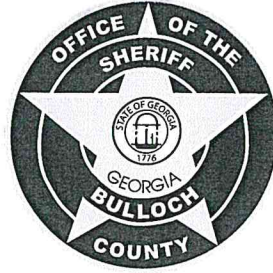


Bulloch County Sheriff's Office



Noel Brown
Sheriff

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

OATH OF OFFICE

JAILER, BULLOCH COUNTY

I, Mikayla Evans, 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, Mikayla Evans, 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.

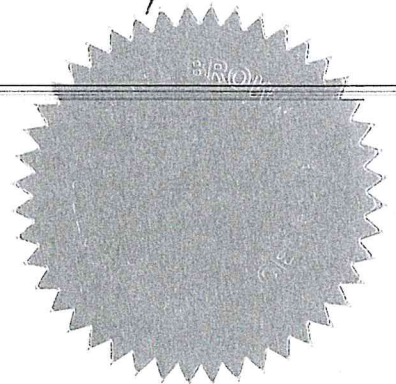
So help me God

Mikayla Evans 423
Mikayla Evans

Sworn to and subscribed before me

This 10th day of March, 2021

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



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



Bulloch County Payroll Status Change Form

Office Only
WC: _____
EEOC: _____
Grade: _____

Employee Information

Employee Name: EVANS, MIKAYLA HOPE Date: 1/1/18
Department: SHERIFF(JAIL OPERATIONS) Hire Date: 4/3/17
Social Security #: [REDACTED] Account #: [REDACTED]

Job Change

Job Title: _____ Hourly Rate: _____
Department: _____ Annual Salary: _____
Reason for Change: _____ Status: _____

Pay Rate Change

Current Title: DEPUTY-JAIL Current Hourly Rate: \$ 12.60
New Title: _____ New Hourly Rate: \$ 12.79
Reason for Change: Merit Increase Merit Increase (%): 1.50%

Leave of Absence

Date Leave to Begin : _____ Actual Return Date : _____
Expected Return Date : _____ Reason for Leave: _____

Termination

Reason for Termination: _____

Approved By: [Signature] Date: 12/18/17

Department Head Approval: _____ Date: _____

County Manager Approval (when required): _____ Date: _____



Bulloch County
Payroll Status Change Form

Office Only
WC: _____
EEOC: _____
Grade: _____

Employee Information

Employee Name: EVANS, MIKAYLA HOPE Date: 3/27/17
Department: SHERIFF(JAIL OPERATIONS) Hire Date: 4/3/17
Social Security #: [REDACTED] Account #: [REDACTED]

Job Change

Job Title: JAIL DEPUTY Hourly Rate: \$ 12.35
Department: JAIL OPERATIONS Annual Salary: _____
Reason for Change: New Hire Status: Full-time

Pay Rate Change

Current Title: _____ Current Hourly Rate: _____
New Title: _____ New Hourly Rate: _____
Reason for Change: _____ Merit Increase (%): 0.00%

Leave of Absence

Date Leave to Begin : _____ Actual Return Date : _____
Expected Return Date : _____ Reason for Leave: _____

Termination

Reason for Termination: _____
Approved By: [Signature] Date: 3/27/17
Department Head Approval: _____ Date: _____
County Manager Approval (when required): _____ Date: _____

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NEW EMPLOYEE INFORMATION

NAME Evans Mikayla Hope
(LAST, FIRST MIDDLE)

SOCIAL SECURITY# [REDACTED] DOB: [REDACTED]-95

SEX F RACE BR HEIGHT 5'4" WEIGHT 220 EYES Brown HAIR Blk

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 _____ MARITAL STATUS Married

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NEW EMPLOYEE INFORMATION (CONT'D)

NEXT OF KIN/EMERGENCY NOTIFICATION

NAME Devon Evans RELATIONSHIP Husband
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"

**DECLARATION OF EMPLOYEE'S UNDERSTANDING REGARDING THE USE
POLICIES FOR BULLOCH COUNTY ISSUED COMPUTER AND
TELECOMMUNICATIONS EQUIPMENT**

I, Mikayla Hope Evans, declare that I have read and that I am familiar with the Bulloch County Computer and Telecommunications Use Policy. I further understand that as an assignee of a computer or telecommunications device designated herewith that I am personally responsible for proper use and care for this equipment under my custody pursuant to this Policy.

I acknowledge, agree, and authorize that, should I fail to timely reimburse the County for any personal or non-County business purpose purchases or charges other than de minimis use, the County may deduct the amounts necessary to recover the costs of said purchases or charges from my salary or wage. I understand such deductions shall continue from paycheck to paycheck until all amounts due are recovered by the County.

I further agree to relinquish use of this equipment immediately upon request or upon termination of employment or transfer.

I further agree to protect and safeguard the equipment. If the equipment is lost or stolen, I agree to notify the county appropriate county personnel and/or the equipment company immediately.

I further agree to promptly reconcile my statement, and make any needed adjustments. I will ensure that upon receipt of the equipment it will be properly inventoried with purchasing or my department head. Further, I understand that my use of the equipment will be audited, and I will assist reviewers and auditors in examining the equipment program.

I agree that I will relinquish my equipment to Bulloch County when requested to do so. I also understand that failure to use this Equipment in accordance with all rules and regulations may require relinquishing the equipment, reimbursement to the County, deduction from my salary or wage, and/or disciplinary action, up to and including termination of employment, if I am an employee of Bulloch County.

Employee Assigned Equipment Responsibility:

Mikayla Evans
Signed

3/21/17
Date

Description of Equipment (Make/Model/Asset ID)

Approved for Use:

County Manager

Date

GEORGIA CRIME INFORMATION CENTER

AWARENESS STATEMENT

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

O.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: Mikayla Evans

Signed: Mikayla Evans Date: 3/21/17

Witnessed: _____ Date: _____

13

EMPLOYMENT AGREEMENT AND UNDERSTANDINGS

DATE: 3/21/17

EMPLOYEE NAME:

Mikayla Hope Evans
(Full Name)

1. You are hired as 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:

Apt.

PHYSICAL ADDRESS

Apt.

MAILING ADDRESS

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

Devon Evans
Tracy Lewis

Husband
Mother

5. I understand that my hourly wage at hire, is \$ _____ per hour. I also understand that all peace officers and public safety employees are subject, by federal labor 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 on any shift; to include, but not limited to the following:

7 am - 7 pm

3 pm - 3 am

8 am - 5 pm

7 pm - 7 am

4 pm - 1 am

7 am - 4 pm

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 if I call in SICK on any weekend I am scheduled to work, I am required to present a note from my Doctor stating that I have recovered from my illness or injury sufficiently enough to return to work.

12. Three absences resulting in the use of sick leave within the first six months of employment will be deemed excessive and, depending on the circumstances, may result in dismissal!

13. I understand that I am required to inform this office of any outside, additional employment offers / opportunities that I may be interested in obtaining; PRIOR TO accepting the employment. Additional employment MUST BE APPROVED by Sheriff or Chief Deputy before you accept / work an outside job. (PLEASE READ THE SHERIFF'S LETTER AND POLICY WHICH IS ATTACHED TO THIS FORM)

14. 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 BOARD OF COMMISSIONERS - EMPLOYEE PERSONNEL POLICY HANDBOOK. It is my responsibility to read, understand, and abide by these policies and procedures.

15. 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 the best interest of the Sheriff's Office.

16. 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 the approval of the Sheriff.

17. 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; and that upon that date, I cannot present myself as an employee of this Sheriff's Office nor communicate any affiliation with the Sheriff's Office except that as of an ex-employee.
18. Pursuant to O.C.G.A. 35-8-22, I hereby acknowledge and understand that should I seek employment with another municipal, county or state law enforcement agency within a period of 24 months after I have completed mandated or formalized training paid by the Bulloch County Sheriff's Office, that I agree to pay the total expense of the training, including salary paid during training. As required by law, an itemized statement will be submitted to you and the agency with whom you seek employment and a demand for payment will be made. Failure to pay will result in collection through civil remedies and procedures (civil suit).
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 prior to the state mandated deadline due to actions or inaction upon my part, I agree to pay the additional fees imposed upon the Sheriff's Office by the Public Safety Training Center and by the Georgia P.O.S.T. Council. At this time, the position of _____ requires a fee of \$ _____.
20. I certify that I am physically and mentally capable of performing the job for which I have applied and being hired for. I have divulged to the Sheriff's Office all of my physical and mental issues which may affect my abilities to work and perform the required tasks. If you have not divulged this information, please do so at this time. Failure to do so may result in dismissal. I further certify that I can pass the required physicians 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. Further, I have divulged all medical conditions and medications that I am currently taking, and have taken in the past. If you have not, please do so now.
21. 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 it may result being in contact in any housing unit, except in case of an emergency. I understand that to do otherwise is a serious violation of policy, and as such, may be dismissed as a result.
22. I understand that any sexual contact with any person in the custody of Sheriff's Office employees regardless of sex or sexual orientation will be considered by force and against the persons will, which under the laws of the State of Georgia constitute the offense of Rape, and that I will be prosecuted to the fullest extent of the law by the State of Georgia or by the United States Government.
23. I understand that, due to the nature of my employment, that it is improper for me to associate, either on or off-duty, with persons of either sex who would by any reasonable standard be considered a criminal. This applies particularly to females who are housed in the jail or who have been released from the jail or other confinement facility. If jail is where you are looking for a girlfriend or boyfriend, please leave now! Regardless of the circumstances, if you are found in any kind of relationship with a criminal, you will be dismissed, and criminal charges filed against you if appropriate.

24. I understand that violation of any work rule, regulation, policy, order, instruction, and anything mentioned on this form, in the Bulloch County Employee Handbook, or Bulloch County Sheriff's Office Policy Guide may result in my dismissal from the Sheriff's Office. Further, I understand that I may not be eligible to collect Unemployment Compensation if dismissed for violating any of the above.

I understand and agree to abide by the Sheriff's directive that I will not use any Sheriff's Office equipment, or personal devices during my working hours to utilize or access social networking Web sites, blogs, Twitter, FaceBook, MySpace, etc. Further, I understand and agree that while on these social networking sites (Facebook, MySpace, etc.) that I will not:

- A. Indicate my affiliation with the Bulloch County Sheriff's Office.
- B. 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.
- C. Post any confidential or sensitive information or photographs of any criminal or administrative investigations whether open or closed.
- D. Post any photograph of any Sheriff's Office employee without their written permission.
- E. 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.
- F. Post any derogatory comments about the Sheriff, Sheriff's Office, or any Sheriff's Office employee while employed by the Sheriff.
- G. 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 your social networking sites when the subject of the investigation is directly, narrowly, and specifically related to your performance or ability to perform your 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.
- H. 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.

26. 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.

27. I understand and agree that I will obey the laws of the State of Georgia as it pertains to the use of cellphones for texting and talking. At the time of this agreement, Georgia Law prohibits any person operating a motor vehicle of any age to text 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.
28. 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 on duty or 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.
29. ***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.***
30. 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

CAPTAIN

CHIEF DEPUTY

Bulloch County Sheriff's Office



Noel J. Brown
Sheriff

17257 Hwy 301 North
Statesboro, GA 30458
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TODAY'S DATE: 3/21/17

I, Mikayla Evans, have received a copy of the Bulloch County Sheriff's Office Personnel Policy Manual & Guide, the Bulloch County Sheriff's Office Jail Policy Manual, and the Bulloch County Board of Commissioners Personnel Handbook. 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.

Mikayla Evans

Probationary Status Contract and Understanding

I, Mikayla Evans, am accepting a position with the Bulloch County Sheriff's Office with the understanding that I will have a twelve (12) months probationary period. At the end of this probationary period, I will be Evaluated. I may be awarded permanent status due to satisfactory performance, or be subject to dismissal based on the results of the evaluation.

I further understand or acknowledge that I may be dismissed without explanation or reason during the twelve (12) months probationary period.

I further understand that no vacation time can be taken during the twelve (12) months of my probationary period. I will not be eligible to use paid sick leave until ninety (90) days from my date of hire.

Signature Mikayla Evans

Date 3/21/17

Witness _____

Date _____

Bulloch County Sheriff's Office



Noel Brown
Sheriff

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*To: Employment Interview Board
From: Captain Rick Rountree
Re: BCSO CRN 2017-03-04493
Pre-Employment
Applicant: Mikayla Evans
Date: March 14, 2017*

PREDICATION

*This Truth Verification Examination was predicated upon request by the
EMPLOYMENT INTERVIEW BOARD (Bulloch County Jail)*

SCOPE

*The scope of this Truth Verification Examination was to determine the
subject's truthfulness on a range of issues deemed pertinent by the Sheriff
to the hiring process.*

Pre-Test Interview

*During the pretest interview the Mikayla Evans completed the CVSA
release form along with the preemployment questionnaire. On the
questionnaire Evans provided all answers with a couple question reflecting
answers which lead to a discussion to clear up any concern on the CVSA.
~~Herndon advises that she had provided all correct and truthful~~
information.*

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

REPORT

Captain Rountree discussed the testing procedure with Evans and presented the standardized preemployment test questions to her. CHART #1 was administered and then discarded per CVSA policy. CHART#2 was administered with no signs of deception.

POST TEST INTERVIEW

Following the completion of the exam the Evans was advised of the continuation of the application process and that he would be contacted by a representative of the Sheriff's office within a reasonable amount of time.

CONCLUSION

Based on my training and experience, it is my opinion that the subject responded with no deception to the relevant questions. Information elicited during the exam has been included in this report to be used by the Sheriff. Documentation turned over to Employment Interview Board for further action.

*Captain Rick Rountree
BCSO, CVSA EXAMINER
March 14, 2017*

Bulloch County Sheriff's Office



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William Anderson
Sheriff

PRE EMPLOYMENT TEST QUESTIONNAIRE

PURPOSE- TO VERIFY YOUR TRUTHFULNESS ON QUESTIONS RELATED TO YOUR PAST EMPLOYMENT AND PERSONAL HISTORY.

DIRECTIONS- ANSWER EACH QUESTION IN THIS PACKET AS COMPLETELY AND TRUTHFULLY AS POSSIBLE. IF YOU ARE NOT SURE IF YOU NEED TO INCLUDE SOMETHING, GO AHEAD AND INCLUDE IT. YOUR EXAMINER WILL THEN REVIEW THE PACKET WITH YOU AND ANSWER ANY QUESTIONS YOU MAY HAVE. THE EXAMINER WILL THEN ADMINISTER THE TEST. PLEASE ASK ANY QUESTIONS WHILE YOU ARE COMPLETING THE PACKET. ONCE THE TEST BEGINS, ONLY "YES" AND "NO" ANSWERS WILL BE TAKEN.

1. HAVE YOU WITHHELD OR FALSIFIED ANY PERSONAL INFORMATION ON YOUR APPLICATION FOR EMPLOYMENT?

NO.

-
-
2. HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB?

NO.

-
-
3. IF YOU SERVED IN THE MILITARY (ACTIVE OR RESERVES) WHAT TYPE OF DISCHARGE WERE YOU GRANTED? IF LESS THAN HONORABLE, EXPLAIN.

NA

4. IF YOU SERVED IN THE MILITARY (ACTIVE OR RESERVES) WERE YOU EVER THE SUBJECT OF A UCMJ PROCEEDING? IF YES, EXPLAIN.

NA

5. HAVE YOU EVER BEEN TREATED FOR ANY MENTAL OR EMOTIONAL PROBLEM? IF SO, LIST NAME OF CONDITION, TYPE OF TREATMENT, ANY MEDICATION PRESCRIBED, AND ANY INSTITUTION TO WHICH YOU WERE COMMITTED.

NO

6. DO YOU HAVE ANY PHYSICAL DISABILITIES WHICH YOU HAVE NOT DISCLOSED AND WHICH WOULD AFFECT YOUR ABILITY TO DO THE JOB FOR WHICH YOU HAVE APPLIED?

NO

7. HAVE YOU EVER FILED A FALSE CLAIM OF ANY KIND, SUCH AS INSURANCE, WORKERS COMPENSATION, REPORT OF A CRIME, ETC?

NO

8. LIST ALL TRAFFIC CITATIONS WHICH YOU HAVE RECEIVED WITHIN THE PAST FIVE YEARS.

None

9. LIST EACH TIME YOU HAVE BEEN ARRESTED AND INCLUDE THE DATE, CHARGE, LOCATION, AND RESULT IN COURT.

NA

10. HAVE YOU EVER USED THE FOLLOWING SUBSTANCES?

SUBSTANCE	USE? YES OR NO	# OF TIMES	LAST USED
MARIJUANA	<input checked="" type="radio"/> YES <input type="radio"/> NO	2	2014
COCAINE	<input type="radio"/> YES <input checked="" type="radio"/> NO		
METHAMPHETAMINE	<input type="radio"/> YES <input checked="" type="radio"/> NO		

<u>SUBSTANCE</u>	<u>USE? YES OR NO</u>	<u># OF TIMES</u>	<u>LAST USED</u>
MDMA/ EXSTACY	YES <u>NO</u>	_____	_____
MUSHROOMS	YES <u>NO</u>	_____	_____
LSD	YES <u>NO</u>	_____	_____
GHB	YES <u>NO</u>	_____	_____

11. LIST ANY PRESCRIPTION MEDICATION WHICH YOU HAVE EVER USED, THE NUMBER OF TIMES YOU HAVE USED IT, AND THE DATE OF LAST USE.

NA

12. LIST ANY ILLEGAL SUBSTANCES OR PRESCRIPTION MEDICATIONS WHICH YOU HAVE EVER GIVEN AWAY OR SOLD.

NA

13. HAVE YOU EVER BEEN A MEMBER OF A CRIMINAL GANG/ ORGANIZATION, NAMED OR UNNAMED? IF SO, EXPLAIN.

~~YEA~~ NO

14. LIST ANY ASSOCIATES WITH WHOM YOU HAVE CONTACT WHO HAVE BEEN INVESTIGATED, INDICTED, OR ARRESTED FOR CRIMINAL VIOLATIONS.

NO

15. LIST EACH TIME THAT YOU HAVE COMMITTED A THEFT. A THEFT IS DEFINED AS TAKING PROPERTY WHICH BELONGS TO ANOTHER WITH THE INTENTION OF DEPRIVING THE PERSON OF SAID PROPERTY. IF YOU THINK IT CONSTITUTES THEFT, LIST IT.

NA

16. HAVE YOU EVER BEEN THE DEFENDANT IN A CIVIL LAW SUIT? IF SO EXPLAIN.

Yes. My husband was involved in a lawsuit.

17. LIST ALL FINANCIAL OBLIGATIONS (DEBTS, MORTGAGES, CHILD SUPPORT OBLIGATIONS, ETC) WHICH YOU NOW OWE.

None

18. LIST ALL FINANCIAL OBLIGATIONS WHICH YOU ARE CURRENTLY BEHIND ON IN PAYMENTS.

None

19. IS THERE ANY OTHER INFORMATION WHICH YOU NEED TO DISCLOSE PRIOR TO TAKING THE VOICE STRESS ANALYSIS ABOUT WHICH YOU ARE WORRIED? SUCH WORRIES MAY IMPACT THE TEST AND MAY BE CLEARED PRIOR TO TAKING THE TEST.

NO

**I HEREBY CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND
CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY
THAT I HAVE NOT OMITTED OR FALSIFIED ANY INFORMATION.**



SIGNATURE OF APPLICANT

CVSA PRE EMPLOYMENT QUESTIONS

1. (IR) IS YOUR NAME Mikayla Eumey?
2. (C) IS THE COLOR OF THE WALL grey?
3. (IR) ARE YOU SITTING DOWN?
4. (R) OTHER THAN WHAT YOU HAVE ALREADY TOLD ME, HAVE YOU EVER BEEN FIRED OR ASKED TO LEAVE A JOB?
5. (IR) IS TODAY Tuesday?
6. (R) OTHER THAN WHAT YOU HAVE ALREADY TOLD ME, HAVE YOU EVER STOLEN ANYTHING FROM AN EMPLOYER?
7. (IR) AM I WEARING A WATCH?
8. (C) HAVE YOU EVER DRIVEN OVER THE POSTED SPEED LIMIT?
9. (IR) ARE THE LIGHTS ON IN THIS OFFICE?
10. (R) HAVE YOU STOLEN PROPERTY VALUED OVER \$50 FROM ANYONE?
11. (IR) ARE WE IN THE CITY OF STATESBORO?
12. (R) OTHER THAN WHAT YOU HAVE ALREADY TOLD ME, HAVE YOU COMMITTED A CRIME WHICH WOULD HAVE LED TO YOUR ARREST IF CAUGHT?
13. (IR) ARE YOU WEARING SHOES?
14. (R) HAVE YOU POSSESSED OR USED MARIJUANA WITHIN THE PAST YEAR?
15. (IR) AM I WEARING A TIE?
16. (R) HAVE YOU EVER GIVEN AWAY OR SOLD ANY DRUG?
17. (IR) ARE WE IN THE COUNTY OF BULLOCH?
18. (R) DID YOU LIE ON YOUR EMPLOYMENT APPLICATION?
19. (IR) IS THIS THE YEAR OF ~~2009~~ 2017?
20. (R) OTHER THAN WHAT YOU HAVE ALREADY TOLD ME, ARE YOU CURRENTLY BEHIND ON ANY DEBT PAYMENTS?
21. (IR) IS THERE A Stapler ON MY DESK?
22. (R) HAVE YOU EVER COMMITTED AN ACT OF DOMESTIC VIOLENCE.
23. (IR) DO I HAVE A MUSTACHE?

24. (R) DO YOU REGULARLY ASSOCIATE WITH PERSONS KNOWN TO COMMIT CRIMINAL ACTS?
25. (IR) IS YOUR DATE OF BIRTH ~~XXXXXX~~ XXXXXX?
26. (R) HAVE YOU WITHHELD ANY INFORMATION ON YOUR EMPLOYMENT APPLICATION?
27. (IR) IS MY SHIRT LONG SLEEVED?

28. (R) OTHER THAN WHAT YOU HAVE ALREADY TOLD ME, HAVE YOU USED ANY ILLEGAL DRUGS?
 29. (IR) AM I SITTING DOWN?
 30. (R) HAVE YOU EVER FILED A FALSE REPORT OR CLAIM?
 31. (IR) IS THE FLOOR OF THIS ROOM CARPETED?
-
-

Bulloch County Sheriff's Office



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(912)764-8888
FAX (912)764-2917
www.bullochsheriff.com

William M. Anderson
Sheriff

TRUTH VERIFICATION RELEASE FORM

I, Mikayla Evans, DO HEREBY VOLUNTARILY, WITHOUT DURESS, COERCION, PROMISE OF REWARD OR IMMUNITY, SUBMIT TO EXAMINATION BY VOICE STRESS ANALYSIS TRUTH VERIFICATION TECHNIQUE, AND DO HEREBY RELEASE, ABSOLVE, AND FOREVER HOLD HARMLESS THE BULLOCH COUNTY SHERIFF'S OFFICE, ITS AGENTS, AND ANYONE ACTING ON ITS BEHALF, FROM ANY AND ALL CLAIMS, DEMANDS, OR OTHER DAMAGES FROM ANY MATTER, ACT, OR THINGS ARISING OUT OF THE AFOREMENTIONED EXAMINATION. I UNDERSTAND THAT THIS EXAMINATION MAY BE VIDEO OR AUDIO TAPED, AND RELEASE INTO THE POSSESSION OF THE BULLOCH COUNTY SHERIFF'S OFFICE ALL MATERIALS, RECORDINGS, AND ALL OTHER DOCUMENTS FOR THE PURPOSE OF TESTIMONY AND/OR TRAINING.

Mikayla Evans
SIGNATURE

3/14/17
DATE

[Signature]
WITNESS

CAPTAIN
TITLE

MIRANDA WAIVER

- 1- YOU HAVE THE RIGHT TO REMAIN SILENT.
- 2- ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.
- 3- YOU HAVE THE RIGHT TO TALK TO A LAWYER AND HAVE HIM PRESENT WITH YOU WHILE YOU ARE BEING QUESTIONED.
- 4- IF YOU CANNOT AFFORD TO HIRE A LAWYER, ONE WILL BE APPOINTED TO REPRESENT YOU BEFORE ANY QUESTIONING IF YOU WISH.
- 5- YOU CAN DECIDE AT ANY TIME TO EXERCISE THE RIGHTS AND NOT ANSWER ANY QUESTIONS OR MAKE ANY STATEMENTS.

WAIVER OR RIGHTS

I HAVE READ THE ABOVE STATEMENT OF MY RIGHTS AND I UNDERSTAND EACH OF THESE RIGHTS. HAVING THESE RIGHTS IN MIND, I FREELY AND VOLUNTARILY WAIVE THEM AND WISH TO ANSWER QUESTIONS OR MAKE A STATEMENT.

Mikayla Evans
SIGNATURE

3/14/17
DATE

WITNESS

B-400

Bulloch County Sheriff's Office



Noel Brown
Sheriff

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BULLOCH COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

EFFECTIVE 01/03/17

Bulloch County Sheriff's Office



Noel Brown
Sheriff

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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 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 GED, POSSESS A VALID DRIVER'S LICENSE, HONORABLE DISCHARGE (IF PRIOR MILITARY), BE A US 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, PHYSICAL ABILITIES TEST, 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



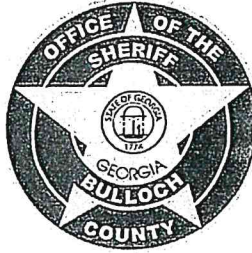
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Sheriff

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HIRING PROCESS OVERVIEW

- 1-APPLICATION WILL BE REVIEWED FOR COMPLETENESS**
- 2-CRIMINAL HISTORY, DRIVERS HISTORY, AND SOCIAL MEDIA CHECKS WILL BE CONDUCTED BY SHERIFF'S OFFICE PERSONNEL**
- 3- A BOARD COMPOSED OF BCSO STAFF WILL CONDUCT A PRELIMINARY REVIEW OF APPLICATIONS RECEIVED; INCOMPLETE APPLICATIONS AND THOSE APPLICATIONS DISCLOSING INFORMATION WHICH WOULD MAKE THE APPLICANT UNABLE TO OBTAIN A P.O.S.T. CERTIFICATION WILL BE DISQUALIFIED FROM FURTHER CONSIDERATION; IN THAT EVENT, THE APPLICANT WILL RECEIVE A LETTER NOTIFYING HIM/HER OF THE DISQUALIFICATION.**
- 4- REMAINING APPLICANTS WILL BE SCHEDULED FOR A BOARD INTERVIEW WHEN POSITIONS BECOME AVAILABLE. THE BOARD MEMBERS WILL DETERMINE WHICH APPLICANTS ARE MOST QUALIFIED FOR THE AVAILABLE POSITIONS. THOSE APPLICANTS WHO WE ARE UNFORTUNATELY UNABLE TO HIRE AT THAT TIME WILL RECEIVE A LETTER NOTIFYING HIM/HER OF THE CIRCUMSTANCES AND THEIR APPLICATIONS WILL BE RETAINED FOR SIX MONTHS FOR RECONSIDERATION.**
- 5- REMAINING APPLICANTS WILL BE SUBJECTED TO A BACKGROUND CHECK BY BCSO INVESTIGATORS. THE APPLICANT WILL ALSO BE SCHEDULED FOR A COMPUTERIZED VOICE STRESS ANALYSIS WITH A BCSO INVESTIGATOR.**
- 6- UPON SUCCESSFUL COMPLETION OF THE BACKGROUND INVESTIGATION AND CVSA, THE APPLICANT WILL RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT AND WILL BE REQUIRED TO FILL OUT ADDITIONAL MEDICAL DOCUMENTATION AND RELEASE FORMS. THE APPLICANT WILL HAVE 10 DAYS TO COMPLETE AND RETURN THESE FORMS OR THEIR APPLICATION WILL BE DISQUALIFIED AND A LETTER SENT NOTIFYING THEM OF THE DISQUALIFICATION.**
- 7- AFTER ALL FORMS ARE RETURNED, THE APPLICANT WILL BE SCHEDULED FOR A MEDICAL EXAMINATION AT THEIR OWN EXPENSE CONDUCTED BY A FACILITY OF THE SHERIFF'S OFFICE'S CHOOSING. THE PURPOSE OF THE MEDICAL EXAMINATION IS TO DETERMINE IF THE APPLICANT CAN PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMODATION.**

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AT THE SAME TIME THE APPLICANT WILL ALSO SUBMIT TO A DRUG SCREEN PAID FOR BY THE SHERIFF'S OFFICE.

8- AFTER SUCCESSFULLY COMPLETING THE MEDICAL EXAMINATION AND DRUG SCREEN, THE APPLICANT WILL BE ADMINISTERED A PHYSICAL ABILITIES TEST AT THE BULLOCH COUNTY JAIL. THE TEST WILL CONSIST OF A 100 YARD RUN/WALK IN 25 SECONDS, A DUMMY DRAG OF 120 LBS FOR 20 YARDS IN 25 SECONDS, 25 SITUPS IN 2 MINUTES, AND 25 PUSHUPS IN 2 MINUTES. THE TEST IS PASS/FAIL ONLY AND IS JOB-RELATED AND CONSISTENT WITH BUSINESS NECESSITY.

9- UPON SUCCESSFUL COMPLETION OF THE P.A.T., THE APPLICANT WILL RECEIVE A FINAL OFFER OF EMPLOYMENT FROM THE CHIEF DEPUTY AND WILL BE SCHEDULED FOR IN-PROCESSING.

IT IS ANTICIPATED THAT THESE STEPS WILL TAKE THE APPLICANT APPROXIMATELY 90 DAYS TO COMPLETE. WHILE THE STEPS MAY SEEM COMPLEX, THEY ARE DESIGNED TO ENSURE THAT THE BULLOCH COUNTY SHERIFF'S OFFICE HIRES THE BEST QUALIFIED CANDIDATE FOR THE POSITIONS BEING FILLED.

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INSTRUCTIONS FOR COMPLETING APPLICATION

1. PLEASE USE BLACK OR BLUE INK TO FILL OUT 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 THE APPLICATION BEING REJECTED.
3. IF YOUR ANSWER REQUIRES MORE ROOM THAN 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 UNTIL ALL OF THE REQUESTED/REQUIRED DOCUMENTS HAVE BEEN ATTACHED TO THE APPLICATION.

ATTACHMENTS:

PLEASE ATTACH THESE DOCUMENTS TO YOUR APPLICATION.

- COPY OF BIRTH CERTIFICATE
- COPY OF HIGH SCHOOL DIPLOMA OR GED
- COPY OF SOCIAL SECURITY CARD
- COPY OF MILITARY FORM DD214 (IF APPLICABLE) SHOWING CHARACTER OF SERVICE
- COPY OF VALID GEORGIA'S DRIVERS LICENSE
- COLOR 4X6 PHOTO OF APPLICANT
- ANY OTHER CERTIFICATES, RECORDS, LETTERS OR OTHER DOCUMENTATION FOR THE POSITION FOR WHICH YOU ARE APPLYING.

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DATE: 1/11/17 POSITION APPLYING FOR: Jailer/Dispatcher

1. PERSONAL INFORMATION

NAME: Evans Mikayla Hope
(LAST) (FIRST) (MIDDLE)

OTHER NAMES YOU HAVE USED OR HAVE BEEN KNOWN BY IN THE PAST:

SEX: F

DATE OF BIRTH ON YOUR BIRTH CERTIFICATE:

[REDACTED] 95

OTHER DATES OF BIRTH YOU HAVE USED:

YOUR SOCIAL SECURITY NUMBER: [REDACTED]

OTHER SOCIAL SECURITY NUMBERS YOU HAVE USED:

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DRIVER'S LICENSE: (LIST ALL DRIVER'S LICENSES ISSUED TO YOU IN THE PAST 20 YEARS STARTING WITH THE MOST RECENT. IF YOU DO NOT HAVE A PAST NUMBER AVAILABLE, PLEASE LIST THE STATE OF ISSUE AND THE DATES.)

[REDACTED] GA, 02/26/2016, Mikayla Hope Evans
(NUMBER) (STATE) (DATE) (NAME ISSUED IN)

(NUMBER) (STATE) (DATE) (NAME ISSUED IN)

(NUMBER) (STATE) (DATE) (NAME ISSUED IN)

TELEPHONE NUMBERS:

HOME TELEPHONE:



CELL PHONE:



ANY OTHER TELEPHONE NUMBERS WHERE YOU CAN BE REACHED:

YOUR PHYSICAL ADDRESS:



YOUR MAILING ADDRESS:



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AS AN EMPLOYEE OF THE BULLOCH COUNTY SHERIFF'S OFFICE YOU WILL UNDERGO AN EXTENSIVE BACKGROUND CHECK PROCESS. IN ADDITION, IF HIRED YOU MAY BE REQUIRED TO DRIVE A MARKED BCSO UNIT HOME. THESE FACTORS REQUIRE THAT WE ASK QUESTIONS OF YOUR LANDLORD DURING THE BACKGROUND CHECK PROCESS. WE THEREFORE ASK THAT YOU PROVIDE THE FOLLOWING INFORMATION TO AID IN THIS PROCESS:

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____ YEARS 7 MONTHS

DO YOU _____ OWN OR RENT?

LANDLORD'S NAME: Michelle

LANDLORD'S ADDRESS: [REDACTED]

LANDLORD'S CONTACT NUMBER: [REDACTED]

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2. EMPLOYMENT

POSITION APPLYING FOR:

Jailer / Dispatcher

ARE YOU EXPERIENCED IN THE POSITION FOR WHICH YOU ARE APPLYING?

YES NO

PREVIOUS EMPLOYMENT: (PLEASE LIST YOUR EMPLOYMENT, INCLUDING PERIODS WHEN YOU WERE UNEMPLOYED, FOR THE PAST 20 YEARS STARTING WITH YOUR CURRENT OR MOST RECENT JOB.)

1. FROM: Aug/2016 TO: PRESENT OCCUPATION:

Customer Service

COMPANY NAME:

Walgreens

COMPANY ADDRESS:

613 Northside Dr. East
Statesboro, GA 30458

SUPERVISOR'S FULL NAME:

Clint Crews

CONTACT PHONE #:

(912) 489-3008

REASON FOR LEAVING:

Currently employed

WERE YOU INVOLUNTARILY DISCHARGED FROM THIS JOB? YES NO

N/A

~~ARE YOU ELIGIBLE FOR REHIRE?~~ YES NO

2. FROM:

May/2016

TO: Aug/2016 OCCUPATION:

Customer Service

COMPANY NAME:

Walmart

COMPANY ADDRESS:

147 Northside dr
Statesboro, GA 30458

SUPERVISOR'S FULL NAME:

Deborah Jackson

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Sheriff

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CONTACT PHONE #: (912) 489-1910

REASON FOR LEAVING: Found a better job opportunity

WERE YOU INVOLUNTARILY DISCHARGED FROM THIS JOB? YES NO

ARE YOU ELIGIBLE FOR REHIRE? YES NO

3. FROM: Sept/2014 TO: May/2015 OCCUPATION: Customer Service

COMPANY NAME: Dollar General

COMPANY ADDRESS: 2608 Northside dr.
Statesboro, GA 30458

SUPERVISOR'S FULL NAME: Ashley Grant Ham

CONTACT PHONE #: (912) 764-5439

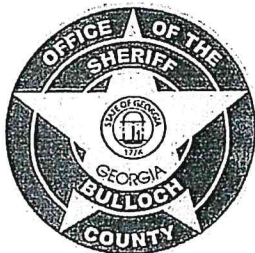
REASON FOR LEAVING: Graduated highschool, I decided to focus on school fulltime.

WERE YOU INVOLUNTARILY DISCHARGED FROM THIS JOB? YES NO

ARE YOU ELIGIBLE FOR REHIRE? YES NO

* The gap in my employment was due from me graduated highschool and beginning college fulltime.

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3. 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: Kimberly Wilson

ADDRESS: [REDACTED] Lindsey Ct
Statesboro, GA 30458

CONTACT NUMBER: [REDACTED] OCCUPATION: Applebees

2. FULL NAME: Timothy Lewis

ADDRESS: Sylvania, GA

CONTACT NUMBER: [REDACTED] OCCUPATION: Vogtie (officer)

3. FULL NAME: Tanita McDowell

ADDRESS: [REDACTED], GA

CONTACT NUMBER: [REDACTED] OCCUPATION: principal

4. FULL NAME: Frank Sherrrod

ADDRESS: [REDACTED] HWY 46
Brooklet, GA 304

CONTACT NUMBER: [REDACTED] OCCUPATION: maintenace
MAINTEN Supervisor

5. FULL NAME: Timara Walton

ADDRESS: [REDACTED] Beaver Creek Dr.

CONTACT NUMBER: [REDACTED] OCCUPATION: Assitant manager

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4. EDUCATION:

HIGH SCHOOL: Statesboro High School

ADDRESS: 10 Lester rd
Statesboro, GA 30458

GRADUATED: YES NO

GED? YES NO WHERE? _____

COLLEGE: East Georgia State College

ADDRESS: 10449 US-301 Statesboro, GA
30458

YEARS ATTENDED FROM 2010 TO 2015 GRADUATED? YES NO

DEGREE: _____

LAW ENFORCEMENT / CORRECTIONS ACADEMY:

LOCATION: _____

GRADUATED? YES OR NO

CERTIFICATION TYPE: _____

CERTIFICATION NUMBER: _____

OTHER TRAINING, LICENSE AND CERTIFICATIONS:

Tips Training

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6. 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 checked="" 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"/>

got

PLEASE EXPLAIN YOUR ANSWERS TO THE ABOVE QUESTIONS:

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

Tried marijuana 2xs in 2014

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7. DRIVING RECORD:

(PLEASE PROVIDE INFORMATION AS TO ALL TRAFFIC CITATIONS, ARRESTS, SUSPENSIONS, MOTOR VEHICLE ACCIDENTS, ETC. WITH WHEN AND WHERE THEY OCCURRED, AND DISPOSITION INFORMATION.)

HAS YOUR LICENSE EVER BEEN SUSPENDED? _____ YES NO

PLEASE EXPLAIN IF YOU ANSWERED "YES"

PLEASE LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED:

(CHARGE) (DATE) (WHERE) (DISPOSITION)

(CHARGE) (DATE) (WHERE) (DISPOSITION)

(CHARGE) (DATE) (WHERE) (DISPOSITION)

(CHARGE) (DATE) (WHERE) (DISPOSITION)

ATTACH A SEPARATE SHEET OF PAPER IF NEEDED.

DO YOU CURRENTLY HOLD A VALID GEORGIA DRIVER'S LICENSE?

YES _____ NO

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8. 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 type="checkbox"/>	<input checked="" 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? DO YOU HAVE ANY TATTOOS OR BODY ART?	<input checked="" type="checkbox"/> rose	<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"/>



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9. PHOTO

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

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10.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 believe that I would be the best candidate for this position because it has always been my career goal to serve my community in any way. I look at this opportunity as a career choice for myself. My ultimate goal has been to become a officer and I believe this would be a perfect opportunity to grow and expand with Bulloch County Sheriff's office.

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11. 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, Mikayla Evans 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.

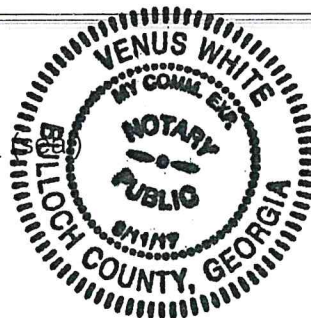
THIS 11th DAY OF January, 2017.

Mikayla Evans
AFFIANT SIGNATURE

Mikayla Evans
AFFIANT PRINTED NAME

[Signature]
NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES: August 11, 2017



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www.bullochsheriff.com

12.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.

Mikayla Evans
YOUR SIGNATURE

Mikayla Evans
PRINTED NAME

THIS 11th DAY OF January, 2017.

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

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 PREEMPLOYMENT 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.

Therayle Evans Mikayla Evans

SIGNATURE _____ PRINTED NAME _____

ADDRESS: _____ Apt _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

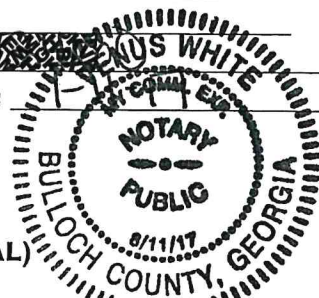
DATE OF BIRTH: _____ 95

DATE: _____

[Signature]

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES ON: August 11, 2017 (SEAL)





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.

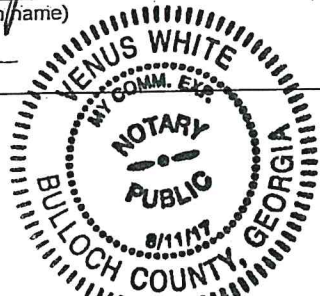
Last Name Evans		First Name Mikayla		Middle Name Hope
DATE OF BIRTH (mm/dd/yyyy) [REDACTED]	MAIDEN NAME [REDACTED]	PHONE NUMBER (AREA CODE) - NUMBER [REDACTED]		
Social Security Number: [REDACTED] (ME)				
EMAIL ADDRESS: [REDACTED]				
ADDRESS: Street [REDACTED]			Apartment/Unit# [REDACTED]	
City: [REDACTED]	State: GA	Zip Code: [REDACTED]		

Mikayla Hope Evans
 Candidate Signature (including maiden name)

11-17
 Date

[Signature]
 Notary Public Signature

1-11-17
 Date



Statesboro High School
— Georgia —
Bulloch County School System

This Certifies That

Mikayla Hope Kirk

Has satisfactorily completed all requirements for Graduation as prescribed by the
Georgia Board of Education and the Bulloch County Board of Education
and is therefore awarded this

Diploma

Given this thirtieth day of May, two thousand and fifteen.



Ken W. Lewis
Principal

[Signature]
Superintendent Bulloch County Schools

[Signature]
Chairman County Board of Education

PE
PRINT
V
ANENT
K OR
ACK INK

STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH				Local File Number 25502	State File Number 1. 11095-075420	
2. CHILD'S NAME: FIRST		3. MIDDLE		4. LAST		5. JR., III, ETC.
Mikayla		Hope		Kirk		6. SEX (M or F) Female
8. TIME OF BIRTH 4:30 PM		9. THIS BIRTH (Single, Twin, Triplet, Etc.) Single		10. IF NOT SINGLE SPECIFY BIRTH ORDER		
11. CITY, TOWN, OR LOCATION OF BIRTH Hinesville				12. HOSPITAL FACILITY NAME (If not Hospital, give Street and Number) Liberty Regional Medical Center		
13. IF NOT HOSPITAL, Specify				14. COUNTY OF BIRTH Liberty		
15. MOTHER'S NAME FIRST		16. MIDDLE		17. LAST		18. MAIDEN (Last Name)
Tracy		Lyn		Kirk		[REDACTED]
19. DATE OF BIRTH (Mo., Day, Year) [REDACTED] 1977		20. STATE OF BIRTH (If not U.S.A., Name Country) South Carolina		21. RESIDENCE-STATE Georgia		22. COUNTY Effingham
23. CITY, TOWN OR LOCATION Rincon				24. STREET AND NUMBER OF RESIDENCE [REDACTED]		
25. MOTHER'S MAILING ADDRESS-IF SAME AS ABOVE, ENTER ZIP CODE 31326				26. RESIDENCE INSIDE CITY LIMITS? (Yes or No) Yes		
27. FATHER'S NAME FIRST		28. MIDDLE		29. LAST, JR., ETC.		30. DATE OF BIRTH (Mo., Day, Year)
Tracy		Kirk		[REDACTED]		31. STATE OF BIRTH (If not U.S.A., Name Country)
32a. INFORMANT'S NAME (Type or Print) Tracy Kirk				32b. RELATION TO CHILD Mother		33. PARENTS AUTHORIZE RELEASE OF INFORMATION TO SOCIAL SECURITY ADMINISTRATION TO ISSUE THIS CHILD A SOCIAL SECURITY NUMBER. (Yes or No) Yes
34. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE (Signature) [Signature]			35. DATE SIGNED (Mo., Day, Year) 9/9/95		36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) (Name) 37. (Title)	
38. CERTIFIER (Type or Print) (Name) Harry S. Collins (Title) D.O.			39. PHYSICIAN'S MEDICAL LIC. NO. 038449		40. CERTIFIER-MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 919 Hinesville, Ga 31313	
41. REGISTRAR (Signature) [Signature]				42. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year) September 14, 1995		

901A
-1-92)

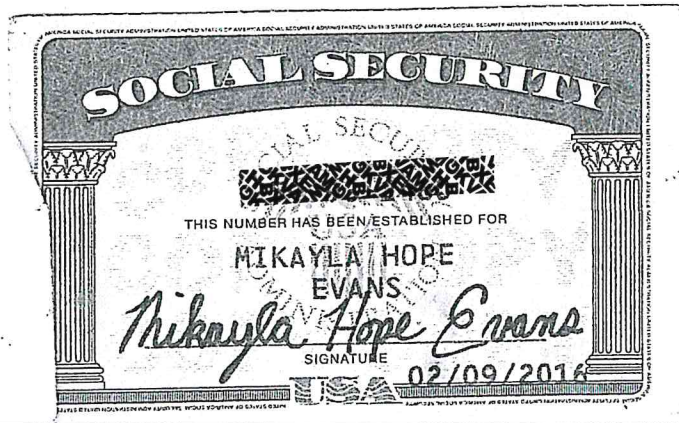
DEPARTMENT OF HUMAN RESOURCES, VITAL RECORDS SERVICE

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources. This certified copy is issued under the authority of Chapter 31-10, Vital Records, Code of Georgia.

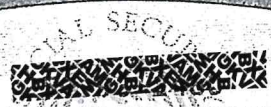
Michael B. Lewis
State Vital Records Registrar
and Custodian, Director,
Vital Records Service

County Custodian **Nancy K. Aspinwall**
Issued by **[Signature]**
Date **March 1, 1999**
(Void without original signature and impressed seal)

OTHER COPIES MADE FROM THIS COPY ARE INVALID



SOCIAL SECURITY



THIS NUMBER HAS BEEN ESTABLISHED FOR

MIKAYLA HOPE
EVANS


Mikayla Hope Evans
SIGNATURE

USA 02/09/2016

USA
Georgia
DRIVER'S LICENSE

GOVERNOR *Nathan Deal*

090395



UNDER 21

DOB: 02/27/1995

CLASS C

EXP: 02/27/2019

URGENT MEDICAL INFORMATION ON REVERSE

DONOR

Mikayla Evans

MIKAYLA HOPE EVANS

Restrictions A End NONE

Iss 02/26/2016

Sex F Eyes BRO

Hgt 5'-03" Wgt 160 lb

DD: 263605854210043277

Mikayla Evans

Wednesday, March 08, 2017


Page 1

Response Key: .BUSX-

1105009 GA-CCH 20170308 09:27:35 20170308 09:27:35 201506608B
IR.GASIR0000.GA0160000.

GEORGIA CRIMINAL HISTORY NAME AND IDENTIFIER SEARCH

REQUESTED BY:
DATE: 20170308 PUR: C ATTN: BBLACK/ESIMS
ARN: EMPLOYMENT
RESPONSE DATE: 20170308

QUERY REQUESTED ON:
NAM/EVANS, MIKAYLA
DOB/1995 
SEX/F
RAC/B

NO RECORD FOUND

END OF RECORD

U^a

No GCIC Record on File
Bulloch County Sheriff's Office

Emily Sims 2017/03/08
Communications Officer Date

Response Key: .BUSX-

1105006 DDSKQ 20170308 09:26:59 20170308 09:26:58 201506608A

KR.GAGRI0051.BUSX.TXT

OLN/3.PUR/C.ATN/BBLACK/ESIMS.

NAME:EVANS MIKAYLA HOPE

ADDR: GA

LIC NUM: ADAP:N

SEX:F DOB:/1995 HGT:503 WGT:160 EYE:BRO

CONTACT: PRI: SEC: NONE

CLASS: C ISSUE DT:02/26/2016 EXPIRE DT:/2019

TYPE:REGULAR SURR DT:

RESTRICTION:A/NONE

ENDORSEMENT:NONE

COMMERCIAL STATUS:NOT LICENSED

NON-COMMERCIAL STATUS:VALID

PERMIT STATUS:NONE

ACTIVE SUSPENSIONS:NONE

* DRIVER LICENSE HISTORY REPORT *

*SUSPENSION: SCHOOL SUSPENSION ACD CODE: W00
SUSP DT:01/18/2013 SERV TYPE:UNKNOWN VIOL DT:01/18/2013
SERV DT: EXPIRED DT:2013-09-02 LENGTH:00-00-00
WITHDRAWAL TYPE:SUSPENSION WITHDRAWAL EXT:ALL

*SUSPENSION: SCHOOL SUSPENSION ACD CODE: W00
SUSP DT:01/12/2012 SERV TYPE:UNKNOWN VIOL DT:01/12/2012
SERV DT: EXPIRED DT:2013-01-12 LENGTH:00-00-00
WITHDRAWAL TYPE:SUSPENSION WITHDRAWAL EXT:ALL

THIS RECORD IS FROM THE GEORGIA DEPARTMENT OF DRIVER SERVICES FILES AND IS TO BE USED FOR OFFICIAL COURT OR LAW ENFORCEMENT USE ONLY
GA.LAW 24-3-17 AND 40-5-2 AS AMENDED, PROVIDES FOR ANY COURT OR CLERK OF COURT ELECTRONICALLY CONNECTED BY A TERMINAL DEVICE TO THE DEPARTMENT OF DRIVER SERVICES TO RECEIVE AND USE INFORMATION OBTAINED BY THE TERMINAL WITHOUT THE NEED FOR ADDITIONAL CERTIFICATION.

END OF LICENSE NUMBER INQUIRY*

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

Training Reimbursement Understanding

I, Mikayla Evans have read and fully understand the Georgia Criminal Law 35-8-22.
"Reimbursement of training expenses by subsequent employer of peace officer; collection procedures." 35-8-22

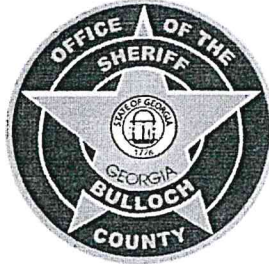
- (a) Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any County or Municipality thereof employs a peace officer and said peace officer is hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency or the peace officer to the State of Georgia or any County Municipality thereof which initially paid for such training. If said officer is hired by another agency during a period of 15 or 24 months after mandated or formalized training are completed, then one-half of the total expense of training, including salary paid during the time of training, shall be reimbursed by the hiring agency to the State of Georgia or any County or Municipality thereof which initially paid for such training. The council shall set standards for reimbursement by hiring agencies or peace officers based upon actual expenses incurred in mandated or formalized training by individual departments.
- (b) The State of Georgia or any County or Municipality thereof which initially paid for the training of a peace officer shall submit and itemized, sworn statement to the new employer of the peace officer and shall demand payment thereof and may enforce collection of such obligation through civil remedies and procedures. (Code 1981, 35-8-22, enacted by Ga. L. 1992 p. 1325,2.)

I, Mikayla Evans further state that upon leaving the Bulloch County Sheriff's Office for another agency within 15 months after completing mandated or formalized training requirements, I or my new hiring agency will reimburse the Bulloch County Sheriff's Office for the total expense of training, including salary paid during training, unless otherwise approved by the Sheriff. If I leave within 15 to 24 months after completing mandated or formalized training requirements, I or my new hiring agency will reimburse the Bulloch County Sheriff's Office for one-half of the total expense of training, including salary paid during training, unless otherwise approved by the Sheriff.

Sheriff Nolan
Notary Public
Date 3/15/17

Signature Mikayla Evans
Date 3/15/17
Witness [Signature]
Date 3/15/2017

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

3/15/17

Date

Sheriff or Designee

Date

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

OFFICE OF THE SHERIFF SYSTEM OF ADMINISTRATIVE DISCIPLINE

EMPLOYEE DISCIPLINARY REPORT

EMPLOYEE NAME MIKAYLA EVANS RANK DETENTION OFFICER BADGE# 423
REPORTING SUPERVISOR C/D BILL BLACK RANK CHIEF DEPUTY BADGE# 02
DIVISION JAIL LOCATION JAIL VIOLATION DATE SEE I.A.

REPORT TYPE

VERBAL WARNING COUNSELING STATEMENT WRITTEN REPRIMAND

POLICY VIOLATION: 1-3-2E(3) HONESTY, 1-3-2E(6) THEFT, 1-3-2E(9) ABUSE OF OVERTIME
DETAILS DEPUTY EVANS DID CLOCK IN FOR WORK AN EXTENDED PERIOD OF TIME BEFORE ACTUALLY
ARRIVING AT HER POST ON SEVERAL OCCASIONS.

REPORTING SUPERVISOR SIGNATURE C/D BILL BLACK Digitally signed by C/D BILL BLACK
Date: 2023.02.17 15:49:50 -05'00' DATE 02.17.23

CONCUR WITH D.R. I WISH TO FILE A WRITTEN RESPONSE TO D.R.

EMPLOYEE SIGNATURE *Mikayla Evans* DATE 2/23/23

(Report to be Sent to Division Commander A.S.A.P.)
DISTRIBUTION LIST

(PLEASE INITIAL) DIVISION CAPTAIN/UNIT COMMANDER _____ CHIEF DEPUTY *M* TRAINING CAPTAIN _____

SHERIFF'S PERSONNEL ACTION # 101

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



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

LSTCN:1657072227

GBITCN:70970794089994

DATE/TIME:2017-04-07 12:26:08

NAME:EVANS, MIKAYLA HOPE

PHOTO:PHOTO NOT AVAILABLE

NO GEORGIA OR FBI NATIONAL CRIMINAL HISTORY RECORD FOUND



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 <u>Evans</u>		First Name <u>Mikayla</u>		Middle Name <u>Hope</u>
DATE OF BIRTH <small>(mm/yyyy)</small>	MAIDEN NAME		PHONE NUMBER <small>(AREA CODE) - NUMBER</small>	
<u>9/15</u>	<u>Mikayla Hope</u>		[REDACTED]	
Social Security Number: [REDACTED]				
EMAIL ADDRESS: [REDACTED]				
ADDRESS: Street			Apartment/Unit#	
[REDACTED]			[REDACTED]	
City:	State:	Zip Code:		
[REDACTED]	<u>GA</u>	[REDACTED]		

Mikayla Evans
 Candidate Signature (including maiden name)

3/15/17
 Date

[Signature]
 Notary Public Signature

3/15/17
 Date

The State of Georgia
Peace Officer Standards and Training Council

Hereby recognizes the accomplishments of

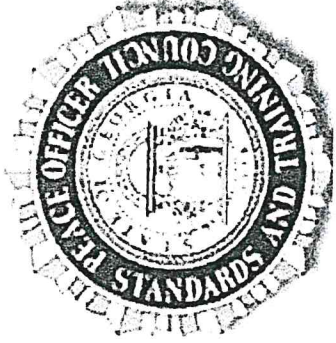
MIKAYLA HOPE EVANS
JAILER

For completing the requirements established in the Peace Officer Standards and Training Act. Therefore, in recognition of this achievement, the following basic certification number is hereby awarded as proof of this attainment: ***PBJA20170228120***

Acknowledged this 19th day of May, 2017



Ken Vance, Executive Director



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

OATH OF OFFICE

JAILER, BULLOCH COUNTY

I, Mikayla Evans, 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, Mikayla Evans, 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.

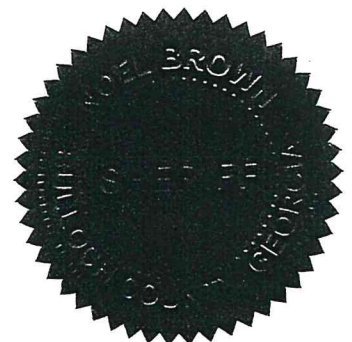
So help me God

Mikayla Evans
Mikayla Evans
423

Sworn to and subscribed before me

This 12th day of April, 2017
Noel J. Brown

Noel J. Brown
Bulloch County, Georgia



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

APPLICANT

LAST NAME FIRST NAME MIDDLE NAME

EVANS, MIKAYLA HOPE

FD-203 (REV. 1-10-10)

Mikayla Evans

GA0160000

DATE OF BIRTH DOB

Month Day Year

95

GA [REDACTED] APT [REDACTED]

CITIZENSHIP CTZ

US

SEX RACE HGT WGT EYES HAIR PLAGE POB

F B 504 180 BRO BLK GA

LEAVE BLANK

20170407

FBI

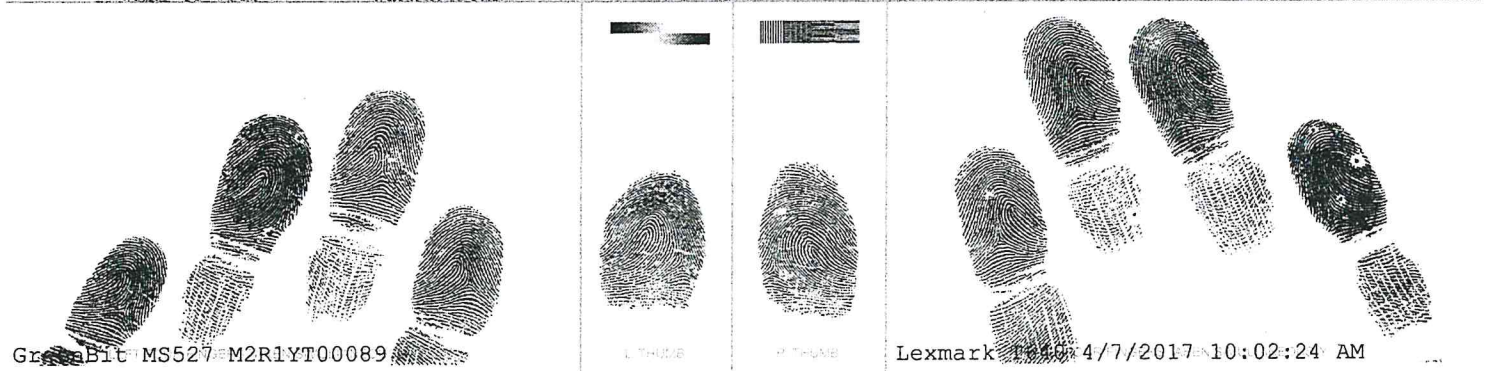
MNU

BCSO

SOC

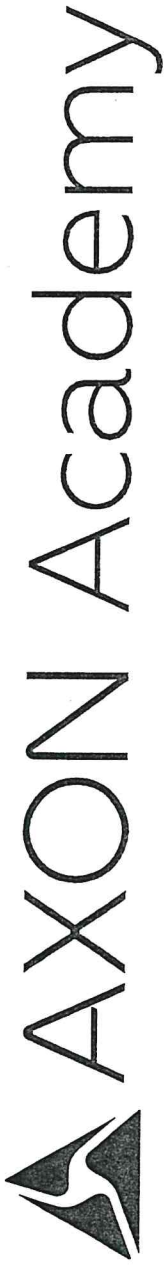
35-8-8(A) - Criminal Justice
Employment - P.O.S.T. Certified
Employees

MNU



GrainBit MS527 M2R1YT00089

Lexmark 4/7/2017 10:02:24 AM



CERTIFICATE OF
COMPLETION

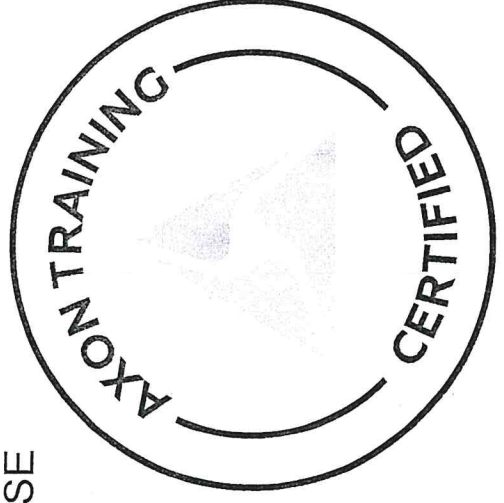
AWARDED TO

Mikavla Evans

OF Bulloch County Sheriff's Office

IN RECOGNITION OF YOUR SUCCESSFUL COMPLETION OF
TASER Conducted Energy Weapon X2 Transition
CEW V.22 USER CERTIFICATION COURSE
TRAINING CERTIFICATE

ISSUED ON 11-12-2020
ISSUED BY Benjamin Lienhard



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

PEACE OFFICER CERTIFICATION QUESTIONNAIRE

Full Name Evans, Mikayla Hope
(last) (first) (middle)

Maiden Name Mikayla Hope 

Other Married Names _____
(list dates used) _____

Other Name Used _____
When Was It Used? _____

Other Name Used _____
When Was It Used? _____

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

Bulloch County Sheriff's Office



Noel Brown
Sheriff

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(912) 764-8888
FAX (912) 764-2917
www.bullochsheriff.com

PERSONAL DESCRIPTORS

Height 5'4" Weight 225 Hair Color Blk Eye Color Brown

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 South Carolina

"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
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FAX (912) 764-2917
www.bullochsheriff.com

EDUCATION

Name of High School That You Graduated From: Statesboro High
Year Graduated? 2015 Telephone# of High School 912-212-8860
Address of High School 10 Loster Rd.

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#

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

Bulloch County Sheriff's Office



Noel Brown
Sheriff

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FAX (912) 764-2917
www.bullochsheriff.com

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)

"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

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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Sheriff

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OFFICE USE

Hire Date: _____ Academy Start Date: _____

Interview Date: _____ Interviewed By: _____

Background Completion Date: _____

Background Completed by: _____

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

Response Key: .BUSX-

1113396 DDSKQ 20170410 16:37:15 20170410 16:37:14 2015066D66

KR.GACRI0051.BUSX.TXT

OLN/ [REDACTED] PUR/C.ATN/MASHBURN/KBLAIR.

NAME:EVANS, MIKAYLA HOPE

ADDR: [REDACTED] GA

LIC NUM: [REDACTED] ADAP:N

SEX:F DOB:[REDACTED]/1995 HGT:503 WGT:160 EYE:BRO

CONTACT: PRI:[REDACTED] C: NONE

CLASS: C ISSUE DT:02/26/2016 EXPIRE DT:[REDACTED]/2019
TYPE:REGULAR SURR DT:

RESTRICTION:A/NONE

ENDORSEMENT:NONE

COMMERCIAL STATUS:NOT LICENSED

NON-COMMERCIAL STATUS:VALID

PERMIT STATUS:NONE

ACTIVE SUSPENSIONS:NONE

* DRIVER LICENSE HISTORY REPORT *

*SUSPENSION: SCHOOL SUSPENSION ACD CODE: W00
SUSP DT:01/18/2013 SERV TYPE:UNKNOWN VIOL DT:01/18/2013
SERV DT: EXPIRED DT:2013-09-02 LENGTH:00-00-00
WITHDRAWAL TYPE:SUSPENSION WITHDRAWAL EXT:ALL

*SUSPENSION: SCHOOL SUSPENSION ACD CODE: W00
SUSP DT:01/12/2012 SERV TYPE:UNKNOWN VIOL DT:01/12/2012
SERV DT: EXPIRED DT:2013-01-12 LENGTH:00-00-00
WITHDRAWAL TYPE:SUSPENSION WITHDRAWAL EXT:ALL

THIS RECORD IS FROM THE GEORGIA DEPARTMENT OF DRIVER SERVICES FILES AND IS TO BE USED FOR OFFICIAL COURT OR LAW ENFORCEMENT USE ONLY GA.LAW 24-3-17 AND 40-5-2 AS AMENDED, PROVIDES FOR ANY COURT OR CLERK OF COURT ELECTRONICALLY CONNECTED BY A TERMINAL DEVICE TO THE DEPARTMENT OF DRIVER SERVICES TO RECEIVE AND USE INFORMATION OBTAINED BY THE TERMINAL WITHOUT THE NEED FOR ADDITIONAL CERTIFICATION.

END OF LICENSE NUMBER INQUIRY^a