8			12.30.03
NAME	Ellis LASI	Vicki	Edwards
ADDRES		FIRST	MIDDLE
		YAMA	MAYNER AND
PHONE	KEEHOX	SOC SEC NO	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
r=====	AVYERAVYORANY		TOWN AND MANAGEMENT OF THE PROPERTY NAMED IN THE PROPERTY OF T

EMPLOYMENT RECORD:

INSTRUCTIONS

- 1) Please print clearly in ink. Must complete all sections.
- 2) List Last four (4) employers beginning with current or last employer. Must provide a minimum of three (3) years. If applying for a position as a driver, list ten (10) years of employment history. Use additional paper if necessary.
- 3) Leave no gaps in employment history. If not employed, self-employed, in school, or in armed services during any part of this time, so specify opposite exact periods.

DA	TES	JOB TITLE & BRIEF DESCRIPTION OF WORK	NAME AND ADDRESS OF EMPLOYER
HRS PER WEEK MID INITIAL SALARY	Present MO YR LO HAS PER WEEK S 10.99 FINAL SALARY	Diffice Mornager Norkordens & dispatch	COMPANY SUBLITION Propone) ADDRESS 1717 State Hwy, 17 CITY/STATE YOUNG HOFFIS FOR. ZIP CODE 2058 2 TELEPHONE TOLD-8910-1324 NAME/TITLE SUPERVISOR DICK Pfuntirer REASON FOR LEAVING LOOKING FOR Q better Opportunity
s Min.	MO YR HRS PER WEEK \$ 10.85 FINAL SALARY	Bank teller Dive-thru Man. Cust. Lerv. Rep.	COMPANY ADDRESS CITY/STATE TELEPHONE SPIG-2244 NAME/TITLE SUPERVISOR REASON FOR LEAVING SICK Child
MO YR HO HRS PER WEEK MI D INITIAL SALARY	MO THE HAS PER WEEK S O CONTROL SALARY	Dental Dich. Percelain Dich. Quality Control	COMPANY DITTON Dental ADDRESS CITY/STATE BOUNDSYLVILLE, DO. ZIP CODE TELEPHONE 1-T10-534-7388 NAME/TITLE SUPERVISOR DORUL STORY WITH SUPERVISOR DORUL STORY WITH SUPERVISOR WITH SUPERVISOR DORUL STORY WITH SUPERVISOR WITH SUPERVISOR DORUMNING WITH SUP
MO YR HRS PER WEEK \$ INITIAL SALARY	MO YR HAS PER WEEK \$ FINAL SALARY		COMPANY ADDRESS CITY/STATE ZIP CODE TELEPHONE NAME/TITLE SUPERVISOR REASON FOR LEAVING

EDUCATIONAL RECORD:

CIRCLE HIGHEST GRADE OF EDUCATION COMPLETED - 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

SCHOOL	NAME AND LOCATION	MAJOR COURSE OF STUDY	DID YOU GRADUATE? IF YES-DEGREE OBTAINED
High or Preparatory	T.C. High School	Beautar	Jes
Colleges/Universities Attended	Tri-County Comm.	Berihir	NO
Technical, Business, or other Schools Attended	North Ga. Tech	Nursina	No

	7	1		
As an Equal Opportunity Employ Company that race, color, creed, s status, citizenship status and m employment.	ex. sexual orientation and han	dicon dischility and	sadas valladas	and the second transfer of the second
			1-11-11-11-11-11-11-11-11-11-11-11-11-1	
Secretarial			Parish and the second	
	Position(s) Applyi	ng For		
	J4,000 Up.	Within 2 W Date Available For N		
Referral Source: Advertisement	Walk-In	Employment Agency	/ Ot	her
May we communicate with your emp			-	NO
If No, why:				
Have you ever been discharged or re			YES E	TNO
If Yes, give particulars:				
I acknowledge that if I am offered emfor D.O.T. positions, a pre-employment any offer of employment shall also be felony or for any fraud-related, theff misdemeanor otherwise having a next grounds for dismissal.	Ariting dispatching for men or more as completed by me, and that a information in connection with information may disqualify me information may disqualify me information contained in this I authorize all corporations, county and federal courts, military and release all parties involved for ployment, it will be contingent unit physical examination by a contingent upon a pre-employment-related, violence-related, drugus to the contemplated employ	all entries and informal entries, former employment or reservices, and personal entries and investigated proportion of the entries o	mation contains ployment, whe esult in dismis document as no ployers, educa ons to release so. Its of a drug so hysician. I furt tigation and the related misder isqualification in	when the order in it are true and ther on this document is all should I become the appropriate in the control institutions, law information they may be appropriate in the control institutions, law information they may be acknowledge that at a conviction for any meanor or any other for employment or be
I acknowledge that proof of identity and	d US citizenship or immigration s	status will be required	commencing v	vith employment.
I understand that this employment and that any individual who is hire the employer at any time. I under disavowed and should not be relied	stand that any oral or writte upon by any prospective or ex	n statements to the cisting employee.	r notice or ma e contrary ar	y be terminated by e hereby expressly
Date 19-30-03	Signature of A	policant VICE	2010)



Objective

Office Secretary

Experience

1997-Present

Suburban Propane

Young Harris, GA

Office Manager

Helped acquire 2 million dollar sales three years in a row.

· Responsible for payroll.

Handled all customer relations in areas of discrepancy.

Responsible for work orders for eight service technicians.

1992-1996

Bank of Hiawassee

Hiawassee, GA

Bank Teller/Customer Service Representative

 Regular Teller duties (Handling money, balancing, and dealing with Customers). Drive thru Manager.

· Opened new accounts for business and personal customers.

Responsible for vault security and safety deposit boxes.

1990-1992

Gibson Dental Designs

Gainesville, GA

Dental Technician

Porcelain technician.

· Quality control.

Education

1990-1991

Tri-County Community College

Murphy, NC

Lotus 1-2-3.

· Computer Science Spreadsheets.

Interests

Reading, spending time with family and friends, computers, and my children's school activities.

Desired Salary

\$24,000 yr.



Vicki Ellis

References

Darryl Smallwood

Telephone # 1-770-534-7288

Mickey Nichols

Telephone # 1-770-896-2243

Mark Edwards

Telephone # 1-706-896-9386

Bruce Collier

Telephone # 1-828-837-7269

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 \$5,000.00 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: Vichi E. Ellis

Signed: Vichi E. Ellis

Date: 3-1-04

Witnessed: Halhu allu Date: 3-1-04

GEORGIA CRIME INFORMATION CENTER

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

Print Name: VICKIEIIS

Date: U-1-07

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

Print Name:

Signed:

Date:

Date:

Witnessed:

SOP Acknowledgement Form

£ .	
I VICKI Ellis acknowledge that II	have received a copy of the
Towns County Sheriff's Office Standard Operating Proc	edures in book or digital form
I understand that I am responsible for reading and follow	wing this policy.
Employee (signature)	12-4-09 (date)
Witness	12/4/09



Towns County Sheriff's Office Acknowledgement of Discretionary Employment

By seeking appointment or re-appointment as a Deputy Sheriff / Detention Officer / Civilian Employee of The Office of 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 anytime 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 and without explanation or cause.

I also understand I have a duty to protect sensitive and confidential information, and I agree not to discuss Sheriff's Office business with those outside the agency. I further understand that disruptive language may be considered dissension and is against policy.

Signature and seal of Notary:

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

Print Name:

Date: 3-25-10

Date: 3-25-2010



TOWNS COUNTY SHERIFF'S OFFICE

Sheriff - Chris Clinton

SOP Acknowledgement Form

acknowledge that I have received a copy of the Towns County Sheriff's Office Policy and Procedures in digital form. I understand that I am
responsible for reading and following these policies and procedures. Upon my separation from
the Towns County Sheriff's Office I will return the disc; if I fail to return the disc or if the disc is
damaged I agree to pay a replacement fee in the sum of \$5.00 to the Towns County Sheriff's Office.
office.
Soo Disc Number
3-15-11 Date Issued
Detullians) Issued by
Employee Signature

GEORGIA CRIME INFORMATION CENTER AWARENESS STATEMENT

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

Le-3-13	
	6-3-13





RECORD OF PERSONNEL ACTION

EMPLOYEE NAME: Vicki Ellis
DIVISION: Administrative (Patro)
ACTION TAKEN: - SALARIED
NEW HIRE
EFFECTIVE DATE _//- 04-13 RATE OF PAY 1450
HOURLY SALARIED FULL TIME PART TIME
RATE CHANGE
EFFECTIVE DATE NEW RATE OF PAY
LEAVE OF ABSENCE
REASON FOR LEAVE
RESIGNATION
EFFECTIVE DATE
TERMINATION
EFFECTIVE DATE
REASON FOR TERMINATION
James C. Baldwin 11-20-13
heriff Christopher M Clinton or Designee Date



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

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The Georgia Criminal Justice Information System (CJIS) Network is operated by the GCIC in compliance with O.C.G.A. §35-3-31. All databases accessible through 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: Vicki Ellis	
Signed: Wickiplas	
Date:	