APPLICATION FOR EMPLOYMENT

TOWNS COUNTY 48 RIVER STREET, SUITE B HIAWASSEE, GA 30546

Position Applying for: Sheviff Name: Address: 30582
Telephone No. Soc. Sec. No. Marital Status: Date of Birth: Gender: Male
Education:
Highest Grade in School 12th grade Graduated? Yes GED?
College and/or Vocational: (Please indicated school attended, dates, courses completed, & degree or certification received, if any) Truett McConnell College - 1989
Experience: (please give dates, places of employment, job titles, duties, etc) Chief of Police @ Young Harris College - 38years
If more space is needed, please use back of this page.
References: Robbie Rich Tomny Shook-
The information submitted above is true and correct to the best of my knowledge. I hereby certify that the Towns County Drug and Alcohol Testing Policy has been explained to me and/or reviewed by me and that I fully understand the same.
Date: 12/28/2020 Signature
Remeth R. Henderson

Post offer of emi	PLOYMENT MEDICAL INQUIRY
Completion of this report is requested to assist y Georgia Subsequent Injury Trust Fund.	our employer in meeting the knowledge requirement of the
Name: Kenneth Bay	Henderson
Department: Sheviff's Dept.	Position: Sheriff
To the best of our knowledge do you have or have responses indicate in the remarks section the natural	
Answer YES or NO	
1. Epilepsy 2. Diabetes 3. Arthritis 4. Amputated foot, leg, arm or hand 5. Loss of sight of one or both eyes or a partial loss of uncorrected vision of more than 75% bilaterally 6. Residual disability from Poliomyelitis 7. Cerebral palsy 8. Multiple sclerosis 9. Parkinson's disease 10. Cardiovascular disorders 11. Tuberculosis 12. Mental retardation, provided the employee's intelligence quotient is such that he falls within the lowest 2% of the general population; provided, however, that is shall not be necessary for the employer to know the employee's actual intelligence quotient of the general population. 13. Psychoneurotic disability following confinement for treatment in a recognized medical or mental institution for a period in excess of six months. 14. Hemophilia 15. Sickle cell anemia	6. Chronic osteomyclitis 7. Ankylosis of major weight bearing joints 18. Hyperinsulism 19. Muscular dystrophy 20. Total occupational loss of hearing as defined in Code 34-9-264 21. Compressed air sequelas 22. Ruptured intervertebral disc 23. Back conditions (identify below): a. back surgery b. degenerative disc disease c. multiple back strains d. chronic back pain e. other (explain) 24. Neck conditions (identify below): a. neck surgery b. degenerative disc disease c. multiple neck strains d. chronic neck pain e. other (explain) 25. Knee conditions (identify below): a. left knee surgery 26. Hip replacement surgery 27. Any permanent condition that has been rated by a doctor as 20% or More impairment of the foot, leg, hand, arm, or to the body as a whole. 28. Any other chronic medical condition
Signature of Employee Fuelth Hall	Date 1212812020
Signature of Employer	- no. 1112/21

EMPLOYEE DRUG AND ALCOHOL TESTING POLICY

Introduction

Towns County Government is committed to protecting the safety, health, and well-being of its employees and all people who come in contact with its employees, workplaces, property, and/or depend upon the proper performance and discharge of county services. Recognizing that drug and alcohol abuse poses, a significant threat to these objectives. Towns County is committed to maintaining a work environment which is free of unauthorized drug and/or alcohol usage—to achieve these ends. Towns County hereby adopts the following drug testing policy.

Policy

Towns County prohibits the illicit use, possession, sale, conveyance, distribution, or manufacture of illegal drugs, intoxicants, alcohol or controlled substances on County property. County property, within the context of this policy, includes any work-site, office, or vehicle which is owned or operated by the county. Additionally, county employees are prohibited from reporting to work, operating a county vehicle or a personal vehicle while on county business, or returning to work from lunch breaks, etc., under the influence of illicit drugs and/or alcohol. Violation of this policy will result in disciplinary action up to and including termination of employment.

Definitions

- (1) Employee any person receiving a salary or hourly wage from any Towns County agency, department, commission, board, or authority. The term "Employee" shall also include any person working under a personnel contract to provide personnel services, including but not limited to medical, security, or transportation services to Towns County or a county agency, department. Commission, board, or authority.
- (2) Drug Test means the collection and testing of bodily fluids administered in a manner equivalent to that required by the Mandatory Guidelines for Federal Drug Testing Programs, contained in Department of Health and Human Services Regulations (53 Fed. Reg. 11979, et seq., as amended).
- (3) Illegal Drug means marijuana / cannabinoids (THC), cocaine, amphetamines / methamphetamines, opiates, phencyclidine (PCP), and pharmaceuticals not used pursuant to a valid prescription. The term "illegal drug" shall not apply to any drug used pursuant to a valid prescription or when used as otherwise authorized by state or federal law.
- (4) Medical Review Officer a properly licensed physician who reviews and interprets results of drug testing and evaluates those results together with medical history or other relevant biomedical information to confirm positive and negative results.

Procedures.

It is the intent of Towns County to respect the rights of employees while expecting compliance with, and cooperation in, the implementation of this policy. In this regard, the following procedures will apply:

I. Drug Testing

When a department head, in consultation with and upon the approval of the County Commissioner, has reasonable suspicion to believe that an employee is in violation of this policy, the employee may be required to submit to a drug test and/or alcohol test. For example, if an employee's performance, involvement in an accident, or actions or appearance lead his/her department head to believe that there may be a violation of this policy, a drug test may be required. The foregoing examples are not meant to be exclusive or exhaustive, as other circumstances may arise which would constitute reasonable suspicion to conduct appropriate testing

At the discretion of the County Commissioner, any employee required to submit to a drug test may be suspended from work until the results of such test, or confirmation of such test results, are received by the employer. If such drug test results, or confirmation of test results, are negative, the employee, if suspended, will be returned to work and paid for time lost up to eight hours per day.

II Test Results

Any drug test which indicates the presence of illegal drugs shall be followed by a confirmatory test. If the results of the confirmatory test indicate the presence of illegal / illicit drugs, such results shall be reviewed and interpreted by a medical review officer to determine if there is an alternative medical explanation for the positive results. If the employee provides appropriate documentation and the medical review officer determines that the employee has legitimately used the detected substance(s), the result shall be reported as negative. Any employee who fails to provide an alternative medical explanation for a positive test result shall be reported by the medical review officer as having a positive test result. All test results are confidential between the employee and those with a need to know—i.e. the employer, and shall not be public record unless necessary for the administration of these provisions or otherwise mandated by state of federal law.

III. Implications of a Positive Test

Any employee failing to pass a drug test, as implemented by this policy, shall be subject to disciplinary action up to and including termination of employment.

IV. Refusal to Submit to Testing

Any employee who refuses to submit to a drug test, as implement by this policy, shall be subject to disciplinary action up to and including termination of employment.

This is to confirm that I have received a copy of this policy.

Date

Signature of Employee



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved OMB No. 1210-0149 (expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost—sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer—offered coverage. Also, this employer contribution—as well as your employee contribution to employer—offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after—tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **Benefit Support. Inc.**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Towns County, GA			4 Employer Ide 58-12499	ntification Number (EIN) 34 %
48 River Street, Suite 8)			6. Employer pho (706) 896-22	one number 76
Hiawassee			*8 State ** GA	9 ZIP code 30546
Who can we contact about employed Benefit Support, Inc.		at this job?	ATT.	
1. Phone number (if different from about (770) 532-2690	ive)	2. Email address. celmore@ben	All the second s	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are:
 - Some employees. Eligible employees are:

All Full-Time, active employees who have completed the required waiting period and are in an eligible employee class. An Employee is considered to be Full-Time if he or she normally works an average of 30 hours per week during an initial or standard look back measurement period, as applicable, as established by the Plan in accordance with applicable law, and is on the regular payroll of the Employer for that work.

- With respect to dependents:
 - We do offer coverage. Eligible dependents are:

Spouse and Children: The term "Spouse shall mean the person with whom the covered Employee has established a valid marriage under applicable state law but does not include common law marriages. An Employee's "Child" includes his natural or adopted child, stepchild, or a child placed with the Employee for adoption, or for whom the Employee or spouse are court-appointed legal guardian. A Dependent Child will be eligible until their birthday on reaching the limiting age of 26, without regard to student, marital, financial or residency status with the Employee or any other person. A covered Dependent Child who reaches the limiting age and is Totally Disabled, incapable of self-sustaining employment by reason of mental or physical handicap, primarily dependent upon the covered Employee for support and maintenance and unmarried.

- We do not offer coverage.
- ☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
 - ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your

Issued by:

ACCG-Interlocal Risk Management Agency (ACCG-IRMA)

Coverage Period:

July 1, 2020 to July 1, 2021

Agreement No.:

6100

Named Member: **Towns County**

> 48 River Street, Suite B Hiawassee, GA 30546



This certifies that the bonds required by state law or local ordinance are met in accordance with the Official Code of Georgia Annotated Section 45-4-11, subject to the ACCG-IRMA Coverage Agreement referenced above, its terms, conditions and exclusions. This is an excerpt from the ACCG-IRMA Coverage Agreement regarding bond coverage:

SECTION VI - CRIME, I. COVERAGE AGREEMENT, D. STATUTORY BONDS

IRMA agrees, subject to the limitations, terms and conditions set forth herein, to provide bond coverage for Employees and public officials of the Named Member who are required by local ordinance or resolution to be separately bonded. Under such bond coverage, IRMA will indemnify the Named Member for loss through the failure of any Employee or public official of the Named Member, acting alone or in collusion with others, to faithfully perform his or her duties as prescribed by law. For those Employees and public officials that are required by local ordinance or resolution to be bonded, the bond amount will not be more than the amount required by applicable local ordinance or resolution.

IRMA also agrees, subject to the terms and conditions set forth herein, to provide bond coverage for the public officials and Employees of the Named Member who are required by state law to be separately bonded, including:

Child Support Receiver

Child Support Receiver Employees

Clerk of State Court Clerk of Superior Court

Clerk of Magistrate Court

County Police Officer

Constable

Coroner

County Administrator for Probate Court

County Law Library Board Secretary-Treasurer

County Library Board County Surveyor

County Treasurer

Deputy Clerk of Superior Court Tax

Deputy Coroner

Deputy Sheriff

Jailer Magistrate

Probate Court Judge

Sheriff

Warden

Tax Agent

Collector Commissioner Tax Receiver

and

Tax

The bonds of these public officers required by law to give bond, unless otherwise provided, shall be made payable to the Governor and his successor in office. If such bonded individual will faithfully discharge the duties required of him or her by virtue of his or her said office during the time he or she continues therein, or discharges any of the duties thereof, upon the terms required by law, then the above obligation shall be void; otherwise to remain in full force and effect. This coverage shall also pay for all penalties and forfeitures this individual may incur under law and for all losses, damages, or expenses the state may sustain by reason of their conduct. The bond amount will not be more than the amount required by applicable state law.

IRMA also agrees, subject to the terms and conditions set forth herein, to indemnify any of the Named Member's public officials who are required by law to give individual bonds for the faithful performance of their service against loss through the failure of any Employee under the supervision of that official to faithfully perform his or her duties as prescribed by law, when such failure has as its direct and immediate result a loss of covered property. IRMA's payment will not be more than the amount required by applicable state law.

For public officials who have definite terms of office, this coverage shall continue until their current term has expired and also cover any discharge of duties extending past the term of office.

Signature of Authorized Representative for ACCG-IRMA

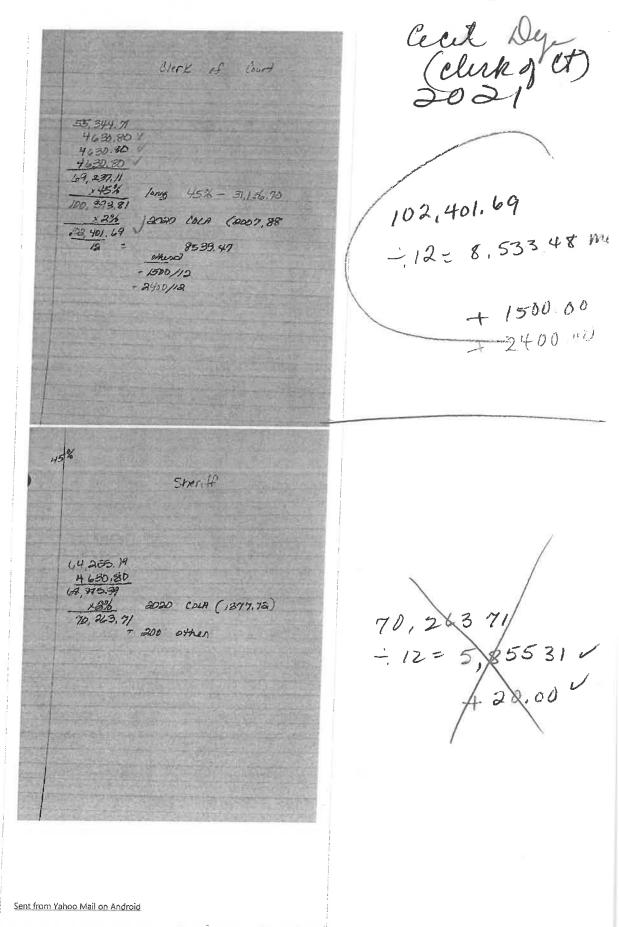
Attested and approved by me this

FILED IN OFFICE THIS 25 DAY OF

Probate Judge, Towns County

June 24, 2020

TOWNS CO PROBATE COURT



SHERIFFS MINIMUM SALARY FOR 2021

Minimum salaries for sheriffs are calculated according to the procedure summarized below. Effective January 1, 2021, a new base salary table for sheriffs becomes effective. Those base salaries include all previously awarded COLAs through 2019, and therefore only the 2020 COLA must be added. To compute state minimum sheriffs' salaries, follow these steps:

Step 1: Establish the Base Salary. Start with the annual base salary for the sheriff shown in the "Schedule of Base Salaries" using the county's population reported in the latest population estimate from the Georgia Department of Community Affairs (see APPENDIX D). 87 However, if the population has decreased since the 2010 Census (see APPENDIX E) or the 2000 Census (see APPENDIX F) bringing the sheriff into a population bracket with a lower base salary, then the sheriff is entitled to receive the base salary of the previous census in the higher population bracket so long as that sheriff is in office. 88

Schedule of Base Salaries

Population	Base Salary
o — 5,999	\$50,132,72
6,000 — 11,889	\$55,952.37
11,890 — 19,999	\$64,255.19
20,000 — 28,999	\$70,753.11
29,000 38,999	\$77,294.36
39,000 — 49,999	\$79,762.39
50,000 — 74,999	\$90,246.74
75,000 — 99,999	\$93,314.37
100,000 — 149,999	\$96,381.99
150,000 — 199,999	\$99,812.27
200,000 — 249,999	\$103,266.39
250,000 — 299,999	\$113,005.67
300,000 — 399,999	\$126,199.09
400,000 — 499,999	\$131,099.43
500,000 or more	\$136,011.72
	- /

<u>Step 2</u>: Add Statutory Supplement. If the sheriff also serves the state, juvenile, magistrate or other courts, add at least \$4,630.80 (\$385.90 per month).⁸⁹ The sheriff is limited to one statutory supplement increase even where he or she serves more than one additional court.

Step 3: Add Longevity. First, determine the total number of complete 4-year terms (i.e., no partial terms) served by the sheriff after December 31, 1976 and multiply the number of terms by 5%. To figure the amount of the longevity increase, multiply the base salary plus supplement from Step 2 (if applicable) by the applicable rate of increase. For 2021, the rate of

the longevity increase ranges (in 5% increments) from 0% for a first-term sheriff to a maximum of 55% for one who has completed eleven or more terms of office.90

Step 4: Add 2020 COLA. The 2020 cost of living adjustment is determined by adding (1) the base salary, (2) the supplement from Step 2 (if applicable), and (3) the longevity amount from Step 3 (if applicable), and multiplying that sum by 2.00%. This COLA is added regardless of when the sheriff first took office.91

<u>Step 5</u>: Add Local Supplement (If Any). County commissioners are authorized, but not required, to provide local supplements to the sheriff in addition to the minimum compensation provided by general or local law. However, once a local supplement is given, it may not be reduced or eliminated during any term of office. Local supplements are not subject to longevity and COLAs unless otherwise granted by the county commissioners.⁹²

<u>Final Step</u>: Compare to Local Legislation. Many sheriffs' salaries are governed by local Acts of the legislature rather than statewide minimum salary law. In general, a sheriff is paid either according to the procedures set forth above or according to local legislation, whichever is higher. If the salary established by local legislation is higher than the amount established by the steps above, then the sheriff is entitled to be paid according to local legislation. If the salary established by local legislation is less than the amount established by the steps above, then the sheriff is entitled to the amount established by the steps above. 93 For more information about salaries set by local legislation, please see page 33.

Note: Sheriffs are required to be paid in equal monthly installments.94

OPTIONAL EXPENSE ALLOWANCE

County commissioners are authorized, but not required, to provide a monthly expense allowance to the sheriff based upon population as determined by the 2010 Census. The minimum amounts are listed in the Optional Expense Allowance Schedule below. If granted by the board of commissioners, this discretionary expense allowance is in addition to any other salary, fees, or expenses required by law. 95 For tax purposes, expense allowances must be treated as income to the sheriff and reported to the IRS.

Optional Expense Allowance Schedule

vance

Fwd: Booking Photo Refusal - Towns County Sheriff's Office

From: editor (editor@townsobserver.com)

To: bradshawcommissioner@yahoo.com

Date: Monday, November 1, 2021 at 01:59 PM EDT

------Forwarded message -------From: <editor@townsobserver.com>

Subject: Booking Photo Refusal - Towns County Sheriff's Office

Date: Mon, Nov 01, 2021, 11:21 AM

To: townscountyso@gmail.com <townscountyso@gmail.com>

To TCSO, County Attorney Robb Kiker

From Towns Observer

Date 11/1/21 RE: ORA

Please see attached email from Towns County Sheriff's Office as reference to the following.

OCGA 35-1-19 states that booking photos for publication are public record unless a fee is charged by a website to remove photographs.

Towns Observer does not engage in such practice, and will gladly sign an updated confirmation form stating such.

One is on file, signed by myself, under the previous TCSO administration.

Please send the confirmation form, and the current booking photographs, in a timely manner.

Thank you.

Robin H. Webb Editor-in-Chief TownsObserver.com 706,487,9027

On Mon, Nov 01, 2021, 10:41 AM James Baldwin <townscountyso@gmail.com> wrote: Everyone,

Attached is the Towns County Sheriff's Office Intake Report for October 25, 2021 to October 31, 2021. The report does not include photographs per requirements set forth in the Official Code of Georgia (O.C.G.A.: 50-18-72, 50-18-77, 35-1-10).

Maj. James C. Baldwin Jail Administrator Towns County Detention Center

4070 State Highway 339 Young Harris, GA. 30582 Phone: 706.896.5474 Fax: 706.896.5489