



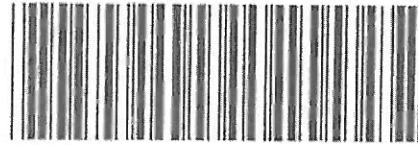
Data Report System

Individual Officer Profile

Created: 10-02-2018 03:01

Requested by: SUSAN EPPS

Officer Key **O161251**
Officer Name **LUCAS FRANCHES GRANT**
Race **Black or African American (Not Hispanic or Latino)**
Education **Bachelor's Degree**
Status **In Good Standing**



O161251

Officer Certifications

Certification	Description	Certification Type	Status
PBLE2012O161251	BASIC LAW ENFORCEMENT	Basic	Active
PBJA110457S	JAILER	Basic	Active

Instructor Certifications

None Found

Employment History

Agency	Rank	Start Date	End Date	Status
RICHMOND COUNTY SHERIFFS OFFICE	Peace Officer	March 31, 2012		Actively Employed in Law Enforcement
RICHMOND COUNTY SHERIFFS OFFICE	Jailor	November 13, 2010	March 30, 2012	Rank Change - Promotion

Sanctions

None Found

Training History

Date	Number	Course	Hours
April 16, 2018	UFR00F	FIREARMS REQUALIFICATIONS	2
April 16, 2018	IFN02F	NIGHT FIRE	2
April 16, 2018	IGS10G	COMMUNITY POLICING	2
April 16, 2018	IFM56G	USE OF DEADLY FORCE & DE-ESCALATION (minimum of 2 hrs)	2
February 28, 2018	IEC04E	C.P.R./A.E.D./FIRST AID	4
February 14, 2018	IDG16G	TASER RECERTIFICATION	4
			2018 Total Hours : 16
December 28, 2017	IFL00F	LONG GUN/RIFLE	4
November 2, 2017	IPM00G	PHYSICAL FITNESS	4
August 17, 2017	IQL14G	BLUE COURAGE LEADERSHIP	4
July 27, 2017	ILU00G	Legal Update	2
June 29, 2017	IFM56F	USE OF DEADLY FORCE & DE-ESCALATION (minimum of 2 hrs)	2
June 29, 2017	IGS10G	COMMUNITY POLICING	2
May 8, 2017	NBS07G	SEXUAL ASSAULT	16
April 25, 2017	IFN02F	NIGHT FIRE	4

April 25, 2017	UFR00F	FIREARMS REQUALIFICATIONS	4
April 11, 2017	NBC09G	CHILD FATALITY REVIEW TRAINING	6
February 16, 2017	IDG16G	TASER RECERTIFICATION	4
January 25, 2017	IEC04E	C.P.R/A.E.D/FIRST AID	4
			2017 Total Hours : 56
December 29, 2016	IFL00F	LONG GUN/RIFLE	4
December 15, 2016	NGM23G	ANIMAL CRUELTY	7
November 10, 2016	IPM00G	PHYSICAL FITNESS	4
October 31, 2016	DFM03G	CARRYING & POSSESSING WEAPONS IN GA (GPSTC ONLINE)	2
July 21, 2016	IKV12G	ACTIVE SHOOTER RESPONSE	4
April 22, 2016	IFR04F	FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4
March 22, 2016	IDT01G	BUILDING CLEARINGS	4
February 25, 2016	IDG17G	TASER X2	1
February 25, 2016	IDA02D	EXPANDABLE BATON INSERVICE	1
February 25, 2016	IzM10G	CANINE PROTOCOLS	1
February 25, 2016	IHR00G	RESPONSE TRAINING	1
February 18, 2016	SGV00G	OVERVIEW OF POST COUNCIL (RECERT REQ MNT)	4
January 31, 2016	DCD02G	ELDER ABUSE (GPSTC ONLINE)	1
January 31, 2016	DBI04G	EYEWITNESS IDENTIFICATION (GPSTC ONLINE)	1
January 26, 2016	IEL03G	OFFICER DOWN FIRST RESPONSE	2
			2016 Total Hours : 41
December 18, 2015	IGB30G	CJIS NETWORK OPERATOR TRAINING	5
December 18, 2015	IGB29G	SECURITY AND INTEGRITY OF CHRI (2 HR)	2
December 15, 2015	IzM10G	CANINE PROTOCOLS	4
December 4, 2015	OBD01G	HOMICIDE INVESTIGATION	40
November 17, 2015	IPM00G	PHYSICAL FITNESS	4
November 12, 2015	IDG16G	TASER RECERTIFICATION	3
November 12, 2015	IDP00D	EXPANDABLE BATON	1
September 25, 2015	NBI03G	BASIC INV. TRNG. EDUCATION /B.I.T.E.	40
August 26, 2015	IFR04F	FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4
January 15, 2015	IFE00F	SHOTGUN	1
January 15, 2015	IYT00G	COURTROOM DEMEANOR AND TESTIMONY	2
January 15, 2015	IQG00G	AGENCY ACCREDITATION	1
			2015 Total Hours : 107
December 10, 2014	ILC00G	CRIMINAL PROCEDURE	4
November 25, 2014	ICD02G	FAMILY VIOLENCE	2
November 25, 2014	IDG17G	TASER X2	4
November 25, 2014	INM00G	DEPARTMENTAL INSERVICE TRAINING	2
September 23, 2014	IDM26G	BELOW 100	4
September 16, 2014	ILQ00G	SEARCH AND SEIZURE	8
July 7, 2014	IFM00F	FIREARMS TRAINING (NOT REQUALIFICATION)	4
July 7, 2014	IFR04F	FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4
June 18, 2014	IDR00G	RIOT/CROWD CONTROL	8
May 7, 2014	ISE00T	EMERGENCY VEHICLE OPERATIONS	4
March 18, 2014	IPM00G	PHYSICAL FITNESS	4
March 18, 2014	IEC04E	C.P.R/A.E.D/FIRST AID	4

January 27, 2014	IGB21G	GCIC INQUIRY TERMINAL OPERATOR RECERTIFICATION	2
January 14, 2014	IFJ04G	JUDGEMENTAL SIMULATOR TRAINING	4
January 14, 2014	IQP00G	POLICY/PROCEDURES	4
			2014 Total Hours : 62
December 13, 2013	AKG03G	GANG INVESTIGATORS COURSE	40
November 13, 2013	IFJ03F	JUDGEMENTAL SHOOTING	4
October 9, 2013	IBM59G	HUMAN TRAFFICKING	2
October 9, 2013	ITM46G	CRIMINAL INTERDICTION	18
September 26, 2013	IFL02F	RIFLE SKILLS	1
September 26, 2013	IGC00G	COMPUTER TRAINING	1
September 26, 2013	INM00G	DEPARTMENTAL INSERVICE TRAINING	2
September 12, 2013	IXM05G	DRUG ENFORCEMENT TRAINING	8
August 29, 2013	IKV12G	ACTIVE SHOOTER RESPONSE	4
June 25, 2013	IDM08D	WEAPON RETENTION	4
June 6, 2013	ILU00G	Legal Update	4
May 9, 2013	IFR04F	FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4
May 8, 2013	ATL01R	LIDAR SPEED MEASUREMENT	8
March 14, 2013	IDG02G	TASER	8
February 26, 2013	IGS00G	COMMUNITY ORIENTED POLICING	4
February 21, 2013	STT01R	RADAR OPERATOR TRAINING COURSE	16
January 17, 2013	IEC01E	C.P.R./FIRST AID	4
			2013 Total Hours : 132
December 11, 2012	IDT03G	BUILDING SEARCHS	4
November 27, 2012	IDT01G	BUILDING CLEARINGS	4
November 8, 2012	ITU05G	CONDUCTING THE COMPLETE TRAFFIC STOP	4
October 2, 2012	ITU00G	VEHICLE PULLOVERS	4
August 30, 2012	IFJ03F	JUDGEMENTAL SHOOTING	4
August 2, 2012	IKV12G	ACTIVE SHOOTER RESPONSE	4
July 10, 2012	IYT00G	COURTROOM DEMEANOR AND TESTIMONY	4
June 12, 2012	ILU00G	Legal Update	4
May 15, 2012	UFR00F	FIREARMS REQUALIFICATIONS	4
April 17, 2012	IFE00F	SHOTGUN	4
April 13, 2012	IGC00G	COMPUTER TRAINING	16
April 11, 2012	ITI00G	ACCIDENT INVESTIGATION	4
April 11, 2012	IGC00G	COMPUTER TRAINING	4
April 10, 2012	ITI00G	ACCIDENT INVESTIGATION	8
April 9, 2012	IYC02G	RADIO COMMUNICATIONS	8
April 5, 2012	IFM08F	TACTICAL FIREARMS SKILLS	8
April 4, 2012	IDM00D	MISCELLANEOUS DEFENSIVE TACTICS	8
April 3, 2012	IFM00F	FIREARMS TRAINING (NOT REQUALIFICATION)	12
April 2, 2012	IFR02F	FIREARMS REQUAL& USE OF DEADLY FORCE	4
March 30, 2012	ISD02G	POLICE DRIVER TRAINING (BSR, INC.)	4
March 29, 2012	IYT00G	COURTROOM DEMEANOR AND TESTIMONY	4
March 29, 2012	IQP00G	POLICY/PROCEDURES	4
March 28, 2012	IGM44G	DEPARTMENTAL NEW HIRE TRAINING	8
March 27, 2012	IGB20G	GCIC INQUIRY TERMINAL OPERATOR CERTIFICATION	18
March 23, 2012	IHB16G	INCIDENT RESPONSE TO BOMBINGS	4

March 23, 2012 BML06G BASIC LAW ENFORCEMENT TRAINING CRS.

408

2012 Total Hours : 562

May 20, 2011 BMH01G BASIC JAIL TRAINING COURSE
2011 Total Hours : 80

80

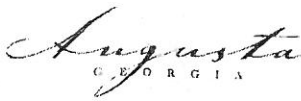
Summary of Hours for 8 Years

Year	Total Hours	Firearms	Deadly Force	De-escalation	Community Policing
2018	16	1	1	1	2
2017	56	1	1	1	2
2016	41	1	1	0	0
2015	107	1	1	0	0
2014	62	1	1	0	0
2013	132	1	1	0	0
2012	562	3	2	1	2
2011	80	0	0	0	0
Grand Total of Hours (all years and courses)	1,056				

Employment Record

Name Grant, Lucas F.
 Empl 15179
 Computer # C022
 Date of Hire 11/13/10
 Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/13/2010	Jailer 12.5 hr	SDJ0526076	5032	\$1,101.88	41	DATE OF HIRE
05/28/2011	Jailer			\$1,153.12	0	Jailer certification
01/21/2012				\$1,172.35	0	salary increase
03/31/2012	Deputy C			\$1,226.19	43	Graduated from Basic Mandate
03/30/2013	Deputy B	SDR0313218	5041	\$1,282.68	0	Anniversary promotion
03/29/2014	Deputy A			\$1,342.01	0	Anniversary promotion
11/08/2014	Deputy (Investigator Train			\$1,342.01	43	placed in temporary PCN during 2 month trail period
01/03/2015	Deputy (Inv. Trainee)	SCI0313007	5051	\$1,418.93	43	Tier Level Increase
02/14/2015	Investigator	SCI0508037	5051	\$1,560.83	46	promotion
03/12/2016				\$1,592.05	0	Cost of Living
08/26/2017				\$38.46	0	Honor Guard Incentive
12/30/2017				\$1,615.93	0	Salary with 1.5% cola.
02/24/2018				\$1,672.50	0	2018 Cluster Increase
06/06/2018	INVESTIGATOR	SCI82DE038	5051	\$1,672.50	18	NEW PCN AND PAY GRADE
09/08/2018				\$1,744.42	0	SALARY ADJUSTMENT



Request for Personnel Action (RPA)

Employee Name: Lucas F. Grant

EMP I.D.: 15179

DEPT #: 5051

Proposed Effective Date: 9/8/2018

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

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

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Address: _____

Office Phone #: () -

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	5051	5051
Job Title	Investigator	Investigator
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	18	18
PCN	SCI82DE038	SCI82DE038
Daily Hours	8 Hrs.; 30 Min. A/D	8 Hrs.; 30 Min. A/D
Hourly Rate	\$20.91	\$21.81
Bi-Weekly Salary	\$1,672.50	\$1,744.42
Annual Salary	\$43,484.97	\$45,354.82
Supplemental Pay	57.69	57.69
Safety Sensitive (Y or N)	Y	Y
GL Account number:	273031210	273031210
Employee Replaced (Name & I.D.):		

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:	
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired:	
Last Day Worked:	
Separation Date:	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
VAC BAL:	COMP BAL:

PART 3: EXPLANATION FOR REQUEST

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

Salary adjustment to keep divisions between ranks. Job descriptions attached. The Sheriff's Office has the funding.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: <u>Bonnie Hayes</u>	Contact Phone #: (706) 821 - 1095	Date Of Request: <u>8/10/2018</u>
Department Director Signature: <u>John Francisco</u>		Concurrence Date: <u>8/10/18</u>
Department Director Signature (2): _____		Concurrence Date: _____

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

BELOW IS FOR HUMAN RESOURCES ONLY

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

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

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

Employment Record

Name Grant, Lucas F. Empl 15179 Computer.# C022 Date of Hire 11/13/10 Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/13/2010	Jailer 12.5 hr	SDJ0526076	5032	\$1,101.88	41	DATE OF HIRE
05/28/2011	Jailer			\$1,153.12	0	Jailer certification
01/21/2012				\$1,172.35	0	salary increase
03/31/2012	Deputy C	SDR0313218	5041	\$1,226.19	43	Graduated from Basic Mandate
03/30/2013	Deputy B			\$1,282.68	0	Anniversary promotion
03/29/2014	Deputy A			\$1,342.01	0	Anniversary promotion
11/08/2014	Deputy (Investigator Train	SCI0313007	5051	\$1,342.01	43	placed in temporary PCN during 2 month trail period
01/03/2015	Deputy (Inv. Trainee)		5051	\$1,418.93	43	Tier Level Increase
02/14/2015	Investigator	SCI0508037	5051	\$1,560.83	46	promotion
03/12/2016				\$1,592.05	0	Cost of Living
08/26/2017				\$38.46	0	Honor Guard Incentive
12/30/2017				\$1,615.93	0	Salary with 1.5% cola.
02/24/2018				\$1,672.50	0	2018 Cluster Increase
06/06/2018	INVESTIGATOR	SCI82DE038	5051	\$1,672.50	18	NEW PCN AND PAY GRADE

Employment Record

Name Grant, Lucas F. Empl 15179 Computer # C022 Date of Hire 11/13/10 Transferred/Rehired _____

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/13/2010	Jailer 12.5 hr	SDJ0526076	5032	\$1,101.88	41	DATE OF HIRE
05/28/2011	Jailer			\$1,153.12	0	Jailer certification
01/21/2012				\$1,172.35	0	salary increase
03/31/2012	Deputy C	SDR0313218	5041	\$1,226.19	43	Graduated from Basic Mandate
03/30/2013	Deputy B			\$1,282.68	0	Anniversary promotion
03/29/2014	Deputy A			\$1,342.01	0	Anniversary promotion
11/08/2014	Deputy (Investigator Train	SCI0313007	5051	\$1,342.01	43	placed in temporary PCN during 2 month trail period
01/03/2015	Deputy (Inv. Trainee)		5051	\$1,418.93	43	Tier Level Increase
02/14/2015	Investigator	SCI0508037	5051	\$1,560.83	46	promotion
03/12/2016				\$1,592.05	0	Cost of Living
08/26/2017				\$38.46	0	Honor Guard Incentive
12/30/2017				\$1,615.93	0	Salary with 1.5% cola.
02/24/2018				\$1,672.50	0	2018 Cluster Increase

Employment Record

Name Grant, Lucas F.
 Empl 15179
 Computer # C022
 Date of Hire 11/13/10
 Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/13/2010	Jailer 12.5 hr	SD10526076	5032	\$1,101.88	41	DATE OF HIRE
05/28/2011	Jailer			\$1,153.12	0	Jailer certification
01/21/2012				\$1,172.35	0	salary increase
03/31/2012	Deputy C	SDR0313218	5041	\$1,226.19	43	Graduated from Basic Mandate
03/30/2013	Deputy B			\$1,282.68	0	Anniversary promotion
03/29/2014	Deputy A			\$1,342.01	0	Anniversary promotion
11/08/2014	Deputy (Investigator Train	SCI0313007	5051	\$1,342.01	43	placed in temporary PCN during 2 month trail period
01/03/2015	Deputy (Inv. Trainee)		5051	\$1,418.93	43	Tier Level Increase
02/14/2015	Investigator	SCI0508037	5051	\$1,560.83	46	promotion
03/12/2016				\$1,592.05	0	Cost of Living
08/26/2017				\$38.46	0	Honor Guard Incentive
12/30/2017				\$1,615.93	0	Salary with 1.5% cola.

Employment Record

Name Grant, Lucas F. Empl 15179 Computer # C022 Date of Hire 11/13/10 Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/13/2010	Jailer 12.5 hr	SDJ0526076	5032	\$1,101.88	41	DATE OF HIRE
05/28/2011	Jailer			\$1,153.12	0	Jailer certification
01/21/2012				\$1,172.35	0	salary increase
03/31/2012	Deputy C	SDR0313218	5041	\$1,226.19	43	Graduated from Basic Mandate
03/30/2013	Deputy B			\$1,282.68	0	Anniversary promotion
03/29/2014	Deputy A			\$1,342.01	0	Anniversary promotion
11/08/2014	Deputy (Investigator Train	SCI0313007	5051	\$1,342.01	43	placed in temporary PCN during 2 month trail period
01/03/2015	Deputy (Inv. Trainee)		5051	\$1,418.93	43	Tier Level Increase
02/14/2015	Investigator	SCI0508037	5051	\$1,560.83	46	promotion
03/12/2016				\$1,592.05	0	Cost of Living
08/26/2017				\$38.46	0	Honor Guard Incentive



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

Employee Name: Lucas F. Grant EMP I.D.: 15179 DEPT #: 5051 Proposed Effective Date: 8/26/2017

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

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

PART 2: PREPARATION FOR PERSONNEL ACTION

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

B. POSITION INFORMATION C. SEPARATION INFORMATION

Table with columns for Position Information (Change From, Change To) and Separation Information (Separation From Service Reason, Date Hired, Last Day Worked, etc.)

PART 3: EXPLANATION FOR REQUEST See Attached Documentation? YES NO (if no, must give explanation for request)

Letter to Administrator attached. Job description attached. The Sheriff's Office has the funding.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Bonnie Hayes Contact Phone #: (706) 821-1095 Date Of Request: 8/4/2017
Department Director Signature: John Francisco Concurrence Date: 8/4/17

BELOW IS FOR HUMAN RESOURCES ONLY

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

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

Table with columns for EMP MGR/Date, HR MGR/Date, HR Comp/Date, EMP RELATIONS/Date, HR DIR/Date, City ADM/Date

Employment Record

Name Grant, Lucas F.
 Empl 15179
 Computer # C022
 Date of Hire 11/13/10
 Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/13/2010	Jailer 12.5 hr	SDJ0526076	5032	\$1,101.88	41	DATE OF HIRE
05/28/2011	Jailer			\$1,153.12	0	Jailer certification
01/21/2012				\$1,172.35	0	salary increase
03/31/2012	Deputy C	SDR0313218	5041	\$1,226.19	43	Graduated from Basic Mandate
03/30/2013	Deputy B			\$1,282.68	0	Anniversary promotion
03/29/2014	Deputy A			\$1,342.01	0	Anniversary promotion
11/08/2014	Deputy (Investigator Train	SCI0313007	5051	\$1,342.01	43	placed in temporary PCN during 2 month trail period
01/03/2015	Deputy (Inv. Trainee)		5051	\$1,418.93	43	Tier Level Increase
02/14/2015	Investigator	SCI0508037	5051	\$1,560.83	46	promotion
03/12/2016				\$1,592.05	0	Cost of Living

Employment Record

Name Grant, Lucas F.
 Empl 15179
 Computer # C022
 Date of Hire 11/13/10
 Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/13/2010	Jailer 12.5 hr	SDI0526076	5032	\$1,101.88	41	DATE OF HIRE
05/28/2011	Jailer			\$1,153.12	0	Jailer certification
01/21/2012				\$1,172.35	0	salary increase
03/31/2012	Deputy C	SDR0313218	5041	\$1,226.19	43	Graduated from Basic Mandate
03/30/2013	Deputy B			\$1,282.68	0	Anniversary promotion
03/29/2014	Deputy A			\$1,342.01	0	Anniversary promotion
11/08/2014	Deputy (Investigator Train	SCI0313007	5051	\$1,342.01	43	placed in temporary PCN during 2 month trail period
01/03/2015	Deputy (Inv. Trainee)		5041	\$1,418.93	43	Tier Level Increase

Employment Record

Name Grant, Lucas F.
 Empl # 15179
 Computer # C022
 Date of Hire 11/13/10
 Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/13/2010	Jailer 12.5 hr	SDJ0526076	5032	\$1,101.88	41	DATE OF HIRE
05/28/2011	Jailer			\$1,153.12	0	Jailer certification
01/21/2012				\$1,172.35	0	salary increase
03/31/2012	Deputy C	SDR0313218	5041	\$1,226.19	43	Graduated from Basic Mandate
03/30/2013	Deputy B			\$1,282.68	0	Anniversary promotion
03/29/2014	Deputy A			\$1,342.01	0	Anniversary promotion
11/08/2014	Deputy (Investigator Train	SCI0313007	5051	\$1,342.01	43	placed in temporary PCN during 2 month trail period
01/03/2015	Deputy (Inv. Trainee)		5051	\$1,418.93	43	Tier Level Increase
02/14/2015	Investigator	SCI0508037	5051	\$1,560.83	46	promotion



Request for Personnel Action (RPA)

Employee Name: Lucas F. Grant

EMP I.D.: 15179

DEPT #: 5051

Proposed Effective Date: 2/14/2015

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

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

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Address: _____

Office Phone #: () -

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	5051	5051
Job Title	Deputy Inv. Trainee	Investigator
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	43	46
PCN	SCI0313007	SCI0508037
Daily Hours	12 hr; 30 min A/D	12 hr; 30 min A/D
Hourly Rate	\$16.77	\$19.51
Bi-Weekly Salary	\$1,342.01	\$1,560.83
Annual Salary	\$34,892.26	\$40,581.58
Supplemental Pay	NA	CLOTHING \$19.23
Safety Sensitive (Y or N)	Y	Y
GL Account number:	273031210	273031210
Employee Replaced (Name & I.D.):	Steve An 08220	

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:	
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired: _____	
Last Day Worked: _____	
Separation Date: _____	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
VAC BAL: _____	COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

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

Employee promoted to the rank of Investigator

The Sheriff's Office does have the funding to support this pay increase

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Sally Patton Contact Phone #: (706) 821 - 1433 Date Of Request: 1/27/2015
 Department Director Signature: [Signature] Concurrence Date: 1-27-15
 Department Director Signature (2): _____ Concurrence Date: _____

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

BELOW IS FOR HUMAN RESOURCES ONLY

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

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

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



Request for Personnel Action (RPA)

Employee Name: Lucas F. Grant

EMP I.D.: 15179

DEPT #: 5041

Proposed Effective Date: 11/8/2014

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

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

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () - -

Cell Phone #: () - -

Office Phone #: () - -

Address: _____

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	5041	5051
Job Title	Deputy	Deputy (Inv. Trainee)
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	43	43
PCN	SDR0313218	SCI0313007
Daily Hours	10 hr; 30 min A/D	8 hr/ 30 min A/D
Hourly Rate	\$16.77	\$16.77
Bi-Weekly Salary	\$1,342.01	\$1,342.01
Annual Salary	\$34,892.26	\$34,892.26
Supplemental Pay	NA	NA
Safety Sensitive (Y or N)	Y	Y
GL Account number:	273031310	273031210
Employee Replaced (Name & I.D.):	William Smith #15230	

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:

- VQ 01 Resignation
- VQ 02 Failure to Report to Work/AWOL
- VQ 03 Lay-Off/RIF
- VQ 04 Death
- VQ 05 Loss of Job Requirements
- VQ 06 Termination
- VQ 07 Retirement

Date Hired: _____

Last Day Worked: _____

Separation Date: _____

Terminated 3 days ADM Given: YES NO

Proper Notice Given: YES NO

Eligible for Re-Hire? YES NO

VAC BAL: _____ COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

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

Employee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Sally Patton Contact Phone #: (706) 821 - 1433 Date Of Request: 10/28/2014

Department Director Signature: Robert Patton Concurrency Date: _____

Department Director Signature (2): _____ Concurrency Date: _____

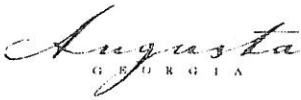
If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

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

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

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



Request for Personnel Action (RPA)

Employee Name: Lucas F. Grant EMP I.D.: 15179 DEPT #: 5041 Proposed Effective Date: 3/30/2013

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

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

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () - -

Cell Phone #: () - -

Office Phone #: () - -

Address: _____

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	5041	5041
Job Title	DEPUTY C	DEPUTY B
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	43	43
PCN	SDR0313218	SDR0313218
Daily Hours	12 hr; 30 A/D	12 hr; A/D
Hourly Rate	\$15.33	\$16.03
Bi-Weekly Salary	\$1,226.19	\$1,282.68
Annual Salary	\$31,886.94	\$33,349.68
Supplemental Pay	NA	NA
Safety Sensitive (Y or N)	Y	Y
GL Account number:	273031310	273031310
Employee Replaced (Name & I.D.):		

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:

- VQ 01 Resignation
- VQ 02 Failure to Report to Work/AWOL
- VQ 03 Lay-Off/RIF
- VQ 04 Death
- VQ 05 Loss of Job Requirements
- VQ 06 Termination
- VQ 07 Retirement

Date Hired: _____

Last Day Worked: _____

Separation Date: _____

Terminated 3 days ADM Given: YES NO

Proper Notice Given: YES NO

Eligible for Re-Hire? YES NO

VAC BAL: _____

COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

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

ANNIVERSARY PROMOTION

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: <u>Sally Patton</u>	Contact Phone #: (<u>706</u>) <u>821</u> - <u>1433</u>	Date Of Request: <u>2/4/2013</u>
Department Director Signature: <u>[Signature]</u>		Concurrence Date: <u>2/4/13</u>
Department Director Signature (2): _____		Concurrence Date: _____

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

BELOW IS FOR HUMAN RESOURCES ONLY

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

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

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

Employment Record

Name Grant, Lucas F.
 Empl # 15179
 Computer # C022
 Date of Hire 11/13/10
 Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/13/2010	Jailer 12.5 hr	SDJ0526076	5032	\$1,101.88	41	DATE OF HIRE
05/28/2011	Jailer			\$1,153.12	0	Jailer certification
01/21/2012				\$1,172.35	0	salary increase

Employment Record

Name		Empl	Computer #	Date of Hire	Transferred/Rehired
Grant, Lucas F.		15179	C022	11/13/10	
Date	Position	PCN	Department	Rate of Pay	Grade
11/13/2010	Jailer 12.5 hr	SDJ0526076	5032	\$1,101.88	41
05/28/2011	Jailer			\$1,153.12	0
					DATE OF HIRE
					Jailer certification

Augusta, Georgia

Job Description

Approved Title: Investigator
Working Job Title: Investigator/CID
Department: Sheriff (5051)
Reports To: Lieutenant
Job Code: 0508
Pay Grade: 46
Original Date Prepared: August 25, 1997
FLSA Classification: Non-exempt
Date Revised: September 20, 2011

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

GENERAL SUMMARY: Implements the criminal investigation of assigned cases that may assist courts with judicial proceedings within the guidelines of the Criminal Code of Georgia, federal statutory law, procedural laws, department directives, standard operating procedures, and county ordinances. Reports to Lieutenant or other designated person and works with general public, business representatives, judges, attorneys, health care representatives, co-workers, suspects, persons involved in and convicted of criminal acts, and law enforcement representatives from federal, state, and local agencies to provide law enforcement support.

KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
30 %	Implements the criminal investigation of assigned cases and develops informant sources.
20 %	Investigates assigned cases to determine the circumstances of criminal activities.
15 %	Determines the chain of events leading to the commission of crimes by interviewing complainants, witnesses, victims, suspects, and informants and obtains written and/or signed statements.
15 %	Apprehends and arrests suspects.
10 %	Processes and preserves evidence from crime scenes.
5 %	Assists other law enforcement agencies with investigations by providing information on criminal activities.
5 %	Cooperates with prosecuting attorneys to present evidence and information during judicial proceedings.
As Required	Performs other duties of a similar nature or level.

100% Total: 100

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

POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

- Investigate assigned cases in a timely and thorough manner.
- Accurately document investigative activity.

REQUIRED MINIMUM QUALIFICATIONS:

Education: High School Diploma, Trade School or G.E.D.

Experience: 2+ years of experience in a similar certified position, or sufficient experience to perform the principal duties and responsibilities.

Knowledge/Skills/Abilities:

- Considerable knowledge of federal and state laws, penal codes, constitutional guidelines, local ordinances, and departmental rules and regulations, county geographical area, criminal investigation methods, judicial processes and proceedings, and crime scene processing methods used to collect and preserve evidence.
- Familiarity with using photography and surveillance equipment, audio and video equipment, radios, and various emergency equipment, and operating motor vehicles.

- Proficiency in using firearms, self-defense techniques, interviewing techniques, and processing, recording, and filing evidence.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

Skills:

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

Certification: Georgia Post Mandate Peace Officer Certification; GCIC Certification

Some positions may require:

- May supervise and/or train designated subordinate personnel.

OTHER:

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

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

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

PHYSICAL REQUIREMENTS:

Depending upon area of assignment:

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

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

FINANCIAL RESPONSIBILITY:

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

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

TRAINING & SUPERVISORY RESPONSIBILITY:

How many people are being supervised or trained? None

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

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

REVIEW/APPROVALS

Lucas F. Grant
Employee (Print Name)

1-27-15
Date

Robert Partain
Line or Staff Management

1-27-15
Date

Robert Partain
Department Director

1-27-15
Date

Compensation Administration Staff

Date

HR Director

Date

Augusta, Georgia

Job Description

Approved Title: Deputy
Working Job Title: Deputy - Investigator Trainee
Department: Sheriff (5051)
Reports To: Sergeant
Job Code: 0313
Pay Grade: 43
Original Date Prepared: January 18, 2014
FLSA Classification: Non-exempt
Date Revised: January 18, 2014

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

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

KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
35 %	Observes training officer on a daily basis to become acquainted with investigative procedures, policies, and practices. (On the job training to become an investigator.)
35 %	Conducts preliminary inquiries, field interviews, follow-up investigations, residential and commercial/industrial security checks, and secures crime scenes.
10 %	Apprehends, arrests, and processes offenders.
10 %	Provides assistance and backup support to other officers, first aid and CPR to victims, traffic direction and escorts, and assists motorists.
5 %	Testifies in judicial proceedings.
5 %	Inspects and maintains assigned vehicle and equipment.
As Required	Performs other duties of a similar nature or level.

100% Total: 100

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

POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

- Learning the investigative procedures and policies associated with becoming a full-time investigator.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.

REQUIRED MINIMUM QUALIFICATIONS:

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

Experience: 2+ years of experience in a similar certified position, or sufficient experience to perform the principal duties and responsibilities.

Knowledge/Skills/Abilities:

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

Skills:

- Possess or have ability to meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act/Peace Officer's Standards and Training Act.

- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Mastery of operating a police car, firearms, and emergency equipment.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

Certification: Georgia Post Mandate Peace Officer Certification
Some positions may require:

OTHER:

Does this position require staff call up in an emergency situation? Yes No
 Is travel from office to other locations required of this position? Yes No
 If yes, what is the percentage of travel involved? Less than 50%? Yes No More than 50%? Yes No

PHYSICAL REQUIREMENTS:

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

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

FINANCIAL RESPONSIBILITY:

Is this position involved in a budgetary or financial approval responsibility? Yes No
 If yes, please indicate size of budget or financial approval responsibility in annual dollar amount: \$ 0

TRAINING & SUPERVISORY RESPONSIBILITY:

How many people are being supervised or trained? None
 One staff Yes No Two to five staff Yes No Six to ten staff Yes No More than ten staff Yes No

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

REVIEW/APPROVALS

<u>Lucas F. Grant</u> Employee (Print Name)	<u>1-27-15</u> Date
<u>Robert Peltam</u> Line or Staff Management	<u>1-27-15</u> Date
<u>Robert Peltam</u> Department Director	<u>1-27-15</u> Date
_____ Compensation Administration Staff	_____ Date
_____ HR Director	_____ Date

Augusta, Georgia

Job Description

Approved Title: Deputy
Working Job Title: Deputy - Investigator Trainee
Department: Sheriff (5051)
Reports To: Sergeant
Job Code: 0313
Pay Grade: 43
Original Date Prepared: January 18, 2014
FLSA Classification: Non-exempt
Date Revised: January 18, 2014

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

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

KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
35 %	Observes training officer on a daily basis to become acquainted with investigative procedures, policies, and practices. (On the job training to become an investigator.)
35 %	Conducts preliminary inquiries, field interviews, follow-up investigations, residential and commercial/industrial security checks, and secures crime scenes.
10 %	Apprehends, arrests, and processes offenders.
10 %	Provides assistance and backup support to other officers, first aid and CPR to victims, traffic direction and escorts, and assists motorists.
5 %	Testifies in judicial proceedings.
5 %	Inspects and maintains assigned vehicle and equipment.
As Required	Performs other duties of a similar nature or level.

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

POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

- Learning the investigative procedures and policies associated with becoming a full-time investigator.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.

REQUIRED MINIMUM QUALIFICATIONS:

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

Experience: 2+ years of experience in a similar certified position, or sufficient experience to perform the principal duties and responsibilities.

Knowledge/Skills/Abilities:

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

Skills:

- Possess or have ability to meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act/Peace Officer's Standards and Training Act.

- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Mastery of operating a police car, firearms, and emergency equipment.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

Certification: Georgia Post Mandate Peace Officer Certification
Some positions may require:

OTHER:

Does this position require staff call up in an emergency situation? Yes No
 Is travel from office to other locations required of this position? Yes No
 If yes, what is the percentage of travel involved? Less than 50%? Yes No More than 50%? Yes No

PHYSICAL REQUIREMENTS:

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

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

FINANCIAL RESPONSIBILITY:

Is this position involved in a budgetary or financial approval responsibility? Yes No
 If yes, please indicate size of budget or financial approval responsibility in annual dollar amount: \$ 0

TRAINING & SUPERVISORY RESPONSIBILITY:

How many people are being supervised or trained? None
 One staff Yes No Two to five staff Yes No Six to ten staff Yes No More than ten staff Yes No

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

REVIEW/APPROVALS

Lucus F. Grant

Employee (Print Name)

10-28-14

Date

Robert Pirtam

Line or Staff Management

10-28-14

Date

Robert Pirtam

Department Director

10-28-14

Date

Compensation Administration Staff

Date

HR Director

Date



RISK MANAGEMENT

Sandra M. Wright, CWCP
Risk Management Manager
Donna Williams, CGFM
Director, Finance Department

September 12, 2014

Lucas Grant
15179
Sheriff's Office
Augusta, Georgia 30901

Dear Deputy Grant,

The Safety Review Committee has reviewed your accident of 08/10/2014. The committee determined you were at-fault in this incident; however, the committee did not make a monetary assessment or apply points against your county record in this case. The committee requests that you please exercise more **CAUTION** when operating a county vehicle and/or equipment.

Any employee dissatisfied with the decision of the committee may, within ten (10) days following the receipt of the findings of the Safety Review Committee, enter an appeal by forwarding a written letter requesting an appeal to the Risk Management Office.

If you should have any questions or concerns, please feel free to contact me.

Sincerely,


Sandra M. Wright, Chairperson
Safety Review Committee

SMW/br

cc: Richard Roundtree, Sheriff
Personnel File
Accident file

Augusta, Georgia

Job Description

Approved Title: Deputy **Job Code:** 0313 **FLSA Classification:** Non-exempt
Working Job Title: Road Patrol Deputy **Pay Grade:** 43 **Date Revised:** September 25, 2011
Department: Sheriff (5041) **Original Date Prepared:** August 25, 1997
Reports To: Sergeant
Does the Position Have Direct Reports? Yes No
If Yes, What is the Title of the Position that Reports to this Position:
Is the Position Safety Sensitive? Yes No

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

KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

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

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

POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

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

REQUIRED MINIMUM QUALIFICATIONS:

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

Experience: 0 - 2 years of experience in a similiar position, or sufficient experience to perform the principal duties and responsibilities.

Knowledge/Skills/Abilities:

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

Skills:

- Possess or have ability to meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act/Peace Officer's Standards and Training Act.

- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Mastery of operating a police car, firearms, and emergency equipment.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

Certification: Georgia Post Mandate Peace Officer Certification

Some positions may require:

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

OTHER:

Does this position require staff call up in an emergency situation? Yes No
 Is travel from office to other locations required of this position? Yes No
 If yes, what is the percentage of travel involved? Less than 50%? Yes No More than 50%? Yes No

PHYSICAL REQUIREMENTS:

Depending upon area of assignment:

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

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

FINANCIAL RESPONSIBILITY:

Is this position involved in a budgetary or financial approval responsibility? Yes No
 If yes, please indicate size of budget or financial approval responsibility in annual dollar amount: \$ 0

TRAINING & SUPERVISORY RESPONSIBILITY:

How many people are being supervised or trained? None
 One staff Yes No Two to five staff Yes No Six to ten staff Yes No More than ten staff Yes No

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

REVIEW/APPROVALS

Lucas F. Grant
 Employee (Print Name)

2-5-14
 Date

 Line or Staff Management
Patricia Clifton
 Department Director

 Date
2/5/14
 Date

 Compensation Administration Staff

 Date

 HR Director

 Date



RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

October 21, 2013

Deputy Lucas Grant
Special Operations Division
Richmond County Sheriff's Office
400 Walton Way
Augusta, Georgia 30901

Deputy Lucas Grant:

I would like to take this opportunity to personally thank you for your work in regards to assisting with the RCSO Day at the Masters Table of the Golden Harvest Food Bank.

The assistance you and others provided went a long way in demonstrating the initial steps towards community policing and fostering a positive image of the Richmond County Sheriff's Office within the community. You along with everyone who assisted from within this agency and from Parole did an excellent job at cooking, preparing and serving over 300 meals.

So often, the only opportunity that individuals within these areas of our community have to see the deputies in action is when they are making an arrest. Your actions and that of the deputies who participated helped to show law enforcement in a positive light to all of those in attendance.

Your participation helped to fulfill one of our primary goals moving forward, the community and the Sheriff's Office coming together as a team. Each of you showed care, concern, and compassion as you interacted with the guests and it was greatly appreciated.

Again, thank you for all that you do to make Richmond County a great place to live, work and visit.

Sincerely,

A handwritten signature in black ink that reads "Richard Roundtree". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Richard Roundtree
Sheriff



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

COPY

Employee Name: Grant, Lucas F. EMP ID.: 15179 DEPT #: 5041 Proposed Effective Date: 10/26/2013

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

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

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: Address: Home Phone #: Cell Phone #: Office Phone #:

Employee Signature (required for personal information changes): Date:

B. POSITION INFORMATION

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

C. SEPARATION INFORMATION

Table with columns: SEPARATION FROM SERVICE REASON. Rows include VQ 01 Resignation, VQ 02 Failure to Report to Work/AWOL, VQ 03 Lay-Off/RIF, VQ 04 Death, VQ 05 Loss of Job Requirements, VQ 06 Termination, VQ 07 Retirement. Includes Date Hired, Last Day Worked, Separation Date, Terminated 3 days ADM Given, Proper Notice Given, Eligible for Re-Hire, VAC BAL, COMP BAL.

PART 3: EXPLANATION FOR REQUEST

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

Employee's work hours are changing from 12 Hours to 10 Hours.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Libby Hackney Contact Phone #: (706) 469 - 3350 Date Of Request: 10/21/2013
Department Director Signature: Robert Patton Concurrence Date: 10/21/13
Department Director Signature (2): Concurrence Date:

(f a transfer between departments, both director signatures required***)

BELOW IS FOR HUMAN RESOURCES ONLY

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

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

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



RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

January 18, 2013

Deputy Lucas Grant
Richmond County Sheriff's Office
Augusta, Georgia 30901

Deputy Grant:

I, as Sheriff of the Richmond County Sheriff's Office, do hereby very proudly commend:

Deputies Lucas Grant and Ronald McMillian for their actions in safely securing a shooting scene and performing CPR on a victim prior to the arrival of Emergency Medical Services.

Dated this day, the eighteenth of January, Two Thousand and Thirteen.

On January 11, 2012 at approximately 3:00am, Deputies Ronald McMillian and Lucas Grant arrived at the scene of a shooting that had just occurred at an establishment off of Peach Orchard Road. Deputy Lucas Grant began securing the scene while Deputy Ronald McMillian immediately began CPR in a valiant effort to save the life of a young man. Deputy McMillian continued to do CPR until EMS arrived on scene, at which time Deputy Lucas Grant took CPR and continued to assist until he was able to transfer the patient to EMS personnel who then transported the victim to the hospital.

The performance of CPR in an effort to save a life shows true compassion and concern. However, to perform CPR in an unsecured environment where a shooting has just occurred is above and beyond the call of duty. The actions of these deputies were exemplary and courageous.

Our agency and community are very grateful for your service to the community.

Commendation issued by,

A handwritten signature in black ink, appearing to read "Richard Roundtree".

Richard Roundtree
Sheriff

Libby Hackney

From: Georgia POST Council Data System <support@gpostc.org>
Sent: Tuesday, November 29, 2011 8:32 AM
To: Libby Hackney
Subject: [WARNING - NOT VIRUS SCANNED] Georgia POST Application Status Change

Greetings Libby S. Hackney, The status of the application for certification for Peace Officer for officer LUCAS FRANCHES GRANT has been changed to POST Approved. [Click here to log in](#) Thank you.

[Start](#) | [Admin](#) | [Report](#) | [Training](#) | [Officers](#) | [Applications](#) | [Logout](#)

Application for Basic Certification - Peace Officer

Application Section Progress

O161251

For LUCAS FRANCHES GRANT

Status : Candidate Attested

Candidate Attestation

Agency Attestation Performed on November 15, 2011 at 11:03 am

Candidate Attestation Performed on November 17, 2011 at 7:34 pm

Personal Information

Birth & Citizenship Verification

Education

Prior Law Enforcement History

Law Enforcement Certification

Law Enforcement Employment

Military

Criminal History

Driver's History

Agency Affiliation

Agency Information

Entrance Exam

Supporting Documentation

Confirmation

Attestation

Approval Information

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

[Start](#) | [Admin](#) | [Report](#) | [Training](#) | [Officers](#) | [Applications](#) | [Logout](#)

Application for Basic Certification - Peace Officer

Thank you. This application completed at 11:03 am on November 15, 2011 and is now ready for candidate attestation.

Application Section Progress

O161251

Personal Information

For LUCAS FRANCHES GRANT

Last Name **GRANT**

First Name **LUCAS**

Status : Agency Attested

Middle Name **FRANCHES**

Personal Information

Suffix *(if applies)*

Birth & Citizenship Verification

Maiden Name

Are you a citizen of the United States? **Yes**

Education

Social Security Numbe

Prior Law Enforcement History

Date of Birth *(mm/dd/yyyy)*

Law Enforcement Certification

Race **Black or African American (Not Hispanic or Latino)**

Height **5 ft 9 in**

Law Enforcement Employment

Weight **183 lbs**

Military

Hair Color **Black**

Criminal History

Eye Color **Brown**

Driver's History

Sex/Gender **Male**

Current Home Address:

Agency Affiliation

Street **[REDACTED]**

Agency Information

City **[REDACTED]**

Entrance Exam

State **[REDACTED]**

Zip Code **[REDACTED]**

Supporting Documentation

Primary Telephone **[REDACTED]**

Confirmation

Continue

Attestation

Approval Information

[Start](#) | [Admin](#) | [Report](#) | [Training](#) | [Officers](#) | [Applications](#) | [Logout](#)

Application for Basic Certification - Peace Officer

Application Section Progress

O161251

Confirmation

100% Overall Completion Rate

For LUCAS FRANCHES GRANT

Status : Agency Attested

Personal Information [View](#)

Birth and Citizenship [View](#)

LUCAS FRANCHES GRANT

Personal Information

Birth & Citizenship Verification

Black or African American (Not Hispanic or Latino),

Born in United States? **Yes**

U.S. Citizen

Place of Birth: **Augusta, GA**

Education

SSN:

Primary Verification Upload. **Birth Certificate**

DOF

Prior Law Enforcement History

Ht 5' 9" Wt 183

Hair **Black**

Law Enforcement Certification

Eyes **Brown**

Male

Law Enforcement Employment

Other Names [View](#)

Education [View](#)

Military

College Graduate

Newberry College, 2006, Bachelor's Degree

Criminal History

Prior GA POST Certification [View](#)

Other States LE Certification [View](#)

Driver's History

Denied Certification? **No**

Certified in Another State? **No**

Denied Certification in Another State? **No**

Disciplined or Sanctioned in Another State? **No**

Agency Affiliation

Prior LE Employment [View](#)

Military History [View](#)

Agency Information

No

Prior Military Service? **No**

Criminal History [View](#)

Drivers History [View](#)

Entrance Exam

Georgia Driver's License ONLY Last 10 Years? **Yes**

Military Driver's License ONLY Last 10 Years? **No**

Supporting Documentation

Felony Conviction? **No**

Military Driver's License? **No**

Arrests? **Yes**

States other than Georgia? **No**

Domestic or Family Violence Charge? **No**

Traffic Citation(s) During Last 5 Years? **Yes**

More than 3 Citations During Last 5 Years? **No**

License Ever Suspended? **Yes**

Confirmation

Attestation

Entrance Exam [View](#)

Supporting Documentation [View](#)

Approval Information

Entrance Exam Completed?

Passed **May 23, 2011**

Photograph **Uploaded**

GCIC/NCIC FP Results **Uploaded**

Physician's Affidavit **Uploaded**

Personal History Release **Uploaded**



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

Pg ___
 Of ___
 Initial ___

CERTIFICATION OF CANDIDATE - PAGE 1			
Projected Academy: GPSTC-Augusta		Projected Academy Start Date	
Candidate's Last Name GRANT		Candidate's Position (Select One) Patrol/Police Ofc	
Candidate's First Name LUCAS		Date of Employment 01/09/2012 (mm/dd/yyyy)	
Candidate's Middle Name FRANCHES			
Give suffix (such as Jr. , Sr., II, III, IV, V, etc.) :		Date of Employment 9/26/2011 (mm/dd/yyyy)	
Maiden Name		SEX/GENDER Male	
RACE Black or African American (not Hispanic or Latino)			
Education (select highest level that documentation is provided for in this application) Bachelor's Degree			
Social Sec#		Date of Birth (mm/dd/yyyy)	
HEIGHT 5 ft 9 in	WEIGHT 175 lbs 183	HAIR COLOR BLACK	EYE COLOR BROWN
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
AGENCY MAKING APPLICATION RICHMOND COUNTY SHERIFF'S OFFICE		AGENCY PHONE# (AREA CODE) - NUMBER (706)-821-1000	
NAME OF AGENCY CONTACT (Agency Person Processing Application) LIBBY S. HACKNEY		CONTACT PHONE# (AREA CODE) - NUMBER (706)-469-3350 EXT	
EMAIL ADDRESS OF AGENCY CONTACT lhackney@augustaga.gov			
The above listed candidate is/will be employed with your agency as which of the following: Full-time peace officer (Note: Full-time employment is a minimum of 30 hours/week or 120 hours/28 day period.)			
Checklist (Please check each block below to verify that a complete application is provided.)			
<input checked="" type="checkbox"/> Page 2 Agreement/Photo	<input checked="" type="checkbox"/> Page 6 Education	<input checked="" type="checkbox"/> Page 10 Criminal History	
<input checked="" type="checkbox"/> Page 3 PH Release	<input checked="" type="checkbox"/> Page 7 Military	<input checked="" type="checkbox"/> Page 11 Printout/FPs	
<input checked="" type="checkbox"/> Page 4 Verification	<input checked="" type="checkbox"/> Page 8 Entrance Exam/LE Hist	<input checked="" type="checkbox"/> Page 12 Attestation	
<input checked="" type="checkbox"/> Page 5 Birth/Citizen	<input checked="" type="checkbox"/> Page 9 Driver Hist	<input checked="" type="checkbox"/> Physician's Affidavit	
<input checked="" type="checkbox"/> Birth Certificate or other docs provided	<input type="checkbox"/> DD214 form		
<input type="checkbox"/> Naturalization Papers. (both must be attached.)	<input type="checkbox"/> Discharge explanation		
<input type="checkbox"/> Notarized/Written Statement required (see Appendix 9)	<input checked="" type="checkbox"/> Entrance Exam Results		
<input checked="" type="checkbox"/> High School Diploma/GED/Homeschool Affidavit	<input checked="" type="checkbox"/> GCIC/NCIC Printout		
<input checked="" type="checkbox"/> Electronic Fingerprint Submission Results attached	<input checked="" type="checkbox"/> Driver's History		
<input type="checkbox"/> Fingerprint Cards mailed to GCIC			



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

Pg. ___
 Of ___
 Initial ___

CANDIDATE AGREEMENT & PHOTOGRAPH – PAGE 2

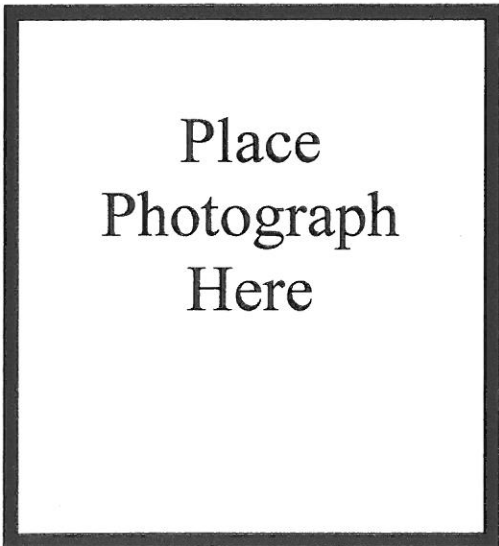
Please read and sign in the presence of the agency head or authorized representative acknowledging your acceptance and understanding of this agreement.

I, LUCAS FRANCHES GRANT
 (FULL NAME OF CANDIDATE – First Middle Last),

when approved for Basic Law Enforcement Academy Training, agree to obey all rules and regulations, and understand that I am subject to dismissal from the Training Academy for any infractions or failure to achieve the scholastic standard set by the Georgia POST Council. I further certify that I am in good health, physically fit, and of good moral character and release the Georgia Peace Officer Standards and Training Council, the Department of Public Safety, the Georgia Public Safety Training Center, the State of Georgia, and any other official associated or connected with the training academy for liability in case of illness or accident.

I understand that I must satisfactorily complete a basic training course prior to performing the duties of a peace officer, according to O.C.G.A. §35-8-9.

This application will be valid for 18 months only. If not certified by that time, a new application must be submitted according to POST Council Rule 464-3-.01.



L. Grant
 Candidate Signature

11-10-11
 Date

 Agency Head or Authorized Representative Signature



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

Pg. ___
 Of ___
 Initial ___

PERSONAL HISTORY RELEASE - PAGE 3

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 GRANT		First Name LUCAS	Middle Name FRANCHES
DATE OF BIRTH (m/yyyy)	MAIDEN NAME		PHONE NUMBER (AREA CODE) - NUMBER
Social Security Number: _____			
Email Address @ _____			
ADDRESS: Street		Apartment/Unit#	
City: _____	State: _____	Zip Code: _____	

A. Grant
 Candidate Signature (including maiden name)

11-10-11
 Date

Lubley S. Hackney
 Notary Public Signature

11/10/2011
 Date



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

Pg. ___
 Of ___
 Initial ___

VERIFICATION/RECOMMENDATION/ACKNOWLEDGEMENT – PAGE 4

I have verified the information provided by the candidate contained in this application, and I am aware that it is my responsibility to provide POST with a complete and accurate application on behalf of my agency. My initials have been placed in the upper right hand corner on each page to signify my review of the information provided, and I accept responsibility for the veracity of this application. Based on my verification, this candidate has met the requirements of O.C.G.A. § 35-8-8.

 Signature –Agency Employee Responsible for Verification

 Date

BACKGROUND INVESTIGATION

LUCAS FRANCHES GRANT

(FULL NAME OF CANDIDATE – FIRST, MIDDLE INITIAL, LAST)

Date Candidate was interviewed:
 (mm/dd/yyyy)
 9/28/2010

Name of Interviewer (First Last)
 RICHARD WEAVER

The Background Investigator verified the following information with the appropriate authorities:

- Education (High School & College) Yes No
- Prior LE Employment & Certification Yes No Not applicable
- Military Yes No Not applicable
- Criminal History Yes No
- Traffic History Yes No

Name of Background Investigator (First Last)
 PATRICK YOUNG (WILHELM)

Date Background Investigation Completed
 (mm/dd/yyyy) 10/15/2010

 Signature of Person Conducting Background Investigation

AGENCY HEAD RECOMMENDATION

The candidate named in this application was found to satisfy the requirements of O.C.G.A. § 35-8-8, and is recommended by me for attendance to a Basic Law Enforcement Training Course and for certification upon successfully completing this training. I am aware of POST reimbursement guidelines and understand that the candidate must be a paid, full-time employee during training to receive reimbursement.

(NOTE: Once this application is approved a POSTFORM #2 authorizing the academy/school attendance will be issued. No person shall perform the duties of a peace officer until successful completion of the Basic Law Enforcement Training Course.)

“(a) No person required to comply with the certification provisions of this chapter shall be employed or appointed by any law enforcement unit without certification from the Council that the applicant has met the pre-employment requirements established in this chapter.”

 Agency Head Signature

 Date



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

Pg ___
 Of ___
 Initial ___

BIRTH & CITIZENSHIP VERIFICATION – PAGE 5

Does candidate's name match the name on their birth certificate? **Yes** **No**
 If **No**, please list all of the names that candidate has had since birth and explain discrepancy (adoption, marriage, name change, etc).
 (Documentation for a name change for anything other than marriage **MUST** be attached.)

Check here if name change documentation is attached

Names: (List chronologically with most recent first):

Name: _____ Used from (YR) _____ to (YR) _____

Name: _____ Used from (YR) _____ to (YR) _____

Name: _____ Used from (YR) _____ to (YR) _____

Name: _____ Used from (YR) _____ to (YR) _____

Explanation(s) for name changes: _____

Was Candidate born in the United States? **Yes** **No**

Country of birth if other than U.S.: _____

City: _____

State: _____

Was the candidate a U.S. military dependent at the time of birth? **Yes** **No**

Is the candidate a naturalized citizen? **Yes** **No**

NOTE: If naturalized, a certified copy of the naturalization papers OR a copy of their U.S. passport must be submitted.

ATTACHMENTS

Attached to this page is a copy of the candidate's certified birth certificate: **YES** **NO**

If **NO**, attached is a copy of the candidate's valid Georgia Driver's License **and:**
 (must have **at least one** of the following documents – **check** the ones that are attached)

- Baptismal Record (w/full name & date of birth)
- Draft Card (w/full name & date of birth)
- Court Records (w/full name & date of birth)
- Passport (w/full name & date of birth)
- Citizenship Papers (w/full name & date of birth)
- Armed Forces Discharge Paper (DD214) (w/full name & date of birth)
- Certified Copy of School Records (w/full name & date of birth)

IMPORTANT NOTE: If any of the above documents are used for this verification, the documents must show **the full name** and **date of birth** of the candidate. In order to establish the **place of birth**, the candidate must submit a **signed & notarized statement** (Appendix 9) indicating that the candidate is a United States citizen if documents other than a birth certificate are furnished. Included in this statement must be the place, date and country of birth.

If the candidate is a **naturalized citizen**, a **certified copy of the naturalization papers or a copy of their U.S. passport** and a completed Appendix 9 must be submitted.

Appendix 9 attached (Appendix 9 is the required signed & notarized statement listed above)

Certified copy of naturalization papers or U.S. passport is attached



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

Pg ___
 Of ___
 Initial ___

EDUCATION – PAGE 6

Please attach High School Diploma or GED or Home School Affidavit to this page.

Candidate graduated high school from: *(select one)* Public High School

(Important Note: School must have a state, regional, or national accreditation that POST accepts – see www.chea.org for acceptable accrediting agencies.)

High School Name:
 NORTH AUGUSTA HIGH SCHOOL

Location of High School (City/State):
 NORTH AUGUSTA, SC

Year Graduated (yyyy)
 2002

H.S. Phone #
 (803)-442-6100

COLLEGE

Candidate received their highest college degree from:
 NEWBERRY COLLEGE

Year Graduated w/highest degree (yyyy)
 2006

The degree was a/an: Bachelor's Degree

Note: If candidate wishes to have their college degree recorded in their profile, a copy of their diploma or a certified copy of their college/university transcript can be attached in addition to their high school diploma.

Check here if candidate has ALSO attached a college diploma/transcript for their profile.

List colleges/universities attended or obtained a degree from *(list colleges/universities):*
(Use and attach appendix 4 for additional degrees obtained and/or colleges attended)

College/Univ: _____
 Attended from (mo/yr to mo/yr): _____ to _____
 Did not obtain degree
 Obtained: Associate's Bachelor's Master's Doctorate degree.

College/Univ: _____
 Attended from (mo/yr to mo/yr): _____ to _____
 Did not obtain degree
 Obtained: Associate's Bachelor's Master's Doctorate degree.

College/Univ: _____
 Attended from (mo/yr to mo/yr): _____ to _____
 Did not obtain degree
 Obtained: Associate's Bachelor's Master's Doctorate degree.

*** IMPORTANT NOTE:** If the candidate obtained their diploma from a correspondence school or received a diploma via the internet, the hiring agency will need to check & attach accreditation of the school. Schools issuing diplomas must be accredited by one of the POST accepted accrediting agencies *(see www.chea.org for acceptable accrediting agencies).*

Aiken County Public Schools
School Year 2001-02

Student Name Grant, Lucas F		
Student ID 110000120626	Grade 12	Gender M
Birth Place	Date Of Birth	Ethnic Code

Enter Date:
Graduated: 05/31/02

School Name/Address North Augusta High School 2000 Knobcone Ave. North Augusta, SC 29841 Tel: 803-442-6100 Fax: School Alternate Number:	
---	--

Course Title	Grade	Ab	Credit	Course Title	Grade	Ab	Credit
North Augusta High School Grd 08 6/1998				North Augusta High School Grd 12 6/2002			
C PREALG	96		1.000	C English4	81		1.000
Crd Att: 1.000 Cmp: 1.000 Total GPA: 4.370				H Adv Composition	83		1.000
North Augusta High School Grd 09 6/1999				H Western Civ	90		1.000
C Elective	80		1.000	C PE 4	100		0.500
H English 1-CP	88		1.000	H French2	89		1.000
H Biology 1-CP	88		1.000	C Prob&Stats-SERC	84		1.000
H World Geography--C	96		1.000	Crd Att: 5.500 Cmp: 5.500 Total GPA: 3.488			
C Physical Education	88		1.000	GPA Summary			
H Algebra 1 CP	80		1.000	Total GPA: 3.339 Class rank is 121 of 285			
Crd Att: 6.000 Cmp: 6.000 Total GPA: 3.537				Total Credits Attempted: 26.500			
North Augusta High School Grd 10 6/2000							
H English 2-CP	80		1.000				
H Chemistry 1 CP	80		1.000				
H Am Gov/CP	96		0.500				
C Psychology CP	88		0.500				
C Sociology CP	88		0.500				
C Weight Trng 2 CP	96		0.500				
C Driver Education C	96		0.500				
H Geometry-CP	73		1.000				
T Pre-Engineering 1	96		1.000				
Crd Att: 6.500 Cmp: 6.500 Total GPA: 3.418							
North Augusta High School Grd 10 7/2000							
C Economics	80						
Crd Att: 0.500 Cmp: 0.000 Total GPA: 2.370							
North Augusta High School Grd 11 6/2001							
C English3	79		1.000				
H Biology2	74		1.000				
C US Hist and Consti	88		1.000				
C PE 1	98		0.500				
C PE 1	100		0.500				
C French1	88		1.000				
C Algebra2	81		1.000				
T Intro to Computers	73		0.500				
T Keyboarding	82		0.500				
Crd Att: 7.000 Cmp: 7.000 Total GPA: 2.904							

GRADUATED

Accredited by the Southern Association of Colleges and Schools

Grading Scale: A=93-100; B=85-92; C=77-84; D=70-76; F=0-69

Transcript is unofficial unless signed by a school official.
Official's Signature

Diane Smiley
Date: 06/04/02

SECONDARY SCHOOL RECORD—TRANSCRIPT

STUDENT INFORMATION

SCHOOL INFORMATION #411520

Last Name _____ First Name _____ Middle Name _____
 Home Address _____ City _____ State _____ Zip _____
 Parent or Guardian _____
 Previous Secondary School Attended (if any) _____ Date Left _____
 Date of Birth _____ Sex Male Female Withdrawn Was or Will Be Graduated _____
 Month _____ Year _____

School Name **NORTH AUGUSTA SENIOR HIGH SCHOOL**
 School Address **2000 Knobcone Avenue**
North Augusta, South Carolina 29841
 School Accredited By State System Reg. Accred. Assoc. School Phone Number **803-442-6100**
 Enrollment in Grades **10 - 12** Percent Graduates Entering College
 4 Yr. Col. _____ 2 Yr. Col. _____ and Other _____
 Passing Mark **68** Honors Mark (if any) _____
 LOWEST NUMERICAL EQUIVALENT
A 93 B 85 C 75 D 68

YEAR	SUBJECTS	IDENTIFY LAB TV SEMINAR SUMMER	IDENTIFY HONORS ACCEL AD PL ETC	MARKS		CRED OR UNIT	STATE LEAM SCORES
				1ST SEM	2ND SEM		
9							
19							
19							

EXPLANATION OF HONORS COURSES
 GRADING SCALE:
Quality Points....
 Advanced General Basic

A (93-100)	6	5	4
B (85-92)	5	4	3
C (75-84)	4	3	2
D (68-74)	3	2	1
F (Below 68)	0	0	0
I (Incomplete)	0	0	0
Code:	(A)	(G)	(B)

GRANT LUCAS F
 NAME OF STUDENT _____ SOC. SEC. NO./ID _____

PIAA

	ENG	MATH	READ	SCI REAS	COMP
SCALE SCORES	15	15	11	18	15
% AT OR BELOW	44	42	18	68	43

TEST DATE	11/10/99			
ENGLISH SUBSCORES		MATH SUBSCORES		
07	08	07	07	
U/M	RS	ALG	GEOM	

NK IN CLASS _____ BASED ON _____ SEMESTERS
 EXACTLY APPROX. _____ IN CLASS OF _____
 ALL RANK _____
 * Appropriate Rank Information
 ALL SUBJECTS GIVEN CREDIT ALL STUDENTS
 MAJOR SUBJECTS ONLY COLL. PREP. STUDENTS ONLY

11							
19							
19							
12							
19							
19							

Explain Weighting of Marks in Determining Rank _____
 OUTSTANDING ACTIVITIES HONORS AWARDS _____

DATE	NAME OF TEST	RAW OR	PERCENTILE	NORM GROUP	DATE	NAME OF TEST	RAW OR	PERCENTILE	NORM GROUP
		STD SCORE	SCORE				STD SCORE	SCORE	

Date _____ Signature _____ Title _____

Newberry College

PRO-ECOLEGIA ET POSTERITATE

This is to show to all who read it that upon the recommendation of the President and Faculty of this College and in recognition of Scholarship and Character, the Board of Trustees has conferred upon

Lucas J. Grant

the degree of

Bachelor of Science

In Witness Whereof we have hereunto affixed our signatures and the seal of the College at Newberry, South Carolina, this thirteenth day of May, in the year of our Lord two thousand and six.

William D. Miller
Chairman of the Board of Trustees



Michael W. Foy
President of the College



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

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Of ___
Initial ___

MILITARY – PAGE 7

PLEASE ATTACH YOUR MILITARY DISCHARGE OR DD214 HERE.

(DD214 (Member 4 form version) must indicate type of discharge.)

Did this candidate serve in the military? Yes No
(If "NO", go to the next page. If Yes, complete this page.)

Candidate served in the (*check as apply*): Air Force Army Coast Guard Marines

Navy National Guard Reserves – Give Branch

Other Department of Defense service – list

IMPORTANT NOTE: If the candidate recently served or is currently serving in the reserves, it is acceptable to attach a letter from their current military reserve commander regarding their service record.

Candidate's dates of enlistment:

FROM (MONTH/YEAR) TO (MONTH/YEAR)

FROM (MONTH/YEAR) TO (MONTH/YEAR)

FROM (MONTH/YEAR) TO (MONTH/YEAR)

Was candidate's CHARACTER OF SERVICE/DISCHARGE honorable? Yes No

(If Yes, go to the next page. If No, candidate's character of service was listed as (choose applicable one from pull down menu below):

A brief **explanation** regarding candidate's character of service/discharge must also be attached to this page (providing details for the reason for this character).



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

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ENTRANCE EXAM & LE EMPLOYMENT HISTORY – PAGE 8

ENTRANCE EXAM (POST FORM EE) is attached to this page.

LAW ENFORCEMENT CERTIFICATION HISTORY

1. Has the candidate ever been certified or previously submitted an application to GA Post Council?
 Yes No

2. Has the candidate ever been certified as an officer in another state? Yes No
 (If **YES**, list state & certification #'s. Use appendix 6 for additional listings if necessary.)

STATE (Ex. GA): _____ CERTIFICATION# _____

STATE (Ex. GA): _____ CERTIFICATION# _____

If the candidate answers "**YES**" to #2 above, POST requires written proof from the other state's POST Council or equivalent that the officer's certification in that state is in "good standing." See Reference Manual for more details on "Good Standing". (Check box below to verify that proof of good standing is attached.)

3. Has the candidate ever been denied an application for certification for a law enforcement professional position (i.e. police, jail, communications, probation, parole, etc) in GA or another state?
 Yes No N/A If **YES**, a written signed explanation must be provided. Check box below if attached.)

4. Has the candidate's certification ever been disciplined or sanctioned in another state?
 YES NO N/A (If **YES**, provide a written signed explanation & check box below if attached.)

Attachments to this page:

- Proof of Officer's "**good standing/certification status** (needed for states other than Georgia ONLY)
- A written & signed explanation of the **officer's denial**.
- A written & signed explanation of the **officer's discipline or sanction**.

LAW ENFORCEMENT EMPLOYMENT HISTORY

Please list law enforcement agencies that you have worked for in chronological order (with most recent first). See appendix 6 for additional pages for employment history if necessary.

Agency Name: _____
 State: _____ Employed from (mo/yr) _____ to: _____
 Position held: _____ Reason for leaving: _____

Agency Name: _____
 State: _____ Employed from (mo/yr) _____ to: _____
 Position held: _____ Reason for leaving: _____

Agency Name: _____
 State: _____ Employed from (mo/yr) _____ to: _____
 Position held: _____ Reason for leaving: _____

EQUIVALENCY RATING FOR PRIOR LAW ENFORCEMENT EXPERIENCE

- POST response** regarding this rating **is being requested** with this application.
 (**IMPORTANT NOTE:** If an equivalency rating is desired, see Appendix 12 for form/details. Additional processing time may be required if an equivalency rating is requested with the submittal of this application. Prior submittal is suggested.)
- POST response** regarding this rating **is attached** with this application.

It	<p>Aiken Technical College</p> <p>2010 ATC Reading, Writing, & Math Skills Taken May 23, 2011 at Aiken Tech Session #9130316, Total Time 01:59:03</p>
----	---

Student Background and Educational Plans

(Time: 00:01:14)

Major: Nursing Major Certainty: Very Sure

COMPASS Reading Placement Test

(Directions Time: 00:00:33)

<u>Placement Test</u>	<u>Score</u>	<u>Test Time</u>	<u>Note</u>
COMPASS Reading	75	00:55:49	Placement Domain

General Recommendations:
RDG 032

COMPASS Writing Skills Placement Test

(Directions Time: 00:02:07)

<u>Placement Test</u>	<u>Score</u>	<u>Test Time</u>	<u>Note</u>
COMPASS Writing Skills	66	00:37:14	Placement Domain

General Recommendations:
ENG 032

COMPASS Math Placement Test

(Directions Time: 00:00:21)

<u>Placement Test</u>	<u>Score</u>	<u>Test Time</u>	<u>Note</u>
Pre Algebra	35	00:16:33	Placement Domain

General Recommendations:
MAT 032

End of Report

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

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Certified Driver History - PAGE 9

- Attached is a certified copy of candidate's GA driver's history or printed from GCIC
- Attached is a certified copy of candidate's driver's history from another state

IMPORTANT NOTE:

Certified copy of an individual's driver's history must be the approved/accepted version by the state's department that governs driver's licenses and driver histories.

Candidate has possessed driver's licenses in what states in the past 10 years: (Check what applies)

- Georgia Driver's License ONLY during past 10 years
- Military Driver's License ONLY during past 10 years
- Military Driver's License (From (yr) _____ To (yr) _____)

States other than Georgia (list years and states below)

YEARS: From (yr) 1998 To (yr) 2007 State: SC From (yr) _____ To (yr) _____ State: _____

From (yr) _____ To (yr) _____ State: _____ From (yr) _____ To (yr) _____ State: _____

From (yr) _____ To (yr) _____ State: _____ From (yr) _____ To (yr) _____ State: _____

Has candidate ever been given a traffic citation?

- Yes** (If **Yes**, complete this section.) **No** (If **No**, go to next page.)

Has candidate received more than three citations during the past five years? **Yes** **No**

Has candidate ever had their license suspended? **Yes** (If yes, check which reason and give year) **No**

Year: 2009 DUI/DWI Points Insurance related Other If other, give brief reason below:

Reason: FAILURE TO APPEAR

List any traffic citation received during the past five years. Use Appendix 2 if necessary.

DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
11/13/2006	SPEEDING	SOUTH CAROLINA	GUILTY-PAID FINE
12/03/2008	SPEEDING	JONES COUNTY	BOND FORFEITURE
07/01/2009	OTHER VIOLATION	COLUMBIA COUNTY	BOND FORFEITURE
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION

Candidate's Last Name

GRANT

Information verified by Candidate:

D. Grant
 Candidate's Signature



OFFICIAL 10 YEAR DRIVER RECORD

Customer No.: _____ Driver License No.: 11250508
 Name : GRANT, LUCAS F
 Address : _____
 City : _____ State: _____ Zip: _____
 County : _____ Sex: M Driver Training: N
 DOB: _____

Status - DL: NO SUSPENSION CDL: NO DISQUALIFICATION

License Information

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.
Prior							
DL	D	Returned	02/18/2005	██████████	03/10/2000	N	N
DL	D	Renewal	02/18/2005	██████████	03/10/2000	N	N
DL	D	Duplicate	04/06/2007	██████████	03/10/2000	N	N
DL	D	Renewal	03/10/2000	██████████	03/10/2000	Y	N
DL	D	Duplicate	03/20/2001	██████████	03/10/2000	Y	N
DL	D	Duplicate	05/13/2004	██████████	03/10/2000	Y	N

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles.

A. L. Shuler
 Driver Services, Deputy Director

Address Change -

Address: _____ Date Changed: 05/13/2004
 City: _____ State: SC Zip: _____

Point Summary

Total Current Points: 0
 Driver Credit: - 0
 Adjusted Current Points: 0

SC Driver License/ID Surrendered

Credential Type: DL Class: D Function: Duplicate Posted: 05/07/2008
 Date Surrendered: 01/22/2008 Issued: _____
 Reason For Return: SC LICENSE RETURNED FROM OOS Duplicate DOI: 04/06/2007
 Returning State: GA

VIOL: 441-Speeding more than 10 mph but LT 25 mph

Ticket#: 62630DS

Violation: 11/13/2006 Conviction: 12/08/2006
 ACD: S92 Conviction Loc Ref:
 Conviction State: SC

Actual Speed: 61 Posted Speed: 40
 Recd: 04/30/2007 Post: 05/07/2007
 Conviction Reference:
 Court Type: Municipal Court
 Violation Points: 4 Current Points: 0

ACC: REPORTABLE

Accident: 05/27/2006
 Accident Case Number: 6066743
 Accident Jurisdiction: SC Accident Loc Ref: SCHDPT
 Contributed: N

Posted: 06/26/2006
 FR-10 Audit Number: V-156607
 History: N

VIOL: 421-Speeding 10-mph or less

Ticket#: 17006DF

OFFICIAL 10 YEAR DRIVER RECORD

Customer No.: 23506923
Name: GRANT, LUCAS F

Driver License No.: 11250508

Violation: 05/11/2005 Conviction: 06/20/2005
ACD: S51 Conviction Loc Ref:
Conviction State: SC

Recd: 07/06/2005 Post: 07/14/2005
Conviction Reference:
Court Type: Municipal Court
Violation Points: 2 Current Points: 0

End of Report

Certified to be a true and correct
copy of the original document on file
with the South Carolina Department of
Motor Vehicles.


Deputy Director



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

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CRIMINAL HISTORY – PAGE 10

Please read the following information carefully before completing the next pages.
 Pursuant to Title 35, Chapter 8 of the Official Code of Georgia Annotated and the Rules of the Georgia Peace Officer Standards and Training Council, each applicant is required to disclose ***EACH AND EVERY*** arrest and/or citation which the applicant has received, along with the disposition of ***EACH AND EVERY*** arrest and/or citation. Dispositions include, but are not limited to, dismissal, placement on a dead docket, nolle prosequi, finding or verdict of guilty or not guilty, plea of guilty, plea of nolo contendere, treatment under the First Offender Act, expungement, sealed, pardoned, or bond forfeiture. **NOTE: Failure to provide all requested information (including any intentional or unintentional omissions) may result in the rejection/denial of the application.**

Has the candidate lived only in the state of Georgia: Yes No

Has the candidate ever been arrested? Yes If Yes, complete this section. No If No, go to the Next Section.

Has the candidate ever been convicted of a felony? Yes No

Has candidate ever been charged with a crime of domestic/ family violence? Yes No
 (If YES, a copy of the police incident report and the court disposition regarding the arrest must be attached.)

Is the candidate currently or ever been subject to a qualifying protection order (temporary or federal) prohibiting the possession of a firearm or ammunition? Yes No (If Yes, submit copy of the order.)

List all felonies first. List all other charges in chronological order (with most recent first). Use Appendix 1 if necessary.

DATE OF ARREST m/d/yyyy 7/5/2005	<u>ARRESTING AGENCY</u> NORTH AUGUSTA, SC PD <u>CHARGE</u> (pick from list, if not on list provide below) Other Charge Not Listed If not on list, give charge: PUBLIC DISORDERLY CONDUCT <u>DISPOSITION:</u> Guilty If OTHER, give disposition below: BOND FORFEITURE	<u>CONVICTED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Check all that apply:</u> <input checked="" type="checkbox"/> Fine Amount: \$257.00 <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service
DATE OF ARREST m/d/yyyy	<u>ARRESTING AGENCY</u> <u>CHARGE</u> (pick from list, if not on list provide below) If not on list, give charge: <u>DISPOSITION:</u> If OTHER, give disposition below:	<u>CONVICTED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service

Attachments: Police Incident Report Court Disposition Signed/Notarized Statement re: incident

Candidate's Last Name

GRANT

Information verified by Candidate: _____

Candidate's Signature _____

STATEMENT

NAME: Lucas Grant

DATE: 11-8-10

On 7/4/2005 my father and I had a disagreement. This lead to a fight between him and I in a public location in North Augusta SC. We both were taken in where I was placed in a cell to calm down. I was released a hour later. I was never fingerprinted or photocal while at the North Augusta Police Dept. A fine was paid in which I did not know about to take care of court date.

SIGNATURE: L. Grant

SWORN BEFORE ME ON THIS 8th DAY OF November, 20 10

NOTARY PUBLIC/SEAL

Lilibey S. Mackney

Notary Public, Richmond County, Georgia
My Commission Expires March 1, 2013

NORTH AUGUSTA DEPARTMENT OF PUBLIC SAFETY

CASE NUMBER

NCIC

AGENCY I.D.
SC 0020300

INCIDENT REPORT

2,000 - 01546i

INQ. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. Disorderly Conduct x 2	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Business	N/A	<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig Orgn <input checked="" type="checkbox"/> Soc /Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE
211 B Edgefield Road Triangle Plaza North Augusta S.C				29841	N/A
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	LOCATION NO
7/4/05	2343		7/4/05	2343	7003

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
Cook II, L.A	None	J	W	M	22	N	803 279 2121	
ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.				
400 East Buena Vista Ave.	North Augusta	SC	29841	1003				

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
City Of North Augusta	None	J				N	803 279 2121	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
400 East Buena Vista Ave.	North Augusta	SC	29841	1003
VISIBLE INJURY (VICT 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EXPLAIN:	COMPLAINT OF ANY NON-VISIBLE INJURIES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO		
VICTIM (NO 1) USING ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	DRUGS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	TYPE:		

TWO-MAN VEH <input type="checkbox"/>	ONE-MAN VEH <input type="checkbox"/>	DETECTIVE/SPL ABMT. <input type="checkbox"/>	OTHER <input type="checkbox"/>	ALONE <input type="checkbox"/>	ASSISTED <input type="checkbox"/>	J This Jurisdiction	S State	O Out of State	U Unknown				
<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	BR
<input type="checkbox"/> RUNAWAY	[REDACTED]				B	M	46	N		5-03	240	BLK	O
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES CLOTHING, PHYSICAL PECULIARITIES, ETC.												
<input type="checkbox"/> WARRANT	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
<input checked="" type="checkbox"/> ARREST	[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	9999				
<input checked="" type="checkbox"/> JAIL	SUBJECT (NO. 1) USING ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK				ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			DATE/TIME OF OFFENSE		DATE/TIME OF ARREST			
<input checked="" type="checkbox"/> SUMMONS	DRUGS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK TYPE:				TOTAL # ARRESTED: 2			07/04/05 2340		17/04/05 2350			

While on patrol this officer was advised of a physical altercation at the above listed incident location. Upon arrival officer observed the two listed subject fighting in the parking lot of the incident location. Upon speaking to both subjects they advised officers that the altercation was over a disagreement about where subject #2 was going to stay on the incident date. During the investigation both subjects begin to use profanity towards each other. At this time both subjects were taken into custody, with their hands handcuffed behind their back. Both subjects were also searched. Subject #1 was transported to NADPS in vehicle 110, and subject #2 was transported in vehicle 112, both vehicles were searched prior to, and after the transport, no contraband was located on either search. Subject #1 was issued ticket number 67756 DI for disorderly conduct. Subject #2 was issued ticket number 67756 DI for disorderly conduct. Both subjects were booked, and released from NADPS.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED UNDER 18 <input checked="" type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
REASON FOR EXCEPTIONAL CLEARANCE 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE-NO CUSTODY					
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
L.A Cook II	7/4/05	211	Sgt. Schafer	7/4/05	169
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			OFFICER		

NORTH AUGUSTA DEPARTMENT OF PUBLIC SAFETY

CASE NUMBER

NCIC

AGENCY I.D.
SC 0020300

SUPPLEMENTAL INCIDENT REPORT

2 0 0 5 - 0 1 5 4 6 i

INQ.	ENTD.
------	-------

<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE <u>2</u> of <u>2</u> PAGES.
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

VICT. / SUBJ ID OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	DOB	ETH
	<input type="checkbox"/> VICTIM #	Grant, Lucas F.			#1	#2	#3	S	B	M	21		N
	<input checked="" type="checkbox"/> SUBJECT # 2	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	5-10	169	BLK	BRO								
	<input type="checkbox"/> WANTED	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			

VICT. / SUBJ ID OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	DOB	ETH
	<input type="checkbox"/> VICTIM #				#1	#2	#3						
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			
	<input type="checkbox"/> WANTED	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			

Disorderly Conduct

J This Jurisdiction 3 State 0 Out of State U Unknown

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH /GUN/ ETC 1	STATUS	TYPE	VIN AND/OR LICENSE NO.	BOAT HULL NO. AND/OR REG. NO.
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE	SERIAL AND/OR OWNER APPLIED NO.	STATE
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	YEAR OF REGISTRATION	YEAR OF EXPIRATION
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL	STYLE
	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE	COLOR	BRAND NAME
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	NIC NO.	DENOMINATION
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE	ISSUER	SECURITIES DATE

PROPERTY EST.	TYPE (GROUP)	TOTAL VALUE
STOLEN		
DAMAGED		
BURNED		
RECOVERED		
SEIZED		

SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input checked="" type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE 1 <input type="checkbox"/> OFFENDER DEATH. 2 <input type="checkbox"/> NO PROSECUTION 3 <input type="checkbox"/> EXTRADITION DENIED 4 <input type="checkbox"/> VICTIM DECLINES COOPERATION 5 <input type="checkbox"/> JUVENILE - NO CUSTODY				
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
L.A Cook II	07/04/05	211	Sgt. Schafer	07/04/05
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

DOCKET NO. 171390

DATE OF TRIAL 08/26/2005

CITATION NO. 67757 DI

NAME GRANT, LUCAS F.

DEFENDANT PLEA

DISPOSITION OF COUR

ADDRESS

17

GUILTY ()

GUILTY (****)

CHARGE DISORDERLY CONDUCT

NOT GUILTY ()

NOT GUILTY ()

DATE OF VIOLATIO 07/04/2005

TIME 23:43

NOLO CONTENDER ()

NOLLE PROSSE ()

LOCATION TRIANGLE PLAZA

REQUEST JURY ()

BOND FORFEIT (****)

OFFICER COOK, II, L

BOND

\$257.50 FINE

\$257.50 FINE

TRIED IN ABSENCE ()

BA OPER

0 DAYS

WITNESS

SUSP

DAYS

REMARK

WARRANT NO.

AMOUNT PAID TO CITY TREASUR

\$257.50

CASHIER'S STAMP

08/26/2005

B / M

Ginger Perry
CLERK OF COUR

STATE OF SOUTH CAROLINA
COUNTY OF AIKEN
CITY OF NORTH AUGUSTA

I do hereby certify that the foregoing constitutes a true and correct copy of the original document which has been filed in the office of the Clerk of Court

28th day of August 2010
Joliet J. Anderson
Clerk of Court
City of North Augusta, SC



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

Pg ___
Of ___
Initial

GCIC/NCIC PRINTOUT/FINGERPRINT RESULTS - PAGE 11

State law requires a fingerprint check to be conducted by both GCIC and NCIC for candidates for certification. Agencies have three (3) options for meeting this requirement. Check option your agency has chosen below:

OPTION 1: (Recommended) Attached **Electronic Fingerprint Results** for GCIC/NCIC
(Both GCIC & NCIC results required.)

See Georgia Applicant Processing Service at web site (<http://www.ga.cogentid.com/index.htm>) for fingerprinting service or go to a local law enforcement agency that has an electronic fingerprinting system such as LIVESCAN.) See *Appendix 13* for more details.

IMPORTANT NOTE:

If the agency attaches both GCIC and NCIC electronic fingerprint results, then a printout from the GCIC and NCIC criminal history is not required.

OPTION 2: Attached original & complete printout of GCIC/NCIC criminal history & agency has submitted fingerprint cards to GCIC for processing

Two (2) fingerprint cards sent to:
Georgia Crime Information Center
Records Section
P.O. Box 370748
Decatur, Georgia 30037-0748

Results from the Georgia Crime Information Center and results from the FBI/National Crime Information Center will be sent to the employing agency if OPTION 2 is used. Both of these results must be received at POST before a certification can be issued. It is the employing agency's responsibility to submit these results to POST if Option 2 is chosen. These results will be sent to the employing agency from GCIC and FBI/NCIC, and the agency must then send these results to POST.

OPTION 3: Attached GCIC "processed" card result & NCIC "processed" card result

- GCIC processed fingerprint cards have the results from GCIC noted on the card.
- FBI/NCIC result will be the Civil Applicant Response and Rap Sheet if applicable.

IMPORTANT NOTE:

It is strongly recommended that an agency use an electronic fingerprint submission for processing prints (either Georgia Applicant Processing Service at web site (<http://www.ga.cogentid.com/index.htm>) or a local law enforcement agency's electronic fingerprinting system). Agencies that do not have access to such systems are encouraged to check with larger agencies in their area to see if one is available. By attaching these electronic fingerprint submission results, agencies are able to improve the efficiency of the certification process.

Please do not send "unprocessed" fingerprint cards with this application. Doing so significantly slows down the process of certification.



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

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CANDIDATE ATTESTATION – PAGE 12

I have personally reviewed this application regarding ALL INFORMATION provided by me including my criminal and driver history. I attest and affirm that the information provided in this application including my criminal and traffic history is complete and correct to the best of my knowledge. I further understand that any act of omission may be grounds for denial of this application for certification as a peace officer (O.C.G.A. §35-8-7.1) and could result in criminal prosecution (O.C.G.A. §16-10-20). Each page is signed by me confirming verification of the data on that individual page. I understand that any page not signed and verified by me could result in a delay of processing of this application.

Last Name GRANT	Social Sec#
First Name LUCAS	Date of Birth (mm/dd/yyyy)
Middle Name FRANCHES	Suffix: _____

Lucas F. Grant
 Applicant Signature (Sign Full Name)

11-10-11
 Date

AGENCY ATTESTATION

As the agency head (or designee for the agency head), I have reviewed this application regarding ALL INFORMATION provided by the candidate including the criminal and driver history. I attest and affirm that the information provided in this application including the criminal and traffic history are within the hiring standards of our department and adhere to the requirements set forth by the Georgia Peace Officer Standards Training Council.

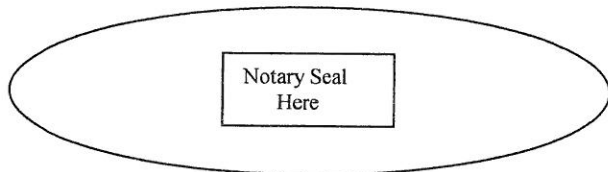
Gary A. Powell, Sr.
 Print Name of Agency Head (or designee)

 Agency Head (or designee) Signature

 Date

 Notary Public

 Date





POST Policy Statement

O.C.G.A. § 35-8-22

O.C.G.A. § 35-8-22 titled "*Reimbursement of training expenses by subsequent employer of peace officer; collection procedure*" states that 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.

The code section stipulates that if a 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 to the agency who initially paid for such training.

If the peace officer is hired during a period of **15 to 24 months** after mandated or formalized training requirements are completed, then one-half (Y2) of the total expense of training shall be reimbursed by the hiring agency to the agency who initially paid *for* such training.

Definitions:

Mandated Training - training which is required by state law. The basic training course identified in O.C.G.A. § 35-8-9 is the only course "mandated" by state law.

Formalized Training- training identified in an agency's standard operating procedure (S.O.P.) manual which dictates training that **all** new basic recruits must complete as part of their employment with the hiring agency.

Since the State of Georgia bears the tuition cost for the majority of Georgia's peace officers, it does not become an issue when attempting to seek reimbursement. Reimbursement of the officer's salary paid during training is typically the only issue.

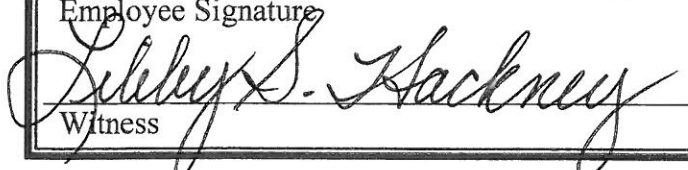
The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment by the hiring agency and may **enforce collection of such obligation through civil remedies** and procedures. (O.C.G.A. § 35-8-22(b))

NOTE: Effective July 1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgment of the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officer's employment with the demanding governmental unit. (O.C.G.A. § 35-8-22(c))

I have read and understand the above P.O.S.T. Policy Statement relating to O.C.G.A. §35-8-22:


Employee Signature

11-10-11
Date


Witness

Law Enforcement Center
401 Walton Way, Room B275
Augusta, Georgia 30901-5835
(706) 821-1065 FAX (706) 821-1064
www.augustaga.gov



Richmond County Sheriff's Office

**RONALD STRENGTH
SHERIFF**

POLICY RECEIPT ACKNOWLEDGEMENT

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

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

I have received, read and understand the above referenced policy, which was adopted into the R.C.S.O. Policy & Procedures Manual as Chapter 19 in August of 2011:	
<u><i>D. Grant</i></u> Employee Signature	<u>9-16-11</u> Date
<u>Lucas Grant</u> Printed Name	
<u><i>A. Lamm Menis</i></u> Witness	

**TO: LIBBY HACKNEY: COL. GARY POWELL
CC: CAPT. CHESTER HUFFMAN; CAPT. BILL REEVES; CAPT. JACK FRANCISCO
FROM: TRAINING RANGE
DATE: JULY 19, 2011**

**BELOW IS A LIST OF PEOPLE WHO SHOWED FOR THE BASIC FIREARMS COURSE
HELD JULY 18, 2011 – JULY 19, 2011.**

LORA ALFORD	PASSED P.T.	PASSED FIREARMS
EDWARD CORDES	PASSED P.T.	PASSED FIREARMS
WILLIAM DURHAM	PASSED P.T.	PASSED FIREARMS
MICHAEL HUCKO	PASSED P.T.	PASSED FIREARMS
ELIZABETH BERRY	PASSED P.T.	FAILED FIREARMS
LUCAS GRANT	PASSED P.T.	FAILED FIREARMS
BRIAN MANECKE	PASSED P.T.	FAILED FIREARMS
FRANCES WESTBROOK	FAILED P.T.	FAILED FIREARMS

**BELOW IS A LIST OF THEIR SCORES. PASSING SCORE FOR DAY QUALIFICATION IS
240 OUT OF 300. LOW-LIGHT QUALIFICATION IS FAMILIARIZATION ONLY.**

LORA ALFORD	DAY – 244
EDWARD CORDES	DAY – 298
WILLIAM DURHAM	DAY – 258
MICHAEL HUCKO	DAY – 250
ELIZABETH BERRY	DAY – 188
LUCAS GRANT	DAY – 206
BRIAN MANECKE	DAY – 220
FRANCES WESTBROOK	DAY – 226

IF YOU HAVE ANY QUESTIONS PLEASE GIVE US A CALL.

Aiken Technical College
lucas f. grant - ID: _____
2010 ATC Reading, Writing, & Math Skills Taken May 23, 2011 at Aiken Tech- Session #9130316, Total Time 01:59:03

Student Background and Educational Plans

(Time: 00:01:14)

Major: Nursing Major Certainty: Very Sure

COMPASS Reading Placement Test

(Directions Time: 00:00:33)

<u>Placement Test</u>	<u>Score</u>	<u>Test Time</u>	<u>Note</u>
COMPASS Reading	75	00:55:49	Placement Domain

General Recommendations:
RDG 032

COMPASS Writing Skills Placement Test

(Directions Time: 00:02:07)

<u>Placement Test</u>	<u>Score</u>	<u>Test Time</u>	<u>Note</u>
COMPASS Writing Skills	66	00:37:14	Placement Domain

General Recommendations:
ENG 032

COMPASS Math Placement Test

(Directions Time: 00:00:21)

<u>Placement Test</u>	<u>Score</u>	<u>Test Time</u>	<u>Note</u>
Pre Algebra	35	00:16:33	Placement Domain

General Recommendations:
MAT 032

End of Report

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FAX/Report Cover

Aiken Technical College
Workforce & Business Development

PO Drawer 696
Aiken, SC 29802-0696

Date _____

Number of pages including cover sheet _____

To: Col Gary Powell
Richmond County
Sheriff's Office

From: Beth Satcher
WBD/Test Center

Testcenter@atc.edu
satcherb@atc.edu

Fax To: _____
Fax Phone: 706-821-1064
Phone: _____

Phone: 803-593-9954 ext. 1264 / 1772
Fax Phone: 803-594-1949

REMARKS:

- Urgent For your review Reply ASAP Please comment

Compass Test Results

12/29/2010

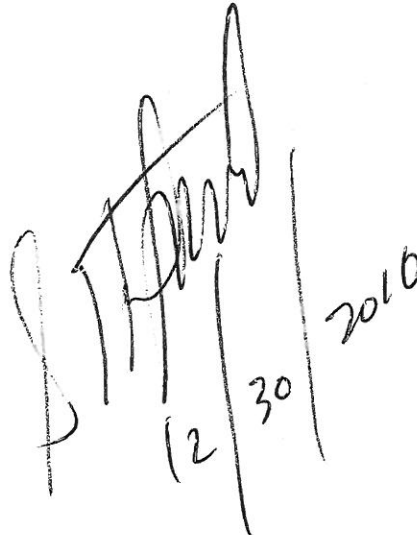
To: Chief Sidney Hatfield

From: Deputy Lucas F. Grant

Chief Hatfield,

I would like to ask your permission to continue my part time job with J.B. Williams Carpet & Upholstery Cleaning Service.

Thank you for your consideration,

A handwritten signature in cursive script, appearing to read "L. F. Grant".A handwritten signature in cursive script, appearing to read "S. Hatfield". Below the signature is a date written as "12/30/2010".



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

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CERTIFICATION OF CANDIDATE - PAGE 1

Projected Academy: GPSTC-Augusta	Projected Academy Start Date	UNKNOWN
Candidate's Last Name GRANT		Candidate's Position Jail Officer
Candidate's First Name LUCAS		
Candidate's Middle Name FRANCHES		
Give suffix (such as Jr., Sr., II, III, IV, V, etc.):		
Maiden Name		Date of Employment 11/13/2010 (mm/dd/yyyy)

RACE Black or African American (not Hispanic or Latino)	SEX/GENDER Male
---	---------------------------

Education (check highest level that documentation is provided for in this application)
Bachelor's Degree

Social Sec#	Date of Birth (mm/dd/yyyy)
-------------	-------------------------------

HEIGHT 5 ft 9 in	WEIGHT 175 lbs	HAIR COLOR BLACK	EYE COLOR BROWN
----------------------------	--------------------------	----------------------------	---------------------------

Are you a citizen of the United States?
 Yes No

AGENCY MAKING APPLICATION Richmond County Sheriff's Office	AGENCY PHONE# (AREA CODE) - NUMBER (706)-821-1000
--	--

NAME OF AGENCY CONTACT (Agency Person Processing Application) LIBBY S. HACKNEY	CONTACT PHONE# (AREA CODE) - NUMBER (706)-469-3350 EXT
--	---

EMAIL ADDRESS OF AGENCY CONTACT
lhackney@augustaga.gov

The above listed candidate is/will be employed with your agency as which of the following:
 Full-time jail officer (Full-time employment is a minimum of 30 hours/week or 120 hours/28 day period.)

Checklist (Please check each block below to verify that a complete application is provided.)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Page 2 Agreement/Photo | <input checked="" type="checkbox"/> Page 6 Education | <input checked="" type="checkbox"/> Page 10 Criminal History |
| <input checked="" type="checkbox"/> Page 3 PH Release | <input checked="" type="checkbox"/> Page 7 Military | <input checked="" type="checkbox"/> Page 11 Printout/FPs |
| <input checked="" type="checkbox"/> Page 4 Verification | <input checked="" type="checkbox"/> Page 8 Entrance Exam/LE Hist | <input checked="" type="checkbox"/> Page 12 Attestation |
| <input checked="" type="checkbox"/> Page 5 Birth/Citizen | <input checked="" type="checkbox"/> Page 9 Driver Hist | <input checked="" type="checkbox"/> Physician's Affidavit |
| <input checked="" type="checkbox"/> Birth Certificate or other docs provided | <input type="checkbox"/> DD214 form | <input type="checkbox"/> Discharge explanation |
| <input type="checkbox"/> Naturalization Papers. (both must be attached.) | <input type="checkbox"/> Notarized/Written Statement required (see Appendix 9) | <input checked="" type="checkbox"/> GCIC/NCIC Printout |
| <input checked="" type="checkbox"/> High School Diploma/GED/Homeschool Affidavit | <input checked="" type="checkbox"/> Electronic Fingerprint Submission Results attached | <input checked="" type="checkbox"/> Driver's History |
| <input type="checkbox"/> Fingerprint Cards mailed to GCIC | | |

11/14/2010



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

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CANDIDATE AGREEMENT & PHOTOGRAPH - PAGE 2

Please read and sign in the presence of the agency head or authorized representative acknowledging your acceptance and understanding of this agreement.

I, **LUCAS FRANCHES GRANT**

(FULL NAME OF CANDIDATE - First Middle Last),

when approved for Basic Jail Officer Training, agree to obey all rules and regulations, and understand that I am subject to dismissal from the Training Academy for any infractions or failure to achieve the scholastic standard set by the Georgia POST Council. I further certify that I am in good health, physically fit, and of good moral character and release the Georgia Peace Officer Standards and Training Council, the Department of Public Safety, the Georgia Public Safety Training Center, the State of Georgia, and any other official associated or connected with the training academy for liability in case of illness or accident.

I understand that I must satisfactorily complete a basic training course, according to O.C.G.A. §35-8-24, and under POST Rules, I must attend the basic course within six (6) months of the initial date of employment in order to perform the duties of a jail officer.

This application will be valid for 18 months only. If not certified by that time, a new application must be submitted.



Lucas F. Grant
Candidate Signature

11-8-10
Date

James Powell
Agency Head or Authorized Representative Signature



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

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 [Handwritten initials]

PERSONAL HISTORY RELEASE - PAGE 3

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 GRANT		First Name LUCAS	Middle Name FRANCHES
DATE OF BIRTH (mdyyyy)	MAIDEN NAME		PHONE NUMBER (AREA CODE) - NUMBER 17
Social Security Number		cell	
EMAIL ADDRESS			
ADDRESS: Street		Apartment/Unit#	
City	State:	Zip Code:	

[Handwritten Signature]
 Candidate Signature (including maiden name)

11-8-10
 Date

[Handwritten Signature]
 Notary Public Signature

11/08/2010
 Date

Notary Public, Richmond County, Georgia
My Commission Expires March 1, 2013



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

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 Of 13
 Initials [Signature]

VERIFICATION/RECOMMENDATION/ACKNOWLEDGEMENT - PAGE 4

I have verified the information provided by the candidate contained in this application, and I am aware that it is my responsibility to provide POST with a complete and accurate application on behalf of my agency. My initials have been placed in the upper right hand corner on each page to signify my review of the information provided, and I accept responsibility for the veracity of this application. Based on my verification, this candidate has met the requirements of O.C.G.A. § 35-8-8.

[Signature]
 Signature - Agency Employee Responsible for Verification

11/08/2010
 Date

BACKGROUND INVESTIGATION

LUCAS FRANCHES GRANT

(FULL NAME OF CANDIDATE - FIRST, MIDDLE INITIAL, LAST)

Date Candidate was interviewed:
 (mm/dd/yyyy)
9/28/2010

Name of Interviewer (First Last)
 RICHARD WEAVER

The Background Investigator verified the following information with the appropriate authorities:

- Education (High School & College) Yes No
- Prior LE Employment & Certification Yes No Not applicable
- Military Yes No Not applicable
- Criminal History Yes No
- Traffic History Yes No

Name of Background Investigator (First Last)
 EDWARD WILHELM

Date Background Investigation Completed
 (mm/dd/yyyy) 10/15/2010

[Signature]
 Signature of Person Conducting Background Investigation

AGENCY HEAD RECOMMENDATION

The candidate named in this application was found to satisfy the requirements of O.C.G.A. § 35-8-24, and is recommended by me for attendance to a Basic Jail Officer Training Course and for certification upon successfully completing this training. I am aware of POST reimbursement guidelines and understand that the candidate must be a paid, full-time employee during training to receive reimbursement.

(NOTE: Once this application is approved a POSTFORM #2 authorizing the academy/school attendance will be issued. No person shall perform the duties of a jail officer without successful completion of the Basic Jail Officer Training Course per the POST Act & POST Rules.)

"(a) No person required to comply with the certification provisions of this chapter shall be employed or appointed by any law enforcement unit without certification from the Council that the applicant has met the pre-employment requirements established in this chapter."

[Signature]
 Agency Head Signature

11/08/2010
 Date



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

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BIRTH & CITIZENSHIP VERIFICATION - PAGE 5

Does candidate's name match the name on their birth certificate? **Yes** **No**

If **No**, please list all of the names that candidate has had since birth and explain discrepancy (adoption, marriage, name change, etc).

(Documentation for a name change for anything other than marriage **MUST** be attached.)

Check here if name change documentation is attached

Names: (List chronologically with most recent first):

Name: _____ Used from (YR) _____ to (YR) _____

Name: _____ Used from (YR) _____ to (YR) _____

Name: _____ Used from (YR) _____ to (YR) _____

Name: _____ Used from (YR) _____ to (YR) _____

Explanation(s) for name changes: _____

Was Candidate born in the United States? **Yes** **No**

Country of birth if other than U.S.: _____

City: _____

State: _____

Was the candidate a U.S. military dependent at the time of birth? **Yes** **No**

Is the candidate a naturalized citizen? **Yes** **No**

NOTE: If naturalized, a certified copy of the naturalization papers OR a copy of their U.S. passport must be submitted.

ATTACHMENTS

Attached to this page is a copy of the candidate's certified birth certificate: **YES** **NO**

If **NO**, attached is a copy of the candidate's valid Georgia Driver's License **and:**
 (must have **at least one** of the following documents - **check** the ones that are attached)

- Baptismal Record (w/full name & date of birth)
- Draft Card (w/full name & date of birth)
- Court Records (w/full name & date of birth)
- Passport (w/full name & date of birth)
- Citizenship Papers (w/full name & date of birth)
- Armed Forces Discharge Paper (DD214) (w/full name & date of birth)
- Certified Copy of School Records (w/full name & date of birth)

IMPORTANT NOTE: If any of the above documents are used for this verification, the documents must show **the full name and date of birth** of the candidate. In order to establish the **place of birth**, the candidate must submit a **signed & notarized statement** (Appendix 9) indicating that the candidate is a United States citizen if documents other than a birth certificate are furnished. Included in this statement must be the place, date and country of birth.

If the candidate is a **naturalized citizen**, a **certified copy of the naturalization papers or a copy of their U.S. passport** and a completed Appendix 9 must be submitted.

Appendix 9 attached (Appendix 9 is the required signed & notarized statement listed above)

Certified copy of naturalization papers or U.S. passport is attached



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

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EDUCATION - PAGE 6

Please attach High School Diploma or GED or Home School Affidavit to this page.

Candidate graduated high school from: *(check one)*

(School must have a state, regional, or national accreditation that POST accepts - see www.chea.org for acceptable accrediting agencies.)

- Public School Private School Home School
 Correspondence School Internet School Obtained GED

A School Outside of the United States *(Must include written statement describing type of school, curriculum, and how it is equivalent to a U.S. High School diploma.)*

High School Name:

NORTH AUGUSTA HIGH SCHOOL

Location of High School (City/State):

NORTH AUGUSTA, SC

Year Graduated (yyyy)

2002

H.S. Phone #

(803)-442-6100

COLLEGE

Candidate received their highest college degree from:

NEWBERRY COLLEGE

Year Graduated w/highest degree (yyyy)

2006

The degree was a/an: Associate's Bachelor's Master's Doctorate degree.

Note: If candidate wishes to have their college degree recorded in their profile, a copy of their diploma or a certified copy of their college/university transcript can be attached in addition to their high school diploma.

Check here if candidate has ALSO attached a college diploma/transcript for their profile.

List colleges/universities attended or obtained a degree from *(list colleges/universities):*

(Use and attach appendix 4 for additional degrees obtained and/or colleges attended)

College/Univ: _____

Attended from (mo/yr to mo/yr): _____ to _____

Did not obtain degree

Obtained: Associate's Bachelor's Master's Doctorate degree.

College/Univ: _____

Attended from (mo/yr to mo/yr): _____ to _____

Did not obtain degree

Obtained: Associate's Bachelor's Master's Doctorate degree.

College/Univ: _____

Attended from (mo/yr to mo/yr): _____ to _____

Did not obtain degree

Obtained: Associate's Bachelor's Master's Doctorate degree.

*** IMPORTANT NOTE:** If the candidate obtained their diploma from a correspondence school or received a diploma via the internet, the hiring agency will need to check accreditation of the school. Schools issuing diplomas must be accredited by one of the POST accepted accrediting agencies (*see www.chea.org for acceptable accrediting agencies.*)

Student Name Grant, Lucas F		
Student ID 110000120626	Grade 12	Gender M
Birth Place	Date Of Birth	Ethnic Code

Aiken County Public Schools
School Year 2001-02

Enter Date:
Graduated: 05/31/02

School Name/Address North Augusta High School 2000 Knobcone Ave. North Augusta, SC 29841 Tel: 803-442-6100 Fax: School Alternate Number:	
---	--

Course Title	Grade	Ab	Credit	Course Title	Grade	Ab	Credit
North Augusta High School Grd 08 6/1998				North Augusta High School Grd 12 6/2002			
C PREALG	96		1.000	C English4	81		1.000
Crd Att: 1.000 Cmp: 1.000 Total GPA: 4.370				H Adv Composition	83		1.000
North Augusta High School Grd 09 6/1999				H Western Civ	90		1.000
C Elective	80		1.000	C PE 4	100		0.500
H English 1-CP	88		1.000	H French2	89		1.000
H Biology 1-CP	88		1.000	C Prob&Stats-SERC	84		1.000
H World Geography--C	96		1.000	Crd Att: 5.500 Cmp: 5.500 Total GPA: 3.486			
C Physical Education	88		1.000	GPA Summary			
H Algebra 1 CP	80		1.000				
Crd Att: 6.000 Cmp: 6.000 Total GPA: 3.537				Total GPA: 3.339 Class rank is 121 of 285			
North Augusta High School Grd 10 6/2000				Total Credits Attempted: 26.500			
H English 2-CP	80		1.000				
H Chemistry 1 CP	80		1.000				
H Am Govt/CP	96		0.500				
C Psychology CP	88		0.500				
C Sociology CP	88		0.500				
C Weight Trng 2 CP	96		0.500				
C Driver Education C	96		0.500				
H Geometry-CP	73		1.000				
T Pre-Engineering 1	96		1.000				
Crd Att: 6.500 Cmp: 6.500 Total GPA: 3.418							
North Augusta High School Grd 10 7/2000							
C Economics	80						
Crd Att: 0.500 Cmp: 0.000 Total GPA: 2.370							
North Augusta High School Grd 11 6/2001							
C English3	79		1.000				
H Biology2	74		1.000				
C US Hist and Consti	88		1.000				
C PE 1	98		0.500				
C PE 1	100		0.500				
C French1	88		1.000				
C Algebra2	81		1.000				
T Intro to Computers	73		0.500				
T Keyboarding	82		0.500				
Crd Att: 7.000 Cmp: 7.000 Total GPA: 2.904							

GRADUATED

Accredited by the Southern Association of Colleges and Schools

Grading Scale: A=93-100; B=85-92; C=77-84; D=70-76; F=0-69

Transcript is unofficial unless signed by a school official.
Official's Signature

Diane Smiley
Date: 06/04/02

SECONDARY SCHOOL RECORD—TRANSCRIPT

STUDENT INFORMATION

SCHOOL INFORMATION #411520

Last Name: _____ First Name: _____ Middle Name: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Parent or Guardian: _____
 Previous Secondary School Attended: _____ Date Left: _____
 Date of Birth: _____ Sex: Male Female
 Withdrew Was or Will Be Graduated

School Name: **NORTH AUGUSTA SENIOR HIGH SCHOOL**
 School Address: **2000 Knobcone Avenue**
 City: **North Augusta, South Carolina 29841**
 School Phone Number: **803-442-6100**
 School Accredited By: State System Reg. Assoc. Assoc.
 Enrollment in Grades: **10** -12
 Percent Graduates Entering College: **10**
 4 Yr. Col. and Other: _____
 2 Yr. Col. and Other: _____
 Passing Mark: **68** Honors Mark (if any): _____
 LOWEST NUMERICAL EQUIVALENT:
 A: **93** B: **85** C: **75** D: **68**

YEAR	SUBJECTS	IDENTIFY LAB TV SEMINAR SUMMER	IDENTIFY HONORS REGEL AD. PL ETC	MARKS		CRED OR UNIT	STATE TEST SCORES
				1ST SEM	2ND SEM		
9							
19							
19							

EXPLANATION OF HONORS COURSES
 GRADING SCALE:
Quality Points....
 Advanced General Basic

A (93-100)	6	5	4
B (85-92)	5	4	3
C (75-84)	4	3	2
D (68-74)	3	2	1
F (Below 68)	0	0	0
I (Incomplete)	0	0	0

Code: (A) (G) (B)

NAME OF STUDENT: **GRANT LUCAS F**
 SOC. SEC. NO. ID: _____

	PIAN	ENG	MATH	READ	SCI REAS	COMP	TEST DATE	11/10/99			
		SCALE SCORES	15	15	11	18	15	ENGLISH SUBSCORES		MATH SUBSCORES	
		% AT OR BELOW	44	42	18	68	43	07	08	07	07
							U-M	RS	ALG	GEOM	

YEAR	DATE	NAME OF TEST	RAW OR STD. SCORE	PERCENTILE SCORE	NORM GROUP
11					
19					
19					
12					
19					
19					

ANK IN CLASS BASED ON _____ SEMESTERS
 EXACTLY APPROX. _____ IN CLASS OF _____
 AL RANK _____
 Appropriate Rank Information:
 ALL SUBJECTS GIVEN CREDIT ALL STUDENTS
 MAJOR SUBJECTS ONLY COLL. PREP. STUDENTS ONLY
 Explain Weighting of Marks in Determining Rank

OUTSTANDING ACTIVITIES HONORS AWARDS

DATE	NAME OF TEST	RAW OR STD. SCORE			PERCENTILE SCORE			DATE	NAME OF TEST	RAW OR STD. SCORE			PERCENTILE SCORE		
		SCORE	SCORE	NORM GROUP	SCORE	SCORE	NORM GROUP			SCORE	SCORE	NORM GROUP	SCORE	SCORE	NORM GROUP

Date: _____ Signature: _____ Title: _____

Newberry College

PRO ECCLESIA ET POSTERITATE

This is to show to all who read it that upon the recommendation of the President and Faculty of this College and in recognition of Scholarship and Character, the Board of Trustees has conferred upon

Lucas F. Grant

the degree of

Bachelor of Science

In Witness Whereof we have hereunto affixed our signatures and the seal of the College at Newberry, South Carolina, this thirteenth day of May, in the year of our Lord two thousand and six.

William McKelvey
Chairman of the Board of Trustees



Mitchell M. Zatz
President of the College



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

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Initial RA

MILITARY - PAGE 7

PLEASE ATTACH YOUR MILITARY DISCHARGE OR DD214 HERE.
(DD214 (Member 4 form version) must indicate type of discharge.)

Did this candidate serve in the military? Yes No
(If "NO", go to the next page. If Yes, complete this page.)

Candidate served in the (check as apply): Air Force Army Coast Guard Marines
 Navy National Guard Reserves - Give Branch _____
 Other Department of Defense service - list _____

IMPORTANT NOTE: If the candidate recently served or is currently serving in the reserves, it is acceptable to attach a letter from their current military reserve commander regarding their service record.

Candidate's dates of enlistment:

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____
FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____
FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____

Was candidate's CHARACTER OF SERVICE/DISCHARGE honorable? Yes No
(If Yes, go to the next page. If No, candidate's character of service was listed as (choose applicable one from pull down menu below):

A brief **explanation** regarding candidate's character of service/discharge must also be attached to this page (providing details for the reason for this character).



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

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 [Signature]

ENTRANCE EXAM & LE EMPLOYMENT HISTORY – PAGE 8

LAW ENFORCEMENT CERTIFICATION HISTORY

1. Has the candidate ever been certified or previously submitted an application to GA Post Council?
 Yes No

2. Has the candidate ever been certified as an officer in another state? Yes No
 (If **YES**, list state & certification #'s. Use appendix 6 for additional listings if necessary.)

STATE (Ex. GA): CERTIFICATION#

STATE (Ex. GA): CERTIFICATION#

If the candidate answers "**YES**" to #2 above, POST requires written proof from the other state's POST Council or equivalent that the officer's certification in that state is in "good standing." See Reference Manual for more details on "Good Standing". (Check box below to verify that proof of good standing is attached.)

3. Has the candidate ever been denied an application for certification for a law enforcement professional position (i.e. police, jail, communications, probation, parole, etc) in GA or another state?
 Yes No N/A If **YES**, a written signed explanation must be provided. Check box below if attached.)

4. Has the candidate's certification ever been disciplined or sanctioned in another state?
 YES NO N/A (If **YES**, provide a written signed explanation & check box below if attached.)

Attachments to this page:

Proof of Officer's "**good standing**"/certification status (needed for states other than Georgia ONLY)

A written & signed explanation of the **officer's denial**.

A written & signed explanation of the **officer's discipline or sanction**.

LAW ENFORCEMENT EMPLOYMENT HISTORY

Please list law enforcement agencies that you have worked for in chronological order (with most recent first). See appendix 6 for additional pages for employment history if necessary.

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:

Agency Name:
 State: Employed from (mo/yr) to:
 Position held: Reason for leaving:



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

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Certified Driver History - PAGE 9

Attached is a certified copy of candidate's GA driver's history or printed from GCIC

Attached is a certified copy of candidate's driver's history from another state

IMPORTANT NOTE:

Certified copy of an individual's driver's history must be the approved/accepted version by the state's department that governs driver's licenses and driver histories.

Candidate has possessed driver's licenses in what states in the past 10 years: (Check what applies)

Georgia Driver's License ONLY during past 10 years

Military Driver's License ONLY during past 10 years

Military Driver's License (From (yr) _____ To (yr) _____)

States other than Georgia (list years and states below)

YEARS: From (yr) 1998 To (yr) 2007 State: SC From (yr) _____ To (yr) _____ State: _____

From (yr) _____ To (yr) _____ State: _____ From (yr) _____ To (yr) _____ State: _____

From (yr) _____ To (yr) _____ State: _____ From (yr) _____ To (yr) _____ State: _____

Has candidate ever been given a traffic citation?

Yes (if Yes, complete this section.) No (if No, go to next page.)

Has candidate received more than three citations during the past five years? Yes No

Has candidate ever had their license suspended? Yes (if yes, check which reason and give year) No

Year: 2009 DUI/DWI Points Insurance related Other If other, give brief reason below:

Reason: FAILURE TO APPEAR

List any traffic citation received during the past five years. Use Appendix 2 if necessary.

DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION
<u>05/11/2005</u>	<u>SPEEDING</u>	<u>SOUTH CAROLINA</u>	<u>GUILTY-PAID FINE</u>
<u>11/13/2006</u>	<u>SPEEDING</u>	<u>SOUTH CAROLINA</u>	<u>GUILTY-PAID FINE</u>
<u>12/03/2008</u>	<u>SPEEDING</u>	<u>JONES COUNTY</u>	<u>BOND FORFEITURE</u>
<u>07/01/2009</u>	<u>OTHER VIOLATION</u>	<u>COLUMBIA COUNTY</u>	<u>BOND FORFEITURE</u>
_____	_____	_____	_____
_____	_____	_____	_____

Candidate's Last Name

GRANT

Information verified by Candidate:

[Signature]
 Candidate's Signature



Georgia Peace Officer Standards & Training Council
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CRIMINAL HISTORY - PAGE 10

Please read the following information carefully before completing the next pages. Pursuant to Title 35, Chapter 8 of the Official Code of Georgia Annotated and the Rules of the Georgia Peace Officer Standards and Training Council, each applicant is required to disclose **EACH AND EVERY** arrest and/or citation which the applicant has received, along with the disposition of **EACH AND EVERY** arrest and/or citation. Dispositions include, but are not limited to, dismissal, placement on a dead docket, nolle prosequi, finding or verdict of guilty or not guilty, plea of guilty, plea of nolo contendere, treatment under the First Offender Act, expungement, sealed, pardoned, or bond forfeiture. **NOTE: Failure to provide all requested information (including any intentional or unintentional omissions) may result in the rejection/denial of the application.**

Has the candidate lived only in the state of Georgia: Yes No

Has the candidate ever been arrested? Yes If Yes, complete this section. No If No, go to the Next Section.

Has the candidate ever been convicted of a felony? Yes No

Has candidate ever been charged with a crime of domestic/ family violence? Yes No
 (If YES, a copy of the police incident report and the court disposition regarding the arrest must be attached.)

Is the candidate currently or ever been subject to a qualifying protection order (temporary or federal) prohibiting the possession of a firearm or ammunition? Yes No (If Yes, submit copy of the order.)

List all felonies first. List all other charges in chronological order (with most recent first). Use Appendix 1 if necessary.

DATE OF ARREST m/d/yyyy 7/5/2005	<u>ARRESTING AGENCY</u> NORTH AUGUSTA, SC PD <u>CHARGE</u> (pick from list, if not on list provide below) Other Charge Not Listed If not on list, give charge: PUBLIC DISORDERLY CONDUCTR <u>DISPOSITION:</u> Guilty If OTHER, give disposition below: BOND FORFEITURE	<u>CONVICTED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Check all that apply:</u> <input checked="" type="checkbox"/> Fine Amount: \$257.00 <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service
DATE OF ARREST m/d/yyyy	<u>ARRESTING AGENCY</u> <u>CHARGE</u> (pick from list, if not on list provide below) If not on list, give charge: <u>DISPOSITION:</u> If OTHER, give disposition below:	<u>CONVICTED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service

Attachments: Police Incident Report Court Disposition Signed/Notarized Statement re: incident

Candidate's Last Name
 GRANT

Information verified by Candidate: D. Grant

Candidate's Signature

NORTH AUGUSTA DEPARTMENT OF PUBLIC SAFETY

CASE NUMBER

NCIC

AGENCY I.D.
SC 0020300

INCIDENT REPORT

2 | 0 | 0 | - | - | 0 | 1 | 5 | 4 | 6 | i

INQ.	ENTD.
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INCIDENT TYPE 1. Disorderly Conduct x 2	COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FORCED ENTRY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PREMISE TYPE Business	UNITS ENTERED N/A	TYPE VICTIM <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig Orgn <input checked="" type="checkbox"/> Soc /Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) 211 B Edgefield Road Triangle Plaza North Augusta S.C				ZIP CODE 29841	WEAPON TYPE N/A
INCIDENT DATE 7/4/05	24 HR. CLOCK 2343	TO DATE 	24 HR. CLOCK 	DISPATCH DATE/TIME 24 HR. CLOCK DISP DATE: 7/4/05 DISP TIME: 2343 TIME ARRIVED: 2343 DEPART TIME: 0046	
LOCATION NO 7003					

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) Cook II, L.A			RELATIONSHIP TO SUBJECT None			RESIDENT J	RACE W	SEX M	AGE 22	ETH N	DAYTIME PHONE 803 279 2121	EVENING PHONE
ADDRESS 400 East Buena Vista Ave.						CITY North Augusta	STATE SC	ZIP CODE 29841	LOCATION NO. 1003			

VICTIM'S NAME (LAST, FIRST, MIDDLE) City Of North Augusta			RELATIONSHIP TO SUBJECT None			RESIDENT J	RACE 	SEX 	AGE 	ETH N	DAYTIME PHONE 803 279 2121	EVENING PHONE
ADDRESS 400 East Buena Vista Ave.						CITY North Augusta	STATE SC	ZIP CODE 29841	LOCATION NO. 1003			

VISIBLE INJURY (VICT 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN:				COMPLAINT OF ANY NON-VISIBLE INJURIES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
VICTIM (NO 1) USING ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK TYPE:				TWO-MAN VEH <input type="checkbox"/> ONE-MAN VEH <input type="checkbox"/> DETECTIVE/SPL ASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/>			
J This Jurisdiction s State O Out of State U Unknown							

SUBJECT NO. 1	<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE) [REDACTED]			RACE B	SEX M	AGE 46	ETH N	DATE OF BIRTH 	HEIGHT 5-03	WEIGHT 240	HAIR BLK	BR O		
<input type="checkbox"/> RUNAWAY	FACIAL HAIR, SCARS, TATTOOS, GLASSES CLOTHING, PHYSICAL PECULIARITIES, ETC.														
<input type="checkbox"/> WANTED	ADDRESS [REDACTED]														
<input type="checkbox"/> WARRANT	CITY [REDACTED]														
<input checked="" type="checkbox"/> ARREST	STATE [REDACTED]														
<input checked="" type="checkbox"/> JAIL	ZIP CODE 9999														
<input checked="" type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			DATE/TIME OF OFFENSE 07/04/05 2340			DATE/TIME OF ARREST 17/04/05 2350					
DRUGS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK TYPE:				TOTAL # ARRESTED: 2											

NARRATIVE

While on patrol this officer was advised of a physical altercation at the above listed incident location. Upon arrival officer observed the two listed subject fighting in the parking lot of the incident location. Upon speaking to both subjects they advised officers that the altercation was over a disagreement about where subject #2 was going to stay on the incident date. During the investigation both subjects begin to use profanity towards each other. At this time both subjects were taken into custody, with their hands handcuffed behind their back. Both subjects were also searched. Subject #1 was transported to NADPS in vehicle 110, and subject #2 was transported in vehicle 112, both vehicles were searched prior to, and after the transport, no contraband was located on either search. Subject #1 was issued ticket number 67756 DI for disorderly conduct. Subject #2 was issued ticket number 67756 DI for disorderly conduct. Both subjects were booked, and released from NADPS.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
PROPERTY EST.	TYPE (GROUP)	STOLEN	DAMAGED	BURNED	RECOVERED	SEIZED	TOTAL VALUE
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18	
REASON FOR EXCEPTIONAL CLEARANCE 1. <input type="checkbox"/> OFFENDER DEATH		2. <input type="checkbox"/> NO PROSECUTION.		3. <input type="checkbox"/> EXTRADITION DENIED		4. <input checked="" type="checkbox"/> VICTIM DECLINES COOPERATION	
5. <input type="checkbox"/> JUVENILE-NO CUSTODY		6. <input type="checkbox"/> EX-CLEAR UNDER 18		7. <input type="checkbox"/> EX-CLEAR 18 AND OVER			
REPORTING OFFICER(S) L.A Cook II		DATE 7/4/05	UNIT NUMBER 211	APPROVING OFFICER Sgt. Schafer		DATE 7/4/05	UNIT NUMBER 169
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				OFFICER			

NORTH AUGUSTA DEPARTMENT OF PUBLIC SAFETY

CASE NUMBER

NCIC

AGENCY I.D.
SC 0020300

SUPPLEMENTAL INCIDENT REPORT

2 0 0 5 - 0 1 5 4 6 i

INQ.	ENTD.
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<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY

PAGE 2 of 2 PAGES.

VICT / SUBJ ID OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	DOB	ETH
	<input type="checkbox"/> VICTIM #	Grant, Lucas F.		#1	#2	#3	S	B	M	21		N
	<input checked="" type="checkbox"/> SUBJECT # 2	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> RUNAWAY	5-10	169	BLK	BRO							
<input type="checkbox"/> WANTED	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			
<input type="checkbox"/> WARRANT							9999	(H) W	H W			
<input checked="" type="checkbox"/> ARREST	<input type="checkbox"/> VICTIM NO: VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> VICTIM USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPL ASMT <input type="checkbox"/> ALONE					
<input checked="" type="checkbox"/> JAIL	EXPLAIN:		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED			
<input checked="" type="checkbox"/> SUMMONS	<input checked="" type="checkbox"/> SUBJECT NO: 2		USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK							

VICT. / SUBJ ID OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	DOB	ETH
	<input type="checkbox"/> VICTIM #			#1	#2	#3						
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> RUNAWAY											
<input type="checkbox"/> WANTED	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			
<input type="checkbox"/> WARRANT								H W	H W			
<input type="checkbox"/> ARREST	<input type="checkbox"/> VICTIM NO: VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> VICTIM USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE / SPL ASMT <input type="checkbox"/> ALONE					
<input type="checkbox"/> JAIL	EXPLAIN:		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED			
<input type="checkbox"/> SUMMONS	<input type="checkbox"/> SUBJECT NO:		USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES		USING DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES		J This Jurisdiction S State O Out of State U Unknown					

NARRATIVE

Disorderly Conduct

VEH / GUN / ETC 1	STATUS		TYPE		VIN AND/OR LICENSE NO.			BOAT HULL NO. AND/OR REG. NO.			
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> GUN	SERIAL AND/OR OWNER APPLIED NO.			STATE			
	<input type="checkbox"/> FOUND	<input type="checkbox"/> TOWED	<input type="checkbox"/> BOAT	<input type="checkbox"/> LICENSE PLATE	YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR	MAKE	TYPE
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> VICTIM	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	<input type="checkbox"/> ARTICLE	MODEL		STYLE		COLOR	BRAND NAME	CALIBER
				NIC NO.		DENOMINATION		ISSUER	SECURITIES DATE		
MISCELLANEOUS											

PROPERTY EST.	TYPE (GROUP)										TOTAL VALUE
	STOLEN										
	DAMAGED										
	BURNED										
	RECOVERED										
SEIZED											

ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18		
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER		
	REASON FOR EXCEPTIONAL CLEARANCE 1 <input type="checkbox"/> OFFENDER DEATH. 2 <input type="checkbox"/> NO PROSECUTION				3 <input type="checkbox"/> EXTRADITION DENIED		4 <input type="checkbox"/> VICTIM DECLINES COOPERATION		5 <input type="checkbox"/> JUVENILE - NO CUSTODY		
	REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER	
L.A Cook II			07/04/05	211	Sgt. Schafer			07/04/05	169		
FOLLOW-UP OFFICER											
INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											

DOCKET NO. 171390

DATE OF TRIAL 08/26/2005

CITATION NO. 67757 DI

NAME GRANT, LUCAS F.

DEFENDANT PLEA

DISPOSITION OF COUR

ADDRESS

GUILTY ()

GUILTY (****)

CHARGE DISORDERLY CONDUCT

NOT GUILTY ()

NOT GUILTY ()

DATE OF VIOLATIO 07/04/2005

TIME 23:43

NOLO CONTENDER ()

NOLLE PROSSE ()

LOCATION TRIANGLE PLAZA

REQUEST JURY ()

BOND FORFEIT (****)

OFFICER COOK, II, L

TRIED IN ABSENCE ()

BA OPER BOND \$257.50 FINE \$257.50 FINE 0 DAYS

WITNESS SUSP 0 DAYS

REMARK

WARRANT NO.

AMOUNT PAID TO CITY TREASUR \$257.50

CASHIER'S STAMP 08/26/2005

B / M 02/26/1984

Simon Perry
CLERK OF COUR

STATE OF SOUTH CAROLINA
DISTRICT OF AUSTIN
CITY OF NORTH AUGUSTA

I do hereby certify that the foregoing is a true and correct copy of the original document which has been filed in the office of the Clerk of Court.

28th day of August 2010
[Signature]
City of North Augusta, SC

STATEMENT

NAME: Lucas Grant

DATE: 11-8-10

On 7/4/2005 my father and I had a disagreement. This lead to a fight between him and I in a public location in North Augusta SC. We both were taken in were I was placed in a cell to calm down. I was released a hour later. I was never fingerprinted or photoed while at the North Augusta Police Dept. A fine was paid in which I did not know about to take care of court date.

SIGNATURE: L. Grant

SWORN BEFORE ME ON THIS 8th DAY OF November, 2010

NOTARY PUBLIC/SEAL

Jillie S. Hackney

Notary Public, Richmond County, Georgia
My Commission Expires March 1, 2013



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

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[Signature]

GCIC/NCIC PRINTOUT/FINGERPRINT RESULTS - PAGE 11

State law requires a fingerprint check to be conducted by both GCIC and NCIC for candidates for certification. Agencies have three (3) options for meeting this requirement. Check option your agency has chosen below:

OPTION 1: (Recommended) Attached Electronic Fingerprint Results for GCIC/NCIC
(Both GCIC & NCIC results required.)

See Georgia Applicant Processing Service (GAPS) at web site <http://www.ga.cogentid.com/index.htm> for fingerprinting service or go to a local law enforcement agency that has an electronic fingerprinting system such as LIVESCAN. See Appendix 13 for more details on GAPS.)

IMPORTANT NOTE:

If the agency attaches both GCIC and NCIC electronic fingerprint results, then a printout from the GCIC and NCIC criminal history is not required.

OPTION 2: Attached original & complete printout of GCIC/NCIC criminal history & agency has submitted fingerprint cards to GCIC for processing

Two (2) fingerprint cards sent to:
Georgia Crime Information Center
Records Section
P.O. Box 370748
Decatur, Georgia 30037-0748

Results from the Georgia Crime Information Center and results from the FBI/National Crime Information Center will be sent to the employing agency if OPTION 2 is used. Both of these results must be received at POST before a certification can be issued. It is the employing agency's responsibility to submit these results to POST if Option 2 is chosen. These results will be sent to the employing agency from GCIC and FBI/NCIC, and the agency must then send these results to POST.

OPTION 3: Attached GCIC "processed" card result & NCIC "processed" card result

- GCIC processed fingerprint cards have the results from GCIC noted on the card.
- FBI/NCIC result will be the Civil Applicant Response and Rap Sheet if applicable.

IMPORTANT NOTE:

It is strongly recommended that an agency use an electronic fingerprint submission for processing prints (either Georgia Applicant Processing Service at web site (<http://www.ga.cogentid.com/index.htm>) or a local law enforcement agency's electronic fingerprinting system). Agencies that do not have access to such systems are encouraged to check with larger agencies in their area to see if one is available. By attaching these electronic fingerprint submission results, agencies are able to improve the efficiency of the certification process.

Please do not send "unprocessed" fingerprint cards with this application. Doing so significantly slows down the process of certification.



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

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CANDIDATE ATTESTATION - PAGE 12

I have personally reviewed this application regarding ALL INFORMATION provided by me including my criminal and driver history. I attest and affirm that the information provided in this application including my criminal and traffic history is complete and correct to the best of my knowledge. I further understand that any act of omission may be grounds for denial of this application for certification as a peace officer (O.C.G.A. §35-8-7.1) and could result in criminal prosecution (O.C.G.A. §16-10-20). Each page is signed by me confirming verification of the data on that individual page. I understand that any page not signed and verified by me could result in a delay of processing of this application.

Last Name GRANT	Social Sec#
First Name LUCAS	Date of Birth (mm/dd/yyyy)
Middle Name FRANCHES	Suffix:

Lucas Franches G. A.
 Applicant Signature (Sign Full Name)

11-8-10
 Date

AGENCY ATTESTATION

As the agency head (or designee for the agency head), I have reviewed this application regarding ALL INFORMATION provided by the candidate including the criminal and driver history. I attest and affirm that the information provided in this application including the criminal and traffic history are within the hiring standards of our department and adhere to the requirements set forth by the Georgia Peace Officer Standards Training Council.

Gary A. Powell, Sr.

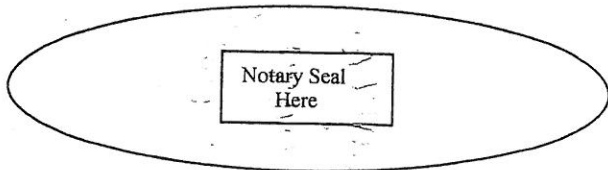
Print Name of Agency Head (or designee)

Gary Powell
 Agency Head (or designee) Signature

11/08/2010
 Date

Lilley S. Hackney
 Notary Public
 Notary Public, Richmond County, Georgia
 My Commission Expires March 1, 2013

11/08/2010
 Date





Commission on Colleges

Southern Association of Colleges and Schools

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Level refers to the highest degree offered by an institution.

- Level I - Associate Degree, Level II - Baccalaureate Degree,
- Level III - Master's Degree, Level IV - Master's Degree and Education Specialist Degree,
- Level V - 3 or fewer Doctoral Degrees, Level VI - 4 or more Doctoral Degrees.

Institution	Institution Info	Staff
Newberry College Web Site	State: SC Status: Accredited Public Sanctions: NONE Level: II Additional Info	Dr. Jack Allen Contact Info

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Find Accredited Institutions

Use the search fields below to locate institutions. When you have located your institution, click on its highlighted row to view further institution details.

Institution Name	North Augusta High Schc
Institution Type	All
City	North Augusta
Country	United States of America
State	South Carolina
Postal Code	
Public/Non-Public	All
School Type	All
Charter	N/A

One item found.

<u>Name</u>	<u>Country</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>	<u>Type</u>	<u>District</u>	<u>Reports Available</u>
<u>North Augusta High School</u>	US	North Augusta	SC	29841-2099	School	Aiken County School District	No

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Institution Summary

Overview

Name:	North Augusta High School
Institution Type:	School What is this?
Public/Non-Public:	Public
School Type:	School
Charter:	N/A
District Name:	Aiken County School District
Address:	2000 Knobcone Avenue North Augusta, SC 29841-2099 http://aiken.k12.sc.us/schools/nahs/index.html
Head of Institution:	Mr. Kyle A Smith
Grades:	09, 10, 11, 12
Enrollment:	1,660
Organization Status:	Accredited
Accreditation Status:	Accredited
Accreditation Date:	12/31/1935
Accreditation Expiration Date:	06/30/2015
	What are these statuses and dates?

Map

Map data ©2010 Google -

Available Reports

Quality Assurance Review Reports and Accreditation Progress Reports are available for download and purchase for those educational institutions with Quality Assurance Review Reports submitted and accepted after July 1, 2009. The previews of these reports are viewable free of charge.

There are no reports available for this institution.

[Return To Search](#)

The State of Georgia
Peace Officer Standards and Training Council

Hereby recognizes the accomplishments of

LUCAS FRANCHES GRANT
BASIC LAW ENFORCEMENT

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: ***PBLE20120161251***

Acknowledged this 23rd day of March, 2012



Ken Vance, Executive Director



The State of Georgia

**PEACE OFFICER STANDARDS
AND
TRAINING COUNCIL**

Hereby recognizes the accomplishments of

Lucas F. Grant

as a

Basic Jail Officer

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:

PBJA110457S

Issue Date:
05/27/2011

RCSO
PERFORMANCE APPRAISAL REPORT FORM

1. Type of Review
XX _____ Annual
_____ Other

2. Review Period
From: _____ Dec-14 _____ To: _____ Dec-15 _____

3. Next Review Date

4. Employee Name: Lucas Grant	5. Employee Classification/Title: Investigator
6. Division CID/Violent Crimes	

DEFINITION OF RATINGS

Superior:

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

Exceeds Expectations:

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

Meets Expectations:

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

Below Expectations:

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

Unsatisfactory:

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

RICHMOND COUNTY SHERIFF'S OFFICE ANNUAL EMPLOYEE PERFORMANCE EVALUATION

General Factors

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

- | | |
|--|--|
| 1. Professionalism | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 2. Attendance | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 3. Observance of Rules and Safety Practices | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 4. Economy of Time and Materials | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 5. Initiative | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 6. Ability to Make Sound Decisions | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 7. Accepts Responsibility | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 8. Accepts Directions/Constructive Criticism | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 9. Interpersonal Skills/Attitude | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 10. Volume of Acceptable Work | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 11. Effectiveness Under Stress | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 12. Uniform and Grooming | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 13. Cooperation with Fellow Employees | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 14. Proactive Contacts | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 15. Performance in New Situations | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 16. Work Knowledge and Job Skill Level | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 17. Problem-solving | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 18. Accuracy, Neatness, and Thoroughness of Work | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 19. Written/Oral Expression | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |
| 20. Equipment Maintenance | <input type="checkbox"/> U <input type="checkbox"/> NI <input checked="" type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S |

Does Not Apply

TOTAL: _____ 20

		20	
--	--	----	--

RICHMOND COUNTY SHERIFF'S OFFICE ANNUAL EMPLOYEE PERFORMANCE EVALUATION

Supervisory Factors

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

1. Leadership	<input type="checkbox"/> U <input type="checkbox"/> NI <input type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S						
2. Decision Making	<input type="checkbox"/> U <input type="checkbox"/> NI <input type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S						
3. Credibility With Subordinates	<input type="checkbox"/> U <input type="checkbox"/> NI <input type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S						
4. Ability to Plan and Schedule	<input type="checkbox"/> U <input type="checkbox"/> NI <input type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S						
5. Resource Allocation	<input type="checkbox"/> U <input type="checkbox"/> NI <input type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S						
6. Professional Development	<input type="checkbox"/> U <input type="checkbox"/> NI <input type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S						
7. Evaluating Subordinates	<input type="checkbox"/> U <input type="checkbox"/> NI <input type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S						
8. Delegation	<input type="checkbox"/> U <input type="checkbox"/> NI <input type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S						
9. Job Knowledge/Skill	<input type="checkbox"/> U <input type="checkbox"/> NI <input type="checkbox"/> ME <input type="checkbox"/> EE <input type="checkbox"/> S						
TOTAL: _____	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>						

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

1. Record job strengths and superior performance incidents.

Inv. Grant has consistently improved his work product since the last review period and is paying more attention to detail and spending additional time (weekends and off time) working follow ups and assting Inv. Freeman with Homicide Investigations.

Inv. Grant has expressed a desire to be assigned to the Homicide Section and has taken the initiative to attend the appropriate training and has volunteered to be called in to work on those types of cases when he is of duty. Inv. Grant also mantains a useful network of sources.

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

Apart from the occasional lapse in attention to detail in work product, Inv. Grant has had no major performance deficiencies or discriplinary actions during this review period

Inv. Grant should continue his forward progress and continue to attend advanced / specialized training his areas of interest in order to achieve his personal/professional goals.

Inv. Grant has no major Case Management issues.

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

Goals and Objectives

Continue to seek training in death investigation and specialized homicide investigation techniques.

Also seek training in other areas of Criminal Investigations to develop a well-rounded skill set and eventually earn the POST Criminal Investigator Certification.

How to Accomplish

Apply for training and continue current casework/work product levels.

OVERALL PERFORMANCE SUMMARY


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

 Superior Exceeds Expectations x Meets Expectations Needs Improvement Unsatisfactory

Comments:

Actions for Improvement/Development:

DISCUSSED

Date: 12/18/15 Immediate Supervisor's Signature:  P. GODREJ 12705/246
Date: _____ Evaluation Meeting Conducted By: _____
By: _____
By: _____


REVIEW COMMENTS AND SIGNATURES

SECOND LEVEL REVIEW

Comments:

Date: _____ Signature: _____
Title: _____

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

Date: 12/18/15 Signature: 



AUGUSTA-RICHMOND COUNTY
HUMAN RESOURCES QUESTIONNAIRE

NAME: Lucas F. Grant HOME PHONE: _____
ADDRESS: _____

(STREET) _____ (CITY) _____ (STATE) _____ (ZIP) _____

DATE OF BIRTH: _____ SEX: MALE FEMALE

SOCIAL SECURITY NUMBER: _____ U.S. CITIZEN YES NO

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

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

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

DEPARTMENT: _____

IN EMERGENCY NOTIFY: _____ (NAME) _____ (PHONE)

PREVIOUSLY EMPLOYED BY ANY DEPARTMENT IN AUGUSTA-RICHMOND COUNTY?
(NO () YES) DATE LEFT: _____

Lucas Grant (SIGNATURE) 11-8-10 (DATE)

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

DATE OF EMPLOYMENT: _____ DEPARTMENT NUMBER: _____

POSITION TITLE: _____ CLASS CODE: _____ PAY CLASS: _____

SALARY: _____ GRADE: _____ ALLOWANCE: _____

STATUS: _____ HOURS PER DAY: _____ CALENDAR: _____

REPLACED: _____ EMPLOYEE NUMBER: _____

PCN: _____

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

ORIENTATION DATE: _____

SENT ORIENTATION SCHEDULE: _____

SUBSTANCE ABUSE COVERAGE FORM

I, Lucas F. Grant, have read and understand the below Richmond County Substance Abuse Policy.

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

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

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

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

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

SIGNATURE: _____

L. Grant

DATE: _____

11-8-10

AUGUSTA-RICHMOND COUNTY
USE OF POLYGRAPH EXAMINATIONS

SECTION I: POLICY

A. This policy is to be followed in the utilization of polygraph examinations whenever they are used as part of an investigation of alleged impropriety or misconduct by officers, employees, or agents of Richmond County, Georgia.

B. All Richmond County employees or agents are required to cooperate with supervisors and investigators in the process of conducting investigations of, incidents of, and reports alleging impropriety or misconduct on the part of any officer, employee, or agent including, but not limited to, the providing of written or oral testimony under oath and submission to an examination by polygraph.

C. Supervisory personnel investigating impropriety or misconduct by employees, investigators employed by Richmond County or investigative agents of other organizations and agencies specifically approved and commissioned to undertake an internal investigation of any Richmond County operated or funded activity, are authorized to employ polygraph examinations.

D. Polygraph examinations may be administered only by persons employed as polygraph examiners by a law enforcement agency or by persons licensed by the Georgia Board of Polygraph Examiners or licensed in some other state to conduct such examinations. The questions asked in any polygraph examination must relate narrowly and directly to the subject's participation in the alleged impropriety or misconduct under investigation or to his knowledge of information pertaining to such impropriety or misconduct.

E. Refusal of an order to submit to a polygraph examination under the circumstances covered in this policy shall be considered to be refusal to follow a direct order and shall constitute cause for initiation of adverse action based upon insubordination.

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

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

Lucas F. Grant
(signature)

11-8-10
(date)

Susan Epps
(witness)

11-8-10
(date)

GEORGIA CRIME INFORMATION CENTER AWARENESS STATEMENT

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

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

The Georgia Computer Systems Protection Act (O.C.G.A. 16-9-90 ET SEQ) was enacted to provide statutory protection for public sector and private sector computer systems, including communications links to such computer systems. The Act establishes major felony penalties for four criminal offenses: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The act defines each of the felonies in broad terms. The criminal penalties for each offense include maximum sentences to confinement for 15 years, fines up to \$50,000.00, and civil penalties. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of confinement for not more than one year and a fine up to \$500.00, or both.

These above-cited statutes have broad application in Georgia, to private citizens, to public officials, and to employees of governmental agencies. The Georgia Criminal Justice Information System Network, operated by the Georgia Crime Information Center in compliance with O.C.G.A. 35-3-31, and all of the data bases accessible via 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 this Awareness Statement.

SIGNED: _____

[Handwritten Signature]

DATE: 11-8-10

WITNESS: _____

[Handwritten Signature: Susan Eppa]

DATE: 11-8-10

EMI ROYEE INFORMATION SHEET:

Name: Lucas F. Grant
Address:
Phone:
SSN:
Hire Date: Saturday, 11/13/10
Orientation: Monday, 11/29/10 @ 8:00 AM and Tuesday, 11/30/10 @ 9:00 AM
Date to Report: Saturday, 11/13/10 @ 5:45 PM
Assigned Shift: C-Shift / RCJ
Supervisor: Lt. Laura Morris
Salary (bi-weekly): \$1,101.88 **Salary (annual):** \$28,648.88
First Check: 12/03/10
Computer #: C022

FINGERPRINTS

P.O.S.T. PAPERWORK

PHOTO Jail Administration (1st floor of Law Enforcement Center)

ROAD DEPUTIES Training Range (Weapon)

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

SWEARING IN Friday, 11/12/10 @ 9:00 AM
Judge Isaac S. Jolles
4th floor Municipal Building
530 Greene Street
(Do not wear uniform)

NEW HIRE NOTIFICATION/CONFIRMATION
*****PLEASE COMPLETE ALL BLANKS*****

TO: Employment Manager
Human Resources

DATE: 11/08/10

FROM: Sheriff
(Department Name)

5032
(Department #)

Payroll Class. Title	Jailer 12.5 hr
Salary Grade	41
Annual Salary	\$28,648.88
Bi-weekly Salary	\$1,101.88
	(% over entry)
	* 11% or more over entry requires submission of Commission Approval Letter
Hourly rate	
Allowance (specify, example: clothing, car, etc.)	
Hours bi-weekly	81.25

Lucas F. Grant has been selected for consideration in the above mentioned vacancy. If hiring requirements are met, the Human Resources Department will advise as soon as possible.

All new full-time employees will attend orientation on the Monday of the new pay period. Please circle the effective date (No employee will be entered on payroll or start work prior to orientation).

<u>2010</u>					
JANUARY	09	23	JULY	10	24
FEBRUARY	06	20	AUGUST	07	21
MARCH	06	20	SEPTEMBER	04	18
APRIL	03	17	OCTOBER	02	16 30
MAY	01	15 29	NOVEMBER	13	27
JUNE	12	26	DECEMBER	11	25

Martin Sullivan PCN: SDJ0526076
(replaced employee)

14274
(employee #)

5032
(dept #)

Department Director's Signature

Newhire Notification (form) 2010

Application Process II

Last Name	First Name	Middle Name	Suf
Grant	Lucas	F.	
SS#	DL#	DOB:	
Interview (Date):	9-28-10	Interviewed By:	Board #1
Remarks:	Good applicant; process further.		
POST (Date):	9-2-10		
Remarks:	No record.		
Entrance Exam (Date):		Score:	
Polygraph (Date):	10/11/10	Examiner:	guf
Remarks:	NOI-A		
Range:			
Background by:	<i>Edward White</i>		
Remarks:			
Drug Screen:	10-26-10	Physical	10-26-10
No Further Process			
Approved Hire:	<i>Greg Stewart</i>		

Student Name Grant, Lucas F		
Student ID 110000120626	Grade 12	Gender M
Birth Place	Date Of Birth	Ethnic Code

Aiken County Public Schools
School Year 2001-02

Enter Date:
Graduated: 05/31/02

School Name/Address North Augusta High School 2000 Knobcone Ave. North Augusta, SC 29841 Tel: 803-442-6100 Fax: School Alternate Number:	
---	--

Course Title	Grade	Ab	Credit	Course Title	Grade	Ab	Credit
North Augusta High School Grd 08 6/1998				North Augusta High School Grd 12 6/2002			
C PREALG	96		1.000	C English4	81		1.000
Crd Att: 1.000 Cmp: 1.000 Total GPA: 4.370				H Adv Composition	83		1.000
North Augusta High School Grd 09 6/1999				H Western Civ	90		1.000
C Elective	80		1.000	C PE 4	100		0.500
H English 1-CP	88		1.000	H French2	89		1.000
H Biology 1-CP	88		1.000	C Prob&Stats-SERC	84		1.000
H World Geography--C	96		1.000	Crd Att: 5.500 Cmp: 5.500 Total GPA: 3.486			
C Physical Education	88		1.000	GPA Summary			
H Algebra 1 CP	80		1.000	Total GPA: 3.339 Class rank is 121 of 285			
Crd Att: 6.000 Cmp: 6.000 Total GPA: 3.537				Total Credits Attempted: 26.500			
North Augusta High School Grd 10 6/2000							
H English 2-CP	80		1.000				
H Chemistry 1 CP	80		1.000				
H Am Govt/CP	96		0.500				
C Psychology CP	88		0.500				
C Sociology CP	88		0.500				
C Weight Trng 2 CP	96		0.500				
C Driver Education C	96		0.500				
H Geometry-CP	73		1.000				
T Pre-Engineering 1	96		1.000				
Crd Att: 6.500 Cmp: 6.500 Total GPA: 3.418							
North Augusta High School Grd 10 7/2000							
C Economics	80						
Crd Att: 0.500 Cmp: 0.000 Total GPA: 2.370							
North Augusta High School Grd 11 6/2001							
C English3	79		1.000				
H Biology2	74		1.000				
C US Hist and Consti	88		1.000				
C PE 1	98		0.500				
C PE 1	100		0.500				
C French1	88		1.000				
C Algebra2	81		1.000				
T Intro to Computers	73		0.500				
T Keyboarding	82		0.500				
Crd Att: 7.000 Cmp: 7.000 Total GPA: 2.904							

GRADUATED

Accredited by the Southern Association of Colleges and Schools

Grading Scale: A=93-100; B=85-92; C=77-84; D=70-76; F=0-69

Transcript is unofficial unless signed by a school official.
Official's Signature

Dianne Smiley
Date: 06/04/02

SECONDARY SCHOOL RECORD—TRANSCRIPT

STUDENT INFORMATION

SCHOOL INFORMATION #411520

Last Name			First Name		Middle Name	School Name		
Home Address			City	State	Zip	School Address		
Parent or Guardian			Date Left			School Phone Number		
Previous Secondary School Attended (if any)			Date Left			School Accredited By		
Date of Birth			Sex	<input type="checkbox"/> Withdrew <input type="checkbox"/> Was or Will Be Graduated		Enrollment in Grades		Percent Graduates Entering College
						NON-PUBLIC PUBLIC		2 Yr. Col. and Other
						68		A 93 B 85 C 75 D 68

CLASS RECORD <i>Include Subjects Failed or Repeated</i>		IDENTIFY LAB TV SEMINAR SUMMER	IDENTIFY HONORS ACCEL AD PL ETC	MARKS (FINAL OR 1ST 2ND SEM)		CREDIT OR UNIT	STATE TEAM SCORES
YEAR	SUBJECTS						
9							
19							
19							

EXPLANATION OF HONORS COURSES

GRADING SCALE:

....Quality Points....
Advanced General Basic

A (93-100)	6	5	4
B (85-92)	5	4	3
C (75-84)	4	3	2
D (68-74)	3	2	1
F (Below 68)	0	0	0
I (Incomplete)	0	0	0

Code: (A) (G) (B)

10 **GRANT LUCAS F** NAME OF STUDENT SOC. SEC. NO./ID

PIAN	ENG	MATH	READ	SCI REAS	COMP	TEST DATE	11/10/99							
	SCALE SCORES					15	15	11	18	15	ENGLISH SUBSCORES		MATH SUBSCORES	
	% AT OR BELOW					44	42	18	68	43	07	08	07	07
						U/M	RS	ALG	GEOM					

**ACT Scores*

11									
19									
19									
12									
19									
19									

NK IN CLASS BASED ON _____ SEMESTERS

EXACTLY APPROX. _____ IN CLASS OF _____

AL RANK _____

Check Appropriate Rank Information

ALL SUBJECTS GIVEN CREDIT ALL STUDENTS

MAJOR SUBJECTS ONLY COLL. PREP. STUDENTS ONLY

Explain Weighting of Marks in Determining Rank

OUTSTANDING ACTIVITIES HONORS AWARDS

TEST RECORD	DATE	NAME OF TEST	RAW OR STD SCORE	PERCENTILE SCORE	NORM GROUP	DATE	NAME OF TEST	RAW OR STD SCORE	PERCENTILE SCORE	NORM GROUP

Date _____ Signature _____ Title _____

NORTH AUGUSTA DEPARTMENT OF PUBLIC SAFETY

CASE NUMBER

NCIC

AGENCY I.D.
SC 0020300

SUPPLEMENTAL INCIDENT REPORT

2 | 0 | 0 | 5 | - | 0 | 1 | 5 | 4 | 6 | i

ING.	ENTO.

<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY

PAGE 2 of 2 PAGES.

VICT / SUBJ ID OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	DOB	ETH
	<input type="checkbox"/> VICTIM #	Grant, Lucas F.			#1	#2	#3	S	B	M	21		N
	<input checked="" type="checkbox"/> SUBJECT # <u>2</u>	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	5-10	169	BLK	BRO								
	<input type="checkbox"/> WANTED	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE		EVENING PHONE		

VICT / SUBJ ID OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	DOB	ETH
	<input type="checkbox"/> VICTIM #				#1	#2	#3						
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE		EVENING PHONE		
	<input type="checkbox"/> WANTED												

Disorderly Conduct

	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
--	---	--

VEH /GUN/ ETC 1	STATUS	TYPE	VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.		
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE					
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	SERIAL AND/OR OWNER APPLIED NO.		STATE		
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE
	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE	MODEL	STYLE	COLOR	BRAND NAME	CALIBER
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE	

PROPERTY EST.	TYPE (GROUP)	STOLEN	DAMAGED	BURNED	RECOVERED	SEIZED	TOTAL VALUE

ADMINISTRATIVE	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
	REASON FOR EXCEPTIONAL CLEARANCE 1 <input type="checkbox"/> OFFENDER DEATH. 2 <input type="checkbox"/> NO PROSECUTION 3 <input type="checkbox"/> EXTRADITION DENIED 4 <input type="checkbox"/> VICTIM DECLINES COOPERATION 5 <input type="checkbox"/> JUVENILE - NO CUSTODY							
	REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER

L.A Cook II 07/04/05 211 Sgt. Schafer 07/04/05 169

FOLLOW-UP OFFICER INVESTIGATION YES NO

NORTH AUGUSTA DEPARTMENT OF PUBLIC SAFETY

CASE NUMBER

NCIC

AGENCY I.D.
SC 0020300

INCIDENT REPORT

2 0 0 - 0 1 5 4 6 i

INQ. ENTD.

EVENT	INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
	1. Disorderly Conduct x 2	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Business	N/A	<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig Orgn <input checked="" type="checkbox"/> Soc /Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off
	2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)

211 B Edgefield Road Triangle Plaza North Augusta S.C

ZIP CODE: 29841 WEAPON TYPE: N/A

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME	24 HR. CLOCK	DISPATCH DATE/TIME	24 HR. CLOCK	DISPATCH DATE/TIME	24 HR. CLOCK	LOCATION NO
7/4/05	2343				7/4/05	2343	2343	0046			7003

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	H	EVENING PHONE	H
Cook II, L.A	None	J	W	M	22	N	803 279 2121	(W)		

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	H	EVENING PHONE	H
City Of North Augusta	None	J				N	803 279 2121	(W)		

ADDRESS: 400 East Buena Vista Ave. CITY: North Augusta STATE: SC ZIP CODE: 29841 LOCATION NO: 1003

VISIBLE INJURY (VICT 1) YES NO EXPLAIN:

VICTIM (NO 1) USING ALCOHOL YES NO UNK DRUGS YES NO UNK TYPE:

TWO-MAN VEH ONE-MAN VEH DETECTIVE/SPL ASMT OTHER ALONE ASSISTED

J This Jurisdiction s State o Out of State u Unknown

SUBJECT NO. 1	<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	BR
	<input type="checkbox"/> RUNAWAY	[REDACTED]	B	M	46	N		5-03	240	BLK	O

While on patrol this officer was advised of a physical altercation at the above listed incident location. Upon arrival officer observed the two listed subject fighting in the parking lot of the incident location. Upon speaking to both subjects they advised officers that the altercation was over a disagreement about where subject #2 was going to stay on the incident date. During the investigation both subjects begin to use profanity towards each other. At this time both subjects were taken into custody, with their hands handcuffed behind their back. Both subjects were also searched. Subject #1 was transported to NADPS in vehicle 110, and subject #2 was transported in vehicle 112, both vehicles were searched prior to, and after the transport, no contraband was located on either search. Subject #1 was issued ticket number 67756 DI for disorderly conduct. Subject #2 was issued ticket number 67756 DI for disorderly conduct. Both subjects were booked, and released from NADPS.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

TYPE (GROUP)						TOTAL VALUE
STOLEN						
DAMAGED						
BURNED						
RECOVERED						
SEIZED						

SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input checked="" type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE 1 OFFENDER DEATH 2 NO PROSECUTION 3 EXTRADITION DENIED 4 VICTIM DECLINES COOPERATION 5 JUVENILE-NO CUSTODY

REPORTING OFFICER(S): L.A Cook II DATE: 7/4/05 UNIT NUMBER: 211 APPROVING OFFICER: Sgt. Schafer DATE: 7/4/05 UNIT NUMBER: 169

FOLLOW-UP OFFICER: INVESTIGATION YES NO



Georgia Peace Officer Standards and Training Council
P.O. Box 349 Clarkdale, Georgia 30111

Officer Profile Report For:

The Peace Officer with
Social Security Number
and the Birthdate of
was not found in database.

Please be sure the information is entered correctly;
If you are sure it is, please contact P.O.S.T.



Room B-275, Law Enforcement Center
401 Walton Way
Augusta, Georgia 30911
(706) 821-1065 FAX (706) 821-1064

Richmond County Sheriff's Office

**RONALD STRENGTH
SHERIFF**

RELEASE OF INFORMATION WAIVER

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

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, all records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U. S. Veterans Administration; employment and pre-employment records, including background reports, polygraph reports and charts, efficiency ratings, complaints or grievance filed by or against me.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Richmond County Sheriff's Office to be a participant in the determination process of my employment suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original Signature.

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

L. Grant

(SIGNATURE OF APPLICANT)

10-11-10

(DATE)

Lucas Grant

(PRINT NAME OF APPLICANT)

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

WITNESS BY HAND THIS 11th DAY OF October 2010.

Susan A. Eppa

(NOTARY PUBLIC)

**Notary Public, Richmond County, Georgia
My Commission Expires March 25, 2013**

Law Enforcement Center
401 Walton Way
Augusta, Georgia 30911
Office (706) 821-1065 FAX (706) 821-1064

Richmond County Sheriff's Office

**RONALD STRENGTH
SHERIFF**

15 October 2010

RE: Grant, Lucas F. (Chad)

EMPLOYERS:

**Chem Dry
4263 Washington Road
Evans, GA 30809
706.854.8636**

July 2006 – Sept 2010

Questionnaire was completed by Joseph F. Mullins, CEO.

Applicant was rated excellent in all categories except technical ability, cooperation with peers, and writing skills, which were rated above average.

Job title was customer service manager, is eligible for rehire, left voluntarily, no disciplinary actions, and no reason given not to hire.

PERSONAL REFERENCE:

**Josh McDaniel
308 S. Main St.
Mason City, IL**


13 Oct 2010

Mr. McDaniel stated he has known the applicant for three or four years, worked with him at Chem Dry for about two years, last saw him mid September, 2010, and they are friends.

The applicant is described as very level headed, and Mr. McDaniel has no knowledge of any unfavorable habits or undesirable affiliations.

RE: Grant, Lucas F.

**Dr. Albert James
182 Old Edgefield Road
North Augusta, SC**

10 Oct 2010

Dr. James stated he has known the applicant for about 19 years, is the applicants pastor and saw him this past Sunday.

Dr. James describes the applicant as a level headed person and is not aware of any unfavorable habits or undesirable affiliations.

**Lt. Frank Tiller
RCSO**

Lt. Tiller states he does not know about the applicants personal life, but Lt. Tiller's son worked with the applicant for a couple of summers and his son speaks very highly of him and that he is a hard worker.

Wade Dawkins

502 Celeste Avenue

North Augusta, SC

Dialed [REDACTED] 13 October 2010, received a recording, left a message.

Submitted by Major Wilhelm.

4263 Washington Rd
Evans, GA 30809
p. 706-868-0191
f. 706 651-0355

ChemDry®

Of Augusta/ Lake Oconee

FAX TRANSMITTAL FORM

Attn: Major E. J. Wilhelm From: Sara
Company:

Phone:
Fax:

Number of Pages: 4
Date: 10/14/0

Message:



Richmond County Sheriff's Office

401 Walton Way
Augusta, GA 30911

Date: 06 October 2010

Dear Sir/Madam:

I am sending you this request on Lucas F. Grant (Chad), who has applied with this Sheriff's Office for employment as a Deputy Sheriff/Jailer. He/She has listed you as a present/past employer. Utilizing the chart below and the attached questionnaire, please provide the information requested to the best of your knowledge and belief. The information received will be utilized to determine the employability of the candidate. The information is for this sole purpose only and will not be released to any other person or agency. Attached is a signed release from the applicant. Your prompt attention to this inquiry is most appreciated.

Evaluation Categories	Excellent	Above Avg.	Average	Below Avg.
Technical Ability		✓		
Integrity	✓			
Motivation Towards Work	✓			
Reliability/Attendance	✓			
Acceptance of Supervision	✓			
Adaptability/Flexibility	✓			
Cooperation with Peers		✓		
Writing Skills		✓		
Oral Communication Skills	✓			

Any additional comments about the above topics:

RE: Lucas F. Grant (Chad),

1. Verification of employment dates: From 7-06 To 9/10.

2. Job Title: Cust. Sew. Mgr.

3. Specific Duties: Sales, leading & training technicians, inventory, supervising, running the company

4. Eligible for rehire? [] Yes [] No

If no, please explain: _____

5. Reason for employee leaving your employment (please state whether voluntary or mandatory)?

6. Type, number and disposition of any disciplinary actions: ^{Voluntary} None

7. Are there any circumstances to your knowledge that would make it inadvisable to employ this applicant? If so, please explain? No

8. Joseph F. Mullins CEO 10-11-10
(Signature of Rater) (Job Title) (Date)

Please Print Name: Joseph F. Mullins

Thank you for your assistance.
Please return this form by fax to 706-821-1064.
If there are any questions, please contact Major E. J. Wilhelm, Administration, 706-821-1432.



Room D-275, Law Enforcement Center
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Augusta, Georgia 30911
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Richmond County Sheriff's Office

RONALD STRENGTH
SHERIFF

RELEASE OF INFORMATION WAIVER

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I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Richmond County Sheriff's Office to be a participant in the determination process of my employment suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original signature.

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

Lucas Grant (SIGNATURE OF APPLICANT) 10-11-10 (DATE) Lucas Grant (PRINT NAME OF APPLICANT)

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

WITNESS BY HAND THIS 11th DAY OF October 2010.

Susan A. Epp
(NOTARY PUBLIC)

Notary Public, Richmond County, Georgia
My Commission Expires March 26, 2013

Application Process I

Last Name	First Name	Middle Name	Suf
Grant	Lucas	F.	
SS#	DL#	DOB:	
New World:	No Record		
Historical			
MNI:	No Record		
NCIC/GCIC/III	07/05/05 Public Disorderly Conduct (convicted)		
Driver History	GA DL STATUS VALID - 07/01/09 Seatbelt violation; 12/03/08 Speeding; 03/06/09 Suspension/Failure to Appear, Reinstated 07/07/09; 12/03/08 Citation/Failure to Appear; SC DL STATUS CLEAR - See printout for driver history		



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www.augustaga.gov

Richmond County Sheriff's Office

**RONALD STRENGTH
SHERIFF**

CRIMINAL AND DRIVER HISTORY WAIVER

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

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

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

- **Have you ever been arrested for ANY criminal or traffic charge?** yes
 If so, explain: Misunderstanding with my father about 6 yrs ago nothing serious but was taken to North Augusta Police Department for a hour
- **In what states have you possessed a Driver's License in the past 10 years?**
 State: Georgia From 2007 To Present
 State: South Carolina From 1998 To 2007
 State: _____ From _____ To _____
- **Have you ever served in the Military/Reserves?** ___ Yes No
 Branch: _____ From _____ To _____
 If yes, did you have a Military Driver's License? ___ Yes ___ No
 Years: From _____ To _____

Lucas Grant
SIGNATURE OF APPLICANT

Lucas Grant
PRINT NAME OF APPLICANT

6-19-10
DATE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Susan A. Epp
NOTARY PUBLIC

6-19-10
DATE

**Notary Public, Richmond County, Georgia
My Commission Expires March 25, 2013**