



### Data Report System **Individual Officer Profile**

Created: 10-02-2018 03:01 Requested by: SUSAN EPPS

Officer Key

0161251

Officer Name

**LUCAS FRANCHES GRANT** 

Race

Black or African American (Not Hispanic or Latino)

Education

Bachelor's Degree

Status

In Good Standing

Officer Certifications

Certification

Description

PBLE2012O161251 PBJA110457S

BASIC LAW ENFORCEMENT

**JAILER** 

Certification Type

Status

Basic

Active

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 REQMNT)           | 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                                 | 7                     |
| November 25, 2014                      | ICD02G                    | FAMILY VIOLENCE                                    | 4 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                     |
| ************************************** | 500 pp. 400 00 500 000000 |  | 17                    |

| 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 Hou  | ırs : 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        | ATLOIR | 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 Hour | s: 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

80

2011 Total Hours: 80

### Summary of Hours for 8 Years

| Year   | Total<br>Hours | Firearms | Deadly Force | De-escalation | Community<br>Policing |
|--|----------------|----------|--------------|---------------|-----------------------|
| 2018   | 16             | 1        | 1            | 1 1           | 2                     |
| 2017   | 56             | I        | 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          |          | 10           |               |                       |

|                 |                                       |            | 7          | ò           |              |   |
|-----------------|---------------------------------------|------------|------------|-------------|--------------|---|
| Name            |                                       |            | Empl Con   | Computer #  | Date of Hire | Hire Transferred Mohinad                            |
| Grant, Lucas F. | cas F.                                |            | 15179      |             | 11/13/10     |   |
| Date            | Position                              | PCN        | Department | Rate of Pay | Grade        | Reason for Change                                   |
| 11/13/2010      | 11/13/2010 Jailer 12.5 hr             | SDJ0526076 | 5032       | \$1,101.88  | 41           | 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      | 03/30/2013 Deputy B                   |            |            | \$1,282.68  | 0            |   |
| 03/29/2014      | 03/29/2014 Deputy A                   |            |            | \$1,342.01  | 0            |   |
| 11/08/2014      | 11/08/2014 Deputy (Investigator Train | SCI0313007 | 5051       | \$1,342.01  | 43           | placed in temporary PCN during 2 month trail period |
| 01/03/2015      | 01/03/2015 Deputy (Inv. Trainee)      |            | 5051       | \$1,418.93  | 43           |   |
| 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      | 06/06/2018 INVESTIGATOR               | SCI82DE038 | 5051       | \$1,672.50  | 18           | NEW PCN AND PAY GRADE                               |
| 09/08/2018      |                                       |            |            | \$1,744.42  | 0            | 0 SALARY ADJUSTMENT                                 |
|                 |                                       |            |            |             |              |   |



| Employee Name: Lucas                          | F. Grant                          | EMP I.D.: 15179 D   | EPT #: 5051 Proposed Effective Date: 0/8/2019                               |
|---|-----------------------------------|---|---|
| PART 1: TYPE OF REQUES                        | T▶#1: must fill out Part 2. A     |   | Posta Effective Date. 9/0/2010  |
| 1. Name/Phone/Add 2.                          | Reclassification 3 Position       | n Abolishment 4. Transfer 5.  | Part 3▶#13: must fill out Part 2-C &Part 3▶#14: fill out Pa                 |
|   | J. 1 tositto                      | if Adolishment 4. Transfer 5.   | Promotion 6. Demotion 7. Interim Appointment                                |
|   |                                   | ours 11. 🗵 Rate of Pay 12.  | Budget # 13. Separation 14. Other:  |
| PART 2: PREPARATION FO<br>A. PERSONAL INFORMA | OR PERSONNEL ACTION               |   |   |
|   | HON                               |   | Home Phone #: ( ) -   |
| Name Change:                                  |                                   |   | Cell Phone #: (   |
| Address:                                      |                                   |   | Office Phone #: ( )   |
| Employee Signature (require                   | d for personal information change | s):   | Deter   |
| B. POSITION INFORMATION                       | ON                                |   | Date:   |
| 2,647   | CHANGE FROM                       | CHANGE TO   | C. SEPARATION INFORMATION   |
| Dept #  | 5051                              | 5051  | SEPARATION FROM SERVICE REASON:   |
| Job Title                                     | Investigator                      | Investigator  | VQ 01 Resignation   |
| FLSA Status (E or NE)                         | NE                                | NE  | VQ 02 Failure to Report to Work/AWOL  |
| Pay Class                                     | 100                               | 100   | VQ 03 Lay-Off/RIF   |
| Salary Grade                                  | 18                                | 18  | VQ 04 Death   |
| PCN   | SCI82DE038                        | SCI82DE038  | VQ 05 Loss of Job Requirements  |
| Daily Hours                                   | 8 Hrs.; 30 Min. A/D               | 8 Hrs.; 30 Min. A/D   | VQ 06 Termination   |
| Hourly Rate                                   | \$20.91                           | \$21.81   | VQ 07 Retirement  |
| Bi-Weekly Salary                              | \$1,672.50                        |   | Date Hired:   |
| Annual Salary                                 | \$43,484.97                       | \$1,744.42  | Last Day Worked:  |
| Supplemental Pay                              | 57.69                             | \$45,354.82   | Separation Date:  |
| afety Sensitive (Y or N)                      | Y                                 | 57.69<br>Y  | Terminated 3 days ADM Given: YES NO   |
| GL Account number:                            | 273031210                         |   | Proper Notice Given: YES NO   |
| Employee Replaced (Name &                     | & I.D.):                          | 273031210   | Eligible for Re-Hire? YES NO  |
|   |                                   |   | VAC BAL: COMP BAL:  |
|   | ivisions between ranks. Jo        | See Attached Documentation? 🔀<br>b descriptions attached. The Sheriff | YES NO (if no, must give explanation for request) s Office has the funding. |
| RT 4: DEPARTMENT APPRO                        |                                   |   |   |
| Request was Processed By: Bo                  | onnie Hayes                       | Contact Phone #: ( 706 )  | 821 - 1095 Date Of Request: 8/10/2018                                       |
| artment Director Signature:                   | John trancosa                     | 0   |   |
| artment Director Signature (2):               |                                   |   | Concurrence Date: 8/10/18   |
| ransfer between departments                   | both director signatures requ     |   | Concurrence Date:   |
| tributed necessary copies to:                 | PAYROLL BENE                      | FITS Verified: Employee Inform  |   |
| eived on (date):                              |                                   | he PP begin/end date of:  | Processed By/Date:  |
| P MGR/Date:                                   |                                   | (OD TO  | Syrbait.  |
|   |                                   | MGR/Date:   | HR Comp/Date:   |
| P RELATIONS/Date:                             | HRI                               | DIR/Date:   | City ADM/Date:  |

| • | Empl Computer # Date of Hire Transferred/Robins | 15179 C022 11/13/10 | Position PCN Department Rate of Pay Grade Reason for Change | SDJ0526076   5032   S1,101.88   41   DATE OF H | \$1.153.12        | 0          | SDR0313218 5041 \$1,226.19 43 | \$1,282.68          | \$1.342.01          | SCI0313007 \$1.342.01                 | 5051 \$1.418.93                  | SCI0508037 5051 \$1.560.83 46 | _          | _          | \$1,615.93 0 Salary with 1 5% cola |            | SC182DE038 5051         |
|---|---|---------------------|---|--|-------------------|------------|-------------------------------|---------------------|---------------------|---------------------------------------|----------------------------------|-------------------------------|------------|------------|------------------------------------|------------|-------------------------|
|   |   | as F.               | Position  | 11/13/2010 Jailer 12.5 hr                      | Jailer            |            | Deputy C                      | Deputy B            | Deputy A            | 11/08/2014 Deputy (Investigator Train | 01/03/2015 Deputy (Inv. Traince) | Investigator                  |            |            |                                    |            | 06/06/2018 INVESTIGATOR |
| ; | Name  | Grant, Lucas F.     | Date  | 11/13/2010                                     | 05/28/2011 Jailer | 01/21/2012 | 03/31/2012 Deputy C           | 03/30/2013 Deputy B | 03/29/2014 Deputy A | 11/08/2014                            | 01/03/2015                       | 02/14/2015 Investigator       | 03/12/2016 | 08/26/2017 | 12/30/2017                         | 02/24/2018 | 06/06/2018              |

| Empl Computer # Date of Hire Transferred/Pobling | 15179 C022 11/13/10 | 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 HIRF | \$1,153.12        | \$1.172.35 |            | Deputy B \$1,282.68 0 | Deputy A \$1.342.01 | Deputy (Investigator Train   SC10313007   5051   \$1 342 01   42 | 5051 \$1418.03   | \$1,560.83   | \$1,592.05 | \$38.46    | \$1,615.93 | \$1,672.50 |
|--|---------------------|---|--|-------------------|------------|------------|-----------------------|---------------------|--|------------------|--------------|------------|------------|------------|------------|
|  | cas F.              | Position  | Jailer 12.5 hr   | Jailer            |            | Deputy C   | Deputy B              | Deputy A            |  | Deputy (Inv. Tra | Investigator |            |            |            |            |
| Name   | Grant, Lucas F.     | Date  | 11/13/2010   | 05/28/2011 Jailer | 01/21/2012 | 03/31/2012 | 03/30/2013            | 03/29/2014          | 11/08/2014   | 01/03/2015       | 02/14/2015   | 03/12/2016 | 08/26/2017 | 12/30/2017 | 02/24/2018 |

|   |                     |                 |                   |                           | T                      |                 |                              |                       |                       | 1   | T                     | T                       | T              | T                     | T                        |
|---|---------------------|-----------------|-------------------|---------------------------|------------------------|-----------------|------------------------------|-----------------------|-----------------------|---|-----------------------|-------------------------|----------------|-----------------------|--------------------------|
|   | Transferred/Rehired |                 | Reason for Change | 41 DATE OF HIRE           | 0 Jailer certification | salary increase | Graduated from Basic Mandate | Anniversary promotion | Anniversary promotion | placed in temporary PCN during 2 month trail neriod | Tier Level Increase   | ion                     | Cost of Living | Honor Guard Incentive | 0 Salary with 1.5% cola. |
|   | Hire                | /10             | 00==-             | DATE                      | Jailer                 | salary          | Gradu                        | Annive                | Annive                | placed  | Tier Le               | promotion               | Cost of        | Honor                 | Salary                   |
|   | Date of Hire        | 11/13/10        | Grade             | 41                        | 0                      | 0               | 43                           | 0                     |                       | 43  | 43                    | 46                      | 0              | 0                     | 0                        |
|   | Computer # D.       | 2               | Rate of Pay       | \$1,101.88                | \$1,153.12             | \$1,172.35      | \$1,226.19                   | \$1,282.68            | \$1,342.01            | \$1,342.01  | \$1,418.93            | \$1,560.83              | \$1,592.05     | \$38.46               | \$1,615.93               |
| • | nawo                | C022            |                   |                           | I                      | H               |                              |                       | I                     |   | I                     |                         |                | <u> </u>              |                          |
| • | Empl C              | 15179           | Department        | 5032                      |                        |                 | 5041                         |                       |                       | 5051  | 5051                  | 5051                    |                |                       |                          |
|   | E                   | 15              | PCN               | SDJ0526076                |                        |                 | SDR0313218                   |                       |                       | SCI0313007  |                       | SCI0508037              |                |                       |                          |
|   |                     | as F.           | Position          | 11/13/2010 Jailer 12.5 hr | Jailer                 |                 | Deputy C                     | Deputy B              | Deputy A              | 11/08/2014 Deputy (Investigator Train SCI0313007    | Deputy (Inv. Trainee) | Investigator            |                |                       |                          |
|   | Name                | Grant, Lucas F. | Date              | 11/13/2010                | 05/28/2011             | 01/21/2012      | 03/31/2012 Deputy C          | 03/30/2013            | 03/29/2014 Deputy A   | 11/08/2014  | 01/03/2015            | 02/14/2015 Investigator | 03/12/2016     | 08/26/2017            | 12/30/2017               |

|   | Transferred/Rehired |                 |                   |                           |                        |                   |                                 |                         |                         | th trail nariod  |                                  |                         |                  |                         |
|---|---------------------|-----------------|-------------------|---------------------------|------------------------|-------------------|---------------------------------|-------------------------|-------------------------|--|----------------------------------|-------------------------|------------------|-------------------------|
|   |                     |                 | Reason for Change | 41 DATE OF HIRE           | 0 Jailer certification | 0 salary increase | 43 Graduated from Basic Mandate | 0 Anniversary promotion | 0 Anniversary promotion | 43 placed in temporary PCN during 2 month trail neriod | Tier Level Increase              | 46 promotion            | 0 Cost of Living | 0 Honor Guard Incentive |
|   | Date of Hire        | 11/13/10        | Grade             | L                         |                        |                   | <u> </u>                        |                         | 0                       |  | L                                |                         |                  |                         |
| • | Computer #          | C022            | Rate of Pay       | \$1,101.88                | \$1,153.12             | \$1,172.35        | \$1,226.19                      | \$1,282.68              | \$1,342.01              | \$1,342.01   | \$1,418.93                       | \$1,560.83              | \$1,592.05       | \$38.46                 |
| 4 | Empl Com            | 15179 C         | Department        | 5032                      |                        |                   | 5041                            |                         |                         | 5051   | 5051                             | 5051                    |                  |                         |
|   | E                   | 1.              | PCN               | SDJ0526076                |                        |                   | SDR0313218                      |                         |                         | SCI0313007   |                                  | SCI0508037              |                  |                         |
|   |                     | as F.           | Position          | 11/13/2010 Jailer 12.5 hr | Jailer                 |                   | Deputy C                        | Deputy B                | Deputy A                | 11/08/2014 Deputy (Investigator Train                  | 01/03/2015 Deputy (Inv. Trainee) | Investigator            |                  |                         |
|   | Name                | Grant, Lucas F. | Date              | 11/13/2010                | 05/28/2011 Jailer      | 01/21/2012        | 03/31/2012 Deputy C             | 03/30/2013 Deputy B     | 03/29/2014 Deputy A     | 11/08/2014   | 01/03/2015                       | 02/14/2015 Investigator | 03/12/2016       | 08/26/2017              |



| Employee Name: Lucas 1                                 | F. Grant                                | EMP I.D.: 15179  | DEPT #: 505                             | Proposed Effective Date: 8/26/2017                       |
|--|---|--|---|--|
| PART 1: TYPE OF REQUES                                 | T▶#1: must fill out Part 2              |  |   | 3: must fill out Part 2-C &Part 3▶#14: fill out Part 2 & |
|  |   |  | 5. Promotion 6                          |  |
| 8. Suspension 9.                                       | New Position 10. Wor                    | k Hours 11. Rate of Pay 12                                       | 2. Budget # 13                          | . Separation 14. Other:                                  |
| PART 2: PREPARATION FO                                 |   |  |   |  |
| A. PERSONAL INFORMA                                    | TION                                    |  | Home                                    | Phone #: ( ) -   |
| Name Change:   |   |  | Cell                                    | Phone #: ( ) -   |
| Address:   |   |  | Office                                  | Phone #: ( ) -   |
| Employee Signature (require                            | d for personal information ch           | anges):  |   | Date:  |
| B. POSITION INFORMATION                                | ON                                      |  | C.S                                     | EPARATION INFORMATION                                    |
|  | CHANGE FROM                             | CHANGE TO  | 3 8                                     | SEPARATION FROM SERVICE REASON:                          |
| Dept #   | 5051                                    | 5051   |   | VQ 01 Resignation  |
| Job Title  | Investigator                            | Investigator   |   | VQ 02 Failure to Report to Work/AWOL                     |
| FLSA Status (E or NE)                                  | NE                                      | NE   |   | VQ 03 Lay-Off/RIF  |
| Pay Class  | 100                                     | 100  |   | VQ 04 Death  |
| Salary Grade   | 46                                      | 46   |   | VQ 05 Loss of Job Requirements                           |
| PCN  | SCI0508037                              | SCI0508037   |   | VQ 06 Termination  |
| Daily Hours  | 8 Hrs.; 30 Min. A                       | /D 8 Hrs.; 30 Min. A/I   | )                                       | VQ 07 Retirement   |
| Hourly Rate  | \$19.90                                 | \$19.90  | Date                                    | Hired:   |
| Bi-Weekly Salary                                       | \$1,592.06                              | \$1,592.06   | Last I                                  | Day Worked:  |
| Annual Salary  | \$41,393.56                             | \$41,393.56  | Separ                                   | ation Date:  |
| Supplemental Pay                                       | 19.23                                   | 57.69  | Termi                                   | inated 3 days ADM Given: YES NO                          |
| Safety Sensitive (Y or N)                              | Y                                       | Y  | A - 10                                  | r Notice Given: YES NO                                   |
| GL Account number:                                     | 273031210                               | 273031210  | Eligib                                  | ele for Re-Hire? YES NO                                  |
| Employee Replaced (Name                                | & I.D.):                                |  | VAC                                     | BAL: COMP BAL:   |
| PART 3: EXPLANATION FOR<br>Letter to Administrator att |   | See Attached Documentation? attached. The Sheriff's Office has t | YES he funding.                         | NO (if no, must give explanation for request)            |
| ART 4: DEPARTMENT APPR                                 |   |  |   |  |
| is Request was Processed By: E                         | Bonnie Hayes                            | Contact Phone #: ( 70  | 6 ) 821 -1                              | 095 Date Of Request: 8/4/2017                            |
| partment Director Signature:                           | John Mano                               | us ed  |   | Concurrence Date: 8/4/17                                 |
| partment Director Signature (2)                        | : <i>0</i>                              |  | 300 00000000000000000000000000000000000 | Concurrence Date:  |
| transfer between departmen                             | (A) | s required***<br>LOW IS FOR HUMAN RESOUR                         | RCES ONLY                               |  |
| stributed necessary copies to:                         | PAYROLL                                 | BENEFITS Verified: Employe                                       | e Information                           | Position Information Separation Information              |
| ceived on (date):                                      | Effectiv                                | ve on the PP begin/end date of:                                  |   | Processed By/Date:                                       |
| MP MGR/Date:   |   | HR MGR/Date:   |   | HR Comp/Date:  |
| MP RELATIONS/Date:                                     |   | HR DIR/Date:   |   | City ADM/Date:   |
|  |   |  |   | ony ADIVIDAIC.   |

|     | Tuesching       | L'ansierred/Renired | Reason for Change | - C                       |                        |                   | Andate                          |                         |                         | 43 placed in temporary PCN during 2 month freely married | carrie a month dan porton        |                         |                  |
|-----|-----------------|---------------------|-------------------|---------------------------|------------------------|-------------------|---------------------------------|-------------------------|-------------------------|--|----------------------------------|-------------------------|------------------|
| 1   | Date of Hire    | 11/13/10            |                   | 41 DATE OF HIRE           | 0 Jailer certification | 0 salary increase | 43 Graduated from Basic Mandate | 0 Anniversary promotion | 0 Anniversary promotion | 43 placed in temporary PC                                | 43 Tier Level Increase           | 46 promotion            | 0 Cost of Living |
|     |                 |                     | Rate of Pay Grade | \$1,101.88                | \$1,153.12             | \$1,172.35        | \$1,226.19                      | \$1,282.68              | \$1,342.01              | <u> </u>   | \$1,418.93                       |                         | \$1,592.05       |
| , , | Empl Computer # |                     | Department        | 5032                      |                        |                   | 5041                            |                         |                         | 5051   | 5051                             | 5051                    |                  |
|     | Fr              | 15                  | PCN               | SDJ0526076                |                        |                   | SDR0313218                      |                         |                         | SCI0313007   |                                  | SCI0508037              |                  |
|     |                 | ts F.               | Position          | Jailer 12.5 hr            | Jailer                 |                   | Deputy C                        | Deputy B                | Deputy A                | 11/08/2014 Deputy (Investigator Train                    | 01/03/2015 Deputy (Inv. Trainee) | Investigator            |                  |
|     | Name            | Grant, Lucas F.     | Date              | 11/13/2010 Jailer 12.5 hr | 05/28/2011 Jailer      | 01/21/2012        | 03/31/2012 Deputy C             | 03/30/2013 Deputy B     | 03/29/2014 Deputy A     | 11/08/2014   | 01/03/2015                       | 02/14/2015 Investigator | 03/12/2016       |

|                                  |  |            | dim        | TITLE INCOME | 1            | כסות  |
|----------------------------------|--|------------|------------|--------------|--------------|---|
| Name                             |  |            | Empl Con   | Commuter # D | Date of Hiro |   |
| Grant, Lucas F.                  |  |            |            |              | 11/13/10     | 10  |
| Date                             | Position   | PCN        | Department | Rate of Pay  | Grade        | Reacon for Change                             |
| 11/13/2010 Jailer 12.5 hr        | r 12.5 hr  | SDJ0526076 | 5032       | \$1,101.88   | 41           | 41 DATE OF HIRE                               |
| 05/28/2011 Jailer                |  |            |            | \$1 153 12   |              | Inflore configuration                         |
| 01/21/2012                       |  |            |            | 21.551,13    |              | Janet centilication                           |
| 0.001000                         |  |            |            | \$1,17.33    | <b>D</b>     | J salary increase                             |
| 03/31/2012 Deputy C              | uty C  | SDR0313218 | 5041       | \$1,226.19   | 43           | 43 (Graduated from Basic Mandate              |
| 03/30/2013 Deputy B              | aty B  |            |            | \$1 282 68   |              | A   |
| 03/20/2014                       | A  |            |            | 00:707,10    |              | O Anniversary promotion                       |
| V3/27/2014 Deputy A              | ny A   |            |            | \$1,342.01   | 0            | Anniversary promotion                         |
| 11/08/2014, Depu                 | 11/08/2014 Deputy (Investigator Train SCI0313007 | SCI0313007 | 5051       | \$1,342.01   | 43           | 43 placed in femorary PCN during 2 month tool |
| 01/03/2015 Deputy (Inv. Trainge) | ity (Inv. Trainee)                               |            | 5041       | •            |              | Dollad han month to the day of the period     |
|                                  | (Sammir ::) (                                    |            | 2041       | \$1,418.93   | 43           | 43 Tier Level Increase                        |
|                                  |  |            |            |              |              |   |

|  |                | 4  | •           |              |   |
|--|----------------|--|-------------|--------------|---|
| Name   |                | Empl Con   | Computer #  | Date of Hire | re Transferred/Rehired                                  |
| Grant, Lucas F.                                  |                | 15179  | C022        | 11/13/10     |   |
| 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  | <u> </u>     | 43 Graduated from Bacic Mandate                         |
| 03/30/2013 Deputy B                              |                |  | \$1,282.68  |              | 0 Anniversary promotion                                 |
| 03/29/2014 Deputy A                              |                | A CONTRACTOR OF THE PARTY OF TH | \$1,342.01  | 0            | Anniversary promotion                                   |
| 11/08/2014 Deputy (Investigator Train SCI0313007 | iin SCI0313007 | 5051   | \$1,342.01  | -            | 43. placed in temporary PCN during 2 month trail meriod |
| 01/03/2015 Deputy (Inv. Trainee)                 |                | 5051   | \$1,418.93  | <u> </u>     | Tier Level Increase                                     |
| 02/14/2015 Investigator                          | SCI0508037     | 5051   | \$1,560.83  | 46           | 46 promotion  |



| PART I: TYPE OF REQUES   | -m - m   |  |  |
|--|--|--|--|
| TV(TV(LV-2-  | ST —▶#1: must fill out Part 2-A ON   | LY —▶#2-12: must fill out Part 2-B & P   | Part 3▶#13: must fill out Part 2-C &Part 3▶#14: fill out Part  |
| : Caramer Hone/Add 2.  | Reclassification 3. Position A   | bolishment 4. $\square$ Transfer 5. $\boxtimes$  | Promotion 6. Demotion 7. Interim Appointment   |
|  | New Position 10. Work Hours  | 11. Rate of Pay 12.  | Budget # 13. Separation 14. Other:   |
| PART 2: PREPARATION FO   | OR PERSONNEL ACTION  |  |  |
| A. PERSONAL INFORMA  | TION   |  | Home Phone #: ( )  |
| Name Change:   |  |  | Cell Phone #: ( )  |
| Address:   |  |  | Office Phone #: ( )  |
| Employee Signature (require  | ed for personal information changes):  |  | Date:  |
| B. POSITION INFORMATI  | ON   |  |  |
| and the square and reference of the same of the same of  | CHANGE FROM  | CHANGE TO  | C. SEPARATION INFORMATION  |
| Dept #   | 5051   | 5051   | SEPARATION FROM SERVICE REASON:  |
| Job Title  | Deputy Inv. Trainee  | Investigator   | VQ 01 Resignation  |
| FLSA Status (E or NE)  | NE   | NE   | VQ 02 Failure to Report to Work/AWO VQ 03 Lay-Off/RIF  |
| Pay Class  | 100  | 100  | VQ 04 Death  |
| Salary Grade   | 43   | 46   | VQ 05 Loss of Job Requirements   |
| PCN  | SCI0313007   | SCI0508037   | VQ 06 Termination  |
| Daily Hours  | 12 hr; 30 min A/D  | 12 hr; 30 min A/D  | VQ 07 Retirement   |
| Hourly Rate  | \$16.77  | \$19.51  | Date Hired:  |
| Bi-Weekly Salary   | \$1,342.01   | \$1,560.83   | Last Day Worked:   |
| Annual Salary  | \$34,892.26  | \$40,581.58  | Separation Date:   |
| Supplemental Pay   | NA   | CLOTHING \$19.23   | Terminated 3 days ADM Given: YES NO  |
| afety Sensitive (Y or N)   | Y  | Y  | Proper Notice Given: YES NO  |
|  | 273031210  | 273031210  | F1: 11 C P ***   |
|  |  | 275031210  | Eligible for Re-Hire?   YES   NO   |
| imployee Replaced (Name  | & I.D.): Steve An 08220  | 275051210  | Eligible for Re-Hire? YES NO VAC BAL: COMP BAL:  |
| Employee Replaced (Name ART 3: EXPLANATION FOR mployee promoted to the   | & I.D.): Steve An 08220  REQUEST Se  | ee Attached Documentation?   | VAC BAL: COMP BAL:   |
| Employee Replaced (Name  ART 3: EXPLANATION FOR  mployee promoted to the  he Sheriff's Office does ha  | & I.D.): Steve An 08220  REQUEST Serank of Investigator  Everyther the funding to support this   | ee Attached Documentation?   | VAC BAL: COMP BAL:   |
| Employee Replaced (Name  ART 3: EXPLANATION FOR  mployee promoted to the  ne Sheriff's Office does ha  ART 4: DEPARTMENT APPR  Request was Processed By: S   | & I.D.): Steve An 08220  REQUEST Serank of Investigator  Everyther the funding to support this   | ee Attached Documentation?   | VAC BAL: COMP BAL:  YES NO (if no, must give explanation for request)  |
| ART 3: EXPLANATION FOR mployee promoted to the he Sheriff's Office does have a second  | & I.D.): Steve An 08220  REQUEST Serank of Investigator  Exercise the funding to support this coval.  A patton for the funding to support the funding to support this coval.   | ee Attached Documentation?   | VAC BAL: COMP BAL:  YES NO (if no, must give explanation for request)  |
| Employee Replaced (Name  ART 3: EXPLANATION FOR  mployee promoted to the  he Sheriff's Office does ha  ART 4: DEPARTMENT APPR  Request was Processed By: S  artment Director Signature:  | & I.D.): Steve An 08220  REQUEST Serank of Investigator  Exercise the funding to support this coval.  Soval Falls Patton   | ee Attached Documentation?   | VAC BAL: COMP BAL:  YES NO (if no, must give explanation for request)  821 -1433 Date Of Request: 1/27/2015  |
| Employee Replaced (Name  ART 3: EXPLANATION FOR  mployee promoted to the  he Sheriff's Office does ha  ART 4: DEPARTMENT APPR  Request was Processed By: S  artment Director Signature:  | & I.D.): Steve An 08220  REQUEST Serank of Investigator  Reve the funding to support this goval.  Rever the funding to support this goval.  Rever the funding to support this goval.   | ee Attached Documentation?   | VAC BAL: COMP BAL:  YES NO (if no, must give explanation for request)  821 -1433 Date Of Request: 1/27/2015  Concurrence Date: 1-27-15  Concurrence Date:          |
| Employee Replaced (Name  ART 3: EXPLANATION FOR  mployee promoted to the  he Sheriff's Office does ha  ART 4: DEPARTMENT APPR  Request was Processed By: S  artment Director Signature:  | & I.D.): Steve An 08220  REQUEST Serank of Investigator  Reve the funding to support this serve the funding the serve the funding the serve the  | ce Attached Documentation?  E pay increase  Contact Phone #: ( 706 )  Contact Phone #: ( 706 )   | VAC BAL:  COMP BAL:  VES NO (if no, must give explanation for request service)  B21 -1433 Date Of Request: 1/27/2015  Concurrence Date: 1-27-15  Concurrence Date: |
| Employee Replaced (Name  ART 3: EXPLANATION FOR  mployee promoted to the  he Sheriff's Office does ha  ART 4: DEPARTMENT APPR  Request was Processed By: S  artment Director Signature:  artment Director Signature (2):  transfer between department  | & I.D.): Steve An 08220  REQUEST Serank of Investigator  Exercise the funding to support this su | ce Attached Documentation?  E pay increase  Contact Phone #: ( 706 )  Contact Phone #: ( 706 )   | VAC BAL:  COMP BAL:  YES NO (if no, must give explanation for request service)  821 -1433 Date Of Request: 1/27/2015  Concurrence Date: 1-27-15  Concurrence Date: |
| ART 3: EXPLANATION FOR imployee promoted to the me Sheriff's Office does have the Sheriff's O | REQUEST  Trank of Investigator  Every the funding to support this supp | ee Attached Documentation?  E pay increase  Contact Phone #: ( 706 )  Contact Phone #: ( 706 ) | VAC BAL: COMP BAL:  VES NO (if no, must give explanation for request   No   No   No   No   No   No   No   N  |



| ART 4: DEPARTMENT APPROVAL  is Request was Processed By: Sally Patton  partment Director Signature:  concurrence Date:  concurrence Date:  transfer between departments, both director signatures required***  BELOW IS FOR HUMAN RESOURCES ONLY  stributed necessary copies to:  PAYROLL  BENEFITS  BENEFITS  BENEFITS  BENEFITS  Processed By/Date:  HR MGR/Date:  HR MGR/Date:  HR MGR/Date:  HR Comp/Date:   | Employee Name: Lucas F   | . Grant                         | EMP I.D.: 15179 DEP                         | T#: 5041 Proposed Effective Date: 11/8/201   |
|--|--|---------------------------------|---|--|
|  | PART 1: TYPE OF REQUEST  | `▶#1: must fill out Part 2-A (  | ONLY —▶#2-12: must fill out Part 2-B & Part |  |
| Subspecies   9.   New Position   10.   Work Hours   11.   Rate of Pay   12.   Bodget # 13.   Separation   14.   Other:   | Name/Phone/Add 2. R  | eclassification 3. Position     | 1 Abolishment 4. Transfer 5. Pr             |  |
| Address:  Address:  Date:  POSITION INFORMATION  CHANGE FROM  CHANGE FROM  CHANGE TO  Dept # 5041  | Suspension 9. N  | ew Position 10. Work Ho         | urs 11. Rate of Pay 12. B                   |  |
| Address:    Cell Phone # ( )   |  |                                 |   |  |
| Address:    Date:     Date:     Date:     Date:     Date:     Date:     Date:        | A. PERSONAL INFORMAT   | ION                             |   | Home Phone #: ( ) -  |
| Address:    POSITION INFORMATION   | Jame Change:   |                                 | ×   | Cell Phone #: ( )  |
| POSITION INFORMATION  CHANGE FROM CHANGE TO SEPARATION INFORMATION  Dept # 5041  | Address:   |                                 |   | Office Phone #: ( )  |
| CHANGE FROM CHANGE TO SEPARATION FROM SERVICE REA 5041 5051  | mployee Signature (required  | for personal information change | s):   | Date:  |
| Dept # 5041  | POSITION INFORMATIO  | N                               |   | C SEPARATION INFORMATION   |
| Dept#   5041   5051  |  |                                 | CHANGE TO                                   |  |
| Deputy   Deputy (Inv. Trainee)   |  | 5041                            | 5051  |  |
| NE   NE   NE   NE   NE   NE   NE   NE  |  | Deputy                          | Deputy (Inv. Trainee)                       |  |
| Pay Class  Salary Grade  A3  A3  A3  Billy Hours  Billy Hours  Billy Salary  S1,342.01  Annual Salary  S2,4892.26  Separation Date:  Terminated 3 days ADM Given:  YES  Terminated 3 days ADM Given:  YES  NO  Eligible for Re-Hire?  YES  NO  VAC BAL:  COMP BAL:  X13 EXPLANATION FOR REQUEST  See Attached Documentation?  YES  NO (if no, must give explanation for raployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attach  Attached Documents, both director signature:  Attached Documentation?  YES  NO (if no, must give explanation for raployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attach  Attached Documentation?  Attached Documentation?  YES  NO (if no, must give explanation for raployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attach  Attached Documentation?  Attached Documentation?  Attached Documentation?  YES  NO (if no, must give explanation for raployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attach  Attached Documentation?  Attached Documentation?  Attached Documentation?  YES  NO (if no, must give explanation for raployee in department 5051. Job description attach  Concurrence Date:  Terminated 3 days ADM Given:  YES  NO (if no, must give explanation for raployee in department 5051. Job description attach  Concurrence Date:  Terminated 3 days ADM Given:  YES       | LSA Status (E or NE)   | NE                              |   |  |
| 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 NA Terminated 3 days ADM Given: YES NO Account number: 273031310 273031210 Eligible for Re-Hire? YES NO Aployee Replaced (Name & I.D.): William Smith #15230  VAC BAL: COMP BAL:  RT3-EXPLANATION FOR REQUEST See Attached Documentation? YES NO (if no, must give explanation for reployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attach and the process of signature of t | Pay Class  | 100                             | 100   |  |
| Daily Hours  Daily Hours  10 hr; 30 min A/D  8 hr/ 30 min A/D  Bi-Weekly Salary  S1,342.01  Annual Salary  S34,892.26  Supplemental Pay  NA  NA  NA  Terminated 3 days ADM Given: YES  NO  Account number: 273031310  Proper Notice Given: YES  NO  Pr       |  | 43                              | 43  | VQ 05 Loss of Job Requirements   |
| Hourly Rate \$16.77   \$16.77   Date Hired:  Bi-Weekly Salary \$1,342.01   \$1,342.01   Last Day Worked:  Supplemental Pay NA NA NA Terminated 3 days ADM Given: YES Evy Sensitive (Y or N) Y Y Y Proper Notice Given: YES NO VAC BAL: COMP BAL:  CT 3: EXPLANATION FOR REQUEST   See Attached Documentation? YES NO (if no, must give explanation for reployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attach then to Director Signature: Last Day Worked:  Last Day Wo   |  | SDR0313218                      | SCI0313007                                  |  |
| Bi-Weekly Salary \$1,342.01 \$1,342.01 Sat Nay Worked:  Annual Salary \$34,892.26 \$34,892.26 Say NA   |  | 10 hr; 30 min A/D               | 8 hr/ 30 min A/D                            | VQ 07 Retirement   |
| Annual Salary \$34,892.26 \$34,892.26 S34,892.26 Say Morked:  Supplemental Pay NA NA Account number: 273031310 273031210 Eligible for Re-Hire? YES NO VAC BAL: COMP BAL:  TTerminated 3 days ADM Given: YES NO Proper Notice Given: YES NO VAC BAL: COMP BAL:  TT3: EXPLANATION FOR REQUEST See Attached Documentation? YES NO (if no, must give explanation for reployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attach concurrence Date:  TT4: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton Contact Phone #: (706) 821 -1433 Date Of Request: 10/28/2014 Concurrence Date:  Temployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attach concurrence Date:  TH4: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton Contact Phone #: (706) 821 -1433 Date Of Request: 10/28/2014 Concurrence Date:  TH4: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton Contact Phone #: (706) 821 -1433 Date Of Request: 10/28/2014 Concurrence Date:  THA: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton Concurrence Date:  THA: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton Concurrence Date:  THA: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton Concurrence Date:  THA: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton Concurrence Date:  THA: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton Concurrence Date:  THA: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton Concurrence Date:  THA: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton Concurrence Date:  THA: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton Concurrence Date:  THA: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton Concurrence Date:  THA: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton Concurrence Date:  THA: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton Concurrence Date:  THA: DEPARTMENT APPRO     |  |                                 | \$16.77                                     | Date Hired:  |
| Supplemental Pay NA NA Terminated 3 days ADM Given: YES Supplemental Pay NA Terminated 3 days ADM Given: YES Supplemental Pay NA Terminated 3 days ADM Given: YES NO Account number: 273031310 273031210 Eligible for Re-Hire? YES NO Account number: 273031310 273031210 Eligible for Re-Hire? YES NO NAC BAL: COMP BAL:  **RT3:EXPLANATION FOR REQUEST** See Attached Documentation? YES NO (If no, must give explanation for reployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attach attached Documentation: YES NO (If no, must give explanation for reployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attached Documentation: YES NO (If no, must give explanation for reployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attached Documentation: YES NO (If no, must give explanation for reployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attached Documentation: YES NO (If no, must give explanation for reployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attached Documentation: YES NO (If no, must give explanation for reployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attached Documentation: YES NO (If no, must give explanation for reployee explanation in the property of the pro       |  | \$1,342.01                      | \$1,342.01                                  | Last Day Worked:   |
| The place of the placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attack places and placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attack places and placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attack places are placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attack places are placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attack places are placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attack places are placed in temporary places and places are placed in temporary places.  The places of the placed in temporary places are placed in temporary places.  The places of the placed in temporary places are placed in temporary places. The places are placed in temporary places are placed in temporary places. The places are placed in temporary places are placed in temporary places. The places are placed in temporary places are placed in temporary places. The places are placed in temporary places are placed in temporary places. The places are placed in temporary places are placed in temporary places. The places are placed in temporary places. Th       |  |                                 | \$34,892.26                                 | Separation Date:   |
| Account number: 273031310 273031210 Eligible for Re-Hire? YES NO PAC BAL: COMP BAL:    Request was Processed By: Sally Patton   Contact Phone #: ( 706 ) 821 -1433   Date Of Request: 10/28/2014   Concurrence Date:   Concurrence       |  |                                 | NA  | Terminated 3 days ADM Given: YES NO  |
| Paployee Replaced (Name & I.D.): William Smith #15230  VAC BAL: COMP BAL:  RT 3: EXPLANATION FOR REQUEST  See Attached Documentation?  YES NO (if no, must give explanation for replaced in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attach and the second seco       |  |                                 | T   | Proper Notice Given: YES NO  |
| RT 3: EXPLANATION FOR REQUEST  sployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attach  Request was Processed By: Sally Patton  Contact Phone #: ( 706 ) 821 -1433 Date Of Request: 10/28/2014  rtment Director Signature:  Concurrence Date:  concurrence Date:  concurrence Date:  ansfer between departments, both director signatures required***  BELOW IS FOR HUMAN RESOURCES ONLY  dibuted necessary copies to: PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information  ved on (date): Effective on the PP begin/end date of: Processed By/Date:  MGR/Date: HR MGR/Date: HR Comp/Date:  |  |                                 |   | Eligible for Re-Hire? YES NO   |
| ployee is to be placed in temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attach  274: DEPARTMENT APPROVAL  Request was Processed By: Sally Patton  Contact Phone #: ( 706 ) 821 - 1433 Date Of Request: 10/28/2014  The timent Director Signature:  Concurrence Date:  The timent Director Signature (2):  Concurrence Date:  Concurrence Date:  Concurrence Date:  BELOW IS FOR HUMAN RESOURCES ONLY  BENEFITS Verified:  Employee Information  Processed By/Date:  MGR/Date:  HR MGR/Date:  HR Comp/Date:  | ipioyee Replaced (Name &   | & I.D.): William Smith #        | 15230                                       | VAC BAL: COMP BAL:   |
| Request was Processed By: Sally Patton  Contact Phone #: ( 706 ) 821 -1433  Date Of Request: 10/28/2014  Concurrence Date:  Concurrence Date:  ansfer between departments, both director signatures required***  BELOW IS FOR HUMAN RESOURCES ONLY  ibuted necessary copies to: PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information  ved on (date): Processed By/Date:  MGR/Date: HR MGR/Date: HR Comp/Date:   |  |                                 | See Attached Documentation?                 | YES NO (if no, must give explanation for request od" in department 5051. Job description attached. |
| rtment Director Signature:    Concurrence Date:   Concurrence Date       | THE SOURCE STATE OF THE STATE O |                                 | Resource to the second second               |  |
| concurrence Date:  trument Director Signature (2):  cansfer between departments, both director signatures required***  BELOW IS FOR HUMAN RESOURCES ONLY  cributed necessary copies to:  PAYROLL  BENEFITS  Verified:  Employee Information  Position Information  Separation Information  ved on (date):  Effective on the PP begin/end date of:  MGR/Date:  HR MGR/Date:  HR Comp/Date:  |  | ration A                        | Contact Phone #: ( 706 )                    | B21 - 1433 Date Of Request: 10/28/2014   |
| ransfer between departments, both director signatures required***  BELOW IS FOR HUMAN RESOURCES ONLY  BENEFITS Verified: Employee Information Position Information Separation Information ved on (date):  Effective on the PP begin/end date of: Processed By/Date:  MGR/Date: HR MGR/Date: HR Comp/Date:  |  | wer fall                        | alu   | Concurrence Date:  |
| BELOW IS FOR HUMAN RESOURCES ONLY  ributed necessary copies to: PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information (date): Processed By/Date:  MGR/Date: HR MGR/Date: HR Comp/Date:   |  | ,                               |   | Concurrence Date:  |
| ved on (date):  Effective on the PP begin/end date of:  MGR/Date:  HR MGR/Date:  HR Comp/Date:   | ansier between departments   |                                 |   | ONLY   |
| MGR/Date: HR MGR/Date: HR Comp/Date:   | ributed necessary copies to:   | PAYROLL BEN                     | EFITS Verified: Employee Inform             | nation Position Information Separation Information   |
| HR Comp/Date:  | ved on (date):   | Effective on                    | the PP begin/end date of:                   | Processed By/Date:   |
|  | MGR/Date:  | Н                               | MGR/Date:                                   | HR Comp/Date:  |
| RELATIONS/Date: City ADM/Date: City ADM/Date:  | RELATIONS/Date:  | HR                              | DIR/Date:                                   |  |



| Employee Name: Lucas F                        | . Grant                           | EMP I.D.: 15179                    | DEPT #:       | 5041           | Proposed          | Effective Date: 3/29/2014  |
|---|-----------------------------------|------------------------------------|---------------|----------------|-------------------|--|
| PART 1: TYPE OF REQUEST                       | >#1: must fill out Part 2-A Of    | NLY —▶#2-12: must fill out Part 2- | B & Part 3 —  | ►#13: must     | fill out Part 2-C | & Part 3 > #14: fill out Port 2  |
| 1. Name/Phone/Add 2. R                        | eclassification 3. Position       | Abolishment 4. Transfer            | 5. Promotic   | on 6. 🗆 D      | emotion 7.        | Interim Appointment  |
| 8. Suspension 9. N                            | lew Position 10. Work Hou         | rs 11. Rate of Pay 12              | Budget #      | ± 13. □ Se     | paration 14       | Other:   |
| PART 2: PREPARATION FO                        | R PERSONNEL ACTION                |                                    |               |                | paramon 14.       | Other.   |
| A. PERSONAL INFORMAT                          | TION                              |                                    | Н             | ome Phone      | #: (              |  |
| Name Change:                                  |                                   |                                    |               | Cell Phone     | K. 20040          | , -  |
| Address:                                      |                                   |                                    |               | ffice Phone    | 50.00             | ) -  |
| Employee Signature (required                  | for personal information changes) |                                    |               |                |                   | Date:  |
| B. POSITION INFORMATIO                        | )N                                |                                    |               | C SEDADA       | TION INTO         |  |
|   | CHANGE FROM                       | CHANGE TO                          |               |                | TION INFO         | RMATION FROM SERVICE REASON:   |
| Dept #  | 5041                              | 5041                               |               |                | 1 Resignat        |  |
| Job Title                                     | DEPUTY B                          | DEPUTY A                           |               |                |                   | o Report to Work/AWOL  |
| FLSA Status (E or NE)                         | NE                                | NE                                 |               |                | 3 Lay-Off         |  |
| Pay Class                                     | 100                               | 100                                |               |                | 4 Death           | XII  |
| Salary Grade                                  | 43                                | 43                                 |               |                |                   | lob Requirements   |
| PCN   | SDR0313218                        | SDR0313218                         |               |                | 6 Terminat        |  |
| Daily Hours                                   | 10 hr; 30 min a/D                 | 30 hr; 30 min A/D                  |               |                | 7 Retireme        |  |
| Hourly Rate                                   | \$16.03                           | \$16.77                            |               | Date Hired:    |                   |  |
| Bi-Weekly Salary                              | \$1,282.68                        | \$1,342.01                         | 1             | Last Day Wo    | orked:            |  |
| Annual Salary                                 | \$33,349.68                       | \$34,892.26                        |               | Separation D   |                   |  |
| Supplemental Pay                              | NA                                | NA                                 | 1000          |                | days ADM          | Given: YES NO  |
| Safety Sensitive (Y or N)                     | Y                                 | Y                                  |               | Proper Notic   |                   | YES NO   |
| GL Account number:                            | 273031310                         | 273031310                          | 1888          | Eligible for F |                   | YES NO   |
| Employee Replaced (Name &                     | & I.D.):                          |                                    | 1             | VAC BAL:       |                   | COMP BAL:  |
| PART 3: EXPLANATION FOR<br>ANNIVERSARY PROMOT |                                   | See Attached Documentation?        | ☐ YES         | S NO           | (if no, must      | give explanation for request)  |
| PART 4: DEPARTMENT APPRO                      |                                   |                                    |               | environment    |                   | de la companya de la |
| nis Request was Processed By: Sa              | Illy Patton                       | Contact Phone #: ( 70              | 6 ) 821       | - 1433         | Date Of R         | equest: 2/5/2014   |
| epartment Director Signature:                 | Julie Clay                        | R.                                 |               |                | Concurren         |  |
| epartment Director Signature (2):             | 0                                 |                                    |               |                | Concurren         | ce Date:   |
| a transfer between departments                |                                   | ired***<br>V IS FOR HUMAN RESOUF   | CES ONL       | Y <b></b>      |                   |  |
| istributed necessary copies to:               | PAYROLL BENE                      |                                    | e Information |                | n Information     | Separation Information   |
| eceived on (date):                            | Effective on t                    | he PP begin/end date of:           |               | Proc           | essed By/Date     |  |
| MP MGR/Date:                                  | HRI                               | MGR/Date:                          |               | HR Co          | mp/Date:          |  |
| MP RELATIONS/Date:                            | HR I                              | DIR/Date:                          |               |                | DM/Date:          |  |
|   |                                   |                                    |               |                |                   |  |



| Employee Name: Lucas F.  | Grant                            | EMP I.D.: 15179 DE   | PT #:5041         | Proposed Effective Date: 3/30/2013               |
|--|----------------------------------|--|-------------------|--|
| PART 1: TYPE OF REQUEST  | #14 must but out Pari 2-A C      | NLY = \$#2-12; must bill out Part 2-B & P.   | an 3" —▶#13: must | fill out Part 2-C &Part 3 ->#14: fill out Part 2 |
| 1. Name/Phone/Add 2. Re  |                                  |  | Promotion 6.      | Demotion 7. Interim Appointment                  |
| 8. Suspension 9. Ne  | w Position 10. Work Ho           | urs 11. Rate of Pay 12.  | Budget ≠ 13. ☐ S  | eparation 14.  Other:                            |
| PART 2: PREPARATION FOR  | PERSONNEL ACTION                 | The state of the s | THE PLANT OF THE  |  |
| A. PERSONAL INFORMATI  | ON                               |  | Home Phone        | #: ( ) -   |
| Name Change:   |                                  |  | Cell Phone        | #: ( ) -   |
| Address:   |                                  |  | Office Phone      | #: ( ) -   |
| Employee Signature (required   | for personal information changes | ):   |                   | Date:  |
| B. POSITION INFORMATION  | N                                |  | C SEDAD           | -  |
|  | CHANGE FROM                      | CHANGE TO  |                   | ATION INFORMATION EPARATION FROM SERVICE REASON: |
| Dept #   | 5041                             | 5041   |                   | 01 Resignation                                   |
| Job Title  | DEPUTY C                         | DEPUTY B   |                   | 02 Failure to Report to Work/AWOL                |
| FLSA Status (E or NE)  | NE                               | NE   |                   | 03 Lay-Off/RIF                                   |
| Pay Class  | 100                              | 100  |                   | 04 Death   |
| Salary Grade   | 43                               | 43   |                   | 05 Loss of Job Requirements                      |
| PCN  | SDR0313218                       | SDR0313218   |                   | Of Termination                                   |
| Daily Hours  | 12 hr; 30 A/D                    | 12 hr; A/D   |                   | 07 Retirement                                    |
| Hourly Rate  | \$15.33                          | \$16.03  | Date Hired:       |  |
| Bi-Weekly Salary   | \$1,226.19                       | \$1,282.68   | Last Day W        | orked:   |
| Annual Salary  | \$31,880.94                      | \$33,349.68  | Separation I      |  |
| Supplemental Pay   | NA                               | NA   | Terminated        | 3 days ADM Given: YES NO                         |
| Safety Sensitive (Y or N)  | Y                                | Y  | Proper Notic      |  |
| GL Account number:   | 273031310                        | 273031310  | Eligible for      |  |
| Employee Replaced (Name &  | (I.D.):                          |  | VAC BAL:          | COMP BAL:  |
| PART 3: EXPLANATION FOR R ANNIVERSARY PROMOTION AND THE PROMOTION OF THE P | ION                              | See Attached Documentation?  | YES NO            | (if no, must give explanation for request)       |
|  |                                  |  |                   | 9  |
| is Request was Processed By: Sal   | Station                          | Contact Phone #: ( 706 )   | 821 - 1433        | Date Of Request: 2/4/2017                        |
| partment Director Signature:   | July Clayte                      |  |                   | Concurrence Date: 2/4/2                          |
| partment Director Signature (2):   | U                                |  |                   | Concurrence Date:                                |
| transfer between departments,  |                                  | uired***<br>W IS FOR HUMAN RESOURCES   | SONLY             |  |
| stributed necessary copies to:   | PAYROLL BEN                      | EFITS Verified: Employee Info  | ormation Position | on Information Separation Information            |
| ceived on (date):  | Effective on                     | the PP begin/end date of:  | Proc              | cessed By/Date:                                  |
| MP MGR/Date:   | HR                               | MGR/Date:  | Цр. С             | amp/Data   |
| MP RELATIONS/Date:   |                                  | DIR/Date:  |                   | omp/Date:  |
|  |                                  | Div Date.  | City A            | ADM/Date:  |



| Employee Name: Lucas F.          | Grant                              | EMP I.D.: 15179 DEI                   | PT #: _5032      | Proposed Effective Date: 3/31/2012            |
|----------------------------------|------------------------------------|---------------------------------------|------------------|---|
| PART 1: TYPE OF REQUEST -        | ▶#1: must fill out Part 2-A ONL    | Y▶#2-12: must fill out Part 2-B & Par | t 3▶#13: must fi | ill out Part 2-C &Part 3▶#14: fill out Part 2 |
| Name/Phone/Add 2. Red            | classification 3. Position Al      |                                       | romotion 6. De   |   |
| 3. Suspension 9. Ne              | w Position 10. Work Hours          | 11. Rate of Pay 12. B                 | udget# 13. Sej   |   |
| PART 2: PREPARATION FOR          | PERSONNEL ACTION                   |                                       |                  |   |
| A. PERSONAL INFORMATION          | UN                                 |                                       | Home Phone       |   |
| Name Change:                     |                                    |                                       | CellPhone        | #: ( ) -                                      |
| Address:                         |                                    | C                                     | Office Phone     |   |
| Employee Signature (required to  | for personal information changes): |                                       |                  | Date:   |
| B. POSITION INFORMATION          | V                                  |                                       | C. SEPARA        | TION INFORMATION                              |
|                                  | CHANGE FROM                        | CHANGE TO                             |                  | PARATION FROM SEE VICE REVASION               |
| Dept #                           | 5032                               | 5041                                  |                  | 1 Resignation                                 |
| Job Title                        | Jailer 12.5 hr                     | Deputy                                |                  | 2 Failure to Report to Work/AWOL              |
| FLSA Status (E or NE)            | NE                                 | NE                                    |                  | 3 Lay-Off/RIF                                 |
| Pay Class                        | 100                                | 100                                   |                  | 4 Death                                       |
| Salary Grade                     | 42                                 | 43                                    |                  | 5 Loss of Job Requirements                    |
| PCN                              | SDJ0526076                         | SDR0313218                            |                  | 6 Termination                                 |
| Daily Hours                      | 12.5                               | 8                                     |                  | 7 Retirement                                  |
| Hourly Rate                      |                                    |                                       | Date Hired:      |   |
| Bi-Weekly Salary                 | \$1,172.35                         | \$1,226.19                            | Last Day Wo      | rked:   |
| Annual Salary                    | \$30,841.10                        | \$31,880.94                           | Separation D     |   |
| Supplemental Pay                 |                                    |                                       | 100              |   |
| afety Sensitive (Y or N)         | Y                                  | Y                                     | Proper Notice    |   |
| GL Account number:               | 273032510                          | 273031310                             | Eligible for R   |   |
| Employee Replaced (Name &        | I.D.): Jeffrey Burdick E           | mp. #11565                            | VAC BAL:         | COMP BAL:                                     |
| ART 3: EXPLANATION FOR R         | SEQUEST S                          | ee Attached Documentation?            | YES NO           | (if no, must give explanation for request)    |
| ART 4: DEPARTMENT APPRO          | VAL                                |                                       |                  |   |
| s Request was Processed By: Su   |                                    | Contact Phone #: ( 706 )              | 821 - 1095       | Date Of Request: 3/30/2012                    |
| partment Director Signature:     | Con House                          | ull                                   | 1075             | Concurrence Date: 3/30//2                     |
| partment Director Signature (2): | 1                                  |                                       |                  | Concurrence Date:                             |
| transfer between departments,    | both director signatures require   | red***<br>IS FOR HUMAN RESOURCES      | ONIVE            | Concurrence Date.                             |
| stributed necessary copies to:   | PAYROLL BENEF                      |                                       |                  | n Information Separation Information          |
| ceived on (date):                | Effective on th                    | e PP begin/end date of:               |                  | essed By/Date:                                |
| MP MGR/Date:                     | HR M                               | IGR/Date:                             |                  |   |
| MP RELATIONS/Date:               |                                    | IR/Date:                              |                  | mp/Date:                                      |
|                                  | TIKD                               | no Date.                              | City Al          | DM/Date:                                      |

|   | Transferred/Dot. | marci i cal incili led |                   |                         |                 |                 |                        |                  |                 |
|---|------------------|------------------------|-------------------|-------------------------|-----------------|-----------------|------------------------|------------------|-----------------|
| } |                  |                        | Reason for Change |                         | 41 DATE OF UIDE | DALL OF THINE   | 0 failer certification | and continued of | salary increase |
|   | Date of Hire     | 11/13/10               | Grade             |                         |                 |                 |                        |                  | 0               |
| • | Computer #       | C022                   | Rate of Pay Grade |                         | \$1.101.88      |                 | \$1,153.12             |                  | \$1,172.35      |
| 4 | Empl Com         | 15179 C                | Department        |                         | 5032            | T               |                        |                  |                 |
|   | Er               | 15                     | PCN               |                         | SDJ0526076      |                 |                        |                  |                 |
|   |                  | s F.                   | Position          | 1/13/2010 Tollow 12 5 L | alici 12.3 III  |                 | aner                   |                  |                 |
|   | Name             | Grant, Lucas F.        | Date              | 11/13/2010              | 11117/2010      | 05/20/2011 T-31 | 0.02/02/01             | 100/10/10        | 710711700       |

|      | Transferred/Dobined | Treatment of the control of the cont |                   |                           |                 |                   |                      |
|------|---------------------|--|-------------------|---------------------------|-----------------|-------------------|----------------------|
|      |                     |  | Reason for Change |                           | 41 DATE OF HIRE |                   | Jailer certification |
|      | Date of Hire        | 11/13/10   | Grade             |                           |                 |                   | 0                    |
|      | computer #          | C022   | Rate of Pay Grade |                           | \$1,101.88      |                   | \$1,153.12           |
|      | Empl                | 15179 C  | Department        |                           | 2032            |                   |                      |
| Ē    |                     | 15   | PCN               | 2000000000                | 0/00750175      |                   |                      |
|      |                     | s F.   | Position          | piler 12 5 hr             | 411C 1Z.3 III   | niler             | ALIO.                |
| Name |                     | Grant, Lucas F.  | Date              | 11/13/2010 Toiler 12 5 hr | 010710111       | 05/28/2011 Tailer |                      |



| A  | Employee Name: Lucan F          | . Grant                          | EMP I.D.: 15179 I                      | DEPT #: 5032 Proposed Effective Date: 5/28/2          |
|--|---------------------------------|----------------------------------|--|---|
|  | PART 1: TYPE OF REQUEST         | ▶#1: must fill out Part 2-A C    | ONLY —▶#2-12: must fill out Part 2-B & |   |
|  | 1. Name/Phone/Add 2. Re         | classification 3. Position       | Abolishment 4. Transfer 5.             |   |
| A PERSONAL INFORMATION   | 8. Suspension 9. Ne             | ew Position 10. Work Ho          | urs 11. Rate of Pay 12.                | Budget # 13. Separation 14. Other:                    |
| Address:    Cell Phone #: ( )   -  | PART 2: PREPARATION FOR         | PERSONNEL ACTION                 |  |   |
| Name Change:  Address:  Employee Signature (required for personal information changes):  Date:  B. POSITION INFORMATION  CHANGE FROM Dopt # 5032 5032 5032 Job Title Jailer 12.5 hr Jailer 12.5 hr Jailer 12.5 hr Pay Class 100 100 100 VQ 02 Failure to Report to Work/AW.  FLSA Status (E or NE) NE NE VQ 03 Lay-OiffRIF PCN SDJ0526076 SDJ0526076 Daily Hours 12.5 12.5 12.5 VQ 07 Retirement Hourly Rate \$13.55 \$14.18 Bi-Weekly Salary \$1,101.88 \$1,153.12 Annual Salary \$28,648.88 \$29,981.12 Supplemental Pay NA NA NA SA NA SA NA SEPRATION FOR REQUEST See Attached Documentation?  MRT 4- DEPARTMENT APPROVAL Request was Processed By: Sally betton  Concarrence Date:  PCN SJD47011 BENEFITS Verified: Employee information Position information Separation Information  Concarrence Date:  Processed By/Date:  PREADTION SDB2:  PROGRADATE: Processed By/Date:  PREADTION SDB2:  PREA | A. PERSONAL INFORMATI           | ON                               |  | Home Phone #: ( )                                     |
| Address:  Employee Signature (required for personal information changes):  Date:  Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date:        | Name Change:                    |                                  |  | ,   |
| B. POSITION INFORMATION  CHANGE FROM CHANGE TO SEPARATION INFORMATION  Dept # 5032   | Address:                        |                                  |  |   |
| CHANGE FROM CHANGE TO  Dept # 5032   | Employee Signature (required    | for personal information changes | s):                                    | Date:   |
| Dept # S032  | B. POSITION INFORMATION         | 1                                |  | C. SEPARATION INFORMATION                             |
| Joep in   Substitute   Jailer 12.5 hr          |                                 | CHANGE FROM                      | CHANGE TO                              |   |
| FLSA Status (E or NE)  Pay Class  100  100  Salary Grade  41  42  VQ 02  VQ 04  Death  VQ 05  Loss of Job Requirements  PCN  SDJ0526076  SDJ0526076  SDJ0526076  Daily Hours  12.5  12.5  12.5  Bi-Weekly Salary  \$1,101.88  \$1,153.12  Annual Salary  \$28,648.88  \$29,981.12  Supplemental Pay  NA  NA  NA  NA  NA  NA  NA  And NA  PCL Account number:  273032510  Tigible for Re-Hire?  VES  NO  Work BAL:  COMP BAL:  Concurrence Date:  See Attached Documentation?  VES  NO  (If no, must give explanation Information  Concurrence Date:  Transfer between departments, both director signatures required****  PERCENTIONS/Date:  PROGR/Date:  HR MGR/Date:  HR MGR/Date:  HR Comp/Date:  HR Comp/Date:  PRELATIONS/Date:  HR Comp/Date:  HR Comp/Date:  Processed By/Date:  PRELATIONS/Date:  HR Comp/Date:  HR Comp/Date:  PRELATIONS/Date:  HR Comp/Date:  HR Comp/Date:  HR Comp/Date:  HR Comp/Date:  HR Comp/Date:  HR Comp/Date:   |                                 |                                  | 5032                                   |   |
| Pay Class   100          |                                 |                                  | Jailer 12.5 hr                         |   |
| Salary Grade  PCN SDJ0526076 SDJ052607 SD       |                                 | NE                               | NE                                     |   |
| Salary Grade   |                                 | 100                              | 100                                    |   |
| Daily Hours Date Hired: Last Day Worked: Separation Date: Separation Date: Terminated 3 days ADM Given: YES NO Proper Notice Given: YES NO Daily Hours Daily Hours Date Hired: Last Day Worked: Separation Date: Terminated 3 days ADM Given: YES NO Digible for Re-Hire? YES NO VAC BAL: COMP BAL:  WART3-EXPLANATION FOR REQUEST Date Hired: Last Day Worked: Separation Date: VAC BAL: COMP BAL:  WART3-EXPLANATION FOR REQUEST Date Hired: Last Day Worked: Separation Date: VES NO Date Hired: Last Day Worked: Separation Date: VES NO Proper Notice Given: YES NO VAC BAL: COMP BAL:  WART3-EXPLANATION FOR REQUEST Date Of Request: 5/23/2011 Date Of Request: 5/23/20       |                                 | 41                               | 42                                     |   |
| Daily Hours   12.5   12.5   12.5   |                                 | SDJ0526076                       | SDJ0526076                             |   |
| Bi-Weekly Salary \$1,101.88 \$1,153.12   |                                 | 12.5                             | 12.5                                   |   |
| Annual Salary \$28,648.88 \$29,981.12 Separation Date:  Supplemental Pay NA NA NA  afety Sensitive (Y or N) Y Y Y  L Account number: 273032510 273032510 Eligible for Re-Hire? YES NO  Imployee Replaced (Name & LD.):  VAC BAL: COMP BAL:  INTERTAL EXPLANATION FOR REQUEST  Iller Certification  RT 4: DEPARTMENT APPROVAL  Request was Processed By: Sally Pation  Internet Director Signature: Concurrence Date:  Internet D     |                                 | \$13.55                          | \$14.18                                |   |
| Annual Salary \$28,648.88 \$29,981.12 Separation Date:  Supplemental Pay NA NA NA  aftery Sensitive (Y or N) Y Y Y Proper Notice Given: YES NO  ALL Account number: 273032510 273032510 Eligible for Re-Hire? YES NO  WAC BAL: COMP BAL:  ART 3: EXPLANATION FOR REQUEST iller Certification  REI 4: DEPARTMENT APPROVAL  Request was Processed By: Sally Parton Contact Phone #: (706) 821 -1433 Date Of Request: 5/23/2011  Artment Director Signature: Concurrence Date: 5/23///  Artment Director Signature: Concurrence Date: Tansfer between departments, both director signatures required***  BELOW IS FOR HUMAN RESOURCES ONLY Concurrence Date: Processed By/Date:  BERLOW IS FOR HUMAN RESOURCES ONLY Processed By/Date:  BERLOW IS FOR HUMAN RESOURCES ONLY Processed By/Date:  BERLATIONS/Date: HR MGR/Date: HR MGR/Date: HR MGR/Date:  BERLATIONS/Date: HR MGR/Date: HR MGR/Date: HR Comp/Date:  |                                 | \$1,101.88                       | \$1,153.12                             | Last Day Worked:                                      |
| Supplemental Pay NA NA NA Terminated 3 days ADM Given: VES NO after Sensitive (Y or N) Y Y Y Proper Notice Given: VES NO Eligible for Re-Hire? VES NO Eligible for Re-Hire? VES NO VAC BAL: COMP BAL:  ART 3: EXPLANATION FOR REQUEST alier Certification  ART 4: DEPARTMENT APPROVAL  Request was Processed By: Sally Patjon Contact Phone #: ( 706 ) 821 -1433 Date Of Request: 5/23/2011 artment Director Signature: Concurrence Date: Transfer between departments, both director signatures required***  BELOW IS FOR HUMAN RESOURCES ONLY Concurrence Date: Processed By/Date:  BELOW IS FOR HUMAN RESOURCES ONLY PROCESSED BY/Date:  BELOW IS FOR HUMAN RES       |                                 | \$28,648.88                      | \$29,981.12                            |   |
| ART 3: EXPLANATION FOR REQUEST  See Attached Documentation?  See Attached Documentation?  See Attached Documentation?  YES NO VAC BAL:  COMP BAL:  ART 4: DEPARTMENT APPROVAL  REQUEST Sequest was Processed By: Sally Patton  artment Director Signature:  ART 5: EXPLANATION FOR REQUEST  See Attached Documentation?  Contact Phone #: ( 706 ) 821 -1433 Date Of Request: 5/23/2011  Concurrence Date:  Transfer between departments, both director signatures required***  BELOW IS FOR HUMAN RESOURCES ONLY  Effective on the PP begin/end date of:  PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information  Separation Information  Processed By/Date:  PROGR/Date: HR MGR/Date: HR MGR/Date:  PROGR/Date: HR MGR/Date: HR Comp/Date:   |                                 | NA                               | NA                                     |   |
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| ART 3: EXPLANATION FOR REQUEST  See Attached Documentation?  YES NO (if no, must give explanation for requestive continuous processed By: Sally Patton  ART 4: DEPARTMENT APPROVAL  Be request was Processed By: Sally Patton  Contact Phone #: ( 706 ) 821 -1433  Date Of Request: 5/23/2011  Concurrence Date: 5/23///  Concurrence Date: 5/23///  Transfer between departments, both director signatures required***  BELOW IS FOR HUMAN RESOURCES ONLY  Tributed necessary copies to: PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information  Served on (date): From the PP begin/end date of: Processed By/Date:  PMGR/Date: HR MGR/Date: HR Comp/Date:  | Employee Replaced (Name &       | I.D.):                           |  | ****  |
| Date Of Request: 5/23/2011  Concurrence Date: 5/23///  Concurrence Date: 5/       | iller Certification             | /AL                              | See Attached Documentation?            | YES NO (if no, must give explanation for requ         |
| Concurrence Date: 5/23/// Concurrence Date:        |                                 | y Patton                         | Contact Phone #: ( 706                 | ) 821 -1433 Date Of Request: 5/23/2011                |
| concurrence Date:    Concurrence Date:   Concurrence Date:   |                                 | pand tour                        | ell                                    |   |
| tributed necessary copies to:  PAYROLL  BENEFITS  BENEFITS  Verified:  Employee Information  Position Information  Separation Information  Processed By/Date:  PMGR/Date:  HR MGR/Date:  HR MGR/Date:  HR MGR/Date:  HR Comp/Date:   |                                 |                                  |  | 0/20/11   |
| Effective on the PP begin/end date of:  PMGR/Date:  HR MGR/Date:  HR Comp/Date:  PRELATIONS/Date:  HR DIP/Date:  | transfer between departments, l |                                  |  |   |
| Effective on the PP begin/end date of:  P MGR/Date:  HR MGR/Date:  HR Comp/Date:  P RELATIONS/Date:  HR DIP/Date:  | tributed necessary copies to:   | PAYROLL BENE                     | EFITS Verified: Employee Inf           | formation Position Information Separation Information |
| P RELATIONS/Date: HR Comp/Date:  | eived on (date):                | Effective on t                   | he PP begin/end date of:               |   |
| P RELATIONS/Date: HP DIP/Date:   | P MGR/Date:                     | HR I                             | MGR/Date:                              | HP Comp/Date  |
|  | P RELATIONS/Date:               |                                  |  | City ADM/Date:  |

## Augusta, Georgia Job Description

Approved Title: Investigator Working Job Title:

Job Code: 0508 FLSA Classification: Non-exempt

**Department:** Sheriff (5051)

Investigator/CID

Pay Grade: 46

Date Revised: September 20, 2011

Original Date Prepared: August 25, 1997

Reports To: Lieutenant

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.   |
| 1009/ Total: 1 | OO (This costion)   |

100% Total: 100

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

### POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

- Investigatate assigned cases in a timely and through 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 I stravel from office to other locations required of this position? Yes No I stravel from office to other locations required of this position? Yes No More that the percentage of travel involved? Less than 50%? Yes No More that                                | han 50%? Yes 🗌 No 🗌   |
| PHYSICAL REQUIREMENTS: Depending upon area of assignment: Positions in this class typically require: walking, pushing, pulling, lifting, fingering, graspin restraining persons and repetitive motions. Work is performed in an office setting, an autor noise, diseases, cold and inclement weather that may require the use of protective devices. | ng, feeling, talking, hearing, seeing, nobile, and field sites with exposure to   |
| Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force force constantly to move objects. If the use of arm and/or leg controls requires exertion Work and the worker sits most of the time, the job is rated for Light Work.  | ce frequently, and/or negligible amount of forces greater than that for Sedentary |
| 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 an   | nount: \$ 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 this classification. It is not designed to contain or be interpreted as a comprehensive invento qualifications required of employees to this job.  REVIEW/APPROVALS  | work performed by employees within pry of all duties, responsibilities, and       |
| Employee (Print Name)  Lucas F. Grant  Employee (Print Name)  Lucas F. Grant  Employee (Print Name)  | 1-27-15<br>Date<br>1-27-15  |
| Line or Staff Management  Department Director  | Date 1-27-15  Date  |
| Compensation Administration Staff  | Date  |
| HR Director  | Date  |

Page 2

## Augusta, Georgia Job Description

Approved Title:

Deputy

Job Code:

0313

FLSA Classification: Non-exempt

Working Job Title: Deputy - Investigator Trainee **Department:** Sheriff (5051)

Pay Grade: 43

Original Date Prepared:

Date Revised: January 18, 2014

January 18, 2014

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          | %        | 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.  |  |  |  |
| 000/ 7      | Cotol, 1 | 00 (TL: - 1: )   |  |  |  |

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. Georgia Post Mandate Peace Officer Certification 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 \( \backslash \) No \( \backslash \) More than 50%? Yes \( \backslash \) No \( \backslash \) 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: \$ 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 or Staff Managemen Compensation Administration Staff Date HR Director Date

## Augusta, Georgia Job Description

Approved Title: Deputy
Working Joh Title: Deputy Investigator Tree

Job Code: 0313

FLSA Classification: Non-exempt

Working Job Title: Deputy - Investigator Trainee Department: Sheriff (5051)

Pay Grade: 43

Date Revised: January 18, 2014

Original Date Prepared: January 18, 2014

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

| Percentag  | 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 Require | d Performs other duties of a similar nature or level.  |  |  |  |
| 1000/ Tata | 100  |  |  |  |

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.

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. Georgia Post Mandate Peace Officer Certification 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 \( \subseteq \) No \( \subseteq \) If yes, what is the percentage of travel involved? Less than 50%? Yes \( \subseteq \) No \( \subseteq \) More than 50%? Yes \( \subseteq \) No \( \subseteq \) 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 Department Director Compensation Administration Staff Date Date HR Director

Page 2

Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.



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

Deputy Approved Title: 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 🗌

Enforces federal, state, and local laws to protect lives and property within the guidelines of state and GENERAL SUMMARY: 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 \sum No \sum More than 50%? Yes \sum No \sum 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 \( \subseteq \) No \( \subseteq \) 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 -ucas F. Grant Employee (Print Name) Line or Staff Management Date Compensation Administration Staff Date HR Director Date

### RICHMOND COUNTY SHEAIFF'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,

Richard Roundtree

ishal Router

Sheriff





| Employee Name: Grant,  | Lucas F.                         | EMP I.D.: 15179                          | DEPT #:     | 5041   | Proposed Effective Date: 10/26/2013           |  |  |
|--|----------------------------------|--|-------------|--|---|--|--|
|  |                                  |  |             |  | l out Part 2-C &Part 3▶#14: fill out Part 2 & |  |  |
| 1. Name/Phone/Add 2. I   |                                  | ion Abolishment 4. Transfer              | 5. Promotio |  |   |  |  |
| 8. Suspension 9. 1   | New Position 10. Work            | Hours 11. Rate of Pay                    | 12.         | 13. Sepa   | aration 14. Other:                            |  |  |
| PART 2: PREPARATION FO<br>A. PERSONAL INFORMAT<br>Name Change:   |                                  |  |             | ome Phone #  | ,   |  |  |
| Address:  Employee Signature (require  | nd for pareapal information char | inne):                                   | Of          | fice Phone #   |   |  |  |
|  |                                  | iges).                                   |             |  | Date:   |  |  |
| B. POSITION INFORMATION  | CHANGE FROM                      | CHANGE TO                                | 1.1.0       |  | TON INFORMATION  ARATION FROM SERVICE REASON  |  |  |
| Dept #   | 5041                             | 5041                                     |             |  | Resignation                                   |  |  |
| Job Title  | Deputy                           | Deputy                                   |             |  | Failure to Report to Work/AWOL                |  |  |
| FLSA Status (E or NE)  | NE                               | NE NE                                    |             |  | Lay-Off/RIF                                   |  |  |
| Pay Class  | 100                              | 100                                      |             |  | Death   |  |  |
| Salary Grade   | 43                               | 43                                       |             |  | Loss of Job Requirements                      |  |  |
| PCN  | SDR0313218                       | SDR0313218                               |             |  | Termination                                   |  |  |
| Daily Hours  | 12 Hr.; 30 Min. A/               | D 10 Hr.; 30 Min. A                      | V/D         | =  | Retirement                                    |  |  |
| Hourly Rate  |                                  | 20 201,00 12                             |             | Date Hired:  |   |  |  |
| Bi-Weekly Salary   | \$1,282.68                       | \$1,282.68                               |             | Last Day Worked: Separation Date:                        |   |  |  |
| Annual Salary  | \$33,349.68                      | \$33,349.68                              | 1220        |  |   |  |  |
| Supplemental Pay   | N/A                              | N/A                                      |             |  |   |  |  |
| Safety Sensitive (Y or N)  | Y                                | Y  |             | Proper Notice Given: YES NO  Proper Notice Given: YES NO |   |  |  |
| GL Account number:   | 273031310                        | 273031310                                |             | Eligible for Re  |   |  |  |
| Employee Replaced (Name  | & I.D.):                         |  |             | VAC BAL: COMP BAL:                                       |   |  |  |
| PART 3: EXPLANATION FOR<br>Employee's work hours are   |                                  | See Attached Documentations to 10 Hours. | 1? YES      | NO NO  | (if no, must give explanation for request)    |  |  |
| PART 4: DEPARTMENT APPI  | ROVAL                            |  |             |  |   |  |  |
| his Request was Processed By: I  | Libby Hackney                    | Contact Phone #: (                       | 706 ) 469   | - 3350   | Date Of Request: 10/21/2013                   |  |  |
| Department Director Signature:   | Riles A 100                      | J.                                       |             |  | Concurrence Date: // 21/13                    |  |  |
| Department Director Signature (2   |                                  | Africa                                   | <del></del> | · · · · · ·  | Concurrence Date:                             |  |  |
| a transfer between departmen   |                                  | required***<br>LOW IS FOR HUMAN RESO     | URCES ONL   | Y <b></b>  |   |  |  |
| Distributed necessary copies to: PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information |                                  |  |             |  |   |  |  |
| eceived on (date):  Effective on the PP begin/end date of:  Processed By/Date:   |                                  |  |             |  |   |  |  |
| EMP MGR/Date:  |                                  | HR MGR/Date:                             |             | HR Con   | np/Date:                                      |  |  |
| EMP RELATIONS/Date:  |                                  | HR DIR/Date:                             |             |  | City ADM/Date:                                |  |  |

## RIC MOND COUNTY SHEL FF'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,

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 LUCAS FRANCHES GRANT has been changed to POST Approved. Click here to log in Thank you.

 $\underline{Start} \ | \ \underline{Admin} \ | \ \underline{Report} \ | \ \underline{Training} \ | \ \underline{Officers} \ | \ \underline{Applications} \ | \ \underline{Logout}$ 

### Application for Basic Certification - Peace Officer

| Application Section Progress     | Candidate Attestation   |  |  |  |
|----------------------------------|---|--|--|--|
| O161251                          | Agency Attestation Performed on November 15, 2011 at 11:03 am   |  |  |  |
| For LUCAS FRANCHES GRANT         | Candidate Attestation Performed on November 17, 2011 at 7:34 pm |  |  |  |
| Status: Candidate Attested       |   |  |  |  |
| 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     | Personal Information                                    |
|----------------------------------|---|
| O161251                          | Last Name GRANT   |
| For LUCAS FRANCHES GRANT         | First Name LUCAS  |
| Status : Agency Attested         | Middle Name FRANCHES                                    |
| Personal Information             | Suffix (if applies)                                     |
| Birth & Citizenship Verification | Maiden Name   |
| Bitti & Chizoship . Ornollon     | 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) |
| I P. G and Employment            | 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  |
| Agency Information               | City  |
| Entrance Exam                    | State State   |
| Supporting Documentation         | Zip Code .  |
| Supporting Documentation         | Primary Telephone                                       |
| Confirmation                     | Continue  |
| Attestation                      |   |

Approval Information

 $\underline{Start} \ | \ \underline{Admin} \ | \ \underline{Report} \ | \ \underline{Training} \ | \ \underline{Officers} \ | \ \underline{Applications} \ | \ \underline{Logout}$ 

### Application for Basic Certification - Peace Officer

| Application Section Progress     | Confirmation  |   |  |  |  |  |  |  |
|----------------------------------|---|---|--|--|--|--|--|--|
| O161251                          | 100% Overall Completion Rate                                      |   |  |  |  |  |  |  |
| For LUCAS FRANCHES GRANT         | Personal Information View   | Birth and Citizenship View  |  |  |  |  |  |  |
| Status: Agency Attested          | LUCAS FRANCHES GRANT  |   |  |  |  |  |  |  |
| Personal Information             |   |   |  |  |  |  |  |  |
| Birth & Citizenship Verification | Black or African American (Not Hispanic or Latine<br>U.S. Citizen | Born in United States? Tes  |  |  |  |  |  |  |
| Education                        | SSN: 1  | Place of Birth: Augusta, GA Primary Verification Upload. Birth Certificate  |  |  |  |  |  |  |
| Prior Law Enforcement History    | DOF<br>Ht 5' 9" Wt 183<br>Hair Black                              |   |  |  |  |  |  |  |
| Law Enforcement Certification    | Eyes Brown<br>Male  |   |  |  |  |  |  |  |
| Law Enforcement Employment       | Other Names View  | Education View  |  |  |  |  |  |  |
| Military                         |   | College Graduate<br>Newberry College, 2006, Bachelor's Degree   |  |  |  |  |  |  |
| Criminal History                 | Prior GA POST Certification                                       | Other States LE Certification   |  |  |  |  |  |  |
| 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 Employement View   | Military History View   |  |  |  |  |  |  |
| Agency Information               | No Criminal History View  | Prior Military Service?No Drivers History View  |  |  |  |  |  |  |
| Entrance Exam                    |   | Georgia Driver's License ONLY Last 10 Years? Yes<br>Military Driver's License ONLY Last 10 Years? No                    |  |  |  |  |  |  |
| Supporting Documentation         | Felony Conviction? No Arrests? Yes                                | Military Driver's License? No<br>States other than Georgia? No  |  |  |  |  |  |  |
| Confirmation                     | 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 |  |  |  |  |  |  |
| Attestation                      | Entrance Exam View  | Supporting View Documentation   |  |  |  |  |  |  |
| Approval Information             | Entrance Exam Completed? Passed May 23, 2011                      | Photograph Uploaded GCIC/NCIC FP Results Uploaded Physician's Affidavit Uploaded Personal History Release Uploaded      |  |  |  |  |  |  |



Pg \_\_ Of \_\_ Initial

| C  | CERTIFICATION OF   | CANDIDATE -             | PAGE 1                     | 01/09/2012  |  |  |  |  |
|--|--|-------------------------|----------------------------|---|--|--|--|--|
| Projected Academy: GPSTO   | C-Augusta Pro  | ojected Academy Star    | t Date                     | 09/26/2011  |  |  |  |  |
| Candidate's Last Name<br>GRANT   |  |                         |                            | Candidate's Position<br>(Select One)                    |  |  |  |  |
| Candidate's First Name   | Patrol/Police Ofc  |                         |                            |   |  |  |  |  |
| Candidate's Middle Name<br>FRANCHES  |  |                         |                            |   |  |  |  |  |
| Give suffix (such as Jr., Sr., II, III,  | , IV, V, etc.) :   |                         |                            | 01/09/2012  |  |  |  |  |
| Maiden Name  |  |                         |                            | Date of Employment 9/26/2011 (mm/dd/yyyy)               |  |  |  |  |
| RACE   | (  |                         |                            | SEX/GENDER  |  |  |  |  |
| Black or African America   | an (not Hispanic or Latin  | 0)                      |                            | Male  |  |  |  |  |
| Education (select highest level that Bachelor's Degree   | at documentation is provided for in  | this application)       |                            |   |  |  |  |  |
| Social Sec#  |  |                         | Date of E                  |   |  |  |  |  |
|  |  |                         | (mm/dd/)                   | yyyy)   |  |  |  |  |
| HEIGHT   | WEIGHT   | HAIR<br>COLOR           | (1) Co. 1                  | YE  |  |  |  |  |
| 5 ft 9 in  | 175 lbs 183  | BLACK                   |                            | OLOR<br>BROWN   |  |  |  |  |
| Are you a citizen of the U  ☐ Yes ☐ No   | Inited States?   |                         |                            |   |  |  |  |  |
| AGENCY MAKING APPLICATION  |  |                         | AGENCY PH<br>(AREA CODE) - | IONE#   |  |  |  |  |
| RICHMOND COUNTY SH   | An armining of the comment of the co |                         | (706)-821                  | L-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 Of Ihackney@augustaga.go   |  |                         |                            | - Andread   |  |  |  |  |
| The above listed candidate is/will be employed with your agency as which of the following:   |  |                         |                            |   |  |  |  |  |
| Full-time peace officer  |  | ŭ ,                     |                            | •   |  |  |  |  |
| (Note: Full-time employment is   | s a minimum of 30 hours/week   | or 120 hours/28 day per | iod.)                      |   |  |  |  |  |
| <u>Checklist</u> (Please check each block below to verify that a complete application is provided.)  |  |                         |                            |   |  |  |  |  |
| ✓ Page 2 Agreement/Photo       ✓ Page 6 Education       ✓ Page 10 Criminal History         ✓ Page 3 PH Release       ✓ Page 7 Military       ✓ Page 11 Printout/FPs         ✓ Page 4 Verification       ✓ Page 8 Entrance Exam/LE Hist       ✓ Page 12 Attestation         ✓ Page 5 Birth/Citizen       ✓ Page 9 Driver Hist       ✓ Physician's Affidavit |  |                         |                            |   |  |  |  |  |
| Naturalization Pa<br>Notarized/<br>Migh School Diplo   | or other docs provided apers. (both must be attached. Written Statement required (secoma/GED/Homeschool Affid print Submission Results attached.   | e Appendix 9)  <br>avit |                            | ge <u>explanation</u><br>e Exam Results<br>CIC Printout |  |  |  |  |



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.

Place Photograph Here Candidate Signature

11 - 10-11 Date

Agency Head or Authorized Representative Signature



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                      | First Name                 |                 | Middle Name                          |
|--------------------------------|----------------------------|-----------------|--------------------------------------|
| GRANT                          | LUCAS                      |                 | FRANCHES                             |
| DATE OF BIRTH MA               | IDEN NAME                  |                 | PHONE NUMBER<br>(AREA CODE) - NUMBER |
| Social Security Number:        |                            |                 | = #                                  |
| Email Address                  |                            |                 |                                      |
| @                              |                            |                 |                                      |
| ADDRESS: Street                |                            |                 | Apartment/Unit#                      |
| City:                          | 0                          | State           | Zip Code:                            |
| Candidate Signature (including | Hackney                    |                 | 11-10-11<br>Date<br>11/10/2011       |
| ) 0                            | Notery Public<br>My Commis | c, Frankrich, G | eorgia<br>2013                       |



Pg \_\_ Of \_\_ Initial

#### VERIFICATION/RECOMMENDATION/ACKNOWLEDGEMENT - PAGE 4

|   |   | 111011111111111111111111111111111111111  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
| that it is my responsibility to pro agency. My initials have been p   | vide POST with a complete<br>placed in the upper right ha<br>ed, and I accept responsib     | contained in this application, and I am aware and accurate application on behalf of my and corner on each page to signify my ility for the veracity of this application. rements of O.C.G.A. § 35-8-8. |  |  |  |  |  |  |  |
| Signature –Agency Employee Resp   | ponsible for Verification   | Date   |  |  |  |  |  |  |  |
|   | BACKGROUND INVEST   | IGATION  |  |  |  |  |  |  |  |
| LUCAS FRANCHES GRAN' (FULL NAME OF CANDIDATE - FIRST, M   |   |  |  |  |  |  |  |  |  |
| Date Candidate was interviewed: (mm/dd/yyyy) 9/28/2010  | Name of Interviewer (First La<br>RICHARD WEAVER   | st)  |  |  |  |  |  |  |  |
| The Background Investigator verifice - Education (High School & College - Prior LE Employment & Certificati - Military - Criminal History - Traffic History   | e)  | ith the appropriate authorities:  Not applicable Not applicable  |  |  |  |  |  |  |  |
| Name of Background Investigator (PATRICK YOUNG (WILHELM)  | First Last)   | Date Background Investigation Completed (mm/dd/yyyy) 10/15/2010  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |
| Signature of Person Conducting Background   | d Investigation   |  |  |  |  |  |  |  |  |
| AGEN  | CY HEAD RECOMM  | ENDATION   |  |  |  |  |  |  |  |
| 8-8, and is recommended by me and for certification upon success  | e for attendance to a Basic<br>ssfully completing this train<br>inderstand that the candida | Ify the requirements of O.C.G.A. § 35-<br>Law Enforcement Training Course<br>ing. I am aware of POST<br>ate must be a paid, full-time employee   |  |  |  |  |  |  |  |
| (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 comp<br>employed or appointed by any la<br>the applicant has met the pre-en  | aw enforcement unit withou  | ut certification from the Council that   |  |  |  |  |  |  |  |
| Agency Head Signature   |   | Date   |  |  |  |  |  |  |  |



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? Xes 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: XYES NO  If NO, attached is a copy of the candidate's valid Georgia Driver's License and:  |
| (must have <u>at least one</u> of the following documents – <u>check</u> 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 <u>naturalized citizen</u> , a <u>certified copy of the naturalization papers or a copy of their U.S. passport</u> and a completed Appendix 9 must be submitted.   |
| Appendix 9 attached (Appendix 9 is the required signed & notarized statement listed above)   |
| Certified copy of <u>naturalization papers</u> or <u>U.S. passport</u> is attached   |



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 <a href="www.chea.org">www.chea.org</a> 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 #<br>(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.   |
| * <u>IMPORTANT NOTE</u> : 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 <a href="www.chea.org">www.chea.org</a> for acceptable accrediting agencies). |

| Grade<br>12   | Gender<br>M |
|---------------|-------------|
| Data Of Rirth | Ethnic Code |
|               |             |

Aiken County Public Schools

Enter Date:

05/31/02 Graduated:

School Year 2001-02

North Augusta, SC 29841 Tel: 803-442-6100

2000 Knobcone Ave.

School Name/Address North Augusta High School

Fax:

School Alternate Number:

| Course Title                    | Grade Ab         | Credit | Course Title Grad                       | le Ab Cred | dit    |
|---------------------------------|------------------|--------|---|------------|--------|
| North Augusta High School Gre   | d 08 6/1998      |        | North Augusta High School Grd 12 6/2002 |            |        |
| C PREALG                        | 96               | 1.000  |   |            |        |
| Crd Att: 1.000 Cmp: 1.000       | Total GPA: 4.370 |        |   |            |        |
| Old 748. 1,000 Ollip. 1,000     | 10tal GFA. 4.370 |        | H Adv Composition 8                     |            |        |
| North Augusta High School Gro   | 100 8/1000       |        | H Western Civ 9 C PE 4 1                |            |        |
| C Elective                      | 80               | 1.000  | •                                       | 0.50       |        |
| H English 1-CP                  | 88               | 1.000  |   |            |        |
| H Biology 1-CP                  | 88               |        | C Prob&Stats-SERC 8-                    |            | 00     |
| H World GeographyC              | 96               | 1.000  | Crd Att: 5.500 Cmp: 5.500 Total GPA:    | 3.486      |        |
| C Physical Education            |                  | 1.000  |   |            |        |
| H Algebra 1 CP                  | 88               | 1.000  |   |            |        |
| Crd Att: 6.000 Cmp: 6.000       | 80               | 1.000  | GPA Summary                             |            |        |
| Cra Att. 6.000 Cmp: 6.000       | Total GPA: 3.537 |        |   |            | $\neg$ |
| North Assessed U.S. O. L. J. O. |                  |        | Total GPA: 3.339 Class rank is 1        | 21 of 285  |        |
| North Augusta High School Gro   |                  |        |   |            | 1      |
| H English 2-CP                  | 80               | 1.000  | Total Credits Attempted: 26,500         |            |        |
| 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                      |                  |        |   |            |        |
| H Biology2                      | 79               | 1.000  |   |            |        |
|                                 | 74               | 1.000  |   |            |        |
| C US Hist and Consti            | 88               | 1.000  |   |            |        |
|                                 | 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  |   | Dog B      |        |
| T Keyboarding                   | 82               | 0.500  |   |            |        |
|                                 | TalaLODA. DOGA   |        |   |            |        |

Accredited by the Southern Association of Colleges and Schools

Crd Att: 7.000 Cmp: 7.000

Total GPA: 2.904

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

### SELL DARY SCHOOL RECORD-TRAISCRIPT

|          |                               | STUDE  | NT INF        | ORMA   | MOIT         |                |            |                  |             | schoo  | L INFOR   | MATION                      | 441150           |
|----------|-------------------------------|--|---------------|--|--------------|----------------|------------|------------------|-------------|--|-----------|-----------------------------|------------------|
| Last     | Name                          | F  | irst Nam      |  |              |                | M          | iddie Na         | me          | School Name  |           |                             | #41132           |
| Home     | Address                       |  | Cuy           |  | Si           | 218            |            | Zip              |             | NORTH AUGUSTA  School Address 2000 1   |           |                             |                  |
| Paren    | or Guerdian                   |  |               |  |              |                |            |                  |             | North Augusta,   | South     | Caro.                       | lina 29          |
|          |                               |  |               |  |              |                |            |                  |             | School & State Sys   | em.       | Scho                        | ol Phone Nur     |
| Previo   | us Secondary School           | Attended in  | (ע אנ         | <del></del>                                      |              | ; ,            | Dale .     | Leli             |             | By Reg. A:cr   | ader ! Pe | 1803-                       | -442-61          |
| Date     | J Birth                       | Sex  | =             |  |              |                |            |                  |             | □ □ 10   | -12       | 4 Yr. Col.                  | 2 Yr.            |
|          | , 5                           |  | ☐ R.a.        |  | Il Be Gra    | duoied         | .И.        | onth             | Year        | Passing Mark Honors Mark   | A         | B                           | L EQUIVALENT     |
|          | CLASS REC                     | CORD   | 10            | DENTIFY  |              |                | PKS        |                  |             | EXPLANATION OF FOI   | 1 493     | 85                          | ° 75             |
| YEAR     | T                             | BJECTS   |               | ~<br>( M I N A A                                 | 40 -1        | 127            | 04<br>140. | 04               | 3-4-E       | GRADING SCALE:   | TORS CC   | DURSES                      |                  |
|          |                               |  |               | APPE .   | 175          | 1354           | 31 11      | UNIT             | 102461      |  | Qua       | ality                       | Points           |
|          |                               |  |               |  |              |                |            |                  |             | A  | dvance    | ed Gen                      | eral Ba          |
| 9        |                               | Control of the Contro |               |  |              | +==            | 1          |                  | _           | A(93-100)  | 6         | ·                           | 5                |
|          |                               |  |               |  |              |                |            | -                | —- j        | B(85-92)   | 5         |                             | 4                |
|          |                               |  |               |  |              |                |            |                  |             | C(75-84)   | 4         |                             | 3 .              |
|          |                               |  |               |  |              |                |            |                  |             | D(68-74)<br>F(Below 68)  | 3<br>0    |                             | 2                |
|          | GRANT LU                      | ICAC E   |               |  |              |                |            |                  | <u>i</u>    | I(Incomplete)  | Ö         |                             | )                |
| •        | GRANT LC                      | JCAS F<br>NAME OF STI  | DENT          |  |              |                | suc        | . SEC. NO.,      | ID.         | lode:  | (A)       | ((                          | G)               |
| .0       | PIAN                          | ENG MATH REAL  | sa            |  | TEST DAT     | E              |            | 10/9             |             | NK IN CLASS  | BASED ON  | SEM                         | ESTERS           |
|          |                               |  | REAS          | OMP  | ENGLISH SU   | BSCORES        |            | ATH SUBSO        |             | EXACTLY APPROX   | (         | IN CLASS O                  | F                |
| _        | SCALE SCORES<br>% AT OR BELOW |  |               | — -  | 07           | 80             | 0          | 7                | 07          | AL RANK  |           |                             | and the second   |
|          | WAT ON BELOW                  | 44 42 18   | 68 4          | 43   | U/M          | RS             | Al         | 1G G             | EOM         | ck Appropriate Rank Infor<br>ALL SUBJECTS GIVEN CREDIT   |           |                             | - 100 miles      |
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| Ì        |                               |  | -             | <del></del>                                      | <del></del>  | -              |            | <del>- ;-</del>  | -           | Explain Weighting of Merks in  |           |                             |                  |
| 1  -     |                               | <u> </u>   | į             |  |              |                |            |                  |             |  |           |                             | 100              |
|          |                               |  |               |  |              |                | +          |                  | _!          |  |           |                             |                  |
|          |                               |  |               |  |              | -+             |            | <del>- i</del> - | _!          |  |           |                             |                  |
|          | <del></del>                   |  |               |  |              |                |            |                  | _           |  |           |                             |                  |
| $\bot$   |                               |  |               | <del></del>                                      |              | -+             | +          | _                | -           | ;  |           |                             |                  |
| 9 F      |                               |  |               |  |              |                | I          |                  | _ _         | UTSTANDING ACTIVITIES  | S HONO    | DC AMA                      | DOC              |
| =        |                               |  |               |  |              | +              | +          | $\dashv$         | -           |  | . Hone    | NJ. ANA                     | KDS <sub>.</sub> |
| _        |                               |  | i             |  |              |                | I          | 1                | -           | and a survival property of the property of the survival s |           |                             |                  |
| $\vdash$ |                               |  |               |  | i            | -              | <u> </u>   | <u> </u>         | -!<br>-!    |  |           |                             |                  |
|          |                               |  | -             | <del>-                                    </del> | <del></del>  |                | +          |                  | -           |  |           |                             |                  |
| -        |                               |  |               |  |              |                |            |                  | -:<br>-:    |  |           |                             |                  |
| DATE     | HAME O                        | OF TEST  |               | 78 . *CA   | CENTILE      |                | 1          |                  |             |  |           |                             |                  |
|          |                               |  | 1.0 10        |  | 1004E        | ORM 380        | 90.        | DATE             | -           | NAME OF TEST   | 70 40041  | SCORE                       | 408M 480UF       |
|          |                               |  | 7             |  | 1            |                |            |                  | <del></del> |  |           |                             |                  |
|          |                               |  |               |  |              | and the second | T          |                  |             |  |           | i                           |                  |
|          |                               |  | - <del></del> |  | <del>-</del> |                |            |                  | +           | i  | i         |                             |                  |
|          |                               |  | -             |  |              |                |            |                  | <br>        |  |           |                             |                  |
|          |                               |  |               |  |              |                |            |                  | !           |  |           |                             |                  |

# PRO-EGGLESIA-ET-POSTERIITATE

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

### Duras If. Grant

#### the degree of

### Buchelor of Science

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





Mitchell W. Faits



Pg \_\_ 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?   |
| 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  |
| <b>IMPORTANT NOTE:</b> 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 <u>CHARACTER OF SERVICE/DISCHARGE</u> honorable? <b>Yes No</b> (If <b>Yes</b> , go to the next page. If <b>No</b> , candidate's character of service was listed as (choose applicable one from pull down menu below): |
|   |
| A brief <u>explanation</u> regarding candidate's character of service/discharge must also be attached to this page (providing details for the reason for this character).   |



Pg \_\_ Of \_\_ Initial

| ENTRANCE EXAM & LE EMPLOYMENT HISTORY - PAGE 8   |
|--|
| ENTRANCE EXAM (POST FORM EE) is attached to this page.   |
| LAW ENFORCEMENT CERTIFICATION HISTORY  |
| 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 <u>YES</u> , 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 <u>YES</u> , 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. |

Aiken Technical College

11

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)

(Directions Time: 00:00:33)

(Directions Time: 00:02:07)

(Directions Time: 00:00:21)

Major:

Nursing

Major Certainty:

Very Sure

**COMPASS Reading Placement Test** 

Placement Test
COMPASS Reading

<u>Score</u> 75 Test Time 00:55:49

Note

Placement Domain

General Recommendations:

**RDG 032** 

COMPASS Writing Skills Placement Test

Placement Test
COMPASS Writing Skills

Score 66

Test Time 00:37:14

**Note** 

Placement Domain

General Recommendations:

ENG 032

**COMPASS Math Placement Test** 

Placement Test
Pre Algebra

Score

Test Time 00:16:33

Note

Placement Domain

General Recommendations:

**MAT 032** 

End of Report

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Pg \_\_ Of \_\_ Initial

|  | Certifie                               | ed Driver History – PAGE 9   |                                 |
|--|--|--|---------------------------------|
| ⊠ Attache                              | ed is a certified copy of ca           | indidate's GA driver's history or printed  | d from GCIC                     |
| ⊠ Attache                              | ed is a certified copy of <u>ca</u>    | ndidate's driver's history from another  | state                           |
| Certified co                           | py of an individual's driver's         | IMPORTANT NOTE: history must be the approved/accepted version  | on by the state's               |
|  | that governs driver's license          |  |                                 |
| Candidate I                            | nas possessed driver's licen           | ses in what states in the past 10 years: (Check  | k what applies)                 |
| ☐ Georgia                              | Driver's License ONLY dur              | ing past 10 years  |                                 |
| □ M                                    | lilitary Driver's License <u>ONL</u>   | Y during past 10 years   |                                 |
| □ N                                    | lilitary Driver's License (Fror        | n (yr) To (yr)   |                                 |
| ⊠ States o                             | ther than Georgia ( <i>list year</i> s | and states below)  |                                 |
|  | om (yr) 1998 To (yr) 2007              |  | State:                          |
| Fr                                     | om (yr) To (yr)                        | State: From (yr) To (yr)   | State:                          |
| Fr                                     | om (yr) To (yr)                        | State: From (yr) To (yr)   | State:                          |
| -                                      | ate ever been given a traffic          | and the state of t |                                 |
| Has candida                            | ate received more than three           | e citations during the past five years?   Yes  | ⊠ No                            |
| Has candida                            | ate ever had their license su          | spended? 🛛 <b>Yes</b> (If yes, check which reason and  | give year) No                   |
| Year: 2009                             | ☐ DUI/DWI ☐ Points                     | ☐ Insurance related ☐ Other If other, give bri   | ef reason below:                |
|  | ILURE TO APPEAR                        |  |                                 |
|  | ffic citation received during          | ig the past five years. Use Appendix 2 if  |                                 |
| DATE OF<br>CITATION<br>11/13/2006      | TRAFFIC VIOLATION<br>SPEEDING          | ISSUING AGENCY<br>SOUTH CAROLINA   | DISPOSITION<br>GUILTY-PAID FINE |
| DATE OF                                | TRAFFIC VIOLATION                      | ISSUING AGENCY   | DISPOSITION                     |
| CITATION<br>12/03/2008                 | SPEEDING                               | JONES COUNTY   | BOND FORFEITURE                 |
| DATE OF                                | TRAFFIC VIOLATION                      | ISSUING AGENCY   | DISPOSITION                     |
| CITATION<br>07/01/2009                 | OTHER VIOLATION                        | COLUMBIA COUNTY  | BOND FORFEITURE                 |
| DATE OF<br>CITATION                    | TRAFFIC VIOLATION                      | ISSUING AGENCY   | DISPOSITION                     |
| DATE OF<br>CITATION                    | TRAFFIC VIOLATION                      | ISSUING AGENCY   | DISPOSITION                     |
|  |  |  |                                 |
| DATE OF<br>CITATION                    | TRAFFIC VIOLATION                      | ISSUING AGENCY   | DISPOSITION                     |
| Candidate's La<br>GRANT<br>Information | st Name verified by Candidate:         | S. Stant   |                                 |
|  |  | didate's Signature   | -                               |



### OFFICIAL 10 YEAR DRIVER RECORD

| Customer No.:  | · · ·  | Driver L                                     | icense No.: 1125  | 0508   |
|--|--|--|---|--------|
| Name : GRANT, LUCAS F Address : City : County :  | State:   | Zip:   |   |        |
| DOB:   | Sex: M   |  | Driver Training:  |        |
| Status - DL: NO SUSPENSION CDL:  | NO DISQUALIFICATION  | ON   | # # # # # # # # # # # # # # # # # # #                                 | Tite o |
|  |  |  | Scart<br>to to  |        |
| License Information Type Class Function Issued Exc   | pires First Issued   | Rest Endo                                    | a true and com<br>lai document or<br>clina Departme<br>fehicles.      | ò      |
| Prior           DL         D         Returned 02/18/2005           DL         D         Renewal 02/18/2005           DL         D         Duplicate 04/06/2007           DL         D         Renewal 03/10/2000           DL         D         Duplicate 03/20/2001           DL         D         Duplicate 05/13/2004 | 03/10/2000<br>03/10/2000<br>03/10/2000<br>03/10/2000<br>03/10/2000<br>03/10/2000 | N N N N N N N N N N N N N N N N N N N        | Certified to be a true a with the South Carolina De Motor Vehicles    | 0000   |
| Address Change -<br>Address:<br>City:  | State: SC  | Date Cha                                     | anged: 05/13/2004   | £ .    |
| Point Summary Total Current Points: 0 Driver Credit: - 0 Adjusted Current Points: 0  |  |  |   |        |
| SC Driver License/ID Surrendered<br>Credential Type: DL Class: D<br>Date Surrendered: 01/22/2008<br>Reason For Return: SC LICENSE RETURNED   | Function: Duplica  | ate Is<br>Duplicate                          | Posted: 05/07/2008<br>ssued:<br>e DOI: 04/06/2007<br>urning State: GA |        |
| VIOL: 441-Speeding more than 10 mph but LT Violation: 11/13/2006 Conviction: 12/08/2 ACD: S92 Conviction Loc Ref: Conviction State: SC   | Actual Spec<br>006 Recd: 04/30<br>Conviction<br>Court Type                       | 0/2007<br><b>Reference:</b><br>: Municipal C | 62630DS Posted Speed: 40 Post: 05/07/2007 Court Current Points: 0     |        |
| ACC: REPORTABLE Accident: 05/27/2006 Accident Case Number: 6066743 Accident Jurisdiction: SC Accident Loc Ref. Contributed: N  | Posted: 06<br>FR-10 Audit<br>: SCHDPT  | 6/26/2006<br>t Number: V                     | /-156607<br><b>History</b> : N  |        |
| VIOL: 421-Speeding 10-mph or less  |  | Ticket#                                      | 1700605   |        |

### OFFICIAL 10 YEAR DRIVER RECORD

Customer No.: 23506923
Name: GRANT, LUCAS F

Violation: 05/11/2005

Conviction: 06/20/2005

ACD: S51 Conviction Loc Ref:

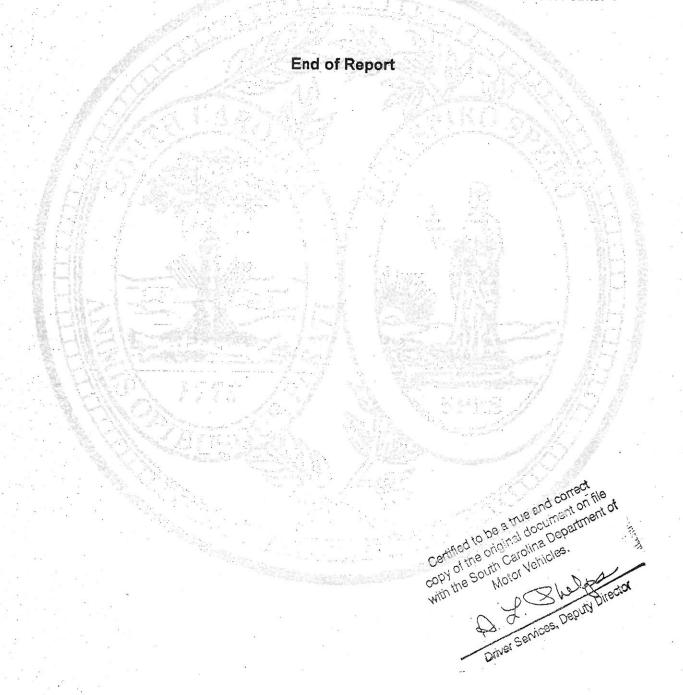
Conviction State: SC

Recd: 07/06/2005

2005 **Post**: 07/14/2005

Conviction Reference:
Court Type: Municipal Court

Violation Points: 2 Current Points: 0





Pg \_\_ Of \_\_ Initial

| Contract of the same of the sa |  |  |
|--|--|--|
|  | CRIMINAL HISTORY - PAGE 1  |  |
| Officer Stand citation which Dispositions i verdict of guil expungement  | Please read the following information carefully before completifitle 35, Chapter 8 of the Official Code of Georgia Annotated and the ards and Training council, each applicant is required to disclose <b>E</b> the applicant has received, along with the disposition of <b>EACH A</b> include, but are not limited to, dismissal, placement on a dead door to the contender of the place of guilty, plea of note contender of the contender of the provided by intentional or unintentional omissions) may result in the result in the result of the place of the provided by intentional or unintentional omissions) may result in the result in the place of the place o | he Rules of the Georgia Peace  ACH AND EVERY arrest and/or  ND EVERY arrest and/or citation.  ket, nolle prosequi, finding or  nder the First Offender Act,  all requested information |
| Has the can  | didate lived only in the state of Georgia:   Yes  No   |  |
| Has the can  | didate ever been arrested? 🛛 Yes If Yes, complete this section. 🗌 No   | o If No, go to the Next Section.   |
| Has the can  | didate ever been convicted of a felony?   Yes   No   |  |
| Has candida  | te ever been charged with a crime of domestic/ family violence?  <br>(If YES, a copy of the police incident report and the court disposition regarding t   | ☐ Yes ☑ No he arrest must be attached.)  |
| Is the candid<br>the possess   | date currently or ever been subject to a qualifying protection order on of a firearm or ammunition? $\square$ Yes $\boxtimes$ No (If Yes, submit copy  | (temporary or federal) prohibiting v 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<br>ARREST<br>m/d/yyyy  | ARRESTING AGENCY NORTH AUGUSTA, SC PD  | CONVICTED: Yes No  |
| 7/5/2005   | CHARGE (pick from list, if not on list provide below)  |  |
|  | Other Charge Not Listed  | Check all that apply:  |
|  | If not on list, give charge:   | Fine Amount: \$257.00  |
|  | PUBLIC DISORDERLY CONDUCT  | Probation  |
|  | DISPOSITION:   | Time(mos/yrs):   |
|  | Guilty   | Incarceration  |
|  | KOTUED aire disposition haloss   | Time(mos/yrs):   |
|  | If OTHER, give disposition below: BOND FORFEITURE  | Community Service  |
| DATE OF  | ARRESTING AGENCY   | 001110777  |
| ARREST<br>m/d/yyyy   |  | CONVICTED: Yes No  |
| Пислуууу   | CHARGE (pick from list, if not on list provide below)  | _ res _ No   |
| 1800 0000000   | CITATOL (pick from list, if not on list provide below)   | Check all that apply:  |
|  |  | Fine   |
|  | If not on list, give charge:   | Amount:  |
|  | 42.323   | Probation  |
|  | DISPOSITION:   | Time(mos/yrs):   |
|  |  | Incarceration  |
|  | If OTHER, give disposition below:  | Time(mos/yrs):   |
|  | ii o mer, give disposition below.  | Community Service  |
| Attachments  | ☐ Police Incident Report ☐ Court Disposition ☐ Signed/Notaria  | zed Statement re: incident   |
| Candidate's Last   | Name   |  |
| GRANT  | rified by Candidate:   |  |

Candidate's Signature

### STATEMENT

| NAME: Lucas Grant DATE: 11-8-10  |
|--|
| On 7/4/2005 my father and I mad a disagreement.<br>This lead to a fight between him and I in a public  |
| This lead to a tight between him and I in a public   |
| location in North Argusta SC. We both were taken   |
| in were I was placed in a cell to celm down. I   |
| was released a have later. I was over finger printed   |
| or Photocol while at the North Acqueta Police Doot.  |
| location in North Argusta SC. We both were taken in were I was placed in a cell to celm down. I was released a howe later. I was rever finger printed or Photocol while at the North Argusta Police Dept. A fine was paid in which I did not know about to take core of court plate.   |
| take care of court plate.  |
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| SIGNATURE: S. S. S.  |
| SWORN BEFORE ME ON THIS 8th DAY OF November, 20 10   |
| La Sulla de la companya del companya del companya de la companya d |
| NOTARY PUBLICISEAL JULIUM XX. SYLLENNULLY  |
| Notary Public, Richmond County, Georgia My Commission Expires March 1, 2013  |
| PAGE 1 of 1  |

| <u>.</u><br>ΔG | - NO  | RTH AUGUS                          | TA DEP           | ARTM          | ENT OF  | PUE                   | BLIC SA                               | FETY         |          |           |             | NUMBE            |                    |                      | ٦г             | INQ ENTD.                          |
|----------------|---|------------------------------------|------------------|---------------|---|-----------------------|---------------------------------------|--------------|----------|-----------|-------------|------------------|--------------------|----------------------|----------------|------------------------------------|
|                | 0020300   |                                    | INCIDENT         | REPOR         | RT  |                       |                                       |              | 2        | 0 1 0 1   | ٠,٠         | 0                | 1   5   4          | 61                   | i              |                                    |
|                |   | 3 10 11                            | INCIDEN          | Т ТҮРЕ        |   |                       |                                       | СОМЕ         | LETED    | FORCE     | ENTRY       | PR               | EMISE TYP          |                      | UNITS<br>NTERE |                                    |
|                | 1. Disord   | lerly Conduct x 2                  |                  |               | 10 mm |                       |                                       | <b>⊠</b> YES | □ NO     | □YES      | M NO        | Busin            | ness               | N                    | I/A            | Business Financial inst Government |
|                | 2.  |                                    |                  |               |   |                       |                                       | □YES         | □ №      | □YES      | □ио         |                  |                    |                      |                | Relig Orga Soc /Public Other       |
|                | 3.  | 3.                                 |                  |               |   |                       |                                       |              |          |           |             |                  | Unknown Police Off |                      |                |                                    |
| EVENT          |   | CATION (SUBDIVISION, APAR          |                  | 2000          |   |                       |                                       | v)           |          |           |             |                  | ZIP COD            |                      | · W            | EAPON TYPE                         |
| E              | INCIDENT  | dgefield Road Ti                   |                  | A NO          | rth Augus   | ta S.C                | ick                                   | P DATE       | DISP     | ATCH DAT  | E/TIME 24 H | R. CLOC          |                    | ART TIME             | 4              | N/A<br>LOCATION NO                 |
|                | 7/4/0   | 2343                               |                  |               |   |                       |                                       | 4/05         | 234      |           | 100         | 343              |                    | 0046                 |                | 7003                               |
|                | COMPLAINAN  | T'S NAME (LAST, FIRST, MIDE        | DLE)             |               | #1  | # 2                   |                                       | RESIDE       | NT RAC   | SEX       | AGE         | E                | TH DAY             | TIME PHON            | н              | EVENING PHONE H                    |
|                | Cook II,  | L.A                                | _ ''             |               | None  |                       | CITY                                  | J            | W        | M         | 22          | TATE             | N 803 2            | 79 212               | W              | LOCATION NO.                       |
|                |   | Buena Vista Ave                    |                  |               |   |                       |                                       | North        | Augus    | sta       | S           | SC               | 298                | 41                   |                | 1003                               |
|                |   | E (LAST, FIRST, MIDDLE)            |                  |               | #1  | TIONSHIP 1            | O SUBJECT                             | RESID        | ENT RA   | CE SEX    | AGE         |                  | 000                | TIME PHON<br>279 212 |                | EVENING PHONE H                    |
| _              |   | North Augusta                      | EYES FACIAL F    | AIR, SCARS    | None . TATTOOS, GLAS  | SSES, CLOT            | HING, PHYSICAL                        | PECULIARITI  | S, ETC.  |           | 7           |                  | N 803              |                      | ·w             | w                                  |
|                | ADDRESS   |                                    |                  |               |   |                       | · · · · · · · · · · · · · · · · · · · |              |          |           |             |                  |                    |                      |                | 4 4                                |
| VICTIM NO.     | •   | Buena Vista Ave                    |                  |               |   |                       | North                                 | August       | а        |           |             | C                | 298                |                      |                | 1003                               |
| VIC.           |   | Y (VICT 1) YES MINO                | - EXPLAIN:       |               |   |                       | 110111                                | Tragas       |          |           |             |                  |                    |                      | BLE INJU       | RIES 19. 18 NO                     |
|                | VICTIM (NO 1)   | USING ALCOHOL TYES                 | DETECTIVE/BI     |               | DRUGS YES   | ALONE [               |                                       |              | T , 76   | is Jurisd | letten B    | Photo            | 0.004.4            | Ciata                | 11.15-         |                                    |
|                | SUSPECT   | NAME (LAST, FIRST, MIDDLE          |                  | C AOM I.      | OTHER   | ALONE                 | 7 79619                               | RACE SEX     |          |           |             | State<br>DATE OF | O Out of           | HEIGHT               | WEIGHT         | HAIR BR                            |
| 0.1            | RUNAWAY   | FACIAL HAIR, SCARS, TATT           | OOS, GLASSES CLO | THING, PHYS   | SICAL PECULIARI   | TIES, ETC.            |                                       | ВМ           | 4        | 6         | N           |                  |                    | 5-03                 | 240            | BLK O                              |
| TNO            | WANTED  |                                    |                  |               | ,   |                       |                                       |              |          |           | 13          |                  |                    |                      |                | *                                  |
| SUBJECT        | □ WARRANT  MARREST  | ADDRESS .                          |                  |               |   |                       |                                       | CITY         |          |           | STAT        | E                | ZIP CO             | DDE                  | T              | LOCATION NO.                       |
| SUB            | <b>⊠</b> JAIL   | SUBJECT (NO. 1) USING A            | LCOHOL TIYES I   | Sino Flui     | NK ARREST   | ED NEAR O             | FFENSE SCENE                          | Modves □ N   | 0        | D         | ATE/TIME C  | F OFFEN          | ISE                | D                    | ATE/TIME       | 9999<br>OF ARREST                  |
|                | SUMMONS   | DRUGS. TYES NO                     | UNK TYPE:        |               | TOTAL #   | ARRESTED:             | 2                                     |              |          |           | 7/04/0      | -,               |                    |                      |                | 05 2350                            |
|                |   | n patrol this off                  |                  |               |   |                       |                                       |              |          |           |             |                  |                    |                      |                |                                    |
|                |   | I the two listed officers that the |                  |               |   |                       |                                       |              |          |           |             |                  |                    |                      |                |                                    |
|                |   | he investigation                   |                  |               |   |                       |                                       |              |          |           |             |                  |                    |                      |                |                                    |
|                | custody,  | with their hand                    | ls handcuff      | ed beh        | ind their   | back.                 | Both su                               | bjects       | were     | also s    | earche      | ed. S            | Subject            | #1 wa                | as tra         | nsported to                        |
| VE             | NADPS   | in vehicle 110,                    | and subject      | ct #2 w       | as transp   | orted                 | in vehicl                             | e 112,       | both     | vehicl    | es we       | re se            | arched             | prior                | to, an         | nd after the                       |
| ZAT            | transport   | , no contraban                     | d was loca       | ited or       | either s  | earch.                | Subjec                                | t #1 w       | as iss   | sued t    | icket       | num              | ber 677            | 756 D                | I for          | disorderly                         |
| IAR            | conduct.  | Subject #2 wa                      | is issued tid    | cket nu       | mber 67   | 756 D                 | I for disc                            | rderly       | condu    | ict. B    | oth su      | ıbjec            | ts were            | book                 | ed, a          | nd released                        |
| -              | 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 THEFY JURISDICTION OF RECOVERY  LAW ENFORCEMENT AGENCY LAW ENFORCEMENT AGENCY   |                                    |                  |               |   |                       |                                       |              |          |           |             |                  |                    |                      |                |                                    |
|                |   |                                    | r                |               |   |                       |                                       |              |          |           |             |                  |                    |                      |                | is .                               |
| EST.           | TYPE (GROUP)  |                                    |                  |               |   |                       |                                       |              |          |           |             |                  |                    | -                    | тот            | AL VALUE                           |
|                | DAMAGED   |                                    |                  |               |   |                       |                                       |              |          |           |             | ·····            |                    |                      |                |                                    |
| PROPERTY       | BURNED  |                                    |                  |               |   | -                     |                                       |              |          |           |             |                  |                    |                      |                |                                    |
| PR             | RECOVERED   |                                    |                  |               |   |                       | ~~~                                   |              |          |           |             |                  |                    | -                    |                |                                    |
| TIVE           | MYES<br>SUBJE   | CT IDENTIFIED                      | SUBJEC<br>YES    | T LOCATED     | ,   |                       | TIVE AD                               | M. CLOSED    | 1        |           | ED UNDER    |                  |                    | 1-                   | CLEAR U        | AND OVER                           |
| ADMINISTRATIVE |   | EXCEPTIONAL CLEARANCE              |                  | EATH 2        | . NO PROSEC   | UTION.                |                                       | RADITION DE  | HED /    |           |             |                  | NES COOPER         | ATION                | ₽ □ JUV        | ENILE-NO CUSTODY                   |
| SINI           | L.A Cook  |                                    |                  |               | /4/05   | UNIT<br>NUMBER<br>211 | Sgt. Sch                              |              | PPROVING | OFFICER   |             |                  |                    | 7/4/0                |                | UNIT<br>NUMBER                     |
| ADM            |   |                                    |                  | <del>''</del> | .,,,,,  | 211                   | FOLLOW-UP                             |              | due.     | 0         | FICER       |                  |                    | //4/0                | 13             | 169                                |
|                | INVESTIGATION TE  |                                    |                  |               |   | , LIVES D             | MNO                                   |              |          |           |             |                  |                    | 1                    |                |                                    |

| •              | 1 NOR                    | TH AUG      | SUSTA           | DEPAS                 | TMEN          | T OF P         | UBLIC         | SAFET         | ΓΥ                          | _ ~ _                   | CASE NUMB                             | ER        |                                 | NCIC   |
|----------------|--------------------------|-------------|-----------------|-----------------------|---------------|----------------|---------------|---------------|-----------------------------|-------------------------|---------------------------------------|-----------|---------------------------------|--|
|                | GENCY I.D.<br>C 0020300  | = w = 0     | SUPPLE          | MENTA                 | L INCIDI      | ENT REP        | ORT           |               | 2   0                       | 0 5 1                   | - 10 1                                | 1 5 1     | 4 <sub>1</sub> 6 <sub>1</sub> i |  |
|                | ORIGINAL REPORT          |             |                 | SUPPLEMENTA<br>REPORT | AL.           |                | DITIONAL      |               |                             | DITIONAL<br>OLEN PROPER | RTY                                   |           | <u> </u>                        | 2  |
| L              | ORIGINAL                 |             |                 | CASE STATUS<br>CHANGE |               | □ \$           | DDITIONAL     |               | - AD                        | DITIONAL<br>COVERED PR  | P                                     | AGE       | 2or                             | PAGES.   |
| >              | COMPLAINANT              | NAME (LAST, | FIRST, MIDDLE)  |                       |               |                |               |               | TIONSHIP TO SU              |                         | RESIDEN                               | T RACE    | SEX AGE                         | DOB ET   |
| OVERFLOW       | OVICTIM #                | _Grant, L   | ucas F.         |                       |               |                | " S           | on #2         |                             | #3                      | S                                     | В         | M 21                            | l I  |
| RF             | SUBJECT # 2              | HEIGHT W    | EIGHT HAIR      | EYES FAC              | IAL HAIR, SCA | RS, TATTOOS,   | SLASSES, CLOT | ING, PHYSICA  | L PECULIARITIES             | S, ETC.                 |                                       |           |                                 | ± _=   |
| VE             | RUNAWAY                  |             | 69 BLK          | BRO                   |               |                |               |               |                             |                         |                                       |           |                                 |  |
| Q              | WANTED                   | ADDRESS     |                 |                       | . 0           | ITY            | 48 8 81       | STATE         | ZIP CODE                    | LOCATION NO.            | . DA                                  | YTIME PHO | NE (H) E/                       | PHONE H  |
| BJ             | WARRANT                  | VICTIM NO:  |                 |                       |               | COMPLAINT OF   |               |               |                             | 9999                    | <u> </u>                              |           | _ w                             | - W  |
| / SUBJ ID      | M JAIL                   | EXPLAIN:    | A1918FE IV      | IJURY   NO            | NO!           | NO DAE         | RIES VICTIMO  | SING ALCOHO   | L NO YES                    | ☐ UNK                   | ONE-MAN                               |           |                                 | PLASMT ALONE   |
| 5              | Ваиммона                 | SUBJECT N   | o:2 usi         | NG ALCOHOL:           | MO DY         |                | 12.000        |               |                             |                         |                                       |           | Потнек                          | ABSISTE  |
| >              | 0                        | -           | USI             | NG DRUGS:             | NO TH         | S TYPE:        |               | U۰            | INK                         |                         |                                       |           |                                 |  |
| 3              | COMPLAINANT              | NAME (LAST, | FIRST, MIDDLE)  |                       |               |                | #1            | VICTIM RELAT  | TIONSHIP TO SUI             | BJECT                   | RESIDEN                               | T RACE    | SEX AGE                         | DOB ET   |
| OVERFLOW       | UVICTIM #                |             |                 |                       |               |                |               |               |                             |                         |                                       |           |                                 |  |
| ERF            | SÚBJECT #                | HEIGHT WE   | EIGHT HAIR      | EYES FACI             | AL HAIR, SCA  | RS, TATTOOS, G | LASSES, CLOTH | ING, PHYSICA  | L PECULIARITIES             | , ETC.                  |                                       |           |                                 |  |
|                | RUNAWAY                  | ADDRESS     |                 |                       | To            | TY             |               | STATE         | ZIP CODE                    | LOCATION NO.            | DAY                                   | TIME PHON | e I Ev                          | VENING PHÔNE   |
| 9              | WARRANT                  |             |                 |                       |               |                |               |               |                             |                         |                                       |           | - н ·                           | W W  |
| SUBJ           | ARREST                   | VICTIM NO:  | VISIBLE I       | ON YRULY              | YES NO.       | COMPLAINT OF   | VICTIM U      | BING ALCOHO   | L ONO OYES                  | TLINK                   | TTWO-MAN                              | VEHICLE T | DETECTIVE / SPE                 |  |
| -              | □JAIL                    | EXPLAIN:    |                 |                       |               | NO DAE         | ies           | NO YES T      | 500 TO 1                    | UNK.                    | ONE-MAN                               |           |                                 | ASSISTED   |
| VICT.          | SUMMONS                  | SUBJECT N   | D: USII         | NG ALCOHOL            | □NO □YE       | s              |               |               | J This Juri                 | sdiction 8              | State 0                               | Out of St | ate U Un                        | known  |
| _              |                          | J           |                 | NG DRUGS              | □NO □YE       | 8              |               | □v            | NK.                         |                         | 81                                    |           |                                 |  |
|                | *Disorderly              | Conduct     | *               |                       |               |                |               |               |                             |                         |                                       |           |                                 |  |
|                |                          |             |                 |                       |               |                |               |               |                             |                         |                                       |           |                                 |  |
|                | t et                     | 11          | 19              |                       |               |                |               |               |                             |                         |                                       |           |                                 |  |
|                |                          |             |                 |                       |               |                |               |               |                             |                         |                                       |           |                                 |  |
| IVE            | 1                        |             |                 |                       |               |                |               |               |                             |                         | ·                                     |           |                                 |  |
| ZA Z           |                          |             |                 |                       |               |                | 7             |               |                             |                         |                                       |           |                                 | <del></del>  |
| NARRATIV       |                          |             |                 | 17                    | <del></del>   |                |               |               |                             |                         | · · · · · · · · · · · · · · · · · · · |           |                                 |  |
| Z              |                          |             |                 |                       |               |                |               |               |                             |                         |                                       |           |                                 |  |
|                |                          |             |                 |                       |               |                |               |               |                             |                         |                                       |           |                                 |  |
|                |                          |             |                 |                       |               |                |               |               |                             |                         |                                       |           |                                 | and the second s |
|                |                          |             |                 |                       |               |                | 9             | AW ENFORCE    | ON OF THEFT<br>EMENT AGENCY |                         |                                       | LAW E     | NFORGEMENT AG                   | DENCY  |
|                |                          |             |                 |                       |               |                |               |               |                             |                         |                                       |           |                                 |  |
| -              | SUTATE                   | TYPE        |                 | VINA                  | ND/OR LICENS  | E NO.          | 2011112       |               | BOAT HULL NO                | O. AND/OR REC           | 3. NO.                                |           |                                 |  |
|                | BTOLEN                   | ☐ VEHICLE   | <b>E</b>        | SERIA                 | L AND/OR OW   | NER APPLIED    | 10.           |               |                             |                         | 81                                    | TATE      |                                 |  |
| ETC            | RECOVERED                | ☐ GUN       |                 | YEAR                  | OF REGISTRA   | TION           | ×             | YEAR OF E     | EXPIRATION                  | YEAR                    |                                       | MAKE      | TYPE                            |  |
| VEH /GUN/      | FOUND                    | ☐ BOAT      |                 |                       |               | MODEL          |               |               |                             |                         |                                       |           |                                 |  |
| 9              | TOWED                    | LICENS      | E PLATE         |                       |               | MODEL          |               |               | STYLE                       |                         | COLOR                                 | 1         | RAND NAME                       | CALIBER  |
| ᇤ              | SUSPECT                  | SECURI      | TIES/BONDS, STO | ска                   |               | NIC NO.        |               | DENC          | MINATION                    |                         | SSUER                                 |           | SECURITIE                       | B DATE   |
| -              | VICTIM                   | ARTICLE     |                 | 10000000              | LLANEOUS      |                |               |               |                             |                         |                                       |           |                                 |  |
| -              |                          |             |                 |                       |               |                |               |               |                             |                         |                                       |           |                                 |  |
|                | TYPE (GROUP)             | =           |                 |                       |               |                |               |               |                             |                         |                                       |           | TO                              | TAL VALUE  |
| Ě              | DAMAGED                  |             | <del></del>     |                       | +             |                | +             |               | +                           |                         |                                       |           |                                 |  |
| E              | BURNED                   |             |                 |                       | +             |                | 1             |               | <del> </del>                |                         |                                       |           |                                 |  |
| PROPERTY EST.  | RECOVERED                |             |                 | -                     | <b>—</b>      |                | <del></del>   |               | <del> </del>                |                         |                                       |           |                                 |  |
|                | SEIZED                   |             |                 |                       |               |                |               |               | 1                           |                         |                                       |           |                                 |  |
| ₹              | SUBJECT IDEN             | TIFIED NO   | SUB<br>XYES     | JECT LOCATED          |               |                | CTIVE AD      | M.CLOSED      |                             | ARRESTED                |                                       | Т         | EX-CLEAR                        |  |
| ¥              | REASON FOR EXCEP         |             |                 |                       |               |                |               | DITION DENIED |                             | CTU DECLINE             |                                       | TION      |                                 | NO CUSTORY   |
| ST             | REPORTING OFFICER        |             |                 | T                     | DATE          | UNIT           |               |               | APPROVING                   |                         | - OUUPERA                             | 104       | B JUVENILE .                    | TINU   |
| ADMINISTRATIVE | L.A Cook II              |             |                 | c                     | 7/04/05       | 211            | Sgt. Sc       | hafer         | 3                           | 3                       |                                       | 0         | 7/04/05                         | NUMBER<br>169  |
| ADI            |                          |             |                 | :                     |               |                | FOLLO         | W-UP          |                             | OFFICER                 |                                       |           |                                 | 109  |
|                | INVESTIGATION TYES XX NO |             |                 |                       |               |                |               |               |                             |                         |                                       |           |                                 |  |

| CASHIER'S STAMP 08/26/2005   | B / M         |                  |          | CLERK OF COUR         |
|------------------------------|---------------|------------------|----------|-----------------------|
| AMOUNT PAID TO CITY TREASUR  | \$257.50      |                  |          | $\mathcal{N}$         |
| WARRANT NO.                  |               | *                |          |                       |
|                              |               |                  |          |                       |
| WITNESS                      | 2             | REMARK           |          | DAYS                  |
| BA OPER                      |               | SUSP             |          | 0 DAYS                |
| OFFICER COOK, II, L          | BOND \$257.   | 50 FINE \$257.50 | FINE     | TRIED IN ABSENCE ( )  |
| LOCATION TRIANGLE PLAZA      |               | er o ger         | ,        |                       |
|                              | TIME 23:43    | REQUEST JURY (   | )        | BOND FORFEIT (****)   |
| DATE OF VIOLATIO 07/04/2005  | TIME OF IS    | NOLO CONTENDER ( | )        | NOLLE PROSSE ( )      |
| CHARGE DISORDERLY CONDUCT    |               | NOT GUILTY (     | )        | NOT GUILTY ( )        |
| 1                            | 7             | GUILTY (         | )        | GUILTY (****)         |
| NAME GRANT, LUCAS F. ADDRESS |               | DEFENDANT PLEA   |          | DISPOSITION OF COUR   |
| NAME GRANTILICAS F           | DATE OF TRIAL | 08/26/2005       | <u> </u> | CITATION NO. 67757 DI |
|                              |               |                  |          |                       |

TATE OF SOUTH CAROLINA
TO SATT OF AUGUSTA

I do her by cartify that the foregoing complicators a free and correct copy of the original document which here the in the office of the Clerk of Court

Total North Approve, W



Pg\_ Of\_ Initial

| GCIC/NCIC PRINTOUT/FING | ERPRINT RESUL | IS - PAGE 11 |
|-------------------------|---------------|--------------|
|-------------------------|---------------|--------------|

| 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 <u>Georgia Applicant Processing Service</u> at web site ( <a href="http://www.ga.cogentid.com/index.htm">http://www.ga.cogentid.com/index.htm</a> ) 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 <u>not required</u> .   |
|  |
| OPTION 2: Attached <u>original</u> & <u>complete</u> 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   |
| <ul> <li>GCIC processed fingerprint cards have the results from GCIC noted on the card.</li> <li>FBI/NCIC result will be the Civil Applicant Response and Rap Sheet if applicable.</li> </ul>  |

#### **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.



Pg \_\_ Of \_\_ Initial

#### **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.

| and vermed by the could result in a delay of processing of this application.  |                               |
|---|-------------------------------|
| Last Name<br>GRANT  | Social Sec#                   |
| First Name<br>LUCAS   | Date of Birth<br>(mm/dd/yyyy) |
| Middle Name<br>FRANCHES   | Suffix:                       |
| Applicant Signature (Sign Full Name)  | )-1                           |
| AGENCY ATTESTATION  |                               |
| As the agency head (or designee for the agency head), I have reviewed this application of INFORMATION provided by the candidate including the criminal and driver history. I attest a the information provided in this application including the criminal and traffic history are wistandards of our department and adhere to the requirements set forth by the Georgia Standards Training Council.  Gary A. Powell, Sr.  Print Name of Agency Head (or designee) | and affirm that               |
| Agency Head (or designee) Signature Date  |                               |
| Notary Public  Notary Seal Here   |                               |
|   |                               |



# 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 <u>all</u> 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                                   | //- /0 - /(<br>Date                      |
| Giller S. Hackney                                    | 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 particles. S.O. Policy & Procedures Manual as Chapter 19 in Au | gust of 2011: 9 - 16 - 11 |
|--|---------------------------|
| Employee Signature  Lucas Grant  | Date                      |
| Printed Name  1. Saun Monis  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. | <b>PASSED FIREARMS</b> |
|------------------------|-------------|------------------------|
| <b>EDWARD CORDES</b>   | PASSED P.T. | <b>PASSED FIREARMS</b> |
| WILLIAM DURHAM         | PASSED P.T. | <b>PASSED FIREARMS</b> |
| MICHAEL HUCKO          | PASSED P.T. | <b>PASSED FIREARMS</b> |
| <b>ELIZABETH BERRY</b> | PASSED P.T. | <b>FAILED FIREARMS</b> |
| LUCAS GRANT            | PASSED P.T. | <b>FAILED FIREARMS</b> |
| BRIAN MANECKE          | PASSED P.T. | <b>FAILED FIREARMS</b> |
| FRANCES WESTBROOK      | FAILED P.T. | <b>FAILED FIREARMS</b> |

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            | <b>DAY - 244</b> |
|------------------------|------------------|
| <b>EDWARD CORDES</b>   | <b>DAY - 298</b> |
| <b>WILLIAM DURHAM</b>  | <b>DAY - 258</b> |
| MICHAEL HUCKO          | <b>DAY - 250</b> |
| <b>ELIZABETH BERRY</b> | DAY - 188        |
| LUCAS GRANT            | <b>DAY - 206</b> |
| <b>BRIAN MANECKE</b>   | <b>DAY - 220</b> |
| FRANCES WESTBROOK      | <b>DAY - 226</b> |

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)

(Directions Time: 00:00:33)

(Directions Time: 00:02:07)

Major:

Nursing

Major Certainty:

Very Sure

COMPASS Reading Placement Test

Placement Test
COMPASS Reading

Score 75 Test Time 00:55:49

Note

Placement Domain

General Recommendations:

RDG 032

**COMPASS Writing Skills Placement Test** 

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

<u>Note</u>

Placement Domain

General Recommendations:

ENG 032

**COMPASS Math Placement Test** 

Pre Algebra

Score

Test Time 00:16:33

Note

Placement Domain

(Directions Time: 00:00:21)

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 pa         | ges including cover sheet  | -               |                    |   |   |
| To:                  | Col Gary Powell  |                 | From:              | Beth Satcher                                  |   |
|                      | Richmond County<br>Sheriff's Office  |                 |                    | WBD/Test Center                               |   |
|                      | APP AND THE PROPERTY OF THE PR |                 |                    | Testcenter@atc.edu<br>satcherb@atc.edu        |   |
| Fax To:<br>Fax Phone | 706-821-1064   |                 | Phone<br>Fax Phone | 803-593-9954 ext. 1264 / 1772<br>803-594-1949 |   |
| Phone:               | 700-02.1-1004  |                 | I ax I none        | 005-394-1949                                  |   |
| N=34 - 1324          |  |                 |                    |   |   |
| Compass Te           | ☐ Urgent   | For your review | Reply A            | SAP Please comment                            | •                                       |
|                      |  |                 |                    |   | *************************************** |
|                      | Ē  |                 |                    |   |   |
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|                      |  | e)              |                    |   |   |
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|                      |  |                 |                    | Î   | i                                       |

#### 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. St. A





|   | CERTIFI  | CATION OF  | CANDIDATI                             | E - PAC          | 3F 1   |                                 |
|---|--|--|---------------------------------------|------------------|--|---------------------------------|
| Projected Academy:                                      | GPSTC-Augusta  |  | jected Academy                        |                  |  | LINICALONAL                     |
| Candidate's Last Name<br>GRANT                          |  |  |                                       | Tion Date        | <u>-</u>   | UNKNOWN<br>Candidate's Position |
| Candidate's First Name                                  |  |  |                                       |                  |  | Jail Officer                    |
| Candidate's Middle Name<br>FRANCHES                     |  |  |                                       |                  |  | v                               |
| Give suffix (such as Jr. , S<br>Maiden Name             | r., II, III, IV, V, etc.):   | 4666K  | -1                                    |                  |  |                                 |
|   |  |  |                                       |                  |  | Date of Employment 11/13/2010   |
| RACE  |  | and the state of t |                                       |                  |  | (mm/dd/yyyy)<br>SEX/GENDER      |
| Black or African An                                     | nerican (not His   | panic or Latino  | )                                     |                  |  | Male                            |
| Education (check highest le                             | evel that documentation  | on is provided for in th   | is application)                       |                  |  |                                 |
| Bachelor's Degree<br>Social Sec#                        |  |  | io application)                       |                  |  |                                 |
|   |  |  |                                       |                  | ate of Birth<br>m/dd/yyyy)                               |                                 |
| HEIGHT  | WEIGHT   |  | HAIR                                  |                  | EYE  |                                 |
| 5 ft 9 in   | 175 lbs  |  | COLOR                                 |                  | COLOR  |                                 |
| Are you a citizen of<br>☑ Yes ☐ No                      |  | es?  | BLACK                                 |                  | BROV   | VN                              |
| AGENCY MAKING APPLIC                                    |  |  |                                       | AGENO            | CY PHONE#  |                                 |
| Richmond County S                                       |  |  |                                       | (AREA C          | -821-10(   | R                               |
| NAME OF AGENCY CONT.<br>LIBBY S. HACKN                  | ACT (Agency Person   | Processing Application   | nn)                                   | (AREA            | CODE) - NU   | IMBER                           |
| EMAIL ADDRESS OF AGE                                    | NCY CONTACT  |  |                                       | (706)            | -469-335   | 60 EXT                          |
| lhackney@augustag                                       | ja.gov   |  |                                       |                  |  |                                 |
| The above listed candi                                  | date is/will be em   | ployed with your   | agency as which                       | of the foll      | owing:   |                                 |
| ⊠ Full-time jail of                                     | (Full-time empl  | oyment is a minimum  | of 30 hours/ week or                  | 120 hours/2      | 28 day period  | d.)                             |
| Checklist (Please ch                                    | eck each block b   | elow to verify that  | a complete appl                       | ication is       | provided )   |                                 |
| Page 2 Agree Page 3 PH Re Page 4 Verific Page 5 Birth/0 | ment/Photo elease ation  | _ ⊠ Page 6 Edu<br>⊠ Page 7 Milit   | cation<br>tary<br>trance Exam/LE Hist |                  | Page 10<br>Page 11<br>Page 12                            | Criminal History Printout/FPs   |
| Naturalization Notari High School I Electronic Fir      | ate or other docs por papers. (both more papers) that makes the papers of the papers o | ust be attached.)<br>ent required (see A<br>neschool Affidavi<br>ion Results attack  | 4 CONSTRUCTION                        | ☐ DD2<br>☐ Discl | 14 form<br>harge <u>exp</u><br>C/NCIC Pr<br>er's History | lanation<br>intout              |
|   |  |  |                                       |                  |  |                                 |

11/14/2010





### 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.

Candidate Signature Date

Agency Head or Authorized Representative Signature





### 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<br>GRANT        |                     | First Name<br>LUCAS   |                     |                       | Middle Name<br>FRANCHES        |                     |
|---------------------------|---------------------|-----------------------|---------------------|-----------------------|--------------------------------|---------------------|
| DATE OF BIRTH<br>(mdyyyy) | MAIDEN NAME         |                       | 11                  | PH                    | ONE NUMBER<br>EA CODE) - NUMBE | R                   |
| Social Security Nun       | nber                | -                     |                     | 1                     |                                |                     |
| EMAIL ADDRESS             | <del></del>         |                       |                     | ~                     |                                | <u>cell</u>         |
| @                         |                     |                       |                     |                       |                                |                     |
| ADDRESS: Street           | 187-179 - F         |                       |                     | A = = =               |                                |                     |
| City:                     |                     |                       | State:              | TO SERVICE TO SERVICE | ment/Unit#                     | 8                   |
| 2 10                      | 0                   |                       | State.              | Zip C                 | Code:                          |                     |
| Ala.                      | $\mathcal{F}$       |                       |                     |                       |                                |                     |
| Candidate Signature (inc  | luding maiden name) |                       |                     |                       | 11-8-10                        |                     |
| N.n                       | . ) . , /           | 0.                    |                     |                       | Date                           |                     |
| SULLEN                    | A. KAR              | ruell                 |                     |                       | 11/10/0                        | $1 \wedge 1 \wedge$ |
| Notary Public Signature   | 20. 0 100 V         | Notes Till            |                     |                       | 11/00/0                        | 010                 |
| 7                         | Sec. 1              | My Company Public Ric | hmond County, Georg | gia                   | Date                           |                     |





| TOTALION/REGOMMENDALION/A   | CANOWLEDGEMENT - PAGE 4  |
|---|--|
| I have verified the information provided by the candidate that it is my responsibility to provide POST with a compagency. My initials have been placed in the upper right review of the information provided, and I accept responsible asset on my verification, this candidate has met the required by the candidate has met the required by the candidate in the upper right review of the information provided by the candidate has met accept responsible for verification. | hand corner on each page to signify my sibility for the veracity of this application. Juirements of O.C.G.A. § 35-8-8.  Date |
| BACKGROUND INVES  | TIGATION   |
| LUCAS FRANCHES GRANT  (FULL NAME OF CANDIDATE – FIRST, MIDDLE INITIAL, LAST)  Date Candidate was interviewed: Name of Interviewer (First Interviewer)  (mm/dd/yyyy)  9/28/2010  | .ast)  |
| The Background Investigator verified the following information - Education (High School & College) - Prior LE Employment & Certification  Military  William   | with the appropriate authorities:  Not applicable Not applicable   |
| Name of Background Investigator (First Last) EDWARD WILHELM   | Date Background Investigation Completed (mm/dd/yyyy) 10/15/2010  |
| Signature of Person Conducting Background Investigation   |  |
| AGENCY HEAD RECOMN  | IENDATION  |
| The candidate named in this application was found to satisfy the is recommended by me for attendance to a Basic Jail Officer Tr successfully completing this training. I am aware of POST reim the candidate must be a paid, full-time employee during training (NOTE: Once this application is approved a POSTEODM #0.15   | aning Course and for certification upon bursement guidelines and understand that to receive reimbursement.                   |
| (NOTE: Once this application is approved a POSTFORM #2 au will be issued. No person shall perform the duties of a jail office Basic Jail Officer Training Course per the POST Act & POST Ru   | thorizing the academy/school attendance r without successful completion of the ules.)  |
| "(a) No person required to comply with the certification provision appointed by any law enforcement unit without certification from the pre-employment requirements established in this chapter."   | s of this chapter shall be employed or<br>the Council that the applicant has met   |
| Agency Head Agnature  | 11/08/2010<br>Date   |
|   |  |





| 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? Xes No   |
| Country of birth if other than U.S.:  |
| City:   |
| State:  |
| Was the candidate a U.S. military dependent at the time of birth?   |
| Is the candidate a naturalized citizen?   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: XYES X  |
| If NO, attached is a copy of the candidate's valid Georgia Driver's License and:  |
| (must have <u>at least one</u> of the following documents - <u>check</u> 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 <u>naturalized citizen</u> , a <u>certified copy of the naturalization papers or a copy of their U.S. passport</u> 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  |





| EDUCATION - PAGE 6  |                                   |
|---|-----------------------------------|
| Please attach High School Diploma or GED or Home School Affi  | idavit 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 accepts   |                                   |
| ☑ Public School ☑ Private School ☑ Home School  | g -g-nee-y                        |
| ☐ Correspondence School ☐ Internet School ☐ Obtained GED  |                                   |
| A School Outside of the United States (Must include written statement describing type of equivalent to a U.S. High School diploma.)   | school, curriculum, and how it is |
| 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  |                                   |
| Condidate   |                                   |
| 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 🔲 Doctorat   | te degree                         |
| Note: If candidate wishes to have their college degree recorded in their profile, a copy of their diple 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/univ (Use and attach appendix 4 for additional degrees obtained and/or colleges attended)  | ersities):                        |
| 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):  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.  |                                   |
| * <b>IMPORTANT NOTE</b> : If the candidate obtained their diploma from a corresponden diploma via the internet, the hiring agency will need to check accreditation of the school diplomas must be accredited by one of the POST accepted accrediting agencies (see www accrediting agencies). | Cohoole in auto                   |

Student Name
Grant, Lucas F

Student ID
110000120626

Birth Place

Student ID
12

Grade
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

Fax:

Tel: 803-442-6100

School Alternate Number:

| Course Title                    | Grade Ab            | Credit |                             |                          |               | T   |
|---------------------------------|---------------------|--------|-----------------------------|--------------------------|---------------|---|
|                                 |                     | Credit | Course Title                | Grade Ab                 | Credit        |   |
| North Augusta High School Grd   |                     |        | North Augusta High School G | ord 12 6/2002            |               | j   |
| 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         | 1   |
|                                 |                     |        | H Western Civ               | 90                       | 1.000         | 1   |
| North Augusta High School Grd   | 09 6/1999           |        | CPE 4                       | 100                      | 0.500         | //\$                                      |
| C Elective                      | 80                  | 1.000  | H French2                   | 89                       | 1.000         | 4   |
| H English 1-CP                  | 88                  | 1.000  | C Prob&Stats-SERC           | 84                       | 1.000         | 1   |
| H Biology 1-CP                  | 88                  | 1.000  | Crd Att: 5.500 Cmp: 5.500   | Total GPA: 3.486         |               |   |
| H World GeographyC              | 96                  | 1.000  | J., 0.300                   | 10tal Of A. 3.480        |               |   |
| C Physical Education            | 88                  | 1.000  |                             |                          |               |   |
| H Algebra 1 CP                  | 80                  | 1.000  | GPA SI                      | ummary                   |               | 1   |
| Crd Att: 6.000 Cmp: 6.000       | Total GPA: 3.537    |        | OI A CO                     | uninary                  |               |   |
|                                 |                     | - 1    | Total GPA: 3,339            | Class rank is 121 of 28  |               |   |
| North Augusta High School Grd   | 10 6/2000           |        | 0.000                       | Class latte is 121 01 28 | 33            |   |
| H English 2-CP                  | 80                  | 1.000  | Total Credits Attempted: 26 | 500                      |               |   |
| H Chemistry 1 CP                | 80                  | 1.000  | rotal ordatis Attempted. 20 | .500                     |               |   |
| H Am Govt/CP                    | 96                  | 0.500  |                             |                          |               |   |
| C Psychology CP                 | 88                  | 0.500  |                             |                          |               | 8   |
| 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  |                             |                          | 1             |   |
| T Pre-Engineering 1             | 96                  | 1.000  |                             |                          |               |   |
| Crd Att: 6.500 Cmp: 6.500       | Total GPA: 3,418    | 1.000  |                             |                          |               |   |
| North Augusta High School Grd 1 | 10 7/2000           |        |                             |                          |               | er en |
| C Economics                     | 80                  | - 1    |                             |                          | j             |   |
| Ord Att: 0.500 Cmp: 0.000       | Total GPA: 2.370    |        |                             |                          |               |   |
| North Augusta High School Grd 1 | 1 6/2001            |        |                             |                          |               |   |
| C English3                      |                     | 1.000  |                             |                          | 1             |   |
| H Biology2                      |                     | 1.000  |                             |                          | - 1           | 4   |
| C US Hist and Consti            |                     | 1.000  |                             |                          |               |   |
| C PE 1                          |                     | 0.500  |                             |                          |               |   |
| C PE 1                          |                     | 0.500  |                             |                          |               |   |
| C French1                       |                     | 1.000  |                             |                          |               |   |
| C Algebra2                      |                     | 1.000  |                             | 69                       | CV No.        |   |
| T Intro to Computers            | SE. 2               | 0.500  |                             |                          | 3 1           |   |
| T Keyboarding                   |                     | 0.500  |                             | T I                      | <b>24</b> 104 |   |
| Ord Att: 7.000 Cmp: 7.000       | Total GPA: 2.904    | 7.500  |                             |                          |               | RADUATED                                  |
|                                 | . Old. O. 71. 2.304 |        |                             | CEEP                     | e 31          |   |
|                                 |                     |        |                             |                          | 1             | 4   |
|                                 |                     |        |                             |                          | - 1           |   |
|                                 |                     | - 1    |                             |                          |               |   |
|                                 |                     | 1      |                             |                          |               | *   |
|                                 |                     |        |                             |                          |               |   |
|                                 |                     |        |                             |                          |               |   |

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

Date: 06/04/02

#### SELL DARY SCHOOL RECORD—TRAISCRIPT

|             |   |        | STL          |         |  |                 | 4OITAN             |              |          |              |               | SCHOOL INFORMATION #4115   |
|-------------|---|--------|--------------|---------|--|-----------------|--------------------|--------------|----------|--------------|---------------|--|
| Last        | ,Yame   |        |              | F       | est ,V   | 3me             | ×5.                |              |          | Midd         | ic Name       | School light   |
| Home        | e Addresi   |        |              |         | Cit  |                 |                    | State        |          |              | 210           | NORTH AUGUSTA SENIOR HIGH SCHOOL   |
|             |   |        |              |         |  | ·               |                    |              |          |              | 214           | School Address 2000 Knobcone Avenue<br>North Augusta, South Carolina 25  |
| Paren       | is or Guerdian                                    |        |              |         |  |                 |                    |              |          |              |               | School Phone Nu  |
| Previo      | ous Secondary Scho                                | ol dii | لدرال برم    |         | F 14.3   |                 |                    |              |          | ie Lef       |               | By & Reg. A cred. Assoc. 803-442-61  |
|             |   |        |              |         | 0.7  |                 |                    |              | · L 3    | 10 20        | f             | rustic rust e Errollment in Grades Percent Graduates Entering Co.  X 1 0 -12 4 Yr. Col. and C  |
| Date o      | of Birth  | 1      | Se.          | 0.00    |  | ilhdre          | -                  |              |          | Mon          | th Ye         | for Passing Mark Honors Mirk   Lawren Humenical Equivalent   |
|             |   |        | ·            |         |  |                 | Will Be            |              | sted     |              |               | 68 (i/ day) ^93  85  <sup>C</sup> 75   |
|             | CLASS RE<br>Include Subjects Fast                 | COR    | lo<br>Repens | rd .    |  | LAS             | 1000               |              |          | INAL         | İ             | EXPLANATION OF FONORS COURSES  |
| YEAR        | 50  | JBJECT | \$           |         |  | SCHILL          |                    | L 1:         |          | ND. 0        | 110           | GRADING SCALE.   |
|             |   |        |              |         |  |                 |                    | 7            | 1        | 1            | 1,63          | Quality Points   |
|             |   |        |              |         |  |                 |                    |              |          |              |               | Advanced General B   |
| 9           |   |        |              |         |  |                 | -                  |              |          |              |               | 7/02 700)  |
|             |   |        |              |         |  |                 |                    | -            |          |              |               | A (93-100) 6 5<br>B (85-92) 5 4  |
| 19          |   |        |              |         | i  |                 |                    |              | +        |              |               | -1 C $(75-84)$ 4 3   |
| 19          |   |        |              |         |  |                 |                    | T            | $\neg$   | <del></del>  |               | D(68-74) 3 2   |
|             |   |        |              |         | [  |                 |                    |              |          | İ            |               | F(Below 68) 0 0  |
|             | GRANT L   | UCA:   | SF           |         |  |                 |                    |              |          | _ !          |               | I(Incomplete) 0 0  |
| 10          | [   |        |              | OF STUD | ENT  |                 |                    |              |          | SOC. SE      | C. NO. ID     | lode: (A) (G)  |
| 10          | PAN   | ENG    | MATH         | READ    | 5G   | СОМР            | TEST               | DATE         | 1        | 1/10         | 0/99          | NK IN CLASS BASED ONSEMESTERS  |
|             |   |        |              |         | REAS   |                 | ENGLIS             | H SUBSCO     |          | - 10         | SUBSCORES     | EXACTLY APPROX. IN CLASS OF  |
| 19          | SCALE SCORES                                      |        | 15           | 11      | 18   | 15              | 07                 | 0            | 8        | 07           | 07            | AL RANK  |
| 19          | % AT OR BELOW                                     | 44     | 42           | 18      | 68   | 43              | U/M                | R            | es       | ALG          | GEON          |  |
|             | -   |        |              |         | _!   |                 | 1                  | i            | 1        | 1            |               | ALL SUBJECTS GIVEN CREDIT X ALL STUDENTS   |
| -           |   |        |              |         |  |                 |                    |              |          |              | 1             | ALAJOR SUBJECTS ONLY COLL, PREP. STUDENTS ONL  |
|             |   |        |              |         |  |                 | <del> </del>       | -!           | -        |              | <u> </u>      | Explain Weighting of Morks in Desermining Rank   |
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| į.          |   |        |              |         |  |                 |                    |              |          | <del> </del> |               | CUTSTANDING ACTIVITIES HONORS, AWARDS  |
| 12          |   |        |              |         | <del></del>                                      |                 |                    |              |          | !            |               | The state of the s |
| -           |   |        |              |         |  |                 |                    | 1            |          | <u> </u>     |               | A CONTRACT OF THE PROPERTY OF  |
|             |   |        |              |         | <del>-                                    </del> |                 |                    |              |          |              |               | Ŧ  |
|             | _ /_ // Instance // _ // _ // _ // _ // _ // _ // |        |              |         | -  | <del>i</del>    |                    |              |          |              |               |  |
| · _         |   |        |              |         |  | -               |                    |              |          |              | E             |  |
| <b>'</b>  - |   |        |              |         |  |                 |                    | !            | :        | ;            |               |  |
|             |   |        |              |         |  |                 |                    |              |          |              |               |  |
| DATE        | NAME  | OF "E  | ST           |         | KAY  | V 08            | *TRCENTIL<br>SCORE |              | JADU     |              |               | NAME OF TEST ANY DE PERCENTILE   |
|             | NAME  | OF E   | ST           |         | RAY<br>177                                       | V 08 .          |                    |              | JASU     | 3.           | 7.8           | NAME OF TEST SAM ON PERCENTILE STO SCORE SCORE NORM GROUP  |
|             | NAME  | OF "E  | ST           |         | KAY<br>372                                       | V 0# :          |                    |              | JAOU     | 3.           | 7 8           |  |
|             | NAME  | OF "E  | ST           |         | KAV<br>XY2                                       | V 08            |                    |              | I JADU   | 3.4          | 7 8           |  |
|             | NAME  | OF "E  | ST           |         | KAY<br>373                                       | V 0#<br>\$C04E; |                    |              | JASUF    | 54           | 7 2           |  |
|             | NAME  | OF "E  | ST           |         | \$AY2  | v 0#<br>\$coat; |                    |              | * UCAL * | 34           |               |  |
|             | NAME  | OF "E  | ST           |         | KAY XY2  | SCOAE:          |                    |              | JASUF    | 34           | 7 2           |  |

# REPUBLICATION COMPANY OF 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

#### Lucus F. Grant

the degree of

#### Bachelor of Science

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

William P Willings
Chairman of the Bears at Constitue



Mitchell W. Fats
Breethest of the College





#### 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 <u>CHARACTER OF SERVICE/DISCHARGE</u> honorable? <b>Yes</b> No (If <b>Yes</b> , go to the next page. If <b>No</b> , candidate's character of service was listed as (choose applicable one from pull down menu below): |
|   |
| A brief <u>explanation</u> regarding candidate's character of service/discharge must also be attached to this page (providing details for the reason for this character).   |





| 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 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.)   | 's<br>It |
| 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)  |          |
| erbin  |          |
| 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 for additional pages for employment history if necessary.  | 6        |
| 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 ( <i>mo/yr</i> ) to:  Position held: Reason for leaving:  |          |
| The state of the s |          |





|  | Cert                         | ified Driver History – PAGE                              | <b>9</b>   |
|--|------------------------------|--|--|
| ⊠ Attach   | ed is a certified copy o     | f candidate's GA driver's history                        | or printed from GCIC   |
| 20.00  |                              | f <b>candidate's driver's history</b> from               |  |
| Certified co   | ony of an individual's drive | IMPORTANT NOTE:  er's history must be the approved/accep |  |
| departmen  | t that governs driver's lice | enses and driver histories.                              | pted version by the state's  |
| Candidate  | has possessed driver's li    | censes in what states in the past 10 year                | ars: (Check what applies)  |
| Georgia  | a Driver's License ONLY      | during past 10 years                                     |  |
|  | Military Driver's License O  | NLY during past 10 years                                 |  |
|  | Military Driver's License (F | From (yr) To (yr)  |  |
| States of the states | other than Georgia (list ye  | ars and states below)                                    | a a constant of the constant o |
| YEARS: F   | rom (yr) 1998 To (yr) 200    | 77 State: SC From (yr) To (yr)                           | r) State:  |
| Fi   | rom (yr) To (yr)             | State: From (yr) To (yr)                                 | State:   |
| Fi   | rom (yr) To (yr)             | State: From (yr) To (yr)                                 | State:   |
| Has candid  Yes (If Y  | ate ever been given a tra    | ffic citation?  No (If No. go to next page.)             | 2  |
| Has candid   | ate received more than the   | ree citations during the past five years                 | ? 🗌 Yes 🗆 🛭 No   |
| Has candid   | ate ever had their license   | suspended? X Yes (If yes, check which                    | reason and give year) No   |
| Year: 2009   |                              | nts Insurance related I Other If of                      | her, give brief reason below:  |
| List any tra   | ILURE TO APPEAR              | uring the past five years. Use Appe                      | ndis Oif name  |
| DATEO  | TRAFFIC VIOLATION            | ISSUING AGENCY   | DISPOSITION  |
| O5/11/2005   | SPEEDING                     | SOUTH CAROLINA   | GUILTY-PAID FINE   |
| DATE OF<br>CITATION  | TRAFFIC VIOLATION SPEEDING   | ISSUING AGENCY SOUTH CAROLINA                            | DISPOSITION<br>GUILTY-PAID FINE  |
| 11/13/2006<br>DATE OF  | TRAFFIC VIOLATION            | ISSUING AGENCY   |  |
| CITATION<br>12/03/2008   | SPEEDING                     | JONES COUNTY   | DISPOSITION<br>BOND FORFEITURE   |
| DATE OF  | TRAFFIC VIOLATION            | ISSUING AGENCY   | DISPOSITION  |
| CITATION<br>07/01/2009   | OTHER VIOLATION              | COLUMBIA COUNTY  | BOND FORFEITURE  |
| DATE OF<br>CITATION  | TRAFFIC VIOLATION            | ISSUING AGENCY   | DISPOSITION  |
| DATE OF<br>CITATION  | TRAFFIC VIOLATION            | ISSUING AGENCY   | DISPOSITION  |
| Candidate's La<br>GRANT<br>Information   | verified by Candidate:       | anglidate's Signature                                    |  |





| SE STATE OF SECTION   |  |  |
|---|--|--|
|   | CRIMINAL HISTORY - PAGE  | ≣ 10   |
| citation which<br>Dispositions<br>verdict of guith<br>expungement | Please read the following information carefully before com Title 35, Chapter 8 of the Official Code of Georgia Annotated a dards and Training council, each applicant is required to disclosh the applicant has received, along with the disposition of <i>EAC</i> include, but are not limited to, dismissal, placement on a dead lity or not guilty, plea of guilty, plea of nolo contendere, treatment, sealed, pardoned, or bond forfeiture. NOTE: Failure to promy intentional or unintentional omissions) may result in the  | nd the Rules of the Georgia Peace se <u>EACH AND EVERY</u> arrest and/or citation docket, nolle prosequi, finding or ent under the First Offender Act, |
|   | ndidate lived only in the state of Georgia:   Yes  No  |  |
|   | ndidate ever been arrested? 🗵 Yes If Yes, complete this section.   | No If No, go to the Next Section.  |
|   | ndidate ever been convicted of a felony?   Yes   No  |  |
| Is the candid   | ate ever been charged with a crime of domestic/ family violence (If YES, a copy of the police incident report and the court disposition regard date currently or ever been subject to a qualifying protection or ion of a firearm or ammunition?   | ing the arrest must be attached.)  |
|   | and an intermediate in the second of the submit  | conv of the order \  |
| St all felonies   | first. List all other charges in chronological order (with most recent fir   | st). Use Appendix 1 if necessary.  |
| ARREST  | ARRESTING AGENCY   | CONVICTED:   |
| n/d/yyyy<br>7/5/2005  | NORTH AUGUSTA, SC PD   | Yes No   |
| 73/2003   | CHARGE (pick from list, if not on list provide below)  |  |
|   | Other Charge Not Listed  | Check all that apply:  |
|   | If not on list, give charge:   |  |
|   | PUBLIC DISORDERLY CONDUCTR   | Amount: \$257,00   |
|   |  | Probation  |
|   | DISPOSITION:   | Time(mos/yrs):   |
|   | Guilty   | Incarceration  |
|   | If OTHER, give disposition below:  | Time(mos/yrs):   |
|   | BOND FORFEITURE  | Community Service  |
| ATE OF<br>RREST   | ARRESTING AGENCY   | CONNUCTED  |
| /d/yyyy   |  | CONVICTED:  Yes No   |
|   | CHARGE (pick from list, if not on list provide below)  | L 162 L NO   |
|   | a the sit list provide below)  | Check all that apply:  |
|   | If makes that a triangle   | Fine   |
|   | If not on list, give charge:   | Amount:  |
|   | (55,0)(2)  | Probation  |
| 1   | DISPOSITION:   | Time(mos/yrs):   |
|   |  | Incarceration  |
|   | Manager and the state of the st | Time(mos/yrs);   |
|   | If OTHER, give disposition below:  |  |
|   | ITOTHER, give disposition below:   | Community Service  |

Candidate's Last Name

Information verified by Candidate:

Candidate's Signature

|  | NO ENCY I.  | D.                                      | AUG            |                       | DEPAR          |                     | OF P                 | JBLIC SAF                                 | ETY                     | 2 1 0   | 0,0,       | CASEN                  |            |                 | 4 . 6 .              | i              | INQ.        | ENT        |
|--|---|---|----------------|-----------------------|----------------|---------------------|----------------------|---|-------------------------|---------|------------|------------------------|------------|-----------------|----------------------|----------------|-------------|------------|
|  | 1   |   |                |                       | NCIDENT TYPE   |                     |                      |   | COMPL                   |         |            |                        |            |                 |                      | UNITS          | TYPE        | VICT       |
|  | Disor   | rderly (                                | onduct :       |                       |                |                     |                      |   |                         |         |            |                        | ********** | MISE TY         |                      | ENTERE         | Busine      |            |
|  |   | dorry C                                 | onduct .       | 12                    |                |                     |                      |   | Myes Ono Oyes Mo Busine |         |            |                        |            | SS              |                      | N/A            | Govern      | ment       |
|  | 2.  |   |                |                       |                |                     | ····                 |   |                         |         | YES        | -                      |            |                 |                      |                | Sec /Pu     |            |
| H  | 3.  | OCATION (SI                             | JBDIVISION, A  | PARTMENT AN           | D NUMBER, ST   | REET NAME AND I     | NUMBER)              |   | □YES                    | Пио     | ☐YES       | JNO                    | Т          | ZIP COI         | DE                   | 1 - 14         | Police C    | Off        |
| EVEN   | 211 B I   | Edgefie                                 |                | Triangle              |                | North Aug           |                      | - AUT / .                                 |                         |         |            |                        | ١.         | 2984            |                      | "              | N/A         | FE         |
| _  |   |   | 24 HR. 0       | LOCK                  | то             | DATE                | 24 HR.               | DISP DA                                   | TE                      | DISP TI | ME DATE/   | IME 24 HR.<br>TIME ARE |            | DEP             | ART TIME             | $\exists \neg$ | LOCATION    | NO         |
|  | 7/4/  | 100000000000000000000000000000000000000 | AST, FIRST, A  | CONTRACTOR CONTRACTOR |                |                     | E) ATIONSHI          | 7/4/(                                     |                         | 234     |            | 234                    | 3          | 4               | 046                  |                | 7003        |            |
|  | Cook II,  |   |                |                       | 8              | * Non               | # 2                  | # 3                                       | RESIDENT                | RACE    | M SEX      | AGE                    | N          | 1               | TIME PHON<br>279 212 | HI             | EVENING P   | HONE       |
|  | ADDRESS   |   |                |                       |                |                     |                      | CITY                                      |                         | **      | 141        | 22<br>STAT             | - 19 Miles | ZIP GC          |                      |                | LOCATION NO | D.         |
| $\dashv$   | 400 East  |   |                | ve.                   |                |                     | RELATIONSH           | P TO SUBJECT                              | Jesiden                 |         |            | SC                     |            | 298             | _                    |                | 1003        |            |
|  | City Of I   | North A                                 | ugusta         |                       |                | None                | e # 2                | # 3                                       | J                       |         | SEX        | AGE                    | N          |                 | пме рном<br>279 212  |                | EVENING PH  | ONE        |
| -  | HEIGHT  | VEIGHT                                  | HAIR           | EYES                  | FACIAL HAIR, S | CARS, TATTOOS,      | GLASSES, CL          | OTHING, PHYSICAL PEC                      | ULIARITIES,             | ETC.    |            |                        | 114        | 1               |                      | W              |             |            |
| NO   | ADDRESS   |   |                |                       |                |                     |                      | CITY                                      |                         |         |            | STATE                  |            | ZIP CO          | 25                   |                |             |            |
| CTIM   | 400 East  | Buena                                   | Vista A        | ve.                   |                |                     |                      | North A                                   | ugusta                  |         |            | SC                     |            | 2984            |                      |                | 1003        | ٥.         |
| >  | VISIBLE INJU  |   |                |                       | (PLAIN:        |                     |                      |   |                         |         |            |                        | DMPLAIN    |                 | 207                  | BLE INJUR      | 1003        | <b>⊠</b> N |
| }  | TWO-MAN VE  |   |                | EH DETE               |                | DRUGS Y             |                      |   | - T                     | ı Thio  | Jurisdicti | 0.00                   | -          |                 |                      |                |             |            |
|  | SUSPECT   | NAME (LAS                               | IT, FIRST, MID |                       |                |                     |                      | RAC                                       | The second of the       | AGE     | ETH        |                        | E OF BIR   | Out of          |                      | U Unk          |             | BR         |
| NO. 1  | RUNAWAY   | FAGIAL HA                               | IR, SCARS, TA  | TTOOS, GLAS:          | SES CLOTHING,  | PHYSICAL PECUL      | ARITIES, ET          | B   | M                       | 46      | N          |                        |            |                 | 5-03                 | 240            | BLK         | O          |
|  | □ WARRANT   |   |                |                       |                |                     |                      |   |                         |         |            |                        |            |                 |                      |                | *           |            |
| ш  | MARRANI ARREST  | ADDRESS                                 |                |                       |                |                     |                      | CIT                                       | ,                       |         |            | STATE                  |            | ZIP COL         | DE                   | T              | OCATION NO  | ٥.         |
| SUB  | M JAIL  | SUBJECT                                 | NO 1) USIN     | ALCOHOL I             | YES NO         | 7,000               |                      |   |                         |         | DATE       | TIME OF O              | EEENee     |                 |                      |                | 9999        |            |
| - 1  | 🛭 виммонв   | DRUGS.                                  | YES 🛮 NO       | UNK TYPE              | II.            | TOTAL               | L # ARRESTE          |   |                         |         | 07/        | 04/05                  | 2240       |                 | 1.5                  | 7/04/0         | 5 2350      |            |
| \  \  \  | While or  | n patro                                 | l this of      | ficer wa              | as advise      | d of a ph           | ysical a             | ltercation at                             | the ab                  | ove 1   | isted in   | nciden                 | t loc      | ation.          | Lino                 | n arri         | vol off     | ice        |
| 0  | dried   | the tr                                  | vo liste       | d subject             | t fightin      | ig in the p         | parking              | lot of the ir                             | cident                  | t loca  | tion.      | Upon                   | spea       | king            | to bo                | th sub         | jects t     | he         |
| T  | Juring t  | be inve                                 | s that th      | e altero              | ation wa       | s over a d          | isagree              | ment about v                              | vhere s                 | subje   | ct #2 v    | vas go                 | ing t      | o stay          | on th                | ne inc         | ident d     | ate        |
| C  | ustody  | with th                                 | silgallo       | de hanc               | lauffed b      | oegin to u          | se prof              | anity towards                             | each                    | other   | . At t     | his tin                | ne bo      | th sub          | ojects               | were           | taken i     | nto        |
|  | JADPS   | in veh                                  | icle 110       | and si                | ibiect #2      | was trop            | ir back              | . Both subje                              | cts we                  | ere al  | so sea     | rched.                 | Sub        | oject #         | #1 wa                | s tran         | sported     | 1 to       |
| E ti   | ansport   | no c                                    | ontraba        | nd was                | located        | on either           | sportec              | I in vehicle 1  Subject #  Of for disorde | 12, 00                  | ican    | nicles     | were                   | searc      | ched p          | orior t              | o, and         | d after     | the        |
| S C  | onduct.   | Subje                                   | ct #2 w        | as issue              | d ticket       | number 6            | 7756 T               | I for disorde                             | rly co                  | nduc    | t Rot      | cet nu                 | mber       | 6//             | 56 DI                | for            | disorde     | rly        |
| fi   | om NA   | DPS.                                    | ,              |                       |                |                     |                      | 1 101 diborde                             | ary co.                 | nauc    | ı. Doi     | ii suoj                | ccis       | were            | рооке                | d, an          | d relea     | sec        |
|  | in wy desii   |   |                |                       |                |                     |                      |   |                         |         |            |                        |            |                 |                      |                |             | -          |
|  |   | 1                                       |                |                       |                |                     |                      |   |                         |         |            |                        |            |                 |                      |                |             |            |
| L  |   |   |                |                       |                |                     |                      |   |                         |         |            |                        |            |                 |                      |                |             |            |
|  |   |   |                |                       |                |                     |                      | JUF<br>LAW E                              | RISDICTION<br>ENFORCEME | OF THEF | T          |                        |            | JURISI<br>LAW E | DIGTION O            | F RECOVE       | RY          | -          |
| . 7  | YPE (GROUP)   |   |                | Т                     |                | T                   |                      |   |                         |         |            | _L                     |            |                 |                      |                |             |            |
| n s  | TOLEN   |   |                |                       |                |                     |                      |   | -                       |         |            | -                      |            |                 | -                    | TOTAL          | VALUE       |            |
|  |   |   |                |                       |                |                     |                      |   |                         |         |            | -                      |            |                 | -                    |                |             |            |
|  | AMAGED  |   |                | 1                     |                |                     |                      |   |                         |         |            |                        |            |                 |                      |                |             |            |
|  | AMAGED<br>URNED<br>ECOVERED                             |   |                | 1                     |                |                     |                      |   | 1                       |         |            | 1                      |            |                 |                      |                |             |            |
| S S S S S S S S S S S S S S S S S S S  | URNED<br>ECOVERED<br>EIZED                              |   |                |                       |                |                     |                      |   |                         |         |            | 1                      |            |                 | -                    |                |             | _          |
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| A S IVE S IV | URNED  ECOVERED  SUBJECT  VES  EASON FOR E  PORTING OFF | □ NO<br>EXCEPTIONA<br>FICER(S)          |                | ×                     | YES [          | 2. NO PROSE         | CUTION.  UNIT NUMBER | NFOUNDED  3. EXTRADITIO                   |                         | S.      | RESTED 1   | AND OVE                |            | OOPERAT         | EX-CL                | EAR 18 AN      |             | $\neg$     |
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|           | MOH<br>AGENCY I.D.                           | CIHAU      |          |             |                    |   |         | OF PL                        |                   | SAFE               | TY.            |            |                           | CASE NU     | MBER    |            |              | INQ.       | ENT          |
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|           | REPORT                                       |            |          |             | SUPPLEME<br>REPORT | NTAL                                    |         | □ ADD                        | IMO               |                    |                | □ å        | DDITIONAL<br>TOLEN PROPER | TY          |         | 2          | 55.00        | 2          |              |
|           | MODIFIES ORIGINAL                            |            |          |             | CASE STAT          | US                                      |         | ☐ ADD                        | ITIONAL<br>ENDERS |                    |                |            | DDITIONAL<br>ECOVERED PRO | PERTY       | PAGE    |            | 01           |            | PAGES        |
| Г         | <b>≥</b> □ COMPLAINANT                       | NAME (LAS  | ST, FIRS | T, MIODLE)  |                    |   |         |                              |                   | VICTIM RE          | LATION         | SHIP TO SI | UBJECT                    | RESI        | DENT    | RACE   S   | EX AGE       | DOB        | E            |
|           | COMPLAINANT  VICTIM #  SUBJECT # _2  RUNAWAY | _Grant,    |          |             |                    |   |         |                              | #1                |                    | #2             |            | #3                        |             | 3       | _          | 1 21         | 508        | N            |
|           | SUBJECT # _ 2                                | <b>–</b>   |          |             | - 1                | ACIAL HAII                              | R, SCAR | S, TATTOOS, GLA              | ASSES, CLOT       | THING, PHYSI       | CAL PE         | CULIARITIE | S, ETC.                   |             |         | 10 11      | 1 21         |            | 11           |
| 8         | RUNAWAY                                      | 5-10       | 169      | BLK         | 3RO                |   | CIT     | · -                          |                   | STATE              | T ===          | T          |                           |             |         |            |              |            |              |
| 1         | WARRANT                                      | -          |          |             |                    |   |         | ,                            |                   | STATE              | ZIP            | CODE       | 9999                      |             | DAYTIM  | E PHONE    | ושי          | VENING PH  | ONE H        |
| 1         | WARRANT  MARREST                             | □VICTIM N  | NO:      | VISIBLE INJ | JURY               | NO YES                                  |         | OMPLAINT OF                  | VICTIM            | USING ALCOH        | HOL 🗌          | NO TYES    |                           | Two.        | AN VEH  | HOLE CO    | W            | PL ASMT    | W            |
| -         | - Mary                                       | EXPLAIN:   |          |             |                    |   |         |                              | 1                 | □ NO □YE           | TYPE:          | ¥.         | UNK                       |             |         | HCLE C     |              |            | ASSISTED     |
| 5         | S Summons                                    | SUBJECT    | т но:2   |             | IG ALCOHO          | 100 1 - 100 100 100 100 100 100 100 100 | ☐YES    |                              |                   |                    |                |            |                           |             |         |            |              |            |              |
| 1         | COMPLAINANT                                  | NAME (LAS  | T, FIRST |             | d Bridgs.          | BINO                                    | YES     | TYPE:                        |                   | VICTIM REL         | JUNK<br>ATIONS | HIP TO SU  | BJECT                     | RESID       | ENT     | RACE SE    | X AGE        | DOB        | ЕТН          |
| 6         | OVICTIM #                                    |            |          |             |                    |   |         |                              | #1                | Ħ                  |                |            | <b>#</b> 3                | 7           |         |            |              |            | EIN          |
| OVEREIOW  | Busiect #                                    | HEIGHT     | WEIGHT   | HAIR        | EYES F             | ACIAL HAIR                              | , SCARS | TATTOOS, GLA                 | SSES. CLOTI       | HING, PHYSIC       | AL PEC         | ULIARITIES | E, ETC.                   |             |         |            |              |            |              |
|           |  | ADDRESS    |          |             |                    |   | CITY    |                              |                   | STATE              | ZIP (          | DODE       | LOCATION NO.              | T 6         | AVTUE   | PHONE      |              |            |              |
| 2         |  |            |          |             |                    |   |         |                              |                   |                    |                |            | coontion no.              |             | ATTIME  |            | н E          | VENING PHO | н            |
| SIIB      | ARREST                                       | □VICTIM NO | 0:       | VISIBLE IN  | JURY   N           | O TYES                                  | NON-VI  | MPLAINT OF<br>SIBLE INJURIES | VICTIM L          | ISING ALCOH        | OL             | 10 TE8     | LINK                      | <br>□TWO-M  | AN VEHI |            | TECTIVE / SP | L ASMT     | ALONE        |
| 1. 1.     | .  | EXPLAIN:   | NO:      | LIGIAL      | G ALCOHO           | ol 🗆 NO                                 | O N     | O YES                        | DRUGS;            | □ NO □YES          |                |            | ☐ UNK.                    | ONE-M       | AN VEH  | ICLE 0     |              |            | ASSISTED     |
| VICT      |  |            |          |             | O DRUGS            | NO NO                                   |         |                              |                   | п                  | UNK.           | This Juri  | sdiction 3                | State       | o Out   | of State   | U Ur         | nknown     |              |
|           | *Disorderly                                  | Conduc     | ct*      |             |                    |   |         |                              |                   |                    |                |            |                           |             |         |            | <del></del>  |            |              |
|           |  |            |          |             |                    |   |         |                              |                   |                    |                |            |                           |             |         |            |              |            |              |
|           |  |            |          |             |                    |   |         |                              |                   |                    |                |            |                           |             |         |            | ~~           |            |              |
|           |  |            |          |             |                    |   |         |                              |                   |                    |                |            |                           |             |         |            |              |            |              |
| NARRATIVE |  |            |          |             |                    |   |         |                              |                   |                    |                |            |                           |             |         |            |              |            |              |
| RA        |  | 1          |          |             | -                  |   |         | 14                           |                   |                    | -              |            | 767                       |             |         |            |              |            |              |
| NAR       |  |            | 37,3,3   |             |                    |   |         |                              |                   |                    |                |            |                           |             |         |            |              |            |              |
|           |  |            |          |             | E .                |   |         |                              |                   |                    |                | 6          |                           |             |         |            |              |            |              |
|           |  |            |          |             |                    |   |         |                              |                   |                    |                |            | ~                         |             |         |            |              |            |              |
|           |  |            |          |             |                    |   |         |                              |                   | JURISDICT          | ON OF          | THEFT      |                           |             |         | JRISDICTIO | ON OF RECO   | VERY       |              |
|           |  |            |          |             |                    |   |         |                              |                   |                    |                |            | 1                         |             | e       |            | OLWENT AC    | ENCT       |              |
| ~         | STATUS                                       | TYPE       |          |             | VIN                | AND/OR LI                               | CENSEN  | 10.                          |                   |                    | BOA            | T HULL NO  | AND/OR REG.               | NO.         |         |            |              |            |              |
| ETC .     | STOLEN                                       | ☐ VEHIC    | LE       |             | SER                | RIAL AND/OI                             | OWNE    | R APPLIED NO.                |                   |                    |                | · ·        |                           |             | STATE   |            |              |            |              |
| E.        | RECOVERED                                    | ☐ BUN      |          |             | YEA                | R OF REGI                               | STRATIO | N                            |                   | YEAR OF            | EXPIRA         | TION       | YEAR                      |             | MAKE    |            | TYPE         |            |              |
| VEH /GUN/ | ☐ FOUND                                      | ☐ BOAT     |          |             | -                  |   | М       | DDEL                         |                   |                    | STYLE          |            |                           |             |         |            |              |            |              |
| Н         | ☐ TOWED                                      | LICENS     | SE PLATI | E           | -                  |   | NI/     | O NO.                        |                   |                    |                |            |                           | LOR         |         | BRANC      | NAME         | CALI       | BER          |
| VE        | SUSPECT                                      | ☐ SECUR    | RITIES/B | ONDS, STOCK |                    |   |         | . NO.                        |                   | DEN                | TANIMO         | ION        | 188                       | UER         |         |            | SECURITIE    | 9 DATE     |              |
|           | ☐ VICTIM.                                    | ARTICL     | LE ·     |             | мізс               | CELLANEOU                               | 18      | 12                           |                   |                    |                |            |                           |             |         |            |              |            | $\dashv$     |
| _         | TYPE (GROUP)                                 |            |          |             |                    |   |         |                              |                   |                    | T              |            |                           | <del></del> |         |            | TO           | TAL VALUE  |              |
| ш         | STOLEN                                       |            | _        |             |                    |   |         |                              |                   |                    |                |            |                           |             |         |            |              | PALUE      | $\dashv$     |
| RT        | BURNED                                       |            | -        | •           |                    | -                                       |         |                              |                   |                    |                |            |                           |             |         |            |              |            |              |
| <u>.</u>  | RECOVERED                                    | -          | +        |             |                    | -                                       |         |                              |                   |                    | +-             |            |                           |             |         |            |              |            |              |
| -         | SEIZED                                       |            |          |             |                    |   |         |                              |                   |                    | -              |            |                           |             |         |            |              |            |              |
| LIVE      | SUBJECT IDENTI                               | FIED<br>NO |          | SUBJEC      | CT LOCATE          | D<br>NO                                 |         | □ ACTIV                      | E DADA            | A.CLOSED           | T              |            | ARRESTED UNI              |             |         |            | EX-CLEAR     |            | $\dashv$     |
| STRATIVE  | REASON FOR EXCEPT                            |            | NCE 1    |             |                    |   | PROSEC  |                              |                   | ITION DENIED       | ,              |            | THE DECLINES              |             |         |            |              | 18 AND OVE |              |
| SI        | REPORTING OFFICER(S                          | ()         |          |             |                    | DATE                                    |         | UNIT<br>NUMBER               |                   |                    |                | ROVING     |                           | - OUT ENA   |         |            | DATE         | NO CUSTOD  | <del>-</del> |
| AUMIN     | L.A Cook II                                  |            |          |             |                    | 07/04/05                                | 5 2     | 211                          | Sgt. Sci          |                    |                | 2          | 7                         |             |         | 07/04/     |              | 169        | ER           |
| ₹         |  |            |          |             |                    |   |         |                              | FOLLOV            | V-UP<br>IGATION DY | es b           |            | OFFICER                   |             |         |            |              | 1          | $\neg$       |

| CASHIER'S STAMP 08/26/2005     | B / M         | 02/26/1984     |          |      | CLERK OF COUR        | Ay         |
|--------------------------------|---------------|----------------|----------|------|----------------------|------------|
| AMOUNT PAID TO CITY TREASUR    | \$257.50      |                |          |      |                      |            |
| WARRANT NO.                    |               |                |          |      |                      |            |
| WITNESS                        |               | SUSP<br>REMARK |          |      | D                    | AYS        |
| OFFICER COOK, II, L<br>BA OPER | BOND \$257.   | 50 FINE \$     | \$257.50 | FINE | TRIED IN ABSENCE 0 D | ( )<br>AYS |
| LOCATION TRIANGLE PLAZA        | 9             | REQUEST JURY   | (        | )    | BOND FORFEIT         | (****)     |
| DATE OF VIOLATIO 07/04/2005    | TIME 23:43    | NOLO CONTENDER | (        | )    | NOLLE PROSSE         | ( )        |
| CHARGE DISORDERLY CONDUCT      |               | NOT GUILTY     | (        | )    | NOT GUILTY           | ( )        |
| ADDRESS                        |               | GUILTY         | (        | )    | GUILTY               | (****)     |
| NAME GRANT, LUCAS F.           |               | DEFENDANT PLEA |          |      | DISPOSITION OF CO    |            |
| DOCKET NO. 171390              | DATE OF TRIAL | 08/26/2005     |          |      | CITATION NO. 677     | F7 DI      |

CATE OF SOUTH CAROLINA

the office of the Clerk Constitution of the

#### STATEMENT

| NAME: Livas Grant DATE: 11-8-10   |
|---|
| On 7/4/2005 my father and I mad a disagreement<br>This lead to a fight between him and I in a public  |
| location in North Augusta SC. We both were taken in were T was placed in a cell to celm down. I was released a hore later. I was rever fingerprinted or protocol while at the North Augusta Police Dept. A fine was paid in which I alid not know about to take core of court date. |
| in were I was placed in a cell to celm down. I  |
| was released a have later. I was rever finger sounted   |
| or Photocol while at the North Acqueta Police Dot.  |
| of fine was paid in which I did not know about to   |
| take care of court date.  |
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| SIGNATURE: D. S. J.   |
| SWORN BEFORE ME ON THIS 8th DAY OF November, 2010   |
| NOTARY PUBLICISEAL July S. Hackney  |
| Notary Public, Richmond County, Georgia My Commission Expires March 1, 2013   |
| PAGE 1 OF 1   |





#### 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 <u>Georgia Applicant Processing Service</u> (GAPS) at web site <a href="http://www.ga.cogentid.com/index.htm">http://www.ga.cogentid.com/index.htm</a> 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 <u>original</u> & <u>complete</u> 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 (<a href="http://www.ga.cogentid.com/index.htm">http://www.ga.cogentid.com/index.htm</a>) 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.



Last Name

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



Social Sec#

#### **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.

| GRANT   | 30° 300 Y 30° 30° 30° 30° 30° 30° 30° 30° 30° 30° |
|---|---|
| First Name<br>LUCAS   | Date of Birth<br>(mm/dd/yyvv)                     |
| Middle Name<br>FRANCHES   | Suffix:   |
| Applicant Signature (Sign Full Name)  Date  | 8-10  |
| AGENCY ATTESTATION  |   |
| As the agency head (or designee for the agency head), I have reviewed this application INFORMATION provided by the candidate including the criminal and driver history. I attest the information provided in this application including the criminal and traffic history are we standards of our department and adhere to the requirements set forth by the Georgia Standards Training Council. | and affirm that                                   |
| Gary A. Powell, Sr.   |   |
| Print Name of Agency Head (or designee)   | 8/27/1  |
| Agency Head (or designee) Signature Date  | Javio   |
| Tilely S. Hackney 11/1  | 18/2010   |
| Notary Public Richmond County, Georgia My Commission Expires March 1, 2013  Notary Public Richmond County, Georgia My Commission Expires March 1, 2013  |   |
| Notary Seal Here  |   |



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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 | State: SC                     | Dr. Jack Allen |
| Web Site         | Status: Accredited            | Contact Info   |
|                  | <b>Public Sanctions: NONE</b> |                |
|                  | Level: II                     |                |
|                  | Additional 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 Scho

Institution Type

City

North Augusta

Country

United States of America

State

South Carolina

Postal Code

Public/Non-Public

School Type

All

Charter

N/A

One item found.

Name

Country

US

City

State Postal Code

District

Reports Available

North Augusta High School

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: School Type: Public 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: Accreditation Status:

Accredited 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

# Peace Officer Standards and Training Council The State of Georgia

Hereby recognizes the accomplishments of

# LUCAS FRANCHES GRANT BASIC LAW ENFORCEMENT

For completing the requirements established in the Peace Officer achievement, the following basic certification number is hereby Standards and Training Act. Therefore, in recognition of this 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

| <ol> <li>Type of Review</li> </ol> |   |              |  |  |  |
|------------------------------------|---|--------------|--|--|--|
| XX Annual                          |   |              |  |  |  |
| Other                              |   |              |  |  |  |
| 2. Paritim Parit                   |   |              |  |  |  |
| 2. Review Period                   | . 5.0   |              |  |  |  |
| From: Dec-14                       | To:Dec-15   |              |  |  |  |
| 3. Next Review Date                | _   |              |  |  |  |
| 4. Employee Name:                  |   |              |  |  |  |
| Lucas Grant                        | 5. Employee Classification/Title:   |              |  |  |  |
| 6. Division                        | Investigator  |              |  |  |  |
| CID/Violent Crimes                 |   |              |  |  |  |
|                                    |   |              |  |  |  |
|                                    | <u>DEFINITION OF RATINGS</u>  |              |  |  |  |
| Superior:                          | Performance is consistently and significantly beyond established standards. Achieves performance objectives at a fully outstanding level and demonstrat exceptional skill levels. | tes          |  |  |  |
| 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 be achieved.         | ent.<br>e to |  |  |  |
| <u>Unsatisfactory:</u>             | Performance in several skills is substantially weak. Performance objectives ar not met even with close supervision. Substantial improvement by the employ is required.            | re<br>yee    |  |  |  |

# 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                           |        |             |     | U NI X ME EE S |
|------------|---|--------|-------------|-----|----------------|
| 2.         | Attendance                                |        |             |     |                |
| 3.         | Observance of Rules and Safety Practices  |        |             |     |                |
| 4.         | Economy of Time and Materials             |        |             |     |                |
| 5.         | Initiative                                |        |             |     | U NI X ME EE S |
| 6.         | Ability to Make Sound Decisions           |        |             |     |                |
| 7.         | Accepts Responsibility                    |        |             |     |                |
| 0          | Accounts Dispations (County is            |        |             |     | U NI X ME EE S |
| о.         | Accepts Directions/Constructive Criticism |        |             |     | U NI X ME EE S |
| 9.         | Interpersonal Skills/Attitude             |        |             |     | U NI X ME EE S |
| 10.        | Volume of Acceptable Work                 |        |             |     | U NI X ME EE S |
| 11.        | Effectiveness Under Stress                |        |             |     | U NI X ME EE S |
| 12.        | Uniform and Grooming                      |        |             |     | U NI X ME EE S |
| 13.        | Cooperation with Fellow Employees         |        |             |     | U NIX ME EE S  |
| 14.        | Proactive Contacts                        |        | Does Not Ap | nlv |                |
| <b>1</b> F | Double to the second                      |        |             | ,,, | U NI X ME EE S |
| 13.        | Performance in New Situations             |        |             |     | U NI X ME EE S |
| 16.        | Work Knowledge and Job Skill Level        |        |             |     | U NI X ME EE S |
| 17.        | Problem-solving                           |        |             |     | U NI X ME EE S |
| 18.        | Accuracy, Neatness, and Thoroughness of W | /ork   |             |     | U NIX ME EE S  |
| 19.        | Written/Oral Expression                   |        |             |     | U NIX ME EE S  |
| 20.        | Equipment Maintenance                     |        |             |     |                |
|            |   |        |             |     | U NI X ME EE S |
|            |   | 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                    |        | U NI ME EE S |
|----------------------------------|--------|--------------|
| 2. Decision Making               |        |              |
| 2 Crodibility Mark of            |        | U NI ME EE S |
| 3. Credibility With Subordinates |        | U NI ME EE S |
| 4. Ability to Plan and Schedule  |        |              |
| 5. Resource Allocation           |        | U NI ME EE S |
| 6 Profession to                  |        | U NI ME EE S |
| 6. Professional Development      |        | U NI ME EE S |
| 7. Evaluating Subordinates       |        |              |
| 8. Delegation                    |        | U NI ME EE S |
| _                                |        | U NI ME EE S |
| 9. Job Knowledge/Skill           |        | U NI ME EE S |
|                                  | T07    |              |
|                                  | TOTAL: |              |
|                                  |        |              |

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

| 1. | Record j | ob strengths and | superior per | formance 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/wc   | ork product lovels  |  |
|---------------------------------|-----------------------|---------------------|--|
| The first training and continue | sarrent case worky we | ork product levels. |  |
|                                 |                       |                     |  |
|                                 |                       |                     |  |
|                                 |                       |                     |  |
|                                 |                       |                     |  |
|                                 |                       |                     |  |
|                                 |                       |                     |  |

#### **OVERALL PERFORMANCE SUMMARY**

| employee's overal              | ance dimension ratings and review of accomplishment of performance objectives, the l performance is rated as: |
|--------------------------------|---|
| Superior                       | Exceeds Expectations x Meets Expectations Needs Improvement Unsatisfactory                                    |
| Comments:                      |   |
|                                |   |
| Actions for Improv             | rement/Development:   |
| Date: <u>/2//8//5</u><br>Date: | Immediate Supervisor's Signature:  Evaluation Meeting Conducted By:  By:  By:                                 |
|                                | REVIEW COMMENTS AND SIGNATURES  |
| SECOND LEVEL REV               | TIEW  |
|                                |   |
| ate:                           | Signature: Title:   |
|                                | ntents of this appraisal and it has been discussed with me.  Signature:                                       |
|                                |   |
|                                |   |



#### AUGUSTA-RICHMOND COUNTY

#### HUMAN RESOURCES QUESTIONNAIRE

| NAME: Lucas F. Grant   | HOME PHONE:   |
|--|---|
| ADDRESS:   | AAULUUM SAA   |
| (STREET)   | (CITY) (STATE) (ZIP)  |
| DATE OF BIRTH:   | SEX: MALE FEMALE  |
| SOCIAL SECURITY NUMBER:  | U.S. CITIZEN X YES NO   |
| MARITAL STATUS: SINGLE NACE: WHITE BLACK                       | MARRIED   |
| CIRCLE HIGHEST SCHOOLING COMPLETED                             | D: 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-R IF YES, NAME:                | CICHMOND COUNTY: ()YES ()NO RELATIONSHIP:   |
| DEPARTMENT:  |   |
| IN EMERGENCY NOTIFY:   | (PHONE)   |
| (NAME) ♥ PREVIOUSLYEMPLOYED BY ANY DEPART (NO ()YES DATE LEFT: | MENT IN AUGUSTA-RICHMOND COUNTY?  |
| Ducas Stat   | //-8-10<br>(DATE)   |
| (SIGNATURE)  | (DATE)  |
| FOR OFFICE USE ONLY: (TO BE COM                                | PLETED BY PERSONNEL STAFF)  |
|  | DEPARTMENT NUMBER:  |
|  | CLASS CODE: PAY CLASS:  |
| SALARY: GRADE:   | ALLOWANCE:  |
| STATUS: HOURS  | S PER DAY: CALENDAR:  |
|  | EMPLOYEE NUMBER:  |
| PCN:   |   |
| TAX CODE: FEDERAL (S,M) DEF                                    | P: STATE: (S, M, J, H) DEP:<br>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 alcoholdrugs, 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.

DATE: \_\_\_\_//- 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 CONCER           | N   |
|----------------------------------|---|
| 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 C | County.   |
|                                  |   |
| Burno Alt                        | 11.0.10   |
| Jimas Sirs                       | 1/- 8 - 10  |
| (signature)                      | (date)  |
| SUMAN Phon                       | 11-8-10   |
| (with a second                   |   |
| (witness)                        | (date)  |

#### GEORG CRIME INFORMATION CF TER 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:            |       | *       |  |
|--------------------|-------|---------|--|
| SIGNED:            | DATE: | 11-8-10 |  |
| WITNESS: SWAN Eppn | DATE: | 11-8-10 |  |

GCIC Awareness Statement Rev. 4/97

#### EMI OYEE INFORMATION STEET:

| Name:               | Lucas F. Grant   | -                           |             |
|---------------------|--|-----------------------------|-------------|
| Address:            |  |                             |             |
| Phone:              |  |                             |             |
| SSN:                |  | a                           |             |
| r                   |  |                             |             |
| 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. PAPERWO    | RK   |                             |             |
| РНОТО               | Jail Administration (1st floor of Law                        | Enforcement Center)         |             |
| ROAD DEPUTIES       | Training Range (Weapon)                                      |                             |             |
| UNIFORMS            | Ttreon Bush (Quartermaster) Warehouse building behind Red Lo | bster                       |             |

Enter through gates via Walton Way

Friday, 11/12/10 @ 9:00 AM

Judge Isaac S. Jolles 4<sup>th</sup> floor Municipal Building 530 Greene Street

(Do not wear uniform)

**SWEARING IN** 

# NEW H'RE NOTIFICATION/CONFIRMATION \*\*\*P\_EASE COMPLETE ALL BLALKS\*\*\*

|                 |  | nent A<br>Resou | Manager<br>rces | - DA                                   | TE: 11/08/10                                       | )                                       |         |           |      |
|-----------------|--|-----------------|-----------------|--|--|---|---------|-----------|------|
| FROM:           |  | riff            |                 |  | 5032   |   |         |           |      |
|                 | (Dep   | oartmen         | t Name)         | <del></del>                            | (Departme  | ent #)                                  |         |           |      |
| Payroll Clas    | s. Title   | ;               |                 |  | Jailer 12.5 hr                                     |   |         | -         |      |
| Salary Grad     | e  |                 |                 |  | 41   |   | -       |           | _    |
| Annual Sala     | ry   |                 |                 |  | \$28,648.88  |   |         |           |      |
| Bi-weekly S     | alary  |                 |                 |  | \$1,101.88   |   |         |           | -    |
|                 |  |                 |                 |  | (% over entry                                      | 1                                       |         |           | -    |
|                 |  |                 |                 |  | * 11% or more of                                   | over entry re                           | eauires |           | _    |
|                 |  |                 |                 |  | submission of (                                    |   | •       |           | r    |
| Hourly rate     |  |                 |                 | **** * * * * * * * * * * * * * * * * * |  |   |         |           | _    |
| Allowance (s    | specify  | , examp         | le: clothir     | ng, car, etc.)                         |  | *************************************** |         |           | _    |
| Hours bi-we     | 50000  |                 |                 |  | 81.25  |   |         |           | -    |
| Please circle   | ioned on soon time ended the ended to the end to the ended to the end t | as<br>employe   | es will at      | tend orienta                           | has been selected are met, the ation on the Monday | Human Re                                | esource | es Depart | ment |
| orientation)    | •  |                 |                 |  |  |   |         |           |      |
|                 |  |                 |                 | 20                                     | <u>010</u>   |   |         |           |      |
| JANUARY         | 09   | 23              |                 |  | JULY   | 10                                      | 24      | ě         |      |
| 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 Sullivar |  |                 | 076             | 142                                    | 274  |   | 5032    |           |      |
| (replaced       | employ   | /ee)            |                 | (er                                    | nployee #)   |   | (dept   | #)        |      |

Department Director's Signature

Newhire Notification (form) 2010

#### **Application Process II**

| Last Name  |          | First Name   | Middle I  | Name        | Suf    |
|--|----------|--------------|-----------|-------------|--------|
| Grant  |          | Lucas        | F.        |             |        |
| SS#  |          | DL#          | DOB:      |             |        |
| -  |          |              |           |             |        |
| Interview (Date):  | 9-28-10  | Interviewe   | d By: Ro  | ard #1      |        |
| Remarks:   |          |              |           |             |        |
|  | Good     | epplicant; p | rocess fu | uther.      |        |
| POST (Date):   | 9-2-10   |              | G         |             |        |
| Remarks:   | no re    | cond.        |           |             |        |
| Entrance Exam (Da  | ate):    |              |           | Score:      |        |
| Polygraph (Date):  | 10/11/10 | Examine      | er: Jus   |             |        |
| Remarks:   | NOI-H    | <i>(</i> )   |           |             |        |
|  |          |              |           |             |        |
| Range:   |          | -            |           |             |        |
|  |          | , ,          |           |             |        |
| Background by:   | I fr     | Ting Holde   | fel .     |             |        |
| Remarks:   |          |              |           |             |        |
|  |          |              |           |             |        |
|  |          |              |           |             |        |
| Drug Screen:   | 10-26    | -D           |           | Physical 10 | -26-10 |
| No Further Process   |          |              |           |             |        |
| Approved Hire:   | Con      | n A tours    | l         |             |        |
| the state of the s | 10       | <u></u>      |           |             |        |

| Student Name<br>Grant, Lucas F |         |             |             |
|--------------------------------|---------|-------------|-------------|
| Student ID<br>110000120626     |         | Grade<br>12 | Gender<br>M |
| Birth Place                    | Date Of | Birth       | Ethnic Code |

#### Aiken County Public Schools School Year 2001-02

Enter Date:

Graduated: 05/31/02

3chool 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<br>C PREALG<br>Crd Att: 1.000 Cmp: 1.000<br>North Augusta High School Grd<br>C Elective<br>H English 1-CP<br>H Biology 1-CP<br>H World GeographyC<br>C Physical Education | 96<br>Total GPA: 4.370<br>09 6/1999<br>80<br>88<br>88<br>96<br>88 | 1.000<br>1.000<br>1.000<br>1.000<br>1.000 | North Augusta High School<br>C English4<br>H Adv Composition<br>H Western Civ<br>C PE 4<br>H French2<br>C Prob&Stats-SERC<br>Crd Att: 5.500 Cmp: 5.5 | 81<br>83<br>90<br>100<br>89<br>84<br>00 Total GPA: 3,486 | 1.000<br>1.000<br>1.000<br>0.500<br>1.000 |           |
| H Algebra 1 CP  | 80<br>Total GPA: 3.537  | 1.000                                     | GP/  | A Summary  |   |           |
| Crd Att: 6.000 Cmp: 6.000   | Total GPA: 3.537  |   | Total GPA: 3.339   | Class rank is 121 of 2                                   | 95  |           |
| North Augusta High School Grd   | 10 6/2000   |   | 10tal GFA. 3.339   | Class Idlik is 121 01 20                                 | 00  | <u> ž</u> |
| H English 2-CP  | 80  | 1.000                                     | Total Credits Attempted:   | 26 500   |   |           |
| H Chemistry 1 CP  | 80  | 1.000                                     | Total Credits Attempted.   | 20.500   |   |           |
| 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                                     |  |  |   | ,00       |
| H Geometry-CP   | 73  | 1.000                                     |  |  |   |           |
| T Pre-Engineering 1   | 96  | 1.000                                     |  |  |   |           |
| Crd Att: 6.500 Cmp: 6.500   | Total GPA: 3.418  | 81  |  |  |   |           |
| North Augusta High School Grd   | 10 7/2000   |   |  |  |   |           |
| C Economics   | 80  |   |  |  |   |           |
| Crd Att: 0.500 Cmp: 0.000   | Total GPA: 2.370  |   |  |  |   | 6         |
| 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                                     |  | R  | Part I                                    |           |
| C Algebra2  | 81  | 1.000                                     |  |  | 1   |           |
| T Intro to Computers  | 73  | 0.500                                     |  | 4  | OF P                                      |           |
| T Keyboarding   | 82  | 0.500                                     |  | -  | 1 4                                       | RADUATED  |
| Crd Att: 7.000 Cmp: 7.000   | Total GPA: 2.904  |   |  | -  |   | d B       |
|   |   | 5   |  |  |   |           |
|   |   |   |  |  |   |           |
|   |   |   |  |  |   |           |
|   |   |   |  |  |   |           |
|   |   |   |  |  |   |           |

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

Date: 06/

#### BELUNDARY SCHOOL RECORD-TRANSCRIPT

|          |                                   | s         | STUD | ENT      | IN             | FORMA       | NOITA       |          |                |             |  | SCHOOL INFORMATION #411520                                 |
|----------|-----------------------------------|-----------|------|----------|----------------|-------------|-------------|----------|----------------|-------------|--|--|
| Last ,Y  | ame                               |           |      | First    | .Ya            | me          |             |          | M              | iddie N     | cme  | School Name NORTH AUGUSTA SENIOR HIGH SCHOOL               |
| Home     | Address                           |           |      |          | Cir            | ,           | 5.          | ate      |                | Zip         |  | School Address 2000 Knobcone Avenue                        |
|          | 56-241-24-9 (2-24-54)<br>(2-24-4) |           |      |          |                |             |             |          |                |             |  | North Augusta, South Carolina 298                          |
| Parent   | or Guardian                       |           |      |          |                |             |             |          |                |             |  | School   State System   School Phone Numb                  |
| D        | s Secondary Sens                  | -1 1114   |      |          |                |             |             |          | Daie           | 7.7         |  | Rv   Ket Alcred Assoc.   1903-110-610                      |
| Freviou  | s seconsary sens                  | or Arres  | u    | 1; 2/1.7 | ,              |             |             |          | שוני           | 2011        |  | rustic rust c 10 -12 A Yr. Col. and Oth                    |
| Date of  | Birth                             | 1 5       | Se:  | Tā       | 33.            | ichdrew     |             |          | ٠.             | lonth       | Year   | Passing Mark Honors Mark Lowest Humenical Equivalent       |
|          |                                   |           |      |          |                |             | : Be Gr     | aduate   | :d             |             |  | 68 (i) any) A93 85 C75 D                                   |
|          | CLASS R<br>Include Subjects Fa    |           |      |          |                | IDENTIF     | HONORS      |          | PITA           |             | İ  | EXPLANATION OF HONORS COURSES                              |
| YEAR     |                                   | UBJECTS   |      |          |                |             | 400 FL      | 14.5     | 2 HD           |             | EEAM   | GRADING SCALE:   |
|          |                                   |           |      |          | !              | 3722(4      | 1           | 1        | 1362           | LAIT        | 10246  | Quality Points.  |
|          |                                   |           |      |          |                |             |             |          |                | 1           | <u> </u>   | Advanced General Bas                                       |
| 9        |                                   |           |      |          | _              |             | ļ           |          |                | 1           | L  | A(93-100) 6 5  |
|          |                                   |           |      |          |                |             | <del></del> | +-       |                | +           | ļ  | (1) A(93-100) 6 5 4 $(1) B(85-92)$ 5 4 3                   |
| 9        |                                   |           |      |          | <del>- i</del> |             | +           | -        | +-             | +           |  | C(75-84) 4 3   |
| 9        |                                   |           |      |          | $\neg$ $I$     |             | 1           | i        | 1              | †           | 1  | D(68-74) 3 2 1   |
|          |                                   |           |      |          | T              |             |             |          |                |             |  | F(Below 68) 0 0  |
| 1        | GRANT                             | LUCAS     | F    |          | - 1            |             | 1           | 1        |                | 1           |  | I(Incomplete) 0 0 0 0 ode: (A) (G) (E                      |
| 2 (2)    | GIVITI                            |           |      | F STUDE! | NT             |             |             |          | sc             | C. SEC. N   | O./ID  |  |
| 1 C      | PIAN                              | ENG       | матн | DEAD     | sa             | СОМР        | TEST D      | ATE      | 11             | /10/        | 99   | NK IN CLASS BASED ON SEMESTERS                             |
|          |                                   |           |      |          | REAS           |             | ENGLISH S   | UBSCOR   |                | MATH SUB    |  | EXACTLY AIPROX IN CLASS OF                                 |
| -1       | SCALE SCORE                       |           |      |          |                |             | 07          | 08       | 3              | 07          | 07   | AL RANK  |
| 9        | % AT OR BELO                      |           |      | 18       | 68             | 43          | U/M         | RS       |                | ALG         | GEOM   | ck Appropriate Rank Information  ALL SUBJECTS GIVEN CREDIT |
| 1        | ACTSO                             | ous       | 2    |          | 1              |             | <b>L</b>    | <u> </u> | 1              |             |  | MAJOR SUBJECTS ONLY COLL PREP STUDENTS ONLY                |
| -        |                                   |           |      |          | <del>-</del>   |             |             | !        | -              |             |  | Explain Weighting of Mirks in Desermining Rank             |
| -        |                                   |           |      |          |                |             |             |          |                |             |  | 3  |
| 11  -    |                                   |           |      |          | 1              |             |             | 1        |                |             |  |  |
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|          |                                   |           |      |          |                |             |             |          | -              |             |  | 2  |
|          |                                   |           |      |          | 1              | T I         |             |          |                | <del></del> |  |  |
|          |                                   |           |      |          | I              | !           |             |          | •              | 1           | _  | OUTSTANDING ACTIVITIES HONORS, AWARDS                      |
| <u> </u> |                                   |           |      |          | -              |             |             |          |                |             |  |  |
| 12  -    |                                   |           |      |          | i              | 1           |             |          | $-\frac{i}{1}$ | <del></del> |  |  |
|          |                                   |           |      |          | I              |             |             |          | i              | 1           |  |  |
|          |                                   |           |      |          | L              |             |             |          |                |             |  |  |
|          |                                   |           |      |          | -              |             |             |          |                |             |  |  |
| -        |                                   |           |      |          | +-             |             | <del></del> | -+       | +              | -           |  |  |
| DATE     | NAA                               | AE OF TES | ST   |          |                | W OR        | CACENTILE   |          | drous!         | DATE        | <del>.                                    </del> | NAME OF TEST NAW OR PERCENTILE                             |
|          |                                   |           |      |          |                |             | 7237        | 130.2    | UAGU-          | 34,1        |  | STD SCOAL SCORE HORM GROUP                                 |
|          |                                   |           |      |          | <u> </u>       |             |             |          |                |             |  |  |
|          | 1                                 |           |      |          | 1              |             |             | ļ        |                |             |  |  |
|          |                                   |           |      |          |                | 7           |             | 1        |                | r           |  |  |
|          |                                   |           |      |          |                | <del></del> | ***         | -        |                |             | +  |  |
|          |                                   |           |      |          |                |             |             |          |                |             | +  |  |

|                | NOR'                      | TH AUGU          | JSTA DE         | 7 Ac          | MEN        | T OF PU          | BLIC S           | AFE        | TY             | ~ _                                     | CASE N  | UMBER     |                          |   | INQ.      | NCIC        |
|----------------|---------------------------|------------------|-----------------|---------------|------------|------------------|------------------|------------|----------------|---|---------|-----------|--------------------------|---|-----------|-------------|
|                | AGENCY I.D.<br>SC 0020300 | -                | SUPPLEME        | NTALI         | NCIDE      | ENT REPOI        | RT               |            |                | 0 0 5 1                                 | - 10    | 111       | 5   4                    | 6 <sub> </sub> i                        | inq.      | ENTO        |
|                | ORIGINAL REPORT           |                  | ☐ SUPPL         | EMENTAL<br>RT |            | ☐ ADD            | ITIONAL<br>IMS   |            |                | ADDITIONAL<br>STOLEN PROPE              | RTY     |           | 2                        |   | 2         |             |
| L              | MODIFIES ORIGINAL         |                  | CASE :          | STATUS<br>BE  |            | ☐ ADD            | TIONAL<br>ENDERS |            |                | ADDITIONAL<br>RECOVERED PE              | ROPERTY | PAGE_     |                          | 01                                      |           | PAGES.      |
| 1              | COMPLAINANT               | NAME (LAST, FIR  | ST, MIDDLE)     |               |            |                  |                  |            | ATIONSHIP TO   |   | RES     | IDENT     | RACE SEX                 | AGE                                     | 000       | В ЕТ        |
| ] 5            |                           | Grant, Luc       |                 |               |            |                  | " So             |            |                | #3                                      |         | S         | ВМ                       | 21                                      |           | N           |
| OVERELOW       | SUBJECT # 2               | 5-10 16          |                 |               |            | RS, TATTOOS, BLA | ASSES, CLOTHIN   | NG, PHYSIC | AL PECULIARIT  | IES, ETC.                               |         |           |                          |   | <u> </u>  |             |
| =              | 1 LIWANTED                | ADDRESS          |                 |               | . CI       | TY               |                  | STATE      | ZIP CODE       | LOCATION NO                             | ).      | DAYTIMI   |                          | H) EV                                   | VENING PH | H BAOH      |
| SUBL           | □WARRANT<br>  MARREST     |                  |                 | `.D           |            | renton           |                  | SC         | 29847          | 9999                                    |         |           |                          | W                                       |           | W           |
| 15             | <b>⊠</b> JAIL             | EXPLAIN:         | VISIBLE INJURY  | ПиоПл         | NON        | VISIBLE INJURIE  | DRUGS            |            | OL NO NO       | ES UNK                                  | 1       |           | HOLE DET                 |   |           |             |
| VICT           | SUMMONS                   | SUBJECT NO:2     | USING ALC       | оног: 🛭       | NO TE      |                  | T SHOOT L        | INO LITE   | ,,,,,          | Поих                                    | I OWE   | - MAN VER | HCLE MOT                 | HER                                     |           | ASSISTED    |
| 5              |                           |                  | USING DR        | ugs: 🙎        | NO THE     | S TYPE:          |                  |            | UNK            |   |         |           |                          |   |           |             |
| 3              | COMPLAINANT               | NAME (LAST, FIR: | ST, MIDDLE)     |               |            |                  | ¥1               | ICTIM RELA | ATIONSHIP TO   | BUBJECT #3                              | RESI    | DENT      | RACE SEX                 | AGE                                     | 001       | В ЕТН       |
| FLC            | UVICTIM #                 | HEIGHT WEIGH     | T HAIR EYES     | FACIAL H      | AIR SCAR   | RS, TATTOOS, GLA |                  |            |                |   |         |           |                          |   |           |             |
| OVERFLOW       | SUBJECT #                 | 110.011          | THAIR   ETES    | TAGIALT       | IAIN, GUAN | 13, 1A11005, BLA | SSES, CLUTHIN    | G, PHYSICA | AL PEGULIARITI | ES, ETC.                                |         |           |                          |   |           |             |
|                | WANTED                    | ADDRESS          |                 |               | CIT        | TY               |                  | STATE      | ZIP CODE       | LOCATION NO.                            | .       | DAYTIME   | PHONE                    | ΕV                                      | VENING PH | HONE        |
| 0 2            | WARRANT                   |                  |                 |               |            |                  |                  |            |                |   |         |           | W                        |   |           | W W         |
| SUBJ           | ARREST                    | VICTIM NO:       | VISIBLE INJURY  | □ NO □Y       | ES NON-    | OMPLAINT OF      | VICTIM USIN      | NG ALCOHO  | Dr   NO   AE   | S LINK                                  | □TWO-   | MAN VEHI  | CLE DETE                 | La carrena                              | ASMT      | ALONE       |
| 7              | JAIL                      | EXPLAIN:         |                 |               |            | NO TYES          | DRUGS:           | NO TYES    |                | □ unk.                                  |         | MAN VEH   | ICLE OTH                 | IER                                     |           | ASSISTED    |
| VICT           | SUMMONS                   | SUBJECT NO:      | USING DR        |               | NO TYES    |                  |                  | _          |                | irisdiction S                           | State   | 0 Out     | of State                 | U Un                                    | known     |             |
|                | *Disorderly               | Conduct*         | Called DR       |               | NO LITES   | •                |                  |            | UNK.           |   |         |           |                          |   |           |             |
|                |                           |                  |                 |               |            |                  |                  |            |                |   |         |           |                          |   |           |             |
|                |                           |                  |                 |               |            |                  |                  |            |                |   | _       |           | ·                        |   |           |             |
|                |                           |                  |                 |               |            |                  |                  |            |                |   |         |           |                          |   |           |             |
| ш              |                           |                  |                 |               |            |                  |                  |            |                |   |         |           |                          |   |           |             |
| NARRATIVE      |                           |                  |                 |               |            |                  |                  |            |                |   |         |           |                          |   |           |             |
| RR             |                           |                  |                 |               |            |                  |                  |            |                |   |         |           |                          | 100110000000000000000000000000000000000 |           |             |
| Ž              |                           |                  |                 |               |            |                  |                  |            |                |   |         |           |                          |   |           |             |
|                |                           |                  |                 |               |            |                  |                  |            |                |   |         |           | -                        |   |           |             |
|                |                           |                  |                 |               |            |                  |                  |            |                |   |         |           |                          |   |           |             |
|                |                           |                  |                 |               |            |                  | LA               | W ENFORC   | ON OF THEFT    | Y                                       | T       | J         | URISDICTION<br>AW ENFORC | OF RECO                                 | VERY      | 7           |
|                | . 4                       |                  |                 |               |            |                  |                  |            |                |   |         |           |                          |   |           |             |
|                | STATUS                    | TYPE             |                 | VIN AND/O     | R LICENSI  | E NO.            |                  |            | BOAT HULL      | NO. AND/OR RE                           | G. NO.  |           |                          |   |           |             |
| C              | STOLEN                    | ☐ VEHICLE        |                 | SERIAL AN     | ND/OR OW   | NER APPLIED NO.  |                  |            |                |   |         | STATE     |                          |   |           |             |
| ET             | RECOVERED                 | ☐ GUN            |                 | YEAR OF F     | REGISTRA   | TION             |                  | VE 15 OF   |                | - · · · · · · · · · · · · · · · · · · · |         |           |                          |   |           |             |
| ž              | FOUND                     | ☐ BOAT           |                 |               |            |                  |                  | YEAR OF    | EXPIRATION     | YEAR                                    |         | MAK       | E                        | TYPE                                    |           |             |
| 9              | ☐ TOWED                   | LICENSE PL       | ATE             |               |            | MODEL            |                  |            | STYLE          |   | COLOR   |           | BRAND                    | NAME                                    | CA        | LIBER       |
| VEH /GUN/ ETC  | ☐ SUSPECT                 | _                | B/BONDS, STOCKS |               |            | NIC NO.          |                  | DEN        | OMINATION      |   | ISSUER  | -         |                          | SECURITIE                               | S DATE    |             |
| >              |                           |                  | BONDS, STOCKS   | MISCELLA      | NEOUS      |                  |                  |            |                |   |         |           |                          |   |           |             |
| _              | ☐ VICTIM                  | ARTICLE          | γ               | L             |            |                  |                  |            |                |   |         |           |                          |   |           |             |
| ř.             | TYPE (GROUP)              |                  |                 |               |            |                  |                  |            |                |   |         |           |                          | то                                      | TAL VALUE | ē           |
| YES            | DAMAGED                   |                  | <del> </del>    |               |            |                  |                  |            |                |   |         |           |                          |   |           |             |
| PROPERTY EST   | BURNED                    |                  | <del> </del>    |               |            |                  |                  |            | -              |   |         |           |                          |   |           |             |
| ROP            | RECOVERED                 |                  |                 |               |            |                  | *                |            |                |   |         |           |                          |   |           |             |
| _              | SEIZED                    |                  |                 |               |            |                  |                  |            |                |   |         |           | $\neg +$                 |   |           |             |
| IVE            | SUBJECT IDENTIF           |                  | SUBJECT LO      | DCATED        |            | □ ACTI           |                  | CLOSED     |                | ARRESTED L                              |         |           | No.                      | EX-CLEAR                                |           | 1           |
| RAI            | REASON FOR EXCEPTION      |                  |                 |               | NO PROS    |                  | 3. EXTRADIT      | ON DENIE   |                | VICTIM DECLINE                          |         |           |                          | EX-CLEAR                                |           |             |
| IST            | REPORTING OFFICER(S       | )                |                 |               | DATE       | UNIT<br>NUMBER   |                  |            | APPROVIN       | /_/_                                    |         | - NON     |                          | ATE                                     | T U       | INIT        |
| ADMINISTRATIVE | L.A Cook II               |                  |                 | 07/0          | 4/05       | 211              | Sgt. Scha        |            |                | 8                                       |         |           | 07/04/0                  |   | 169       | MBER        |
| AD             |                           |                  |                 |               |            |                  | FOLLOW-          |            | YES NO         | OFFICER                                 |         |           |                          |   | 1         | $\neg \neg$ |

| Δ.            | N:<br>I.I SENCY                           |             | I AUG        | USTA         | DEF          | PART        | MENT   | OF P        | UBL               | IC SAF        | ETY          |         |          | CAS       | NUME    | BER        |                         |                 | INQ.              | ENTE                              |
|---------------|---|-------------|--------------|--------------|--------------|-------------|--|-------------|-------------------|---------------|--------------|---------|----------|-----------|---------|------------|-------------------------|-----------------|-------------------|-----------------------------------|
|               | 0020300                                   |             | <u> </u>     | INC          | IDEN         | T REPO      | ORT  |             |                   |               |              | 2 (     | 0 1 0 1  | - 1 -     | 101     | 1 1 5 1    | 4   6                   | i               |                   |                                   |
|               |   |             |              |              | INCIDE       | NT TYPE     |  |             |                   |               | СОМР         | LETED   | FORCE    | ENTRY     | Р       | REMISE T   | YPE                     | UNITS<br>ENTERI | 1                 | E VICTI                           |
|               | 1. Disor                                  | derly (     | Conduct      | x 2          |              |             |  |             |                   |               | <b>⊠</b> YES | □ NO    | □YES     | ⊠ мо      | Busi    | ness       |                         | N/A             |                   | sinesa<br>ancial insi<br>vernment |
|               | 2.  |             |              |              |              |             |  |             |                   |               | □YES         | □NO     | □YES     | □ №       |         |            |                         |                 | Reli              | lig Örgn<br>/Public               |
| L             | 3.  |             |              |              |              |             |  |             |                   |               | □YES         | □ио     | ☐ YES    | □ №       |         | 1.00.00    |                         |                 | Unk               | cnown                             |
| EVENT         |   |             | 200          | Triang       |              |             | FORTH AU   |             | S C               |               |              |         |          |           |         | ZIP C      |                         |                 | WEAPON            |                                   |
| Ē             | INCIDENT                                  |             |              | CLOCK        | TO TO        |             | ATE ATE  |             | CLOCK             | DISP DA       | TE I         | DISP.   | ATCH DAT | E/TIME 24 | HR. CLO |            | EPART TIM               |                 | N/A               |                                   |
|               | 7/4/                                      |             |              | 343          |              |             |  |             |                   | 7/4/0         |              | 234     |          |           | 343     | , , ,      | 0046                    | =               | 700               | 13                                |
|               | Cook II,                                  |             | LAST, FIRST, | , MIDDLE)    |              |             | # 1  | ELATIONS    | HIP TO SUE        | # 3           | RESIDEN      |         |          | AGE       |         | 50         | AYTIME PHO              | н               |                   | G PHONE                           |
|               | ADDRESS                                   | L.A         |              |              |              |             | Non  | ie          |                   | CITY          | J            | W       | M        | 22        | TATE    |            | 279 21                  | 21 W            | LOCATION          | N NO.                             |
|               | 400 East                                  |             |              |              |              |             |  | RELATIONS   | HIB TO BU         |               | lorth A      |         |          |           | C       |            | 841                     |                 | 100               |                                   |
|               | City Of 1                                 |             |              |              |              |             | *1<br>Non  | # 2         | HIP .O SU         | #3            | J            | NT RAC  | E SEX    | AGE       |         |            | 279 21                  |                 | EVENING           | PHONE                             |
| ١.            | HEIGHT W                                  | EIGHT       | HAIR         | EYES         | FACIAL       | HAIR, SCA   | RS, TATTOOS.   | GLASSES,    | CLOTHING.         | PHYSICAL PECI | JLIARITIE    | S, ETC. | 11       |           |         | 11         |                         |                 |                   |                                   |
| NO M          | ADDRESS                                   |             |              |              | 1            |             |  |             |                   | CITY          |              |         |          | ST        | ATE     | ZIP (      | CODE                    |                 | LOCATION          | N NO.                             |
| VICTIM        | 400 East                                  |             |              |              |              |             |  |             |                   | North A       | ugusta       | ı       |          | S         | С       | 29         | 841                     |                 | 100               | 3                                 |
| >             | VISIBLE INJUR                             |             |              |              | EXPLAIN:     |             | DRUGS []   | YES 🔀 NO    | □ unk             | TYPE:         |              |         |          |           | COMPL   | AINT OF AN | NY NON-VIS              | BIBLE INJU      | IRIES DY          | •• 🗷 NO                           |
|               | TWO-MAN VEH                               |             | ONE-MAN      |              | TECTIVE/S    | SPL ASMT.   | OTHER  |             | NE []             | ASSISTED [    |              |         | Jurisdi  |           | State   | o Out o    | of State                | u Uı            | nknown            | -                                 |
| -             | SUSPECT                                   | ,-,-        | - ,,,        |              |              |             |  |             |                   | B             |              | 46      | ET       | 7         | DATE OF | BIRTH      | 5-03                    |                 |                   | BR                                |
| Š.            | WANTED                                    | FACIAL HA   | AIR, SCARS,  | TATTOOS, GLA | SSES CL      | OTHING, PH  | YSICAL PECUL   | IARITIES, E | TC.               |               | 1 212        |         |          | 1         |         |            | 1 3-03                  | 240             | BLK               | 0                                 |
| ECT           | WARRANT                                   | ADDRESS     |              |              |              |             |  |             |                   | CITY          | ,            |         |          | STAT      | E       | ZIP C      | ODE                     |                 | LOCATION          | N NO                              |
| SUBJECT       | ARREST     JAIL                           |             |              |              |              |             |  |             |                   |               |              |         |          |           |         |            |                         |                 | 999               |                                   |
| S             | SUMMONS                                   |             |              | NG ALCOHOL   |              | <b>1</b> 00 | Control of the Contro | ESTED NEA   |                   | E SCENE XY    | s 🗆 NO       |         |          | 7/04/0    |         |            | 1                       |                 | E OF ARRES        |                                   |
|               | While or                                  | 1 patro     | ol this c    | officer v    | vas a        | dvised      | of a ph  | ysical      | altero            | ation at      | the al       | oove    | listed   | incid     | ent le  | ocation    | a. Un                   | on an           | 05 235<br>rival o | ffice                             |
| 9             | observed                                  | l the t     | wo list      | ed subj      | ect fi       | ghting      | in the   | parkin      | g lot             | of the ir     | cider        | it loc  | ation.   | Unc       | n sn    | eaking     | to h                    | oth er          | phiects           | c the                             |
| 1             | advised of                                | officer     | s that t     | he alter     | cation       | 1 was       | over a d   | lisagre     | emen              | t about v     | vhere        | subje   | ct #2    | was       | going   | g to sta   | ay on                   | the in          | cident            | date                              |
|               | During the                                | with t      | heir ha      | inds har     | denf         | fed be      | hind the   | ise pro     | lanity            | towards       | s each       | othe    | r. At    | this t    | ime     | both si    | ubject                  | s wer           | e taker           | n into                            |
| <b>U</b>      | custody,<br>NADPS                         | in veh      | icle 11      | 0, and       | subie        | ct #2       | was tran   | sporte      | ed in v           | vehicle 1     | 12 h         | oth v   | ehicle   | arche     | d. S    | ubject     | #1 w                    | as tra          | nsport            | ted to                            |
| KATI          | NADPS<br>transport<br>conduct.<br>from NA | , no c      | ontrab       | and wa       | s loc        | ated o      | n either   | searc       | h. S              | ubject #      | 1 wa         | s issu  | ied ti   | cket 1    | numl    | per 67     | 756 T                   | o, an           | disor             | er the                            |
| ARF           | conduct.                                  | Subje       | ect #2       | was issu     | ied ti       | cket n      | umber 6  | 57756       | DI fo             | r disorde     | rly co       | onduc   | t. Bo    | oth su    | bject   | ts were    | e book                  | ced, a          | nd rel            | eased                             |
| Z             | from NA                                   | DPS.        |              |              |              |             |  |             |                   |               |              |         |          |           |         |            |                         |                 |                   |                                   |
| -             |   |             |              |              |              |             |  |             |                   |               |              |         |          |           |         |            |                         |                 |                   |                                   |
| -             |   |             |              |              |              |             |  |             |                   |               |              |         |          |           |         |            |                         |                 |                   |                                   |
| T             |   |             |              |              |              |             |  |             |                   |               | RISDICTIO    |         |          |           |         | JUR        | RISDICTION<br>V ENFORCE | OF RECO         | VERY              |                                   |
| +             | TVDE (OROUG)                              |             |              |              |              |             |  |             |                   |               |              |         |          |           |         | CAI        | VENFORGE                | MENT AG         | ENCY              |                                   |
|               | TYPE (GROUP) STOLEN                       |             |              |              |              |             |  |             | 1                 |               | +            |         |          | _         |         | -          |                         | тот             | AL VALUE          |                                   |
| \<br> -<br> - | DAMAGED                                   |             |              |              |              |             |  |             |                   |               |              |         |          |           |         |            |                         |                 |                   |                                   |
| 누             | RECOVERED                                 |             |              | -            |              |             |  |             | -                 |               |              |         |          |           |         |            |                         |                 |                   |                                   |
|               | SEIZED                                    | T IDENTIFIE | ED.          |              | 8/10:-       |             |  |             |                   |               |              |         |          | -         |         |            | -                       |                 |                   |                                   |
| 1             | <b>⊠</b> YES                              | N           | 0            |              | <b>⊠</b> YES | T LOCATED   |  |             | ACTIVE<br>UNFOUND | ADM. CLC      | SED          |         |          | UNDER     |         |            |                         | CLEAR UN        | IDER 18           |                                   |
|               | REASON FOR E                              |             | AL CLEARAN   | ICE 1. OFF   | ENDER D      | EATH        | 2. NO PROS   | ECUTION.    |                   | . EXTRADITIO  | ON DENIE     |         |          |           |         | S COOPER   | IATION                  | 5 🗌 JUVI        | ENILE-NO C        | USTODY                            |
| Ž L           | .A Cook                                   | II ·        |              |              |              | 7           | /4/05  | 21:         |                   | . Schafer     | AFE          | *       | Y IVER   |           |         |            | 7/4/0                   |                 | 16                | NIT<br>MBER                       |
| AU            |   |             |              |              |              |             |  |             | FOLL              | OW-UP         | ES N         | 0       | OFF      | CER       |         |            | 11-11                   |                 | 100               | ,,                                |
|               |   | 1981        |              |              |              |             |  |             |                   |               |              |         | -        |           |         |            | vao                     | 1               | of                |                                   |



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.

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

# Richmond County Sheriff's Office

RONALD STRENGTH SHERIFF

#### APPLICANT SCREENING BOARD REVIEW SHEET

| DATE: | 0-58-10 | 2 |
|-------|---------|---|
|       |         |   |

APPLICANT: Lucas Grant

| BOARD MEMBERS:       | 1   | IN<br>NDANCE |
|----------------------|-----|--------------|
|                      | YES | NO           |
| MAJ. RICHARD WEAVER  | 1   |              |
| MAJ. W. E. JOHNSON   | 1   |              |
| CAPT. GERALD METZLER | 1   |              |
|                      |     |              |
|                      |     |              |

|     | TINUE<br>CESS |         |
|-----|---------------|---------|
| YES | NO            | INITIAL |
| V   |               | IN EN   |
| /   |               | B. G.M. |
|     |               |         |

| EMARKS: |   |     |   |                                       |      |
|---------|---|-----|---|---------------------------------------|------|
|         |   |     |   |                                       |      |
|         |   |     |   |                                       |      |
|         |   |     |   |                                       |      |
|         |   |     | *************************************** |                                       |      |
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|         | - | ··· |   |                                       | <br> |
|         |   |     |   |                                       |      |
|         |   |     |   |                                       |      |
|         |   |     |   | · · · · · · · · · · · · · · · · · · · | <br> |



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

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

# ond 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 an/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 w contain an original Signature. | vill be valid as an original there | reof, even though the said photocopy does   | no                  |
|---|------------------------------------|---|---------------------|
| I have read and fully understand the                              | contents of this authorization f   | for release of information.   |                     |
| S. Glant  | 10-11-10                           | Lucas Grant   |                     |
| (SIGNATURE OF APPLICANT)  | (DATE)                             | (PRINT NAME OF APPLICAN)  | $\overline{\Gamma}$ |
|   | gements. Also known to me to b     | me, the undersigned authority duly authorize<br>be the person described in and who executed<br>l. |                     |
| WITNESS BY HAND THIS 114  | DAY OF October                     | 20 <u></u> 0.   |                     |
| Susan A. Epp  |                                    |   |                     |
| (NIOT A DV DI IDI IC)   |                                    |   |                     |

Law E...orcement 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

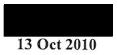
Questionnaire was completed by Joseph F. Mullins, CEO.

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

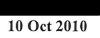


Mr. McDaniel stated he has known the applicant for three or four years, worked with him at Chem Dry for about two years, last saw him mid September, 2010, and they are friends.

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



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 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

# Chem Dry

Of Augusta/ Lake Oconee

#### **FAX TRANSMITTAL FORM**

Attn: Major E. J. WilhelmFrom: Scra Company:

Phone:

Fax:

Number of Pages: 4

Date:

10/14/60

Message:



# Kilmond County Sherifi'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    | ~         | 0/         |         |            |
| Writing Skills            |           |            |         |            |
| Oral Communication Skills |           |            |         |            |

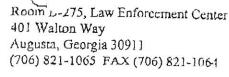
| Ally addit | Jonai Commi | ichis abbut nic e | toovo topass. |      |  |
|------------|-------------|-------------------|---------------|------|--|
|            |             |                   |               |      |  |
|            |             |                   |               | <br> |  |
|            |             |                   |               |      |  |

| RE: Lucas F. Grant (Chad,   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. Verification of employment dates: From 7-06 To 9/10.   |  |  |  |  |  |
| 2. Job Tille: Cust. Sew. Man.   |  |  |  |  |  |
| 3. Specific Duties: Sales (Eading 5 training technicians  |  |  |  |  |  |
| 3. Specific Duties: Sales (Fading Ftraining technicians, inventory, superviving, 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:  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| 7. Are there any circumstances to your knowledge that would make it inadvisable to employ this  |  |  |  |  |  |
| applicant? If so, please explain? NO  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| 8. Joseph AMulle CEO 10-11-10   |  |  |  |  |  |
| (Signature of Rater) (Job Title) (Date)   |  |  |  |  |  |
| Print Name: Joesph F. Mulins  |  |  |  |  |  |
| Thank you for your assistance.  Please return this form by fact to 706-821-1064.  If there are any questions, please contact Major E. J. Wilhelm, Administration, 706-821-1432. |  |  |  |  |  |
| Page 2 of 2   |  |  |  |  |  |

TOTAL P. 04

HERIP

My Commission Expires March 26, 2013





RELEASE OF INFORMATION WATVER

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 an/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 v contain an original Signature.                  | vill be valid as an original the | reof, even though the  | said photocopy does not                                  |
|--|----------------------------------|------------------------|--|
| I have read and fully understand the   | contents of this authorization   | for release of informa | ation.   |
| D. Dreat   | 10-11-10                         |                        | Grant  |
| (SIGNATURE OF APPLICANT)   | (DATE)                           | (PRINT NA              | ME OF APPLICANT)   |
| Lucas Grant administer oaths and take acknowled foregoing application for employme | lgements. Also known to me to    | be the person describe | nthority duly authorized to<br>d in and who executed the |
| WITNESS BY HAND THIS 11"  SUSAN A. EPPA  | DAY OF October                   | 20 <u>60</u> .         |  |
| (NOTARY PUBLIC)  | - Andrew Manuary                 |                        |  |
| Money Public, Richmond County, Georgia   |                                  |                        |  |

#### **Application Process I**

| Last Name  |   | First Name | Middle Nam  | е       | Suf |
|--|---|------------|-------------|---------|-----|
| Grant  |   | Lucas      | F.          |         |     |
|  |   |            |             |         |     |
| SS#  |   | DL#        | DC          | DB:     | _   |
|  |   | DL#        |             |         |     |
| to the second se |   |            |             |         |     |
|  |   |            |             |         |     |
| New World:   | No Record   |            |             |         |     |
|  |   |            |             |         |     |
|  |   |            |             |         |     |
| Historical   |   |            |             |         |     |
|  |   |            |             |         |     |
|  |   |            |             |         |     |
| MNI:   | No Record   |            |             |         |     |
|  |   |            |             |         |     |
|  |   |            |             | A13394  |     |
| NCIC/GCIC/III  | 07/05/05 Publc Disorderly Conduct (convicted)   |            |             |         |     |
|  |   |            |             |         |     |
|  |   |            |             |         |     |
| Driver History   | GA DL STATUS VALID - 07/01/09 Seatbelt violation; 12/03/08 Speedingl; 03/06/09 Suspension/Failure to Appear, Reinstated 07/07/09; 12/03/08 Citation/Failure to Appear |            |             | 3/06/09 |     |
|  | DL STATUS CLEAR - See printout for driver history   |            |             |         |     |
|  |   |            | <del></del> |         |     |



Law Enforcement Center 401 Walton Way Augusta, Georgia 30911 (706) 821-1065 FAX (706) 821-1064 www.augustaga.gov

amond 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.

| Sheriff's Office to be a participant in the deter  | rmination process of my employment suitability.  |
|--|--|
| It so, explain: 17 Is under state  ago nothing serious to  Department for a hip  In what states have you posses  State: Georgia Fr  State: South Carolina Fr | for ANY criminal or traffic charge? yes ending with my fether about wyrs of was taken to North Augusta Police cessed a Driver's License in the past 10 years? To Present om 1998 To 2007 To To |
| Have you ever served in the MBranch:FromTo   | y Driver's License? Yes No   |
| SIGNATURE OF APPLICANT   | SWAN A Eppn-<br>NOTARY PUBLIC  |
| LICAS GROST<br>PRINT NAME OF APPLICANT   | <u>Lo -19-10</u><br>DATE   |
| 0-19-10<br>DATE  | Michary Public, Richmond County, Georgia<br>My Commission Expires March 25, 2013   |
| DATE OF BIRTH  |  |
| SOCIAL SECURITY NUMBER   |  |