

OFFICE OF THE SHERIFF
SHERIFF
MACK MASON

Union County Sheriff's Office
378 Beasley Street • Blairsville, Georgia 30512



June 13, 2022

To: Officer Marsha Myers-Bue, Recruiter/Background Investigations
Brunswick Police Department
206 Mansfield Street
Brunswick, GA 31520

From: Chief Deputy John George
Union County Sheriff's Office
378 Beasley St
Blairsville, GA 30512

Re: Ryan Forsyth

As per your request for information, Ryan Forsyth worked with the Union County Sheriff's Office for a period of approximately 7 months as a part-time deputy assigned to courthouse duties. He was working part-time while actively working with another agency in North Carolina.

During this period of employment with Union County, he was not the subject of any complaint reviews or internal investigations. He was separated from Union County after it was learned that he had taken another position with Towns County, full time, while still employed with Union County without notice.

There is no additional information that can be supplied to you at this time concerning your request. I have attached the documents that were placed in his file.

Best Regards,

Chief Deputy John George
Union County Sheriff's Office

OFFICE OF THE SHERIFF
SHERIFF
MACK MASON

Union County Sheriff's Office
378 Beasley Street • Blairsville, Georgia 30512



MEMORANDUM

TO: FILE

From: John George, Chief Deputy

Date: February 15, 2022

RE: Separation of Employment of Ryan Forsythe

Ryan Forsythe had been working with the Union County Sheriff's Office in a PART-TIME capacity as a Deputy Sheriff at the Union County Court House. During his employment, Ryan was working FULL-TIME in Clay County North Carolina Sheriff's Office as a Deputy Sheriff in addition to his PART-TIME employment at Union County.

On or about December 9, 2021, it was learned that PT Deputy Ryan Forsythe was being transferred from a patrol position to an investigative unit within Clay County Sheriff's Office. With this transfer, PT Deputy Forsythe was unable to work any longer as a Court House Deputy and the decision by Sheriff Mason was made to put him through a modified FTO program to familiarize him with Union County Sheriff's Office so he could continue to work as a PT Deputy.

Since this date in December, no action was taken by PT Deputy Forsythe regarding his training and in the week of February 7, it was learned that he had taken employment with Towns County Sheriff's Office. Upon confirming this on February 9 when I called him by telephone, Sheriff Mason determined that PT Deputy Forsythe was no longer needed at Union County Sheriff's Office and I was directed to ask PT Deputy Forsythe to turn in his UCSO equipment. PT Deputy Forsythe did turn in his equipment on Monday February 14th to UCSO Lt. Josh Berry.

The decision was made by Sheriff Mason that he was no longer needed by Union County SO if he could not complete an FTO orientation and also that he was in violation of UCS SOP 5.4 regarding outside employment. He did not provide a request to modify his employment status as the Sheriff requires and took a position with TCSO.

The classification of Forsythe's termination will be that he was no longer needed.

UNION COUNTY
RECORD OF PERSONNEL ACTION

Employee Name: RYAN FORSYTH

Department: SHERIFF'S OFFICE

Position: DEPUTY Purpose:

New Hire Pay Rate Change Termination

Employee Status:

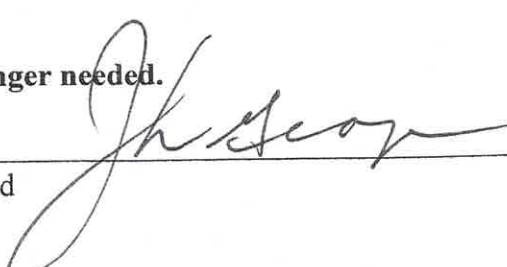
Part Time Full Time

Pay Rate:

Current Rate New Rate

Effective Date of New Hire, Pay Rate Change, or Termination: February 14, 2022

Remarks: **No longer needed.**



Department Head

Commissioner

Finance Director Remarks: _____

OFFICE OF THE SHERIFF
SHERIFF
MACK MASON

Union County Sheriff's Office
378 Beasley Street • Blairsville, Georgia 30512

*Copy
to
file*



MEMORANDUM

TO: Captain Craig Davenport

From: John George

Date: December 9, 2021

RE: FTO Orientation

Ryan Forsyth.
Training program

Ryan Forsyth has transferred to an investigative unit with Clay County SO. Since he will be working 5 days a week, he will no longer be able to work within the Courthouse.

With this in mind, as an employee that has not been through an FTO process at Union County SO, he will have to train with an FTO in an orientation period with our FTO's for orientation. This will be for the sufficient number of days he will need on weekends when he is available.

He will be bringing his FTO manual from Towns County so you can evaluate his training and his orientation needs here.

Please contact him to set this up.

Contact me if you have any questions.



Brunswick Police Department
206 Mansfield Street
Brunswick, Georgia 31520
Phone: (912) 267-5559 – Fax: (912) 267-5526
www.brunswickpolice.org



FAX COVER SHEET

DATE: 07/12/2022

OF PAGES TO FOLLOW: 2

TO: Union County Sheriff's Office
(AGENCY/COMPANY'S NAME)

ATTENTION: Human Resources

FAX NUMBER: 706-439-6068

FROM: **Officer Marsha Myers-Bue, Recruiter / Background Investigations**
206 Mansfield Street mmyers@brunswickpolice.org
Brunswick, Ga. 31520 FAX: (912) 267-5526

COMMENTS: Employer Check for Ryan Forsyth

E-mailed 7-13-22 @ 1109

JJS

WARNING! : The Information contained in this document is confidential and intended for law enforcement use and purposes only.

IF YOU RECEIVED THIS DOCUMENT BY MISTAKE YOU MUST DESTROY IT IMMEDIATELY!!





Brunswick Police Department

206 Mansfield Street
 Brunswick, Georgia 31520
 Phone: (912) 267-5559 – Fax: (912) 267-5526
www.brunswickpolice.org



Kevin M. Jones
 Chief of Police

Gregory A. Post
 Major

July 12, 2022

To:

Whom it may concern
 Union County Sheriff's Office
 378 Beasley Street
 Blairsville, Georgia 30512

REF: Forsyth, Ryan

SSN: [REDACTED]

DOB: [REDACTED]

Good morning:

Ryan Forsyth was employed by your agency and is a candidate for the position of peace officer in this department. The department is conducting a Background Investigation and a Fitness for Duty Assessment on this candidate. We would greatly appreciate receiving any employment information which would facilitate our evaluation of this candidate, specifically any internal affairs investigations, substantiated officer complaints, disciplinary actions and/or commendations. A copy of the Authorization to Release Information is attached.

Since this individual's work status is dependent upon our review of your information, your expediency in this regard is appreciated. If possible, please email the requested information to me at mmyers@brunswickpolice.org.

Do not hesitate to call if you need further information. No further action will be taken on this individual's behalf until your information and/or response is obtained. Thank you for your cooperation and prompt attention to this matter.

Sincerely,

Ofc. M. Myers-Bue #469
 Background Investigator
 Email: mmyers@brunswickpolice.org
 Phone: (912)267-5515



Angela L. Smith
 Criminal Investigations

Wan C. Thorpe
 Patrol Service

Support Services



Brunswick Police Department
206 Mansfield Street
Brunswick, Georgia 31520
Phone: (912) 267-5559 – Fax: (912) 267-5526
www.brunswickpolice.org



AUTHORIZATION AND RELEASE

I, Ryan Forsyth, the undersigned individual and a former employee of _____
(Please leave blank)

(Hereinafter referred to as "previous employer"), having applied for employment with Brunswick Police Department (hereinafter referred to as "my prospective employer"), acknowledge and understand that my prospective employer may or has already requested records and/or information pertaining to and regarding my employment with previous employer. I hereby request and authorize my previous employer to release any and all records and/or communicate any and all information to my prospective employer which my previous employer deems, in its sole discretion, pertain to and/or related to my employment with previous employer, including, but not limited to, records and information regarding my job performance, ability, and fitness, and the circumstances surrounding same, and any and all testing results, or refusal to test for alcohol and any and all controlled substances.

In consideration of the benefit of having previous employer release said records and/or communicate said information to my prospective employer, the receipt, adequacy, and sufficiency of which is hereby acknowledged, I agree to hold harmless and release previous employer, its officers, agents, and employees from and against all liability, loss, costs, damages, fee and expenses (including attorney's fees) as a result of any claim, suit, claims settlement, award, penalty, fine, defense or judgment because of loss, damage, harm, or injury to myself or to any person, property or right arising out of, related to, or in consequence of previous employer releasing and/or communicating the aforesaid records and/or information to my prospective employer. I further acknowledge and agree that the doctrine of sovereign immunity bars any recovery in any lawsuit relating in any way to the disclosure of the records and/or information described herein that I may bring against previous employer or that may be brought against previous employer on my behalf.

Ryan Forsyth / R-Fth
Print / Sign

Sworn to and subscribed before me

This 11 day of July, 2022

[Signature]
NOTARY PUBLIC
My Commission Expires: March 08, 2025



OFFICE OF THE SHERIFF
SHERIFF
MACK MASON

Union County Sheriff's Office
378 Beasley Street • Blairsville, Georgia 30512

*Copy
to
file*



MEMORANDUM

TO: Captain Craig Davenport

From: John George

Date: December 9, 2021

RE: FTO Orientation

Ryan Forsyth.
Training program

Ryan Forsyth has transferred to an investigative unit with Clay County SO. Since he will be working 5 days a week, he will no longer be able to work within the Courthouse.

With this in mind, as an employee that has not been through an FTO process at Union County SO, he will have to train with an FTO in an orientation period with our FTO's for orientation. This will be for the sufficient number of days he will need on weekends when he is available.

He will be bringing his FTO manual from Towns County so you can evaluate his training and his orientation needs here.

Please contact him to set this up.

Contact me if you have any questions.



UNION COUNTY SHERIFF'S OFFICE
Employee Emergency Data Sheet

Date 07/13/2021

Name RYAN JAMES Forsyth DOB [REDACTED] SSN [REDACTED] - [REDACTED] - [REDACTED] Badge # 244

Address (Physical) [REDACTED] City, State Young Harris GA Zip 30582

(Mailing) [REDACTED] City, State Young Harris GA Zip 30582

Home Phone # _____ Cell Phone # [REDACTED] Other Phone # _____

Hire Date 7/18/2021 Marital Status: Married Divorced _____

Emergency Contact #1 Name Anna Nicole Forsyth Relationship Wife

Home Address (physical) [REDACTED]

City Young Harris State GA Zip 30582

Home # [REDACTED] Other Contact # _____

Employer United Community Bank Job Title Balance/Control Specialist

Phone Number 706-745-2151 Supervisor's Name Christina Tanner

Address (Physical) 125 Hwy 515 East

City Blairsville State GA Zip 30512

Emergency Contact #2 Name Bryan Jacob Forsyth Relationship Brother

Home Address (physical) [REDACTED]

City Blairsville State GA Zip 30512

Home # [REDACTED] Other Contact # _____

Employer Clay County S.O Job Title Sgt.

Phone Number _____ Supervisor's Name Lt. Evans

Address (Physical) 795 Court House Dr.

City Hayesville State NC Zip 28904

MEDICAL INFORMATION

Current Personal Physician _____ Phone # _____

Blood Type _____ Any Known Allergies _____

Current Daily Medications (Prescription or Over the Counter) _____

FAMILY INFORMATION

Next of Kin Bryan Forsyth Relationship Brother

Emergency Custodian for Children Bryan Forsyth Contact # [REDACTED]

Child(ren)

Name [REDACTED] School/Daycare [REDACTED]

Name [REDACTED] School/Daycare [REDACTED]

Name _____ School/Daycare _____

Name _____ School/Daycare _____

Name _____ School/Daycare _____

Any special religious considerations (Church, Pastor, etc.) _____

Family / Friend within the Agency to be contacted _____

Special Notification Instructions

UNION COUNTY
RECORD OF PERSONNEL ACTION

COPY

Employee Name: RYAN FORSYTH

Department SHERIFF'S OFFICE Position:

_____ Purpose:

New Hire _____ Pay Rate Change _____ Termination

Employee Status:

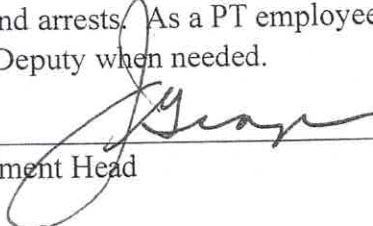
Part Time _____ Full Time

Pay Rate:

_____ Current Rate \$19.00 New Rate

Effective Date of New Hire, Pay Rate Change, or Termination: July 18, 2021

Remarks: New Deputy. He has been a deputy with Town's County and currently employed full time by Clay County Sheriff's office as a full time Deputy. His experience includes several years with Towns County where he served as a patrol Deputy and was highly productive with narcotic stops and arrests. As a PT employee, he will assist with Courthouse staffing and on the road as a patrol Deputy when needed.



Department Head

Commissioner

Finance Director Remarks: _____

NEW DEPUTY FORM FOR DISPATCH

1) Name : Ryan Forsyth - Part Time

2) Badge number : 244

3) Home number : _____

4) Personal Cell : 

5) County Cell number : _____

6) County Email : rforsyth@unioncountysoga.org

7) New Deputy or Replacing a Deputy : Replacing

Faxed to Dispatch 7-12-21@1221

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	0873
DESTINATION ADDRESS	97067454399
SUBADDRESS	
DESTINATION ID	911 Center
ST. TIME	07/12 12:32
TX/RX TIME	00' 23
PGS.	1
RESULT	OK

NEW DEPUTY FORM FOR DISPATCH

1)Name : Ryan Forsyth - Part Time

2)Badge number : 244

3)Home number : _____

4)Personal Cell : 

5)County Cell number : _____

6)County Email : r.forsyth@unioncountysoga.org

7)New Deputy or Replacing a Deputy : Replacing



Union County Sheriff's Office
Sheriff Mack Mason

Acknowledgement of Receipt of
Law Enforcement Operations Directive

I, Ryan James Forsyth, have read the Union County Sheriff's Office Standard Operating Procedures Manual. I understand it is my responsibility to read and understand these directives. If at any time I do not understand these directives I will seek counsel with my immediate supervisor for clarification.

Ryan J. Forsyth
Signature

07/13/2021
Date

MACK MASON
Sheriff
Union County Georgia
378 Beasley Street
Blairsville, GA 30512

Oaths for Deputy Sheriffs

Deputy Sheriffs must take the same oath as the Sheriff. O.C.G.A. 45-3-7

"I do swear (or affirm) that I will faithfully execute all writs, warrants, precepts, and processes directed to me as deputy sheriff of Union County, or which are directed to all sheriffs of this state, or to any other sheriff specially, which I can lawfully execute, and true returns make, and in all things well and truly, without malice or partially, perform the duties of the Office of Sheriff of Union County, during my continuance therein, and take only the lawful fees.
So help me God."

The Sheriff administers the oath to their deputies. The oath is then filed in and entered in the records of the sheriff's office.

X Ryan JAMES Forsyth X Ryan Forsyth 08/JULY/2021
Print Name (Deputy) Signature Date

X Shawn Dye 08/JULY/2021
Witness Date

Sworn to and subscribed before me

This 08 day of JULY, 2021

Mack Mason

Mack Mason

Sheriff, Union County Georgia

REQUEST FOR URINALYSIS DRUG SCREEN IDENTIFICATION

Union County Sheriffs Office

Sheriff Mack Mason
940 Beasley Street
Blairsville, GA 30512
Ph 706-439-6066
Fax 706-439-6068

Collector Information

CSRA Probation Services
Collector Name: Amanda Wood
165 Wellborn Street, Suite H, Blairsville, GA 30512
PO Box 1809, Blairsville, GA 30514
Ph 706-781-1882
Fax 706-745-1782

Direct Observer Applicable Not Applicable

I certify I directly observed the screen of the below named donor. I certify the specimen has not been substituted or adulterated to my knowledge and remained in my presence until given to the above named collector.

Donor Information

I understand this test has been required by the Sheriff of Union County Sheriff's Department in accordance with his policy and procedures.

Donor Name: Ryan James Forsyth
Day Phone: [REDACTED] Evening Phone: _____
Date of Birth: [REDACTED] Today's Date: 07/08/2021
ID Number _____ Type of ID: _____

Prescribed Medication(s): I have taken the following medication(s) within the past 3 weeks: _____

Over the counter (OTC) Medication(s): I have taken the following OTC medication(s) within the past 3 weeks: _____

I acknowledge I have used the following illegal drugs: _____
on or about _____

I certify that I have provided my own urine specimen to the collector for the purpose of drug testing. I certify that the specimen has not been substituted or adulterated and did remain in my presence until sealed. I understand that I am freely and voluntarily taking this test and I am authorizing all results to be released to Sheriff Mack Mason and/or his designee.

Signature if Donor: [Signature] Date: 07/08/2021

TEST RESULTS

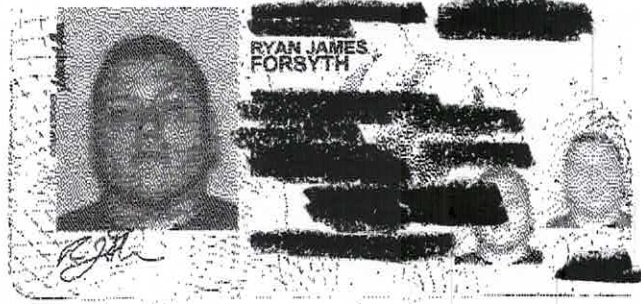
THC (Marijuana)	<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Not Tested
Cocaine	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Not Tested
Amphetamine	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Not Tested
Methamphetamine	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Not Tested
Opiates	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Not Tested
Benzodiazepines	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Not Tested

If positive or adulterated, results were: Stipulated Denied Sent to Lab Creatinine Checked

Comments: _____

I certify that the specimen was provided to me by the above named person for the purpose of drug testing. I certify that the specimen remained in my presence until tested, and I administered the testing in accordance with the manufacturer's instructions to the best of my knowledge.

Test Administrator: Amanda Wood Date: 07/08/2021



From: blairvillecopier@csraprobation.com <blairvillecopier@csraprobation.com>

Sent: Thursday, July 8, 2021 10:03 AM

To: awood@csraprobation.com

Subject: Message from



UNION COUNTY SHERIFF'S OFFICE

MEMORANDUM

To: Chief Deputy John George

From: Lt. Josh Berry

A handwritten signature in black ink, appearing to read "Josh Berry", is written over the printed name.

Date: June 30, 2021

Subject: **Background Investigation of Applicant Ryan James Forsyth**

Ryan Forsyth has submitted his application for employment and I have reviewed the application and background packet.

The following is the background report and findings;

Born [REDACTED] the applicant is 26 years old

Residence [REDACTED] Young Harris GA

Current Employment Clay County Sheriff's Office

Georgia Driver's License [REDACTED] expires [REDACTED]

Highest Grade of Education: Union County High School/Graduated 2013

Training; Basic Law Enforcement

Marital Status: Married

Law Enforcement positions held;

Currently Clay County Sheriff Office November 2021-Present

Towns County Sheriff Office-April 2017-November 2020

Non Law Enforcement Employment History:

Department of Corrections-September 2014-April 2017

Arrest History

None reported

Military History

None reported

Credit History

Clear

Continuation of Ryan Forsyth Background Pg. 3

Reference Checks/Personal file:

Clay County Sheriff Office-Captain Todd Windgate stated that he was a dependable employee and was aggressive when working his shift.

Towns County Sheriff Office-Lieutenant Johnny Mccoy stated that he was a good deputy and that they would hire him back.

Summary

Based on the review and finding's identified during this review, the applicant has

A current valid driver's license

A clean and current Law Enforcement Certification with GA. POST

Based on the findings in his background investigation, I forward this review for your evaluation for hiring.

**UNION COUNTY SHERIFF'S OFFICE
PERSONAL HISTORY
QUESTIONNAIRE
UNION COUNTY GEORGIA**

Applicant's Name: Ryan James Forsyth
Position Applied For: Deputy Sheriff
Date Received by SO: June 14, 2021
Received by: [Signature] 6/14/21

ALL PHQ'S ARE TO BE SUBMITTED TO THE UNION
COUNTY SHERIFF'S OFFICE LOCATED AT:
378 BEASLEY STREET, BLAIRSVILLE GA. 30512
WITHIN TEN (10) DAYS IN A SEALED ENVELOPE DURING
THE FOLLOWING HOURS:

Monday-Friday 9:00am – 3:30pm

Additional space is provided on page 23 for added responses.

Applicant Initials _____

ATTENTION ALL APPLICANTS!

BEFORE YOU COMPLETE THIS QUESTIONNAIRE, PLEASE BE ADVISED, YOU MAY BE DISQUALIFIED FROM THE PROCESS IF IT IS LEARNED YOU HAVE OMMITTED ANY INFORMATION OR YOU WERE DISHONEST WITH YOUR ENTRIES.

Those applying to the position of Deputy Sheriff will automatically be disqualified for the following:

- Omissions concerning previous employment
- Failed UCSO Background Investigation within the past year
- DUI arrest and/or conviction in the last five years
- Felony convictions
- Dishonorable Military Discharge
- Use of any illegal controlled substances within three years of the date of this application
- Steroid usage within five years of the date of this application
- One or more drivers' license suspensions within five years of the date of this application

BY INITIALING EACH PAGE ON THE BOTTOM RIGHT CORNER, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE LISTED DISQUALIFIERS. YOUR INITIALS ALSO DEMONSTRATE YOUR THOROUGH REVIEW OF ALL ENTRIES MADE ON EACH PAGE OF THE PERSONAL HISTORY QUESTIONNAIRE.

**If you have questions or require clarification of any portion of this Questionnaire, please call the Union County Sheriff's Office,
Employee Background Unit**

Additional space is provided on page 23 for added responses.

Applicant Initials

RF

SECTION I. PERSONAL HISTORY

1. Forsyth, Ryan, JAMES, _____
 LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2. List other names you have used, including nicknames, maiden name, or aliases:

3. [REDACTED] Young Harris GA 30582
 RESIDENCE ADDRESS (Street, Apt. #, City, County, State, Zip)

4. How long at present residence? 5 Years _____ Months

5. HOME TELEPHONE: (____) _____ WORK TELEPHONE: (____) _____

CELL TELEPHONE: [REDACTED] PAGER NUMBER: (____) _____

ALL WEBSITES YOU ARE REGISTERED TO: _____

EMAIL ADDRESS: [REDACTED]

6. SOCIAL SECURITY #: [REDACTED] DRIVER'S LICENSE# [REDACTED] STATE: GA

7. DATE OF BIRTH: [REDACTED] PLACE OF BIRTH: Atlanta Fulton GA
 (Month/Day/Year) (City, County, State, Country)

8. AGE: 26 9. GENDER: M 10. HEIGHT: 5'10" 11. WEIGHT: 225

12. Are you a United States Citizen? Yes No Legal Resident Permanent Resident

Work Authorization #: _____ If a Naturalized Citizen, provide date: _____

Certificate #: _____ Location: _____

13. Race/Nationality: White Non-Hispanic African American Non-Hispanic Hispanic Asian
 American Indian Other _____

14. Marital Status: Married Divorced Separated Widow(er) Never Married

15. With whom do you reside? Name: ANNA Forsyth DOB: [REDACTED] Relationship: Wife

16. Information concerning all marriages (list all marriages):

Date Married	Where Performed	Spouse's Name (Wife Maiden Name)	Date of Birth	Social Security Number
<u>08/17/2016</u>	<u>Meeks Park</u>	<u>ANNA Sutton</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

Additional space is provided on page 23 for added responses.

Applicant Initials RF

PERSONAL HISTORY QUESTIONNAIRE

THIS QUESTIONNAIRE MUST BE COMPLETED AND POSTMARKED OR HAND DELIVERED TO THE UNION COUNTY SHERIFF'S OFFICE WITHIN TEN (10) DAYS.

Read every question carefully and answer each accurately, thoroughly, and truthfully; Applicants may be disqualified from processing for omissions or false statements in this Personal History Questionnaire. If space is insufficient for complete answers, extra space has been provided for you on page twenty-three (23) or, attach an 8 ½" x 11" sheet of paper. Please number your answers to correspond with the question(s) you are answering. Applicants must confirm the accuracy and understanding of each page by initialing on the bottom right hand corner of each page. Questions that do not apply to you should be marked "N/A" to acknowledge its inapplicability.

Pages 21, 24, 25, 26 & 30 require notarization. The Applicant is responsible for having those documents notarized prior to returning this Questionnaire.

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH THIS QUESTIONNAIRE. ORIGINALS DUE UPON REQUEST:

- Birth Certificate/ Naturalization Papers or Current US Passport
- High School Diploma or GED Certificate
- College Degree(s) if applicable; College Transcripts
- All Marriage Certificates issued by the State or County, **not** religious organization.
- All Divorce Documents, original and final decrees.
- Adoption or Legal Name Change (if applicable)
- DD-214 Member 4 form for each branch served
- Current Valid State of Georgia Driver's License
- Social Security Card
- Current Auto Insurance Card
- Georgia POST Basic Training Certificate or other State Certification (Certified Police Officers only)
- Bankruptcy papers (copy of original petition **and** final decree)
- Copy of Income Tax Return for last year if self-employed (this will be returned upon review)

Release signed

Please list on page 24, items not submitted with this Questionnaire and the reason for omission.

POSITION APPLIED FOR: Deputy Sheriff DATE: 6/14/201

Additional space is provided on page 23 for added responses.

Applicant Initials RF

17. Name and address of former spouse(s) divorced or separated:

Name	Address (Street, City, State and Zip Code)	Phone Number

18. List all of your children, stepchildren and adopted children and provide the following information:

Name	Birth Date	Address	Living With	Supported By
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

19. Are you now supporting all children born to you, adopted by you and stepchildren? No Yes, give details:

My wife and I provide for our children.

20. List in the order given, showing relationship, parents, guardians, stepparents, parents-in-law, brothers and sisters, even though deceased. Include any others you have resided with or with whom a close relationship existed or exists.

Relationship	Name	Present Address	Phone Number	Occupation
Father	James Forsyth	[REDACTED]	[REDACTED]	Atlanta Police
Mother (Maiden Name)	Pamela [REDACTED]	[REDACTED]	[REDACTED]	Nurse
Brother	Byron Forsyth	[REDACTED]	[REDACTED]	Deputy
Sister	Alexis Forsyth	[REDACTED]	[REDACTED]	Police
Sister	Madison Forsyth	[REDACTED]	[REDACTED]	clerk
				Burkes a

21. Scars, Marks, Tattoos or Piercing: None or, complete the following:

TYPE				LOCATION ON BODY	DESCRIPTION
<input type="checkbox"/> Scar	<input type="checkbox"/> Mark	<input checked="" type="checkbox"/> Tattoo	<input type="checkbox"/> Piercing	Right arm	Eagle, Liberty Bell, w/ the people American flag III
<input type="checkbox"/> Scar	<input type="checkbox"/> Mark	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Piercing		

Additional space is provided on page 23 for added responses.

Applicant Initials RF

22. List your residences for the last ten years; begin with your most recent residential address:

MO/YR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
9/2014 Present	[REDACTED]	Young Harris	GA	30582
With whom did you reside? Give name:		Relationship:		
8/2013 - 9/2014	[REDACTED]	Sumnerville	GA	
With whom did you reside? Give name: Bryan Forsyth		Relationship: Brother		
02/03 - 8/2013	[REDACTED]	Blairsville	GA	30512
With whom did you reside? Give name: James and Pamela Forsyth		Relationship: Father and mother		
MO/YR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
With whom did you reside? Give name:		Relationship:		
MO/YR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
With whom did you reside? Give name:		Relationship:		
MO/YR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
With whom did you reside? Give name:		Relationship:		
MO/YR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
With whom did you reside? Give name:		Relationship:		

23. Have you ever been foreclosed on or evicted from any residence? No Yes, provide details:

Additional space is provided on page 23 for added responses.

Applicant Initials **RF**

SECTION II. EMPLOYMENT HISTORY

1. List jobs held for the past ten years, beginning with your present or most recent position; list periods of unemployment. Include part-time employment and volunteer work.

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	POSITION TITLE	SUPERVISOR NAME(S)	REASON FOR LEAVING
NAME Towns County S.O.	FROM 4/17	34,000	Deputy	LT McCoy	Personal Reasons with Sheriff Henderson
ADDRESS 4070 Hwy 339	TO 11/20				
CITY, STATE, ZIP Young Harris GA 30582	<input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME				
PHONE 706-896-4444					
DUTIES: uphold the constitution and enforce laws within towns County, Serve civil papers, and warrants					

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	POSITION TITLE	SUPERVISOR NAME(S)	REASON FOR LEAVING
NAME Young Harris College police	FROM 4/2017	12,000	Officer	Tommy Sheek	Towns Co wouldn't allow me to work other
ADDRESS College St.	TO 05/2017				
CITY, STATE, ZIP Young Harris GA 30582	<input type="checkbox"/> FULL-TIME <input checked="" type="checkbox"/> PART-TIME				Part time Jobs.
PHONE					
DUTIES: Patrol the campus, assist students, traffic control.					

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	POSITION TITLE	SUPERVISOR NAME(S)	REASON FOR LEAVING
NAME Dept. of corrections	FROM 9/2014	30,000	Officer	Cary Wilson	I wanted to pursue my career further in law enforcement
ADDRESS 189 Beasley St	TO 07/2017				
CITY, STATE, ZIP Blairsville GA 30512	<input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME				
PHONE 706-245-3610					
DUTIES: Enforce Rules and keep order within the prison Inspect Facilities to ensure a safe facility.					

Additional space is provided on page 23 for added responses.

Applicant Initials **RF**

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	POSITION TITLE	SUPERVISOR NAME(S)	REASON FOR LEAVING
NAME Dept. of corrections	FROM 07/13	30,000	officer	Rock Allen	I wanted to move
ADDRESS 777 Underwood Dr.	TO 09/14				Back towards Home
CITY, STATE, ZIP Summerville GA	<input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME				
PHONE					

DUTIES: Enforce Rules and Keep order within the Prison.
Inspect facilities to ensure a safe facility Search inmates

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	POSITION TITLE	SUPERVISOR NAME(S)	REASON FOR LEAVING
NAME Men on the Move	FROM 6/13	25,000	Touter	Tiffany Brown	I wanted to start
ADDRESS 7195 U.S Hwy 76	TO 7/13				My career in law enforcement
CITY, STATE, ZIP Macon Harris GA 30520	<input type="checkbox"/> FULL-TIME <input checked="" type="checkbox"/> PART-TIME				
PHONE 706-379-6683					

DUTIES: Move Furniture

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	POSITION TITLE	SUPERVISOR NAME(S)	REASON FOR LEAVING
NAME Ingles	FROM 06/2013	7.25 hr.	Bay Boy		Not enough money
ADDRESS	TO 2011				
CITY, STATE, ZIP	<input type="checkbox"/> FULL-TIME <input checked="" type="checkbox"/> PART-TIME				
PHONE					

DUTIES: Bagged Groceries, Retrieved Carts

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	ANNUAL SALARY	POSITION TITLE	SUPERVISOR NAME(S)	REASON FOR LEAVING
NAME	FROM				
ADDRESS	TO				
CITY, STATE, ZIP	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME				
PHONE					
DUTIES:					

Additional space is provided on page 23 for added responses.

Applicant Initials RF

2. What is your current occupation? Deputy Sheriff
3. Are you currently engaged in any business as an owner or partner (active or silent)? No Yes, give details:

4. Have you ever applied with The Union County SO, any Police Department, Public Safety Department, or other Governmental Agency? No Yes, provide details:

AGENCY NAME	APPLICATION DATE	POSITION APPLIED FOR	STATUS OF PROCESSING
TUAMS?	2017	D/S	<input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending <input type="checkbox"/> Withdrew Explain: <u>hired</u>
CLAY?	2017 2020 - current	D/S	<input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending <input type="checkbox"/> Withdrew Explain: <u>hired</u>
			<input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending <input type="checkbox"/> Withdrew Explain:
			<input type="checkbox"/> In Progress <input type="checkbox"/> Disqualified <input type="checkbox"/> Pending <input type="checkbox"/> Withdrew Explain:

5. Have you ever been:
- a. dismissed by any employer? No Yes
 - b. asked to resign by any employer? No Yes
 - c. had any disciplinary action taken against you by an employer, or Supervisor? No Yes

If you answered "Yes" to any of these questions, give details:
not that I'm aware of.

6. Have you resigned or left a job:
- a. by mutual agreement? No Yes
 - b. after allegations of misconduct? No Yes
 - c. for unsatisfactory job performance? No Yes
 - d. in lieu of termination? No Yes

If you answered "Yes" to any of these questions, provide details:
I've always worked a two week notice.

Additional space is provided on page 23 for added responses.

Applicant Initials RF

7. Were you previously employed by any law Enforcement Agency? No Yes, provide the following details:

AGENCY, STATE	DATES - FROM/TO	POSITION(S)
Towns County SO	04/17 - 11/20	Deputy
Young Harris College Police	04/17 - 05/17	Officer

If "Yes", were you ever the subject of an Internal Affairs investigation? No Yes N/A If yes, provide details:

DATE	AGENCY	NATURE OF CASE	DISPOSITION
4/2016	Dept of corrections	use of force	Dismissed or informed.

8. If previously employed by a Law Enforcement Agency, did you fail to pass Probation or resign prior to the end of the Probationary Period? N/A No Yes, provide details:

9. Some positions require you to wear a uniform; are you willing to wear a uniform? No Yes

10. Are you related to anyone currently employed by the UCSO in any capacity? No Yes, provide:

Employee's Name: _____ Relationship: _____
 Department: _____ Position Held: _____

Employee's Name: _____ Relationship: _____
 Department: _____ Position Held: _____

11. Have you ever worked for the UCSO? No Yes, when? _____

Department: _____ Position Title: _____

SECTION III. EDUCATION HISTORY

1. High Schools - School Certified transcripts, sealed only, must be submitted

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR		GRADUATED	DIPLOMA TYPE
	FROM	TO		
Union County High/mec	2009	2013	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	High School Diploma
			<input type="checkbox"/> No <input type="checkbox"/> Yes	

Additional space is provided on page 23 for added responses.

Applicant Initials RF

2. Colleges/Universities – School Certified transcripts, sealed only, may be required from all institutions.

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR		CREDIT HOURS EARNED		GRADUATE	DIPLOMA TYPE
	FROM	TO	QTR.	SEM.		
					<input type="checkbox"/> No <input type="checkbox"/> Yes	
					<input type="checkbox"/> No <input type="checkbox"/> Yes	

3. Other Schools (Trade, Vocational, Business, Military, or Criminal Justice Institute)

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR		CREDIT HOURS EARNED	AREA OF STUDY	GRADUATE	DEGREE/ CERTIFICATION TYPE
	FROM	TO				
Georgia Basic Law Enforcement Training	1/2017	3/24/17	408	Law Enforcement	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Basic Mandate Certification
Cherokee County GA					<input type="checkbox"/> No <input type="checkbox"/> Yes	

4. Were you ever dismissed from a School or College, or was any disciplinary action, including Scholastic Probation, ever taken against you? No Yes, provide details:

SCHOOL OR COLLEGE	DATE	TYPE OF ACTION	REASON
High School	unknown	out of school suspension 3-Day	fighting

5. Describe Awards, Honors and Citations, positions held in School Organizations, and any other special recognition you received while attending Schools, Colleges and Universities:

6. Indicate language(s), other than English, you can: (N/A)

- Speak _____ at what level? Beginner Intermediate Fluent
- Read _____ at what level? Beginner Intermediate Fluent
- Write _____ at what level? Beginner Intermediate Fluent
- Speak _____ at what level? Beginner Intermediate Fluent
- Read _____ at what level? Beginner Intermediate Fluent
- Write _____ at what level? Beginner Intermediate Fluent

Additional space is provided on page 23 for added responses.

Applicant Initials RF

7. Indicate special skills you possess and equipment you can use which may be related to Law Enforcement. (For example: Two-way Radio Communications, Breathalyzer, Speed Detection Equipment, Firearms):

I have had various drug enforcement/interdiction class
 Advanced Traffic law class. I can use Radar and/or
 Lidar equipment, PBT/Breathalyzer, Firearms.

8. Have you used computers or computer terminals in your prior or current position, or in your personal time?

No Yes, provide details; list programs, software, hardware used:

Tough Book Southern Software.

SECTION IV.

ARREST HISTORY

AS AN APPLICANT, YOU MUST LIST ANY AND ALL ARRESTS, ADULT OR JUVENILE; INCLUDING RECORDS WHICH WERE SEALED, EXPUNGED, OR OTHERWISE CLOSED TO PUBLIC INSPECTION

1. Have you ever been arrested, detained or taken into custody by a Federal, State or Local Law Enforcement Agency in the United States or any foreign land, as a juvenile or as an adult, for any criminal charge or civil law-related offense? No Yes, provide details:

ATTACH ARREST REPORT, DISPOSITION AND ALL SUPPORTING DOCUMENTS

DATE	AGENCY NAME CITY, STATE, COUNTRY	CHARGE	COURT NAME, CITY, STATE	DISPOSITION & CIRCUMSTANCES OF ARREST
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:

2. Have you ever been, or suspect you may have been, investigated by any Federal, State or Local Law Enforcement Agency in the United States or any foreign land as an adult or juvenile? No Yes, provide details:

DATE	AGENCY INVOLVED	CIRCUMSTANCES
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Circumstance:
		Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Circumstance:

Additional space is provided on page 23 for added responses.

Applicant Initials RT

3. Have you ever entered into a Pre-Prosecution Diversionary Program? No Yes, provide details:

4. Have you ever been convicted, pled guilty, or pled nolo contendere to any criminal charge(s) in any court, in any country as an adult or juvenile? No Yes, provide details:

DATE	AGENCY NAME CITY,STATE,COUNTRY	CHARGE	COURT NAME, CITY, STATE	DISPOSITION & CIRCUMSTANCES OF ARREST
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:

5. Explain in detail, any arrest, charge, conviction, guilty plea or any other criminal matter expunged or sealed from your record as either a juvenile or adult: N/A

6. Have you ever been placed on probation for a criminal matter by a Federal, State, or Local Court in the United States or any other country as an adult or juvenile? No Yes, provide details:

DATE OF PROBATION	COURT LOCATION	CHARGE(S)	DISPOSITION

7. Have you ever been detained, incarcerated, or served a sentence in any Youth Home, Jail, Prison, Penitentiary or other Detention Facility? No Yes, provide details:

Additional space is provided on page 23 for added responses.

Applicant Initials *RF*

8. Have you ever been questioned or interrogated by any Law Enforcement Agency, as an adult or juvenile?

No Yes, provide details:

9. Have you ever been fingerprinted for any reason (Arrest, Job Application, Military, etc.)? No Yes, provide details:

Yes for a conceal carry license
Job Application.

10. Have you ever been reported or listed as a Missing Person? No Yes, provide details:

11. Have you ever been involved, investigated, charged or convicted of any charge involving Domestic Violence?

No Yes, provide details:

Date was October 2012

I had an ex parte that was taken out on
me by a prior Girlfriend But was Dismissed in court.

12. Have you ever placed a domestic violence injunction or any type of restraining order against any other person?

No Yes, provide details:

13. Have you ever been served with a restraining order, injunction or any other court order to stay away from someone? No Yes, provide details:

I had an ex parte that was taken out
But was Dismissed

14. Has any member of your immediate family ever been arrested for or convicted of a criminal offense?

No Yes, provide details:

Additional space is provided on page 23 for added responses.

Applicant Initials

RF

SECTION V. CIVIL COURT HISTORY

1. Were you ever summoned or subpoenaed to Court in a Civil Proceeding, or were you ever a Party (Plaintiff or Defendant) in a Civil Action in this State or elsewhere? No Yes, provide details:

I had an ex parte Court hearing for allegations made however it was dismissed.

SECTION VI. CHARACTER REFERENCES

1. List six (6) character references who have known you well for at least one (1) year. Do not include relatives, former employers, or persons living outside the United States or its Territories. List only character references who have a definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the names of supervisors previously listed in this process.

COMPLETE NAME <i>Justin Osborn</i>		HOME PHONE
ADDRESS [REDACTED]		CELL PHONE [REDACTED]
CITY, STATE, ZIP <i>Hayesville Nc 28904</i>		BUSINESS/DAYTIME PHONE
EMAIL ADDRESS:	YEARS ACQUAINTED <i>6</i>	OCCUPATION (If retired, list previous occupation) <i>Clay County S.O</i>
COMPLETE NAME <i>Nicholas Queen</i>		HOME PHONE
ADDRESS [REDACTED]		CELL PHONE [REDACTED]
CITY, STATE, ZIP <i>Murphy Nc 28706</i>		BUSINESS/DAYTIME PHONE
EMAIL ADDRESS:	YEARS ACQUAINTED <i>8</i>	OCCUPATION (If retired, list previous occupation) <i>Clay County Sheriff's office</i>
COMPLETE NAME <i>Paul Cochran</i>		HOME PHONE
ADDRESS [REDACTED]		CELL PHONE [REDACTED]
CITY, STATE, ZIP <i>Blue Ridge Ga</i>		BUSINESS/DAYTIME PHONE
EMAIL ADDRESS:	YEARS ACQUAINTED <i>8</i>	OCCUPATION (If retired, list previous occupation) <i>Dept of corrections</i>
COMPLETE NAME <i>Bill Carway</i>		HOME PHONE
ADDRESS [REDACTED]		CELL PHONE [REDACTED]
CITY, STATE, ZIP <i>Wame Nc 28904</i>		BUSINESS/DAYTIME PHONE
EMAIL ADDRESS:	YEARS ACQUAINTED <i>4</i>	OCCUPATION (If retired, list previous occupation) <i>Town's County SO</i>

Additional space is provided on page 23 for added responses.

Applicant Initials *RF*

COMPLETE NAME <i>Derrick Bradshaw</i>		HOME PHONE
ADDRESS		CELL PHONE [REDACTED]
CITY, STATE, ZIP <i>Hawassa GA 30546</i>		BUSINESS/DAYTIME PHONE
EMAIL ADDRESS:	YEARS ACQUAINTED <i>4</i>	OCCUPATION (If retired, list previous occupation) <i>Bell mtn Auto Body Shop</i>

COMPLETE NAME <i>Tyler Faggard</i>		HOME PHONE
ADDRESS		CELL PHONE [REDACTED]
CITY, STATE, ZIP <i>Young Harris GA 30582</i>		BUSINESS/DAYTIME PHONE
EMAIL ADDRESS:	YEARS ACQUAINTED	OCCUPATION (If retired, list previous occupation) <i>Cherokee Co S.C.</i>

SECTION VII. DRIVING HISTORY

1. Do you possess a Georgia Driver's License? No Yes, what type? *Class C*
 License Number: [REDACTED] Expiration Date: [REDACTED]
 Restrictions: N/A; if yes, explain: *A* Endorsements: N/A; if yes, explain: _____

2. Do you now or have you ever possessed a motor vehicle license of any kind issued by any State other than Georgia? No Yes, provide details:

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

3. How many years have you operated a motor vehicle? *11*

4. Was your Driver's License ever suspended or revoked? No Yes, provide details:

5. How many vehicles do you currently own or lease, including joint ownership? *3*

YEAR	MAKE & MODEL	TAG NUMBER	COLOR
<i>1994</i>	<i>Jeep Wrangler</i>	<i>Tab 9878</i>	<i>Blue</i>
<i>2012</i>	<i>Ford F150</i>		<i>Blue</i>

Additional space is provided on page 23 for added responses.

Applicant Initials *RF*

6. Have you ever been refused auto insurance? No Yes, provide details:

7. Indicate every traffic ticket received within the last 3 years in this State or elsewhere, excluding parking violations:

DATE	OFFENSE	ISSUING AGENCY/LOCATION	AGE AT TIME

8. List all traffic accident involvement within the last 3 years:

DATE	ISSUING AGENCY/LOCATION	INJURIES	DEATH	AT FAULT
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

SECTION VIII. MILITARY HISTORY

1. Are you registered with Selective Service? No Yes, date registered: _____ Board Location: _____

2. Have you ever served Active Duty in the U.S. Armed Forces; Military Reserve or National Guard Organization?

No Yes, provide details:

Branch: _____ Highest Rank at discharge: _____
 Service #: _____ Duty Dates: _____

From: _____ To: _____ From: _____ To: _____ Date of _____

Discharge: _____ Type of Discharge: _____

3. Were you ever Court-Martialed, tried on charges, or the Subject of a Summary Court, Deck Court, Captains Mast, Article 15, Company Punishment, Page 7, or any other disciplinary action while in the Military?

No Yes, provide detail: include reason, type of disciplinary action, date(s), charge(s), final disposition: _____

Additional space is provided on page 23 for added responses.

Applicant Initials **RF**

4. Are you required to attend Military Training Meetings? No Yes, provide details including obligation completion date:

5. List any specialized school(s) you attended while in the Armed Forces. N/A

6. List Commendations and Citations awarded to you as a Member of the Armed Forces. N/A

7. Have you ever served in a Military or Para-Military organization of any Foreign Government? No Yes, provide details including type of discharge:

SECTION IX. FINANCIAL HISTORY

1. Are you or your spouse/significant other indebted to anyone? No Yes, list all debts over \$250, including student loans and charge accounts; list any debt where payment was past due, regardless of the amount:

CREDITOR	ADDRESS	BALANCE DUE
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

2. What is your total average monthly payment on the following: [REDACTED]

	AMOUNT PAID		AMOUNT PAID
MORTGAGE/RENT	[REDACTED]	AUTO PAYMENT	[REDACTED]
ELECTRIC/GAS	[REDACTED]	AUTO INSURANCE	[REDACTED]
TELEPHONE/CELLULAR	[REDACTED]	CREDIT CARDS(S)	
WATER	[REDACTED]	LOAN(S)	
CHILD CARE	[REDACTED]	FOOD	[REDACTED]
CHILD SUPPORT		OTHER (SPECIFY)	
ALIMONY		OTHER (SPECIFY)	
TOTAL MONTHLY PAYMENT:			[REDACTED]

3. Do you have any other source of income? No Yes, provide details:

wife

4. Have you, your spouse/significant other or a company you controlled:

a. ever filed bankruptcy? No Yes

b. declared bankruptcy? No Yes

c. had a legal judgment rendered against you for a debt? No Yes

If you answered "Yes" to any of these questions, provide details:

5. Have you ever been denied credit? No Yes, provide specific details:

Not that I'm aware of

6. Have your accounts ever been placed in the control of a Collection Agency or reported as a "bad debt"?

No Yes, provide details:

possibly a dish network account

7. Has Legal Action ever been taken against you for failing to make child support payments or delaying payments?

N/A No Yes, provide details:

8. Child Support Payments are made through:

Court Order

Payroll Deduction

Voluntary Payments

N/A

9. Have you ever had any personal property repossessed? No Yes, provide details:

Additional space is provided on page 23 for added responses.

Applicant Initials *RF*

10. Have you ever falsified your credit to get money? No Yes, provide details:

11. Have you ever failed to file City, State or Federal Income Tax Returns? No Yes, provide details:

12. Do you owe the Federal Government any money? No Yes, provide details:

13. Have you ever received unemployment insurance or other Federal, State or Local benefits or assistance?

No Yes, provide details:

SECTION X. CONTROLLED SUBSTANCES

1. During your ENTIRE LIFETIME, have you ever tried, used, or experimented with the following substances?

AMPHETAMINES	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	P.C.P.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
BARBITUATES	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	PEYOTE (Mushrooms)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
COCAINE	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	QUAALUDES	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
HASHISH	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	STEROIDS	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
HEROIN	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	THC	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
LSD	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	OTHER	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
MARIJUANA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	OTHER	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
MESCALINE	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	OTHER	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
METHADONE	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	OTHER	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2. Have you ever experimented with drugs or controlled substances in the past without a Physician's prescription? "Experimented" means smoking, inhaling, swallowing, placing to gums, lips or tongue, injecting, or ingesting by any other means. No Yes

3. Do you now or have you ever possessed drugs or controlled substances without a Physician's prescription? No Yes

4. Do you now or have you ever unlawfully supplied, made or sold drugs or controlled substances? No Yes

5. Have you ever purchased any illegal drugs? No Yes

6. Have you ever made any illegal drugs? No Yes

If you answered "Yes" to any of the previous questions, provide details on the next page.

Additional space is provided on page 23 for added responses.

Applicant Initials RF

DRUG OR CONTROLLED SUBSTANCE	FIRST TIME USED MO/YR	DATE LAST USED MO/YR	TYPE OF ACTIVITY/EXPLAIN
<input type="checkbox"/> Used <input type="checkbox"/> Made <input type="checkbox"/> Sold <input type="checkbox"/> Possessed <input type="checkbox"/> Purchased Name of Substance			
<input type="checkbox"/> Used <input type="checkbox"/> Made <input type="checkbox"/> Sold <input type="checkbox"/> Possessed <input type="checkbox"/> Purchased Name of Substance			
<input type="checkbox"/> Used <input type="checkbox"/> Made <input type="checkbox"/> Sold <input type="checkbox"/> Possessed <input type="checkbox"/> Purchased Name of Substance			
<input type="checkbox"/> Used <input type="checkbox"/> Made <input type="checkbox"/> Sold <input type="checkbox"/> Possessed <input type="checkbox"/> Purchased Name of Substance			

7. Have you ever been present during ANY type of sale, transfer, storage, possession or delivery of any controlled or illegal substance (regardless of amount)? No Yes, provide details:

UNDER PENALTY OF PERJURY, I DELCARE THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

[Signature]
SIGNATURE OF APPLICANT

06/16/2021
DATE

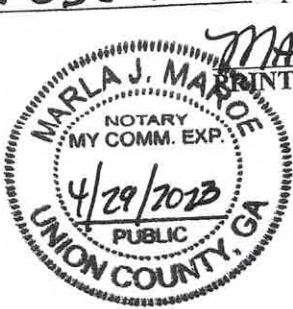
STATE OF Georgia COUNTY OF Union

Subscribed and Sworn Before Me This 24 Day of June, 2021

By Ryan James Forester Personally Known To Me Produced Identification

Type of Identification Produced: GA D/L 056461739 Expires on: 7/14/2024

[Signature]
SIGNATURE OF NOTARY



MARLA J. MARDE
PRINTED NAME OF NOTARY

My Commission Expires: 4/29/2023

Additional space is provided on page 23 for added responses.

Applicant Initials RF

SECTION XI. MISCELLANEOUS

1. Do you now or have you ever used any tobacco products? No Yes, provide details:

TYPE OF TOBACCO PRODUCT USED	FIRST TIME USED MONTH/YEAR	DATE LAST USED MONTH/YEAR	HOW OFTEN
Chewing tobacco Cigar	2013	June 14 2021	all the time

2. Has your name ever been legally changed? No Yes, please give dates, names and reasons. Provide copies of official documentation:

3. Does your spouse/significant other support your decision to be a Public Servant? No Yes N/A

4. Are you now or have you ever been a member of any group- whose goal is to deny other persons their rights under the Constitution of the United States **and/or** seeks to alter the form of government of the United States or any other country by unconstitutional means? No Yes, provide specific details:

5. Do you have a Concealed Weapons Permit? No Yes, in what State? _____

Permit # F139 160373 Why? Because it's my right to carry

6. Have you ever used a firearm or other deadly weapon? No Yes, provide specific details:

Target shooting, hunting

7. Are you now, or have you ever been associated with any individual or organization which was investigated or is being investigated for involvement in criminal activity? No Yes, provide specific details:

8. How did you learn about the position for which you are applying?

- County Employee
- Visit to Human Resources
- County/Agency's Web Page
- Employment Agency
- College/High School
- Job/Career Fair, Where? _____
- Internet Site: _____
- Newspaper Ad _____
- Recruitment Posting at: _____
- Other _____



Additional space is provided on page 23 for added responses.

Applicant Initials DLR

AFFIDAVIT AND CONSENT

I, Ryan James Forsyth, am being considered for employment for the position of Deputy Sheriff. I understand the preceding Personal History Questionnaire is considered part of my official application for the above named position. By signing this document, I hereby certify all information contained in the attached Personal History Questionnaire and all accompanying documents submitted are true, accurate and complete to the best of my knowledge and there is no material falsification, misrepresentation or omission. I also understand all statements and accompanying documents are subject to investigation and any material falsification, misrepresentation, omission or other unfavorable information developed during any phase of the background investigation process or anytime thereafter, is sufficient cause for immediate disqualification, immediate dismissal from County service and/or subject to prosecution for the criminal violation of perjury.

I consent to submit to the following background investigation procedures which may include, but not limited to: medical evaluation, urinalysis, mental health evaluation and or polygraph and fingerprint processing, oral interview, and other means as deemed necessary and proper by the Union County Sheriff's Office to complete its investigation as to my fitness and suitability for the classification for which I have applied. I thoroughly understand that I must successfully complete the above mentioned process.

I understand that the Union County Sheriff's Office will not reimburse any expenses I might incur in seeking this position. I recognize that the time required to process and select employees for this position is lengthy and time consuming. No promises or commitments are expected by me as to a time when a hiring decision and/or actual hiring might take place.

I understand and consent to all of the above statements and conditions.

Ryan James Forsyth

PRINT FULL NAME

RYAN JAMES FORSYTH

DATE 6/24/2021

Ryan JF
SIGNATURE OF APPLICANT

STATE OF Georgia COUNTY OF Union

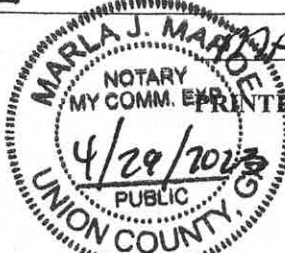
Subscribed and Sworn Before Me This 24 Day of June, 2021.

By Ryan James Forsyth
NAME OF APPLICANT

Personally Known To Me Produced Identification

Type of Identification Produced: Ga DJL 056461739 Expires on: 7/14/2024

Marla J. Marde
SIGNATURE OF NOTARY



MARLA J. MARDE
PRINTED NAME OF NOTARY

My Commission Expires: 4/29/2023

Additional space is provided on page 23 for added responses.

Applicant Initials RJF

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Additional space is provided on page 23 for added responses.

Applicant Initials RF

BACKGROUND INFORMATION RELEASE WAIVER

In connection with my application for employment with the Union County Sheriff's Office, I understand a background investigation, in accordance with the Fair Credit Reporting Act and all State and Federal laws, is to be conducted, and may include information about my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent towards determining my qualifications for employment.

I understand, according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Credit Reporting Agency. Upon written request, I will be informed whether an Investigative Consumer Report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

I understand that during this background investigation, the Union County Sheriff's Office may make inquiries and request information including but not limited to my criminal history, consumer credit history, employment history, driving history, military history, medical history, workers' compensation history, education, professional licensing, including information of a confidential or privileged nature.

I hereby authorize, without reservation, any party (including, but not limited to, past and present employers, Law Enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by the Union County Sheriff's Office, to furnish any or all of the above mentioned information. In addition, I hereby release the Union County Sheriff's Office and its agents or representatives, from any and all liability for damages arising from this background investigation and the disclosure of the requested information. I further release and discharge from all liability, any companies, agencies, officials, officers, employees, and other persons, who, in good faith, provides to the Union County Sheriff's Office any of the above mentioned requested information obtained during the course of the background investigation.

I will also allow a photocopy or facsimile of this Background Information Release Waiver to be as valid as the original.

Ryan James Forsyth

[Signature]

PRINT FULL NAME

SIGNATURE OF APPLICANT

DATE OF BIRTH

SOCIAL SECURITY NUMBER

STATE OF Georgia COUNTY OF Union

Subscribed and Sworn Before Me This 24 Day of June, 2021

By Ryan James Forsyth
NAME OF APPLICANT

Personally Known To Me Produced Identification

Type of Identification Produced: GA D/L Expires on: 7/14/2026

Marla J. Maroe

MARLA J. MAROE

SIGNATURE OF NOTARY

PRINTED NAME OF NOTARY

My Commission Expires: 4/29/2023



Additional space is provided for typed responses.

Applicant Initials

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Additional space is provided on page 23 for added responses.

Applicant Initials RF

HAVE YOU EVER BEEN INVOLVED IN, OR HAVE KNOWLEDGE OF, ANY ILLEGAL, OR CRIMINAL ACTIVITY, REGARDLESS OF WHETHER OR NOT IT WAS REPORTED TO A LAW ENFORCEMENT AGENCY? YES NO

If yes, please give a detailed explanation:

Speeding

Ran a Red light.

SAD I took a tape measure from the A to Z outlet when I was 10 years old

[Handwritten Signature]

SIGNATURE

Ryan Forsyth

PRINT NAME

6/11/14

DATE

**PLEASE ATTACH
A
PASSPORT
PHOTOGRAPH OF
YOURSELF IN
THIS SECTION.**

Additional space is provided on page 23 for added responses.

Applicant Initials **RF**

In your own words and handwriting, tell us why you chose to apply for the position of _____ with the Union County Sheriff's Office. (Do not attach a typed document.)

Union County is one of the Best Communities in the State of Georgia. Sheriff Mason has a wonderful Sheriff's office staff that works great with the Community.

Surrounding Agencies hold the upmost respect for Sheriff Mason and the Sheriff's office.

I would love to Be apart of Union County Sheriff's office. For several Reasons Such as great training, equipment and better pay.

Additional space is provided on page 24 for added responses.

Applicant Initials RF

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next of kin using eVetRecs at <http://www.archives.gov/veterans/evetrecs/>.

2. Personnel records and Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service less than 62 years ago and STR's are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STR's of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs approximately 40 days after the last day of active duty. (See item 3, Archival Records, if the military member was discharged, retired or died in service over 62 years ago.)

a. **Release of information:** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel records and/or STR's must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters must provide proof of death, such as a copy of a death certificate, letter from funeral home or obituary.

b. **Fees for records:** There is no charge for most services provided to service members or next of kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service 62 or more years ago have been transferred to the legal custody of NARA and are referred to as "archival" records.

a. **Release of Information:** Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next of kin is not required. However, in order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and preclude the release of some information.

b. **Fees for Archival Records:** Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). You will be notified if there is a charge for photocopies of documents contained in the record you are requesting.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHPP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/evetrecs/> *

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)							
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")	
a. ACTIVE COMPONENT							
b. RESERVE COMPONENT							
c. NATIONAL GUARD							
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES			

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

- DD Form 214 or equivalent.** This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. Check the appropriate box below to specify a deleted or undeleted copy. When was the DD Form(s) 214 issued? YEAR(S):
 - UNDELETED:** Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
 - DELETED:** The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- All Documents in Official Military Personnel File (OMPF)**
- Medical Records** (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, provide facility name and date for each admission:
- Other** (Specify):

2. **PURPOSE:** (An explanation of the purpose of the request is strictly voluntary; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- Benefits Employment VA Loan Programs Medical Medals/Awards Genealogy Correction Personal
- Other, explain: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:** (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

- Military service member or veteran identified in Section I, above
- Next of kin of deceased veteran (Must provide proof of death).

Show relationship: _____

(See item 2a on accompanying instructions.)

- Legal guardian (Must submit copy of court appointment.)
- Other (specify) _____

2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

Name

Street Apt.

City State Zip Code

3. **AUTHORIZATION SIGNATURE REQUIRED** (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Signature Required - Do not print

Date of this request () Daytime phone

Email address

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	14
	Discharged, deceased, or retired after 10/16/1992	14	11
	Reserve; or active duty records of current National Guard members who performed service in the U.S. Army before 7/1/1972	7	
	Active enlisted (including National Guard on active duty in the U.S. Army) or TDRL enlisted	9	
	Active officers (including National Guard on active duty in the U.S. Army) or TDRL officers	8	
	Current National Guard enlisted and officer not on active duty in Army (including records of Army active duty performed after 6/30/1972)	13	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

Air Force Personnel Center HQ AFPC/DPSSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80280-4600	7	U.S. Army Human Resources Command ATTN: AHRC-PAV-V 1 Reserve Way St. Louis, MO 63132-5200	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
Commander, CGPC-adm-3 USCG Personnel Command 4200 Wilson Blvd., Suite 1100 Arlington, VA 22203-1804	8	U.S. Army Human Resources Command ATTN: AHRC-MSR 200 Stovall Street Alexandria, VA 22332-0444	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	Commander USAEREC ATTN: PCRE-F 8899 E. 56th St. Indianapolis, IN 46249-5301	14	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100 <i>http://www.archives.gov/veterans/evetrecs/</i>
Marine Corps Mobilization Command 15303 Andrews Road Kansas City, MO 64147-1207	10	Navy Personnel Command (PERS-312E) 5720 Integrity Drive Millington, TN 38055-3120		

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UNION COUNTY SHERIFF'S OFFICE

MEMORANDUM

To: EMPLOYMENT CANDIDATE
From: UNION COUNTY SHERIFF'S OFFICE
Date:
Subject: MEDICAL SCREENING PHYSICIANS AFFIDAVIT

As part of the application and background process the attached form must be complete by a licensed physician.

Please take this form to your physician and have your doctor complete this in a timely manner.

The **original** Physicians Affidavit is to be completed and submitted with your background questionnaire when it is submitted to the Sheriff's Office.

ADDITIONALLY, please ask the physician to send a copy of the completed Physicians Affidavit via FAX to the Sheriff's Office upon completion.

The number for it to be faxed to is (706)439-6068, ATTENTION BACKGROUND INVESTIGATOR.

APPLICATION FOR EMPLOYMENT
UNION COUNTY SHERIFF'S OFFICE
UNION COUNTY JAIL
940 Beasley Street
Blairsville, GA 30512
706-439-6066-Office
706-439-6080-Jail

Please Print

Equal access to programs, services and employment is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative to the Human Resources Department

Position Applied For: Deputy Date of Application: 6/14/24

Name: Ryan James Forsyth SSN: [REDACTED]

Address: [REDACTED] Young Ham's Ga 30582

Telephone: _____ Cell Phone: [REDACTED] DOB: [REDACTED]

If you are under 18, and it is required, can you furnish a work permit? _____

If no, please explain: _____

Have you ever been employed here before? If so, give dates & positions: _____

Are you legally eligible for employment in this county? yes

Date available for work: 6/1/2024 What is your desired salary? 19.00

Type of employment desired: Deputy Sheriff

Full Time _____ Part Time X Temporary _____ Seasonal _____

Are you able to meet the attendance requirements of the position? yes

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime: NO

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT, FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license # if driving is an essential job function [REDACTED] State: GA

Employment History

Provide the following information of your past four employers, assignments or volunteer activities, starting with the most recent.

From To	Employer	Telephone
11/20 - Present	Clay County SO	828-309-6354
Starting Job Title/Final	Address	
Deputy	795 Court House Dr.	
Immediate Supervisor	Nature Of Work	May We Contact Them?
Sgt. Mike Dely	Deputy	yes
Reason For Leaving		Salary
		15.50
From To	Employer	Telephone
4/17 - 11/2020	Towns County Sheriff Office	706-8967444
Starting Job Title/Final	Address	
Deputy / De Sgt Deputy	4070 Hwy 339 Young Harris Ga 30582	
Immediate Supervisor	Nature Of Work	May We Contact Them?
Lt. McCoy	Road Lt.	yes
Reason For Leaving		Salary
Personal Reasons with Sheriff Henderson		18.00
From To	Employer	Telephone
09/14 - 4/17	Colwell Probation Detention Center	706-745-3610
Starting Job Title/Final	Address	
Corrections Officer	189 Beasley St. Blairsville Ga 30512	
Immediate Supervisor	Nature Of Work	May We Contact Them?
Sgt. Demetrius Wilson	Shift Supervisor	yes
Reason For Leaving		Salary
I want to further my career in law enforcement		14.00
From To	Employer	Telephone
07/13 - 09/14	HAYS State Prison	
Starting Job Title/Final	Address	
Corrections Officer	777 Underwood Dr Trion Ga	
Immediate Supervisor	Nature Of Work	May We Contact Them?
Sgt. Allen	Supervisor	yes
Reason For Leaving		Salary
I wanted to move back home.		14.00

Skills & Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying.

Post certified K-9 handler certified, Advanced traffic law, SFT, Drug enforcement Certification, Radar and Licer Certification

Educational Background

High School: Union County High/MCC Year Completed: 12

College: _____ Major: _____ Degree: _____

Other: _____

References:

Name:	Phone:	Number Of Years Known:
<u>Nick Queen</u>		<u>8 years</u>
<u>Bobby Deese</u>		<u>3 years</u>
<u>Terry Conner</u>		<u>4 years</u>

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application (2) immediately discharge me from the employer's service, whenever it is discovered. Expressly authorize without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, job interview. I hereby waive any and all rights and claims I may have regarding the employers, its agents, employees, representatives, for seeking, gathering and using such information in the employment proves and all other persons, corporations or organizations for furnishing information about me.

I understand that the employer does not unlawfully discriminate its employment and no question on this application is used for the purpose or limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

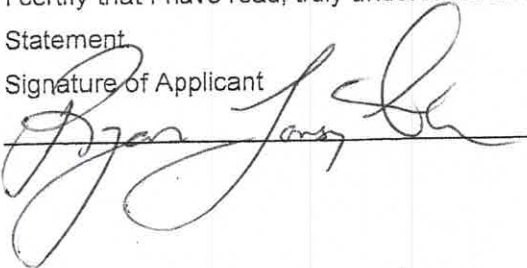
If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employers reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete a I-9 Form in this regard.

UNION COUNTY IS A DRUG FREE WORKPLACE!

Do not sign until you have read the above applicant statement.

I certify that I have read, truly understand and accept all terms of this foregoing Applicant Statement

Signature of Applicant


Date _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the Ryan Forsyth _____ to receive any Georgia or _____
Criminal Justice Agency

III criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

Full Name (print): <u>RYAN JAMES FORSYTH</u>			
Address: <u>[REDACTED]</u>			
Sex	Race	Date of Birth	Social Security Number
<u>male</u>	<u>white</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

This authorization is valid for 90/180/365 (circle one) days from date of signature.

I, Ryan Forsyth give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.

[Signature] _____ Date 6/24/2021

Date of inquiry: 4/23/2021 Time of inquiry: 3:50 PM Operator's initials: MJM

Purpose Code used: (check one)

<input type="checkbox"/>	Civilian Employment with a Criminal Justice Agency (J) – Provides complete Georgia and III Criminal History Record Information except juvenile or restricted records and
<input checked="" type="checkbox"/>	P.O.S.T. Certified Employment with a Criminal Justice Agency (Z) - Provides Georgia and III Criminal History Record Information including restricted records that contain completed first offender sentences for any offense

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia or III CHRI results available.
<input type="checkbox"/>	Georgia / III CHRI attached/released.
<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	_____
Agency Telephone:	_____

Agency Designee Signature and Title _____ Date _____



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



Data Report System

Individual Officer Profile

Created: 06-21-2021 02:30

Requested by: John George

Officer Key **O208518**
 Officer Name **RYAN JAMES FORSYTH**
 Race **White (Not Hispanic or Latino)**
 Education **High School Diploma**
 Status **In Good Standing**



O208518

Officer Certifications

Certification	Description	Certification Type	Status
PS2520190058S	RADAR AND LIDAR OPERATOR CERTIFICATION	Specialized	Active
PBLE20170208518	BASIC LAW ENFORCEMENT	Basic	Active
PBCO20130208518	CORRECTIONS OFFICER	Basic	Expired

Instructor Certifications

None Found

Employment History

Agency	Rank	Start Date	End Date	Status
TOWNS COUNTY SHERIFFS OFFICE	Deputy Sheriff	April 10, 2017	November 14, 2020	Voluntary Resignation
COLWELL DETENTION CENTER	Corrections Officer	September 1, 2014	April 9, 2017	Voluntary Resignation
HAYS STATE PRISON	Corrections Officer	July 1, 2013	August 31, 2014	Transfer

Sanctions

None Found

Training History

Date	Number	Course	Hours
February 9, 2021	IFM22F	USE OF DEADLY FORCE	2
February 9, 2021	ICR02G	DE-ESCALATION TECHNIQUES	1
February 9, 2021	IGS10G	COMMUNITY POLICING	2
			2021 Total Hours : 5
November 9, 2020	VGM99G	GA POST BLOCK FOR RECERTIFICATION	2
November 1, 2020	DLT00G	DUE REGARD (GPSTC ONLINE)	1
November 1, 2020	DGW04G	INTELLECTUAL & NEURODEVELOPMENTAL DISABILITIES	1
October 27, 2020	DLU20G	LEGISLATIVE & CASE LAW UPDATE 2020 (GPSTC ONLINE)	1
October 22, 2020	IWD05G	DUI UPDATE	4
October 21, 2020	UFL01F	PATROL RIFLE QUALIFICATION	1

October 21, 2020	UFE02F	JTGUN QUALIFICATION	1
October 20, 2020	UFM01F	BACK-UP WEAPON QUALIFICATION	1
October 15, 2020	DBN01G	EVIDENCE COLLECTION & PRESERVATION (GPSTC ONLINE)	1
October 13, 2020	UFR00F	FIREARMS REQUALIFICATIONS	2
October 12, 2020	DJM01G	TRANSPORTING PRISONERS (GPSTC ONLINE)	1
September 25, 2020	AXM31G	DRUG ENFORCEMENT INVESTIGATIONS	80
August 26, 2020	DCR03G	USE OF FORCE & DE-ESCALATION OPTIONS FOR GAINING COMPLIANCE (G.I.)	9
July 14, 2020	ITM13G	VEHICLE PURSUITS	1
July 14, 2020	IGM54G	OFF DUTY CONDUCT	1
July 14, 2020	IHM04G	RESPONSE TO CRITICAL INCIDENTS	1
July 14, 2020	IGK00G	ETHICS AND PROFESSIONALISM	1
July 14, 2020	IFM22F	USE OF DEADLY FORCE	1
July 14, 2020	ICD09G	OFFICER INVOLVED DOMESTIC VIOLENCE	1
July 14, 2020	IBI14G	INTERNAL AFFAIRS/PROFESSIONAL STDS	1
July 14, 2020	ILF01G	SEXUAL HARASSMENT	1
July 14, 2020	ILQ00G	SEARCH AND SEIZURE	1
July 14, 2020	IBM22G	PROFILING	1
June 11, 2020	IDG16G	TASER RECERTIFICATION	4
March 5, 2020	IFM58G	USE OF DEADLY FORCE & DE-ESCALATION	2
March 5, 2020	IGS10G	COMMUNITY POLICING	2
February 5, 2020	ALS01G	ADV SEARCH WARRANTS/AFFIDAVITS	24
January 9, 2020	ITI00G	ACCIDENT INVESTIGATION	4

2020 Total Hours : 151

December 31, 2019	DYE00G	CULTURAL AWARENESS (Gov. Initiative)	2
December 20, 2019	AWG01G	DUI/DWI DET. & STAN. FIELD SOBRIETY TEST	24
December 9, 2019	DYM05G	DE-ESCALATION OPTIONS FOR GAINING COMPLIANCE (GPSTC)	2
November 12, 2019	NYI03G	DETECTING DECEPTION	16
October 10, 2019	DYM02G	BUILDING POSITIVE COMMUNITY RELATIONS (GPSTC)	1
September 18, 2019	DLU19G	LEGISLATIVE & CASE LAW UPDATE 2019 (GPSTC ONLINE)	2
September 14, 2019	DLQ01G	SEARCHING MOTOR VEHICLES (GPSTC ONLINE)	1
September 13, 2019	CAF02G	ADVANCED TRAFFIC LAW	24
June 14, 2019	UFM01F	BACK-UP WEAPON QUALIFICATION	1
June 13, 2019	UFR00F	FIREARMS REQUALIFICATIONS	2
March 24, 2019	DGW01G	DEALING W/MENTALLY ILL/DIMINISHED CAPACITY (GPSTC ONLINE)	1
March 21, 2019	IBM22G	PROFILING	1
March 21, 2019	IFM22F	USE OF DEADLY FORCE	1
March 21, 2019	ITM13G	VEHICLE PURSUITS	1
March 21, 2019	IHM04G	RESPONSE TO CRITICAL INCIDENTS	1
March 21, 2019	IGM54G	OFF DUTY CONDUCT	1
March 21, 2019	IGK00G	ETHICS AND PROFESSIONALISM	1
March 21, 2019	ICD09G	OFFICER INVOLVED DOMESTIC VIOLENCE	1
March 21, 2019	IBI14G	INTERNAL AFFAIRS/PROFESSIONAL STDS	1
March 21, 2019	ILQ00G	SEARCH AND SEIZURE	1
March 21, 2019	ILF01G	SEXUAL HARASSMENT	1
March 14, 2019	DJM01G	TRANSPORTING PRISONERS (GPSTC ONLINE)	1
February 28, 2019	DBN01G	EVIDENCE COLLECTION & PRESERVATION (GPSTC ONLINE)	1
February 9, 2019	DLT00G	DUE REGARD (GPSTC ONLINE)	1
February 4, 2019	DFM03G	CARRYING & POSSESSING WEAPONS IN GA (GPSTC ONLINE)	2

January 18, 2019	STE01R	ED DETECTION OPERATOR COURSE	16
January 16, 2019	DGB01G	GCIC SECURITY AWARENESS TRAINING	1
			2019 Total Hours : 108
October 24, 2018	UFE02F	SHOTGUN QUALIFICATION	1
October 24, 2018	UFL01F	PATROL RIFLE QUALIFICATION	1
September 26, 2018	DYP00G	FOSTERING POSITIVE COMMUNITY RELATIONS (Gov. Initiative)	3
September 26, 2018	DBN01G	EVIDENCE COLLECTION & PRESERVATION (GPSTC ONLINE)	1
September 26, 2018	DGW01G	DEALING W/MENTALLY ILL/DIMINISHED CAPACITY (GPSTC ONLINE)	1
September 26, 2018	DLU18G	2018 LEGISLATIVE & CASE LAW UPDATE	1
September 26, 2018	DLT00G	DUE REGARD (GPSTC ONLINE)	1
September 26, 2018	DJM01G	TRANSPORTING PRISONERS (GPSTC ONLINE)	1
September 26, 2018	VHQ01G	SUSPICIOUS ACTIVITY REPORTING/PRIVACY & CIVIL LIBERTIES	1
September 26, 2018	DYM05G	DE-ESCALATION OPTIONS FOR GAINING COMPLIANCE (GPSTC)	2
September 6, 2018	ILQ00G	SEARCH AND SEIZURE	1
September 6, 2018	IBM22G	PROFILING	1
September 6, 2018	ITM13G	VEHICLE PURSUITS	1
September 6, 2018	IHM04G	RESPONSE TO CRITICAL INCIDENTS	1
September 6, 2018	IFM22F	USE OF DEADLY FORCE	1
August 16, 2018	IBI14G	INTERNAL AFFAIRS/PROFESSIONAL STDS	1
August 16, 2018	ILF01G	SEXUAL HARASSMENT	1
August 16, 2018	IGM54G	OFF DUTY CONDUCT	1
August 16, 2018	IGK00G	ETHICS AND PROFESSIONALISM	1
August 16, 2018	ICD09G	OFFICER INVOLVED DOMESTIC VIOLENCE	1
July 31, 2018	DYM05G	DE-ESCALATION OPTIONS FOR GAINING COMPLIANCE (GPSTC)	2
July 31, 2018	DYP00G	FOSTERING POSITIVE COMMUNITY RELATIONS (Gov. Initiative)	3
July 30, 2018	DBN01G	EVIDENCE COLLECTION & PRESERVATION (GPSTC ONLINE)	1
July 27, 2018	DLU18G	2018 LEGISLATIVE & CASE LAW UPDATE	1
July 27, 2018	DLU18G	2018 LEGISLATIVE & CASE LAW UPDATE	1
June 22, 2018	UFM01F	BACK-UP WEAPON QUALIFICATION	1
June 22, 2018	UFR00F	FIREARMS REQUALIFICATIONS	2
June 22, 2018	UFR00F	FIREARMS REQUALIFICATIONS	1
May 18, 2018	VHQ01G	SUSPICIOUS ACTIVITY REPORTING/PRIVACY & CIVIL LIBERTIES	16
May 2, 2018	IFL03F	PATROL RIFLE	1
March 17, 2018	DJM01G	TRANSPORTING PRISONERS (GPSTC ONLINE)	4
February 6, 2018	IDG16G	TASER RECERTIFICATION	1
January 30, 2018	DLT00G	DUE REGARD (GPSTC ONLINE)	1
January 30, 2018	DGW01G	DEALING W/MENTALLY ILL/DIMINISHED CAPACITY (GPSTC ONLINE)	1
			2018 Total Hours : 57
December 31, 2017	DYP00G	FOSTERING POSITIVE COMMUNITY RELATIONS (Gov. Initiative)	3
November 21, 2017	UFM01F	BACK-UP WEAPON QUALIFICATION	1
November 9, 2017	ILF01G	SEXUAL HARASSMENT	1
November 9, 2017	IBI14G	INTERNAL AFFAIRS/PROFESSIONAL STDS	1
November 9, 2017	IGK00G	ETHICS AND PROFESSIONALISM	1
November 9, 2017	ILQ00G	SEARCH AND SEIZURE	1
November 9, 2017	IHM04G	RESPONSE TO CRITICAL INCIDENTS	1
November 9, 2017	IBM22G	PROFILING	1
November 9, 2017	IGM54G	OFF DUTY CONDUCT	1
November 9, 2017	ITM13G	VEHICLE PURSUITS	1
November 9, 2017	ICD09G	OFFICER INVOLVED DOMESTIC VIOLENCE	1

October 3, 2017	IDG16G	ER RECERTIFICATION	4
July 25, 2017	IXM19G	NALOXONE AUTO INJECTOR	1
July 25, 2017	ICR02G	DE-ESCALATION TECHNIQUES	2
July 25, 2017	IFM22F	USE OF DEADLY FORCE	1
April 10, 2017	UFR00F	FIREARMS REQUALIFICATIONS	1
March 30, 2017	INC00G	GA. DEPT. OF CORRECTIONS INSERVICE	8
March 29, 2017	INC00G	GA. DEPT. OF CORRECTIONS INSERVICE	8
March 24, 2017	BML13G	BASIC LAW ENFORCEMENT TRAINING COURSE (2013)	408
			2017 Total Hours : 446
December 14, 2016	ONM01G	NAT. INSTITUTE OF CORRECTIONS TRNG.	1
November 17, 2016	IFS01F	GLOCK TRANSITION COURSE	6
November 16, 2016	IFR02F	FIREARMS REQUAL& USE OF DEADLY FORCE (2 Hrs)	2
July 27, 2016	INC00G	GA. DEPT. OF CORRECTIONS INSERVICE	8
June 21, 2016	INC00G	GA. DEPT. OF CORRECTIONS INSERVICE	8
June 16, 2016	IFR04F	FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4
May 9, 2016	IFR04F	FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4
April 19, 2016	INC00G	GA. DEPT. OF CORRECTIONS INSERVICE	8
			2016 Total Hours : 41
October 14, 2015	INC00G	GA. DEPT. OF CORRECTIONS INSERVICE	16
June 22, 2015	IFR04F	FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4
			2015 Total Hours : 20
August 10, 2014	ICC01G	SUICIDE PREVENTION	1
June 4, 2014	IGK00G	ETHICS AND PROFESSIONALISM	1
April 30, 2014	IGB13G	SECURITY AND INTEGRITY OF CHRI (4 HR)	4
March 20, 2014	IDG17G	TASER X2	8
February 26, 2014	IFR04F	FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4
February 26, 2014	IOB02F	FIREARMS RIFLE RECERTIFICATION	2
February 26, 2014	IOB03F	FIREARMS SHOTGUN RECERTIFICATION	2
February 25, 2014	INC00G	GA. DEPT. OF CORRECTIONS INSERVICE	8
			2014 Total Hours : 30
November 3, 2013	IQP00G	POLICY/PROCEDURES	1
September 27, 2013	NOC01F	FIREARMS RIFLE CERT	4
August 15, 2013	BMC12G	Basic Correctional Officer Training Course	240
August 15, 2013	PAV14G	GRADUATED AFTER APRIL 1-NO WAIVER NECESSARY	20
August 5, 2013	ADO01D	OLEORESIN CAPSICUM FAMILIARIZATION	4
July 3, 2013	NOG93G	PRE-SERVICE ORIENTATION 2012	16
			2013 Total Hours : 285

Summary of Hours for 9 Years

Year	Total Hours	Firearms	Deadly Force	De-escalation	Community Policing
2021	5	0	1	1	2
2020	151	1	3	2	2
2019	108	1	1	1	3

2018	7	1	1	2	4
2017	446	2	2	2	4
2016	41	3	3	0	0
2015	20	1	1	0	0
2014	30	1	1	0	0
2013	285	1	1	0	0
Grand Total of Hours (all years and courses)	1,143				



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



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Officer Information O208518 FORSYTH

[Fact Sheet](#) [Report Arrest](#)

Officer has a certification or registration that is expired.

Annual Training Dashboard

	2021	2020	2019	2018
Firearms	0	1	1	1
Deadly Force	1	3	1	1
De-escalation	1	2	1	2
Community Policing	2	2	3	4
Total Training	5	151	108	57

[Career](#)

Recertification Dashboard

Hours This Period

SUSP ACTIVITY REP/PRIVACY & CIVIL LIBERTIES	2
MENTALLY ILL/DIMINISHED CAPACITY	4
LEGISLATIVE UPDATE	5
CARRYING WEAPONS	2
Ethics and Professionalism	4
REQUIRED P.O.S.T. Overview Course	0

Course taken in previous recertification period

Requirements were due on August 15, 2017

Demographics

Officer Key	O208518
Name	RYAN JAMES FORSYTH
SSN	[REDACTED]
Sex	Male
Race	White (Not Hispanic or Latino)
Date of Birth	[REDACTED]
Height	5' 10"
Weight	265
Hair Color	Brown
Eye Color	Brown
Address	[REDACTED] Young Harris GA 30582
Primary Phone	[REDACTED]
Cell Phone	[REDACTED]

Other Phone

Education High School Diploma

Photograph [View Photograph](#)**Officer Certifications**

Certification	Description	Certification Type	Status	Expires	View
PS2520190058S	RADAR AND LIDAR OPERATOR CERTIFICATION	Specialized	Active		PS2520190058S
PBLE20170208518	BASIC LAW ENFORCEMENT	Basic	Active	March 24, 2025	Certification Letter
PBCO20130208518	CORRECTIONS OFFICER	Basic	Expired	August 15, 2017	

Employment History[New C11](#) [C11 Help](#)

Agency	Rank	Start Date	End Date	Status
View TOWNS COUNTY SHERIFFS OFFICE	DEPUTY SHERIFF	April 10, 2017	November 14, 2020	Voluntary Resignation
View COLWELL DETENTION CENTER	CORRECTIONS OFFICER	September 1, 2014	April 9, 2017	Voluntary Resignation
View HAYS STATE PRISON	CORRECTIONS OFFICER	July 1, 2013	August 31, 2014	Transfer

Mandated Training History

Date Completed	Course	Hours	Location	Certification/Result
03/24/17	BASIC LAW ENFORCEMENT TRAINING COURSE (2013)	408	GPSTC - CHEROKEE	Peace Officer Accompanying Letter
08/15/13	Basic Correctional Officer Training Course	240	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE	State Corrections Accompanying Letter

Training History

Date Completed	Course	Hours	Location	Certification
02/09/21	IGS10G COMMUNITY POLICING	2	BLAIRSVILLE POLICE DEPARTMENT	
02/09/21	ICR02G DE-ESCALATION TECHNIQUES	1	BLAIRSVILLE POLICE DEPARTMENT	
02/09/21	IFM22F USE OF DEADLY FORCE	2	BLAIRSVILLE POLICE DEPARTMENT	
11/09/20	VGM99G GA POST BLOCK FOR RECERTIFICATION	2	GEORGIA POST COUNCIL POLICE	
11/01/20	DGW04G INTELLECTUAL & NEURODEVELOPMENTAL DISABILITIES	1	GPSTC ACADEMY	
11/01/20	DLT00G DUE REGARD (GPSTC ONLINE)	1	GPSTC ACADEMY	
10/27/20	DLU20G LEGISLATIVE & CASE LAW UPDATE 2020 (GPSTC ONLINE)	1	GPSTC ACADEMY	
10/22/20	IWD05G DUI UPDATE	4	UNION COUNTY SHERIFFS OFFICE	
10/21/20	UFE02F SHOTGUN QUALIFICATION	1	TOWNS COUNTY SHERIFFS OFFICE	
10/21/20	UFL01F PATROL RIFLE QUALIFICATION	1	TOWNS COUNTY SHERIFFS OFFICE	
10/20/20	UFM01F BACK-UP WEAPON QUALIFICATION	1	TOWNS COUNTY SHERIFFS OFFICE	
10/15/20	DBN01G EVIDENCE COLLECTION & PRESERVATION (GPSTC ONLINE)	1	GPSTC ACADEMY	
10/13/20	UFR00F FIREARMS REQUALIFICATIONS	2	TOWNS COUNTY SHERIFFS OFFICE	
10/12/20	DJM01G TRANSPORTING PRISONERS (GPSTC ONLINE)	1	GPSTC ACADEMY	
09/25/20	AXM31G DRUG ENFORCEMENT INVESTIGATIONS	80	GPSTC ACADEMY	
08/26/20	DCR03G USE OF FORCE & DE-ESCALATION OPTIONS FOR GAINING COMPLIANCE (G.I.)	9	GPSTC ACADEMY	
07/14/20	IFM22F USE OF DEADLY FORCE	1	TOWNS COUNTY SHERIFFS OFFICE	
07/14/20	IHM04G RESPONSE TO CRITICAL INCIDENTS	1	TOWNS COUNTY SHERIFFS OFFICE	
07/14/20	ITM13G VEHICLE PURSUITS	1	TOWNS COUNTY SHERIFFS OFFICE	
07/14/20	IBM22G PROFILING	1	TOWNS COUNTY SHERIFFS OFFICE	
07/14/20	ILQ00G SEARCH AND SEIZURE	1	TOWNS COUNTY SHERIFFS OFFICE	
07/14/20	ILF01G SEXUAL HARASSMENT	1	TOWNS COUNTY SHERIFFS OFFICE	
07/14/20	IBH14G INTERNAL AFFAIRS/PROFESSIONAL STDS	1	TOWNS COUNTY SHERIFFS OFFICE	
07/14/20	ICD09G OFFICER INVOLVED DOMESTIC VIOLENCE	1	TOWNS COUNTY SHERIFFS OFFICE	
07/14/20	IGK00G ETHICS AND PROFESSIONALISM	1	TOWNS COUNTY SHERIFFS OFFICE	
07/14/20	IGM54G OFF DUTY CONDUCT	1	TOWNS COUNTY SHERIFFS OFFICE	
06/11/20	IDG16G TASER RECERTIFICATION	4	TOWNS COUNTY SHERIFFS OFFICE	
03/05/20	IGS10G COMMUNITY POLICING	2	BLAIRSVILLE POLICE DEPARTMENT	
03/05/20	IFM58G USE OF DEADLY FORCE & DE-ESCALATION	2	BLAIRSVILLE POLICE DEPARTMENT	
02/05/20	ALS01G ADV SEARCH WARRANTS/AFFIDAVITS	24	GPSTC ACADEMY	
01/09/20	ITI00G ACCIDENT INVESTIGATION	4	UNION COUNTY SHERIFFS OFFICE	
12/31/19	DYE00G CULTURAL AWARENESS (Gov. Initiative)	2	GPSTC ACADEMY	
12/20/19	AWG01G DUI/DWI DET. & STAN. FIELD SOBRIETY TEST	24	GPSTC ACADEMY	

12/09/19	DYM05G DE-ESCALATION OPTIC FOR GAINING COMPLIANCE (GPSTC)	2	GPSTC ACADEMY
11/12/19	NYI03G DETECTING DECEPTION	16	GA POST COUNCIL
10/10/19	DYM02G BUILDING POSITIVE COMMUNITY RELATIONS (GPSTC)	1	GPSTC ACADEMY
09/18/19	DLU19G LEGISLATIVE & CASE LAW UPDATE 2019 (GPSTC ONLINE)	2	GPSTC ACADEMY
09/14/19	DLQ01G SEARCHING MOTOR VEHICLES (GPSTC ONLINE)	1	GPSTC ACADEMY
09/13/19	CAF02G ADVANCED TRAFFIC LAW	24	GPSTC ACADEMY
06/14/19	UFM01F BACK-UP WEAPON QUALIFICATION	1	TOWNS COUNTY SHERIFFS OFFICE
06/13/19	UFR00F FIREARMS REQUALIFICATIONS	2	TOWNS COUNTY SHERIFFS OFFICE
03/24/19	DGW01G DEALING W/MENTALLY ILL/DIMINISHED CAPACITY (GPSTC ONLINE)	1	GPSTC ACADEMY
03/21/19	IFM22F USE OF DEADLY FORCE	1	TOWNS COUNTY SHERIFFS OFFICE
03/21/19	ILF01G SEXUAL HARASSMENT	1	TOWNS COUNTY SHERIFFS OFFICE
03/21/19	IBI14G INTERNAL AFFAIRS/PROFESSIONAL STDS	1	TOWNS COUNTY SHERIFFS OFFICE
03/21/19	ICD09G OFFICER INVOLVED DOMESTIC VIOLENCE	1	TOWNS COUNTY SHERIFFS OFFICE
03/21/19	IGK00G ETHICS AND PROFESSIONALISM	1	TOWNS COUNTY SHERIFFS OFFICE
03/21/19	IGM54G OFF DUTY CONDUCT	1	TOWNS COUNTY SHERIFFS OFFICE
03/21/19	IHM04G RESPONSE TO CRITICAL INCIDENTS	1	TOWNS COUNTY SHERIFFS OFFICE
03/21/19	ITM13G VEHICLE PURSUITS	1	TOWNS COUNTY SHERIFFS OFFICE
03/21/19	IBM22G PROFILING	1	TOWNS COUNTY SHERIFFS OFFICE
03/21/19	ILQ00G SEARCH AND SEIZURE	1	TOWNS COUNTY SHERIFFS OFFICE
03/14/19	DJM01G TRANSPORTING PRISONERS (GPSTC ONLINE)	1	GPSTC ACADEMY
02/28/19	DBN01G EVIDENCE COLLECTION & PRESERVATION (GPSTC ONLINE)	1	GPSTC ACADEMY
02/09/19	DLT00G DUE REGARD (GPSTC ONLINE)	1	GPSTC ACADEMY
02/04/19	DFM03G CARRYING & POSSESSING WEAPONS IN GA (GPSTC ONLINE)	2	GPSTC ACADEMY
01/18/19	STE01R SPEED DETECTION OPERATOR COURSE	16	GPSTC ACADEMY
01/16/19	DGB01G GCIC SECURITY AWARENESS TRAINING	1	TOWNS COUNTY SHERIFFS OFFICE
10/24/18	UFE02F SHOTGUN QUALIFICATION	1	TOWNS COUNTY SHERIFFS OFFICE
10/24/18	UFL01F PATROL RIFLE QUALIFICATION	1	TOWNS COUNTY SHERIFFS OFFICE
09/26/18	VHQ01G SUSPICIOUS ACTIVITY REPORTING/PRIVACY & CIVIL LIBERTIES	1	GPSTC ACADEMY
09/26/18	DJM01G TRANSPORTING PRISONERS (GPSTC ONLINE)	1	GPSTC ACADEMY
09/26/18	DLT00G DUE REGARD (GPSTC ONLINE)	1	GPSTC ACADEMY
09/26/18	DLU18G 2018 LEGISLATIVE & CASE LAW UPDATE	1	GPSTC ACADEMY
09/26/18	DGW01G DEALING W/MENTALLY ILL/DIMINISHED CAPACITY (GPSTC ONLINE)	1	GPSTC ACADEMY
09/26/18	DBN01G EVIDENCE COLLECTION & PRESERVATION (GPSTC ONLINE)	1	GPSTC ACADEMY
09/26/18	DYP00G FOSTERING POSITIVE COMMUNITY RELATIONS (Gov. Initiative)	3	GPSTC ACADEMY
09/26/18	DYM05G DE-ESCALATION OPTIONS FOR GAINING COMPLIANCE (GPSTC)	2	GPSTC ACADEMY
09/06/18	IFM22F USE OF DEADLY FORCE	1	TOWNS COUNTY SHERIFFS OFFICE
09/06/18	IHM04G RESPONSE TO CRITICAL INCIDENTS	1	TOWNS COUNTY SHERIFFS OFFICE
09/06/18	ITM13G VEHICLE PURSUITS	1	TOWNS COUNTY SHERIFFS OFFICE
09/06/18	IBM22G PROFILING	1	TOWNS COUNTY SHERIFFS OFFICE
09/06/18	ILQ00G SEARCH AND SEIZURE	1	TOWNS COUNTY SHERIFFS OFFICE
08/16/18	ILF01G SEXUAL HARASSMENT	1	TOWNS COUNTY SHERIFFS OFFICE
08/16/18	IBI14G INTERNAL AFFAIRS/PROFESSIONAL STDS	1	TOWNS COUNTY SHERIFFS OFFICE
08/16/18	ICD09G OFFICER INVOLVED DOMESTIC VIOLENCE	1	TOWNS COUNTY SHERIFFS OFFICE
08/16/18	IGK00G ETHICS AND PROFESSIONALISM	1	TOWNS COUNTY SHERIFFS OFFICE
08/16/18	IGM54G OFF DUTY CONDUCT	1	TOWNS COUNTY SHERIFFS OFFICE
07/31/18	DYP00G FOSTERING POSITIVE COMMUNITY RELATIONS (Gov. Initiative)	3	GA POST COUNCIL
07/31/18	DYM05G DE-ESCALATION OPTIONS FOR GAINING COMPLIANCE (GPSTC)	2	GA POST COUNCIL
07/30/18	DBN01G EVIDENCE COLLECTION & PRESERVATION (GPSTC ONLINE)	1	GA POST COUNCIL
07/27/18	DLU18G 2018 LEGISLATIVE & CASE LAW UPDATE	1	GA POST COUNCIL
06/22/18	UFM01F BACK-UP WEAPON QUALIFICATION	1	TOWNS COUNTY SHERIFFS OFFICE
06/22/18	UFR00F FIREARMS REQUALIFICATIONS	2	TOWNS COUNTY SHERIFFS OFFICE
05/18/18	VHQ01G SUSPICIOUS ACTIVITY REPORTING/PRIVACY & CIVIL LIBERTIES	1	GA POST COUNCIL
05/02/18	IFL03F PATROL RIFLE	16	FANNIN COUNTY SHERIFFS OFFICE
03/17/18	DJM01G TRANSPORTING PRISONERS (GPSTC ONLINE)	1	GA POST COUNCIL
02/06/18	IDG16G TASER RECERTIFICATION	4	TOWNS COUNTY SHERIFFS OFFICE

PS2520190058S

01/30/18	DGW01G DEALING W/MENTAL ILL/DIMINISHED CAPACITY (GPSTC ONLINE)	1	GA POST CC
01/30/18	DLT00G DUE REGARD (GPSTC ONLINE)	1	GA POST COUNCIL
12/31/17	DYP00G FOSTERING POSITIVE COMMUNITY RELATIONS (Gov. Initiative)	3	GPSTC ACADEMY
11/21/17	UFM01F BACK-UP WEAPON QUALIFICATION	1	TOWNS COUNTY SHERIFFS OFFICE
11/09/17	ITM13G VEHICLE PURSUITS	1	TOWNS COUNTY SHERIFFS OFFICE
11/09/17	IBM22G PROFILING	1	TOWNS COUNTY SHERIFFS OFFICE
11/09/17	IHM04G RESPONSE TO CRITICAL INCIDENTS	1	TOWNS COUNTY SHERIFFS OFFICE
11/09/17	ILQ00G SEARCH AND SEIZURE	1	TOWNS COUNTY SHERIFFS OFFICE
11/09/17	IGK00G ETHICS AND PROFESSIONALISM	1	TOWNS COUNTY SHERIFFS OFFICE
11/09/17	IBI14G INTERNAL AFFAIRS/PROFESSIONAL STDS	1	TOWNS COUNTY SHERIFFS OFFICE
11/09/17	ILF01G SEXUAL HARASSMENT	1	TOWNS COUNTY SHERIFFS OFFICE
11/09/17	ICD09G OFFICER INVOLVED DOMESTIC VIOLENCE	1	TOWNS COUNTY SHERIFFS OFFICE
11/09/17	IGM54G OFF DUTY CONDUCT	1	TOWNS COUNTY SHERIFFS OFFICE
10/03/17	IDG16G TASER RECERTIFICATION	4	TOWNS COUNTY SHERIFFS OFFICE
07/25/17	IFM22F USE OF DEADLY FORCE	1	TOWNS COUNTY SHERIFFS OFFICE
07/25/17	ICR02G DE-ESCALATION TECHNIQUES	2	TOWNS COUNTY SHERIFFS OFFICE
07/25/17	LXM19G NALOXONE AUTO INJECTOR	1	TOWNS COUNTY SHERIFFS OFFICE
04/10/17	UFR00F FIREARMS REQUALIFICATIONS	1	TOWNS COUNTY SHERIFFS OFFICE
03/30/17	INC00G GA. DEPT. OF CORRECTIONS INSERVICE	8	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
03/29/17	INC00G GA. DEPT. OF CORRECTIONS INSERVICE	8	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
12/14/16	ONM01G NAT. INSTITUTE OF CORRECTIONS TRNG.	1	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
11/17/16	IFS01F GLOCK OPERATOR COURSE	6	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
11/16/16	IFR02F FIREARMS REQUAL& USE OF DEADLY FORCE (2 Hrs)	2	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
07/27/16	INC00G GA. DEPT. OF CORRECTIONS INSERVICE	8	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
06/21/16	INC00G GA. DEPT. OF CORRECTIONS INSERVICE	8	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
06/16/16	IFR04F FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
05/09/16	IFR04F FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
04/19/16	INC00G GA. DEPT. OF CORRECTIONS INSERVICE	8	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
10/14/15	INC00G GA. DEPT. OF CORRECTIONS INSERVICE	16	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
06/22/15	IFR04F FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
08/10/14	ICC01G SUICIDE PREVENTION	1	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
06/04/14	IGK00G ETHICS AND PROFESSIONALISM	1	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
04/30/14	IGB13G SECURITY AND INTEGRITY OF CHRI (4 HR)	4	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
03/20/14	IDG17G TASER X2	8	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
02/26/14	IOB03F FIREARMS SHOTGUN RECERTIFICATION	2	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
02/26/14	IOB02F FIREARMS RIFLE RECERTIFICATION	2	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
02/26/14	IFR04F FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
02/25/14	INC00G GA. DEPT. OF CORRECTIONS INSERVICE	8	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
11/03/13	IQP00G POLICY/PROCEDURES	1	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
09/27/13	NOC01F FIREARMS RIFLE CERT	4	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
08/15/13	PAV14G GRADUATED AFTER APRIL 1-NO WAIVER NECESSARY	20	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
08/05/13	ADO01D OLEORESIN CAPSICUM FAMILIARIZATION	4	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE
07/03/13	NOG93G PRE-SERVICE ORIENTATION 2012	16	GEORGIA CORRECTIONS ACADEMY TIFT COLLEGE

The current time is 2:29 pm. Your session will expire after 20 minutes of inactivity.

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Monticello Education Charter High School
A State Chartered School



Fannin, Gilmer, Habersham, Lumpkin, Pickens, Stephens, Union and White

This Certifies That

Ryan James Forsyth

having completed the course of study prescribed for graduation by the Georgia Department of Education, is declared a graduate of this school and is awarded this

Diploma

Given this month of November, 2012.

Dewey Mose
Chairperson, Governing Board

Dr. Richard Behrens
Superintendent

Mary Stapp
Secretary, Governing Board

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH

Local File Number 013787 State File Number 176-059726

2. CHILD'S NAME: FIRST MIDDLE LAST JR. OR ETC. SEX (M or F) DATE OF BIRTH (Mo., Day, Year) TIME OF BIRTH AM PM

3. THIS BIRTH (Single, Twin, Triple, Etc.) 10. IF NOT SINGLE SPECIFY BIRTH ORDER Second 11. CITY, TOWN, OR LOCATION OF BIRTH Atlanta

12. HOSPITAL/FACILITY NAME (If not Hospital, give Street and Number) West Paces Medical Center 13. IF NOT HOSPITAL (Check one) 14. COUNTY OF BIRTH Fulton

15. MOTHER'S NAME: FIRST MIDDLE LAST MARRIED (Last Name) DATE OF BIRTH (Mo., Day, Year) STATE OF BIRTH (If not U.S.A., Name Country) GEORGIA

17. RESIDENCE - STATE COUNTY CITY, TOWN OR LOCATION STREET AND NUMBER OF RESIDENCE GEORGIA Pickens Jasper

25. MOTHER'S MAILING ADDRESS - IF SAME AS ABOVE, ENTER ZIP CODE 26. RESIDENCE INSIDE CITY LIMITS? (Yes or No) No

27. FATHER'S NAME: FIRST MIDDLE LAST JR. OR ETC. DATE OF BIRTH (Mo., Day, Year) STATE OF BIRTH (If not U.S.A., Name Country) GEORGIA

32a. INFORMANT'S NAME (Type or Print) Pamela Renee Forsyth 32b. RELATION TO CHILD Mother 33. PARENT(S) AUTHORIZE RELEASE OF INFORMATION TO SOCIAL SECURITY ADMINISTRATION TO ISSUE THIS CHILD A SOCIAL SECURITY NUMBER. Yes X No 1 No 2

34. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE SPECIFIED ABOVE (Signature) 35. DATE SIGNED 7/14/94 36. ATTENDANT AT BIRTH (OTHER THAN CERTIFIER (Type or Print) (Name) 37. (Date)

38. CERTIFIER - NAME AND TITLE (Type or Print) Joseph Randall H.J. 158M 39. PHYSICIAN'S MEDICAL LIC. NO. 40. CERTIFIER - MAILING ADDRESS (Street or R.F.D.; Mo., City or Town, State, Zip) 3964 South Atlanta Rd. Smyrna Ga. 30080

41. REGISTRAR (Signature) 42. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year) JUL 21 1994

Form 3901 (Rev. 7-93) Department of Human Resources, Vital Records Service STATE COPY

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 51-1-1-3, DPH RULES AND REGULATIONS. Any reproduction of this document is prohibited by statute. Do not accept unless on security paper with seal of Vital Records clearly embossed. Chapter 31-10, Code of Georgia as amended.

State Registrar

County Registrar



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VOID IF ALTERED OR COPIED

Form 3972 (Rev. 5/15)



USA
Georgia
Department of Transportation
07/1/94

DRIVER'S LICENSE

DL NO. [REDACTED]
CLASS [REDACTED]
RYAN JAMES
FORSYTH

DOB [REDACTED]
EXP [REDACTED]

YOUNG HARRIS, GA 30682-2443
TOWNS
[REDACTED]

COMMISSIONER
[Signature]



**Union County Sheriff's Office
Pre-Employment CVSA Examination**

To: Chief John George

Date/Time: 7-7-2021 at 13:56 P.M.

From: Sgt. Marc Pilote #211, Examiner

Applicant: **Ryan Forsyth**

PREDICATION

This truth verification examination was predicated upon a request by Chief Deputy John George of the Union County Sheriff's to conduct a pre-employment computer voice stress examination (CVSA) on the applicant, Ryan Forsyth.

SCOPE

The scope of this truth verification examination shall be limited to the subject's honesty as it relates to his application for employment to the Union County Sheriff's Office for the position of Sheriff Deputy.

PRETEST INTERVIEW

During the pretest interview, I sat down with the applicant and reviewed line by line his employment application and the applicant's answers and responses to each question. It was explained to the applicant the importance of being truthful above all else during this process. I explained how the CVSA computer works and the questions asked of him are based on his responses to those particular questions.

REPORT

On Wednesday July 7, 2021 at 13:56 P.M., I began the CVSA examination to, Ryan Forsyth relevant to the pre-employment testing format. I obtained the necessary release form, conducted the interview, and hereby submit the results to you. The 13 relevant questions were interspersed with irrelevant and control questions (see attached), in the testing format.

POST-TEST INTERVIEW

After completion of the examination, I reviewed the results of the chart with the applicant. The charts indicated the applicant was being truthful regarding his answers to the relevant questions.

CONCLUSION

Based upon my training and experience it is my opinion that the applicant, Ryan Forsyth did not show signs of deception in his answers.

The charts were reviewed by Capt. Mangifesta, a certified CVSA Examiner who concurred with these findings.

Ajt. M. Pu 211 Date 7-7-21

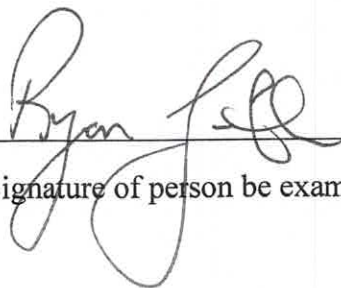
Det. Sgt. Marc Pilote
CVSA Examiner

Union County Sheriff's Office
Truth Verification Release Form

Case # Pre-employment

I Ryan Forsyth, do hereby voluntarily, without any threat, coercion, promise, reward or immunity, submit to a Computer Voice Stress Analyzer examination. I further understand that I am free to leave at any time for any reason. I hereby release, absolve, and forever hold harmless the manufacturer/distributor and all related entities, the Union County Sheriff's Office, its servants, agents and anyone acting in its behalf, from any claims, demands, or other damages from any matter or act, arising out of the aforesaid examination. I understand that this examination may be video and/or audio taped and all materials, recordings, and all other documents may be released for the purpose of testimony and/or training.

To the best of my knowledge, I have no physical or mental condition that would prevent me from taking this examination.



Signature of person be examined



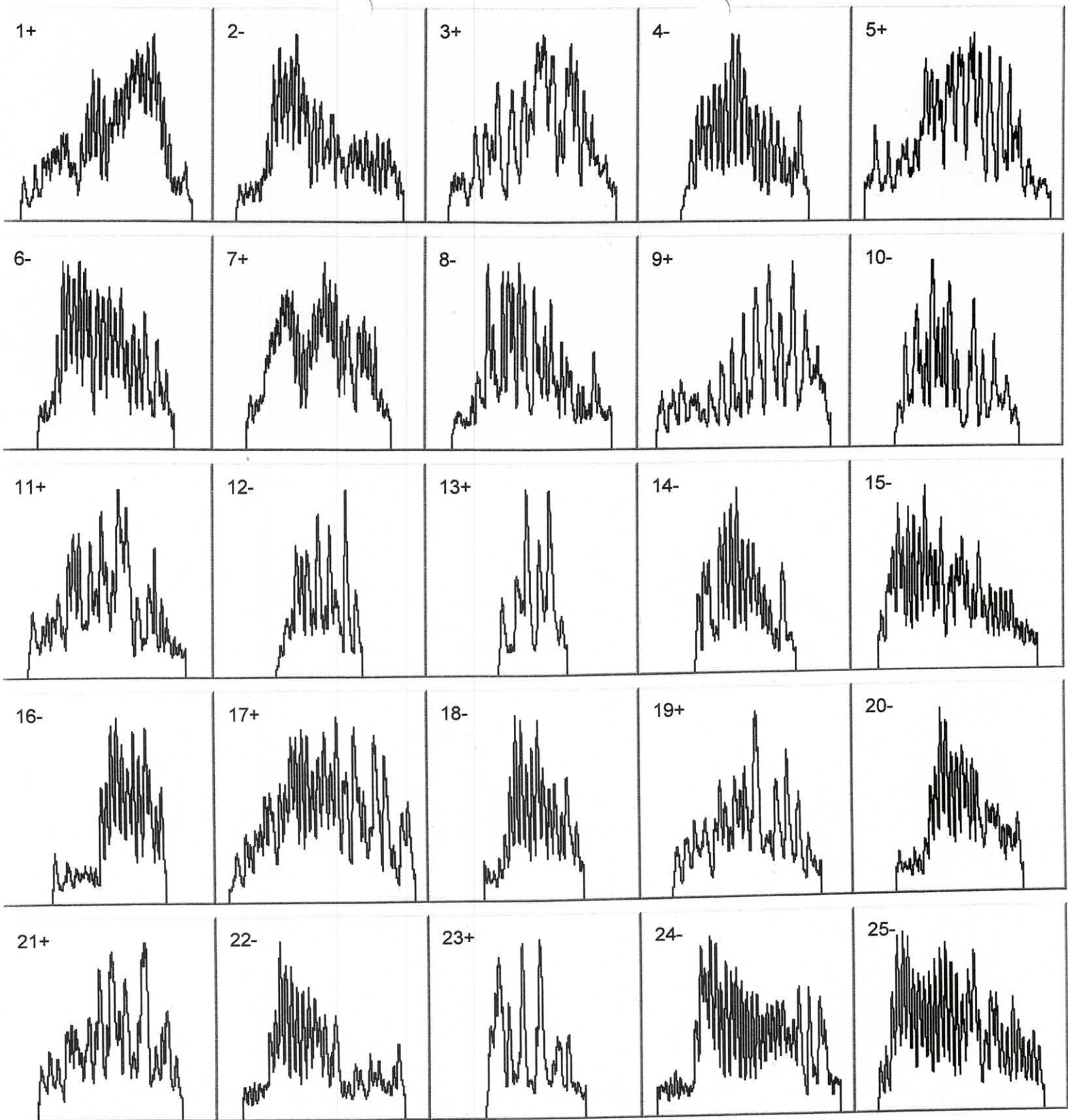
Det. Sgt. Marc Pilote, CVSA Examiner

Date: 07/7/2021 Time: 13:56

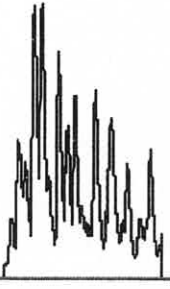
Date: 07 July 2021
Test Format: PRE-EMPLOYMENT
Test Medium: Manual
Time Began: 02:06:39 PM
Requested: Chief George
Case Number: N/A
Verification:
Confession:
Time Ended: 02:06:39 PM

Examiner: Sgt. Marc Pilote
Type of Test: Pre-Employment
Offense: Pre-Employment
Subject: Ryan Forsyth
Outside Agency: N/A
CVSA Unit Number: 1
Cold Call:
Deception:

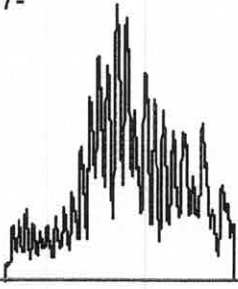
1. (IR) Is your name Ryan? YES
2. (C) Is your date of birth [REDACTED]? NO
3. (IR) Am I sitting down? YES
4. (R) Have you ever been fired or asked to leave a job that you have not disclosed? NO
5. (IR) Is today Wednesday? YES
6. (R) Have you ever stolen any currency from an employer? NO
7. (IR) Am I wearing a watch? YES
8. (C) Have you ever driven over the posted speed limit? NO
9. (IR) Are the lights on in this room? YES
10. (R) Have you stolen property valued over \$25 from anyone? NO
1. (IR) Are we in the city of Blairsville? YES
12. (R) Did you commit a crime so serious that, if known, would keep you from being hired by this agency? NO
13. (IR) Are we in the state of GA? YES
14. (R) Have you ever planted evidence on a suspect to make an arrest? NO
15. (IR) Am I wearing a tie? NO
16. (R) Did you ever use cocaine in any form? NO
17. (IR) Are we in Union County? YES
18. (R) Did you intentionally withhold or alter required data from your employment application? NO
19. (IR) Is this the year of 2021? YES
20. (R) Have you ever belonged to an anti-government or subversive group or gang? NO
21. (IR) Is there a computer on this table? YES
22. (R) Other than the Ex-Parte, did you ever commit, or have you been accused of any acts of domestic violence? NO
23. (IR) Do I have facial hair? YES
24. (R) Do you regularly associate with persons known to commit crimes/criminal acts? NO
25. (IR) Am I wearing a hat? NO
26. (R) Did you ever solicit anyone for a sexual act? NO
27. (IR) Is my shirt long sleeve? NO
28. (R) Have you actually used any illegal drugs? NO
29. (IR) Am I wearing glasses? NO
30. (R) Did you ever knowingly file a false insurance claim? NO
31. (IR) Is the floor of this room carpeted? YES



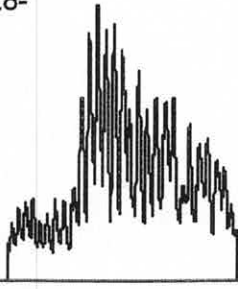
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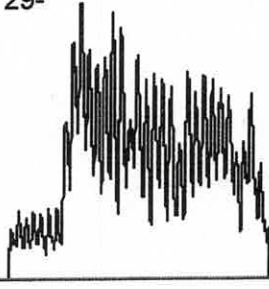
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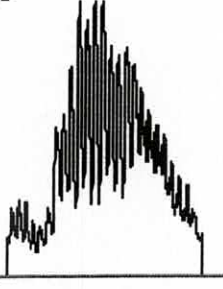
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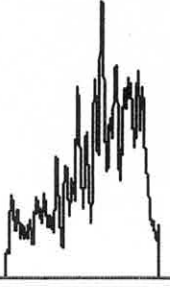
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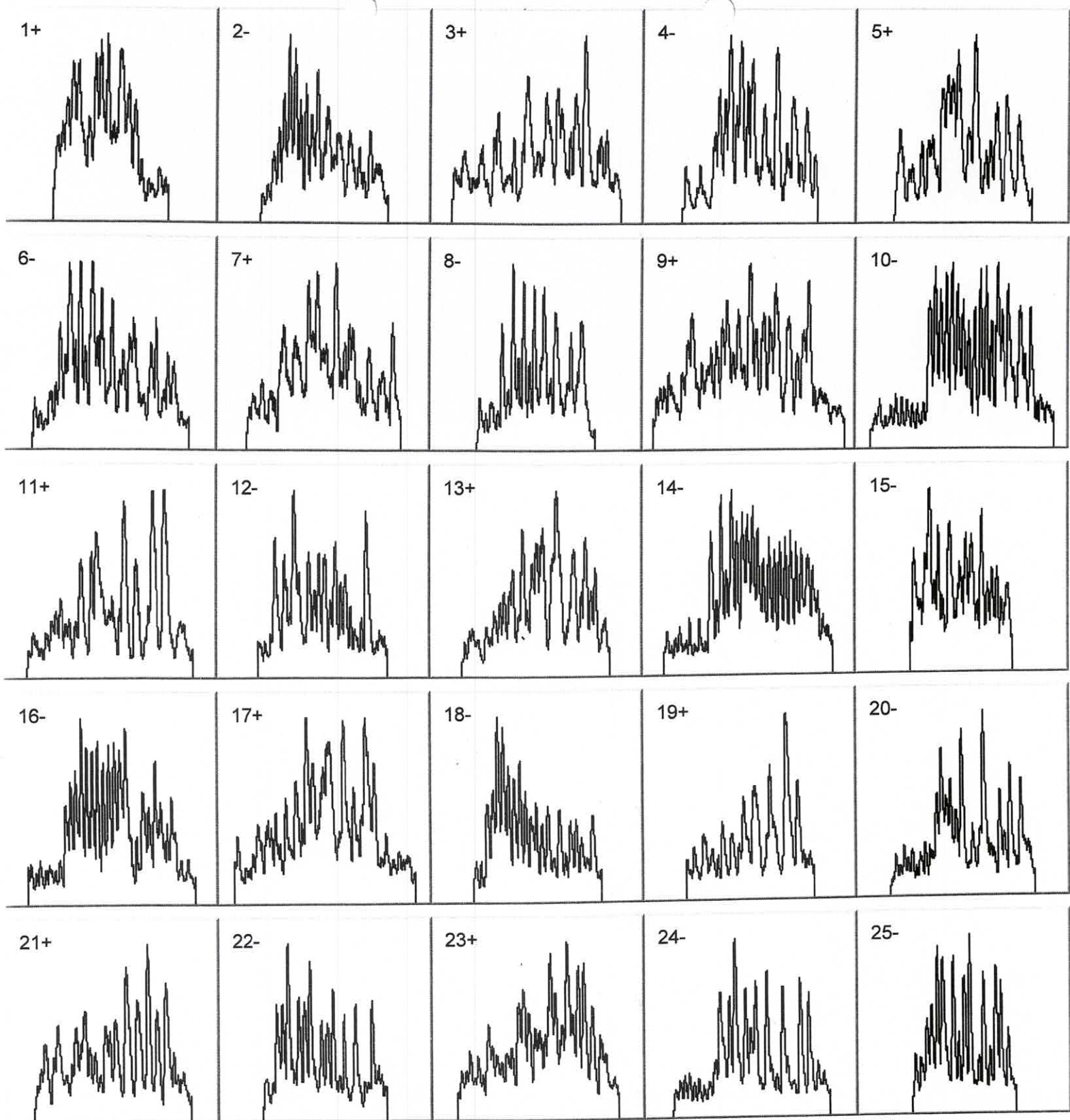
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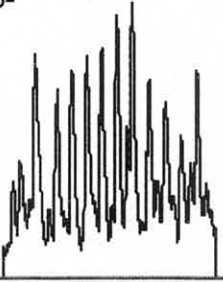
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Deception:

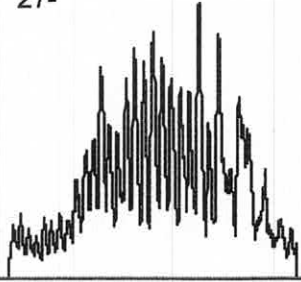
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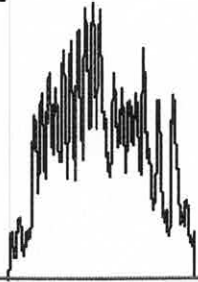
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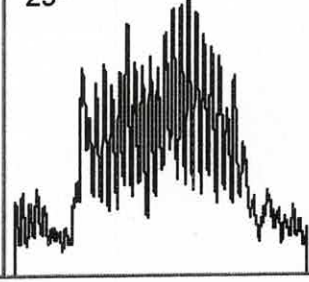
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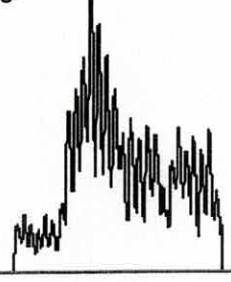
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