

Employment Record

Name	Empl	Computer #	Date of Hire	Transferred/Rehired		
Sanchez Jr., Gerardo	21282	D094	10/01/22			
Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
10/01/2022	Jailer	SPR82U045	5034	\$40,699.66	12	Hire date

**RICHMOND COUNTY SHERIFF'S OFFICE UNIFORMED SERVICES
EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA) POLICY**

The Richmond County Sheriff's Office offers employment equally to all qualified individuals and does not discriminate against any person based upon prior, current, or future military obligations with any branch of the United States Armed Services. Federal Law prohibits any such discrimination. The Uniformed Services Employment and Reemployment Rights Act (USERRA) provides protection to the uniformed services which are the Army, Marine Corps, Air Force, Coast Guard, and the commissioned corps of the Public Health Service. This includes the Reserve components of these services and the Army National Guard and Air National Guard, as well as any other category of persons designated by the President in time of war or emergency.

The purpose of the Uniformed Services Employment and Reemployment Rights Act (USERRA) is: to encourage non-career service in the uniformed services by eliminating or minimizing the disadvantages to civilian careers and employment which can result from such service; to minimize the disruption to the lives of persons performing service in the uniformed services as well as to their employers, their fellow employees, and their communities, by providing for the prompt reemployment of such persons upon their completion of such service; and to prohibit discrimination against persons because of their service in the uniformed services.

It is the Policy of the Richmond County Sheriff's Office to fulfill its obligations pursuant to the mandates of USERRA. The Richmond County Sheriff's Office actively encourages its employees to communicate to Command Staff regarding any issues related to their employment and military commitment. USERRA generally requires U.S. employers regardless of size or location of operation, which would include the Richmond County Sheriff's Office, as well as foreign employers operating in the United States or its territories, to reemploy eligible veterans returning to their civilian employment after a period of service in the uniformed services. It requires employers, such as the Richmond County Sheriff's Office, with certain exceptions, to provide training to restore seniority, status, pay, pensions, and other benefits that would have accrued but for the employee's absence due to military service.

The Policy outlined in this document are in addition to and complementary with the policies outlined in the City of Augusta, Georgia's Policy and Procedure Manual pages 23-26 as well as those outlined in the Richmond County Sheriff's Office Policy and Procedure Manual 3.4-1 Leave Program and is appended thereto. Both the City of Augusta, Georgia's Policy and Procedure Manual pages 23-26 and the Richmond County Sheriff's Office Policy and Procedure Manual' information relating to USERRA are incorporated herein by reference.

All employees of the Richmond County Sheriff's Office who are absent from their employment with the Richmond County Sheriff's Office because of military service shall be deemed to be on furlough or leave of absence while performing military service. . The RCSO may request your provide military leave orders for any military leave that exceeds 30 day. Some of our employees will perform inactive duty training in the National Guard or Reserve. Such inactive duty training is normally but not always performed on weekends. Those National Guard

and Reserve members will also perform annual training and/or specialized training in their Reserve components. National Guard and Reserve service is no longer limited to "one weekend per month and two weeks per year." Many National Guard and Reserve members now perform training that is much more frequent, and lengthy.

USERRA is not limited to the National Guard and Reserve. An employee who leaves employment with the Richmond County Sheriff's Office for service in the regular military also can have rights under USERRA. The law also protects an employee who takes a day or two off from work for the purpose of an examination to determine fitness to join any branch of the service. After completion of such an examination, regardless of the outcome, the employee is entitled to reemployment under USERRA.

Section 4311(a) of USERRA provides as follows:

A person who is a member of, applies to be a member of, performs, has performed, applies to perform, or has an obligation to perform service in a uniformed service shall not be denied initial employment, reemployment, retention in employment, promotion, or any benefit of employment by an employer on the basis of that membership, application for membership, performance of service, application for service, or obligation.

The Richmond County Sheriff's Office will not adversely consider military status or service (including but not limited to an application or obligation to perform military service) when making hiring, promotion, or firing decisions, or in determining eligibility to any benefit of employment.

Pursuant to the Richmond County Sheriff's Office Military Leave Policy, the employees' Division Commander shall be the agency point of contact with the employee. If a Division Commander is the deployed employee, then the Chief Deputy shall serve as the agency point of contact. The Human Resources Director for the City of Augusta shall serve as the Human Resources point of contact for all deployed employees, regardless of rank or assignment and issues concerning USERRA.

The specific wording of the employee's notice of military service or obligations is not important, so long as the employee conveys the information that he or she is leaving the employment at the Richmond County Sheriff's Office for the purpose of service. The use of a word like "resign" does not defeat the employee's right to reemployment, so long as the employee has informed the Richmond County Sheriff's Office that military service is the reason for the resignation.

The Richmond County Sheriff's Office strives to encourage and support our men and women who serve in the Armed Forces. Should you have any questions regarding USERRA, please do not hesitate to contact the Augusta, Georgia Human Resources Department or the Staff Command of the Richmond County Sheriff's Office.

Policy Title:	3.4 Benefits		
Policy Number:	3.4-1	Effective Date:	March 10, 2014
Sub Title:	Leave Program	Revised Date:	August 12, 2016
GPAC:		CALEA:	22.2.1

3.4-1 Leave Program

Administrative Leave - Leave with pay due to an extended absence, pending the outcome of an administrative review or other investigation, or at the discretion of the Sheriff.

Leave Without Pay (L.W.O.P.) - A division commander may grant one work day of leave without pay. Requests for leave without pay that exceed one work day must be submitted through the chain of command to the Sheriff, for approval. All leaves of absence are required to adhere to the following practices:

1. Leave without pay will be granted only when it will not adversely affect the interest and effective operations of the RCSO.
2. Failure of an employee to return to work at the expiration of the approved leave will be considered as absence without leave and may be grounds for termination.
3. No Vacation Leave will be earned by an employee for the time that the employee is on leave without pay.

Military Leave/Deployment - Pursuant to all applicable federal and state laws, employees who have required military training obligations will be allowed up to 18 days (generally 8 hour days) of military leave with pay. Employees that have required military training obligations that exceed the allotted may use vacation leave or adjust their schedule so that their position is filled during their absence. If an employee is deployed for an extended period of time, he/she may opt to cancel their medical coverage with the county until their return to duty. Within 30 days of returning to duty, the employee must schedule a meeting with the county human resources division to reinstate medical coverage. Employees on military leave and deployment are considered to be on a leave of absence, during which time they are not subject to recall or eligible for secondary employment.

Procedures –

1. Employees on military leave for **thirty (30) calendar days or less** are allowed to maintain department issued equipment at their place of residence, with exception to department owned vehicles which will be parked at the Richmond County Sheriff's Office Sub-station. The employee shall follow departmental policy regarding the securement of department issued equipment.

2. Employees on military leave for **thirty-one (31) calendar days or more** shall surrender their Richmond County Sheriff's Office Identification Card, Badge(s), clothing (e.g., hat, coat, shirt, body armor, rain jacket, traffic vest, etc.), Departmental Weapon(s) (e.g., rifle(s), shotgun(s), handgun(s), other firearms, chemical spray, impact weapon, etc.), Departmental Vehicle and key(s) to the person(s) tasked with receiving said equipment at the direction of the employees Division Commander.

3. Supervisors of employees departing on military leave for **thirty-one (31) calendar days or more** shall ensure this policy is followed and have the item(s) return to take place on the last working day the employee has prior to leaving on military leave.

4. The employees' Division Commander shall be the agency point of contact with the employee. If a Division Commander is the deployed employee, then the Chief shall serve as the agency point of contact.

5. The Human Resources Director for the City of Augusta shall serve as the Human Resources point of contact for all deployed employees, regardless of rank or assignment.

6. All deployed employees shall complete and exit interview with the Chief, or their designee, prior to deployment.

7. All agency owned equipment that is returned by employees who are deployed for periods of 31 calendar days or more shall be stored in the Department Armory (weapons) and the Department Quartermaster Supply Room (Taser, Impact Weapons, Chemical Agents, Duty Gear, Uniforms and accessories, badges handcuffs, hats radio etc.)

8. When returning to duty after a deployment consisting of 31 calendar days or more, the employee shall complete an interview with the Chief, or their designee, prior to returning to duty.

9. Initial and/or refresher training shall be provided to all employees who have returned from a deployment consisting of **91 calendar days or more**.

10. With the technology now available, communications with all points of contact and the deployed employee shall be maintained routinely throughout their deployment via email, voice mail, phone, text, etc. This will facilitate the ease of transition and reintegration of the employee back to their official capacity with Richmond County Sheriff's Office.

Reintegration of Department Personnel

1. 30 Calendar Days or Less – Employees shall advise their supervisor as soon as possible of their date of return. Supervisor's should schedule the employee to report to work no later than the first workday on their next regularly scheduled shift, after termination of his/her service as indicated on the Military Orders and after allowance for safe travel home from the military duty location and an eight (8) hour rest period per USERRA 38 U.S.C. 4312 (e); unless on other approved leave.

2. 31 Calendar Days or More – Employees shall advise their supervisor as soon as possible of their date of return. Supervisor's should schedule the employee to report to work no later than the first workday on their next regularly scheduled shift, after termination of his/her service as indicated on the Military Orders and after allowance for safe travel home from the military duty location and an eight (8) hour rest period per USERRA 38 U.S.C. 4312 (e); unless on other approved leave.

The employee shall complete an interview with the Chief, or their designee, prior to returning to duty. At this time arrangements will be made for the equipment/items to be reissued to the employee via the employee's Division Commander or their designee.

3. 91 Calendar Days or More - Employees returning from ninety-one (91) days or more military leave will be reemployed in accordance with USERRA 38 U.S.C 4312. Employees shall advise their supervisor as soon as possible of their date of return.

a. Employees shall, at a minimum, receive the following training prior to returning to duty:

i. Use of Force to include Use of Deadly Force;

ii. Defensive Tactics/Recertification on all issued weapons (Taser, Chemical Agents, impact Weapons, etc.)

- iii. Legal Update;
- iv. Policy Changes/Updates
- v. Firearms Qualification

vi. Any additional training as determined by the Chief, The Department Training Coordinator, and meet the 20 hour In Service P.O.S.T. requirements

b. If any certifications have expired during the employees' deployment then the employee shall attend a basic certification course prior to return to full duty.

4. Allotted Hours – each employee of Richmond County to include Sheriff's Office employees, are allotted 144 hrs. a year paid Military Leave.

The 144 hrs. a year will be computed using the federal fiscal year, October 1st thru September 31st.

An employee, once he/she has used up their 144 hrs. may at their discretion use vacation or sick time. A letter from the employee stating either vacation and/or sick is to be used must be forwarded to the employee's supervisor and to the Personnel Office. If the employee elects to use this time the supervisor will send the Personnel Office the day or days the employee is using. The Personnel Office will enter time in the ADP system on scheduled work days after the employee has exhausted 144 hrs. and the employee is still out due to military service.

Each employee is responsible for keeping up with paid hours used on Military Leave. When 144 hrs. of Military Leave is exhausted and the Personnel Office has no notification from the employee that he/she wishes to use vacation/sick time, no entry will be made.

**ACKNOWLEDGEMENT OF RECEIPT OF THE RICHMOND COUNTY SHERIFF'S
OFFICE UNIFORMED SERVICES AND REEMPLOYMENT RIGHTS ACT OF 1994
("USERRA") POLICY**

1. The Undersigned Acknowledges that she/he is an Employee of the Richmond County Sheriff's Office
2. The Undersigned Employee Acknowledges that she/he has received a copy of the Richmond County Sheriff's Office Uniformed Services and Reemployment Rights Act of 1994 ("USERRA") Policy.
3. The Undersigned Employee Acknowledges that she/he has read the Richmond County Sheriff's Office USERRA Policy.
4. The Undersigned Employee Acknowledges that she/he has read the Richmond County Sheriff's Office USERRA Policy and understands the information in the Policy or that they have the right to speak with a Representative of the Richmond County Sheriff's Office should they have questions about the policy.
5. The Undersigned Employee Acknowledges that by signing this document they Acknowledge that they have received the Richmond County Sheriff's Office "USERRA" Policy and that a copy of this Acknowledgment will be placed in their personnel file with the Richmond County Sheriff's Office.

I have this 20th of September 2022, received a copy of the Richmond County Sheriff's Office "USERRA" Policy.



Signature
Richmond County Sheriff's Office Employee

Gerardo Sanchez
Printed Name

MANDATED AND FORMALIZED TRAINING AGREEMENT

(Revised 11/2016)

A. Definitions

- I. The individual whose name is printed below as the Employee in the “Attestation” section shall be hereinafter referred to as the “Employee.”
- II. The Richmond County Sheriff’s Office shall be hereinafter referred to as the “Sheriff’s Office.”
- III. “Formalized training” is defined to include any and all courses other than in-service training.
- IV. The total costs of training to include salary paid during training, tuition, and any and all other reasonable expenses shall be hereinafter referred to as “total costs.”

B. Agreement

- I. Pursuant to O.C.G.A. § 35-8-22, any agency that hires a peace officer employed by the Sheriff’s Office shall be responsible to reimburse the Sheriff’s Office for all costs according to the following schedule:
 - a. If the agency hires the peace officer within 15 months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or any other formalized training courses, the hiring agency shall be responsible for reimbursing 100% of all costs as outlined in section A.IV. above.
 - b. If the agency hires the peace officer during a period of 15 to 24 months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or any other formalized training courses, the hiring agency shall be responsible for reimbursing 50% of all costs as outlined in section A.IV. above.
 - c. The Sheriff’s Office, Augusta-Richmond County, and/or the State of Georgia shall submit an itemized, sworn statement to the hiring agency and, demand payment thereof, and enforce collection of such obligation through all available civil remedies and procedures.
- II. If the Sheriff’s Office cannot recover from the hiring agency or the employee leaves employment without being hired by another agency, the employee shall be responsible to reimburse the Sheriff’s Office for all costs according to the following schedule:
 - a. If the employee leaves employment, not including termination within 15 months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or any other


formalized training courses, the employee shall be responsible for reimbursing 100% of all costs as outlined in section A.IV.

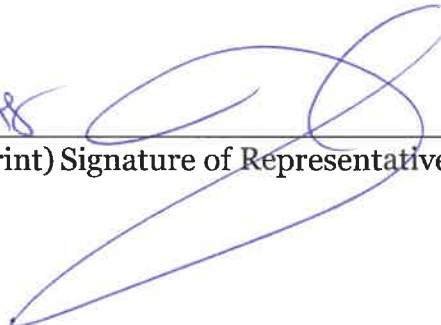
- b. If the employee leaves employment, not including termination, from 15 to 24 months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or any other formalized training courses, the employee shall be responsible for reimbursing 50% of all costs as outlined in section A.IV.
- c. The Sheriff's Office, Augusta-Richmond County, and/or the State of Georgia shall submit an itemized, sworn statement to the employee, demand payment thereof, and enforce collection of such obligation through all available civil remedies and procedures.

III. The provisions of this agreement may be waived by the Sheriff in writing due to mitigating circumstances which would make enforcement of this agreement unreasonable.

C. Attestation

This agreement is entered into freely and voluntarily, and I am fully aware of all obligations contained within this agreement.

Gerardo Sanchez Jr.  20 Sep 22
Employee Name (Please Print) Signature of Employee Date

Deanna Carreras  9-20-22
Agency Representative (Please Print) Signature of Representative Date

EMPLOYEE INFORMATION SHEET:

Name: Gerardo Sanchez Jr.

Address: [REDACTED]

Phone: [REDACTED]

SSN: [REDACTED]

Hire Date: 10/01/22

Orientation: Monday, October 3, 2022 @ 8:45am (See Orientation sheet for Location)

Date to Report: Tuesday, October 4, 2022 @ 8:00am (at the Range 2098 Greenland Rd. Blythe, Ga. 30805 See Cpl. Trapp) **The dress is Business Casual (slacks and a polo shirt)**

GCIC Training Thursday, October 6, 2022 @ 8:30am – 5:00pm @ Information Technology
535 Telfair St. Suite 2000 Augusta, Ga. 30901

Jail Training Monday, October 10, 2022 @ 8:00am (at the Range 2098 Greenland Rd. Blythe, Ga. 30805 See Cpl. Trapp/ Lt. Thomas) **The dress is your Uniform**

Assigned Shift: "D" 5:35pm – 6:15am

Supervisor: Sgt. Mitchell / Sgt. Geeting

Salary (bi-weekly): \$ 1,565.37 **Salary (annual):** \$ 40,699.66

First Check: 10/21/22 Your 1st check is a paper check which you will pick up at Jail Admin on 10/21/22

Computer #: D094

P.O.S.T. PAPERWORK – Susan Epps (706-821-1120)

FINGERPRINTS & PHOTO Jail Administration
Charles B. Webster Detention Center, 1941 Phinzy Road 706-821-1101 Go to the Glass door to the RIGHT of the Flag Pole/ Let the Deputy know that you are a New Hire

UNIFORMS Ttreon Bush (Quartermaster)
706-821-1703

SWEARING-IN Wednesday, September 28, 2022 @ 9:00am **Be there by 8:30am**
Judge Harry B. James, III
Probate Court
Augusta Judicial Center
735 James Brown Blvd. Suite 1000
(Do not wear uniform)

2022 NEW HIRE NOTIFICATION/CONFIRMATION

TO: Employment Manager, Human Resources

DATE: 09/20/22

FROM: Sheriff
(Department Name)

5034
(Department #)

Gerardo Sanchez Jr. has been selected for consideration in the vacancy below. If hiring requirements are met, the Human Resources Department will advise as soon as possible. All new employees will attend orientation on the Monday of the new pay period. Please circle the orientation date below. (No employee will be entered on payroll or start work prior to orientation).

Job Title	Jailer 12
PCN	SPR82IJ045
Pay Class (100, 200, 300, 600)	100
Pay Grade	12
Annual Salary (15% or more above minimum of pay grade requires Commission approval letter)	\$ 40,699.66
Bi-weekly Salary	\$ 1,565.37
Hourly Rate	\$ 18.64
Allowance (example: clothing, car, etc.)	
Hours Per Day	84 hour Calendar
Pay Rule (auto deduct lunch, comp or overtime, etc.)	12hr; 30mins A/D
Name/ID of Employee Being Replaced	J. Greman / 20451

2022

JANUARY 10 24	JULY 11 25
FEBRUARY 7 21	AUGUST 8 22
MARCH 7 21	SEPTEMBER 6 19
APRIL 4 18	OCTOBER <u>3</u> 17 31
MAY 2 16 31	NOVEMBER 14 28
JUNE 13 27	DECEMBER 12



Signature of Department Director/Elected Official

09/20/22

Date

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.
- 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 Jailer Certification

Some positions may require:

- CPR and First Aid annual training.

OTHER:

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

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

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

PHYSICAL REQUIREMENTS:

Depending upon area of assignment:

Positions in this class typically require: standing, walking, running, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing, using tools and equipment that require a high degree of manual dexterity, ability to distinguish between shades of colors, and physically subdue individuals when required. Work is performed in a jail with exposure to diseases, dirt, dust, and physical confrontations.

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

Employee (Print Name) _____

Date _____

J.S. White

9.22.22

Line or Staff Management _____

Date _____

J.S. White

9.22.22

Department Director _____

Date _____

Compensation Administration Staff _____

Date _____

HR Director _____

Date _____



HUMAN RESOURCES NEW HIRE QUESTIONNAIRE FORM

S.S. #: [redacted] NAME: Sanchez Gerardo SUFX: Jr
LAST NAME FIRST NAME MIDDLE

ADDRESS: [redacted] [redacted] [redacted] [redacted]
STATE CITY STATE ZIP

DATE OF BIRTH: [redacted] HOME PHONE #: () CELL PHONE #: [redacted]

SEX: [x] MALE [] FEMALE U.S. CITIZEN: [x] YES [] NO MARITAL STATUS [] SINGLE [x] MARRIED [] DIVORCED

RACE: [] WHITE [] BLACK OR AFRICAN AMERICAN [x] HISPANIC OR LATINO [] ASIAN
[] NATIVE HAWAIIAN OR PACIFIC ISLANDER [] AMERICAN INDIAN OR ALASKAN NATIVE [] TWO OR MORE RACES

HIGHEST LEVEL OF EDUCATION COMPLETED (PLEASE CHECK ONE):

• HIGH SCHOOL: [] 9 [] 10 [] 11 [] 12 [] GED • COLLEGE: [] 1 [x] 2 [] 3 [] 4 • GRAD SCHOOL: [] 1 [] 2 [] 3 [] 4

WERE YOU PREVIOUSLY EMPLOYED BY ANY DEPARTMENT IN AUGUSTA-RICHMOND COUNTY? [] YES [x] NO

• IF YES, DATE? N/A

DO YOU HAVE ANY RELATIVES EMPLOYED WITH AUGUSTA-RICHMOND COUNTY? [] YES [x] NO

• IF YES, NAME: N/A DEPT: N/A RELATION: N/A
• NAME: DEPT: RELATION:

IN CASE OF EMERGENCY PLEASE NOTIFY:

• NAME: [redacted] Relation: spouse PHONE NUMBER: [redacted]

***SIGNATURE: [Signature] DATE: 20 Sep 22

BELOW IS FOR HUMAN RESOURCES ONLY

RE-HIRE? [] YES [] NO (IF YES, EMP ID #:) NEW EMP ID: STATUS:

HIRE DATE: BARG UNIT: CALENDAR: GENDER:

RACE: LOC (DEPT 3-DIGIT ABB): MARITAL STATUS:

PAY CLASS: PCN: TITLE: BEGIN PAY DATES:

HOURS PER DAY: DAYS PER WEEK: JOB CODE: SALARY GRADE:

ANN SALARY: \$ BI-WKLY RATE OF PAY: \$ SUPPL PAY: \$

FED TAX (S, M, X, E): #OF DEP: ADD AMT: \$

ST TAX (S, M, H, E): (IF MARRIED, [] MJ [] MS [] M) #OF DEP: ADD AMT: \$

SUBSTANCE ABUSE COVERAGE FORM

I, Gerardo Sanchez Jr., have read and understand the below Richmond County Substance Abuse Policy.

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

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

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

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

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

SIGNATURE: _____



DATE: _____

20 Sep 22

AUGUSTA-RICHMOND COUNTY
USE OF POLYGRAPH EXAMINATIONS

SECTION I: POLICY

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

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

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

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

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

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

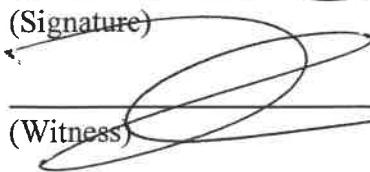
I, Gerardo Sanchez Jr. an employee of Richmond County Georgia, have read Annex B to the Richmond County Policy and Procedures Manual, USE OF POLYGRAPH EXAMINATION. I understand the contents of this annex and how it applies to me in my employment by Augusta-Richmond County.



(Signature)

20 Sep 22

(Date)



(Witness)

9-20-22

(Date)

**GEORGIA CRIME INFORMATION CENTER
AWARENESS STATEMENT**

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

O.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) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen 15 years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. §35-3-31. All databases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

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

Print Name: Gerardo Sanchez Jr.

Signed:  Date: 20 SEP 22

Witnessed:  Date: 9-20-22

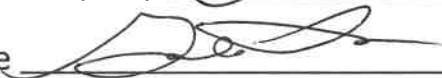
Direct Deposit Notification Form

To be signed by all new hires and rehires on or after November 15, 2011

In accordance with the Mandatory Direct Deposit policy approved by the Augusta Richmond Commission on November 15, 2011, any person hired or rehired as an employee of Augusta, Georgia on or after November 15, 2011 is required to accept all payroll related payments by direct deposit. The policy can be found on the Augusta Finance department's website.

I understand that as a condition of employment, I must comply with the policy and enroll in direct deposit on the first day of orientation. If I am unable to establish a bank account, I will provide a letter from a banking institution stating that fact. In that case, I agree to receive my payroll payments thru the debit card program administered by the institution where the Augusta payroll account resides, currently Bank of America (which may be subject to change).

Employee Name (please print) Gerardo Sanchez Jr.

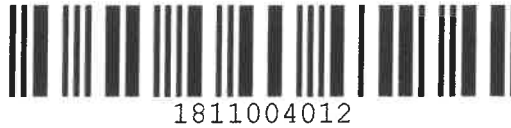
Employee Signature  Date 20 Sep 22

To be completed by Human Resources:

Employee ID number _____ Position title: _____

Department _____ Date of Hire: _____

This form to be filed in the employee's permanent file.



STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME: Gerardo Sanchez Jr.
1b. YOUR SOCIAL SECURITY NUMBER: [REDACTED]
2a. HOME ADDRESS (Number, Street, or Rural Route): [REDACTED]
2b. CITY, STATE AND ZIP CODE: [REDACTED]

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: Enter 0 or 1 []
B. Married Filing Joint, both spouses working: Enter 0 or 1 [0]
C. Married Filing Joint, one spouse working: Enter 0 or 1 or 2 []
D. Married Filing Separate: Enter 0 or 1 []
E. Head of Household: Enter 0 or 1 []

4. DEPENDENT ALLOWANCES 14

5. ADDITIONAL ALLOWANCES [] (worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES (Must be completed in order to enter an amount on step 5)

- 1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION: Yourself: [] Age 65 or over [] Blind Spouse: [] Age 65 or over [] Blind Number of boxes checked _____ x 1300.....\$ _____
2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:
A. Federal Estimated Itemized Deductions (If Itemizing Deductions).....\$ _____
B. Georgia Standard Deduction (enter one): Single/Head of Household \$4,600 Each Spouse \$3,000 \$ _____
C. Subtract Line B from Line A (If zero or less, enter zero).....\$ _____
D. Allowable Deductions to Federal Adjusted Gross Income\$ _____
E. Add the Amounts on Lines 1, 2C, and 2D\$ _____
F. Estimate of Taxable Income not Subject to Withholding\$ _____
G. Subtract Line F from Line E (if zero or less, stop here).....\$ _____
H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above\$ _____

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) B TOTAL ALLOWANCES (Total of Lines 3 - 5) 4 (Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

- a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here []
b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as provided on page 2. My state of residence is _____ My spouse's (servicemember) state of residence is _____. The states of residence must be the same to be exempt. Check here []

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature [Signature] Date 20 Sep 22

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, 1800 Century Blvd NE, Suite 8200, Atlanta, GA 30345

9. EMPLOYER'S NAME AND ADDRESS: EMPLOYER'S FEIN: _____

EMPLOYER'S WH#: _____

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2022

Step 1: Enter Personal Information	(a) First name and middle initial <u>Gerardo</u>	Last name <u>Sanchez</u>	(b) Social security number
	Address 		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	(c) <input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ <u>\$ 8,000</u> Multiply the number of other dependents by \$500 ▶ \$		
	Add the amounts above and enter the total here	3	\$ <u>8,000</u>
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here ▶ ▶ 20 SEP 22
Employee's signature (This form is not valid unless you sign it.) Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.


ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name) <i>Sanchez</i>		First Name (Given Name) <i>Gerardo</i>		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) [Redacted]			Apt. Number <i>N/A</i>	City or Town [Redacted]		State [Redacted]
Date of Birth (mm/dd/yyyy) [Redacted]		U.S. Social Security Number [Redacted]		Employee's E-mail Address [Redacted]		Employee's Telephone Number [Redacted]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space 
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>)	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR	
2. Form I-94 Admission Number: _____ OR	
3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee <i>[Signature]</i>	Today's Date (mm/dd/yyyy) <i>09/20/2022</i>
---	--

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP




Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) <i>Sanchez Jr.</i>	First Name (Given Name) <i>Gerardo</i>	M.I.	Citizenship/Immigration Status <i>Citizen</i>
-------------------------------------	---	---	------	--

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority <i>Nevada</i>		Issuing Authority
Document Number		Document Number [REDACTED]		Document Number [REDACTED]
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy) [REDACTED] <i>2029</i>		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Section 2 Do Not Write In This Space 
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): *10/03/2022* (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>[Signature]</i>		Today's Date (mm/dd/yyyy) <i>09/20/2022</i>	Title of Employer or Authorized Representative Administration Assistant	
Last Name of Employer or Authorized Representative Carreras	First Name of Employer or Authorized Representative Deanna	Employer's Business or Organization Name Richmond Co. Sheriff's Office		
Employer's Business or Organization Address (Street Number and Name) 400 Walton Way		City or Town Augusta	State GA	ZIP Code 30901

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

INTERVIEW CHECKLIST:

Name: GERARDO SANCHEZ

Date: 7/16/22

Being Tased

Comment: _____

Polygraph –Talk about the 100.00(cash) deposit- Drug Use of any kind- Living with anyone that uses drugs- taking anyone to buy drugs

Comments: _____

Drug Test during the 12month Probation Period

Comments: _____

Talk about them having contact with Inmates (they need to understand the job)

Comments: _____

Shifts (5:45am – 6:15pm or 5:45pm – 6:15am)

Comments: _____

Grooming (facial hair)/ How their hair can be worn while in uniform

Comments: _____



RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821-1000 Fax: 706.821.1064

APPLICATION SCREENING FORM

Applicant's Name: Gerardo Sanchez *SR.*

Position Applied For: Jailer

RATING TRAITS/CHARACTERISTICS

POSITIVES

- Meets Job Requirements
- Educational Level
- Physical Fitness
- Prior Experience
- Military Service (Honorable)
- Special Skills
- Related Certifications

NEGATIVES

- Typos on Application
- Large Breaks in Work History
- Minimum/Low Compass Score
- Bad Driving Record
- Criminal History

Additional Comments: *CRIMINAL HISTORY DISPOSITION NEEDED*

Recommendation (Check One Box Only):

	Member 1	Member 2	Member 3
Proceed To Interview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maybe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Further Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ranking	1	1	1

(1 -5 Scale - 5 Being the Highest)

1) *CAPT. PRECO B. WHITE* *[Signature]* *7-18-22*

2) _____ SIGNATURE _____ DATE

3) _____ SIGNATURE _____ DATE

Sheriff Richard Roundtree

Law Enforcement Center
400 Walton Way
Augusta, Georgia 30901
(706) 821-1000 FAX (706) 821-1064
www.augustaga.gov



**New Hire Physical Testing
and Qualification
Assessment**

Jail Applicant

Date: 07/18/2022

Time: 0800

Candidate: Gerardo Sanchez

Email: [REDACTED]

Phone: [REDACTED]

Weight: 175 Height: 5'08 Race: H Sex: M

Waist: 33 Length 30 Shirt Size: L Boot: 10

10:38 One Mile Run: 8:01

31 Sit-Ups: 31

26 Push-Ups: 26

Completed by: Lt. M. Thomas



RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

Polygraph Waiver

By affixing my signature below, I understand that I am submitting voluntarily to a Richmond County Sheriff's Office Sponsored polygraph examination for the purpose of employment. There is a one-hundred-dollar (\$100.00 Cash) administration fee due to the polygraph operator prior to him administering the polygraph examination. Should applicant successfully complete the polygraph examination, the administration fee will be returned, and the Richmond County Sheriff's Office will be responsible for the cost of the polygraph examination. If the applicant should fail the polygraph examination during any stage of the examination, the administration fee is forfeited to the polygraph operator.

Gerardo Sanchez Jr.

Print Name

A handwritten signature in black ink, appearing to read "Gerardo Sanchez Jr.", written over a horizontal line.

Signature

17 July 2022

Date

A handwritten signature in black ink, appearing to read "Mark Chesney", written over a horizontal line.

Witness

WAIVER AND RELEASE OF LIABILITY

I hereby acknowledge that I have voluntarily chosen to participate in pre-employment Physical Fitness Testing (hereinafter "Activity") with the Richmond County Sheriff's Office. The Activity may include sit-ups, pushups, sprinting, and other similar physical fitness tests.

I acknowledge that I am medically and physically capable of participating in the Activity. I further acknowledge that I have alerted the testing personnel of any pre-existing conditions that may adversely affect my safety during the Activity. I understand that it is my responsibility to monitor my performance and that I must cease participation and alert the testing personnel should I develop a medical problem or adverse reaction during the Activity. In the event that I should require medical care or treatment, I agree to assume all costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I understand that this Activity involves a test of my physical and mental limits and carries inherent risks including but not limited to physical or psychological injury, economic or emotional loss, and death. I further understand that these injuries may arise from my own or others' negligence, conditions related to travel to and from the Activity, or conditions at the Activity location. Nonetheless, I assume all risks of my participation in this Activity.

In consideration of my desire to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, agents, assigns, and personal representatives, release, acquit, and forever discharge the Richmond County Sheriff's Office, the Richmond County Board of Education, their representatives, employees, agents, successors, and assigns (hereinafter "Releasees") from any and all claims, demands, or actions whatsoever including but not limited to claims for damages resulting from personal injury, property damage, or death arising out of my participation in the Activity. It is expressly acknowledged and agreed that this Release covers any and all causes of action that could be brought in any potential lawsuit.

I agree to indemnify, defend, and hold harmless the Releasees against any and all claims, suits, demands, or actions of any kind whatsoever brought by me or anyone on my behalf arising out of my participation in the Activity.

In the event that any damage to equipment or facilities occurs as a result of my willful actions, neglect, or recklessness, I agree to reimburse the Releasees for any and all costs resulting from my actions.

I agree that this Release shall be governed by Georgia law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or agreements. In the event that any provision contained within this Release is deemed invalid, unlawful, or otherwise unenforceable, the remainder of this Release shall remain in full force and effect. This Release shall remain in effect during the initial and all subsequent events of my participation in the Activity.

In the event of an emergency, please contact the following persons in the order presented:

Emergency Contact	Contact Relationship	Contact Telephone Number
[REDACTED]	Spouse	[REDACTED]

I hereby acknowledge that I have read, understand, and fully agree with the terms of this Release. I further acknowledge that I am entering into this Release of my own free will without duress or coercion.

Participant's Signature: [Handwritten Signature]

Participant's Name: Gerardo Sanchez

Participant's Address: [REDACTED]

Date: 17 July 2022

Witness: Mark Chen

Application Process II

Last Name	First Name	Middle Name	Suf
Sanchez	Gerardo		Jr.
SS#	DL#	DOB:	
██████████	██████████	██████████	
Interview (Date):	7-18-22	Interviewed By:	JAI Comm
Remarks:	proceed / Jail tour 7-19-22		
POST (Date):	7-18-22		
Remarks:	N/A		
Entrance Exam (Date):		Score:	
Polygraph (Date):	7-20-22	Examiner:	[Signature]
Remarks:	Passed		
Range:	Passed Pt 7-18-22		
Background by:	SGT. W. McARTY		
Remarks:			
Drug Screen:	8-18-22 passed	Physical	8-18-22 passed
No Further Process	[Blank]		
Approved Hire:	Shentz's Comm		

201202577 - Jailer

Contact Information -- Person ID: 46561986

Name: Gerardo Sanchez Address: [REDACTED] US
 Home Phone: [REDACTED] Alternate Phone: [REDACTED]
 Email: [REDACTED]

Personal Information

Driver's License: Yes, Nevada, [REDACTED], Class C
 Can you, after employment, submit proof of your legal right to work in the United States? Yes
 What is your highest level of education? Associate's Degree

Preferences

Minimum Compensation: \$26.00 per hour; \$50,000.00 per year
 Are you willing to relocate? Yes
 I'm looking to relocate as soon as I secure employment.
 Types of positions you will accept: Regular
 Types of work you will accept: Full Time
 Types of shifts you will accept: Day, Evening, Night, Rotating, Weekends, On Call (as needed)

Objective

Education

College/University
 Central Texas College
<https://www.ctcd.edu/>
 6/2016 - 10/2020
 Killeen, Texas

Did you graduate: No
 Major/Minor: Business Management
 Units Completed: 65 Semester
 Degree Received: Associate's

Work Experience

Contract Administrator
 3/2022 - 6/2022

Wynn Resorts
 3131 Las Vegas Blvd S
 Las Vegas, Nevada 89123
 7027707000

Hours worked per week: 40
 Monthly Salary: \$4,000.00
 # of Employees Supervised: 0
 Name of Supervisor: Alisha Balee - Executive Attorney
 May we contact this employer? Yes

Duties

Negotiated contract terms with internal and external business partners. Reviewed and updated existing contracts through the system Ariba. Explained terms and conditions to managers and interested parties. I oversaw analyzing potential risks involved with specific contract terms. Along with staying up to date with legislative changes and coordinated within the legal department as needed. Ensured all deadlines and conditions described on contracts were met. Maintained organized system of digital records. Worked closely with varying seniority levels, including staff, managers, and external partners.

Reason for Leaving

Limited career progression in the company.

Wind Turbine Technician

3/2021 - 2/2022

Hours worked per week: 60
 Monthly Salary: \$6,000.00
 # of Employees Supervised: 0

Airway Services
5001 Christoval Rd
San Angelo, Texas 76904
3256175813

Name of Supervisor: Richard Corona - Manager
May we contact this employer? Yes

Duties

Effectively communicated with all members of the team and or subcontractors as required. Ability to work with minimal supervision, given proper instructions. Complete required and accurate documentation associated with corrective and preventative maintenance of wind turbines and associated equipment; maintain records of documentation. Utilized appropriate safety gear, protective equipment, and control or dissipation of energy sources to ensure work is performed in a safe manner.

Reason for Leaving

This was a traveling position and I wanted to go back to an office setting type career.

Paralegal NCO

4/2014 - 2/2021

United States Army
1001 W 761st Tank Battalion Ave
Fort Hood, Texas 76544
254-286-5139

Hours worked per week: 60
Monthly Salary: \$4,000.00
of Employees Supervised: 4
Name of Supervisor: Melissa Burke - Command
Paralegal
May we contact this employer? Yes

Duties

Support to unit commanders and the Office of the Staff Judge Advocate. Provide legal documents in courts-martial, Article 15 actions and other military justice matters. Review line of duty determinations, AR 15-6 investigations, separation board proceedings and other administrative law matters. Assistance in family law such as power of attorney, wills and separation decrees. Ability to supervise those in a command. Provide technical guidance to subordinates. Maintain law/administrative library. Monitor and review actions for accuracy. Three Army Commendation Medals, Army Good Conduct Medal, National Defense Service Medal, Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, NCO Professional Development Ribbon, Army Service Ribbon, and three Certificate of Achievement Awards.

Reason for Leaving

I left the Army to pursue a career in law enforcement. It has always been a goal of mine to be a police officer.

Certificates and Licenses

Skills

Office Skills

Typing: 60

Data Entry: 0

Other Skills

Gerardo Sanchez Jr. Intermediate - 6 years and 11 months

Languages

Spanish - Speak, Read, Write

Additional Information

References

Professional

Havenhill, Justin
Paralegal NCOIC
525 Leonard Neal Street
Savannah, Georgia 31409



Professional
Burke, Melissa
Command Paralegal
1001 W 761st Tank Battalion Ave
Fort Hood, Tennessee 76544



Professional
Ramsey, David
Paralegal NCOIC
36065 Santa Fe Ave
Fort Hood, Texas 76544



Professional
Anderson, James
Paralegal NCOIC
33026 Support Avenue
Fort Hood, Texas 76544



Resume

Text Resume

Attachments

Agency-Wide Questions

1. Q: Have you ever been employed with the City of Augusta or Richmond County before?
A: No

2. Q: If you answered "Yes" to number 1, please indicate when and what position you held:
A: N/A

3. Q: On what date would you be available for work?
A: ASAP

4. Q: If you are required to register with the Selective Service, can you show proof of registration (required of males ages 18-26)
A: No

5. Q: Are you currently employed?
A: No

6. Q: May we contact your present employer?
A: No

7. Q: Are you eligible to work in the U.S.?

A: Yes

8. Q: Do you have any relatives employed with us?

A: No

9. Q: If you answered "Yes" to number 8, please list individual's name, relation, and department:

A: N/A

10. Q: Are you able to claim Veterans' Preference?

A: Yes

11. Q: How did you hear about this position? (Please check all that apply)

A: Augustaga.gov (County Website)

Supplemental Questions

1. Q: The answers you provide to the supplemental questions will be used to conclude if you meet the minimum qualifications and requirements for this position. Responses relating to your specific work experience and education MUST clearly reflect the requirements shown in the areas for work history and education on your application. Your application must be completed in full before it is submitted. Additional information may not be accepted after your application has been submitted. Do you accept these terms?

A: Yes

2. Q: Which of the following best describes your level of education?

A: Associate's Degree

3. Q: Are you age 21 or older?

A: Yes

4. Q: Do you possess or have ability to obtain and/or meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act and the Peace Officer's Standards and Training Act?

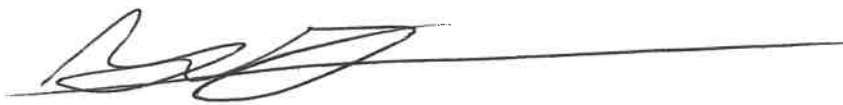
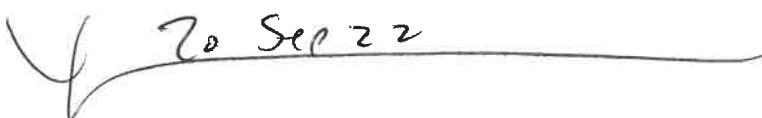
A: yes

5. Q: Do you have a valid driver's license with an acceptable driving record?

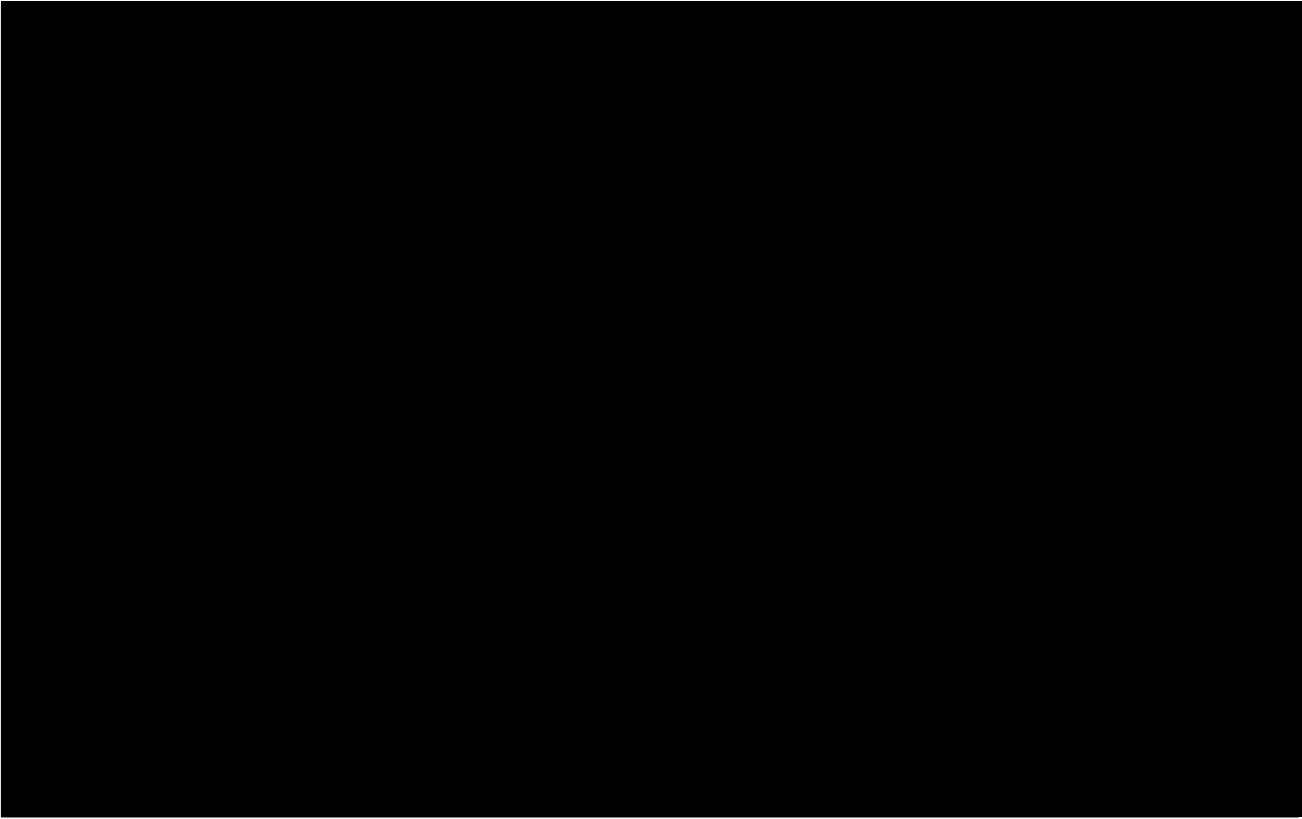
A: Yes

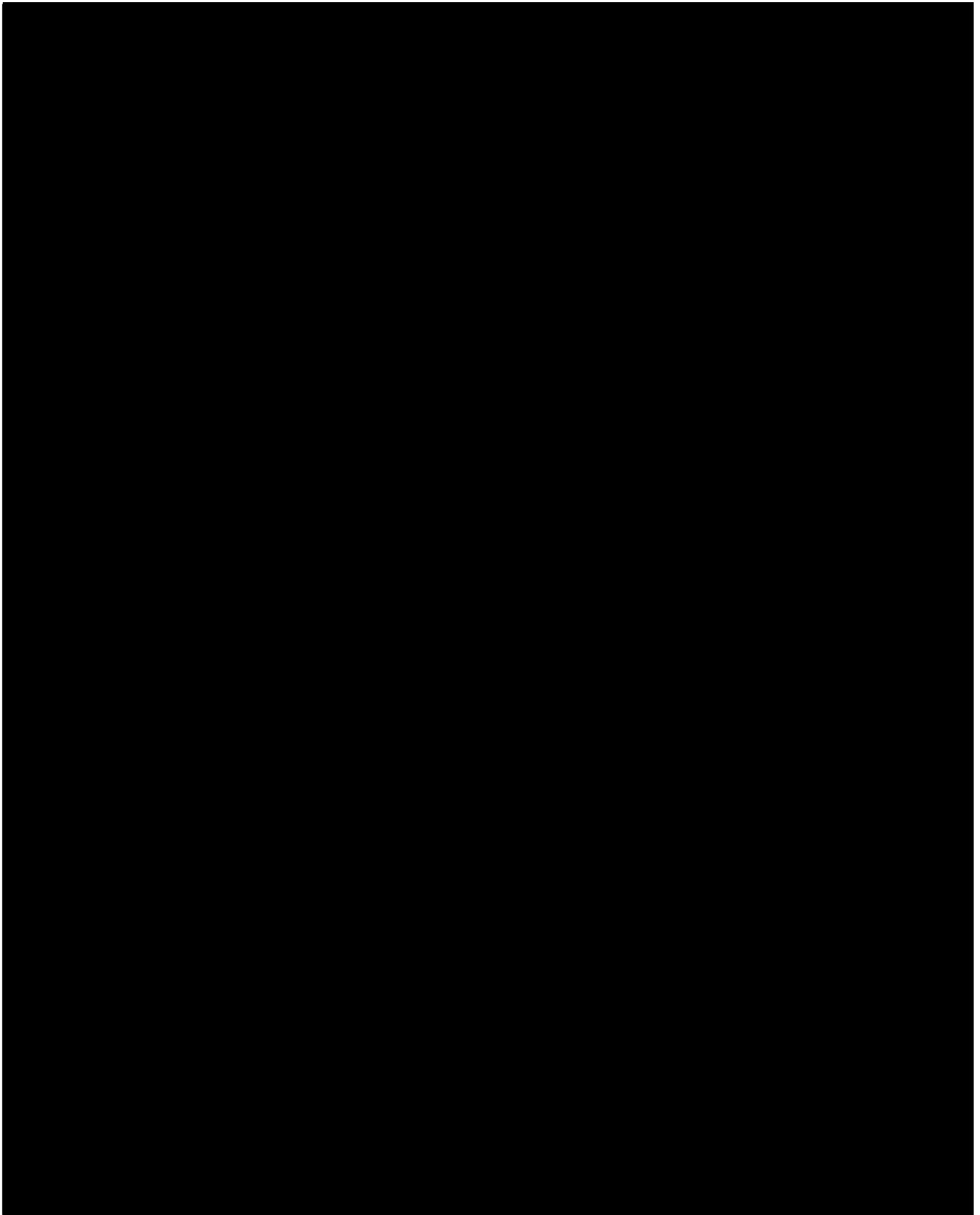
6. Q: Are you a current employee of Augusta Richmond County?

A: No







STATE OF TEXAS
ACADEMIC ACHIEVEMENT RECORD
(ACCREDITED)

GERARDO SANCHEZ
Student ID: SANCHGER000
SSN :
DOB :
MALE
Hispanic, White
GRADE : 12

Parents/Guardian
ESTELA SANCHEZ

101 TERRACE CV
LIBERTY HILL TX 78642

LIBERTY HILL ISD
LIBERTY HILL HIGH SCHOOL
13125 W SH 29
LIBERTY HILL TX 78642

CCBC: 444160

TAKS MASTERY
LANG ARTS : 04/2012
MATH : 04/2012
SCIENCE : 04/2012
SOCIAL STUDIES: 04/2012

Schools Awarding Credit
2012 246908001/246908001

2010 246908001/246908001
2013 246908001/246908001

2011 246908001/246908001

	SM1	SM2	AVG	CR		SM1	SM2	AVG	CR
LANGUAGE ARTS					FINE ARTS				
09/10 ENG 1	88	89	1.00		09/10 TH1	89	74		1.00
10/11 ENG 2	81	83	1.00		11/12 ART 1	70	74		1.00
11/12 ENG 3	84	71	1.00		CAREER/TECHNOLOGY ED.				
12/13 ENG 4	70	75	1.00		10/11 PRINAAVTC	86	95		1.00
SPRECH					11/12 PRINAFNR	79	79		1.00
09/10 COMMAPP		83		.50	12/13 AGMECHMT	93	73		1.00
MATHEMATICS					BUSINESS EDUCATION				
09/10 ALG 1	87	85	1.00		10/11 TEENLDR	93	93		1.00
10/11 GEOM	84	86	1.00		12/13 BUSIM1	77	80		1.00
11/12 ALG 2	73	66	1.00						
12/13 INSTMTH3	83	80	1.00						
SCIENCE									
09/10 IPC	84	85	1.00						
10/11 BIO	76	80	1.00						
11/12 CHEM	72	82	1.00						
12/13 ENVIRSYS	88	81	1.00						
SOCIAL STUDIES									
09/10 W GEO	80	91	1.00						
10/11 W HIST	91	91	1.00						
11/12 US HIST	89	85	1.00						
12/13 GOVT		76		.50					
ECON/FREE ENTERPRISES									
12/13 ECO-FE	85			.50					
HEALTH									
09/10 ADHLTHED	89			.50					
PHYSICAL ED./EQUIVALENT									
09/10 PE 1A		100		.50					
09/10 PE EQ2		100		.50					
11/12 PEITS	99			.50					
11/12 PEITS		95		.50					
OTHER LANGUAGES									
09/10 SPAN 1	96	88	1.00						
10/11 SPAN 2	93	85	1.00						

Page 1 of 1

Credit Totals: State 28.00 Local .00

Date of Class Rank: 06/21/2013
Rank: 113 Class Size: 182
GPA: 83.885
Quartile: 3
Date Printed: 06/21/2013

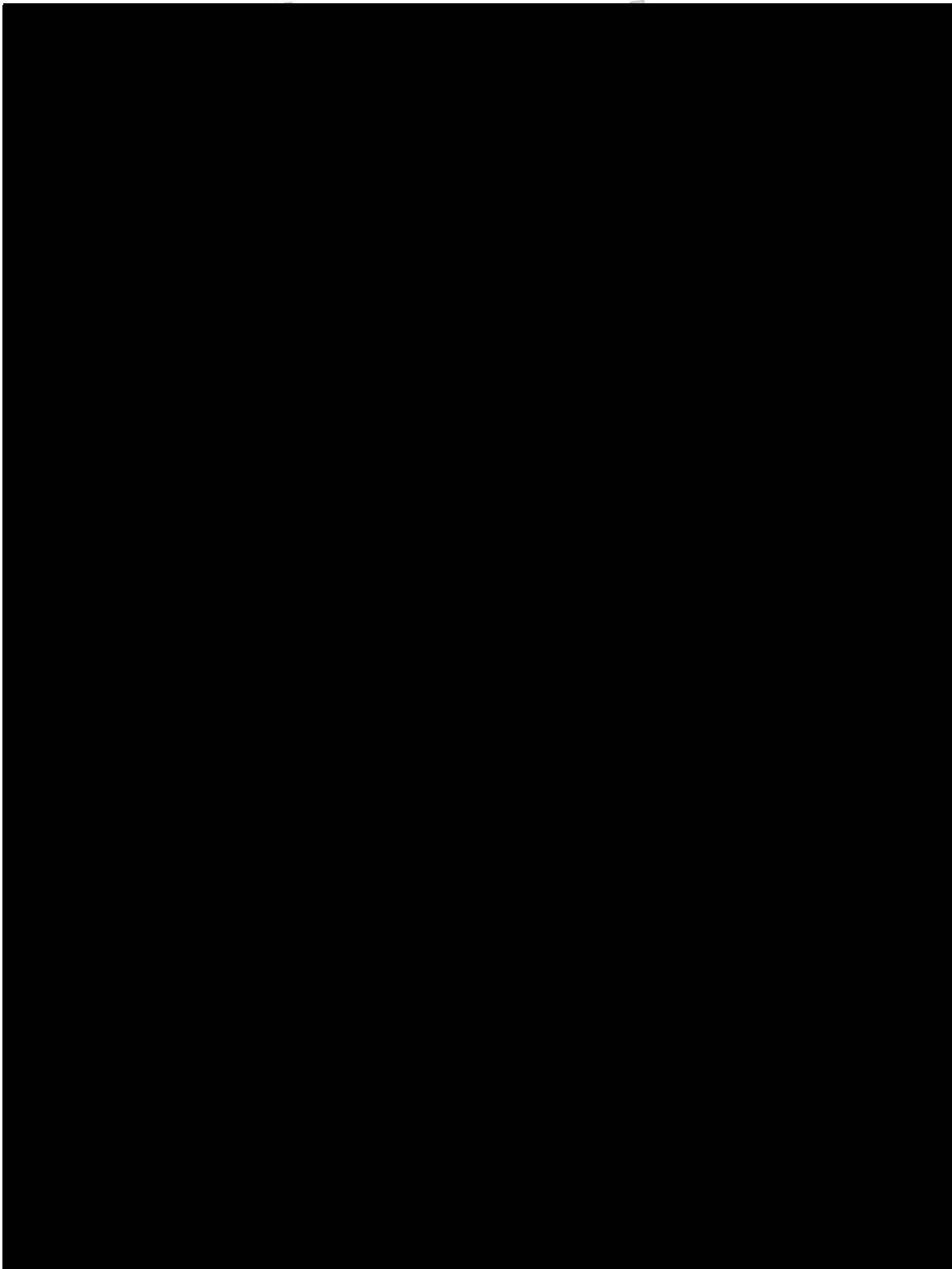
Date of Certificate:
Date of Graduation : 06/07/2013
Graduation Program Type: REC HS PROG
Advanced Measures:

Kathy G.

Official Signature

Passing is 70 or above
P - Passing F - Fail







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



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Officer Search

All Officers

Found 0 officers with first name beginning with "Gerardo" and last name beginning with "Sanchez".

New Search

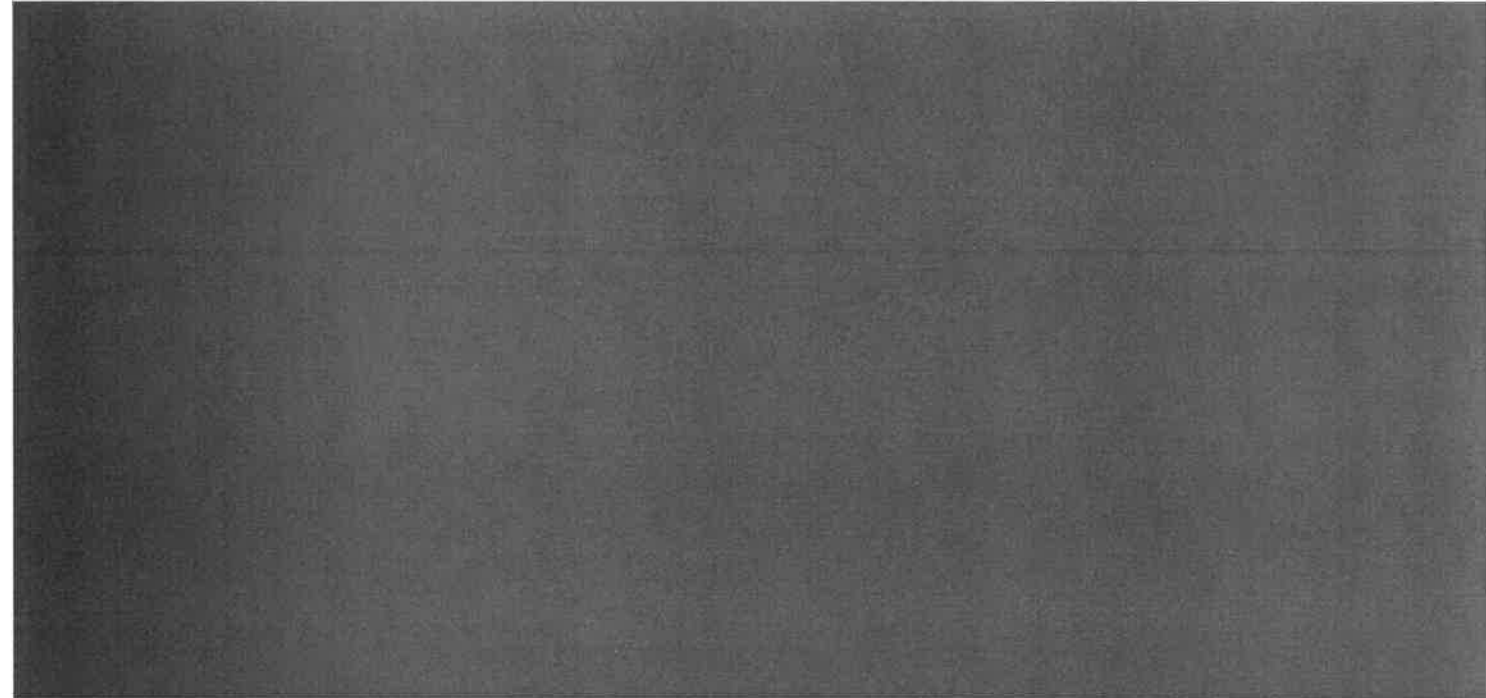
Key Name

Current Employer

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

The current time is 10:21 am. Your session will expire after 20 minutes of inactivity.

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RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

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's histories, upon this release authorization, will be considered in determining my suitability for employment.

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

- Have you ever been arrested for **ANY** criminal or traffic charge? If so, explain: N/A
- In what states have you possessed a Driver's License in the past 10 years?
 State: Nevada From: 2021 To: present
 State: TEXAS From: 2012 To: 2021
 State: _____ From: _____ To: _____
- Have you ever served in the Military/Reserves? G-5 Yes _____ No _____
 Branch: Army From: 2014 To: 2021
 If yes, did you have a Military Driver's License? G-5 Yes _____ No _____
 Years: From: 2014 To: 2021

This candidate application authorization is valid for 180 days from date of signature.

I Gerardo Sanchez give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

[Signature]
SIGNATURE OF APPLICANT

[Signature]
NOTARY PUBLIC
[Notary Seal: Notary Public, Richmond County, GA]
COMMISSION EXPIRES 8-22 DATE

Gerardo Sanchez Jr.
PRINTED NAME OF APPLICANT

[Redacted]
SOCIAL SECURITY NUMBER

[Redacted]
DATE OF BIRTH

Hispanic Male 5'8 185
RACE SEX HEIGHT WEIGHT

LIST ALL NAMES (MAIDEN/MARRIED/ALIASES) USED BY APPLICANT

DATE

Richmond County Sheriff's Office
Applicant
Drug Use Statement

Principal Purpose: This form requests information about personal history of use, trafficking, or other activities involving illegal drugs and drug paraphernalia. Its purpose is to determine suitability for employment with the Richmond County Sheriff's Office as part of applicant screening process, and to eliminate non-qualified candidates.

Name: Gerardo Sanchez Jr SSN: [REDACTED] Date of Birth [REDACTED]

As an applicant for employment with the Richmond County Sheriff's Office any prior drug use, attempted use, and/or experimentation must be disclosed before you can be considered for further processing.

Prior use, possession, and/or distribution of any of the following will be found to be an automatic disqualifier for employment with the Richmond County Sheriff's Office to include "Crack" Cocaine, Cocaine, Heroin/Opium or Derivatives, Methadone, LSD, and PCP. Controlled substances identified under Georgia Code 16-13-25, Schedule I through V, when used, possessed, and/or distributed without a legitimate medical reason and non-prescribed will be reviewed during the hiring process for possible candidate disqualification. "Use" is defined as trying, testing, experimenting, which includes but is not limited to, tasting, smoking, injecting, absorbing, sniffing, or inhaling a controlled substance enumerated in Schedules I through V. "Possession" is defined as unlawfully having actual physical control of a controlled substance enumerated in Schedules I through V drug for personal use or otherwise. "Distribution" is defined as unlawfully selling, furnishing, giving away, or delivering a controlled substance enumerated in Schedules I through V.

Do not include instances in which substances were prescribed, administered, or dispensed by a duly licensed physician for treatment of a legitimate medical condition. Please read the following instructions very carefully before answering the drug questions and initial your acknowledgment:

GS
Initials

I understand that I must provide truthful information to The Richmond County Sheriff's Office regarding all drug use, attempted use, and/or experimentation of any illegal narcotics or dangerous drugs which have not been prescribed by a duly licensed physician, **other than marijuana usage**, regardless of my age or circumstances at the time of use, attempted use, and/or experimentation. I understand that I will be questioned and polygraphed regarding the information I provide. I understand that any omissions or inaccuracies between the information I provide and what is later learned during my background investigation may preclude me from further consideration for employment.

Name: Gerardo Sanchez Jr.

SSN: [REDACTED]

Date of Birth [REDACTED]

G.S.

Initials

I understand that my responses to the drug questions are to be used to determine eligibility and suitability for employment. I also understand that my answers will not be used in any criminal proceedings against me, and that any declination to respond to the drug questions will be noted in my application record.

G.S.

Initials

By the words "use", "attempted use", and "experimentation" I understand that I am being asked to disclose any and all experiences with illegal narcotics or dangerous drugs, to include any act or attempted act of trying, smoking, ingesting, tasting, inhaling, injecting, puffing or otherwise experimenting with a controlled substance or a substance that I believe to be a controlled substance, **other than marijuana.**

G.S.

Initials

By the word "occasion" I understand that I am being asked to disclose each occasion or event in which I used, attempted to use, or experimented with illegal narcotics or dangerous drugs, **other than marijuana.**

G.S.

Initials

I understand that if I answer "Yes" to any of the following drug questions, I must attach a fully comprehensive statement that is legible, signed and dated.

Question #1

Have you ever used, tried, tasted, or experimented with any illegal narcotics or dangerous drugs, **other than marijuana** under any circumstances? (Please check) YES () NO (X)

If you answered yes to question #1, attach a comprehensive statement fully describing each occasion of drug use, attempted use, and/or experimentation covering each of questions A-H listed below. Your attached statement must be legible, signed and dated.

- A. What was/were the drug (s)?
- B. On how many occasions? NOTE: If you cannot be specific as to the exact number of occasions, answer the following: on at least ___ occasions, but not more than
- C. Date first used/tried/experimented
- D. Date last used/tried/ experimented
- E. How was it obtained?
- F. Where was it used/tried/experimented?
- G. In what setting?
- H. Reason for use/try/experimentation

Question #2

Have you ever purchased, furnished, provided, sold, supplied, manufactured, produced, transported, or otherwise trafficked in any illegal narcotic or dangerous drug, **TO INCLUDE MARIJUANA?** (Please check) YES () NO (X) If yes, what was the amount and cost of the drug?

Question #3

Have you ever abused or sold any licit (legal) drugs, chemicals, paraphernalia, or addictive substances, not to include alcohol? (Please check) YES () NO (X)

Question #4

Do you foresee any conflict of interest between your personal habits and beliefs and Sheriff's Office's mission to provide a drug-free environment? (Please check) YES () NO (X)

IF YOU ANSWERED YES TO QUESTIONS #2 - #4, ATTACH A COMPREHENSIVE STATEMENT FULLY DESCRIBING ALL CIRCUMSTANCES AND DATES. YOUR ATTACHED STATEMENT MUST BE LEGIBLE, SIGNED, AND DATED.

I have been fully truthful in my answers and statements to the above questions and have disclosed all drug use, attempted use, and/or experimentation during my lifetime.


Applicant Signature

18 July 2022
Date

Mark Ches
Witness

071822
Date

STATEMENT



RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

BACKGROUND CHECK

DATE: July 28, 2022

Applicant: Gerardo Sanchez

Position: Deputy Sheriff/Jailer

EMPLOYERS:

United States Army (4/2014 – 2/2021) – Sgt. McCarty reviewed applicant's DD-214 and noted that Sanchez served during the times listed. He received an honorable discharge and is eligible for re-enlistment. MOS – Paralegal. There are no disciplinary actions noted. Sanchez received the following while in the service: 3 Army Commendation Medals, 2 Army Good Conduct Medals, National Defense Service Medal, Global War on terrorism Expeditionary Medal, Global War on Terrorism Service Medal, Non-Commissioned Officer Professional Development Ribbon and an Army Service Ribbon.

Airway Services, Las Vegas NV (3/2021 – 2/2022) – Sgt. McCarty contacted Erica Manus, Payroll Manager, who verified Sanchez's employment dates and advised that Sanchez was a windmill technician. Manus advised that Sanchez's employment was terminated after he failed to return from R & R and never gave a notice. She advised that Sanchez is not eligible for re-hire. After learning this, Sgt. McCarty contacted Sanchez who advised that he did give a notice that he was resigning but the company still wanted him to return from his R&R before they accepted his resignation. Sanchez had no plans to fly all the way back to Vegas. Sanchez was asked to document the circumstances via email to Dede.

Wynn Resorts, Las Vegas NV (3/2022 – 6/2022) – Company uses theworknumber.com, a third-party service that charges a fee for employment verifications.

REFERENCES:

Justin Havenhill – Sgt. McCarty contacted Havenhill who stated that he has known Sanchez for about 5 years and they served in the Army together. He described Sanchez as an outstanding soldier and an outstanding friend. He stated that Sanchez is a hard worker and a "beast" regarding his physical fitness. He stated that Sanchez has a great work ethic and he recommends Sanchez to our agency.



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Melissa Burke – Spoke to an individual at the provided number who advised that Sergeant-Major Burke has retired and is no longer at the number.

James Anderson – Sgt. McCarty spoke to Anderson who stated that he served in the Army with Sanchez and stated that Sanchez was his supervisor. He stated that Sanchez was a good supervisor, a teacher, a mentor, and a great leader. He added the Sanchez was very knowledgeable which made him become a better soldier and leader. He stated that Sanchez is very personable.

NOTES:

Sgt. McCarty could not verify an account in the applicant's name.

Sgt. McCarty conducted a TLO and Internet search of the applicant and found no derogatory information.

Georgia P.O.S.T. – No record

PT SCORES – Push-ups: 26 / Sit-ups: 26 / One Mile Run: 8:01 (Passed)

50 Round Firearm Qualification – N/A

Submitted by:

Sgt. William McCarty

Internal Affairs – Public Information Office

Office of Professional Standards & Training

Richmond County Sheriff's Office

To Whom This May Concern,

My name is Gerardo Sanchez, and I was instructed to draft an email explaining what happened with my employer at Airways and why I was labeled terminated on file. I was not aware I was terminated from this job. I had verbally notified my supervisor Richard Corona of my two weeks' notice on February 11, 2022. He told me it was fine and would document and notify the proper department of my two-week notice. I went on R&R on February 18th and was under the impression my supervisor knew I wouldn't be returning.

I was then sent an exit survey a couple weeks after I had come home and felt that was my confirmation that I was no longer an Airway employee. I was never call or notified that I was labeled a terminated employee. I trusted my acting supervisor would document my two weeks' notice and notify the proper management team. I believe he had failed to let anyone know I was leaving because he oversaw over 200+ employees in a very high demanding environment. Had I known this would have been the outcome, I would have taken the proper steps to quit my job at Airways. If you need any additional information, please contact me at [REDACTED]

Gerardo Sanchez Jr.



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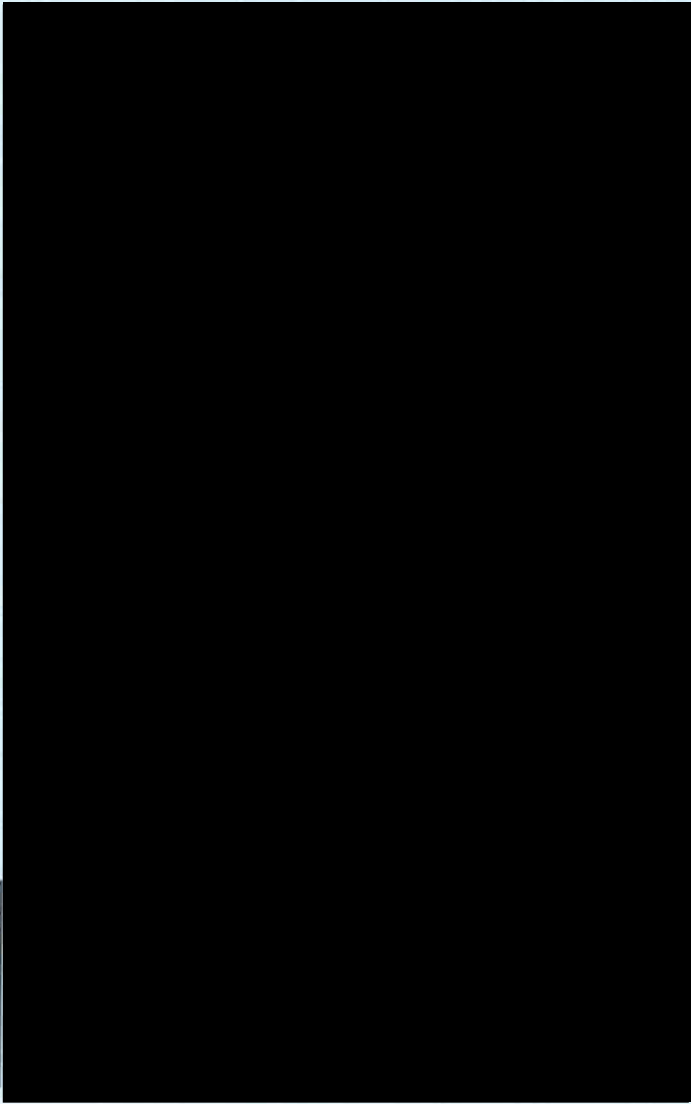
FOR LAW ENFORCEMENT PURPOSES ONLY

3 GERARDO SANCHEZ-People-Search-202207281807

3 Results Found for people named GERARDO SANCHEZ who have used SSN: XXXXX in the United States.

NAME	ADDRESS	FIRST SEEN	LAST SEEN	SSN	DOB
GERARDO T SANCHEZ	9267 BLUEMIST FALLS ST, LAS VEGAS, NV 89123-3249 (CLARK COUNTY)	09/01/2021	07/27/2022	XXX-XX-5113	XX/XX/1994
Subject 1 of 3:					
GERARDO T SANCHEZ (10/04/2014 to 06/03/2022)	Possible Relatives [REDACTED]	Cities Blackfoot, ID (09/01/2021 to 12/27/2021) Fort Riley, KS (12/08/2014 to 06/03/2019) Las Vegas, NV (09/01/2021 to 07/27/2022) Fort Hood, TX (10/20/2018 to 03/03/2021) Killeen, TX (02/28/2021 to 05/27/2022) Liberty Hill, TX (05/02/2012 to 01/04/2018)	Counties Bingham County, ID (09/01/2021 to 12/27/2021) Geary County, KS (12/08/2014 to 06/03/2019) Clark County, NV (09/01/2021 to 07/27/2022) Bell County, TX (02/28/2021 to 05/27/2022) Coryell County, TX (10/20/2018 to 03/03/2021) Williamson County, TX (05/02/2012 to 01/04/2018)		
SSN: XXX-XX-[REDACTED] Issued: TEXAS 1995					
Other People who have used this SSN. This does not usually indicate fraud.					
APOLONIO ADUILAR [View Person Record]					
Indicators Bankruptcies: None Found Liens: None Found Judgments: None Found					
Date of Birth DOB: [REDACTED] Age: 27					
Gender: Male					
Driver's License Detail: DL#: XXXX-XXX-XX-XXX-X Issuing State: TX					
Possible Phones [REDACTED]					
Possible Email Addresses [REDACTED]					

Address History (12)



GERARDO C SANCHEZ

04/2019

07/27/2022

GERARDO MARTINEZ
SANCHEZ

01/24/2019

07/27/2022



RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

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Release of Information Waiver

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

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, all records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances 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) whom may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

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

(Signature of Applicant)

(Date)

(Printed Name of Applicant)

17 July 2011

Gerardo Sanchez

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

WITNESS BY HAD THIS

18

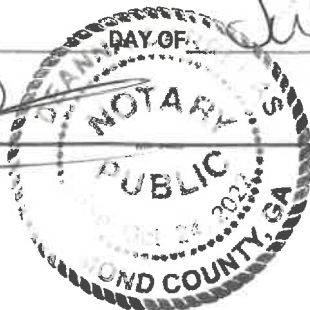
DAY OF

July

20

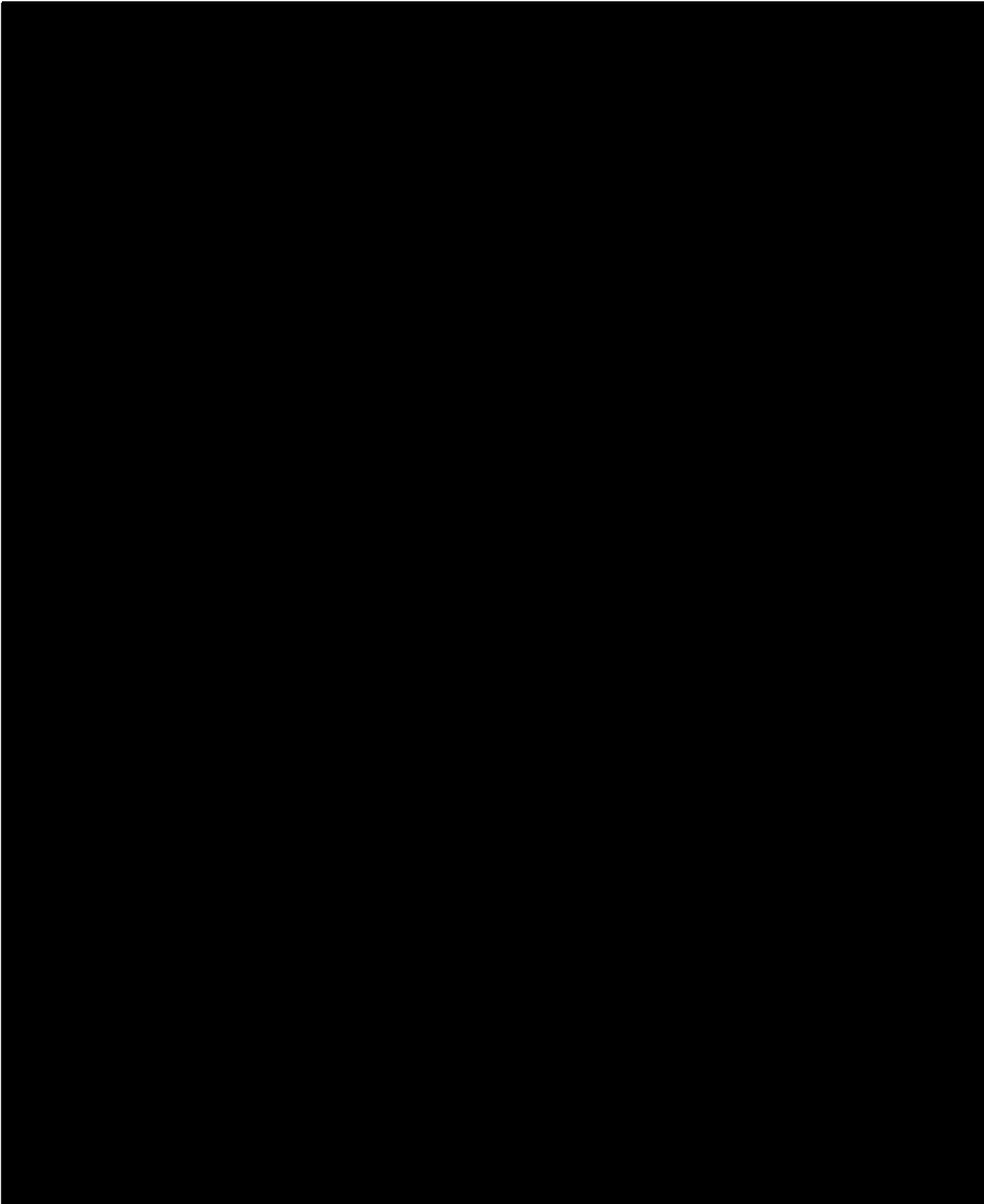
2011

(NOTARY PUBLIC)

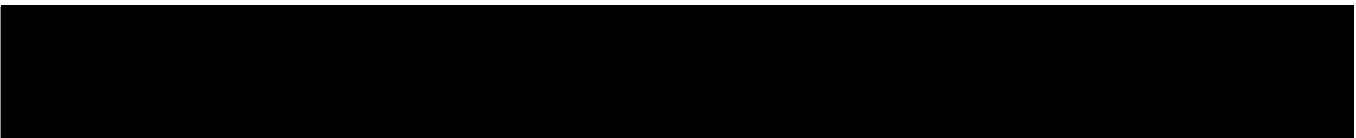


Application Process I

Last Name	First Name	Middle Name	Suf
Sanchez	Gerardo		Jr.
SS#	DL#	DOB:	
██████████	██████████	██████████	
New World:	No History		
Historical			
MNI:			
NCIC/GCIC/III	██		
Driver History	NV Lic Valid , TX history attached		



***** CRIMINAL HISTORY *****



* * * END OF RECORD * * *





