

Position applied for:  Full Time Position  Deputy  Detention Office  Administration  Part Time Position

Date 6-21-21

Last Shook  
First Barbara  
Middle T.

Applicant Name

All pages must be completed in black or blue ink.

The Towns County Sheriff's Office does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or provision of services.  
Equal Opportunity Employer

**CONFIDENTIAL**

Towns County Sheriff's Office  
Application for Employment



- \_\_\_\_ Employment with Towns County Government Law Enforcement Sworn Officer (2)
- \_\_\_\_ Employment with Towns County Government Non-Sworn Officer (1)
- \_\_\_\_ Employment with Towns County Government Non-Law Enforcement (3)

(Note): In order to be employed with the Towns County Sheriff's Office Applicant must check consent below to a background check.

As an applicant for employment, I hereby authorize Towns County Sheriff's Office to receive the purpose of my background investigation which may be in the file of any federal, state or local criminal justice agency.

Do you object to wearing a uniform? NO

Date you are available for employment? 6-22-2021

Are you willing to work shift work (nights, holidays, weekends, etc.)? NO

Cell Phone: [REDACTED]

Home Telephone: [REDACTED]

Single  Married  Divorced

Sex: M  F

Hgt: 5'4 Wgt: 135 Eyes: green Hair: red Race: W

County of Residence: [REDACTED] Social Security No.: [REDACTED]

Place of Birth: [REDACTED] Age: [REDACTED] Birth date: [REDACTED]

State: [REDACTED] County: [REDACTED]

List any alias names used (i.e. maiden names, nicknames, etc.): [REDACTED]

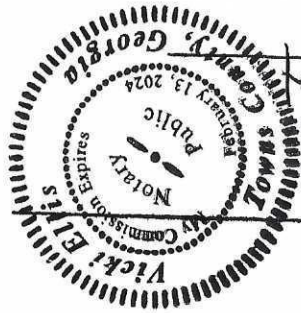
Name: Shook (Last) Barbara (First) T. (Middle Initial)

Alias names used: Bobbie Shook, Bobbie Twiggs

Applicant's consent for criminal background/driver's history check

GENERAL QUESTIONS





My Commission Expires: 2-13-24

Date: 4-22-22

Notary Signature: [Signature]

Date: 6-22-22

Signature of applicant: [Signature]

I hereby authorize the Department of Public Safety of Georgia, or any other authorized agency to which this authorization may be presented, to release to the Towns County Sheriff's Office an abstract of my driving record for use in processing my employment application.

Date: \_\_\_\_\_ Type of Charge: \_\_\_\_\_  
 Date: \_\_\_\_\_ Type of Charge: \_\_\_\_\_  
 Date: \_\_\_\_\_ Type of Charge: \_\_\_\_\_

If yes, please do not include parking tickets.  
 Have you ever incurred any traffic charges within the last three (3) years?  YES  NO

Do you have a valid Driver's license?  YES  NO  
 Driver's license number: \_\_\_\_\_  
 Have you ever been licensed Operator's license number: \_\_\_\_\_  
 State: \_\_\_\_\_ Date of expiration: \_\_\_\_\_  
 State: \_\_\_\_\_

**DRIVER'S HISTORY**

How did you learn of this available position?	Walk-in	TCSO Website	Newspaper
Are you available to work any time of the day?	YES	NO	
Are you available to work any day of the week?	YES	NO	
Are you willing to work nights or weekends?	YES	NO	
Do you object to wearing a uniform?	YES	NO	

GENERAL INFORMATION

Have you ever been employed by or applied with the Towns County Sheriff's Office before?	YES <input checked="" type="radio"/> NO <input type="radio"/>
How did you learn of this opening?	YES <input type="radio"/> NO <input checked="" type="radio"/>
Are you related to anyone currently employed by the Towns County Sheriff's Office?	YES <input checked="" type="radio"/> NO <input type="radio"/>
Are you a citizen of the United States?	YES <input checked="" type="radio"/> NO <input type="radio"/>
Name of Relative: <u>DR. VANHORN, JAMES</u> Relationship: <u>Spouse</u> Department/Office: <u>Sheriff's Office</u>	

In accordance with the Immigration Reform Act of 1986 proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.

Have you ever been convicted of, or plead guilty or nolo to a felony or misdemeanor, other than a minor traffic violation? YES  NO   
 If yes, please attach a written statement that answers what, when, the specific circumstances surrounding the event as well as the outcome.

Active Military Service (list date, serial or service number for all active service) N/A

From \_\_\_\_\_ To \_\_\_\_\_  
 Branch of Service \_\_\_\_\_  
 Discharge Type \_\_\_\_\_  
 Serial or Service Number \_\_\_\_\_

Are you now or have you ever been an inactive member of any branch of the U.S. Reserve Forces or National Guard? YES  NO   
 If yes, what type of branch?

Are you a mandated officer? YES  NO   
 Attach certificate with application

Please indicate below any answers that are true statement(s).  
 Have you ever used marijuana? YES  NO   
 Have you ever possessed, sold, manufactured, used, or delivered illegal drugs?  
 Have you ever illegally possessed, sold, manufactured, used, or delivered legal prescription medication?  
 Date(s) \_\_\_\_\_ used, \_\_\_\_\_ or \_\_\_\_\_ delivered  
 Type of Drug(s) \_\_\_\_\_



Lined area for writing.

Explain in full detail why you want to become a deputy sheriff/detention officer or civilian employee of the Towns County Sheriff's Office. Attach an additional page if necessary; do not exceed 500 words.

EDUCATION INFORMATION

Are you a high school graduate?  Yes  No  
 If no, circle highest grade completed: 5 6 7 8 9 10 11 12  
 Do you have a GED: Yes  No   
 Date completed: \_\_\_\_\_

SCHOOL	NAME	ADDRESS/PHONE NUMBER	DATES ATTENDED	COMPLETED	DEGREE EARNED
SCHOOL	Towns Co.		1996 - 1999	<input checked="" type="checkbox"/>	
BUSINESS/TECHNICAL SCHOOL					
COLLEGE	Truett-McConnell Cleveland		2007 - 2010		
GRADUATE SCHOOL	Piedmont	Demorest, GA	2016-2018		
			2018-2019		
					Masters Specialist
					1234
					1234
					1234
					9101112

SKILLS AND TRAINING

Please list any skills/training you have that would be beneficial to this agency:

Computer Skills	Knowledge of Microsoft Office	
	Written communication	
	Teamwork and collaboration	
	Flexibility	

PERSONAL REFERENCES

Please list five (4) personal references. These are people you have known for at least four (4) years, which are NOT former employers, relatives, or people with whom you are living.

NAME	ADDRESS	PHONE	RELATIONSHIP
Mary Bridges	May Lane	Work: _____ Cell: 706-400-8896	coworker
Keddie R. Rich	Blairville, GA 30512	Work: _____ Cell: _____	
Blair Foster		Work: _____ Cell: 706 897-0370	
		Work: _____ Cell: _____	



### EMPLOYMENT HISTORY

Describe your work history beginning with your current or most recent job. Include military, volunteer experience and periods of unemployment. Complete address with zip code and phone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

Please cover employment history for past five years, including military if applicable. Use attachment if necessary.

From Mo/Yr	To Mo/Yr	Wage Rate	Job Title and Duties	Reason for leaving and supervisor's name	Name: Union Co. Schools Address: Braselville, GA	Phone: ( )	Name:	Address:	Phone: ( )	Name:	Address:	Phone: ( )	Name:	Address:	Phone: ( )
	7/10	T/ao	teacher	to obtain on-line teaching position											

### WORK REFERENCES

Please list (4) work related references. These are people you have worked with for the last (4) years, which are NOT relatives or people with whom you are living.

NAME	ADDRESS	PHONE	TITLE
Becky Arnick		Work: 706-435-7189 Cell: 706-435-7189	teacher
Carla Drake		Work: _____ Cell: _____	SPED lead
		Work: _____ Cell: _____	
		Work: _____ Cell: _____	



**APPLICANT'S STATEMENT/CONSENT WAIVER**

I certify that I have read and understand all questions and instructions in this application, and that my answers are true and complete. I understand that this application is not an offer of or a contract for employment.

I understand that any untrue statement in this application may result in my dismissal at any time during my employment with the Towns County Sheriff's Office. I understand that any intentional false statement will result in my disqualification of my application and/or prosecution for the offense of False Swearing (Ga. Code Section 16-10-71) punishable by a maximum fine of \$1000 plus imprisonment for not less than one, or more than five years or both. I further understand that any erroneous answer given by me during any part of the application process, whether intentional or not, will constitute a basis for my elimination from consideration for the employment I now seek. I understand that if I do not wish to answer a question in the process, I may choose not to do so and application will be terminated.

I hereby authorize the Towns County Sheriff's Office to receive any Criminal/Driver's History Record information, pertaining to me which may be in the files of any State or Local jurisdiction. I also respectfully request and authorize all information that there may be concerning my employment record, my educational record, my reputation and my financial/ credit status be released to the Towns County Sheriff's Office. I request that all records pertaining to my military service, to include undeleted DD214 forms be released to the Towns County Sheriff's Office. You may include all information of a confidential or privileged nature and any photocopies or facsimile of the same, if required.

This information will be used to assist the Towns County Sheriff's Office in determining my qualification and fitness for the position I am seeking with this agency. I hereby release you, your organization and/or others from liability, which may result from furnishing the information I have requested above. A PHOTOCOPY of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand resumes; letters of reference, etc., submitted with the application become property of the Towns County Sheriff's Office and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

By signing this application, I hereby acknowledge that I have read, understand, and agree to all provisions outlined herein.

Applicant's Signature

*Barbara Black*

Date

*6-22-2021*

Applicant printed name:

*Barbara Black*

Applicant Social Security Number:

*[Redacted]*

Applicant Date of Birth:

STATE OF GEORGIA COUNTY OF *TOWNS*

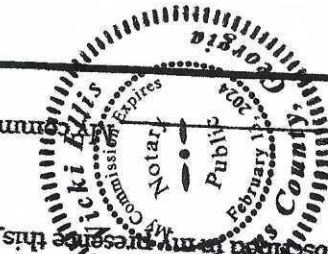
Before me appeared, *Barbara Black*, who says that he/she executes the above statement of this/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to me and subscribed to by me on this *22* day of *June*, 2021.

Notary Public

*Georgis*

Commission expires: *9-13-27*





APPLICATION FOR EMPLOYMENT

TOWNS COUNTY  
48 RIVER STREET, SUITE B  
HIWASSEE, GA 30546

Position Applying for:

Name: Barbara Shook

Address:

Telephone No:

*[REDACTED]*

Social Security No: M  
Marital status: M

*[REDACTED]*

Education:

Highest grade completed: 12<sup>th</sup>

Graduated? yes GED? N/A

College and/or Vocational:

(Please include school attended, dates, courses completed, & degree or certification received, id any)

Irnett-McCormell: BA education

Piedmont: Master's degree education

Piedmont: Specialist degree

Experience: (Please give dates, places of employment, job title, duties etc.)

Union County Schools - kindergarten teacher

If more space is needed, please use back of this page.

References:

Name: Becky Brink

Telephone no:

Name: Carl Drake

Telephone no:

Name: Donna Collins

Telephone no:

The information submitted above is true and correct to the best of my knowledge; I hereby certify that the Towns County Drug and Alcohol Testing Policy has been explained to me and/or reviewed by me and that I fully understand the same.

Date: 6-21-2021

Signature:

Barbara Shook

Printed Name:

Barbara Shook

**GEORGIA SUBSEQUENT INJURY TRUST FUND  
POST - OFFER - OF - EMPLOYMENT MEDICAL INQUIRY**

Completion of this report is requested to assist the employer in meeting the knowledge requirement of the Georgia Subsequent Injury Trust Fund.

Name: Barbara Snow Department: Sheriff Position: Admin

To the best of your knowledge do you have or have had any of the following medical problems?  
Answer YES or NO

- NO 1. Epilepsy
- NO 2. Diabetes
- NO 3. Arthritis
- NO 4. Amputated foot, leg, arm or hand
- NO 5. Loss of sight of one or both eyes
- NO 6. Residual disability from Poliomyelitis
- NO 7. Cerebral palsy
- NO 8. Multiple sclerosis
- NO 9. Parkinson's disease
- NO 10. Cardiovascular disorders
- NO 11. Tuberculosis
- NO 12. Mental retardation, provided the employee's intelligence quotient is such that he falls within the lowest 2% of the general population; provided, however, that it shall not be necessary for the employer to know the employee's actual intelligence quotient of the general population
- NO 13. Psychoneurotic disability following confinement for treatment in a recognized medical or mental institution for a period in excess of six months
- NO 14. Hemophilia
- NO 15. Sickle cell anemia
- NO 16. Chronic osteomyelitis
- NO 17. Ankylosis of major weight bearing joints
- NO 18. Hyperinsulism

- NO 19. Muscular dystrophy defined in Code 34-9-264
- NO 20. Total occupational loss of hearing as compressed air sequelas
- NO 21. Compressed air sequelas
- NO 22. Ruptured intervertebral disc
- NO 23. Back conditions (Identify below)
  - a. back surgery
  - b. degenerative disc disease
  - c. multiple back strains
  - d. chronic back pain
  - e. other (explain)
- NO 24. Neck conditions (Identify below)
  - a. neck surgery
  - b. degenerative disc disease
  - c. multiple neck strains
  - d. chronic neck pain
  - e. other (explain)
- NO 25. Knee conditions (Identify below)
  - a. left knee surgery
  - b. right knee surgery
  - c. other (explain)
- NO 26. Hip replacement surgery
  - a. left knee surgery
  - b. right knee surgery
  - c. other (explain)
- NO 27. Any permanent condition that has been rated by a doctor as 20% or more, impairment to the foot, leg, hand, arm, or to the body as a whole
- NO 28. Any other chronic medical condition or pre-existing disease (explain below)

For "yes" responses indicate the nature of injury or illness and name of physician in Remarks.

Remarks \_\_\_\_\_

Employee Signature: [Signature] Date: 6-21-2001  
 Employer Signature: [Signature] Date: 6-21-2001



TOWNS COUNTY SHERIFF'S OFFICE  
ACKNOWLEDGMENT OF DISCRETIONARY EMPLOYMENT



By seeking appointment or re-appointment as a Deputy Sheriff/Detention Officer/Civilian Employee of The Office or Sheriff of Towns County, Georgia, I acknowledge the following to be true:

The State of Georgia is an "at will" state and, as such, a Deputy Sheriff/Detention Officer/Civilian Employee of the Sheriff in the State of Georgia works at the sole discretion of the Sheriff of the county;

By seeking appointment or re-appointment as a Deputy Sheriff/Detention Officer/Civilian Employee of the Sheriff, I may be dismissed from these duties at any time without notice;

Appointment or re-appointment as a Deputy Sheriff/Detention Officer/Civilian Employee does not guarantee me any position with the Towns County Sheriff's Office;

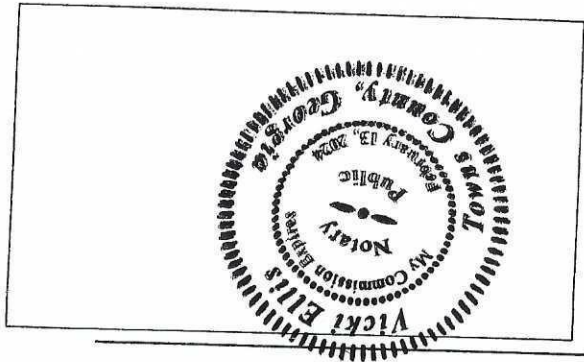
Appointment or re-appointment as a Deputy Sheriff/Detention Officer/Civilian Employee gives me no claim, promise, guarantee, right or expectation of any position, title, job, compensation or employment and I may be relieved of these duties at any time by the Sheriff or his designee without notice an without explanation or cause.

Barbara Stark  
Deputy/Detention Officer or Civilian Employee's printed name

Barbara Stark  
Deputy/Detention Officer or Civilian Employee's signature

6-22-2021  
Date

Sworn and ascribed before me this 22 day of June 2021  
Signature of seal of Notary: [Signature]



My Commission Expires →

**Towns County  
Notice of Workers  
Compensation Procedures**

This is to certify that I have read and understand the Workers Compensation Panel of Physicians Notice.

I understand that when I am involved in an on the job injury my employer will pay medical costs for treatment by physician(s) I select from the Panel of Physicians. If I desire to obtain medical services from a physician not listed on the Panel, I may do so; however I will be liable for those medical expenses. The physician selected from the panel may arrange for appropriate consultations, referrals and other specialized medical services as the nature of the injury requires. If I am dissatisfied with the physician selected, I may make one change without permission to a second physician also listed on the Panel. Upon notification of the employer and Independent Medical Examination may be elected as set forth by the law. However, any further changes require the permission of the employer/insurer, self-insurer claims office, of the State Board of Workers Compensation.

In case of a bona-fide emergency involving severe injury or when a Panel Physician is not available, I should seek medical care from the nearest Hospital Emergency Room. However, all follow-up care must, thereafter, be rendered by a physician from the Panel or a Panel Physician's referral.

I further understand that I must notify my supervisor or my Department Head or the Commissioner's Office as soon as the injury occurs regardless of the extent of the injury an when possible prior to seeking treatment. I understand that the treating physician will verify my employment and eligibility for treatment with my employer before commencing treatment unless the nature of the injury so prohibits. Delay in notification may result in denial of payment of medical services.

Date  
6-21-2021

Signature of Employee  
Barbara Sheek

Printed Name of Employee  
Barbara Sheek

Signature of Employer  
[Handwritten Signature]

Date  
6-21-21

Signature of Witness

Date



RECORD OF PERSONNEL ACTION



Employee Name: Bourbonnicks Division: 1050

Action Taken: X

New Hire

Effective Date: 6-29-21

Rate of Pay: 18.25

Hourly  Salaried  Full Time  Part Time

Rank Change

New Rank

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

Rate Change

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

New Rate of Pay: \_\_\_\_\_

Leave of absence

Reason for leave: \_\_\_\_\_

Resignation

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

Termination

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

Reason for termination: \_\_\_\_\_

Mr. Don Mann  
Sheriff Kenneth Henderson or Designee

Date

6-22-21



**GEORGIA ASSOCIATION  
OF CHIEFS OF POLICE**

Awards to

*Barbara Shook*

This Certificate of Completion for the

**CERTIFICATION MANAGER'S TRAINING COURSE**  
SEPTEMBER 10, 2021



A handwritten signature in black ink, appearing to read "Chuck Groover".

Chuck Groover  
State Certification Coordinator

9/10/2021

Date

A handwritten signature in black ink, appearing to read "Mark Scott".

Chief Mark Scott  
Instructor

9/10/2021

Date