant Supplement  
Employee Affidavit

Personally appeared before the undersigned officer, duly authorized to administer oaths, Robert Wilson, and who, after first being duly sworn, stated that the following information is true and correct and that all terms specified herein are expressly acknowledged:

I am an employee of the Augusta Richmond County Board of Commissioners in the Richmond County S.O. (Department/Office)

I hereby affirm and acknowledge that I am an eligible recipient for the Georgia law enforcement and first responder grant supplement, and I will receive and accept only one (1) grant payment. I further agree and affirm that if I work and/or volunteer for more than one entity, that Augusta Richmond County is my primary agency, and I will receive this supplement from Augusta Richmond County ONLY.

If I should receive more than one payment under the Law Enforcement and First Responder Grant Supplement, I must return any overpayment and, where applicable, the County may withhold funding from my wages until all funds have been returned. I further acknowledge that my failure to return any overpayment may result in prosecution and/or termination for fraud.

[Signature]  
Signature

12/08/2021  
Date

Robert S. Wilson  
Printed Name

Sheriff's office  
Department

[Redacted]  
Social Security Number

RW17962  
Employee ID Number

Sworn to and subscribed before me,  
This 8<sup>th</sup> day of December, 2021

[Signature]  
Notary Public



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











# Augusta, Georgia

## Job Description

Approved Title: Deputy  
 Working Job Title: Road Patrol Deputy  
 Department: Sheriff (5041)  
 Reports To: Sergeant

Job Code: 81NQ  
 Pay Grade: 15  
 Original Date Prepared: August 25, 1997  
 FLSA Classification: Non-exempt  
 Date Revised: June 14, 2018

Does the Position Have Direct Reports? Yes  No   
 If Yes, What is the Title of the Position that Reports to this Position:  
 Is the Position Safety Sensitive? Yes  No

**GENERAL SUMMARY:** Enforces federal, state, and local laws to protect lives and property within the guidelines of state and federal laws, traffic laws, local ordinances, and departmental policies and procedures. Reports to the Sergeant or other designated person, and works with co-workers, court systems, attorneys, judges, medical personnel, the public, and law enforcement officers to provide field operation support.

**KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS**

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
35 %	Patrols assigned zone to detect and deter criminal activity and traffic violations, and responds to calls.
35 %	Conducts preliminary inquiries, field interviews, follow-up investigations, residential and commercial/industrial security checks, and secures crime scenes.
10 %	Apprehends, arrests, and processes offenders.
10 %	Provides assistance and backup support to other officers, first aid and CPR to victims, traffic direction and escorts, and assists motorists.
5 %	Testifies in judicial proceedings.
5 %	Inspects and maintains patrol car/motorcycle.
As Required	Performs other duties of a similar nature or level.

100% Total: 100 (This section's percentage must total 100%).

**POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:**

- Patrolling assigned zone to detect and deter criminal activity.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.

**REQUIRED MINIMUM QUALIFICATIONS:**

**Education:** High School diploma, trade school, or G.E.D.

**Experience:** No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of this position. POST Certification required.

**Preferred Experience:** Previous experience in law enforcement, public safety or another related occupation.

**Knowledge/Skills/Abilities:**

- Considerable knowledge of the court system and procedures, and traffic investigation techniques and procedures.
- Familiarity with relevant federal and state laws, criminal and traffic codes, juvenile law, search and seizure laws, County ordinances, departmental policies and procedures, and geographical layout of the County.
- Proficiency in restraining persons without causing physical harm, and performing first aid and CPR.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**

- Possess or have ability to meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act/Peace Officer's Standards and Training Act.
- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Mastery of operating a police car, firearms, and emergency equipment.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

**Certification:** Georgia Post Mandate Peace Officer Certification

**Some positions may require:**

- Serve as Field Training Officer (Certification Required), and charged with training new patrol personnel.

**OTHER:**

Does this position require staff call up in an emergency situation? Yes  No

Is travel from office to other locations required of this position? Yes  No

If yes, what is the percentage of travel involved? Less than 50%? Yes  No  More than 50%? Yes  No

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

Positions in this class typically require: standing, walking, running, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing, restraining persons and repetitive motions. Work is performed in an office setting, an automobile, and field sites with exposure to noise, diseases, cold and inclement weather that may require the use of protective devices.

Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.

**FINANCIAL RESPONSIBILITY:**

Is this position involved in a budgetary or financial approval responsibility? Yes  No

If yes, please indicate size of budget or financial approval responsibility in annual dollar amount: \$ 0

**TRAINING & SUPERVISORY RESPONSIBILITY:**

How many people are being supervised or trained? None

One staff Yes  No  Two to five staff Yes  No  Six to ten staff Yes  No  More than ten staff Yes  No

The preceding job description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications required of employees to this job.

**REVIEW/APPROVALS**

Robert S. Wilson  
Employee (Print Name)

4/19/19  
Date

Job & Francis  
Line or Staff Management

4/19/19  
Date

Job & Francis  
Department Director

4/19/19  
Date

\_\_\_\_\_  
Compensation Administration Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Director

\_\_\_\_\_  
Date

# Augusta, Georgia

## Job Description

Approved Title: Jailer  
Working Job Title: Jailer  
Department: Sheriff (5034)  
Reports To: Sergeant

Job Code: 82IJ  
Pay Grade: 12  
Original Date Prepared: August 25, 1997  
FLSA Classification: Non-exempt  
Date Revised: June 14, 2018

Does the Position Have Direct Reports? Yes  No

If Yes, What is the Title of the Position that Reports to this Position:

Is the Position Safety Sensitive? Yes  No

**GENERAL SUMMARY:** Maintains order and security in the jail and ensures the safety and well-being of inmates, employees, and visitors within the guidelines of applicable state and federal laws, departmental directives, and rules and regulations. Reports to the Sergeant or other designated person and works with co-workers, inmates, attorneys, visitors, ministers, social workers, and probation, parole, court, police, and other agency personnel to provide operational support.

### KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
30 %	Monitors inmate activity, and records/maintains in log book.
20 %	Works control panel for cells, entrance to cell block, emergency exits, and visitation/attorney area.
20 %	Conducts security inspections.
10 %	Oversees inmate recreation activities.
10 %	Assists in the distribution and collection of commissary items, inmate clothing, and linen.
5 %	Performs emergency first aid to inmates as necessary.
5 %	Answers telephone and operates intercom system.
As Required	Performs other duties of a similar nature or level.

100% Total: 100

(This section's percentage must total 100%).

### POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

- Patrolling assigned zone to detect and deter criminal activity.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.

### REQUIRED MINIMUM QUALIFICATIONS:

**Education:** High School diploma, trade school, or G.E.D.

**Experience:** No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of this position.

**Preferred Experience:** Previous experience in law enforcement, public safety or another related occupation.

### Knowledge/Skills/Abilities:

- Considerable knowledge of law enforcement and the corrections process.
- Familiarity with applicable state and federal laws, county policies and procedures, and departmental directives.
- Proficiency in using GCIC/NCIC and JMS computer operations, physical restraint methods and equipment, first aid, CPR, and interpersonal communications.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.



# Augusta, Georgia

## Job Description

Approved Title: Deputy  
 Working Job Title: Road Patrol Deputy  
 Department: Sheriff (5041)  
 Reports To: Sergeant

Job Code: 81NQ  
 Pay Grade: 15  
 Original Date Prepared: August 25, 1997  
 FLSA Classification: Non-exempt  
 Date Revised: June 14, 2018

Does the Position Have Direct Reports? Yes  No

If Yes, What is the Title of the Position that Reports to this Position:

Is the Position Safety Sensitive? Yes  No

**GENERAL SUMMARY:** Enforces federal, state, and local laws to protect lives and property within the guidelines of state and federal laws, traffic laws, local ordinances, and departmental policies and procedures. Reports to the Sergeant or other designated person, and works with co-workers, court systems, attorneys, judges, medical personnel, the public, and law enforcement officers to provide field operation support.

<b>KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS</b>
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Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
35 %	Patrols assigned zone to detect and deter criminal activity and traffic violations, and responds to calls.
35 %	Conducts preliminary inquiries, field interviews, follow-up investigations, residential and commercial/industrial security checks, and secures crime scenes.
10 %	Apprehends, arrests, and processes offenders.
10 %	Provides assistance and backup support to other officers, first aid and CPR to victims, traffic direction and escorts, and assists motorists.
5 %	Testifies in judicial proceedings.
5 %	Inspects and maintains patrol car/motorcycle.
As Required	Performs other duties of a similar nature or level.

100% Total: 100

(This section's percentage must total 100%).

**POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:**

- Patrolling assigned zone to detect and deter criminal activity.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.

**REQUIRED MINIMUM QUALIFICATIONS:**

**Education:** High School diploma, trade school, or G.E.D.

**Experience:** No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of this position. POST Certification required.

**Preferred Experience:** Previous experience in law enforcement, public safety or another related occupation.

**Knowledge/Skills/Abilities:**

- Considerable knowledge of the court system and procedures, and traffic investigation techniques and procedures.
- Familiarity with relevant federal and state laws, criminal and traffic codes, juvenile law, search and seizure laws, County ordinances, departmental policies and procedures, and geographical layout of the County.
- Proficiency in restraining persons without causing physical harm, and performing first aid and CPR.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**





## Bonnie Hayes

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**From:** Robert Wilson  
**Sent:** Saturday, November 24, 2018 8:45 PM  
**To:** Bonnie Hayes  
**Subject:** Re: Emailing: Letter of Interest Basic Mandate

Ms. Hayes Im writing to let you know I am still interested in attending mandate in January. I will only have to attend the last 6 weeks. I was in class 021 at Augusta Tech. I didnt qualify during firearms and failed out. Thank you for any and all consideration.

Deputy Wilson C486

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**From:** Bonnie Hayes  
**Sent:** Tuesday, November 6, 2018 1:09:18 PM  
**To:** RCSO Personnel  
**Subject:** Emailing: Letter of Interest Basic Mandate

Please read the attachments if you are interested in attending mandate in 2019.

Bonnie

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This e-mail contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. The City of Augusta accepts no liability for the content of this e-mail or for the consequences of any actions taken on the basis of the information provided, unless that information is subsequently confirmed in writing. Any views or opinions presented in this e-mail are solely those of the author and do not necessarily represent those of the City of Augusta. E-mail transmissions cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the content of this message which arise as a result of the e-mail transmission. If verification is required, please request a hard copy version.  
AED:104.1

## Bonnie Hayes

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**From:** Robert Wilson  
**Sent:** Wednesday, June 14, 2017 11:54 AM  
**To:** Bonnie Hayes  
**Subject:** Letter of Interest

To whom it may concern,

My name is Robert Wilson. I am currently assigned to D shift at CBWDC. I am writing this letter in regards to my interest of becoming a road patrol deputy with RCSO. My date of hire was 12-3-2016 before that I was working for the Ga. Department of Corrections at Augusta State Medical Prison where I was a member of the Tactical Squad. I am currently taking online classes thru Strayer University to obtain my Bachelor's Degree in Criminal Justice. My goal is to join the SWAT team and to become an Investigator with our department. Thank you in advance for any and all consideration in letting me attend mandate.

Thank you,

Robert Wilson  
C486

Please consider the environment before printing this email.

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This e-mail contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. The City of Augusta accepts no liability for the content of this e-mail or for the consequences of any actions taken on the basis of the information provided, unless that information is subsequently confirmed in writing. Any views or opinions presented in this e-mail are solely those of the author and do not necessarily represent those of the City of Augusta. E-mail transmissions cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the content of this message which arise as a result of the e-mail transmission. If verification is required, please request a hard copy version.

AED:104.1



The City of Augusta  
Human Resources Department  
Request for Personnel Action (RPA)

HR-1 FORM

**COPY** Orig to HR on 2/2/18

Employee Name: Robert, Wilson EMP I.D.: 17962 DEPT #: 5034 Proposed Effective Date: 1/20/18

**PART 1: TYPE OF REQUEST** --> #1: must fill out Part 2-A ONLY --> #2-12: must fill out Part 2-B & Part 3 --> #13: must fill out Part 2-C & Part 3 --> #14: fill out Part 2 & 3

1.  Name/Phone/Add 2.  Reclassification 3.  Position Abolishment 4.  Transfer 5.  Promotion 6.  Demotion 7.  Interim Appointment  
8.  Suspension 9.  New Position 10.  Work Hours 11.  Rate of Pay 12.  Budget # 13.  Separation 14.  Other:

**PART 2: PREPARATION FOR PERSONNEL ACTION**

**A. PERSONAL INFORMATION**

Name Change: \_\_\_\_\_

Home Phone #: ( ) -

Cell Phone #: ( )

Office Phone #: ( ) -

Address: \_\_\_\_\_

Employee Signature (required for personal information changes): \_\_\_\_\_

Date: 1/20/18

**B. POSITION INFORMATION**

**C. SEPARATION INFORMATION**

	CHANGE FROM	CHANGE TO		SEPARATION FROM SERVICE REASON:
Dept #			<input type="checkbox"/>	VQ 01 Resignation
Job Title			<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
FLSA Status (E or NE)			<input type="checkbox"/>	VQ 03 Lay-Off/RIF
Pay Class			<input type="checkbox"/>	VQ 04 Death
Salary Grade			<input type="checkbox"/>	VQ 05 Loss of Job Requirements
PCN			<input type="checkbox"/>	VQ 06 Termination
Daily Hours			<input type="checkbox"/>	VQ 07 Retirement
Hourly Rate				Date Hired:
Bi-Weekly Salary				Last Day Worked:
Annual Salary				Separation Date:
Supplemental Pay				Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO
Safety Sensitive (Y or N)				Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO
GL Account number:				Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employee Replaced (Name & I.D.):				VAC BAL:                      COMP BAL:                      .

**PART 3: EXPLANATION FOR REQUEST**

See Attached Documentation?  YES  NO (if no, must give explanation for request)

**PART 4: DEPARTMENT APPROVAL**

This Request was Processed By: <u>Mary A. Wells</u>	Contact Phone #: ( <u>706</u> ) <u>821</u> - <u>1606</u>	Date Of Request:
Department Director Signature: <u>[Signature]</u>		Concurrence Date: <u>1/20/18</u>
Department Director Signature (2):		Concurrence Date:

If a transfer between departments, both director signatures required\*\*\*

**BELOW IS FOR HUMAN RESOURCES ONLY**

Distributed necessary copies to:  PAYROLL  BENEFITS Verified:  Employee Information  Position Information  Separation Information

Received on (date): \_\_\_\_\_ Effective on the PP begin/end date of: \_\_\_\_\_ Processed By/Date: \_\_\_\_\_

EMP MGR/Date:	HR MGR/Date:	HR Comp/Date:
EMP RELATIONS/Date:	HR DIR/Date:	City ADM/Date:



# RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

## MEMORANDUM

**To:** Major Robert Leverett  
**From:** Lt. Allan Rollins  
**Date:** April 26, 2017  
**Subject:** **Basic Jail Officer Training Course**

---

The following employees will attend the **Basic Jail Officer Training Course** from **May 29, 2017 through June 9, , 2017**. They are to report at 0730 hours, in uniform, to the **Richmond County Sheriff's Office Training Range, 2098 Greenland Road, Blythe, GA 30805**.

**Marlon Copeland – C-Shift**  
**Rodricos Drayton – A-Shift**  
**Desmond Exum – D-Shift**  
**Tommy Gunn – D-Shift**  
**Tomarrow Holmes – C-Shift**  
**Jeremy Kitchens – A-Shift**  
**Sharon Ouzts – C-Shift**  
**Kenneth Shepard – B-Shift**  
**Marlon Smith – B-Shift**  
**Travis Stearns -- A-Shift**  
**Laura Turner – B-Shift**  
**Robert Wilson – D-Shift**

For the Sheriff

# Augusta, Georgia

## Job Description

**Approved Title:** Jailer **Job Code:** 0526 **FLSA Classification:** Non-exempt  
**Working Job Title:** Jailer (12.5 Hour) **Pay Grade:** 41 **Date Revised:** September 25, 2011  
**Department:** Sheriff (5032/5034) **Original Date Prepared:** August 25, 1997  
**Reports To:** Sergeant  
**Does the Position Have Direct Reports?** Yes  No   
**If Yes, What is the Title of the Position that Reports to this Position:**  
**Is the Position Safety Sensitive?** Yes  No

**GENERAL SUMMARY:** Maintains order and security in the jail and ensures the safety and well-being of inmates, employees, and visitors within the guidelines of applicable state and federal laws, departmental directives, and rules and regulations. Reports to the Sergeant or other designated person and works with co-workers, inmates, attorneys, visitors, ministers, social workers, and probation, parole, court, police, and other agency personnel to provide operational support.

**KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS**

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
30 %	Monitors inmate activity, and records/maintains in log book.
20 %	Works control panel for cells, entrance to cell block, emergency exits, and visitation/attorney area.
20 %	Conducts security inspections.
10 %	Oversees inmate recreation activities.
10 %	Assists in the distribution and collection of commissary items, inmate clothing, and linen.
5 %	Performs emergency first aid to inmates as necessary.
5 %	Answers telephone and operates intercom system.
As Required	Performs other duties of a similar nature or level.

100% Total: 100 (This section's percentage must total 100%).

**POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:**

- Patrolling assigned zone to detect and deter criminal activity.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.

**REQUIRED MINIMUM QUALIFICATIONS:**

**Education:** High School diploma, trade school, or G.E.D.  
**Experience:** No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of this position.  
**Preferred Experience:** Previous experience in law enforcement, public safety or another related occupation.

**Knowledge/Skills/Abilities:**

- Considerable knowledge of law enforcement and the corrections process.
- Familiarity with applicable state and federal laws, county policies and procedures, and departmental directives.
- Proficiency in using GCIC/NCIC and JMS computer operations, physical restraint methods and equipment, first aid, CPR, and interpersonal communications.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**

- Possess or have ability to meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act/Peace Officer's Standards and Training Act.
- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

**Certification:** Georgia Post Mandate Jailer Certification

**Some positions may require:**

- CPR and First Aid annual training.

**OTHER:**

Does this position require staff call up in an emergency situation? Yes  No

Is travel from office to other locations required of this position? Yes  No

If yes, what is the percentage of travel involved? Less than 50%? Yes  No  More than 50%? Yes  No

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

Positions in this class typically require: standing, walking, running, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing, using tools and equipment that require a high degree of manual dexterity, ability to distinguish between shades of colors, and physically subdue individuals when required. Work is performed in a jail with exposure to diseases, dirt, dust, and physical confrontations.

Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.

**FINANCIAL RESPONSIBILITY:**

Is this position involved in a budgetary or financial approval responsibility? Yes  No

If yes, please indicate size of budget or financial approval responsibility in annual dollar amount: \$ 0

**TRAINING & SUPERVISORY RESPONSIBILITY:**

How many people are being supervised or trained? None

One staff Yes  No  Two to five staff Yes  No  Six to ten staff Yes  No  More than ten staff Yes  No

The preceding job description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications required of employees to this job.

**REVIEW/APPROVALS**

Robert S. Wilson  
Employee (Print Name)

6/6/17  
Date

Job & Francis  
Line or Staff Management

6/6/17  
Date

Job & Francis  
Department Director

6/6/17  
Date

\_\_\_\_\_  
Compensation Administration Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Director

\_\_\_\_\_  
Date



# RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

## POLICY RECEIPT ACKNOWLEDGEMENT

In August 2011, Chapter 19, "Persons with Mobility Devices," was developed, adopted, and implemented in the Richmond County Sheriff's Office Policy and Procedures Manual.

I am aware of this addition to the policy manual. I have been issued the policy, I have read the policy, and I understand the policy. I further understand that if a supervisor or member of the training staff have not already discussed the policy with me, it will be done within the near future.

I have received, read and understand the above referenced policy, which was adopted into the R.C.S.O. Policy & Procedures Manual as Chapter 19 in August of 2011:

*Robert S. Wilson*

Employee Signature

*11-22-2016*

Date

*Robert S. Wilson*

Printed Name



# RICHMOND COUNTY SHERIFF'S OFFICE

**Sheriff Richard Roundtree**

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

## PERSONNEL MEMORANDUM

**To:** All Personnel

**From:** Major Robert Leverett 

**Date:** November 23, 2016

**Subject:** New Employee

---

Effective Saturday, December 3, 2016, Robert Wilson will be assign to D-Shift (CBWDC) under the direct supervision of Lt. David Griffin. Deputy Wilson will attend County Orientation on Monday, December 5<sup>th</sup>, then report to Deputy Ryan Gregory for training Tuesday, December 6<sup>th</sup> through Friday December 9<sup>th</sup> at 0830 hours. Deputy Wilson will report for shift duty Saturday, December 10<sup>th</sup> at 1745 hours.

All personnel govern themselves accordingly.





# RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

## BASIC MANDATE / ADVANCED / SPECIALIZED TRAINING AGREEMENT

(Revised 10/09/15)

### A. Definitions

- I. The individual named below in the "Employee Information" section shall be hereinafter referred to as the "Employee".
- II. The Richmond County Sheriff's Office shall be hereinafter referred to as the "Agency".
- III. The total costs of training to include salary, tuition and any and all other reasonable expenses shall be hereinafter referred to as "total costs".

### B. Agreement

The employee shall be responsible to reimburse the Agency for all costs according to the following schedule:

- I. If the employee leaves employment, not including termination, from one day to fifteen (15) months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or any formalized training courses, the employee shall be responsible for reimbursing 100% of all costs as outlined in section A.III. above. Formalized training is considered as any course(s) other than in-service training.
- II. If the employee leaves employment, not including termination, from month fifteen (15), day one to twenty-four (24) months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or any formalized training courses, the employee shall be responsible for reimbursing fifty (50%) of all costs as outlined in section A.III. above. Formalized training is considered as any course(s) other than in-service training.
- III. The agency may enforce collection of this obligation through all available civil remedies and procedures.
- IV. The provisions of this agreement may be waived by the Sheriff due to mitigating circumstances which would make enforcement of this agreement unreasonable.

### C. Attestation

This agreement is entered into freely and voluntarily and I am fully aware of all obligations contained within this agreement.

Robert Stevenson Wilson 11/21-2016      *[Signature]* 11-21-2016  
 Employee Name (Please Print)      Date      Signature of Employee      Date

Deanna Carrens 11/21/16      *[Signature]* 11-21-16  
 Agency Representative (Please Print)      Date      Signature of Representative      Date



**General Factors**

**This section is for all line level personnel who are not in a supervisory capacity. These categories are wide ranging and generic to fit all positions.**

1. Ability to make sound decisions / effective under stress

Y  N

Dep. Wilson has the ability to make sound decisions and is effective under stressful situations.

2. Has initiative/accepts responsibility/volume of acceptable work

Y  N

Dep. Wilson is always able to keep a check of problem areas in the Zone. When Dep. Wilson makes a mistake he is always honest and takes responsibility for his actions. Dep. Wilson is pro-active on the Zone and is always willing to do whatever is asked of him.

3. Work knowledge and job skill level / problem solving

Y  N

Dep. Wilson is knowledgeable and helps the newer Deputies on calls. Dep. Wilson takes the initiative to solve problems on his own, but will reach out if he needs help. I encourage Dep. Wilson wants to attend FTO Training officer class and I have encouraged him to find one.

4. Accepts directions / constructive criticism

Y  N

Dep. Wilson takes correction / constructive criticism well. He has no problem taking advice from me as his supervisor, and I see him using the things that we discuss to guide his decisions on future calls.

5. Accuracy, neatness, and thoroughness of work

Y  N

Dep. Wilson is accurate, neat, and thorough on calls and report writing.

6. Observance of rules and safety practices

Y  N

Dep. Wilson shows that he has a good working knowledge and understanding of the rules and policies set forth by this agency.

7. Attendance / uniform and grooming / equipment maintenance

Y  N

Dep. Wilson has used a few sick days this year due to COVID and other health issues, but barring doctors orders he is at work. He is always early on the days he comes to work. His uniform is always neat.

### Supervisory Factors

This page is for supervisors with at least one direct report. The subjects are designed to identify supervisory skills and develop our supervisors. There is no need to complete the general factors page for supervisors.

1. Leadership

Y  N

2. Decision Making

Y  N

3. Credibility With Subordinates

Y  N

4. Ability to Plan and Schedule

Y  N

5. Resource Allocation

Y  N

6. Develops / Trains subordinates

Y  N

7. Evaluating Subordinates

Y  N

8. Delegation

Y  N

9. Job Knowledge/Skill

Y  N

**OVERALL PERFORMANCE SUMMARY**

Date: 11/24/21

Immediate Supervisor's Signature: \_\_\_\_\_

OR 13608/1331

Date: 11/24/21

Evaluation Meeting Conducted By: Sgt. Shaun Nguyen B-31

By: \_\_\_\_\_

By: \_\_\_\_\_

**Notes on evaluation meeting:**

Dep. Wilson is a dependable asset to the shift and Zone. Dep. Wilson was reminded to be professional and to make sure to utilize his BWC on all calls for service. Dep. Wilson stressed his desire to become an FTO and was reminded of the example he needs to set as a Training Officer and Supervisor in the future. I have no doubt that if Dep. Wilson sets his mind to become an FTO he will do an outstanding job of training.

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

**Comments:**

Deputy Wilson has continued to increase his knowledge of being a police officer. He has produced positive proactive contacts throughout the year, and he is an asset to his shift. Deputy Wilson should continue to work towards holding himself to a higher standard and provide professional service to all citizens of Richmond County.

Date: 11/24/21

Signature: \_\_\_\_\_

Lt. Danny Whitehead

Digitally signed by Lt. Danny Whitehead  
Date: 2021.11.24 08:32:01 -05'00'

Title: \_\_\_\_\_

Lieutenant

I understand the contents of this appraisal and it has been discussed with me.

Date: 11/24/2021

Signature: \_\_\_\_\_

[Signature] 4586/3302

**Employee Comments:**

I would like to attend FTO and other classes when made available.

# RCSO

# PERFORMANCE

# APPRAISAL



WILSON, Robert 17962

2020



**Supervisory Factors**

This page is for supervisors with at least one direct report. The subjects are designed to identify supervisory skills and develop our supervisors. There is no need to complete the general factors page for supervisors.

1. Leadership

Y  N

2. Decision Making

Y  N

3. Credibility With Subordinates

Y  N

4. Ability to Plan and Schedule

Y  N

5. Resource Allocation

Y  N

6. Develops / Trains subordinates

Y  N

7. Evaluating Subordinates

Y  N

8. Delegation

Y  N

9. Job Knowledge/Skill

Y  N



**RCSO**  
**PERFORMANCE APPRAISAL REPORT FORM**

1. Type of Review

XX Annual  
           Other

2. Review Period

From: 1-Jan-18 To: 31-Dec-18

3. Next Review Date

31-Dec-18

4. Employee Name: Wilson, Robert	5. Employee Classification/Title: DEPUTY SHERIFF/JAILER
6. Division JAIL DIVISION	

**DEFINITION OF RATINGS**

**Superior:**

Performance is consistently and significantly beyond established standards. Achieves performance objectives at a fully outstanding level and demonstrates exceptional skill levels.

**Exceeds Expectations:**

Performance is consistently above adequate skills. Achieves performance objectives, often beyond expectations.

**Meets Expectations:**

Performance consistently meets job requirements. Achieves performance objectives as stated.

**Below Expectations:**

Performance in one or more skills is less than expected and needs improvement. Direction, supervision and learning are required if performance objectives are to be achieved.

**Unsatisfactory:**

Performance in several skills is substantially weak. Performance objectives are not met even with close supervision. Substantial improvement by the employee is required.

**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**General Factors**

U= Unsatisfactory NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

- 1. Professionalism  U  NI  ME  EE  S
- 2. Attendance  U  NI  ME  EE  S
- 3. Observance of Rules and Safety Practices  U  NI  ME  EE  S
- 4. Economy of Time and Materials  U  NI  ME  EE  S
- 5. Initiative  U  NI  ME  EE  S
- 6. Ability to Make Sound Decisions  U  NI  ME  EE  S
- 7. Accepts Responsibility  U  NI  ME  EE  S
- 8. Accepts Directions/Constructive Criticism  U  NI  ME  EE  S
- 9. Interpersonal Skills/Attitude  U  NI  ME  EE  S
- 10. Volume of Acceptable Work  U  NI  ME  EE  S
- 11. Effectiveness Under Stress  U  NI  ME  EE  S
- 12. Uniform and Grooming  U  NI  ME  EE  S
- 13. Cooperation with Fellow Employees  U  NI  ME  EE  S
- 14. Proactive Contacts  Does Not Apply  U  NI  ME  EE  S
- 15. Performance in New Situations  U  NI  ME  EE  S
- 16. Work Knowledge and Job Skill Level  U  NI  ME  EE  S
- 17. Problem-solving  U  NI  ME  EE  S
- 18. Accuracy, Neatness, and Thoroughness of Work  U  NI  ME  EE  S
- 19. Written/Oral Expression  U  NI  ME  EE  S
- 20. Equipment Maintenance  U  NI  ME  EE  S

**TOTAL:**

	2	17		
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**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**1. Record job strengths and superior performance incidents.**

Deputy Wilson has 2 years of service with this department. Deputy Wilson has shown the desire to do a great job. His knowledge of the job is improving daily. His unknown knowledge is being corrected due to his asking questions of the unknown or not sure.

**2. Record specific performance deficiencies or job behavior requiring improvement or correction.**

Deputy Wilson has made a decision that needed more thought process and supervisor input. The issue was corrected with necessary corrected actions.

**3. List goals and objectives for this employee and how and when they should be accomplished.**

**Goals and Objectives**

Deputy Wilson will be recommended for any type of training on any level for job performance enhancement. This will also allow him the opportunity to excel in the department.

**How to Accomplish**

In the coming future, Deputy Wilson will be recommended to attend any type of training classes in the near future.

**OVERALL PERFORMANCE SUMMARY**

Given the performance dimension ratings and review of accomplishment of performance objectives, the employee's overall performance is rated as:

     Superior           Exceeds Expectations      xx Meets Expectations           Needs Improvement           Unsatisfactory

**Comments:**

Deputy Wilson is a strong officer on this shift. His asset to the department has been seen and expressed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Actions for Improvement/Development:**

Improvement of Deputy Wilson performance will be assisted by his attending training classes on all levels and any other training provided.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: 010519  
Date: \_\_\_\_\_

Immediate Supervisor's Signature: [Signature]  
Evaluation Meeting Conducted By: \_\_\_\_\_  
By: \_\_\_\_\_  
By: \_\_\_\_\_

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: 1/8/19 Signature: [Signature]  
Title: Capt

I understand the contents of this appraisal and it has been discussed with me.

Date: 1-5-2019 Signature: [Signature]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**General Factors**

U= unsatisfactory NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

- |  |  |
|--|--|
| 1. Professionalism                               | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 2. Attendance                                    | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 3. Observance of Rules and Safety Practices      | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 4. Economy of Time and Materials                 | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 5. Initiative                                    | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 6. Ability to Make Sound Decisions               | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 7. Accepts Responsibility                        | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 8. Accepts Directions/Constructive Criticism     | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 9. Interpersonal Skills/Attitude                 | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 10. Volume of Acceptable Work                    | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 11. Effectiveness Under Stress                   | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 12. Uniform and Grooming                         | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 13. Cooperation with Fellow Employees            | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 14. Proactive Contacts                           | <input checked="" type="checkbox"/> Does Not Apply <input type="checkbox"/> U <input type="checkbox"/> NI <input type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 15. Performance in New Situations                | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 16. Work Knowledge and Job Skill Level           | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 17. Accuracy, Neatness, and Thoroughness of Work | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 18. Written/Oral Expression                      | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |
| 19. Equipment Maintenance                        | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S   |

TOTAL: 18

		18	
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**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**Supervisory Factors**

U= unsatisfactory NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

1. Leadership	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input type="checkbox"/> S						
2. Decision Making	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input type="checkbox"/> S						
3. Credibility With Subordinates	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input type="checkbox"/> S						
4. Ability to Plan and Schedule	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input type="checkbox"/> S						
5. Job Knowledge/Skill	<input type="checkbox"/> U	<input type="checkbox"/>	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input type="checkbox"/> S						
6. Resource Allocation	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input type="checkbox"/> S						
7. Professional Development	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input type="checkbox"/> S						
8. Evaluating Subordinates	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input type="checkbox"/> S						
9. Delegation	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input type="checkbox"/> S						
<b>TOTAL:</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										

**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**1. Record job strengths and superior performance incidents.**

DEPUTY WILSON IS ALWAYS WILLING TO WORK WITH OTHERS.  
HAS A GREAT ATTITUDE WHILE DOING HIS DUTIES.

**2. Record specific performance deficiencies or job behavior requiring improvement or correction.**

WORK TOWARDS LEARNING PROCESSING AREA.

**3. List goals and objectives for this employee and how and when they should be accomplished.**

**Goals and Objectives**

LEARN MORE OF THE DAILY OPERATIONS OF THE JAIL.

**How to Accomplish**

WORK OTHER AREAS OF THE JAIL.



**OVERALL PERFORMANCE SUMMARY**

Given the performance dimension ratings and review of accomplishment of performance objectives, the employee's overall performance is rated as:

     Superior         Exceeds Expectations      X   Meets Expectations         Needs Improvement         Unsatisfactory

**Comments:**

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**Actions for Improvement/Development:**

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Date: 12-14-17 Immediate Supervisor's Signature: [Signature]  
Date: 12-13-17 Evaluation Meeting Conducted By: [Signature]  
By: \_\_\_\_\_  
By: \_\_\_\_\_

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

**Comments:**

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Date: 12/18/17 Signature: [Signature]  
Title: Captain

I understand the contents of this appraisal and it has been discussed with me.

Date: 12-13-2017 Signature: [Signature]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# RICHMOND COUNTY SHERIFF'S OFFICE

**Sheriff Richard Roundtree**

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

**DEPUTY:** Robert Wilson **EMPLOYEE ID:** 17962

**DATE OF VIOLATION:** November 6, 2021

**VIOLATION OF S.O.P. #:** 4.4.1 Manner of Conduct, 5.3-7 Audio and Video Recording

On November 6, 2021, Deputy Robert Wilson responded to a domestic violence incident at 2916 Washington Road. The complainant/victim advised Deputy Wilson that the suspect (her boyfriend) in the case, had cut his wrist, and he was at an unknown location bleeding. Deputy Wilson responded to her concern with an insensitive comment. Deputy Wilson stated "He can bleed out". "Fuck him". Deputy Robert Wilson violated policy due to his manner of conduct.

Deputy Robert Wilson failed to activate his BWC during this call. Deputy Wilson violated policy by failing to do so. This is Deputy Wilson's 1<sup>st</sup> violation of the BWC policy.

Deputy Wilson advised that he understands that his actions were not appropriate, and that he most remain professional at all times. He stated that this would not occur again.

**DISCIPLINARY ACTION INITIATED BY:** Lt. Danny Whitehead

**DATE:** November 16, 2021

**PROPOSED ACTION:** 2 Days of Suspension (16 hours)

**REVIEWED BY: (IF APPLICABLE)**

<b>CORPORAL</b>	_____	<b>DATE:</b>	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
<b>SERGEANT</b>	_____	<b>DATE:</b>	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
<b>LIEUTENANT</b>	<u>Danny Whitehead</u>	<b>DATE:</b>	<u>11/18/21</u>	<input checked="" type="checkbox"/> Agree	<input type="checkbox"/> Disagree
<b>CAPTAIN</b>	_____	<b>DATE:</b>	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
<b>MAJOR:</b>	_____	<b>DATE:</b>	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
<b>LT. COLONEL</b>	_____	<b>DATE:</b>	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
<b>COLONEL</b>	_____	<b>DATE:</b>	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
<b>CHIEF DEPUTY</b>	_____	<b>DATE:</b>	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
<b>SHERIFF:</b>	_____	<b>DATE:</b>	_____	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree

**SHERIFF'S OR DESIGNEE RECOMMENDATION:**

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYEE'S SIGNATURE:** *Robert Wilson* (17962)



# RICHMOND COUNTY SHERIFF'S OFFICE

**Sheriff Richard Roundtree**

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

**DEPUTY:** Robert Wilson **EMPLOYEE ID:** 18518

**DATE OF VIOLATION:** September 2, 2018

**VIOLATION OF S.O.P. #:** RCSO PPM 4.26 - Unsatisfactory Performance / FAILURE TO DO REPORT

September 5, 2018 - Inmate Reginald Trumpler filed a grievance against you. The complaint was displaying your Taser toward him. Video search confirmed the complaint. The incident occurred on September 2 @0655 hrs. The issues in this incident are Failure to make an Officer Assistance call about trouble with an inmate; Failure to notify a Taser displayed; Failure to do a Use of Force Report; and Failure to notify a Supervisor.

The actions stated are unacceptable. Necessary corrections needed immediately. Failure to make necessary corrections will result in further disciplinary actions.

Recommended disciplinary actions listed below.

**DISCIPLINARY ACTION INITIATED BY:** Lt. Moses Cheatham A949/A24 *[Signature]*

**DATE:** September 5, 2018

**PROPOSED ACTION:** Two (2) Days Suspension

**REVIEWED BY: (IF APPLICABLE)**

	DATE:	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	<u>Recommendation</u>
<b>CORPORAL:</b> _____	DATE: _____	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____
<b>SERGEANT:</b> _____	DATE: _____	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____
<b>LIEUTENANT:</b> <i>[Signature]</i>	DATE: <u>09/16/18</u>	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____
<b>CAPTAIN:</b> <i>[Signature]</i>	DATE: <u>9/10/18</u>	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____
<b>MAJOR:</b> <i>[Signature]</i>	DATE: <u>9-10-18</u>	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____
<b>COLONEL:</b> _____	DATE: _____	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____
<b>CHIEF DEPUTY:</b> _____	DATE: _____	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____
<b>SHERIFF:</b> _____	DATE: _____	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____

**FINAL DISPOSITION:**

\_\_\_\_\_

**EMPLOYEE'S SIGNATURE:** *[Signature]*

# EMPLOYEE INFORMATION SHEET:

**Name:** Robert S. Wilson  
**Address:** [REDACTED]  
**Phone:** [REDACTED]  
**SSN:** [REDACTED]  
**Hire Date:** 12/03/16  
**Orientation:** Monday, December 5, 2016 @ 9:00am (See Orientation sheet for Location)  
**Date to Report:** Tuesday, December 6, 2016 @ 8:30am ( Jail Administration see Dep. Gregory )  
**Assigned Shift:** "D"  
**Supervisor:** Lt. Griffin  
**Salary (bi-weekly):** \$1,234.55                      **Salary (annual):** \$32,098.30  
**First Check:** 12/23/16  
**Computer #:** C486

## P.O.S.T. PAPERWORK – Susan Epps (706-821-1120)

**FINGERPRINTS & PHOTO** Jail Administration  
Charles B. Webster Detention Center, 1941 Phinizy Road

**ROAD DEPUTIES** Training Range (Weapon)

**UNIFORMS** Ttreon Bush (Quartermaster)  
Warehouse building behind Red Lobster-  
Enter through gates via Walton Way

**SWEARING-IN** Wednesday, November 30, 2016 @ 9:00am    **Be there by 8:30am**  
Judge Harry B. James, III  
Probate Court  
Augusta Judicial Center  
735 James Brown Blvd. Suite 1000  
(Do not wear uniform)



# RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

## Orientation Information

Date: 11/21/16

To: Robert S. Wilson

Employee's Position: Jailer 12.5

Congratulations! I would like to take this opportunity to welcome and congratulate you on your selection for employment with the City of Augusta. I am certain you have questions about benefits, policies and procedures, etc. The purpose of this letter is to inform you about orientation. Orientation will answer your questions regarding the employment policies and health benefits available to the City of Augusta employees. You attend orientation on your first day of work. Your first scheduled day of work at your designated work-site will be Tuesday, December 6, 2016 @8:30am (Jail). Your bi-weekly salary for this position is \$1,234.55. The City of Augusta has 26 pay-periods. You will have the option to sign up for direct deposit at orientation. **Orientation is scheduled for Monday, December 5, 2016 from 9:00 a.m. until 5:00 p.m. at the Municipal Building, 535 Telfair Street, Human Resources (1st floor).** Please be present and on time. Attendance is mandatory. You should bring the following items with you: a black ink pen, birth dates and social security numbers of your dependents.

Please note that this letter does not constitute a contract of employment. If you have any questions concerning this information, please call me at 706-821-2851. I look forward to seeing you at orientation.

Sincerely,

Employment Manager  
Human Resources Department

Issued By: Deanna Carreras  
Personnel, Sheriff's Office

**NEW HIRE NOTIFICATION/CONFIRMATION**

**\*\*\*PLEASE COMPLETE ALL BLANKS\*\*\***

**TO: Employment Manager  
Human Resources**

**DATE: 11/21/16**

**From: Sheriff  
(Department Name)**

**5034  
(Department #)**

Payroll Class. Title	Jailer 12.5
Salary Grade	41
Annual Salary/Bi-weekly Salary	\$1,234.55 / \$32,098.30
	(% over entry) _____ **11% or more over entry requires submission of Commission Approval Letter
Hourly rate	\$15.43
Allowance (specify, example: clothing, car, etc.)	
Hours per day	12.5Hrs.
E Time Pay Rule	12.5Hrs.; 30Mins N/D
PCN Number	SPR0526153

**Robert S. Wilson**

Has been selected for consideration in the above mentioned vacancy. If hiring requirements are met, the Human Resources Department will advise as soon as possible. All new full-time employees will attend orientation on the Monday of the new pay period. Please circle the effective date (No employee will be entered on payroll or start work prior to orientation).

<u>2016</u>					
JANUARY	4	19		JULY	5 18
FEBRUARY	1	15	29	AUGUST	1 15 29
MARCH	14	28		SEPTEMBER	12 26
APRIL	11	25		OCTOBER	10 24
MAY	9	23		NOVEMBER	7
JUNE	6	20		DECEMBER	5

**E. Kirk**

**6853/ SPR0526153**

**5034**

**(Replaced employee)**

**(Employee # and PCN)**

**(Dept #)**

*John A. Francisco*

**Department Director's Signature**



# Augusta, Georgia

## Job Description

Approved Title: Jailer

Job Code: 0526

FLSA Classification: Non-exempt

Working Job Title: Jailer (12.5 Hour)

Pay Grade: 41

Date Revised: September 25, 2011

Department: Sheriff (5032/5034)

Original Date Prepared: August 25, 1997

Reports To: Sergeant

Does the Position Have Direct Reports? Yes  No

If Yes, What is the Title of the Position that Reports to this Position:

Is the Position Safety Sensitive? Yes  No

**GENERAL SUMMARY:** Maintains order and security in the jail and ensures the safety and well-being of inmates, employees, and visitors within the guidelines of applicable state and federal laws, departmental directives, and rules and regulations. Reports to the Sergeant or other designated person and works with co-workers, inmates, attorneys, visitors, ministers, social workers, and probation, parole, court, police, and other agency personnel to provide operational support.

### KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
30 %	Monitors inmate activity, and records/maintains in log book.
20 %	Works control panel for cells, entrance to cell block, emergency exits, and visitation/attorney area.
20 %	Conducts security inspections.
10 %	Oversees inmate recreation activities.
10 %	Assists in the distribution and collection of commissary items, inmate clothing, and linen.
5 %	Performs emergency first aid to inmates as necessary.
5 %	Answers telephone and operates intercom system.
As Required	Performs other duties of a similar nature or level.

100% Total: 100

(This section's percentage must total 100%).

### POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

- Patrolling assigned zone to detect and deter criminal activity.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.

### REQUIRED MINIMUM QUALIFICATIONS:

**Education:** High School diploma, trade school, or G.E.D.

**Experience:** No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of this position.

**Preferred Experience:** Previous experience in law enforcement, public safety or another related occupation.

### Experience:

### Knowledge/Skills/Abilities:

- Considerable knowledge of law enforcement and the corrections process.
- Familiarity with applicable state and federal laws, county policies and procedures, and departmental directives.
- Proficiency in using GCIC/NCIC and JMS computer operations, physical restraint methods and equipment, first aid, CPR, and interpersonal communications.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**

- Possess or have ability to meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act/Peace Officer's Standards and Training Act.
- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

**Certification:** Georgia Post Mandate Jailer Certification

**Some positions may require:**

- CPR and First Aid annual training.

**OTHER:**

Does this position require staff call up in an emergency situation? Yes  No

Is travel from office to other locations required of this position? Yes  No

If yes, what is the percentage of travel involved? Less than 50%? Yes  No  More than 50%? Yes  No

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

Positions in this class typically require: standing, walking, running, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing, using tools and equipment that require a high degree of manual dexterity, ability to distinguish between shades of colors, and physically subdue individuals when required. Work is performed in a jail with exposure to diseases, dirt, dust, and physical confrontations.

Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.

**FINANCIAL RESPONSIBILITY:**

Is this position involved in a budgetary or financial approval responsibility? Yes  No

If yes, please indicate size of budget or financial approval responsibility in annual dollar amount: \$ 0

**TRAINING & SUPERVISORY RESPONSIBILITY:**

How many people are being supervised or trained? None

One staff Yes  No  Two to five staff Yes  No  Six to ten staff Yes  No  More than ten staff Yes  No

The preceding job description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications required of employees to this job.

**REVIEW/APPROVALS**

Employee (Print Name)	_____	Date	_____
	<i>John Francis</i>		<i>11-21-16</i>
Line or Staff Management	_____	Date	_____
	<i>John Francis</i>		<i>11-21-16</i>
Department Director	_____	Date	_____
Compensation Administration Staff	_____	Date	_____
HR Director	_____	Date	_____





AUGUSTA-RICHMOND COUNTY  
HUMAN RESOURCES QUESTIONNAIRE

NAME: Robert S. Wilson HOME PHONE: [REDACTED]  
ADDRESS: [REDACTED]

(STREET) (CITY) (STATE) (ZIP)  
DATE OF BIRTH: [REDACTED] SEX:  MALE  FEMALE

SOCIAL SECURITY NUMBER: [REDACTED] U.S. CITIZEN  YES  NO

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  
RACE:  WHITE  BLACK  ASIAN AMERICAN  HISPANIC  OTHER

CIRCLE HIGHEST SCHOOLING COMPLETED: GRADE SCHOOL: 4 5 6 7 8  
HIGH SCHOOL: 9 10 11 (12) GED  
COLLEGE: 1 2 3 4  
GRADUATE: 1 2 3

RELATIVES EMPLOYED WITH AUGUSTA-RICHMOND COUNTY: ( ) YES (X) NO  
IF YES, NAME: RELATIONSHIP:

DEPARTMENT:

IN EMERGENCY NOTIFY: [REDACTED] (NAME) [REDACTED] (PHONE)

PREVIOUSLY EMPLOYED BY ANY DEPARTMENT IN AUGUSTA-RICHMOND COUNTY?

(X) NO ( ) YES DATE LEFT:

*Robert S. Wilson*  
(SIGNATURE)

11-21-2016  
(DATE)

FOR OFFICE USE ONLY: (TO BE COMPLETED BY PERSONNEL STAFF)

DATE OF EMPLOYMENT: DEPARTMENT NUMBER:

POSITION TITLE: CLASS CODE: PAY CLASS:

SALARY: GRADE: ALLOWANCE:

STATUS: HOURS PER DAY: CALENDAR:

REPLACED: EMPLOYEE NUMBER:

PCN:

TAX CODE: FEDERAL (S,M) DEP: STATE: (S, M, J, H) DEP:  
ADDITIONAL: ADDITIONAL:

ORIENTATION DATE:

SENT ORIENTATION SCHEDULE:

## SUBSTANCE ABUSE COVERAGE FORM

I, Robert S. Wilson, have read and understand the below Richmond County Substance Abuse Policy.

I further understand that the use, possession, sale or distribution of alcohol, drugs, or controlled substances in the workplace is strictly prohibited.

For purposes of this policy "drugs or controlled substances" includes legal and illegal (street) drugs taken for non-medical reasons. It does not include prescription medication taken in accordance with a physician's instructions. I also understand that the presence of such substances in my system during work hours places unacceptable risk and burden on the safe and efficient operation of my job, and consequently, is strictly forbidden.

I also understand that if arrested and/or convicted for off-the-job drug and alcohol activities, including driving under the influence, some persons in some job assignments may have action taken against them, taking into consideration among other things, the nature of the charge, job assignment, and record with the County.

I also understand, in connection with the Richmond County Substance Abuse Program, that "for reasonable cause", (paragraph F page 2 - Annex B of the Safety/Risk Management Manual adopted April 29, 1987) I am subject to testing for the presence of drugs and alcohol in my system.

I fully understand that my cooperation with, and adherence to, Richmond County's Policies and Procedures regarding substance abuse are conditions of my continued employment and that, if I violate, or am insubordinate by refusing to cooperate with any of these policies and procedures, I am subject to discipline, up to and including discharge.

SIGNATURE: \_\_\_\_\_



DATE: \_\_\_\_\_

11-21-2016

**AUGUSTA-RICHMOND COUNTY**  
**USE OF POLYGRAPH EXAMINATIONS**

**SECTION I: POLICY**

- A. This policy is to be followed in the utilization of polygraph examinations whenever they are used as part of an investigation of alleged impropriety or misconduct by officers, employees, or agents of Richmond County, Georgia.
- B. All Richmond County employees or agents are required to cooperate with supervisors and investigators in the process of conducting investigations of, incidents of, and reports alleging impropriety or misconduct on the part of any officer, employee, or agent including, but not limited to, the providing of written or oral testimony under oath and submission to an examination by polygraph.
- C. Supervisory personnel investigating impropriety or misconduct by employees, investigators employed by Richmond County or investigative agents of other organizations and agencies specifically approved and commissioned to undertake an internal investigation of any Richmond County operated or funded activity, are authorized to employ polygraph examinations.
- D. Polygraph examinations may be administered only by persons employed as polygraph examiners by a law enforcement agency or by persons licensed by the Georgia Board of Polygraph Examiners or licensed in some other state to conduct such examinations. The questions asked in any polygraph examination must relate narrowly and directly to the subject's participation in the alleged impropriety or misconduct under investigation or to his knowledge of information pertaining to such impropriety or misconduct.
- E. Refusal of an order to submit to a polygraph examination under the circumstances covered in this policy shall be considered to be refusal to follow a direct order and shall constitute cause for initiation of adverse action based upon insubordination.

TO: WHOM IT MAY CONCERN  
SUBJECT: USE OF POLYGRAPH EXAMINATION

I, Robert S. Wilson an employee of Richmond County Georgia, have read Annex B to the Richmond County Policy and Procedures Manual, USE OF POLYGRAPH EXAMINATION. I understand the contents of this annex and how it applies to me in my employment by Augusta-Richmond County.



(signature)

11-21-2016

(date)

  
(witness)

11-21-16  
(date)

## GEORGIA CRIME INFORMATION CENTER AWARENESS STATEMENT

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.G.C.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

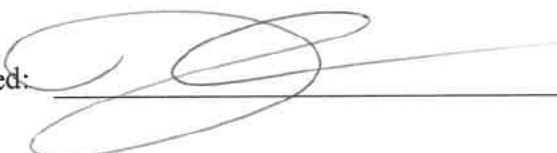
The Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen 15 years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. §35-3-31. All databases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Print Name: Robert S. Wilson

Signed:  Date: 11-21-2016

Witnessed:  Date: 11-21-16

## Direct Deposit Notification Form

To be signed by all new hires and rehires on or after November 15, 2011

In accordance with the Mandatory Direct Deposit policy approved by the Augusta Richmond Commission on November 15, 2011, any person hired or rehired as an employee of Augusta, Georgia on or after November 15, 2011 is required to accept all payroll related payments by direct deposit. The policy can be found on the Augusta Finance department's website.

I understand that as a condition of employment, I must comply with the policy and enroll in direct deposit on the first day of orientation. If I am unable to establish a bank account, I will provide a letter from a banking institution stating that fact. In that case, I agree to receive my payroll payments thru the debit card program administered by the institution where the Augusta payroll account resides, currently Bank of America (which may be subject to change).

— Employee Name (please print) ROBERT STEVENSON WILSON  
— Employee Signature *Rob S. Wilson* Date 11-21-2016

To be completed by Human Resources:

Employee ID number \_\_\_\_\_ Position title: \_\_\_\_\_

Department \_\_\_\_\_ Date of Hire: \_\_\_\_\_

This form to be filed in the employee's permanent file.

**STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

1a. YOUR FULL NAME <i>Robert Stevenson Wilson</i>	1b. YOUR SOCIAL SECURITY NUMBER [REDACTED]
2a. HOME ADDRESS (Number, Street, or Rural Route) [REDACTED]	2b. CITY, STATE AND ZIP CODE [REDACTED]

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

**3. MARITAL STATUS**

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: Enter 0 or 1 ..... [ ]
- B. Married Filing Joint, both spouses working:  
Enter 0 or 1 ..... [0]
- C. Married Filing Joint, one spouse working:  
Enter 0 or 1 or 2 ..... [ ]
- D. Married Filing Separate:  
Enter 0 or 1 ..... [ ]
- E. Head of Household:  
Enter 0 or 1 ..... [ ]

**4. DEPENDENT ALLOWANCES** [ ]

**5. ADDITIONAL ALLOWANCES** [ ]  
(worksheet below must be completed)

**6. ADDITIONAL WITHHOLDING \$** \_\_\_\_\_

**WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES**

(Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself:  Age 65 or over  Blind

Spouse:  Age 65 or over  Blind

Number of boxes checked \_\_\_\_\_ x 1300.....\$ \_\_\_\_\_

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions.....\$ \_\_\_\_\_

B. Georgia Standard Deduction (enter one):  
Single/Head of Household \$2,300  
Each Spouse \$1,500 \$ \_\_\_\_\_

C. Subtract Line B from Line A.....\$ \_\_\_\_\_

D. Allowable Deductions to Federal Adjusted Gross Income.....\$ \_\_\_\_\_

E. Add the Amounts on Lines 1, 2C, and 2D.....\$ \_\_\_\_\_

F. Estimate of Taxable Income not Subject to Withholding.....\$ \_\_\_\_\_

G. Subtract Line F from Line E (if zero or less, stop here).....\$ \_\_\_\_\_

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above.....\$ \_\_\_\_\_

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

**7. LETTER USED** (Marital Status A, B, C, D, or E) B **TOTAL ALLOWANCES** (Total of Lines 3 - 5) 1  
(Employer: The letter indicates the tax tables in the Employer's Tax Guide)

**8. EXEMPT:** (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here

b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is \_\_\_\_\_ My spouse's (servicemember) state of residence is \_\_\_\_\_ The states of residence must be the same to be exempt. Check here

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature *Robert Stevenson Wilson* Date 11-21-2016

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P.O. Box 49432, Atlanta, GA 30359.

**9. EMPLOYER'S NAME AND ADDRESS:** \_\_\_\_\_ **EMPLOYER'S FEIN:** \_\_\_\_\_

**EMPLOYER'S WH#:** \_\_\_\_\_

**Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.**

# Form W-4 (2016)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶ <b>H</b> _____	<b>H</b> _____

For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		<b>2016</b>			
1 Your first name and middle initial <b>Robert S.</b>		Last name <b>Wilson</b>		2 Your social security number [REDACTED]	
3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 Additional amount, if any, you want withheld from each paycheck		7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) ▶ *Robert S. Wilson* Date ▶ **11-21-2016**



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <b>WILSON</b>		First Name (Given Name) <b>ROBERT</b>		Middle Initial <b>S.</b>	Other Names Used (if any)	
Address (Street Number and Name) [REDACTED]			Apt. Number	City or Town [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Date of Birth (mm/dd/yyyy) [REDACTED]	U.S. Social Security Number [REDACTED]	E-mail Address [REDACTED]			Telephone Number [REDACTED]	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

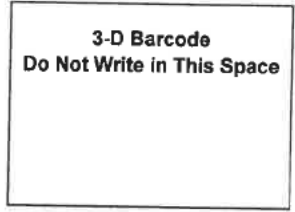
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <b>[Signature]</b>	Date (mm/dd/yyyy): <b>11-21-2016</b>
---	--------------------------------------

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)		City or Town	State	Zip Code	



**Employer Completes Next Page**





## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Driver's License		Document Title: Social Security Card
Issuing Authority:		Issuing Authority: Georgia		Issuing Authority:
Document Number:		Document Number: [REDACTED]		Document Number: [REDACTED]
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode  
Do Not Write in This Space**

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 12/03/2016 (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
[Signature]		11/21/2016	Administrative Assistant	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name		
Carreras	Deanna	Richmond County Sheriff's Office		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
400 Walton Way		Augusta	GA	30901

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:





[Start](#) | [Training](#) | [Applications](#) | [Demographics](#) | [Help](#) | [Logout](#)

### Officer Information

[Fact Sheet](#) [Report Arrest](#)

### Demographics

Officer Key [REDACTED]  
 Name ROBERT STEVENSON WILSON  
 SSN [REDACTED]  
 Sex Male  
 Race White (Not Hispanic or Latino)  
 Date of Birth [REDACTED]  
 Height 5' 10"  
 Weight 175  
 Hair Color Brown  
 Eye Color Blue  
 Address [REDACTED]  
 Primary Phone [REDACTED]  
 Cell Phone  
 Other Phone  
 Education High School Diploma  
 Photograph [View Photograph](#)

[Demographics Details](#) [Apply for Name Change](#)

### Annual Training Dashboard

	2016	2015	2014	2013
Firearms	1	2	1	0
Deadly Force	1	3	1	0
Total Training	40	106	260	0

[Career](#)

### Recertification Dashboard

CORRECTIONS OFFICER Hours This Period

Recertification required topics incomplete 0

2 years, 3 months, 2 days until required on December 18, 2018

### Applications for Basic Certifications

Action	Certification	Status
<a href="#">Application</a>	State Corrections POST	Approved

### Applications for Training Waiver

Action	Fees Status	Training Years
<a href="#">Application</a>	5	<a href="#">Pre Submit</a>

### Officer Certifications

Certification	Description	Certification Type	Status	Expires	View
PBCO20140215743	CORRECTIONS OFFICER Basic	Basic	Active	December 18, 2018	<a href="#">Certification</a> <a href="#">Letter</a>

### Employment History

Agency	Rank	Start Date	End Date	Status
AUGUSTA STATE MEDICAL PRISON	CORRECTIONS OFFICER	August 1, 2014		Actively Employed in Law Enforcement

### Mandated Training History

Date Completed	Course	Hours	Location	Certification/Result
----------------	--------	-------	----------	----------------------

12/18/14

Basic Correctional Officer Tra.  
Course

240

GEORGIA CORRECTIONS ACADEMY TIFT  
COLLEGE

State Corrections

Accompanying Letter

**Training History**[Apply for Training Waiver](#)[Apply for Recertification Training Waiver](#)

Date Completed	Course	Hours	Location	Certification
08/24/16	NOG09G TACTICAL SQUAD QUARTERLY	8	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
03/14/16	NOG09G TACTICAL SQUAD QUARTERLY	8	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
03/11/16	I0B02F FIREARMS RIFLE RECERTIFICATION	2	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
03/11/16	I0B03F FIREARMS SHOTGUN RECERTIFICATION	2	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
03/11/16	IFR04F FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
02/09/16	INC00G GA. DEPT. OF CORRECTIONS INSERVICE	8	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
01/26/16	IDG17G TASER X2	8	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
09/01/15	IDC01G CHEMICAL MUNITIONS	24	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
08/17/15	INC04G C.E.R.T./TACT BASIC	40	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
08/04/15	IFS01F GLOCK TRANSITION COURSE	16	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
06/26/15	IFR04F FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
05/12/15	INC00G GA. DEPT. OF CORRECTIONS INSERVICE	8	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
04/14/15	IFR04F FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
03/10/15	IFM22F USE OF DEADLY FORCE	2	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
02/17/15	INC00G GA. DEPT. OF CORRECTIONS INSERVICE	8	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
12/08/14	ADO01D OLEORESIN CAPSICUM FAMILIARIZATION	4	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
08/04/14	IGB13G SECURITY AND INTEGRITY OF CHRI (4 HR)	4	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	
08/04/14	IOG13G DEPT OF CORRECTIONS PRE-SERVICE ORIENTATION	12	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	

[Logout](#) | [Profile](#)

The current time is 10:55 pm. Your session will expire after 20 minutes of inactivity.

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**Sheriff Richard Roundtree**

Law Enforcement Center  
400 Walton Way  
Augusta, Georgia 30901  
(706) 821-1000 FAX (706) 821-1064  
www.augustaga.gov

**New Hire Physical Testing  
and Qualification  
Assessment**

Date: 10/28/16 Time: 0800

Candidate: Robert Wilson OKEY # \_\_\_\_\_

**Jail Applicant**

10:38 One Mile Run: 9:02

31 Sit-Ups: 31

26 Push-Ups: 26

50 Round Qualification: **Not Required**  




**RICHMOND COUNTY SHERIFF'S OFFICE**

**Sheriff Richard Roundtree**

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821-1000 Fax: 706.821.1064

**APPLICATION SCREENING FORM**

**Applicant's Name:** Robert Wilson

**Position Applied For:** Jailer

**RATING TRAITS/CHARACTERISTICS**

**POSITIVES**

- Meets Job Requirements
- Educational Level
- Physical Fitness
- Prior Experience
- Military Service (Honorable)
- Special Skills
- Related Certifications

- 
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**NEGATIVES**

- Typos on Application
- Large Breaks in Work History
- Minimum/Low Compass Score
- Bad Driving Record
- Criminal History

- 
- 
- 
- 
- 

**Additional Comments:**

*Needs dis function on cases*

**Recommendation (Check One Box Only):**

	<b>Member 1</b>	<b>Member 2</b>	<b>Member 3</b>
Proceed To Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maybe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Further Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ranking</b>	<b>1</b>	<b>1</b>	<b>1</b>

**(1 -5 Scale - 5 Being the Highest)**

1)	<i>Jack Francisco</i>	<i>10/25/16</i>
<b>PRINT NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
2)		
<b>PRINT NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
3)		
<b>PRINT NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>

# Application Process II

Last Name	First Name	Middle Name	Suf
Wilson	Robert	S.	
SS#	DL#	DOB:	
[REDACTED]	[REDACTED]	[REDACTED]	
Interview (Date):	10/31/16	Interviewed By:	Jail Comm.
Remarks:	proceed		
POST (Date):	10/24/16		
Remarks:	In good standing day# [REDACTED] - Corr.		
Entrance Exam (Date):	Jun. 2014	Score:	Unacceptable
Polygraph (Date):	11-2-16	Examiner:	Johnny Hartley
Remarks:	Passed		
Range:	10-28-16 passed		
Background by:	LT. Allan Rollins		
Remarks:	Recommended - Deputy Jailor		
Drug Screen:	11/14/16 passed	Physical	11/14/16 Passed
No Further Proces	[REDACTED]		
Approved Hire:	Jail Comm.		



**EMPLOYMENT APPLICATION**

**AUGUSTA-RICHMOND COUNTY**  
 535 Telfair Street Suite 400  
 Augusta, Georgia 30901  
 706-821-2303

**Wilson, Robert S.**  
 201201295 JAILER

**Received: 10/12/16 9:53 PM**  
**For Official Use Only:**  
 QUAL: \_\_\_\_\_  
 DNQ: \_\_\_\_\_  
 Experience  
 Training  
 Other: \_\_\_\_\_



**PERSONAL INFORMATION**

<b>POSITION TITLE:</b> JAILER		<b>EXAM ID#:</b> 201201295
<b>NAME:</b> (Last, First, Middle) Wilson, Robert S.		<b>SOCIAL SECURITY NUMBER:</b> [REDACTED]
<b>ADDRESS:</b> (Street, City, State, Zip Code) [REDACTED]		
<b>HOME PHONE:</b> [REDACTED]	<b>ALTERNATE PHONE:</b> [REDACTED]	<b>EMAIL ADDRESS:</b> [REDACTED]
<b>DRIVER'S LICENSE:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>DRIVER'S LICENSE:</b> State: GA Number: [REDACTED]	<b>LEGAL RIGHT TO WORK IN THE UNITED STATES?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**PREFERENCES**

<b>PREFERRED SALARY:</b> \$15.02 per hour; \$32,098.30 per year	<b>ARE YOU WILLING TO RELOCATE?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
<b>WHAT TYPE OF JOB ARE YOU LOOKING FOR?</b> Regular	
<b>TYPES OF WORK YOU WILL ACCEPT:</b> Full Time, Part Time	
<b>SHIFTS YOU WILL ACCEPT:</b> Day, Evening, Night, Rotating, Weekends, On Call (as needed)	
<b>OBJECTIVE:</b> To become a POST certified peace officer in Georgia and be a valuable asset to the department I am employed with.	

**EDUCATION**

<b>DATES:</b> From: 8/1993 To: 6/1996	<b>SCHOOL NAME:</b> Lakeside
<b>LOCATION:</b> (City, State) Evans, Georgia	<b>DID YOU GRADUATE?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>DEGREE RECEIVED:</b> High School Diploma	

**WORK EXPERIENCE**

<b>DATES:</b> From: 8/2014 To: Present	<b>EMPLOYER:</b> Ga. Dept. of Corrections	<b>POSITION TITLE:</b> CO II/Tact Squad
<b>ADDRESS:</b> (Street, City, State, Zip Code) 3001 Gordon Hwy., Grovetown, Georgia 30813		<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b> 706-855-4830	<b>SUPERVISOR:</b> Chance - Lieutenant	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOURS PER WEEK:</b> 80	<b>SALARY:</b> \$1,422.67/month	<b># OF EMPLOYEES SUPERVISED:</b> 80
<b>DUTIES:</b> monitor offenders, conduct cell searches, assist in counts and monitor pill call.		
<b>REASON FOR LEAVING:</b> still employed		
<b>DATES:</b> From: 6/2010 To: 3/2013	<b>EMPLOYER:</b> Augusta Overhead Door Company	<b>POSITION TITLE:</b> Installer/Service Tech
<b>ADDRESS:</b> (Street, City, State, Zip Code) 1529 Crescent Drive, Augusta, Georgia 30904		<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b> 706-736-8478	<b>SUPERVISOR:</b> Steve Garrett - Manager of residential sales	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOURS PER WEEK:</b> 40	<b>SALARY:</b> \$2,200.00/month	<b># OF EMPLOYEES SUPERVISED:</b>
<b>DUTIES:</b> Installation/service of garage doors/motors on residential and new construction houses.		
<b>REASON FOR LEAVING:</b> Went back to work for my father due to his health.		
<b>DATES:</b> From: 6/2000 To: 6/2010	<b>EMPLOYER:</b> Wilson Paint Company	<b>POSITION TITLE:</b> Supervisor
<b>ADDRESS:</b> (Street, City, State, Zip Code) 9 Lakemont Drive, Augusta, Georgia 30904		<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b> 706-231-7262	<b>SUPERVISOR:</b> Steve Wilson - Owner	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>HOURS PER WEEK:</b> 40	<b>SALARY:</b> \$2,100.00/month	<b># OF EMPLOYEES SUPERVISED:</b> 5
<b>DUTIES:</b> Prepping/painting on industrial/commercial/residential properties. Including minor home improvements.		
<b>REASON FOR LEAVING:</b> Stayed employed on the weekends while working for Overhead Door Company.		
<b>DATES:</b> From: 9/1998 To: 5/2010	<b>EMPLOYER:</b> Martinez Fire Department	<b>POSITION TITLE:</b> Volunteer Firefighter
<b>ADDRESS:</b> (Street, City, State, Zip Code) 3910 Desoto Road, Martinez, Georgia 30907		<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b> 706-863-7745	<b>SUPERVISOR:</b> Danny Kuhlman - Battalion Chief	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOURS PER WEEK:</b> 20	<b>SALARY:</b> \$0.00/month	<b># OF EMPLOYEES SUPERVISED:</b> 0
<b>DUTIES:</b> Fire supression/rescue and medical calls.		
<b>REASON FOR LEAVING:</b> Went to work full time.		

#### CERTIFICATES AND LICENSES

<b>TYPE:</b> Intro to incident command system ICS-100	
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b> FEMA
<b>TYPE:</b> Radiological Emergency Management IS-00003	
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b> FEMA
<b>TYPE:</b> Hazmat Awareness	
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b> GEMA
<b>TYPE:</b> Rescue Specialist	
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b> GEMA
<b>TYPE:</b> Pressurized Container Fire Control	
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b> GEMA
<b>TYPE:</b> Crash Victim Extrication	
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b> GEMA
<b>TYPE:</b> Citizens Law Enforcement Academy Class XVII	
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b> Columbia County Sheriffs Office
<b>TYPE:</b> Basic Correctional Officer Training Course	
<b>LICENSE NUMBER:</b> PBCO2014O215743	<b>ISSUING AGENCY:</b> Ga. Dept. of Corrections
<b>TYPE:</b> Special Operations Basic Cert/Tact Training	
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b> Ga. Dept. of Corrections
<b>TYPE:</b> Chemical Munitions	
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b> Ga. Dept. of Corrections

#### Skills

Nothing Entered For This Section

#### ADDITIONAL INFORMATION

Nothing Entered For This Section

#### REFERENCES

<b>REFERENCE TYPE:</b> Personal	<b>NAME:</b> [REDACTED]	<b>POSITION:</b>
------------------------------------	----------------------------	------------------

<b>ADDRESS:</b> (Street, City, State, Zip Code) [REDACTED]		
<b>EMAIL ADDRESS:</b> [REDACTED]		<b>PHONE NUMBER:</b> [REDACTED]
<b>REFERENCE TYPE:</b> Personal	<b>NAME:</b> [REDACTED]	<b>POSITION:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code) [REDACTED]		
<b>EMAIL ADDRESS:</b>		<b>PHONE NUMBER:</b> [REDACTED]
<b>REFERENCE TYPE:</b> Professional	<b>NAME:</b> [REDACTED]	<b>POSITION:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code) [REDACTED]		
<b>EMAIL ADDRESS:</b>		<b>PHONE NUMBER:</b> [REDACTED]

**Agency-Wide Questions**

1. **Have you ever been employed with the City of Augusta or Richmond County before?**  
No
2. **If you answered "Yes" to number 1, please indicate when and what position you held:**
3. **On what date would you be available for work?**  
October 17 2016
4. **If you are required to register with the Selective Service, can you show proof of registration (required of males ages 18-26)**  
N/A
5. **Are you currently employed?**  
Yes
6. **May we contact your present employer?**  
Yes
7. **Are you eligible to work in the U.S.?**  
Yes
8. **Do you have any relatives employed with us?**  
No
9. **If you answered "Yes" to number 8, please name list individual's name, relation, and department:**
10. **Have you ever been convicted of, plead guilty or no contest to a misdemeanor?**  
Yes
11. **If you answered "Yes" to number 10, please give the date and explanation for all occurrences (Failure to disclose completely will disqualify your application):**  
2013 Driving while under suspension no proof of insurance
12. **Have you ever been convicted of, plead guilty or no contest to a felony?**  
No
13. **If you answered "Yes" to number 12, please give date and explanation for all occurrences (Failure to disclose completely will disqualify your application):**
14. **Are you able to claim Veterans' Preference?**  
No

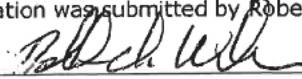
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The following terms were accepted by the applicant upon submitting the online application:

By clicking on the 'Accept' button, I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I am aware that falsification/misrepresentation on any part of this application and attached resume or credentials may disqualify me for employment or result in immediate dismissal, regardless of when discovered. I understand that any employment pursuant to this application shall be subject to the condition that I pass the pre-employment drug screening urinalysis test and that information regarding use of drugs may be disclosed to the appropriate county representative as a part of the employment process. I further understand that a post-offer of employment physical examination is also required for certain positions, and in those cases, employment is conditional upon successfully passing the examination. All medical information will be classified as confidential. I hereby authorize Augusta to investigate the information contained in my application, and to verify the information I have submitted. I further authorize any past or present employer, law enforcement agency, or educational institution to release any information contained in my personnel file, police, or school record. I hereby release any individual providing requested information from all liability and agree not to sue for defamation or other claims based upon statements made to any representative of Augusta.

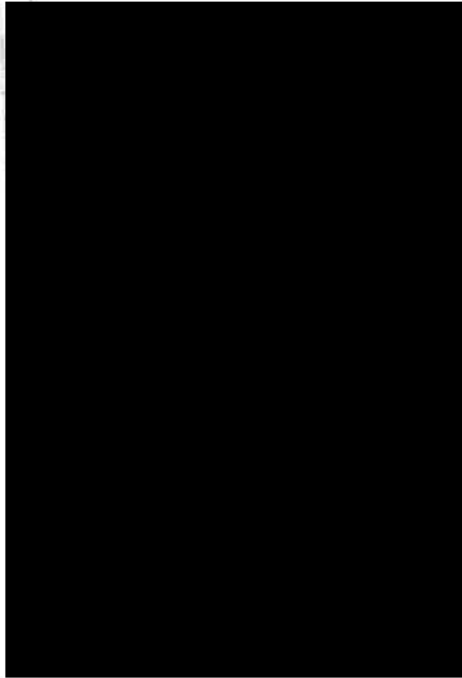
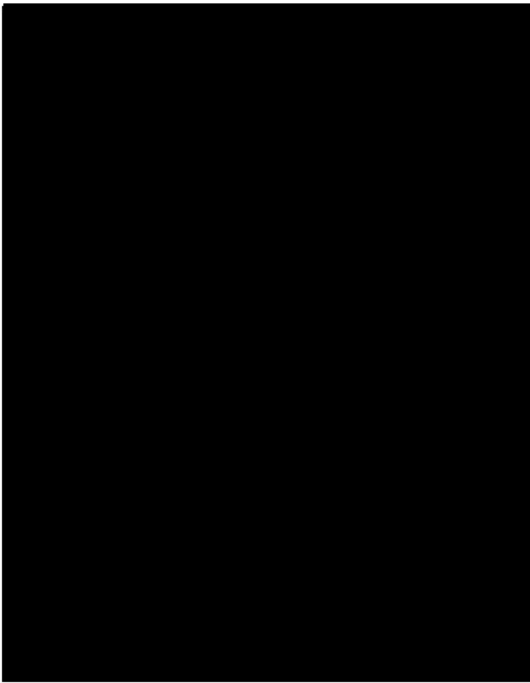
This application was submitted by Robert S. Wilson on 10/12/16 9:53 PM

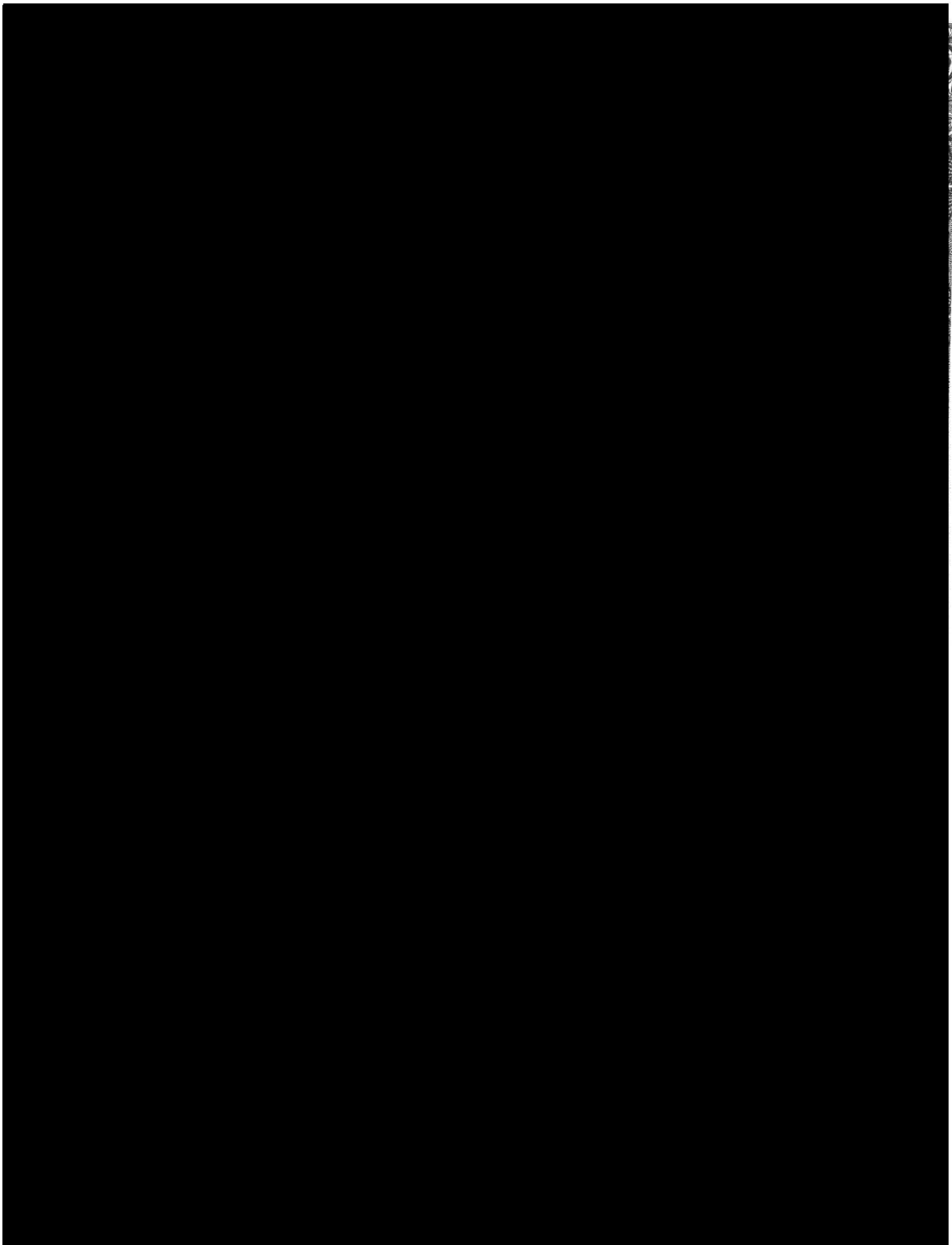
Signature



Date

11-21-2016





# Lakeside High School

Ivans



Georgia

This Certifies That

Robert S. Wilson

Having completed a four year course of study as prescribed by the  
Columbia County Board of Education is entitled to receive this

## Diploma

Given in the year one thousand nine hundred ninety-six

Julius M. McAnally  
Principal



Dr. Lynn Coker  
Superintendent, County Board of Education

Michael N. Amis  
Chairman, County Board of Education

**Augusta Technical College**

Degree  
Diploma

robert s. wilson

**Writing, Reading, & Math Placement Including Algebra**

Taken Jun 28, 2014 at Augusta Campus

Session #16944917, Total Time 01:48:28

**Student Background and Educational Plans**

(Time: 00:00:51)

Writing  
62/32

**COMPASS Writing Skills Placement Test**

(Directions Time: 00:03:09)

<u>Placement Test</u>	<u>Score</u>	<u>Test Time</u>	<u>Note</u>
COMPASS Writing Skills	81	00:41:32	Placement Domain

General Recommendations:

The admissions office will contact you about your admissions status/placement.

Reading  
79/70

**COMPASS Reading Placement Test**

(Directions Time: 00:01:01)

<u>Placement Test</u>	<u>Score</u>	<u>Test Time</u>	<u>Note</u>
COMPASS Reading	85	00:48:29	Placement Domain

General Recommendations:

The admissions office will contact you about your admissions/placement status.

Math  
26

**COMPASS Math Placement Test**

(Directions Time: 00:00:33)

Algebra  
37

<u>Placement Test</u>	<u>Score</u>	<u>Test Time</u>	<u>Note</u>
Pre Algebra	38	00:09:51	Initial Domain
Algebra	16	00:03:02	Placement Domain

General Recommendations:

The admissions office will contact you about your admissions/placement status.

End of Report

©2014 ACT, Inc.

**Checklist**

**Student ID #:** [REDACTED]

**Learning Support Class Needed:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Learning Support Class Needed for:** Reading \_\_\_\_\_ English \_\_\_\_\_ Math \_\_\_\_\_

**Retest Date & Time** (retests automatically given when within 5 points): \_\_\_\_\_

**Subjects:** Reading \_\_\_\_\_ English \_\_\_\_\_ Math \_\_\_\_\_ Algebra \_\_\_\_\_ (Initial: \_\_\_\_\_)

**Is my admissions application complete?** Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, wait Admissions will contact you to let you know your orientation date. That is when you will register for sit through orientation, get advised, and register for classes.)

**Have I turned all my transcripts into Student Records?** GED \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

**Have I completed all of my Financial Aid paperwork?**

This side faces down at top of tray.





# Data Report System

## Individual Officer Profile

Created: 10-24-2016 03:03

Requested by: Deanna Carreras



O215743

Officer Key [REDACTED]  
Officer Name **ROBERT STEVENSON WILSON**  
Race **White (Not Hispanic or Latino)**  
Education **High School Diploma**  
Status **In Good Standing**

### Officer Certifications

Certification	Description	Certification Type	Status
PBCO2014O215743	CORRECTIONS OFFICER	Basic	Active

### Instructor Certifications

None Found

### Employment History

Agency	Rank	Start Date	End Date	Status
AUGUSTA STATE MEDICAL PRISON	Corrections Officer	August 1, 2014		Actively Employed in Law Enforcement

### Sanctions

None Found

### Training History

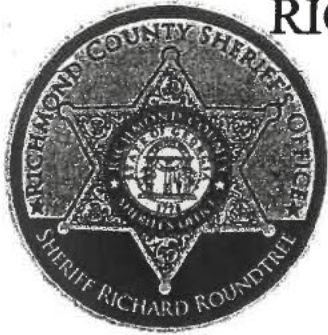
Date	Number	Course	Hours
August 24, 2016	NOG09G	TACTICAL SQUAD QUARTERLY	8
March 14, 2016	NOG09G	TACTICAL SQUAD QUARTERLY	8
March 11, 2016	IOB02F	FIREARMS RIFLE RECERTIFICATION	2
March 11, 2016	IFR04F	FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4
March 11, 2016	IOB03F	FIREARMS SHOTGUN RECERTIFICATION	2
February 9, 2016	INC00G	GA. DEPT. OF CORRECTIONS INSERVICE	8
January 26, 2016	IDG17G	TASER X2	8
			2016 Total Hours : 40

September 1, 2015	IDC01G	CHEMICAL MUNITIONS	24
August 17, 2015	INC04G	C.E.R.T./TACT BASIC	40
August 4, 2015	IFS01F	GLOCK TRANSITION COURSE	16
June 26, 2015	IFR04F	FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4
May 12, 2015	INC00G	GA. DEPT. OF CORRECTIONS INSERVICE	8
April 14, 2015	IFR04F	FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4
March 10, 2015	IFM22F	USE OF DEADLY FORCE	2
February 17, 2015	INC00G	GA. DEPT. OF CORRECTIONS INSERVICE	8
			2015 Total Hours : 106

December 18, 2014	BMC14G	Basic Correctional Officer Training Course	240
December 8, 2014	ADO01D	OLEORESIN CAPSICUM FAMILIARIZATION	4
August 4, 2014	IGB13G	SECURITY AND INTEGRITY OF CHRI (4 HR)	4
August 4, 2014	I0G13G	DEPT OF CORRECTIONS PRE-SERVICE ORIENTATION	12
2014 Total Hours : 260			

Summary of Hours for 3 Years

Year	Hours
2016	40
2015	106
2014	260
<b>Grand Total of Hours (all years and courses)</b>	<b>406</b>



# RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

## CRIMINAL AND DRIVER HISTORY WAIVER

In the event my application is selected as a potential candidate for employment with the Richmond County Sheriff's Office, I hereby give my consent for full and complete disclosure of my driver's history and criminal history.

I understand that any information obtained from the criminal and driver histories, upon this release authorization, will be considered in determining my suitability for employment.

I authorize the disclosure of the aforementioned information to any person(s) deemed by the Richmond County Sheriff's Office to be a participant in the determination process of my employment suitability.

- Have you ever been arrested for ANY criminal or traffic charge?

If so, explain: *Driving while license suspended, no proof of ins.*

- In what states have you possessed a Driver's License in the past 10 years?

State: GA. From 2006 To present

State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

- Have you ever served in the Military/Reserves?  Yes  No

Branch: NAVY From 1996 To 1998

If yes, did you have a Military Driver's License?  Yes  No

Years: From \_\_\_\_\_ To \_\_\_\_\_

*[Signature]*

SIGNATURE OF APPLICANT

*[Signature]*

NOTARY PUBLIC

Notary Public, Richmond County, Georgia  
My Commission Expires Oct. 28, 2018

*Robert Stevenson Wilson*

PRINTED NAME OF APPLICANT

COMMISSION EXPIRES

*10/16/16*

DATE

[Redacted]

SOCIAL SECURITY NUMBER

[Redacted]

DATE OF BIRTH

W  
RACE

M  
SEX

5'10  
HEIGHT

172  
WEIGHT

*Robert, Rob, Robbie*

LIST ALL NAMES (MAIDEN/MARRIED/ALIASES) USED BY APPLICANT

*10-16-2016*

DATE

**Richmond County Sheriff's Office**  
**Applicant**  
**Drug Use Statement**

**Principal Purpose:** This form requests information about personal history of use, trafficking, or other activities involving illegal drugs and drug paraphernalia. Its purpose is to determine suitability for employment with the Richmond County Sheriff's Office as part of applicant screening process, and to eliminate non-qualified candidates prior to discovering the same information in later stages of the hiring process; thereby saving both parties wasted time and effort. Completion of this form is voluntary; however, non-completion of the form may result in the withdrawal of the application from further consideration within the hiring process.

Name: Last WILSON First ROBERT Middle Stevenson

SSN: [REDACTED] Date of Birth [REDACTED]

As an applicant for employment with the Richmond County Sheriff's Office any prior drug use, attempted use, and/or experimentation must be disclosed before you can be considered for further processing. Do not include instances in which substances were prescribed, administered, or dispensed by a duly licensed physician for treatment of a legitimate medical condition. Please read the following instructions very carefully before answering the drug questions and initial your acknowledgment:

ASW

Initials

I understand that I must provide truthful information to The Richmond County Sheriff's Office regarding all drug use, attempted use, and/or experimentation of any illegal narcotics or dangerous drugs which have not been prescribed by a duly licensed physician, as well as any marijuana usage, regardless of my age or circumstances at the time of use, attempted use, and/or experimentation. I understand that I will be questioned and polygraphed regarding the information I provide. I understand that any omissions or inaccuracies between the information I provide and what is later learned during my background investigation may preclude me from further consideration for employment.

ASW

Initials

I understand that my responses to the drug questions are to be used to determine eligibility and suitability for employment. I also understand that my answers will not be used in any criminal proceedings against me, and that any declination to respond to the drug questions will be noted in my application record.

ASW

Initials

By the words "use", "attempted use", and "experimentation" I understand that I am being asked to disclose any and all experiences with illegal narcotics or dangerous drugs, to include any act or attempted act of trying, smoking, ingesting, tasting, inhaling, injecting, puffing or otherwise experimenting with a controlled substance or a substance that I believe to be a controlled substance.

Name: Robert S. Wilson

SSN: [REDACTED]

Date of Birth [REDACTED]

RSW

Initials

By the word "occasion" I understand that I am being asked to disclose each occasion or event in which I used, attempted to use, or experimented with illegal narcotics or dangerous drugs, to include marijuana. For example, if I was at a party and during that occasion took a puff on three separate marijuana cigarettes, it will consider one use. If I went to another party the same night and again puffed on three marijuana cigarettes; that would constitute a second use.

RSW

Initials

I understand that if I answer "Yes" to any of the following drug questions, I must attach a fully comprehensive statement that is legible, signed and dated.

#### Question #1

Have you ever used, tried, tasted, or experimented with any illegal narcotics or dangerous drugs, to include marijuana under any circumstances? (Please check)

YES (✓) NO ( ) If you answered yes to question #1, attach a comprehensive statement fully describing each occasion of drug use, attempted use, and/or experimentation covering each of questions A-H listed below. Your attached statement must be legible, signed and dated.

- A. What was/were the drug (s)? MARIJUANA
- B. On how many occasions? NOTE: If you cannot be specific as to the exact number of occasions, answer the following: on at least 1 occasions, but not more than 2.
- C. Date first used/tried/experimented 1999
- D. Date last used/tried/experimented 1999
- E. How was it obtained? Father
- F. Where was it used/tried/experimented? Father's House
- G. In what setting? HOME (4th of July party)
- H. Reason for use/try/experimentation CURIOUSITY

#### Question #2

Have you ever purchased, furnished, provided, sold, supplied, manufactured, produced, transported, or otherwise trafficked in any illegal narcotic or dangerous drug, to include marijuana? (Please check) YES ( ) NO (✓) If yes, what was the amount and cost of the drug?

#### Question #3

Have you ever abused or sold any licit (legal) drugs, chemicals, paraphernalia, or addictive substances, not to include alcohol? (Please check) YES ( ) NO (✓)

#### Question #4

Have you ever provided drug history information to the military or your past, present, or prospective employer that differs from the drug history information you are now providing to the Sheriff's Office? (Please check) YES ( ) NO (✓)

#### Question #5

Do you foresee any conflict of interest between your personal habits and beliefs and Sheriff's Office's mission to provide a drug-free environment? (Please check) YES ( ) NO (✓)

Name: Robert S. Wilson

SSN: [REDACTED]

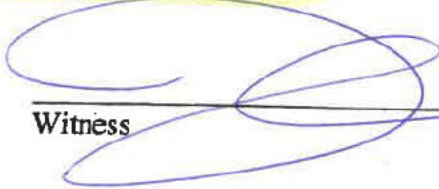
Date of Birth [REDACTED]

**IF YOU ANSWERED YES TO QUESTIONS #2 - #5, ATTACH A COMPREHENSIVE STATEMENT FULLY DESCRIBING ALL CIRCUMSTANCES AND DATES. YOUR ATTACHED STATEMENT MUST BE LEGIBLE, SIGNED, AND DATED.**

I have been fully truthful in my answers and statements to the above questions and have disclosed all drug use, attempted use, and/or experimentation during my lifetime.

  
Applicant Signature

10-16-2016  
Date

  
Witness

10/16/16  
Date

CANDIDATE: WILSON, Robert – [REDACTED]

REFERENCES:

[REDACTED] said he's **wonderful, good guy, and a hard worker**. She has known him for 3 years and was introduced by a mutual friend. He is a member of the Southern Pines Church with his mother and grandmother. He's had a lot of schools at the prison and this is right up his alley. Absolutely **no reservations about recommending** him for a job with our agency.

[REDACTED] Hard worker, wanted to be a fireman at one time, years, a lot of years, watched him grow up. I think he would be **perfect at working at the jail** .first responder, helpful. He would be perfect. He has a soft heart for people and animals.

[REDACTED] was unavailable and I spoke to his wife, [REDACTED] They are and elderly couple and have Robert all his life. He is dependable and helpful. Very respectful and because her husband is disabled, Robert comes and helps. She stated he **would be a very good deputy for us**.

PREVIOUS EMPLOYERS:

GA Dept. of Corrections – ACMI – Lt. Chance – (706) 855-4830 **In good standing with P.O.S.T.**

Lt. Chance not on duty, left message and will attempt to contact again.

Augusta Overhead Door Company – Steve Garrett- (706) 736-8478

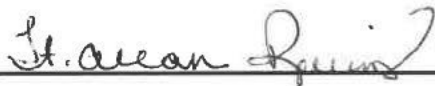
Left Message with secretary.

Wilson Paint Company – Steve Wilson – (706) 231-7262

[REDACTED]

Wilson is a certified Corrections Officer in good standing and I recommend him for a position at the Richmond County Detention Center. I reserve any judgements about his qualifications as a field operations deputy until he has a stable driving and domestic history.

Lt. Allan Rollins



Richmond Co.

Case #

Name

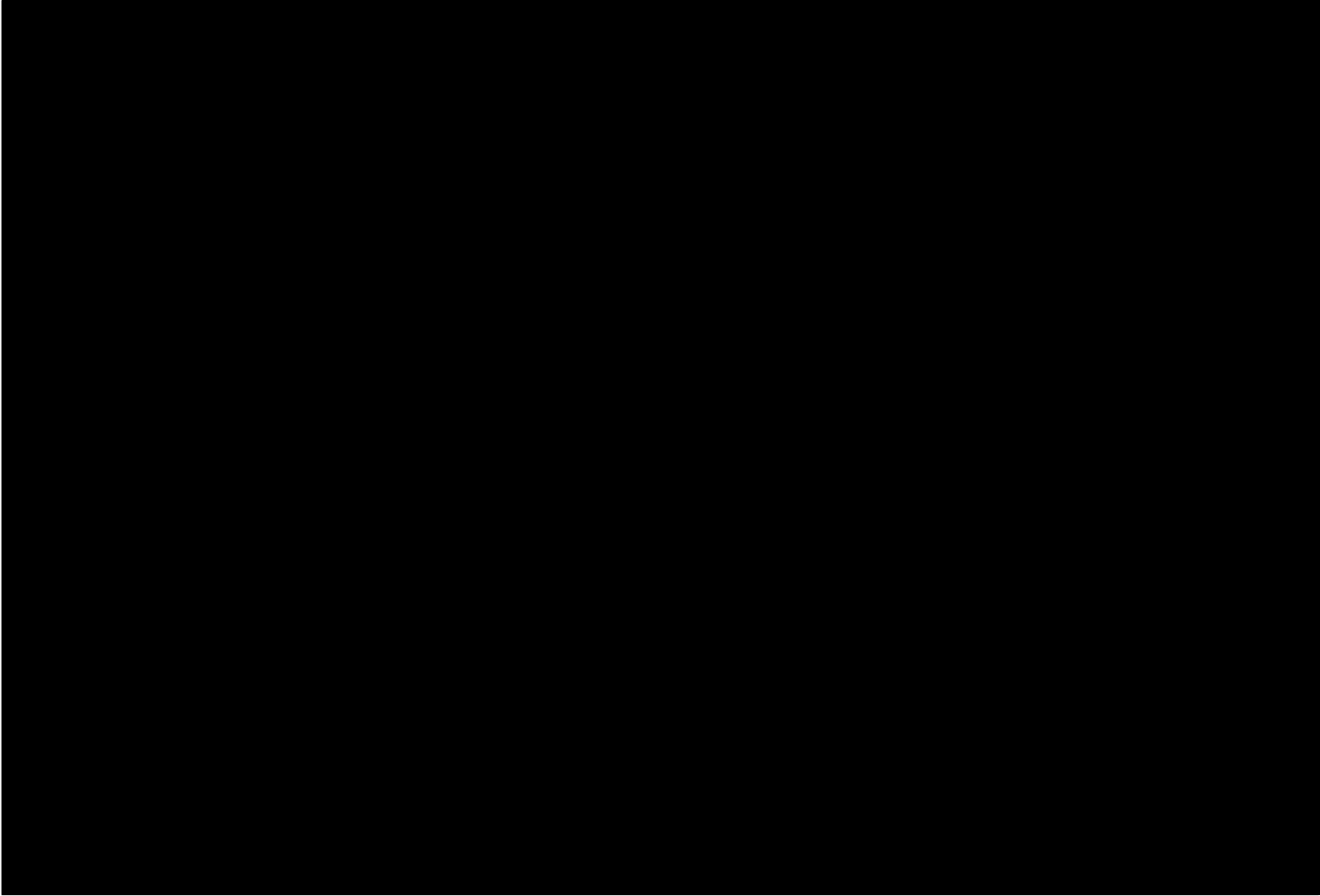
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Citation

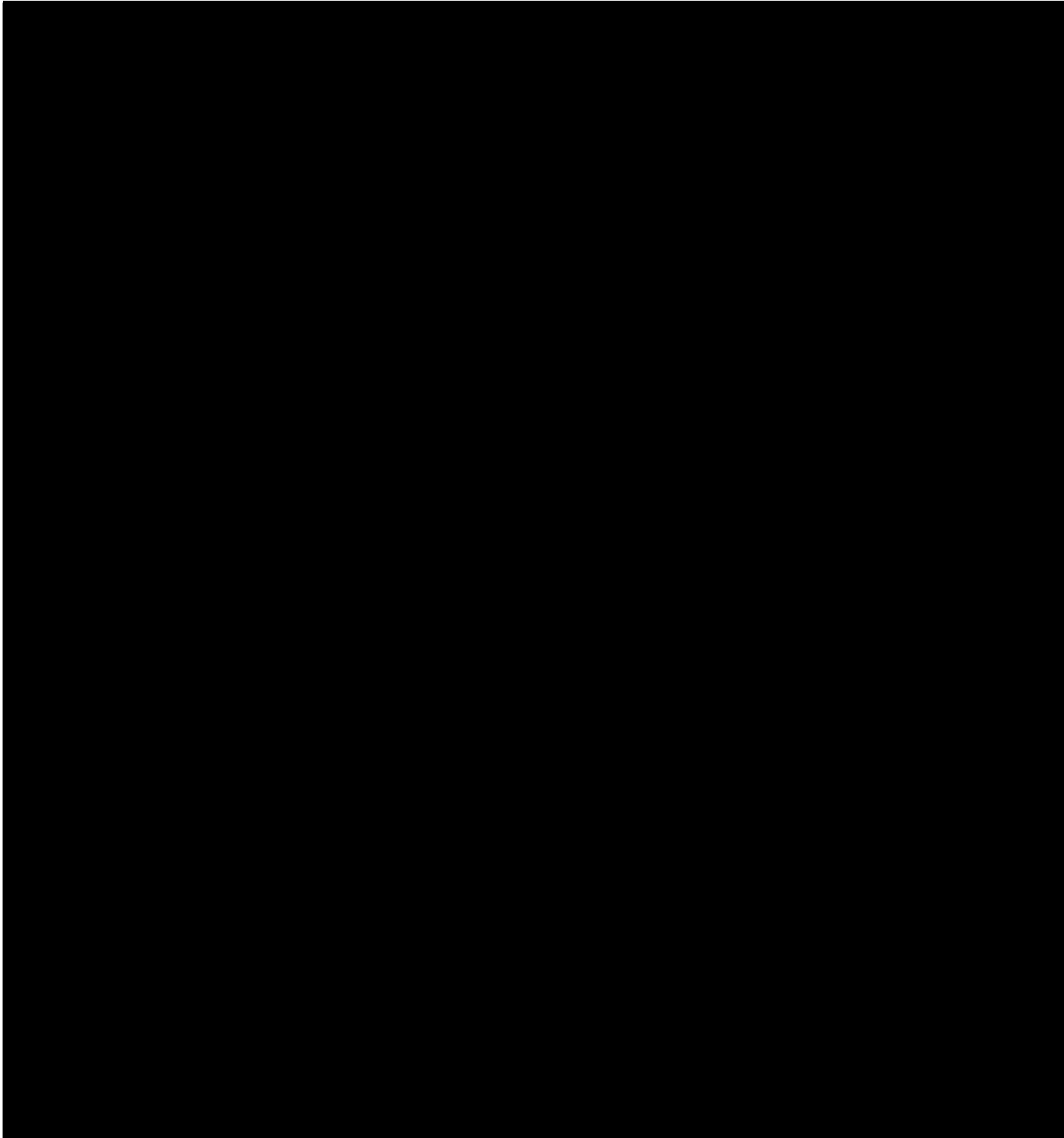
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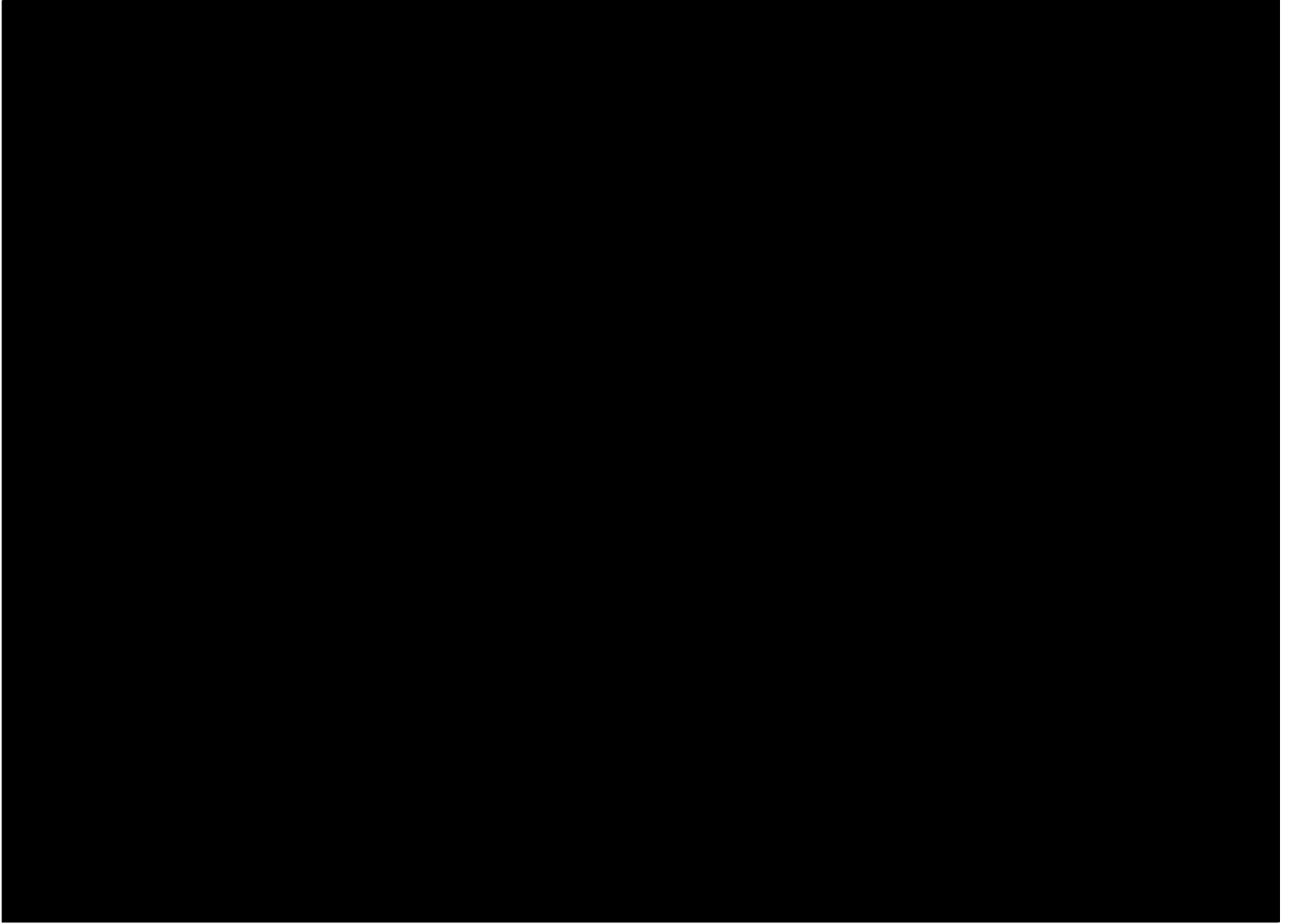
Filed From / Filed To

- All
- Superior Court
- State Court

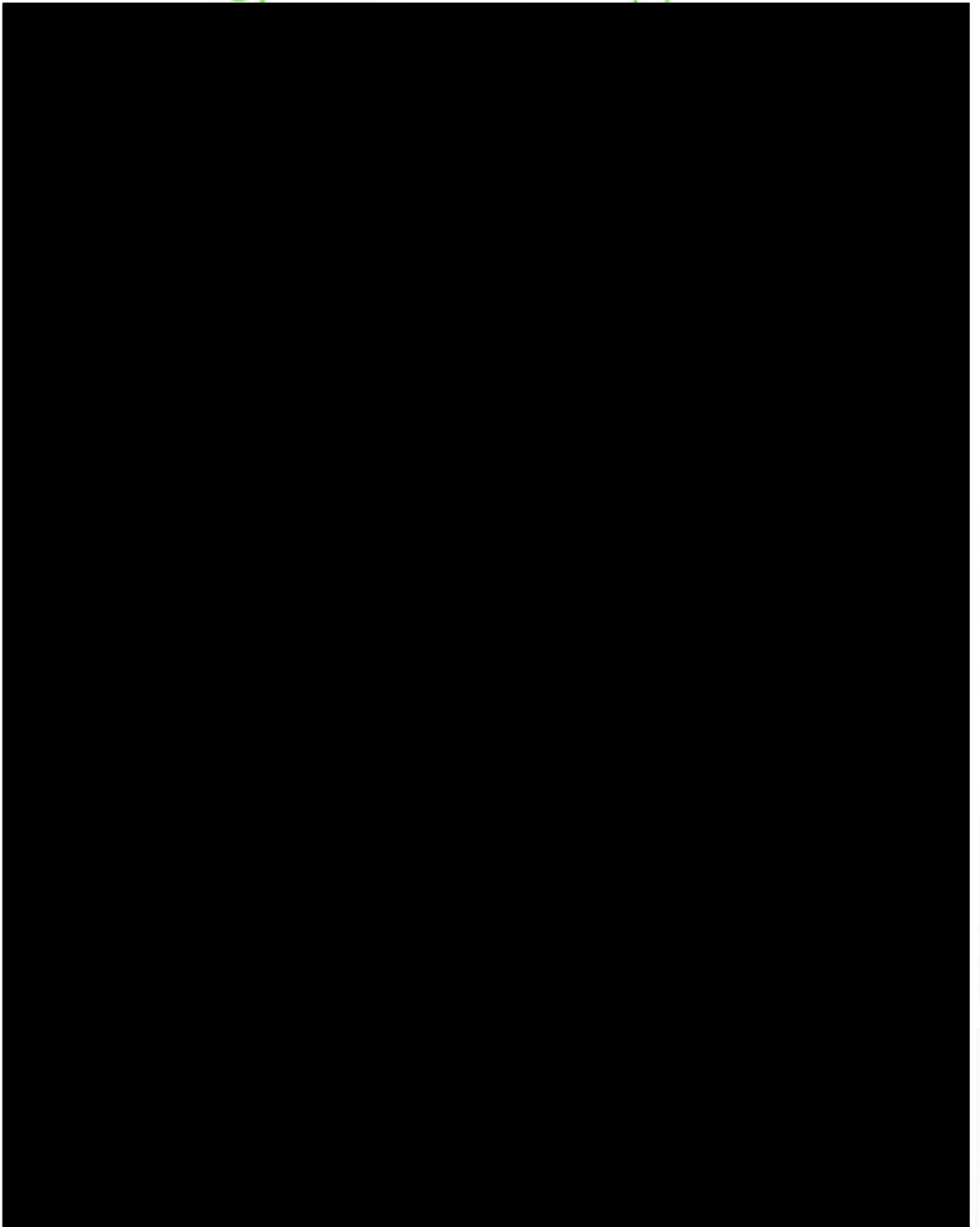


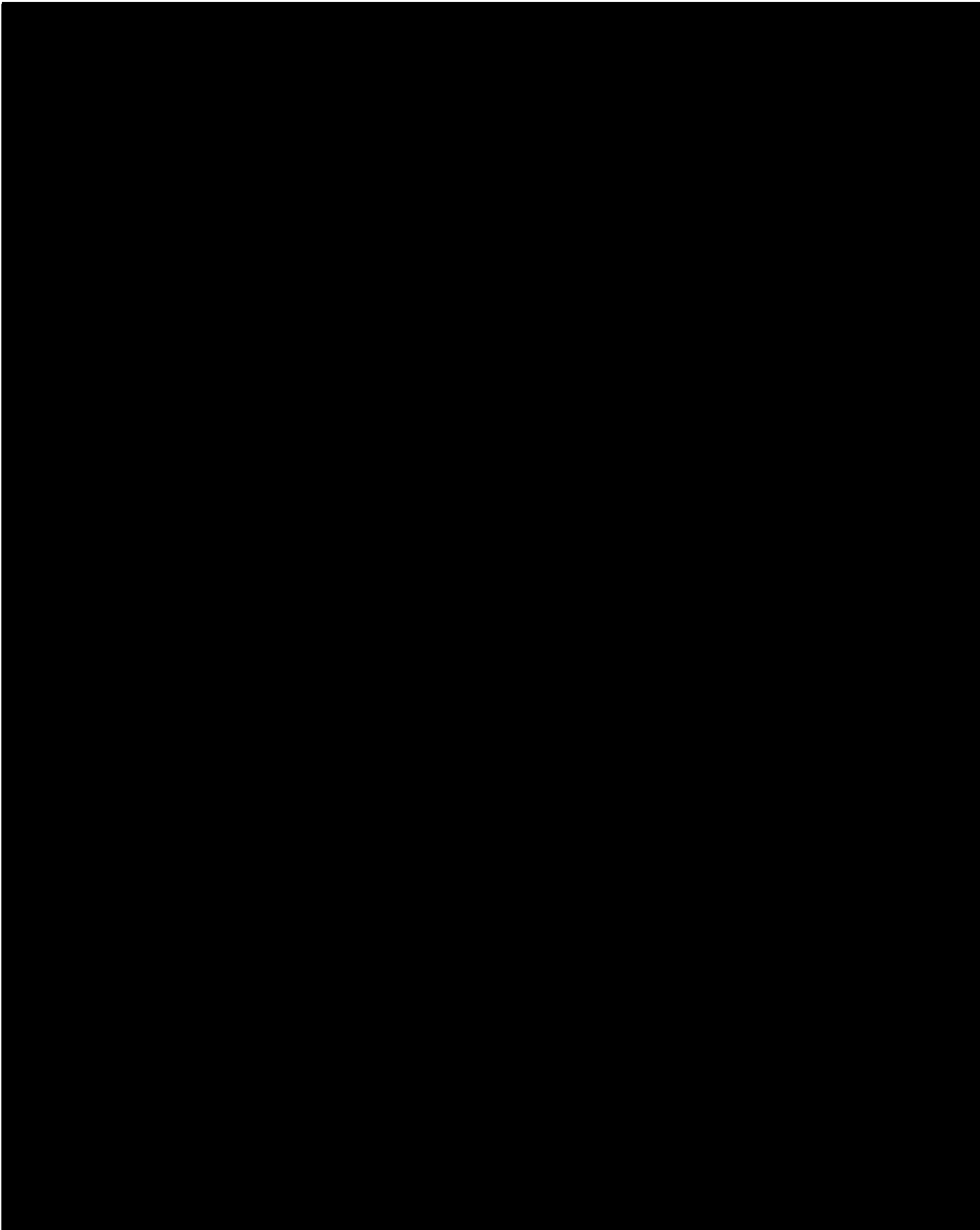






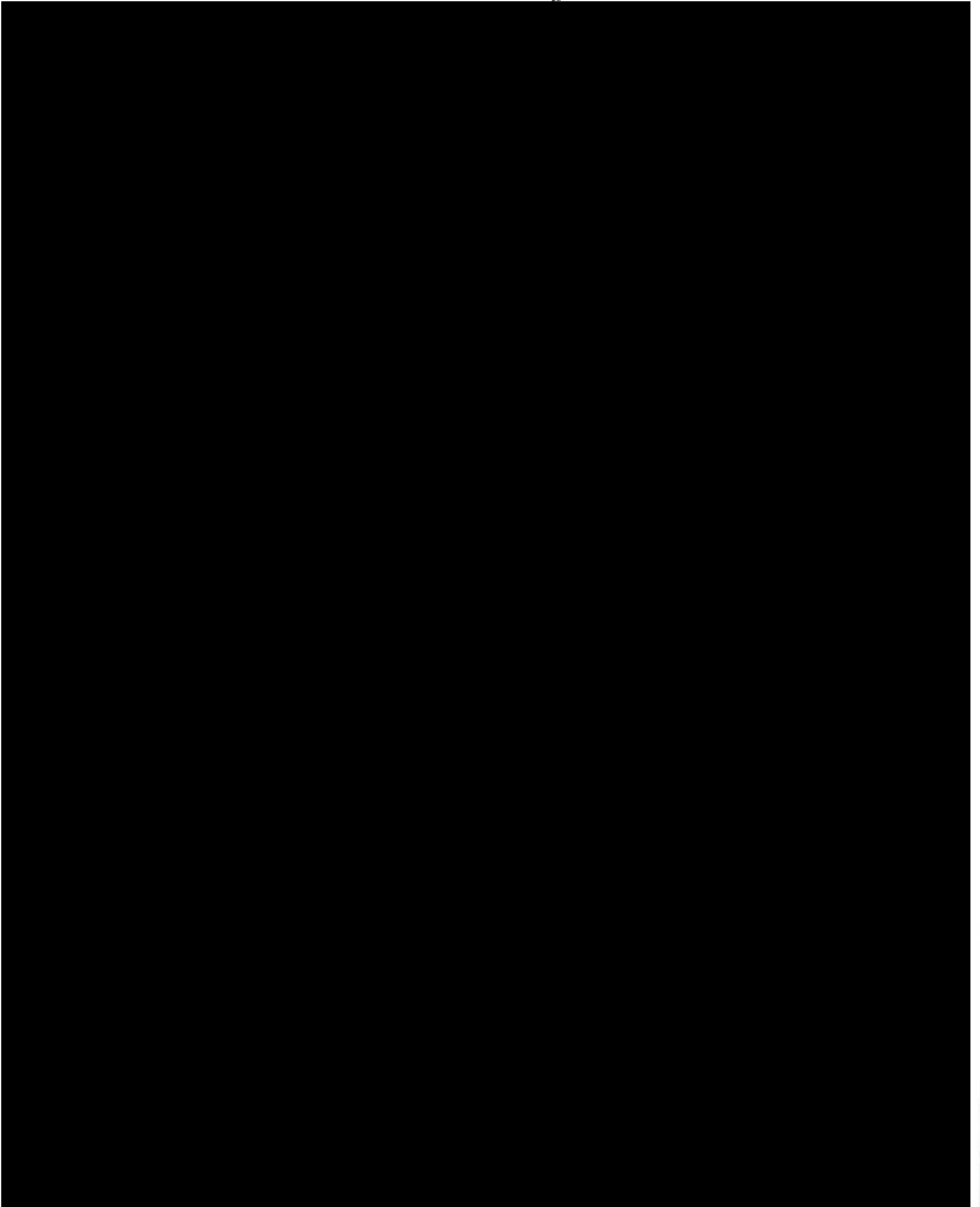
# Columbia County





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# INCIDENT/INVESTIGATION REPORT

Columbia County Sheriff's Office

Case # 08-000665

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

D R U G S	IBR	Status	Quantity	Type Measure	Suspected Type

Assisting Officers

Suspect Hate / Bias Motivated:

### NARRATIVE

██████████ stated that her estranged husband, Robert Wilson, has called her approximately 40 times between the listed times. ██████████ stated that she has asked Mr. Wilson not to call her several times. Ms. Wilson stated that Mr. Wilson has been calling her cell phone(██████████ T-Mobile) from his home phone. ██████████ stated that she wishes to prosecute and she signed a Telecommunications Waiver. I advised ██████████ of available remedies and services and pre-warrant procedures.

REPORTING OFFICER NARRATIVE

Columbia County Sheriff's Office

OCA 08-000665
Date / Time Reported Sat 01/12/2008 19:40

Victim [REDACTED]	Offense HARASSING PHONE CALLS
----------------------	----------------------------------

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

STATEMENT IN FILE (1)



# Incident Report Suspect List

Columbia County Sheriff's Office

OCA: 08-000665

1 Name (Last, First, Middle) <i>WILSON, ROBERT STEVENSON</i>		Also Known As				Home Address [REDACTED]				
Business Address <i>GEORGIA DEPT OF CORRECTIONS</i> <i>706-855-4830, OFFICER</i>										
DOB [REDACTED]	Age <i>30</i>	Race <i>W</i>	Sex <i>M</i>	Eth <i>N</i>	Hgt <i>511</i>	Wgt <i>165</i>	Hair <i>BRO</i>	Eye <i>BLU</i>	Skin <i>RUD</i>	Driver's License / State. [REDACTED] <i>GA</i>
Scars, Marks, Tattoos, or other distinguishing features <i>SCAR LOWL LEG / 4 INCH STRAIGHT</i>										

<i>Reported Suspect Detail</i>		Suspect Age	Race	Sex	Eth	Height	Weight	SSN
Weapon, Type	Feature	Make	Model		Color	Caliber	Dir of Travel	
VehYr/Make/Model		Drs	Style		Color	Lic/St	VIN	

Notes

Physical Char

*Build, MEDIUM*  
*Conversation, Polite*  
*Hair Length, Short*  
*Hair Facial, Clean Shaven*  
*Hands, LEFT HANDED*  
*Speech, Mumbles*

**CASE SUPPLEMENTAL REPORT**  
**NOT SUPERVISOR APPROVED**

Printed: 11/08/2016 12:17

Columbia County Sheriff's Office

OCA: **08000665**

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *EXCEPTIONALLY CLEARED*      Case Mng Status: *EXCEPTIONALLY CLEARED*      Occurred: *01/11/2008*  
Offense: *HARASSING PHONE CALLS*

Investigator: *LAMB, T. L. (91009)*

Date / Time: *01/14/2008 12:16:13, Monday*

Supervisor: *CLACK, H. L. (91762)*

Supervisor Review Date / Time: *NOT REVIEWED*

Contact:

Reference: *ls*

Summary

Case# 2008-000665

Harassing Phone Calls

01/14/08

I made contact with [REDACTED] in reference to this case. [REDACTED] advised she would be seeking a pre-warrant hearing through Magistrate Court. At this time I am exceptionally closing this case.

Case Closed Exceptionally

Inv. Teresa Lamb

Investigator Signature

Supervisor Signature

# INCIDENT/INVESTIGATION REPORT

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Agency Name  
*Columbia County Sheriff's Office*

ORI  
*GA 0360000*

Case# *08-008611*

Date / Time Reported  
*05/16/2008 23:58 Fri*

Last Known Secure  
*05/16/2008 16:00 Fri*

At Found  
*05/16/2008 23:00 Fri*

Location of Incident		Premise Type <i>Residence / Home</i>	Zone/Tract <i>B9</i>
#1 Crime Incident(s) <i>Harassing Phone Calls 16-11-39.1</i>	(Com) <i>M</i>	Weapon / Tools <i>NO WEAPON</i>	
#2 Crime Incident	( )	Activity	
#3 Crime Incident	( )	Activity	

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M

# of Victims *1* Type: *INDIVIDUAL( NON LE)* Injury: *None*

VI	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB <i>Age 36</i>	Race <i>W</i>	Sex <i>F</i>	Relationship To Offender <i>SE</i>	Resident Status <i>Resident</i>	Military Branch/Status
Home Address							Home Phone	
Employer Name/Address					Business Phone		Mobile Phone	
YVR	Make	Model	Style	Color	Lic/Lis	VIN		

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D

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type: _____ Injury: _____									
Code	Name (Last, First, Middle)	Victim of Crime #	DOB <i>Age</i>	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
Home Address							Home Phone		
Employer Name/Address					Business Phone		Mobile Phone		
Type: _____ Injury: _____									
Code	Name (Last, First, Middle)	Victim of Crime #	DOB <i>Age</i>	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
Home Address							Home Phone		
Employer Name/Address					Business Phone		Mobile Phone		

P  
R  
O  
P  
E  
R  
T  
Y

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown  
("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status Fm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number

Officer/ID# *BENTLEY, J. (SOD, SOD) (93151)*

Invest ID# *LAMB, T. L. (INV, CAP) (91009)* Supervisor *SHEDD, A. W. (PAT, COMS) (90780)*

Status Complainant Signature Case Status *Exceptionally Cleared* Date *05/19/2008* Case Disposition: \_\_\_\_\_ Page 1

# INCIDENT/INVESTIGATION REPORT

Columbia County Sheriff's Office

Case # 08-008611

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

	IBR	Status	Quantity	Type Measure	Suspected Type	
D R U G S						

Assisting Officers

Suspect Hate / Bias Motivated:

**NARRATIVE**

██████████ stated that her separated husband, Robert Wilson, has been constantly harassing her by phone using vulgar and threatening language. ██████████ also stated that at approx. 2300 hours she observed Mr. Wilson outside of her residence looking into her bedroom window. ██████████ feels unsafe and is worried for her daughters safety. ██████████ also stated that there have been multiple incidents of harassing phone calls in the past.

██████████ wishes to prosecute and has signed a CCSO Telephone Records Authorization form.

REPORTING OFFICER NARRA . . .

Columbia County Sheriff's Office

OCA 08-008611
Date / Time Reported Fri 05/16/2008 23:58

Victim  
[REDACTED]

Offense  
HARASSING PHONE CALLS

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

statement in file (1)

# Incident Report Suspect List

Columbia County Sheriff's Office

OCA: 08-008611

1	Name (Last, First, Middle) <b>WILSON, ROBERT STEVENSON</b>					Also Known As					Home Address [REDACTED]				
Business Address <b>GEORGIA DEPT OF CORRECTIONS</b> <b>706-855-4830. OFFICER</b>															
DOB [REDACTED]	Age 30	Race W	Sex M	Eth N	Hgt 511	Wgt 165	Hair BRO	Eye BLU	Skin RUD	Driver's License / State. [REDACTED] GA					
Scars, Marks, Tattoos, or other distinguishing features <b>SCAR LOWL LEG / 4 INCH STRAIGHT</b>															

<i>Reported Suspect Detail</i>		Suspect Age			Race	Sex	Eth	Height	Weight	SSN
Weapon, Type	Feature	Make	Model		Color	Caliber	Dir of Travel			
VehYr/Make/Model		Drs	Style	Color	Lic/St	VIN				

Notes

*Physical Char*  
*Build, MEDIUM*  
*Conversation, Polite*  
*Hair Length, Short*  
*Hair Facial, Clean Shaven*  
*Hands, LEFT HANDED*  
*Speech, Mumbles*

CASE SUPPLEMENTAL REPORT  
NOT SUPERVISOR APPROVED

Printed: 11/08/2016 12:16

Columbia County Sheriff's Office

OCA: 08008611

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: EXCEPTIONALLY CLEARED

Case Mng Status: EXCEPTIONALLY CLEARED

Occurred: 05/16/2008

Offense: HARASSING PHONE CALLS

Investigator: LAMB, T. L. (91009)

Date / Time: 05/19/2008 12:36:02, Monday

Supervisor: CLACK, H. L. (91762)

Supervisor Review Date / Time: NOT REVIEWED

Contact:

Reference: Investigator Supplement

SUMMARY

CASE3 2008-008611

HARASSING PHONE CALLS

051908

I RECEIVED THIS CASE FILE TODAY. I LEFT A MESSAGE FOR [REDACTED] TO CONTACT ME IN REFERENCE TO THIS CASE.

INVESTIGATION CONTINUES

051908

I MADE CONTACT WITH [REDACTED] IN REFERENCE TO THIS CASE. [REDACTED] WILL BE TAKING A COPY OF THE INCIDENT REPORT TO HER ATTORNEY TO OBTAIN A PROTECTIVE ORDER IN THIS CASE. AT THIS TIME I AM EXCEPTIONALLY CLOSING THIS CASE.

CASE CLOSED EXCEPTIONALLY

INV. TERESA CHARNEY

Investigator Signature

Supervisor Signature

# INCIDENT/INVESTIGATION REPORT

Agency Name  
**Columbia County Sheriff's Office**

ORI  
**GA 0360000**

Case#  
**09-004462**

Date / Time Reported  
**03/09/2009 21:54 Mon**

Last Known Secure  
**03/09/2009 20:45 Mon**

At Found  
**03/09/2009 21:00 Mon**

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Location of Incident		Premise Type <b>Residence / Home</b>	Zone/Tract <b>B9</b>
#1 Crime Incident(s) <b>Criminal Trespass/vandalism 16-7-2X CRIM TRESS</b>	(Com)	Weapon / Tools <b>NO WEAPON</b>	
#2 Crime Incident	( )	Activity	
#3 Crime Incident	( )	Activity	

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# of Victims **1** Type: **INDIVIDUAL( NON LE)** Injury: **None** Domestic: **N**

V1	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
		<b>1,</b>	<b>Age 37</b>	<b>W</b>	<b>F</b>	<b>XSE</b>	<b>Resident</b>	

Home Address

Employer Name/Address

Business Phone

Mobile Phone

VYR **2005** Make **TOYT** Model **COROLLA** Style **4DR** Color **GRY** Lic/Pls

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CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type: Injury:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
			<b>Age</b>					

Home Address

Employer Name/Address

Business Phone

Mobile Phone

Type: Injury:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
			<b>Age</b>					

Home Address

Employer Name/Address

Business Phone

Mobile Phone

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1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number
1	38	4	\$50.00		1	VEHICLE PARTS ACCESSORIES	TOYOTA Corolla	
1	01	4	\$50.00		1	2005 GRY, GA	TOYT Corolla	

Officer/ID# **LEONARD, J. W. (SOD, K9) (92442)**

Invest ID# **(0)** Supervisor **CLACK, T. S. (PAT, RS) (91595)**

Status Complainant Signature Case Status **Active** Date **03/09/2009** Case Disposition: **Page 1**



INCIDENT/INVESTIGATION REPORT

Columbia County Sheriff's Office

Case# 09-004462

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

D R U G S	IBR	Status	Quantity	Type Measure	Suspected Type

Assisting Officers

Suspect Hate / Bias Motivated:

NARRATIVE

ON 030909 AT 2103HRS I WAS DISPATCHED TO [REDACTED] IN REFERENCE TO A DOMESTIC. I SPOKE WITH [REDACTED] WHO STATED HER EX-HUSBAND CAME BY HER RESIDENCE AND REMOVED THE ANTENNA FROM HER VEHICLE. I SPOKE WITH MR. WILSON WHO STATED HE DID REMOVE THE ANTENNA, HOWEVER HE PLACED IT BESIDE [REDACTED] RESIDENCE. [REDACTED] CLAIMS THAT MR. WILSON TOOK THE ANTENNA BACK TO HIS RESIDENCE. MR. WILSON CLAIMS THAT [REDACTED] SAW HIM PLACE IT BESIDE HER RESIDENCE AND TOOK THE ANTENNA AND THEN CALLED 911 IN AN ATTEMPT TO GET HIM ARRESTED. [REDACTED] WAS EXPLAINED THE PRE WARRANT HEARING PROCESS AND WAS GIVEN A VICTIMS ASSISTANCE PAMPHLET.

REPORTING OFFICER NARRA

Columbia County Sheriff's Office

OCA 09-004462
Date / Time Reported Mon 03/09/2009 21:54

Victim [REDACTED]	Offense CRIMINAL TRESPASS/VANDALISM
----------------------	--

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

statement in file (1)

# Incident Report Suspect List

Columbia County Sheriff's Office

OCA: 09-004462

1 Name (Last, First, Middle) <b>WILSON, ROBERT STEVENSON</b>		Also Known As				Home Address [REDACTED]				
Business Address <b>GEORGIA DEPT OF CORRECTIONS</b> <b>706-855-4830, OFFICER</b>										
DOB [REDACTED]	Age <b>31</b>	Race <b>W</b>	Sex <b>M</b>	Eth <b>N</b>	Hgt <b>511</b>	Wgt <b>165</b>	Hair <b>BRO</b>	Eye <b>BLU</b>	Skin <b>RUD</b>	Driver's License / State. [REDACTED] <b>GA</b>
Scars, Marks, Tattoos, or other distinguishing features <b>SCAR LOWL LEG / 4 INCH STRAIGHT</b>										
<b>Reported Suspect Detail</b>		Suspect Age		Race	Sex	Eth	Height		Weight	SSN
Weapon, Type	Feature	Make		Model			Color	Caliber	Dir of Travel	
Veh Yr/Make/Model		Drs	Style		Color		Lic/St		VIN	

Notes

Physical Char

*Build, MEDIUM*  
*Conversation, Polite*  
*Hair Length, Short*  
*Hair Facial, Clean Shaven*  
*Hands, LEFT HANDED*  
*Speech, Mumbles*

# Incident Report Related Vehicle List

Columbia County Sheriff's Office

OCA: 09-004462

<b>1</b>	VehYr/Make/Model <i>2005 TOYT, Corolla</i>	Style <i>4DR</i>	Color <i>GRY</i>	Lic/Lis <i>GA 2010</i>	VIN [REDACTED]
IBR Status <i>Destroyed/damaged/vandaliz</i>		Date <i>03/09/2009</i>	Location [REDACTED]		
Condition	Value <i>\$50.00</i>	Offense Code <i>1400</i>	Jurisdiction <i>Locally</i>	State #	NIC #
Name (Last, First, Middle) [REDACTED]		Also Known As		Home Address [REDACTED]	
Business Address [REDACTED]					
DOB [REDACTED]	Age <i>37</i>	Race <i>W</i>	Sex <i>F</i>	Hgt <i>506</i>	Wgt <i>137</i>
Scars, Marks, Tattoos, or other distinguishing features					

Notes

*THE RADIO ANTENNA WAS REMOVED.*

**Incident Report Related Property List**

Columbia County Sheriff's Office

OCA: 09-004462

<b>1</b>	Property Description <b>VEHICLE PARTS/ACCESSORIES</b>			Make <b>TOYOTA</b>	Model <b>CAROLLA</b>	Caliber	
Color <b>Gray</b>	Serial No.	Value <b>\$50.00</b>	Qty <b>1.000</b>	Unit	Jurisdiction <b>Locally</b>		
Status <b>Destroyed/damage</b>	Date <b>03/09/2009</b>	NIC #	State #	Local #	OAN		
Name (Last, First, Middle)			DOB	Age <b>37</b>	Race <b>W</b>	Sex <b>F</b>	

Notes

**MR. WILSON REMOVED THE RADIO ANTENNA FROM THE VEHICLE.**

# INCIDENT/INVESTIGATION REPORT

INCIDENT DATA

Agency Name  
**Columbia County Sheriff's Office**

ORI  
**GA 0360000**

Case# **16-014723**

Date / Time Reported  
**07/10/2016 01:03 Sun**

Last Known Secure  
**07/09/2016 22:00 Sat**

At Found  
**07/10/2016 00:19 Sun**

Location of Incident		Premise Type <b>Residence / Home</b>	Zone/Tract <b>B6</b>
#1	Crime Incident(s) <b>Simple Battery</b> <b>16-5-230</b>	(Com) <b>M</b>	Weapon / Tools <b>NO WEAPON</b>
#2	Crime Incident <b>Simple Assault</b> <b>16-5-200</b>	(Com) <b>M</b>	Weapon / Tools
#3	Crime Incident	( )	Weapon / Tools
		Entry	Exit
		Security	

MO

VICTIM

# of Victims **2** Type: **INDIVIDUAL( NON LE)** Injury: **None** Domestic: **Y**

V1 Victim/Business Name (Last, First, Middle) **[REDACTED]** Victim of Crime # **2** DOB **[REDACTED]** Race **W** Sex **F** Relationship To Offender **SE** Resident Status **Resident** Military Branch/Status

Home Address **[REDACTED]** Home Phone **[REDACTED]**

Employer Name/Address **[REDACTED]** Business Phone **[REDACTED]** Mobile Phone **[REDACTED]**

VYR Make Model Style Color Lic/Lis VIN

OTHERS

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type: **INDIVIDUAL( NON LE)** Injury: **None**

V2 Name (Last, First, Middle) **WILSON, ROBERT STEVENSON** Victim of Crime # **1** DOB **[REDACTED]** Race **W** Sex **M** Relationship To Offender **SE** Resident Status **Resident** Military Branch/Status

Home Address **[REDACTED]** Home Phone **[REDACTED]**

Employer Name/Address **Georgia Dept Of Corrections (OFFICER)** Business Phone **706-855-4830** Mobile Phone **[REDACTED]**

INVOLVED

Type: Injury:

Code Name (Last, First, Middle) Victim of Crime # DOB Race Sex Relationship To Offender Resident Status Military Branch/Status

Home Address Home Phone

Employer Name/Address Business Phone Mobile Phone

PROPERTY

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown  
("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number

Officer/ID# **SEELIG, D. A. (PAT, PAT) (97010)**

Invest ID# **LAMB, T. L. (INV, CAP) (91009)** Supervisor **MCGAHEE, G. J. (PAT, RS) (91478)**

Status Complainant Signature Case Status **Investigative Call Back** **07/12/2016** Case Disposition: **4** **07/12/2016** Page 1

# Incident Report Suspect List

Columbia County Sheriff's Office

OCA: 16-014723

1 Name (Last, First, Middle) [REDACTED]										Also Known As		Home Address [REDACTED]	
Business Address [REDACTED]													
DOB [REDACTED]	Age 36	Race W	Sex F	Eth N	Hgt 506	Wgt 115	Hair BRO	Eye BLU	Skin FAR	Driver's License / State. [REDACTED] GA			
Scars, Marks, Tattoos, or other distinguishing features													

<i>Reported Suspect Detail</i>			Suspect Age		Race	Sex	Eth	Height	Weight	SSN			
Weapon, Type		Feature		Make		Model		Color	Caliber	Dir of Travel			
Veh Yr/Make/Model				Drs	Style		Color	Lic/St	Mode of Travel				
									VIN				

Notes \_\_\_\_\_ Physical Char \_\_\_\_\_

2 Name (Last, First, Middle) WILSON, ROBERT STEVENSON										Also Known As		Home Address [REDACTED]	
Business Address GEORGIA DEPT OF CORRECTIONS 706-855-4830, OFFICER													
DOB [REDACTED]	Age 39	Race W	Sex M	Eth N	Hgt 511	Wgt 165	Hair BRO	Eye BLU	Skin RUD	Driver's License / State. [REDACTED] GA			
Scars, Marks, Tattoos, or other distinguishing features SCAR LOWL LEG / 4 INCH STRAIGHT													

<i>Reported Suspect Detail</i>			Suspect Age		Race	Sex	Eth	Height	Weight	SSN			
Weapon, Type		Feature		Make		Model		Color	Caliber	Dir of Travel			
Veh Yr/Make/Model				Drs	Style		Color	Lic/St	Mode of Travel				
									VIN				

Notes \_\_\_\_\_ Physical Char \_\_\_\_\_

*Build, MEDIUM  
 Conversation, Polite  
 Hair Length, Short  
 Hair Facial, Clean Shaven  
 Hands, LEFT HANDED  
 Speech, Mumbles*

**INCIDENT/INVESTIGATION REPORT**

Columbia County Sheriff's Office

Case # 16-014723

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown							
D R U G S	IBR	Status	Quantity	Type Measure	Suspected Type		

Assisting Officers

Suspect Hate / Bias Motivated:

**NARRATIVE**

I responded to the listed residence and met outside with Robert Wilson.

Mr. Wilson stated he and his wife, [REDACTED] had an ongoing verbal argument that evening. He stated that, during the course of the argument, [REDACTED] was intoxicated and broke and tore several items within the residence. He also stated [REDACTED] stuck or slapped his upper left arm.

I spoke separately with [REDACTED]. She acknowledge drinking earlier that evening and stated she had a verbal argument with her husband, during which she damaged several small items in the house. She denied making any physical contact with Mr. Wilson. She stated that Mr. Wilson threatened her with an unspecified knife.

Mr. Wilson denied making any such threats. No marks were visible on Mr. Wilson's arm. There were a number of torn papers scattered about the home, as well as a broken lamp. Neither Mr. nor [REDACTED] could point out a knife which might have been used to carry out a threat. [REDACTED] was visibly intoxicated during our conversation.

I spoke with a neighbor, who heard an ongoing verbal argument, but did not overhear any physical fighting or threats being made.

Mr. Wilson departed the home for the evening. All parties were advised of available remedies and services.

Due to conflicting stories and lack of physical evidence, no arrest was made.



CASE SUPPLEMENTAL REPO.  
NOT SUPERVISOR APPROVED

Printed: 11/08/2016 12:12

Columbia County Sheriff's Office

OCA: 16014723

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: INVESTIGATIVE CALL BACK Case Mng Status: OTHER/INVESTIGATIVE CALL Occurred: 07/09/2016  
Offense: SIMPLE BATTERY

Investigator: LAMB, T. L. (91009)

Date / Time: 07/11/2016 16:26:38, Monday

Supervisor: DIGSBY, T. R. (92906)

Supervisor Review Date / Time: NOT REVIEWED

Contact:

Reference: Investigator Supplement

SUMMARY

CASE# 16-014723

INVESTIGATIVE CALL BACK

071116

I WAS ASSIGNED AND REVIEWED THIS CASE. I MADE CONTACT WITH THIS FAMILY. THERE IS NO HISTORY IN EMS. THEY ADVISED EVERYTHING WAS AT THIS TIME. I ADVISED THEM TO CONTACT ME IF THEY NEED FURTHER ASSISTANCE. AT THIS TIME I AM CLOSING THIS CASE AS A CALL BACK.

Investigator Signature

Supervisor Signature



# RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

## RELEASE OF INFORMATION WAIVER

I do hereby authorize a review and full disclosure of all records concerning myself to the Richmond County Sheriff's Office, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my 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, all records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and 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 grievance filed by or against me.

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 considered in determining my suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Richmond County Sheriff's Office to be a participant in the determination process of my 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 valid as an original thereof, even though the said photocopy does not contain an original Signature.

I have read and fully understand the contents of this authorization for release of information.

Robert S. Wilson  
(SIGNATURE OF APPLICANT)      10-17-2016  
(DATE)      Robert Stevenson Wilson  
(PRINT NAME OF APPLICANT)

Robert S. Wilson, personally appeared before me, the undersigned authority duly authorized to administer oaths and take acknowledgements. Also known to me to be the person described in and who executed the foregoing application for employment as his/her time, act and deed.

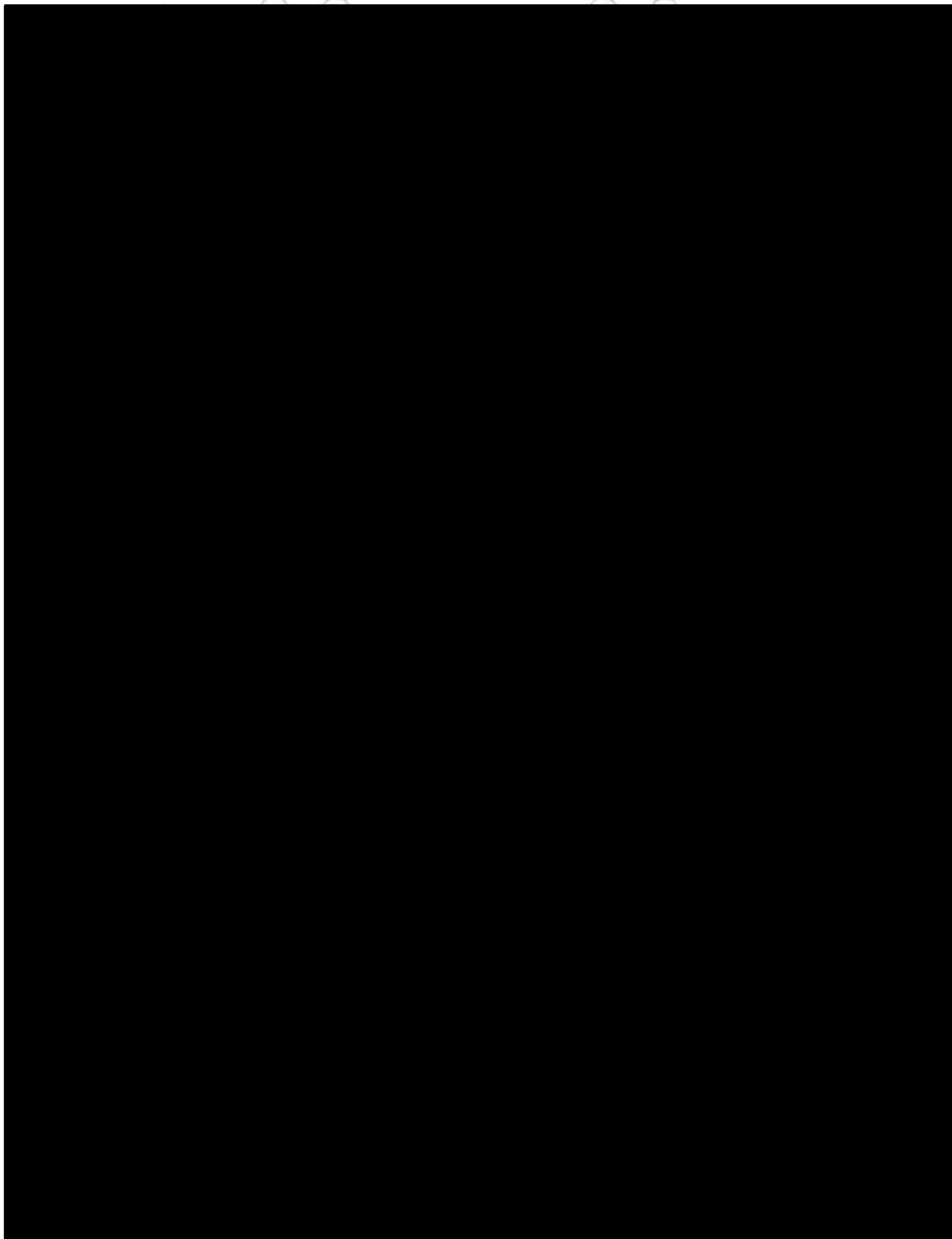
WITNESS BY HAND THIS 17 DAY OF Oct 20 16

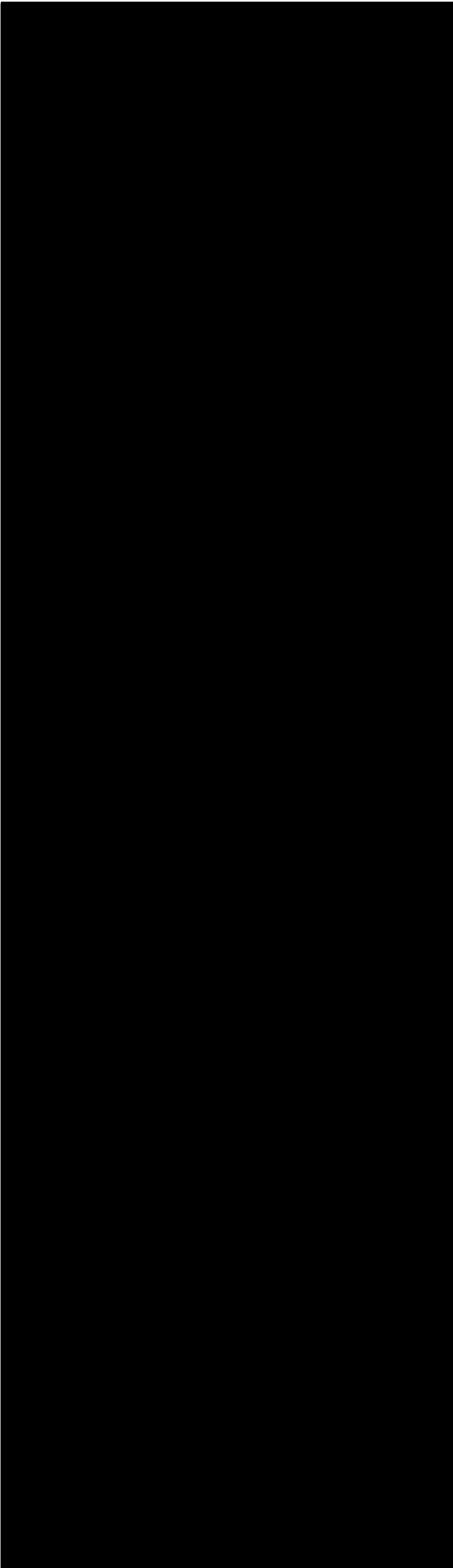
Notary Public, Richmond County, Georgia  
My Commission Expires Oct 28, 2018

NOTARY PUBLIC)

# Application Process I

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suf</b>
Wilson	Robert	S.	
<b>SS#</b>	<b>DL#</b>	<b>DOB:</b>	
██████████	GA ██████████	██████ ██████████	
<b>New World:</b>	See Printout		
<b>Historical</b>			
<b>MNI:</b>			
<b>NCIC/GCIC/III</b>	██		
<b>Driver History</b>	Ga Lic Valid - See printout		





AS400 NARRATIVE FOR CASE # 200900043054

GA1210000

Created 2009/03/08 By DH14484 -  
Last Changed 2009/03/08 By DH14484 -

09-043046

COMPLAINANT STATED THAT ON THE ABOVE DATE AND TIME, THE LISTED SUBJECT CAME UP TO HIM WHILE HE WAS WORKING ON A SIZZORLIFT AND TOLD HIM TO COME DOWN. COMPLAINANT THEN STATED THAT HE CAME DOWN AND THE SUBJECT TRIED TO CUT HIM WITH A RAZOR KNIFE, SO WHEN HE SWUNG AT HIM, HE HIT THE SUBJECT AND TOOK HIM TO THE GROUND AND HIT HIM 2 OR 3 MORE TIMES. COMPLAINANT FURTHER STATED THAT THE SUBJECT GOT UP AND WALKED AWAY, BUT A FEW MINUTES LATER THE SUBJECT CAME BACK AND TOLD HIM TO COME BACK DOWN AND THE COMPLAINANT DID AND THE SUBJECT ATTEMPTED TO HIT HIM AGAIN AND THE COMPLAINANT TOOK HIM BACK TO THE GROUND AND HIT HIM SEVERAL MORE TIMES. COMPLAINANT WALKED OVER AND THE SUBJECT TOLD THE COMPLAINANT THAT HE "F---ED HIS MOTHER LAST WEEK" AND THE COMPLAINANT HIT THE SUBJECT AGAIN TAKING HIM TO THE GROUND.  
030709/DLH

Print Date/Time: 10/24/2016 2:58:58 PM

Activity Date/Time	Activity Type	Activity Reference	ORI/FDID	Description	Name	Global Subject Number	Sealed
05/26/2014 18:29:00	Index Card	1	GA1210000	Index Card	Wilson, Robert	509678	

Total Rows: 1

IN THE SUPERIOR COURT OF Columbia COUNTY

CLERK OF SUPERIOR COURT  
JUVENILE COURT  
FILED FOR RECORD

STATE OF GEORGIA

2008 SEP 25 PM 12:51

STATE OF GEORGIA

INDICTMENT NO.: 07-00000 CLERK OF SUPERIOR COURT  
COLUMBIA COUNTY, GEORGIA

VS.

OFFENSE(S): Terroristic

Robert Stevenson Wilson

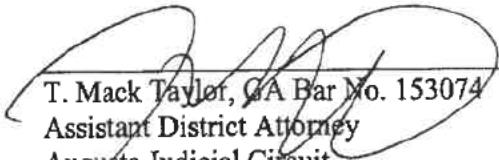
Threats

**MOTION TO REMOVE FROM DEAD DOCKET AND ENTER NOLLE PROSEQUI**

Now comes the State and moves this Honorable Court to remove the above-stated case from the **DEAD DOCKET** of the Court and request and entry of **NOLLE PROSEQUI** for the following reason(s):

The defendant has completed & complied w/ the terms of the original dead docket order.

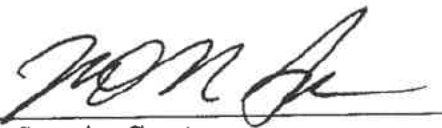
This 19<sup>th</sup> day of Sept, 2008.

  
T. Mack Taylor, GA Bar No. 153074  
Assistant District Attorney  
Augusta Judicial Circuit

**ORDER**

Upon consideration of the foregoing motion, the same is granted, and it is ordered that the above-stated case be removed from the **DEAD DOCKET** of this Court and an entry of **NOLLE PROSEQUI** is approved.

SO ORDERED, this 20<sup>th</sup> day of September, 2008.

  
Judge, Superior Court  
Augusta Judicial Circuit

RECORDED & INDEXED IN MINUTES 9/26/08 77



**CERTIFICATION OF RECORD**

STATE OF GEORGIA, COLUMBIA COUNTY  
SUPERIOR COURT CLERK'S OFFICE

I, HOLLEIGH MURPHREE Deputy Clerk, do hereby certify that I have compared the foregoing attached 1

pages referenced below :

NOLLE PROSEQUI ORDER

STATE OF GEORGIA

VS.

ROBERT STEVENSON WILSON

CRIMINAL DOCKET NUMBER : 2007CR0808

with the original record remaining in this office, and this is a true and correct copy of the record on file in this Court.

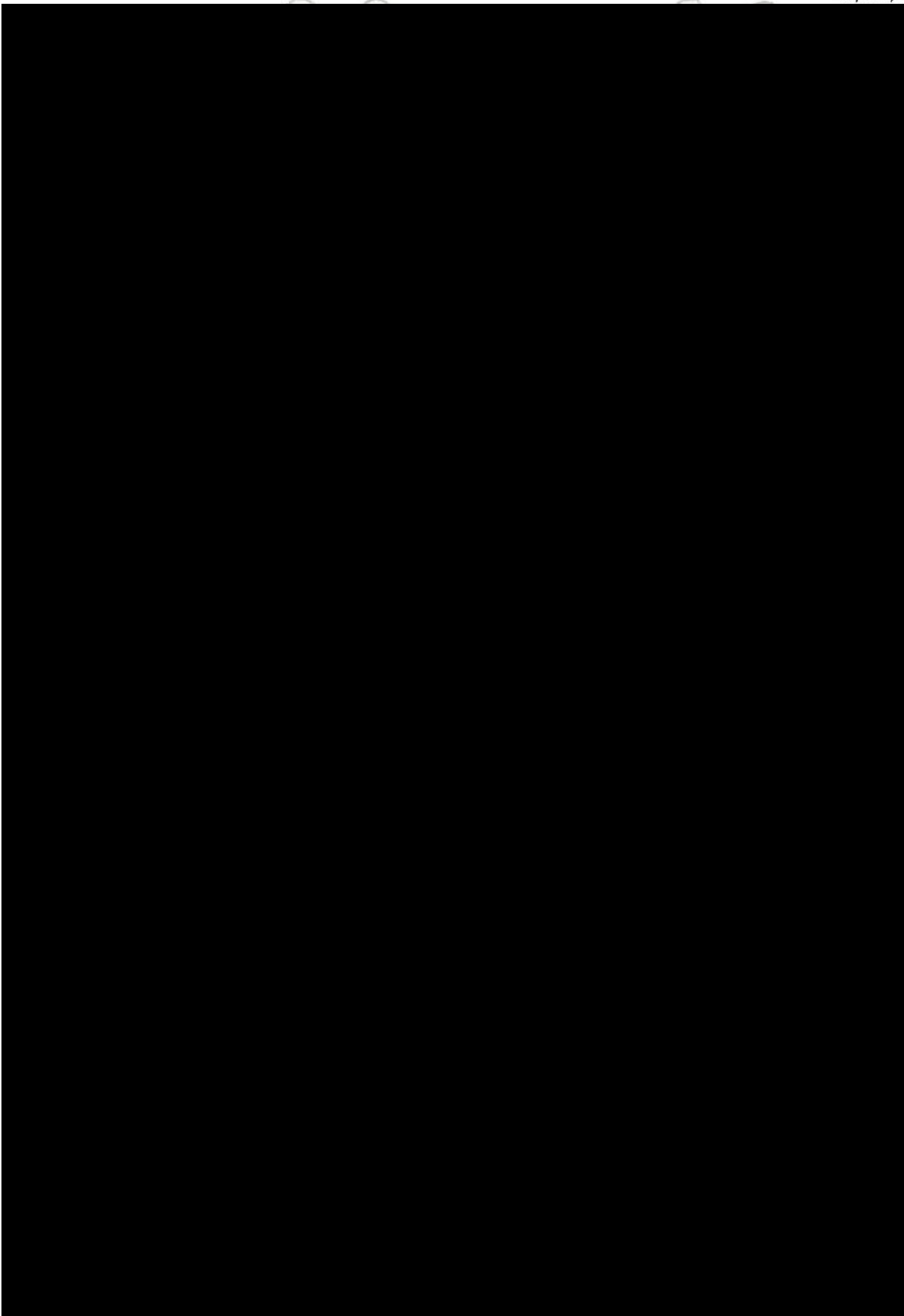
In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court.

This the 11th day of July, 20 14



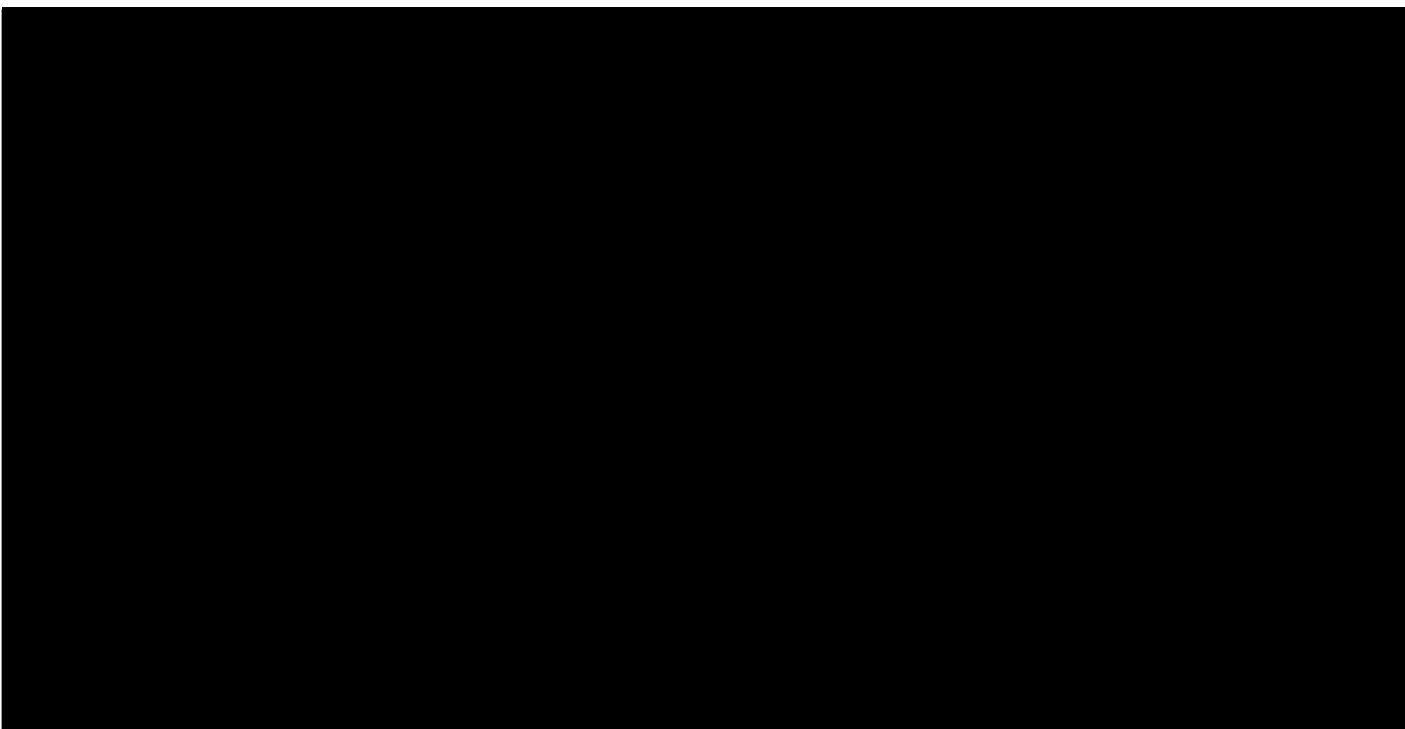
**Cindy Mason**  
Clerk of Superior Court

[Signature]  
Deputy Clerk, Columbia County, Georgia

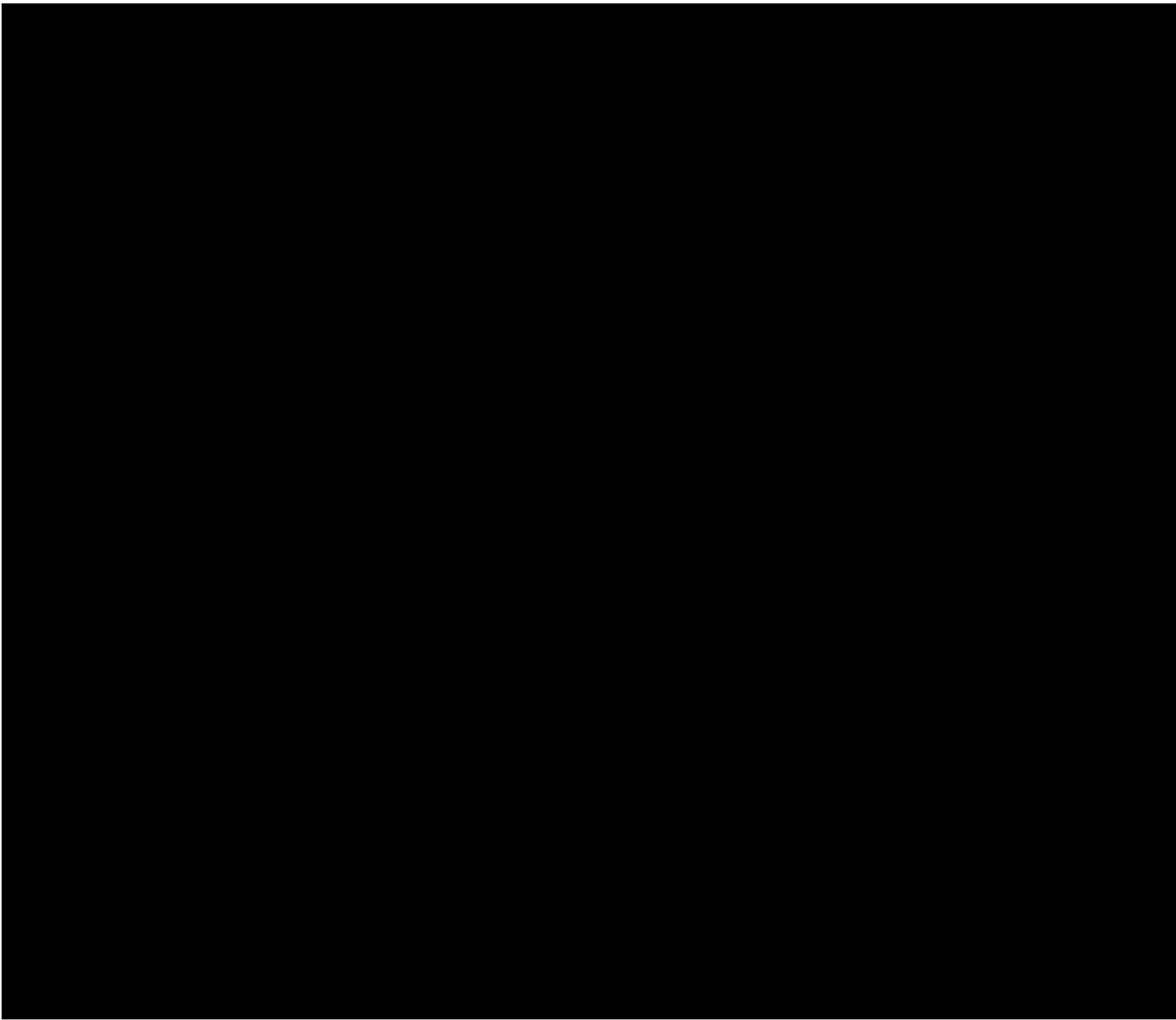


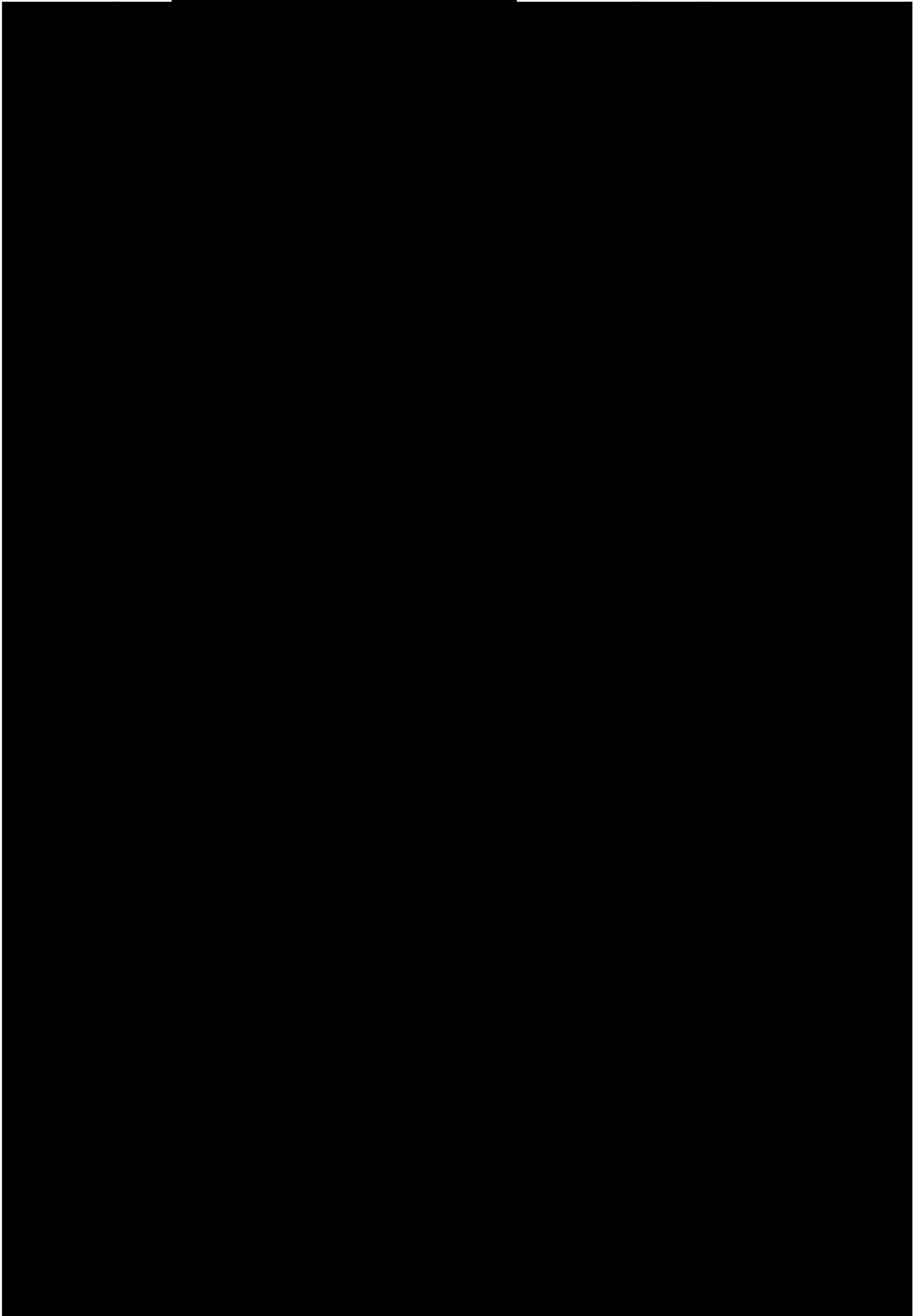
\*\*\*\*\* IDENTIFICATION \*\*\*\*\*





\*\*\*\*\* CRIMINAL HISTORY \*\*\*\*\*



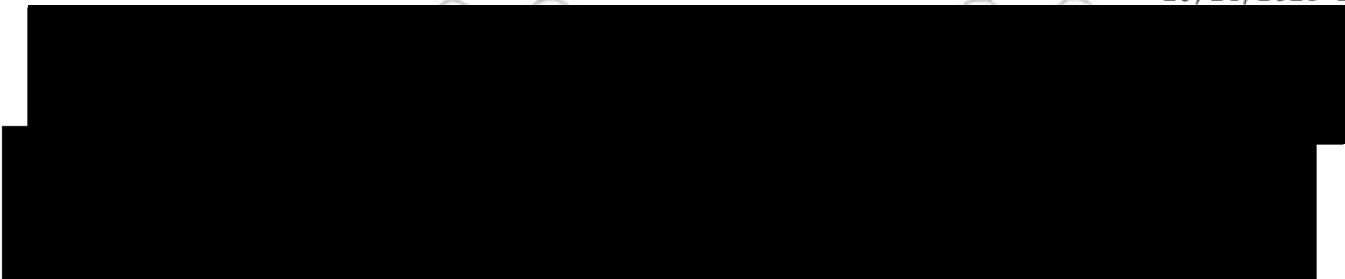


[REDACTED]

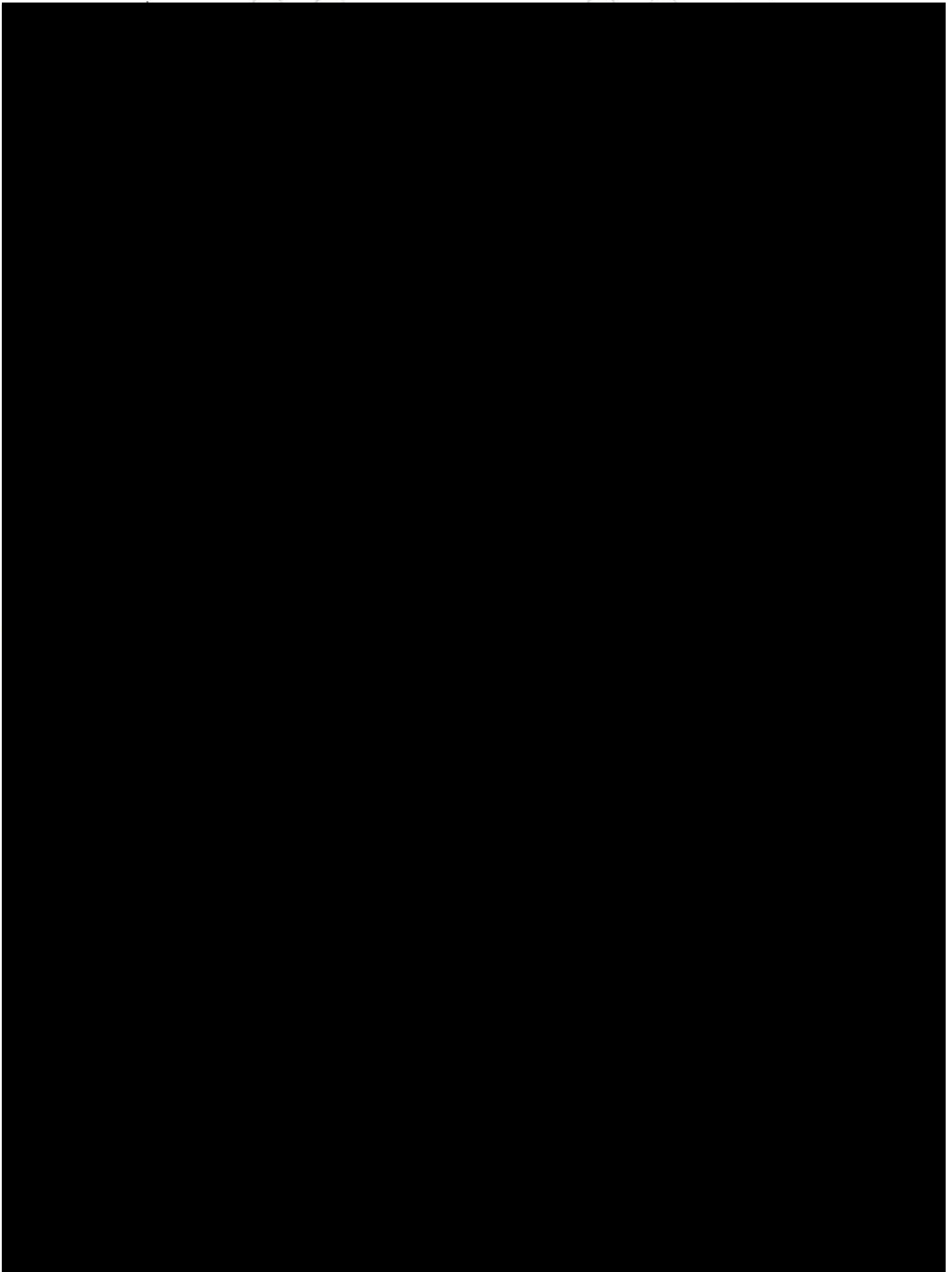
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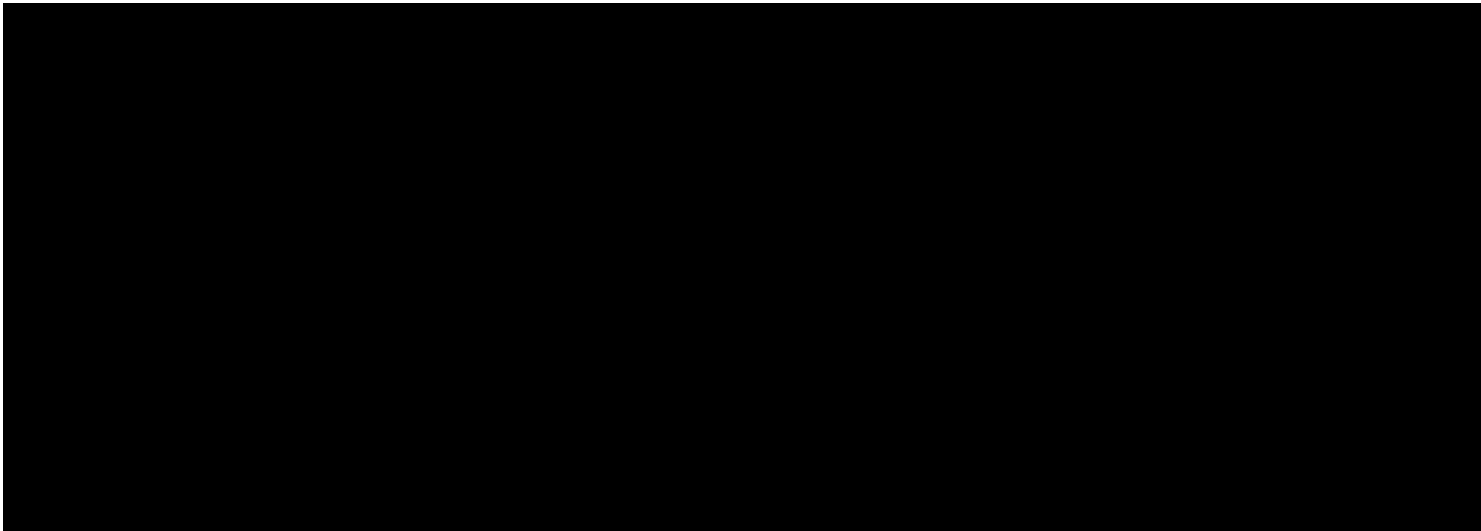
NCIC2 20161024 15:07:38 20161024 15:07:38 25215787ED

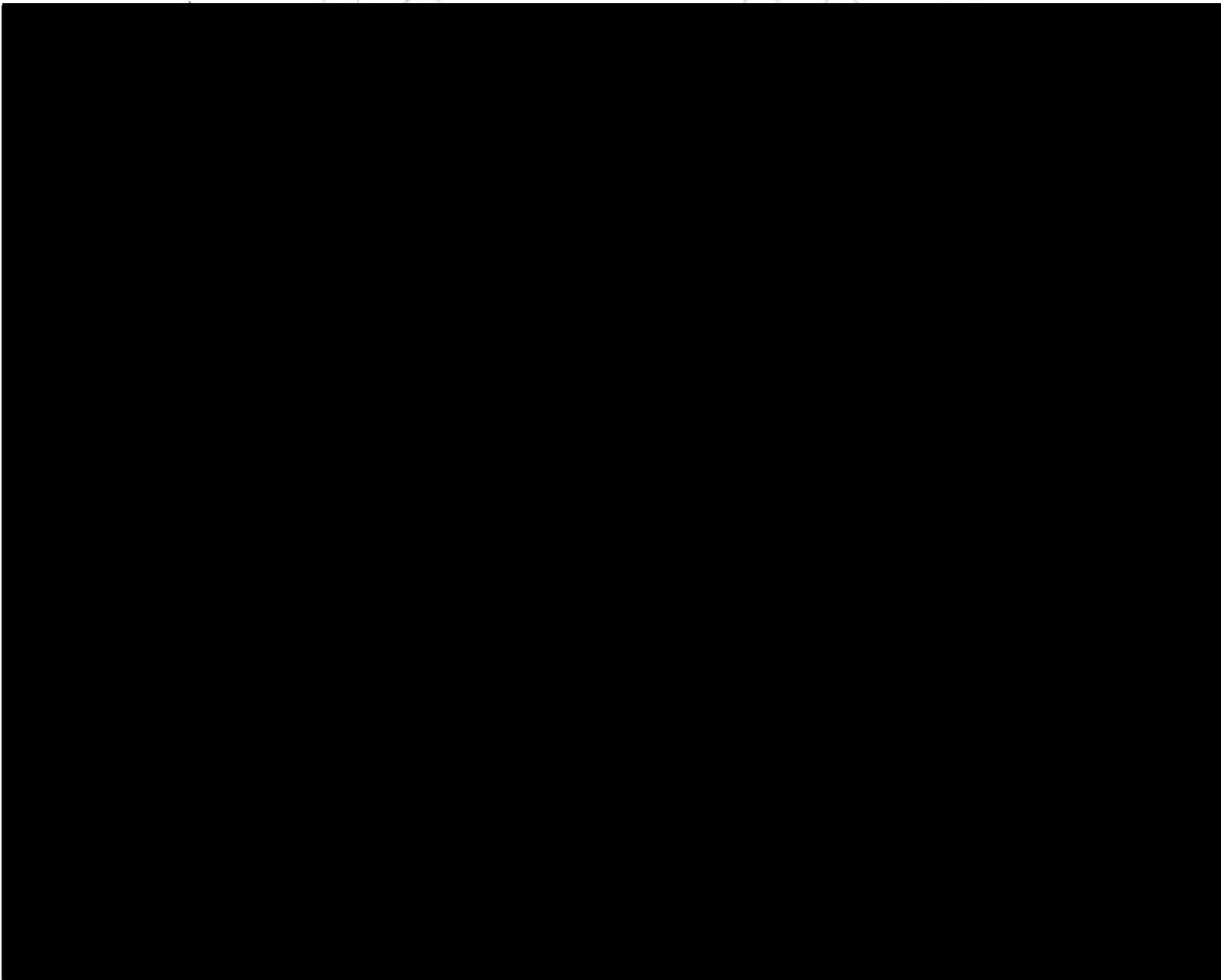


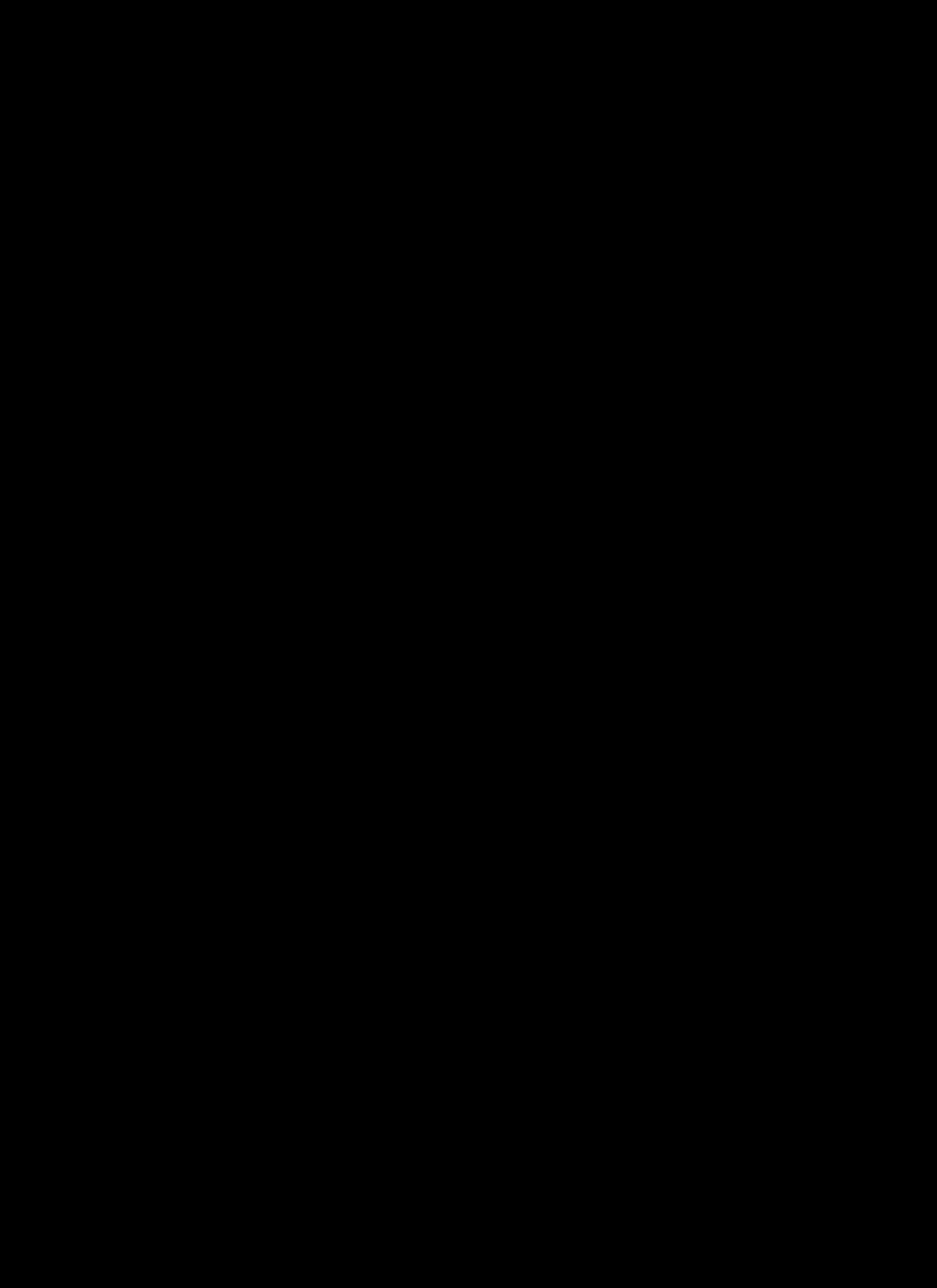
















NCIC2 20161024 15:01:50 20161024 15:01:49 25215E87DE  
 7L0125215E87DE2QH  
 GA1210000

THIS NCIC INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR  
 INQUIRY ON NAM/WILSON,ROBERT S SEX/M RAC/W DOB/[REDACTED] PUR/J  
 ATN/FRANCISCO/DC

NAME	FBI NO.	INQUIRY DATE
WILSON,ROBERT STEVENSON	[REDACTED]	2016/10/24

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR	PHOTO
M	W	[REDACTED]	510	165	BLU	BRO	Y

BIRTH PLACE  
 GEORGIA

FINGERPRINT CLASS          PATTERN CLASS

ALIAS NAMES  
 WILSON,ROBBIE

SCARS-MARKS-  
 TATTOOS          SOCIAL SECURITY  
 SC L LEG          [REDACTED]

IDENTIFICATION DATA UPDATED 2016/04/07

THE CRIMINAL HISTORY RECORD IS MAINTAINED AND AVAILABLE FROM THE  
 FOLLOWING:

GEORGIA - STATE ID/GA [REDACTED]

THE RECORD(S) CAN BE OBTAINED THROUGH THE INTERSTATE IDENTIFICATION  
 INDEX BY USING THE APPROPRIATE NCIC TRANSACTION.

END

DDSKQ 20161024 15:01:57 20161024 15:01:56 25215E87DF

KR.GAGBI0051.TRCH.TXT

OLN/[REDACTED].PUR/J.ATN/FRANCISC/DC.

NAME:WILSON, ROBERT STEVENSON

ADDR:[REDACTED]

LIC NUM:[REDACTED] ADAP:N

SEX:M DOB:[REDACTED] HGT:510 WGT:172 EYE:BLU

CONTACT: PRI:[REDACTED] SEC: NONE

CLASS: C ISSUE DT:02/18/2016 EXPIRE DT:[REDACTED] 2020

TYPE:REGULAR SURR DT:

RESTRICTION:A/NONE

ENDORSEMENT:NONE

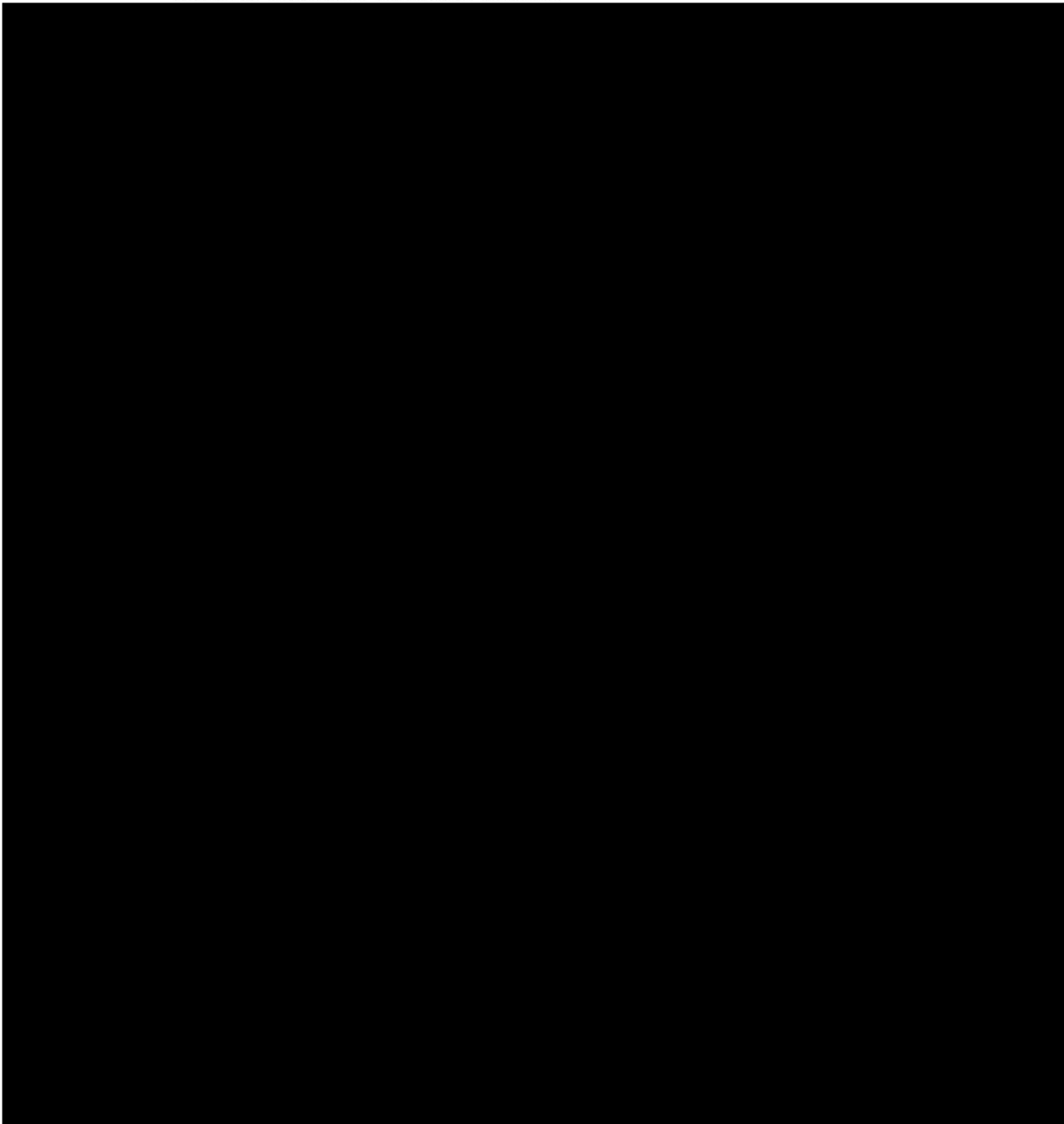
COMMERCIAL STATUS:NOT LICENSED

NON-COMMERCIAL STATUS:VALID

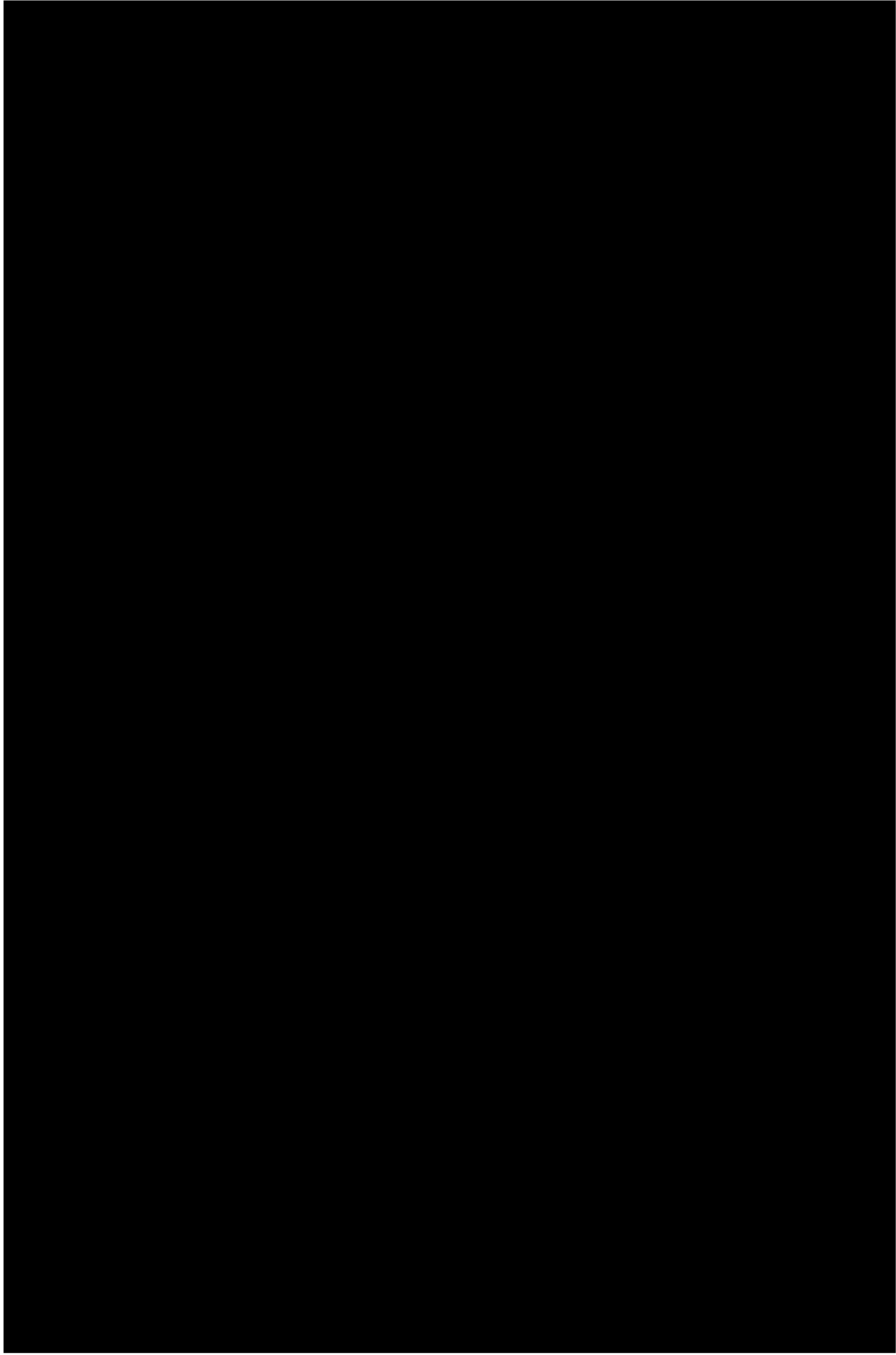
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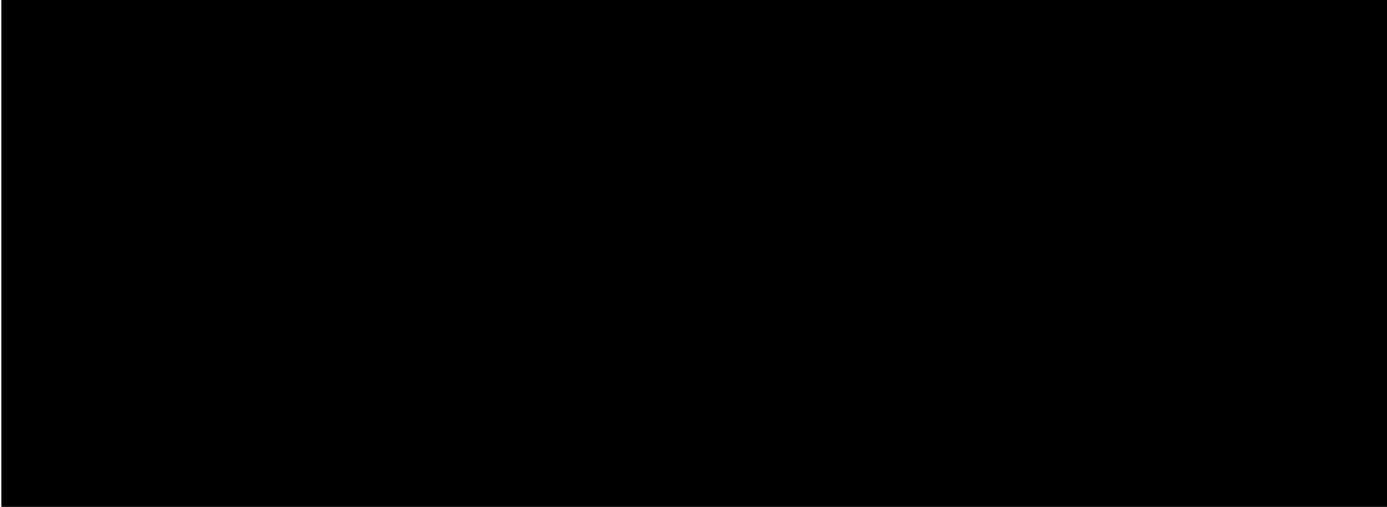
ACTIVE SUSPENSIONS:NONE

\* DRIVER LICENSE HISTORY REPORT \*









DEPTCOR 20161024 15:01:58 20161024 15:01:57 25215E87DF

\*\*\* No current Probation or Parole Information for:

RE: NAME/ SEX/ RACE/ DOB/ SSN/

NCIC1 20161024 15:01:59 20161024 15:01:58 25215E87DF  
1L0125215E87DF2QWA  
GA1210000

NO NCIC WANT OLN/[REDACTED]  
\*\*\*MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.