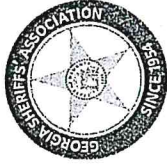


# Georgia Sheriffs' Association



*This is to Certify that*

*Manesha Shorter*

*Has successfully completed the following course of study entitled*

**Basic Jail Officer Course**

**BMH03G – 24 Hours**

*Bulloch County, Georgia*

*This 4th day of November, 2021.*



*Noel J. Brown*

*Noel J. Brown, Sheriff  
Bulloch County Sheriffs' Office*

*William H. Hallworth*

*Bill Hallworth, Court/Jail Services Coordinator  
Georgia Sheriffs' Association*

*J. Terry Norris*

*J. Terry Norris, Executive Director  
Georgia Sheriffs' Association*



Georgia Bureau of Investigation  
3121 Panthersville Road  
Decatur, Georgia 30034  
404-244-2639

LSTCN:6461000497  
GBITCN:11940257089999  
DATE/TIME:2021-07-13 07:28:07  
NAME:SHORTER, MANESHA  
PHOTO:PHOTO NOT AVAILABLE

NO GEORGIA OR FBI NATIONAL CRIMINAL HISTORY RECORD FOUND

**GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL**

**PO Box 349**

**Clarkdale, Georgia 30111-0349**

**Mike Ayers  
Executive Director**



**Telephone: (770) 732-5604  
Fax: (770) 732-5952**

As a professional member of the law enforcement profession in Georgia, I realize that I am held to a very high standard of professional conduct. As a certified peace officer or criminal justice professional, I freely accept this responsibility without reservation. I acknowledge that the following issues could result in serious adverse action taken against me. Those actions could result in sanctions up to and including the loss of my certification.

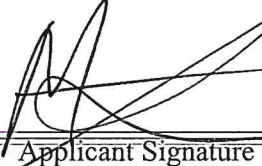
- 1) A conviction, plea of guilty, plea of no contest or admission of guilt (regardless of withheld adjudication) to a felony, a crime punishable by a sentence of more than one year, or a crime of moral turpitude in this or any other jurisdiction;
- 2) Unlawful use of a controlled substance;
- 3) The use of excessive or unwarranted force in dealing with the public and/or prisoners;
- 4) Dangerous or unsafe practices involving firearms or their security, weapons, or vehicles which indicate either a willful or wanton disregard for the safety of persons or property;
- 5) Physical or psychological abuse of members of the public or prisoners;
- 6) Any act of domestic violence;
- 7) Misrepresentation of employment-related information;
- 8) Willfully making a false, misleading, incomplete, deceitful or incorrect statement(s) to a law enforcement officer, agency, or representative, except when required by departmental policy or by the laws of this state;
- 9) Willfully making a false, misleading, incomplete, deceitful, or incorrect statement(s) to any court of competent jurisdiction, or to their staff members, whether under oath or not;

- 10) Willfully providing a false, misleading, incomplete, deceitful, or incorrect information on a document, record, report, or form, except when required by departmental policy or the laws of this state;
- 11) Willfully cheating or aiding another in cheating on any required testing procedures conducted in the scope of one's official duties. Note: No superior officer appointed over you has the authority to compel you to cheat or authorize you to cheat and as such, this is not a valid defense;
- 12) Willfully obeying the direction of a superior officer who has issued an apparent unlawful command or order. When uncertain as to the legitimacy or legality of the command it is incumbent upon me to seek clarification from the issuing officer or that officer's superior.

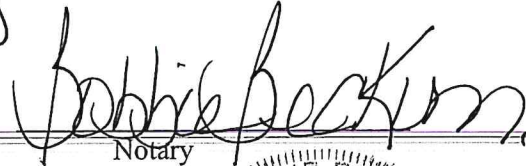
I fully understand the importance of professional conduct and that the public has every right to hold its public servants at the highest level of professional and personal conduct. Having freely volunteered to seek employment in this occupational field, I agree to these standards of conduct and understand their requirements. I further understand that should I decide to violate any of these standards, the Georgia Peace Officer Standards and Training Council has the authority to impose sanctions upon me up to and including the revocation of my certification.

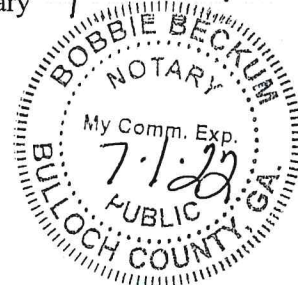
I have read the foregoing conditions and I fully understand them. Should I fail to understand any portion of this agreement I accept that it is incumbent on me to seek additional explanation from a superior officer or by contacting a representative of Georgia POST Council by calling (770) 732-5604. I freely and voluntarily agree to the complete terms of this document and agree to be bound by the conditions of

this agreement this 13 day of July, 2021.

  
Applicant Signature

Manesha Shorter  
Printed Name

  
Notary





**Georgia Peace Officer Standards & Training Council**  
**Application for Certification**

**PERSONAL HISTORY RELEASE**

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; 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 examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I 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 photo copy 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 that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

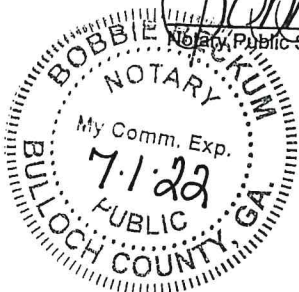
Last Name <b>Shorter</b>		First Name <b>Manesha</b>		Middle Name <b>Attres</b>
DATE OF BIRTH (m/d/yyyy) <b>1994</b>	MAIDEN NAME <b>Shorter</b>		PHONE NUMBER (AREA CODE) - NUMBER [REDACTED]	
Social Security Number: [REDACTED]				
EMAIL ADDRESS: [REDACTED]				
ADDRESS: Street [REDACTED]				
City: [REDACTED]			Apartment/Unit: [REDACTED]	
State: <b>GA</b>			Zip Code: [REDACTED]	

Candidate Signature (including maiden name)

Notary Public Signature

**7/13/2021**  
Date

**7.13.21**  
Date



APPLICANT

SHORTER, MANESHA

*[Handwritten Signature]*

GA *[Redacted]*

20210713

*[Handwritten Signature]*

17257 HWY 301 N STATESBORO GA 30458

35-8-8(A) - Criminal Justice  
Employment - P.O.S.T. Certified  
Employees

UNITED ASIA

US

FBI

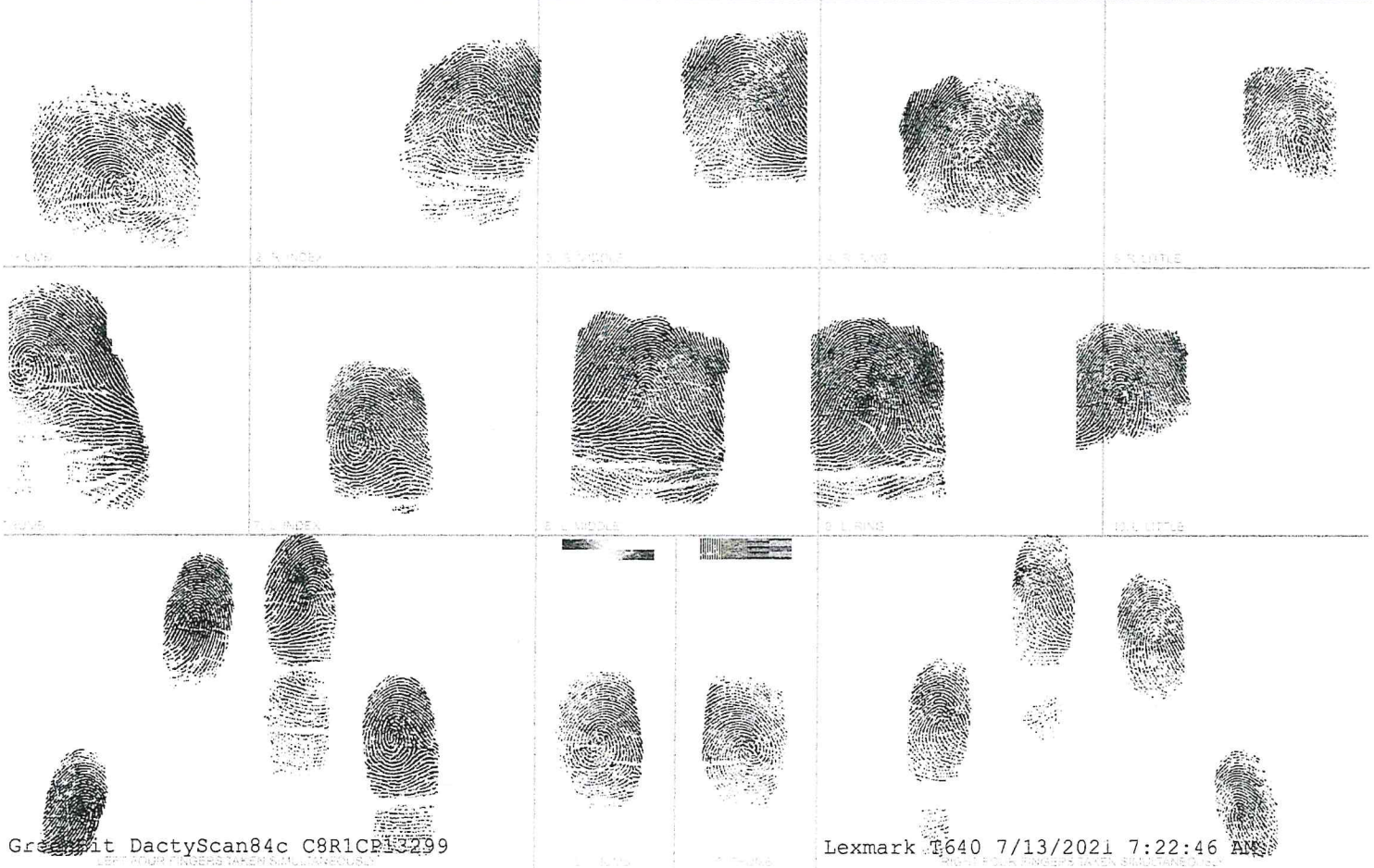
MINU

*[Redacted]*  
SOU  
JNL

DATE OF BIRTH DOB  
*[Redacted]* 94

SEX GENDER POB HEIGHT EYES HAIR PLACE OF BIRTH POB  
F B 504 185 BRO BLK US

LEAVE BLANK



Response Key:

BUSX-00199008 DORDQWS 20210628 14:52:49 20210628 14:52:48 201501415B  
KR.GAGBI0051.BUSX.TXT  
NAM/SHORTER, MANESHA ALTRES.DOB/1994/01/1994 SEX/F.PUR/C.ATN/BBLACK/JAD.  
NAME:SHORTER, MANESHA ALTRES  
ADDR: [REDACTED] GA [REDACTED]

LIC NUM: [REDACTED] ADAP:N  
SEX:F DOB: [REDACTED] /1994 HGT:504 WGT:200 EYE:BRO  
CONTACT: PRI: [REDACTED] SEC: NONE

CLASS: C ISSUE DT:02/26/2021 EXPIRE DT: [REDACTED] /2025  
TYPE:REGULAR SURR DT: [REDACTED]  
RESTRICTION:A - NONE  
ENDORSEMENT:NONE  
COMMERCIAL STATUS:SUSPENDED  
NON-COMMERCIAL STATUS:SUSPENDED  
PERMIT STATUS:NONE

ACTIVE SUSPENSIONS:  
DRIVING WITH SUSPENDED OR REVOK VIOL DT:01/13/2021 SUSP DT:03/08/2021  
SUSPENSION(ALL) SERV DT:

\* DRIVER LICENSE HISTORY REPORT \*

\*CITATION:DRIVING WHILE LICENSE WITHDRAW VIOL DT:01/13/2021 COMM OFF:N  
TATNALL STATE COURT DISP DT:03/08/2021 HAZD OFF:N  
POINTS: 00 ACC-INVOLVED:N DISP:PLEAD GUILTY ST JURIS:GA  
CONVICTION OFFENSE REFERENCE:405121 ACD CODE:B20

\*SUSPENSION: DRIVING WITH SUSPENDED OR REVOKED ACD CODE:W00  
SUSP DT:03/08/2021 SERV TYPE:UNKNOWN VIOL DT:01/13/2021  
SERV DT: REINSTATE DT: LENGTH:00-00-00  
WITHDRAWAL TYPE:SUSPENSION WITHDRAWAL EXT:ALL

\*CITATION:FAILURE TO APPEAR FOR TRIAL OR VIOL DT:10/02/2019 COMM OFF:N  
REIDSVILLE MUNICIPAL COURT DISP DT:10/02/2019 HAZD OFF:N  
POINTS: 00 ACC-INVOLVED:UNKNOWN DISP:ADMINISTRATIVE ST JURIS:GA  
CONVICTION OFFENSE REFERENCE:40556 ACD CODE:D45

\*SUSPENSION: FAILURE TO APPEAR ACD CODE:D45  
SUSP DT:05/26/2020 SERV TYPE:UNKNOWN VIOL DT:10/02/2019  
SERV DT: REINSTATE DT:02/25/2021 LENGTH:00-00-00  
WITHDRAWAL TYPE:SUSPENSION WITHDRAWAL EXT:ALL

\*CITATION:FAILURE TO OBEY STOP SIGN VIOL DT:05/16/2017 COMM OFF:N  
STATESBORO MUNICIPAL COURT DISP DT:07/11/2017 HAZD OFF:N  
POINTS: 03 ACC-INVOLVED:N DISP:PLEAD GUILTY ST JURIS:GA  
CONVICTION OFFENSE REFERENCE:40672B ACD CODE:M15

REFERENCE ID: 10006143690696

END OF NAM/DOB/SEX/ INQUIRYU<sup>a</sup>

**BULLOCH COUNTY SHERIFF'S OFFICE  
CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM**

I hereby authorize Bulloch County Board of Commissioners / Joleen Orfield to conduct an inquiry for the Purpose(s) listed below and receive and Georgia and/or national criminal history record information as authorized by state and federal law.

Name <u>Manesha Atires Shorter</u>				
Address <u>[REDACTED] Ga [REDACTED]</u>				
Sex	Race	Date of Birth	Social Security Number	Telephone
<u>F</u>	<u>BL</u>	<u>[REDACTED] / 1994</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

This authorization is valid for 30 days from date of signature

I, Manesha Atires Shorter, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature [Handwritten Signature]

Date 6/22/2021

**SHERIFF'S OFFICE PERSONNEL ONLY**

Date of Inquiry 6-24-21 Time of Inquiry 0807 Operator's Initials fnA

Purpose Code Used (check all that apply)

<input checked="" type="checkbox"/> E- Employment
<input checked="" type="checkbox"/> J- Civilian Criminal Justice Employment
<input type="checkbox"/> M- Working with Mentally Disabled
<input type="checkbox"/> N- Working with Elderly
<input type="checkbox"/> U- Personal Copy
<input type="checkbox"/> W- Working with Children
<input type="checkbox"/> Z- Sworn Criminal Justice Employment

The inquiry resulted in the following (check all that apply)

<input type="checkbox"/> No Criminal Record Available
<input checked="" type="checkbox"/> Criminal Record (Attached/Released)
<input type="checkbox"/> No NCIC/GCIC Warrant
<input type="checkbox"/> Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name / Telephone \_\_\_\_\_

Agency Designee Signature and Title [Signature] Deputy

Date 6-24-21

MUST ATTACH A COPY OF VALID DRIVER'S LICENSE OR STATE ISSUED PHOTO I.D.

RECEIVED BY: \_\_\_\_\_

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



Response Key:

BUSX-00198260 GA-CCH 20210624 08:07:27 20210624 08:07:26 201501402A  
IR.GASIR0000.GA0160019.

GEORGIA CRIMINAL HISTORY NAME AND IDENTIFIER SEARCH

REQUESTED BY:  
DATE: 20210624 PUR: J ATTN: BBLACK/JAD  
RESPONSE DATE: 20210624


-----  
QUERY REQUESTED ON:  
NAM/SHORTER, MANESHA ALTRES  
DOB/1994 [REDACTED]  
SEX/F  
RAC/B

-----  
NO RECORD FOUND  
-----

END OF RECORD  
-----

U<sup>a</sup>

---

No GCIC Record on File  
Bulloch County Sheriff's Office  
 6.24.21  
\_\_\_\_\_  
Communications Officer Date



State of Georgia  
 Peace Officer Standards and Training Council  
 Network Data Gateway



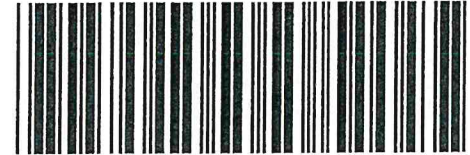
## Data Report System

### Individual Officer Profile

Created: 06-16-2021 02:06

Requested by: WILLIAM BLACK

Officer Key **O233342**  
 Officer Name **MANESHA ALTRES SHORTER**  
 Race **Black or African American (Not Hispanic or Latino)**  
 Education **High School Diploma**  
 Status **In Good Standing**



O233342

### Officer Certifications

Certification	Description	Certification Type	Status
PBCO2018O233342	CORRECTIONS OFFICER	Basic	Active

### Instructor Certifications

None Found

### Employment History

Agency	Rank	Start Date	End Date	Status
GEORGIA STATE PRISON	Corrections Officer	April 23, 2018		Actively Employed in Law Enforcement

### Sanctions

None Found

### Training History

Date	Number	Course	Hours
February 15, 2021	INM45G	GA DOC In-service Training Day 2	8
			2021 Total Hours : 8
December 20, 2020	DXI00G	Contraband Interdiction (DOC)	2
December 19, 2020	DGJ01G	Games Inmates Play (Ga Corrections Academy)	2
December 18, 2020	DLA02G	ADA in a Corrections Environment (DOC)	1
December 10, 2020	IGA00G	ADMIN-SEGREGATION/DISC-ISOLATION	2
December 8, 2020	INC00G	GA. DEPT. OF CORRECTIONS INSERVICE	8
October 30, 2020	INC04G	C.E.R.T./TACT BASIC	40
June 23, 2020	IOB03F	FIREARMS SHOTGUN RECERTIFICATION	1
June 23, 2020	IFR11F	DE-ESCALATION, USE OF DEADLY FORCE, FIREARMS REQUAL (DOC)	4
February 29, 2020	DGM27G	Emergency Plans Inservice (DOC)	2
February 17, 2020	DBO02G	Human Trafficking Awareness (DOC)	1
February 17, 2020	IGF05G	CULTURAL AWARENESS	2
February 17, 2020	INC00G	GA. DEPT. OF CORRECTIONS INSERVICE	6

2020 Total Hours : 71

September 23, 2019	IOC04F	FIREARMS SHOTGUN CERTIFICATION	4
September 23, 2019	IFR11F	DE-ESCALATION, USE OF DEADLY FORCE, FIREARMS REQUAL (DOC)	4
May 28, 2019	NOG92G	BASIC MENTAL HEALTH	24
May 8, 2019	IQM09G	AMERICANS WITH DISABILITIES ACT	1
February 14, 2019	IGF05G	CULTURAL AWARENESS	2
February 14, 2019	INC00G	GA. DEPT. OF CORRECTIONS INSERVICE	6
January 22, 2019	INC00G	GA. DEPT. OF CORRECTIONS INSERVICE	8

2019 Total Hours : 49

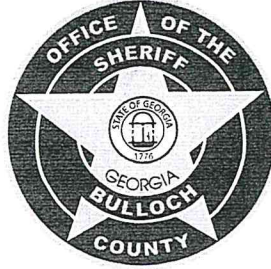
December 11, 2018	IGB29G	SECURITY AND INTEGRITY OF CHRI (2 HR)	2
August 15, 2018	IQM09G	AMERICANS WITH DISABILITIES ACT	3
May 24, 2018	BMC14G	Basic Correctional Officer Training Course	240
April 17, 2018	IOG13G	DEPT OF CORRECTIONS PRE-SERVICE ORIENTATION	32
April 6, 2018	IOG13G	DEPT OF CORRECTIONS PRE-SERVICE ORIENTATION	32

2018 Total Hours : 309

Summary of Hours for 4 Years

Year	Total Hours	Community			
		Firearms	Deadly Force	De-escalation	Policing
2021	8	0	0	0	2
2020	71	1	1	1	2
2019	49	1	1	1	2
2018	309	1	1	1	2
<b>Grand Total of Hours (all years and courses)</b>	<b>437</b>				

# Bulloch County Sheriff's Office



17257 Hwy 301 North  
Statesboro, GA 30458  
(912) 764-8888  
FAX (912) 764-2917  
www.bullochsheriff.com

**Noel Brown**  
Sheriff

## OATH OF OFFICE JAILER, BULLOCH COUNTY

I, Manesha Attres Shorter, do swear that I will well and truly do and perform all and singular, the duties of jailer for the County of Bulloch, and that I will humanely treat prisoners who may be brought to the jail of which I am keeper and not suffer them to escape by any negligence or inattention of mine.

I do further swear that I am not the holder of any unaccounted for public money due this state or any political subdivision of this state, that I am not the holder of any office of trust under the government of the United States, any other state, or any foreign state which by the laws of the State of Georgia I am prohibited from holding, and that I am otherwise qualified to hold the office of jailer according to the Constitution and laws of Georgia.

I, Manesha Attres Shorter, a citizen of the State of Georgia, and being an employee of the Sheriff of Bulloch County and the recipient of public funds for services rendered as such employee, do further solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.

**So help me God**

~~Manesha Attres Shorter~~  
Manesha Shorter 445

Sworn to and subscribed before me

This 17<sup>th</sup> day of July, 2021

Noel J. Brown  
**Noel J. Brown**  
Sheriff, Bulloch County



*"The sheriff shall keep and preserve the peace of his county"*



# Personnel Action Form

**Employee Name** SHORTER, MANESHA ALTRES  
**Employee ID #**  **Effective Date of Action** 7/12/21

**Reason(s) for Change**

Job Change	Pay Rate Change	Miscellaneous
New Hire <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	Other <input type="text"/>	Other <input type="text"/>

**What is Changing?**

	Current	New	Comments
<b>Department</b>	<input type="text"/>	JAIL OPERATIONS	<input type="text"/>
<b>Supervisor</b>	<input type="text"/>	CAPTAIN KENNY THOMPSON	<input type="text"/>
<b>Job Title</b>	<input type="text"/>	DETENTION OFFICER	<input type="text"/>
<b>Position #</b>	<input type="text"/>	1173	<input type="text"/>
<b>Status (FT/PT)</b>	<input type="text"/>	FT	<input type="text"/>
<b>Pay</b>	<input type="text"/>	15.26	<input type="text"/>
<b>Grade</b>	<input type="text"/>	12	<input type="text"/>
<b>Location</b>	<input type="text"/>	33260	<input type="text"/>

**Leave of Absence** *Do not complete for normal vacation / Do not complete for sick leave of one week or less*

Leave Begins	Return from Leave	Reason for Leave
First Day of Leave <input type="text"/>	Date Returned <input type="text"/>	<input type="text"/>
Expected Duration <input type="text"/>		Other <input type="text"/>

**Separation of Employment** *Attach Copy of Separation Notice*

Resignation or Retirement <i>Attach Resignation Letter</i>	Involuntary Termination <i>Attach Documentation</i>	Other Separation Type
Date Employee Gave Notice <input type="text"/>	Effective Date <input type="text"/>	<input type="text"/>

**Additional Comments**

	Signature	Title	Date
<b>Employee's Supervisor</b>	BILL BLACK, CHIEF DEPUTY <small>Digitally signed by BILL BLACK, CHIEF DEPUTY DN: cn=BILL BLACK, CHIEF DEPUTY, o=BULLOCH COUNTY, ou=OFFICE OF THE SHERIFF, email=bill@bullochsherriff.com, c=US Date: 2021.06.24 15:22:19 -0400</small>	CHIEF DEPUTY	6/25/21
<b>Dept Head / County Mgr</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Human Resources Dept</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**HR Use Only**

**BULLOCH COUNTY SHERIFF'S OFFICE  
CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM**

I hereby authorize Bulloch County Board of Commissioners / Joleen Orfield to conduct an inquiry for the Purpose(s) listed below and receive and Georgia and/or national criminal history record information as authorized by state and federal law.

Name	Manesha Altres Shorter			
Address	[REDACTED] Ga [REDACTED]			
Sex	Race	Date of Birth	Social Security Number	Telephone
F	BL	[REDACTED] 1994	[REDACTED]	[REDACTED]

This authorization is valid for 30 days from date of signature

I, Manesha Altres Shorter, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature [Handwritten Signature]

Date 6/22/2021

**SHERIFF'S OFFICE PERSONNEL ONLY**

Date of Inquiry 6-24-21 Time of Inquiry 0807 Operator's Initials JNA

Purpose Code Used (check all that apply)

<input checked="" type="checkbox"/> E - Employment
<input type="checkbox"/> J- Civilian Criminal Justice Employment
<input type="checkbox"/> M- Working with Mentally Disabled
<input type="checkbox"/> N- Working with Elderly
<input type="checkbox"/> U- Personal Copy
<input type="checkbox"/> W- Working with Children
<input type="checkbox"/> Z- Sworn Criminal Justice Employment

The inquiry resulted in the following (check all that apply)

<input type="checkbox"/> No Criminal Record Available
<input type="checkbox"/> Criminal Record (Attached/Released)
<input type="checkbox"/> No NCIC/GCIC Warrant
<input type="checkbox"/> Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name / Telephone \_\_\_\_\_

Agency Designee Signature and Title [Handwritten Signature] Deputy

Date 6-24-21

MUST ATTACH A COPY OF VALID DRIVER'S LICENSE OR STATE ISSUED PHOTO I.D.

RECEIVED BY: \_\_\_\_\_


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

Response Key:

BUSX-00198265 GA-CCH 20210624 08:07:49 20210624 08:07:48 201501402C  
IR.GASIR0000.GA0160019.

GEORGIA CRIMINAL HISTORY NAME AND IDENTIFIER SEARCH


REQUESTED BY:  
DATE: 20210624 PUR: E ATTN: BBLACK/JAD  
RESPONSE DATE: 20210624

-----  
QUERY REQUESTED ON:  
NAM/SHORTER, MANESHA ALTRES  
DOB/1994   
SEX/F  
RAC/B

-----  
NO RECORD FOUND  
-----

END OF RECORD  
-----

U<sup>a</sup>

No GCIC Record on File  
Bullock County Sheriff's Office  
 6.24.21  
-----  
Communications Officer Date



APPLICATION FOR EMPLOYMENT
BULLOCH COUNTY

Instructions: Complete a separate application form for each position you apply for. An employment application will be accepted only when a specific position notice is posted in the job vacancy notebook, the Bulloch County website, or advertised in the paper. Complete the application in its entirety. Incomplete applications will not be processed. Print clearly or type your responses using black or blue ink. Resumes will not be accepted in lieu of completion of this application for employment.

Name: Shorter Manesha Altres
Last First Middle

Address: [Redacted] Daytime Phone #: [Redacted]
Mailing Apt. #

[Redacted] City Ga [Redacted] State [Redacted] Zip Email: [Redacted]

Please list any other name(s) you have used for school or employment:

Position applied for: Jailer Are you at least 18 years of age? [X] Yes [ ] No

If required by the advertised position, do you have a valid driver's license? [ ] Yes [ ] No

Drivers License Number: [Redacted] Expiration Date: [Redacted] 2025 Class: C

Please indicate any professional/occupational license(s) (e.g., POST) you currently hold.

License: Issuance State: License #: Expiration:

License: Issuance State: License #: Expiration:

Have you ever been fired, or resigned in lieu of termination? [ ] Yes [X] No If yes, please explain:

[Empty box for explanation]

If previously employed by Bulloch County, indicate department and dates.

If related to a current Bulloch County employee, indicate name, relationship and department.

[Empty box for related employee info]

Can you provide documents to prove that you are authorized to work in the United States? [X] Yes [ ] No

EDUCATION AND SPECIAL TRAINING

Do you have a High School Diploma or GED? [X] Yes [ ] No If not, highest grade completed:

Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.)

Table with 5 columns: Name and Location, Total Hours Completed, Hours required for certification, Course / Subject Taken, Certificates Received

Language Skills: In what languages, other than English, are you proficient? List languages / check proficiency

Table with 5 columns: Language, Read, Speak, Write, Understand

Computer Skills and Abilities: List computer software with which you have knowledge and experience:

Microsoft, Excel



List Colleges and Universities

Name and Location	Credit Hours Received		Did you Graduate?	Major / Minor Degree Field of Program Study	Types of Degree Received
	Sem	Qtr			
Georgia Southern, Statesboro	126		Yes	Criminal Justice	BS

EMPLOYMENT HISTORY

List all your experience within the past ten years, beginning with your current or most recent employer. Include military experience. You may include experience beyond ten years minimum if the previous experience is applicable to the job for which you are applying. Please make copies of this page if additional space is needed. Resumes may be attached to this application as supplemental material.

Current or Most Recent Employer			Employer: Georgia State Prison		
From	To	Total Time with Employer	Address: 300 1st Ave S, Reidsville, Ga 30453		
Month / Year	Month / Year		Telephone #: 912-557-7301		
04/2018	Present	3 yrs	Your Job Title: Correctional I of C II		
Hours per Week	85		Supervisor's Name and Title: Jessica Howard LT.		
Starting Salary	31,044	per	Reason For Leaving Position		
Ending Salary	37,558	per			
Specific Duties <small>(attach sheet if needed)</small>	Maintains custody & security of prisoners Enforces all institutional policies, rules, procedures and regulations				
Number of employees supervised (if applicable): 0					
May we contact this employer regarding your work record? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Current or Most Recent Employer			Employer: Walmart Super <sup>MS</sup> Center		
From	To	Total Time with Employer	Address: 147 Northside Dr E, Statesboro, Ga 30458		
Month / Year	Month / Year		Telephone #: 912-489-1910		
June/2016	April/2018	2 yrs	Your Job Title: Dairy Associate		
Hours per Week	40		Supervisor's Name and Title: Donston Meadowell		
Starting Salary	\$10	per HR	Reason For Leaving Position		
Ending Salary	\$11	per HR			
Specific Duties <small>(attach sheet if needed)</small>	Handle all cold food products Ensured Freshness of products and assisted customers.				
Number of employees supervised (if applicable): 0					
May we contact this employer regarding your work record? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Current or Most Recent Employer			Employer: <u>Office of Career Services / Georgia Southern</u>		
From	To	Total Time with Employer	Address: <u>Williams Center</u>		
Month / Year	Month / Year		Telephone #: <u>912-478-5197</u>		
<u>2016</u>	<u>2017</u>	<u>1YR</u>	Your Job Title: <u>Student Worker</u>		
Hours per Week		<u>20</u>	Supervisor's Name and Title: <u>Adam Martin</u>		
Starting Salary	<u>\$7.50</u>	per	<u>HR</u>	Reason For Leaving Position: <u>work study complete</u>	
Ending Salary	<u>\$10</u>	per	<u>HR</u>		
Specific Duties <small>(attach sheet if needed)</small>	<u>Answered calls, taking messages &amp; handling correspondence. Assisted GSU students / Alum with Resumes &amp; Cover letters</u>				
Number of employees supervised (if applicable): <u>0</u>					
May we contact this employer regarding your work record? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Current or Most Recent Employer			Employer: <u>McDonald's</u>		
From	To	Total Time with Employer	Address: <u>9502 GA-5 Douglasville, GA. 30135</u>		
Month / Year	Month / Year		Telephone #:		
<u>2013</u>	<u>2014</u>		Your Job Title: <u>Crew Member</u>		
Hours per Week		<u>40</u>	Supervisor's Name and Title:		
Starting Salary	<u>7.25</u>	per	<u>HR</u>	Reason For Leaving Position: <u>Moved to statesboro Seasonal job</u>	
Ending Salary	<u>7.25</u>	per	<u>HR</u>		
Specific Duties <small>(attach sheet if needed)</small>	<u>Greeted customers, collected payments, Maintained cleanliness and ensured quality control.</u>				
Number of employees supervised (if applicable): <u>0</u>					
May we contact this employer regarding your work record? <input type="checkbox"/> Yes <input type="checkbox"/> No					

State any additional information you feel may be helpful to us in considering your application...

How did you learn about this opening? Former Employee

If you require special accommodations for interviewing or any portion of the application or employment processes, please contact the Bulloch County Human Resources Department. Any request for special accommodations should be made, if at all possible, at the time your appointment is scheduled. If any accommodation is requested, the applicant must provide verification from an appropriate professional.

CERTIFICATION: (Please read the application and your answers carefully before signing.)

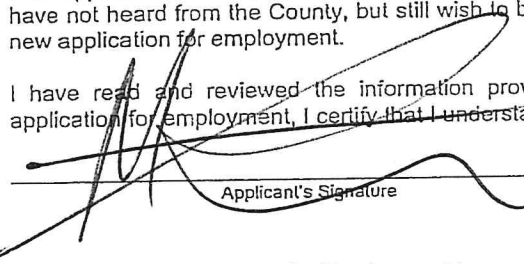
I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

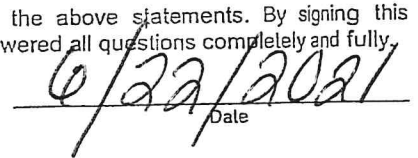
I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, a criminal history check and/or a driver's record check. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry.

I hereby release all parties, including but not limited to Bulloch County personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action Bulloch County takes on the basis of such information.

This application for employment shall be considered active until the position is filled. At the conclusion of this time, if I have not heard from the County, but still wish to be considered for employment, it will be necessary for me to complete a new application for employment.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment, I certify that I understand all parts of it and have answered all questions completely and fully.

  
\_\_\_\_\_  
Applicant's Signature

  
\_\_\_\_\_  
Date

Please submit Application for Employment to:  
Human Resources Department  
115 North Main Street  
Statesboro, GA 30458  
Email: [hr@bullochcounty.net](mailto:hr@bullochcounty.net)  
Fax: (912) 764-4609

### Equal Employment Opportunity Information

Bulloch County is an equal opportunity employer and will not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by law.

The information you give in this section is optional. It is used by Bulloch County to comply with Federal guidelines for monitoring the equal employment opportunity efforts of Bulloch County. This section will be removed from the application form and will not be available to or considered by those making the hiring decision for this position.

#### Ethnic Background (check one):

- Black, not of Hispanic origin
- White, not of Hispanic origin
- Hispanic
- Multi-racial
- Native American
- Asian / Pacific Islander
- Other

#### Gender

- Female
- Male

#### Veteran

- Yes
- No

Bulloch County  
Pre-Employment Drug Testing  
Consent and Release Form

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Bulloch County in the selection process of applicants for employment for the purposes of determining the drug content thereof.

I hereby acknowledge that I have been notified of the requirements of the Bulloch County Drug Free Workplace Policy.

I hereby acknowledge that South Georgia Immediate Care Center may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by South Georgia Immediate Care Center for analysis.

I further agree to and hereby authorize the release of the results of said tests to Bulloch County Human Resources.

I understand that the current use of illegal drugs that prohibits me from being considered for employment with Bulloch County.


I further agree to hold harmless Bulloch County and its agents (including the above named physician or clinic) from any liability arising in whole or in part, out of collection of specimens, testing, and use of the information from said testing in connection with Bulloch County consideration of my application for employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant  
Print Name: Manesha Shroter

SSN: 

Applicant  
Signature: 

Date: 6/22/2021

Witness Printed Name: \_\_\_\_\_

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

Guardian Signature (if applicant/employee is under 18): \_\_\_\_\_



Bulloch County  
115 N. Main Street, Statesboro, GA 30458

DRIVER HISTORY CONSENT FORM

I hereby authorize Bulloch County to conduct a driver's history check on me and to receive any driver's history information pertaining to me which may be in the files of any federal, state or local criminal justice or driver's license agency. I understand these records will be used to evaluate my suitability to fulfill driving duties which may be related to my current or desired job assignment, and that information contained in these records may impact my employment with Bulloch County.

I further understand that by signing this consent form, I am authorizing Bulloch County to conduct additional periodic driver's history checks on me and to receive said information pertaining to me at any time during my employment with Bulloch County, without the necessity of any additional authorization from me and without any additional prior notice to me.

Applicant's Signature

Date

6/22/2021

PLEASE COMPLETE THE FOLLOWING.

Applicant's Name:

Manesha Altres Shorter

*Please enter name EXACTLY as shown on driver's license.*

Date of Birth:

[Redacted] / 1994

Driver's License #:

[Redacted]

Driver's License Expiration Date:

[Redacted] / 2025

**\*\* A COPY OF DRIVER'S LICENSE MUST BE ATTACHED IN ORDER TO PROCESS. \*\***

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

# Bulloch County Sheriff's Office



Noel Brown  
Sheriff

17257 Hwy 301 North  
Statesboro, GA 30458  
(912) 764-8888  
FAX (912) 764-2917  
www.bullochsheriff.com

## NEW EMPLOYEE INFORMATION

NAME Shorter Manesha Altres  
(LAST, FIRST MIDDLE)

SOCIAL SECURITY# [REDACTED] DOB: [REDACTED] / 1994

SEX F RACE BL HEIGHT 5'5 WEIGHT 185 EYES BR HAIR BL

GA. DRIVER'S LICENSE NUMBER# [REDACTED]

STREET ADDRESS [REDACTED]

CITY [REDACTED] STATE GA ZIP [REDACTED]

MAILING ADDRESS [REDACTED]

CITY [REDACTED] STATE GA ZIP [REDACTED]

HOME PHONE: [REDACTED] CELL PHONE [REDACTED]

EMAIL [REDACTED] MARITAL STATUS Single

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## NEW EMPLOYEE INFORMATION (CONT'D)

## NEXT OF KIN/EMERGENCY NOTIFICATION

NAME Charlotte Shorter RELATIONSHIP Aunt  
ADDRESS [REDACTED] CITY [REDACTED] STATE GA  
HOME PHONE \_\_\_\_\_ CELL PHONE [REDACTED] WORK PHONE \_\_\_\_\_

OKEY# (IF ALREADY POST CERTIFIED) \_\_\_\_\_

## OFFICE USE ONLY

DIVISION ASSIGNMENT \_\_\_\_\_

BADGE # \_\_\_\_\_ HIRE DATE \_\_\_\_\_

*"The sheriff shall keep and preserve the peace of his county"*





**Georgia Peace Officer Standards & Training Council**  
*Application for Certification*

**PERSONAL HISTORY RELEASE**

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; 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 examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I 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 photo copy 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 that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

Last Name <b>Shorter</b>		First Name <b>Manesha</b>	Middle Name <b>Attres</b>
DATE OF BIRTH <small>(mm/dd/yyyy)</small> <b>01/19/94</b>	MAIDEN NAME <b>Shorter</b>	PHONE NUMBER <small>(AREA CODE) - NUMBER</small> <b>[REDACTED]</b>	
Social Security Number: <b>[REDACTED]</b>			
EMAIL ADDRESS: <b>[REDACTED]</b>			
ADDRESS: Street <b>[REDACTED]</b>			Apartment/Unit#
City <b>[REDACTED]</b>		State: <b>Ga</b>	Zip Code: <b>[REDACTED]</b>

*[Signature]*  
Candidate Signature (including maiden name)

06/22/2021  
Date

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date

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## PEACE OFFICER CERTIFICATION QUESTIONNAIRE

### PERSONAL DESCRIPTORS

Full Name Shorter Manesha Altres  
(last) (first) (middle)

Maiden Name Shorter

Other Married Names \_\_\_\_\_  
(list dates used) \_\_\_\_\_

Other Name Used \_\_\_\_\_  
When Was It Used? \_\_\_\_\_

Other Name Used \_\_\_\_\_  
When Was It Used? \_\_\_\_\_

Height 5'5 Weight 185 Hair Color BL Eye Color BR

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## PEACE OFFICER CERTIFICATION QUESTIONNAIRE

### CITIZENSHIP STATUS

Are You a Citizen of the United States?  Yes  No

Were You Born in the United States?  Yes  No

If You Were Not Born in the United States Then Have You Completed the Naturalization Process  Yes  No (Include paperwork)

If You Were Not Born in the United States Then What Country Were You Born In?

\_\_\_\_\_

Have You Only Lived in Georgia  Yes  No

List Other States \_\_\_\_\_

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## PEACE OFFICER CERTIFICATION QUESTIONNAIRE

### EDUCATION

Name of High School That You Graduated From: Calhoun County Middle High School

Year Graduated? 2012 Telephone# of High School 229-835-2435

Address of High School 700 Manry St NE  
Edison, GA 39846

What Colleges/Universities/Technical Schools Have You Attended

Include the Following Information:

1. If You Obtained a Degree/Diploma and What Type
2. Years You Attended
3. City/State/Phone#

Georgia Southern University/BS Criminal Justice  
2014-2018  
1332 Southern Dr, Statesboro, GA 30458  
912-478-4636

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## PEACE OFFICER CERTIFICATION QUESTIONNAIRE

### MILITARY SERVICE

Have You Ever Served in the United States Military? Yes  No

List Branch or Branches of Service \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are You Currently Serving in a Reserve Component or the National Guard? Yes  No

Unit Name and Location \_\_\_\_\_

Are You Able to Obtain a Letter of Good Standing From Commander?

Yes  No

Have You Ever Received Anything Other Than an Honorable Discharge?

Yes  No  (if yes attached explanation)

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## PEACE OFFICER CERTIFICATION QUESTIONNAIRE

### DRIVER'S LICENSE STATUS

Do You Have a Valid Georgia's Driver's License?  Yes  No

Have You Ever Been Issued a Driver's License in Another State?

Yes  No  If Yes List States: \_\_\_\_\_

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

Has Your License Ever Been Suspended?  Yes  No

Have You Ever Had a Military Driver's License? Yes  No

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## PEACE OFFICER CERTIFICATION QUESTIONNAIRE

### OFFICE USE

Hire Date: \_\_\_\_\_ Academy Start Date: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Background Completion Date: \_\_\_\_\_

Background Completed by: \_\_\_\_\_

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## BULLOCH COUNTY SHERIFF'S OFFICE EMPLOYEE AGREEMENT

EMPLOYEE NAME

*Manesha A Shorter*

BADGE#

1. You are hired as an employee of the Bulloch County Sheriff's Office as a probationary employee for a period of TWELVE (12) MONTHS from the date of your hire. This probationary period not only encompasses your work habits, job performance, and attendance; but also your personal behavior and any illegal activity while not actively on-duty. (See BULLOCH COUNTY SHERIFF'S OFFICE POLICY AND PROCEDURE MANUAL)

DATE OF HIRE: \_\_\_\_\_

2. I understand that I am required to maintain a working telephone as a condition of my employment and to notify my supervisor(s) of that telephone number, and of any changes that may take place during my employment with the Sheriff's Office. My current telephone number is \_\_\_\_\_.
3. I understand that I am required to make known my physical and mailing address to my supervisor(s), and of any changes that may take place during my employment with the Sheriff's Office. My current address is:

PHYSICAL ADDRESS	MAILING ADDRESS
_____	_____
_____	_____
_____	_____

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## BULLOCH COUNTY SHERIFF'S OFFICE EMPLOYEE AGREEMENT

4. I understand that I am required to make known to my supervisors emergency contact persons and their phone numbers and of any changes that may take place during my employment with the Sheriff's Office. My emergency contacts are:

NAME	PHONE NUMBER
Charlotte Shorter	[REDACTED]

5. I understand that all peace officers and public safety employees are subject, by federal law, to a 43 hour work week, 85.5 hours per two week work period, or 171 hours per 28 day month. Bulloch County currently pays bi weekly, thus your work period will be 85.5 hours per 14-day work period. Sick Leave, Annual Leave, and Holidays are calculated separately; that is, they are not used when computing overtime. Sick Leave, Annual Leave, and Holidays are always computed at REGULAR TIME.
6. I understand that I will be paid time plus one-half for any hours worked overtime; that is, any hours that exceed 85.5 hours in a two week work period.

7. I understand that I am subject to work any shift; to include but not limited to the following:

7am-7pm	3pm-3am	8am-5pm
7pm-7am	4pm-1am	7am-4pm

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## BULLOCH COUNTY SHERIFF'S OFFICE EMPLOYEE AGREEMENT

8. I understand that employment with the Sheriff's Office is "SHIFT WORK". My bi-weekly work schedule means that I will work one week on MONDAY, TUESDAY, FRIDAY, SATURDAY, AND SUNDAY. The next week I will work on WEDNESDAY and THURSDAY. I am OFF the days I am not scheduled to work.
9. I understand that I will be required to work my assigned regular shift as posted on schedule. I also realize that I am subject to be called in at any time, as circumstances may require. I also understand that schedules are subject to change as may be necessary for the efficient operation of the Sheriff's Office.
10. In the event that I cannot come in for assigned work for any reason, it is my responsibility to contact my supervisor, directly and personally and as early as possible. My immediate supervisor will be the Sergeant of the shift to which I am assigned. I understand that if I cannot reach that supervisor, it is my responsibility to contact the next supervisor above my supervisor (in the chain of command), directly and personally. Telephone calls to dispatch, booking, etc., ARE NOT direct and personal contacts.
11. I understand that my supervisor may require documentation on any occasion when I call in sick. Abuse of my sick leave during the first six months of my employment may result in my immediate dismissal.
12. I understand that I am required to inform this office of any outside, additional employment before I accept such employment. Additional employment must be approved by the Sheriff or Chief Deputy.

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## BULLOCH COUNTY SHERIFF'S OFFICE EMPLOYEE AGREEMENT

13. I understand that I must adhere to the policies and procedures as outlined in the BULLOCH COUNTY SHERIFF'S OFFICE POLICY AND PROCEDURE MANUAL as well as the BULLOCH COUNTY EMPLOYEE PERSONNEL POLICY HANDBOOK. It is my responsibility to read, understand, and abide by these policies and procedures.

14. I understand that I am being hired to fill the position of \_\_\_\_\_ with the Bulloch County Sheriff's Office. I also understand that I must work under the direct supervision of the Shift Supervisor to which I am assigned. I also understand that my position, shift, and/or assignment is subject to change to meet the needs of and/or further interest of the Sheriff's Office.

15. I understand that if I decide to resign my job with the Bulloch County Sheriff's Office, I am required to furnish two weeks notice of separation. Failure to do so will result in loss of vacation time not used. I also understand that if I resign I will not be eligible for re-hire except upon approval of the Sheriff.

16. I understand that all Sheriff's Office issued equipment and uniforms must be turned in to my supervisor on the effective date of my resignation or termination; I also understand that all equipment and uniforms must be in serviceable condition which includes properly cleaning my uniforms before turning them in. I understand that upon the date of my separation from employment with the Bulloch County Sheriff's Office I may no longer present myself as an employee of this Sheriff's Office nor communicate any affiliation with the Sheriff's Office except as an ex-employee.

17. I hereby acknowledge and understand that should I seek employment with another law enforcement agency within a period of 24 months after I have completed

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## BULLOCH COUNTY SHERIFF'S OFFICE EMPLOYEE AGREEMENT

mandated training paid for by the Bulloch County Sheriff's Office, that I agree to pay the total expense of the training, including salary paid during training. Failure to pay will result in collection through civil remedies and procedures.

18. I certify that I understand that I must undergo a physical examination by a licensed medical doctor, which is necessary to become Georgia P.O.S.T. certified for the position that I am being hired.

19. I understand that my position requires me to obtain certain training to receive P.O.S.T. certification within a specified period of time. Should I fail to obtain that training within my probationary period due to actions or inactions on my part I will be subject to immediate termination.

20. I understand very clearly that, as a Jailer (or other employee), I will not go into any cellblock, dorm, or cell housing members of the opposite sex alone at any time. I understand that Jail policy states that a staff member of the opposite sex must accompany me at all times when in any such housing unit except in case of emergency. I understand that violation of this policy may result in my immediate dismissal.

---

~~21. I understand that any sexual contact with any person in the custody of the Sheriff's Office will be considered to be a forcible sexual assault against that person and I will be criminally prosecuted for such action.~~

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## BULLOCH COUNTY SHERIFF'S OFFICE EMPLOYEE AGREEMENT

22. I understand that, due to the nature of my employment, that is improper for me to associate, either on or off-duty, with persons of either sex who have been previously incarcerated in the Bulloch County Jail or any other detention or correctional facility.

23. I understand that if I am dismissed from employment by this office for violating any policy or standard of practice then I will not be eligible for either unemployment compensation or rehire by Bulloch County.

24. I understand and agree to abide by the Sheriff's directive that I will not use any Sheriff's Office equipment or personal devices while I am on duty to access any social media site except in the course of my official duties. Further, I understand and agree that while using any social networking site I will not:

- A. Post any photograph(s) that are taken on/in Sheriff's Office property, and/or while in uniform, including official Sheriff's Office training, activities, or work assignments without official permission.
- B. Post any confidential or sensitive information or photographs of any criminal or administrative investigations whether open or closed.
- C. Post any photograph of any Sheriff's Office employee without their permission.
- D. Post any photograph of any Sheriff's Office employee while in possession of alcohol, or in any position, posture, while either on or off duty, in circumstances that would cause the Sheriff to consider it to be detrimental or inappropriate for his Office or personnel.
- E. Post any derogatory comments about the Sheriff, Sheriff's Office, or any Sheriff's Office employee while employed by the Sheriff.

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## BULLOCH COUNTY SHERIFF'S OFFICE EMPLOYEE AGREEMENT

Furthermore, I understand and agree with the following:

F. I understand and agree that during any criminal or administrative investigation, that I may be ordered to provide the Sheriff, or his designee with access to my social networking sites when the subject of the investigation is directly, narrowly, and specifically related to my performance or ability to perform my job within the Sheriff's Office, or when the subject in the investigation is potentially adverse to the operation, morale, and efficiency of the Sheriff's Office.

G. I understand that actions of Sheriff's Office employees that are inconsistent, incompatible, or in conflict with the values established by the Sheriff negatively affect its reputation. Such actions thereby detract from the Sheriff's Office's overall ability to effectively and efficiently protect the public, maintain peace and order, and conduct other essential business. Therefore, it is the Sheriff's policy that all employees conduct themselves at all times in a manner that reflects the ethical standards consistent with the rules, policies, understandings and agreements of this Office.

25. I understand and agree to protect all Sheriff's Office computers from exposure to malware, viruses, and other software or emails that transmit these malicious programs. I understand and agree to maintain the security of my user name and password as required by the laws of the State of Georgia and the policies of the Bulloch County Sheriff's Office. I understand that should I give my user name and password to allow someone else access to the computer system that results in a security breach or issue, that I will be held equally responsible for their act of maliciousness.

26. I understand that I will obey the laws of the State of Georgia as it pertains to the use of cellular telephones for texting and talking. At the time of this agreement, Georgia Law prohibits any person operating a motor vehicle of any age to text

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## BULLOCH COUNTY SHERIFF'S OFFICE EMPLOYEE AGREEMENT

while driving. Further, I understand and agree that should I receive a telephone call while operating a Sheriff's Office vehicle, when and where possible, I will find a safe place to pull over and stop my vehicle until the conversation is completed. However, if I receive an emergency call that is job related and the information is critical to an ongoing event this directive shall not apply if stopping my vehicle is impractical at the time.

27. I understand and agree that should I be issued body armor by the Sheriff's Office, that I will wear it at all times that I am in uniform and performing a law enforcement function (whether on or off duty). I also understand that I am responsible for its upkeep and condition while it is in my care and custody. Failure to abide by this agreement and Sheriff's Office policy may result in sanctions up to termination.

28. I UNDERSTAND THAT FAILURE TO FOLLOW OR ABIDE BY ANY OF THE ABOVE UNDERSTANDINGS AND OR AGREEMENTS MAY RESULT IN SANCTIONS UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT.

29. I understand and agree that each of the above sections in this agreement (#1-#29) will apply in whole or in part, to any subsequent job or position I hold while employed with the Bulloch County Sheriff's Office. Further, I certify by my signature, that I have received a copy of this agreement.

Employee (Signature)

Date

6/22/2021

*"The sheriff shall keep and preserve the peace of his county"*

# Bulloch County Sheriff's Office



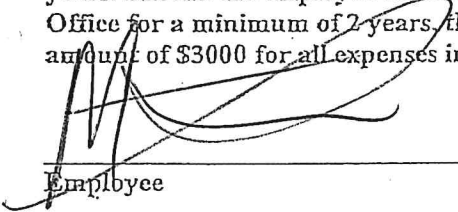
Noel Brown  
Sheriff

17257 Hwy 301 North  
Statesboro, GA 30458  
(912) 764-8888  
FAX (912) 764-2917  
www.bullochsheriff.com

## REIMBURSEMENT AGREEMENT

The Bulloch County Sheriff's Office will be making a significant investment in preparing newly hired personnel to perform the job duties as a State of Georgia certified Jail Officer. The expenses in such preparation will include, but not be limited to, monies expended to obtain a POST P2 Form for attendance in a B.J.O.C.; monies expended for a medical examination; State of Georgia Basic Jail Officer Course, including any travel and accommodations pertaining to the training course; salary and benefits while attending the training course; and the costs of uniforms/equipment purchased by the agency for the employee.

The undersigned employee agrees to remain employed with the Bulloch County Sheriff's Office for a minimum of 2 years from the date of hire. The Bulloch County Sheriff's Office reserves the right to be reimbursed by the employee for all expenses incurred during the hiring process should the employee fail to remain with the agency for a minimum of 2 years. Should the employee decide to not remain employed by the Bulloch County Sheriff's Office for a minimum of 2 years, the employee agrees to reimburse the agency up to the amount of \$3000 for all expenses invested in the employee.

  
\_\_\_\_\_  
Employee

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Sheriff or Designee

\_\_\_\_\_  
Date

*"The sheriff shall keep and preserve the peace of his county"*



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.

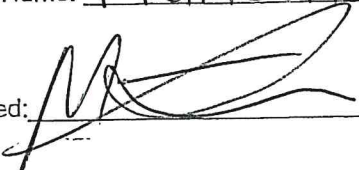
O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to 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 data bases 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: Manesha Shorter

Signed:  Date: 6/22/2009

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

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# Bulloch County Sheriff's Office



Noel Brown  
Sheriff

17257 Hwy 301 North  
Statesboro, GA 30458  
(912) 764-8888  
FAX (912) 764-2917  
www.bullochsheriff.com

## RECEIPT OF S.O.P.

I acknowledge that I have received a current copy of the Bulloch County Sheriff's Office Standard Operating Policies. I will read, understand, and follow all of the policies and procedures contained herein. Failure to abide by these policies may result in being disciplined from verbal counseling up to dismissal.

Deputy: \_\_\_\_\_ Badge: \_\_\_\_\_

Signature: x

Date:

6/22/2001

\* Send email to [bill@bullochsheriff.com](mailto:bill@bullochsheriff.com) to receive copy of S.O.P. Manual

Bulloch County Sheriff's Office



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*Shorter, Maneshq*  
BULLOCH COUNTY/SHERIFF'S OFFICE  
APPLICATION FOR EMPLOYMENT  
EFFECTIVE 02.01.2017

# Bulloch County Sheriff's Office



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Sheriff

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---

## APPLICATION FOR EMPLOYMENT

Dear Applicant,

I am pleased that you have decided to apply for employment with the Bulloch County Sheriff's Office. We have established very high standards for our employees. It is the policy of this agency to hire only the best qualified individuals. Our employee selection process is thorough and regimented. It affords equal opportunity to everyone regardless of race, creed, color, gender, national origin, age or disability.

To be considered for employment, applicants must meet the minimum qualifications: applicants must be at least 21 years of age for peace officer certification or 18 for jail officer certification, possess a high school diploma or G.E.D., possess a valid driver's license, honorable discharge (if prior military), be a U.S. citizen or naturalized citizen with the proper documentation, and have no adverse driving record nor felony or family violence convictions. In addition you can have no illegal drug use in the past 12 months, no DUI convictions, and must be able to obtain post certification within 6 months of hire date.

The hiring process includes but is not limited to the following:

Intensive background investigation, interview board, computerized voice stress examination, and following a conditional job offer, medical examination and drug screen. The entire selection process takes approximately 90 days from the start of the selection process.

It is essential that you follow all directions provided. The application process requires you to provide much detailed information about yourself. Because we are a public safety organization, we must have accurate and extensive information upon which to base our employment decision so that we can properly serve the citizens of Bulloch County. Should you have any questions, please contact our human resources office at 912-764-8888.

Noel Brown, Sheriff

# Bulloch County Sheriff's Office



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Sheriff

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---

## APPLICATION FOR EMPLOYMENT

### HIRING PROCESS OVERVIEW

- 1. Applications will be reviewed for completeness.**
- 2. Criminal History, Driver's History, and Social Media checks will be conducted by qualified Sheriff's Office personnel.**
- 3. Applications will be initially reviewed by the Professional Standards Captain, the Training Captain and the Chief Deputy.**
- 4. Applications that are incomplete, contain disqualifying information or do not meet minimum qualifications will be excluded from the hiring process. Incomplete applications will not be returned.**
- 5. Once positions become vacant the remaining applications will be forwarded to an interview board which will consist of qualified Sheriff's Office personnel including supervisory personnel from the Division where the vacancies have occurred. This board will select individuals who will attend an interview.**
- 6. At the conclusion of the interview process applicants will be selected as candidates to begin the hiring process. All other applications will be held for six months pending any additional job openings.**
- 7. Candidates who are selected for employment will undergo a background investigation which will also consist of a Computerized Voice Stress Analysis.**
- 8. After completion of the background investigation candidates will be given a conditional offer of employment at which time additional documentation will be required. Candidates who do not complete and return required paperwork in a timely fashion will be disqualified.**
- 9. After completed paperwork has been returned the candidate will be required to undergo a physical examination by qualified medical personnel and will also be required to submit to a drug screen test.**
- 10. Upon completion of the medical exam and drug screen the candidate will be given a final offer for employment.**

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## APPLICATION FOR EMPLOYMENT

### INSTRUCTIONS FOR COMPLETING APPLICATION

1. Please use black or blue ink to complete this application
2. This application must be filled out completely, truthfully and in your own handwriting. Incorrect information or any information that is omitted will be considered deception on the part of the applicant and will result in your application being rejected.
3. If your answer required more room than is provided please continue on a separate piece of paper.
4. For persons who you list as a reference, be sure to enter a current address and telephone number for them.
5. You must sign and notarize the application and personal history release form.
6. Do not submit this application for consideration unless all of the requested/required documents are included.
7. Do not staple any part of this application.

Please include the following documents when submitting your application

- Copy of birth certificate
- Copy of high school diploma or G.E.D.
- Copy of social security card
- Copy of valid Georgia drivers' license
- Color 4x6 photo of the applicant
- Copy of discharge from the armed forces (if prior service)
- Copy of military form DD214 (if prior service or active guard or reserve)
- Any other certificates, records, letters or other documentation for the position for which you are applying

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## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

NAME Shorler Manesha Altres  
(LAST, FIRST, MIDDLE)

GENDER:  MALE  FEMALE

DATE OF BIRTH [REDACTED] 1994  
(MONTH/DAY/YEAR)

SOCIAL SECURITY NUMBER [REDACTED]

HAVE YOU EVER USED AN ALTERNATE DATE OF BIRTH OR SOCIAL SECURITY NUMBER  
FOR ANY REASON?  YES  NO

IF YES PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## APPLICATION FOR EMPLOYMENT

### CONTACT INFORMATION

EMAIL ADDRESS

[REDACTED]  
(PLEASE PRINT CLEARLY)

HOME TELEPHONE NUMBER:

MOBILE PHONE NUMBER:

TELEPHONE NUMBER (OTHER):

### EMERGENCY CONTACT

NAME

Charlotte Shorter

TELEPHONE NUMBER

ADDRESS

RELATIONSHIP

Aunt



# Bulloch County Sheriff's Office



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## APPLICATION FOR EMPLOYMENT

### ADDRESS INFORMATION

YOUR MAILING ADDRESS:

[REDACTED ADDRESS]

YOUR PHYSICAL ADDRESS:

[REDACTED ADDRESS]

HOW LONG HAVE YOU LIVED AT THIS ADDRESS?

2 yrs

DO YOU  OWN OR  RENT?

LANDLORD'S NAME

Georgia State Prison / Deputy Warden Irwin

LANDLORD'S ADDRESS

[REDACTED] 1<sup>st</sup> Ave S, Reidsville, Ga 30453

LANDLORD'S CONTACT PHONE NUMBER

[REDACTED PHONE NUMBER]

**\*\*NOTICE: YOUR LANDLORD MAY BE CONTACTED AS PART OF A BACKGROUND INVESTIGATION**

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## APPLICATION FOR EMPLOYMENT

### DRIVER'S LICENSE STATUS

DO YOU CURRENTLY HAVE A VALID GEORGIA DRIVER'S LICENSE?  YES  NO

DRIVER'S LICENSE NUMBER: 

PLEASE LIST ANY OTHER STATES IN WHICH YOU HAVE HELD A DRIVER'S LICENSE:

1. NAME USED: \_\_\_\_\_ STATE: \_\_\_\_\_ D.L.# \_\_\_\_\_

2. NAME USED: \_\_\_\_\_ STATE: \_\_\_\_\_ D.L.# \_\_\_\_\_

3. NAME USED: \_\_\_\_\_ STATE: \_\_\_\_\_ D.L.# \_\_\_\_\_

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED?  YES  NO

IF YOU ANSWERED YES PLEASE EXPLAIN: Failure to Appear /  
NOT having valid License

PLEASE LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED (INCLUDE DATE, LOCATION, AND CHARGE)

Failure to yield - 2017 / Statesboro / Paid ticket  
Driving without Insurance - 2019 / Tattnall Co.  
Driving with suspended license / 2021 / Tattnall  
Co. / Guilty / Charge dropped to NO valid license.

ATTACH SEPARATE PAGE IF NECESSARY

# Bulloch County Sheriff's Office



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## APPLICATION FOR EMPLOYMENT

### POSITION FOR WHICH YOU ARE APPLYING:

Deputy Sheriff (Jail Division)

Deputy Sheriff (Patrol Division)  
(GA. POST certified applicants only)

Radio Operator

Any Position Available

DO YOU HAVE EXPERIENCE IN THIS POSITION?  YES  NO

PLEASE INDICATE ANY CERTIFICATIONS YOU CURRENTLY HOLD THRU THE GEORGIA PEACE OFFICERS STANDARDS AND TRAINING COUNCIL (P.O.S.T.)

LAW ENFORCEMENT CERTIFICATION # \_\_\_\_\_

JAIL CERTIFICATION # \_\_\_\_\_

CORRECTIONS CERTIFICATION # BC02018023334 2

RADIO OPERATOR CERTIFICATION # \_\_\_\_\_

OTHER \_\_\_\_\_ CERTIFICATION # \_\_\_\_\_

LAW ENFORCEMENT TRAINING ACADEMY: Tift College

DATES ATTENDED April - May 2018

# Bulloch County Sheriff's Office



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## APPLICATION FOR EMPLOYMENT

### MILITARY SERVICE

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES? \_\_\_\_\_  
(IF YES CONTINUE BELOW, IF NO PROCEED TO NEXT PAGE)

LIST BRANCH(S) AND DATES OF SERVICE BELOW:

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

HAVE YOU EVER RECEIVED ANY DISCHARGE OTHER THAN HONORABLE?  YES  NO

DO YOU QUALIFY FOR VETERAN'S BENEFITS?  YES  NO

ARE YOU CURRENTLY SERVING IN THE NATIONAL GUARD OR ANY RESERVE COMPONENT  
OF THE ARMED FORCES  YES  NO

IF YES PLEASE PROVIDE THE INFORMATION REQUESTED BELOW

UNIT AND ADDRESS \_\_\_\_\_

COMMANDING OFFICER NAME AND TELEPHONE NUMBER: \_\_\_\_\_

**\*\* ALL ACTIVE RESERVISTS AND FORMER MILITARY MEMBERS MUST PROVIDE A DD214 AND DISCHARGE PAPERS IF APPLICABLE**

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## APPLICATION FOR EMPLOYMENT

### EMPLOYMENT HISTORY

ARE YOU CURRENTLY EMPLOYED?  YES  NO

#### CURRENT EMPLOYER

COMPANY NAME: Georgia Dept. Corrections HIRE DATE: April 2018

OCCUPATION Correctional Officer / Tactical Member

COMPANY ADDRESS: 300 1<sup>st</sup> Ave S,

Reidsville, Ga 30453

SUPERVISOR'S FULL NAME: Jessica Howard

CONTACT PHONE#: [REDACTED]

# Bulloch County Sheriff's Office



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## APPLICATION FOR EMPLOYMENT

### PREVIOUS EMPLOYMENT

(PLEASE LIST ALL OF YOUR FORMER EMPLOYERS SINCE AGE 18. PLEASE START WITH THE MOST RECENT)

FROM: May 2016 TO: April 2018 OCCUPATION: Associate

COMPANY NAME: Walmart Super Center

COMPANY ADDRESS: 147 North Side Dr. E  
Statesboro, Ga 30458

SUPERVISOR'S FULL NAME Donston McDonald

CONTACT PHONE# 912-489-1910

REASON FOR LEAVING Career ~~field~~ field in LE

WERE YOU INVOLUNTARILY DISCHARGED FROM THIS JOB?  YES  NO

IF YES PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU ELIGIBLE FOR REHIRE?  YES  NO

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## APPLICATION FOR EMPLOYMENT

### PREVIOUS EMPLOYMENT (continued)

FROM: August 2016 TO: Jun 2017 OCCUPATION: Student Worker

COMPANY NAME: GSU Office of Career Services

COMPANY ADDRESS: Williams Center # 1047  
Statesboro, Ga 30458

SUPERVISOR'S FULL NAME: Abraham Adam Martin

CONTACT PHONE#: 912-478-5197

REASON FOR LEAVING: No longer a student

WERE YOU INVOLUNTARILY DISCHARGED FROM THIS JOB?  YES  NO

IF YES PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU ELIGIBLE FOR REHIRE?  YES  NO

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## APPLICATION FOR EMPLOYMENT

### PREVIOUS EMPLOYMENT (continued)

FROM: May 2013 TO: May 2015 OCCUPATION: Crew member

COMPANY NAME: McDonald's

COMPANY ADDRESS: 9502 Ga-5  
Douglasville, Ga 30135

SUPERVISOR'S FULL NAME \_\_\_\_\_

CONTACT PHONE# 770-942-6664

REASON FOR LEAVING found work in statesboro

WERE YOU INVOLUNTARILY DISCHARGED FROM THIS JOB?  YES  NO

IF YES PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU ELIGIBLE FOR REHIRE?  YES  NO



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## APPLICATION FOR EMPLOYMENT

### PREVIOUS EMPLOYMENT (continued)

FROM: Aug. 2013 TO: May 2014 OCCUPATION: Student worker

COMPANY NAME: Fort valley state Univ. Admissions

COMPANY ADDRESS: 1005 State University Drive  
Fort valley, Ga 31030

SUPERVISOR'S FULL NAME \_\_\_\_\_

CONTACT PHONE# 478-825-6620

REASON FOR LEAVING Moved to Statesboro / No longer  
student at this uni.

WERE YOU INVOLUNTARILY DISCHARGED FROM THIS JOB?  YES  NO

IF YES PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU ELIGIBLE FOR REHIRE?  YES  NO

**\*\* PLEASE COPY THIS PAGE OR USE BLANK PAGES IF NEEDED TO CONTINUE**

# Bulloch County Sheriff's Office



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## APPLICATION FOR EMPLOYMENT

### REFERENCES

**(PLEASE DO NOT LIST RELATIVES OR FORMER EMPLOYERS. PLEASE LIST PEOPLE WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR.)**

1. FULL NAME: Jessica Howard

ADDRESS: [REDACTED]

CONTACT NUMBER: [REDACTED] OCCUPATION: Correctional officer

2. FULL NAME: Dale Collins

ADDRESS: [REDACTED]

CONTACT NUMBER: [REDACTED] OCCUPATION: Retired corrections captain / Retired Air men

3. FULL NAME: Isaiah Francois

ADDRESS: [REDACTED]

CONTACT NUMBER: [REDACTED] OCCUPATION: Police Officer

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## APPLICATION FOR EMPLOYMENT

### EDUCATION

HIGH SCHOOL GRADUATE?  YES  NO YEAR GRADUATED 2012

NAME AND ADDRESS OF HIGH SCHOOL YOU ATTENDED: Calhoun County Middle/  
High School | 700 Manry St. Edison, Ga 39846

DO YOU HAVE A G.E.D.?  YES  NO

LIST ANY DEGREES, DIPLOMAS OR CERTIFICATES YOU HOLD FROM A COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL ETC. INCLUDE THE NAME OF THE SCHOOL AND DATES ATTENDED:

NAME OF COLLEGE Georgia Southern University

DATES ATTENDED Aug. 2014 - May 2018 DEGREE RECEIVED B.S. Criminal Justice & Criminology

NAME OF COLLEGE \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ DEGREE RECEIVED \_\_\_\_\_

NAME OF COLLEGE \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ DEGREE RECEIVED \_\_\_\_\_

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## APPLICATION FOR EMPLOYMENT

### ESSAY

In your own handwriting, using at least 50 words and not more than 100 words, explain in the space below what you have to offer as a prospective employee, and why you should be considered for employment by the Bulloch County Sheriff's Office.

I should be considered for employment because I am a dedicated employee who always gives a hundred percent. My skills that I have acquired will help me perform my job duties. I can speak with people from all walks of life. I am a professional in mannerisms and dress. I am willing to work late and on my off days for the betterment of the department. I have always been a team player and I will bring that same enthusiasm to work every day.

# Bulloch County Sheriff's Office



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---

## APPLICATION FOR EMPLOYMENT

### PHOTO

**PLEASE ATTACH A RECENT (LAST 3 MONTHS) 4X6 INCH COLOR PHOTOGRAPH OF YOURSELF IN THE SPACE BELOW:**



# Bulloch County Sheriff's Office



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## APPLICATION FOR EMPLOYMENT

### SOCIAL MEDIA / SOCIAL NETWORKING AND THE INTERNET

As required by sheriff's office policy "any candidate seeking employment with the sheriff's office shall complete an affidavit attesting to all the social media and social networking platforms in which they maintain or participate. The candidate shall be required to provide the designated background investigator with access to the social network platforms in which they participate or maintain."

#### AFFIDAVIT

I, Shorter, Manesha swear or affirm the information contained within this affidavit is true and correct to the best of my knowledge and belief. Below is a list of all the social media /social networking platforms that I currently maintain or participate.

 - Facebook  
 - Instagram  
 - snapchat / Twitter

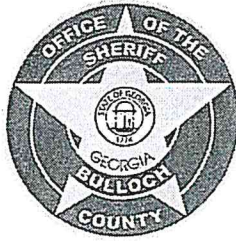
THIS 7<sup>th</sup> DAY OF June, 2021.

Manesha A Shorter

YOUR PRINTED NAME

  
SIGNATURE

# Bulloch County Sheriff's Office



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## CRIMINAL HISTORY:

(PLEASE PROVIDE INFORMATION ABOUT ANY ARREST, CONVICTION, CHARGE OR OTHER CRIMINAL ACTIVITY YOU HAVE EVER PARTICIPATED IN OR BEEN A PART TO, EVEN IF THE RECORDS ARE SEALED OR EXPUNGED.)

	YES	NO
HAVE YOU EVER USED, SOLD OR DISTRIBUTED ILLEGAL DRUGS OR SUBSTANCES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER SOLD OR DISTRIBUTED PRESCRIPTION DRUG OR LEGAL SUBSTANCE FOR MISUSE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ARE YOU NOW OR HAVE YOU BEEN A MEMBER OR ASSOCIATE OF A GANG?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DO YOU ASSOCIATE WITH OR HAVE CONTACT WITH ANYONE WHO IS UNDER CRIMINAL INVESTIGATION, INDICTMENT, OR WHO IS INVOLVED IN CRIMINAL ACTIVITY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HAVE YOU EVER TAKEN ANYTHING FROM AN EMPLOYER WITHOUT PROPER PERMISSION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ARE YOU NOW PARTY TO ANY CRIMINAL OR CIVIL ACTIONS IN WHICH YOU ARE THE DEFENDANT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DO YOU HAVE A POLICE OR COURT RECORD ANYWHERE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DO YOU HAVE A JUVENILE RECORD?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

IF YOU ANSWERED "YES" TO ANY QUESTIONS PLEASE EXPLAIN BELOW:

*experimented with Marijuana in 2014 during college.*

PLEASE LIST ANY OUTSTANDING CRIMINAL OR CIVIL ACTIONS THAT ARE PENDING AGAINST YOU:

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

# Bulloch County Sheriff's Office



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## OTHER INFORMATION

	YES	NO
ARE YOU A LEGAL CITIZEN OF THE UNITED STATES OR NATURALIZED CITIZEN WITH PROPER DOCUMENTATION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED OR ASKED TO RESIGN FROM A JOB?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HAVE YOU EVER BEEN EMPLOYED OR APPLIED WITH THE BULLOCH COUNTY SHERIFF'S OFFICE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED BY THE BULLOCH COUNTY SHERIFF'S OFFICE? WHO?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FLUENCY IN THE ENGLISH LANGUAGE IS REQUIRED FOR THIS JOB, HOWEVER KNOWLEDGE OF ANOTHER LANGUAGE IS OF BENEFIT TO THIS ORGANIZATION. IS THERE ANOTHER LANGUAGE YOU CAN READ, WRITE OR SPEAK FLUENTLY? WHAT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ARE YOU WILLING TO WORK SHIFT WORK (NIGHTS, HOLIDAYS, WEEKENDS, ETC)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DO YOU BELIEVE THAT YOU CAN SET ASIDE ANY PERSONAL PREJUDICES AND BE FAIR IN DEALING WITH INMATES CONVICTED OF SERIOUS CRIMES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO USE REASONABLE FORCE WHEN NECESSARY, SUCH AS CONTROLLING DISTURBANCES, BREAKING UP FIGHTS, ETC?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO RISK YOUR PERSONAL SAFETY TO COME TO THE AID OF A FELLOW OFFICER?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO WORK IN A SITUATION WHERE YOU MAY BE CURSED AT AND/OR VERBALLY OR PHYSICALLY THREATENED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE ANY TATTOOS OR BODY ART?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DOES ANY OF YOUR TATTOOS OR BODY ART REPRESENT OR CAN BE CONSTRUED AS AFFILIATION WITH A GANG OR ANY GROUP OR ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



# Bulloch County Sheriff's Office



Noel Brown  
Sheriff

17257 Hwy 301 North  
Statesboro, GA 30458  
(912) 764-8888  
FAX (912) 764-2917  
www.bullochsheriff.com

## APPLICATION FOR EMPLOYMENT

### CERTIFICATION:

I, the undersigned, do hereby swear or affirm the information provided by me in this application is true and correct to the best of my knowledge and belief. By my signature, I acknowledge that I have read and clearly understand that I must submit to a polygraph examination and drug test at any time that I am requested to do so while my application is being considered, and during the term of my employment should I be hired by the Bulloch County Sheriff's Office. I also clearly understand that I am expected to answer any questions posed to me by another employee or law enforcement officer, honestly and truthfully without regard to personal consequence. I agree to perform all tasks as directed or instructed. I do this knowingly and voluntarily and have indicated so by my signature below.

Manesha A. Shorter

PRINTED NAME

[Signature]  
YOUR SIGNATURE

THIS 7<sup>th</sup> DAY OF June, 2021.

[Signature]  
Notary public signature

My commission expires on: September 26, 2023 (seal)



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## APPLICATION FOR EMPLOYMENT

### 13. PERSONAL HISTORY RELEASE

I do hereby authorize the review of and full disclosure of all records concerning myself to the Sheriff or the duly appointed Deputies of The Bulloch County Sheriff's Office. The intent of this authorization is to give consent for full and complete disclosure of any and all records as they pertain to me that may be held or on file with any educational institution, financial statements and records wherever filed; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me; the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have not an interest. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Bulloch County Sheriff's Office. I certify that any person(s) who may furnish such information concerning me shall not be held accountable in any form or fashion 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 form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

x \_\_\_\_\_  
Signature  
(cont'd on following page)

# Bulloch County Sheriff's Office



Noel Brown  
Sheriff

17257 Hwy 301 North  
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www.bullochsheriff.com

## APPLICATION FOR EMPLOYMENT

### PERSONAL HISTORY RELEASE CERTIFICATION (cont'd)

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

Phone number: \_\_\_\_\_

Social security number: \_\_\_\_\_

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

1994

date: \_\_\_\_\_

June 7<sup>th</sup> 2021

Printed Name: \_\_\_\_\_

Manesha A. Shorte

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

*[Handwritten Signature]*

*[Handwritten Signature]*  
Notary public signature

My commission expires on: September 26, 2023 (seal)



CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

94-028761

110-

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH

Death Number

Local File Number

State File Number 1.

2. CHILD'S NAME: FIRST 3. MIDDLE 4. LAST 5. JR., III, ETC. 6. SEX (M or F) 7. DATE OF BIRTH (Mo., Day, Year) 8. TIME OF BIRTH

Manesha

Alfres

SHORTER

Female

1994

5:52

AM PM

CHILD

9. THIS BIRTH (Single, Twin, Triplet, Etc.)

Single

10. IF NOT SINGLE SPECIFY BIRTH ORDER

11. CITY, TOWN, OR LOCATION OF BIRTH

Cuthbert

12. HOSPITAL/FACILITY NAME (If not Hospital, give Street and Number)

Patterson Hospital

13. IF NOT HOSPITAL (Check one)

1 Clinic/Doctor's Office 2 Residence 3 Free Standing Birthing Center 4 Other

14. COUNTY OF BIRTH

Randolph

MOTHER

16. MOTHER'S NAME: FIRST 16. MIDDLE 17. LAST

Altemese

Shorter

18. MAIDEN (Last Name)

19. DATE OF BIRTH (Mo., Day, Year)

1976

20. STATE OF BIRTH (If not U.S.A., Name Country)

Georgia

SEE MANUAL FOR INSTRUCTIONS

21. RESIDENCE-STATE 22. COUNTY

Georgia

Randolph

23. CITY, TOWN, OR LOCATION

Coleman

24. STREET AND NUMBER OF RESIDENCE

25. MOTHER'S MAILING ADDRESS-IF SAME AS ABOVE, ENTER ZIP CODE

31736

26. RESIDENCE INSIDE CITY LIMITS? (Yes or No)

No

FATHER

27. FATHER'S NAME: FIRST 28. MIDDLE 29. LAST, JR., ETC. 30. DATE OF BIRTH (Mo., Day, Year) 31. STATE OF BIRTH (If not U.S.A., Name Country)

32a. INFORMANT'S NAME (Type or Print)

Altemese Shorter

32b. RELATION TO CHILD

Mother

33. PARENT(S) AUTHORIZE RELEASE OF INFORMATION TO SOCIAL SECURITY ADMINISTRATION TO ISSUE THIS CHILD A SOCIAL SECURITY NUMBER Yes  1 No  2

CERTIFIER

34. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE (Signature)

Michael P. Raines

35. DATE SIGNED (Mo., Day, Year)

4/20/04

36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print)

(Name)

37. (Title)

38. CERTIFIER-NAME AND TITLE (Type or Print)

Michael P. Raines, M.D.

39. PHYSICIAN'S MEDICAL LIC. NO.

035979

40. CERTIFIER-MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)

208 McDonald Ave., Cuthbert, GA 31740

REGISTRAR

41. REGISTRAR (Signature)

Joyce Z. Bryant, Deputy

42. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year)

4/22/04

STATE COPY

JAN 24 2017

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 511-1-3, DPH RULES AND REGULATIONS. Any reproduction of this document is prohibited by statute. Do not accept unless on security paper with seal of Vital Records clearly embossed Chapter 31-10, Code of Georgia as amended.

State Registrar

County Registrar

Deputy Registrar



C3560084

WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND, EMBOSSED SEAL AND THERMOCHROMIC INK. THE BACK CONTAINS SPECIAL LINES WITH TEXT.



VOID IF ALTERED OR COPIED

Form 3972 (Rev. 5/15)

**Calloway County**

**High School**

Eden, Georgia  
This certifies that

**Almesha Altex Shorter**

Has satisfactorily completed a Course of Study prescribed for Graduation  
from this School and is therefore awarded this

**Diploma**

This is the month of May, two thousand and twelve.



*[Signature]*  
Principal  
*[Signature]*  
Superintendent of Schools  
*[Signature]*  
School Board

GEORGIA

DRIVER'S LICENSE

DRIVER'S LICENSE

DL

USA  
GA

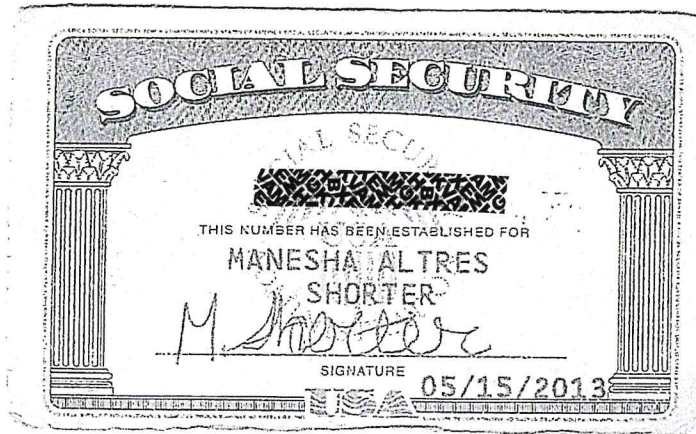
Commissioner: *Spencer L. Moore*  
B.P.H.



4d DL NO. [REDACTED] 3 DOB [REDACTED] /1994  
9 CLASS C 4b EXP [REDACTED] /2025  
2 MANESHA ALTRES  
1 SHORTER  
8 [REDACTED]

12 REST A  
9a END NONE  
4a ISS 02/26/2021  
15 SEX F 18 EYES BRO  
16 HGT 5'-04" 17 WGT 200 lb

5 DD 446303823870020000



# The Georgia Department of Corrections

*This is to Certify That*

**Manesha Shorter**

*Has Completed*

**Special Operations Basics**

*And Received the below certifications*

*Pepper Ball, Bandit, Mobile Field Force, Chemical Munitions, Alco-sensor, Narcan*

*In witness thereof, the Seal of the Georgia Corrections Academy*

*And the signatures of Duly Authorized Officers Affixed*

*Given this 30<sup>th</sup> day of October 2020*



*Jerry Edge*

Director,

Office of Professional Development

Director,

Georgia Corrections Academy