

Employment Record

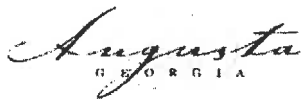
Name Jones, Aaron **Empl** 02217 **Computer #** C594 **Date of Hire** 02/24/18 **Transferred/Rehired**

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
02/24/2018				\$1,146.07	0	2018 Cluster Increase
02/24/2018	Community Safety Officer	SDR0213004	5041	\$997.31	40	Date of hire
06/06/2018	COMMUNITY SAFETY	SDR81FU004	5041	\$1,146.07	10	NEW PCN AND PAY GRADE
01/22/2019				\$1,163.26	0	1.5 % COLA
06/27/2020				\$30,698.56	0	COLA INCREASE
11/12/2021	DEPUTY IN TRAINING	SDR81MM001	5041	\$33,702.87	15	TRANSFER TO TEMP POSITION TO ALLOW DISABILITY CLAIM
12/25/2021				\$35,000.00	0	2022 SALARY INCREASE

Employment Record

Name Jones, Aaron **Empl** 02217 **Computer #** C594 **Date of Hire** 02/24/18 **Transferred/Rehired**

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
02/24/2018				\$1,146.07	0	2018 Cluster Increase
02/24/2018	Community Safety Officer	SDR0213004	5041	\$997.31	40	Date of hire
06/06/2018	COMMUNITY SAFETY	SDR81FU004	5041	\$1,146.07	10	NEW PCN AND PAY GRADE
01/22/2019				\$1,163.26	0	1.5 % COLA
06/27/2020				\$30,698.56	0	COLA INCREASE
11/12/2021	DEPUTY IN TRAINING	SDR81MM001	5041	\$33,702.87	15	TRANSFER TO TEMP POSITION TO ALLOW DISABILITY CLAIM



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

Employee Name: Aaron Jones EMP I.D.: 2217 DEPT #: 5041 Proposed Effective Date: 12/11/2021

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

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

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: Address: Employee Signature (required for personal information changes): Date: Home Phone #: Cell Phone #: Office Phone #:

B. POSITION INFORMATION

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

C. SEPARATION INFORMATION

Table with columns: SEPARATION FROM SERVICE REASON. Rows include VQ 01 Resignation, VQ 02 Failure to Report to Work/AWOL, VQ 03 Lay-Off/RIF, VQ 04 Death, VQ 05 Loss of Job Requirements, VQ 06 Termination, VQ 07 Retirement. Includes Date Hired, Last Day Worked, Separation Date, Terminated 3 days ADM Given, Proper Notice Given, Eligible for Re-Hire, If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines, VAC BAL, COMP BAL.

Employee Replaced (Name & I.D.): J DELIUS/20000

PART 3: EXPLANATION FOR REQUEST

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

EMPLOYEE IS MOVING TO TEMPORARY PCN WHILE OUT OF WORK. JOB DESCRIPTION ATTACHED. THE SHERIFF'S OFFICE HAS THE FUNDING.

PART 4: DEPARTMENT APPROVAL

Approval table with rows for Department Director Signature, Administrator Signature, General Counsel Signature, and their respective Concurrence Dates.

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

BELOW IS FOR HUMAN RESOURCES ONLY

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

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

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

Employment Record

Name Jones, Aaron
 Empl # 02217
 Computer # C594
 Date of Hire 02/24/18
 Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
02/24/2018				\$1,146.07	0	2018 Cluster Increase
02/24/2018	Community Safety Officer	SDR0213004	5041	\$997.31	40	Date of hire
06/06/2018	COMMUNITY SAFETY	SDR81FU004	5041	\$1,146.07	10	NEW PCN AND PAY GRADE
01/22/2019				\$1,163.26	0	1.5 % COLA
06/27/2020				\$30,698.56	0	COLA INCREASE

Employment Record

Name Jones, Aaron
 Empl 02217
 Computer # C594
 Date of Hire 02/24/18
 Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
02/24/2018	Community Safety Officer	SDR0213004	5041	\$1,146.07	0	2018 Cluster Increase
02/24/2018	COMMUNITY SAFETY	SDR81FU004	5041	\$997.31	40	Date of hire
06/06/2018				\$1,146.07	10	NEW PCN AND PAY GRADE

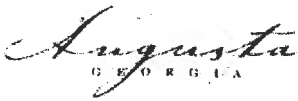
Employment Record

Name Jones, Aaron
 Empl 02217
 Computer # C594
 Date of Hire 02/24/18
 Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
02/24/2018	Community Safety Officer	SDR0213004	5041	\$1,146.07	0	2018 Cluster Increase
02/24/2018				\$997.31	40	Date of hire

Employment Record

Name	Jones, Aaron	Empl	02217	Computer #	C594	Date of Hire	02/24/18	Transferred/Rehired	
Date	02/24/2018	Position	Community Safety Officer	PCN	SDR0213004	Department	5041	Rate of Pay	\$997.31
						Grade	40	Reason for Change	
								Date of hire	



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

Employee Name: Aaron Jones EMP I.D.: 2217 DEPT #: 5041 Proposed Effective Date: 12/11/2021

PART 1: TYPE OF REQUEST --- #1: must fill out Part 2-A ONLY --- #2-12: must fill out Part 2-B & Part 3 --- #13: must fill out Part 2-C & Part 3 --- #14: fill out Part 2 & 3
1. Name/Phone/Add 2. Reclassification 3. Position Abolishment 4. Transfer 5. Promotion 6. Demotion 7. Interim Appointment
8. Suspension 9. New Position 10. Work Hours 11. Rate of Pay 12. Budget # 13. Separation 14. Other:

PART 2: PREPARATION FOR PERSONNEL ACTION
A. PERSONAL INFORMATION
Name Change: Home Phone #: Cell Phone #: Office Phone #:
Address:
Employee Signature (required for personal information changes): Date:

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

PART 3: EXPLANATION FOR REQUEST
See Attached Documentation? [X] YES [] NO (if no, must give explanation for request)
EMPLOYEE WILL RECEIVE A ONE TIME SUPPLEMENT OF 1250.00 FUNDED BY CAPTURED SALARIES. JOB DESCRIPTION ATTACHED. THE SHERIFF'S OFFICE HAS THE FUNDING.

PART 4: DEPARTMENT APPROVAL
This Request was Processed By: Bonnie Hayes Contact Phone #: 706-821-1095 Date Of Request: 11/24/2021
Department Director Signature: [Signature] Concurrence Date: 11-29-21
Department Director Signature (2): Concurrence Date:
Administrator Signature (only required for ineligibility for rehire): Concurrence Date:
General Counsel Signature (only required for ineligibility for rehire): Concurrence Date:

If a transfer between departments, both director signatures required***
BELOW IS FOR HUMAN RESOURCES ONLY

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

Received on (date): Effective on the PP begin/end date of: Processed By/Date:
EMP MGR/Date: HR MGR/Date: HR Comp/Date:
EMP RELATIONS/Date: HR DIR/Date: City ADM/Date:

Augusta, Georgia

Job Description

Approved Title: Community Safety Officer
 Working Job Title: Community Safety Officer
 Department: Sheriff (5041)
 Reports To: Sergeant

Job Code: 81FU
 Pay Grade: 10
 Original Date Prepared: June 1, 2013

FLSA Classification: Non-exempt
 Date Revised: June 14, 2018

Does the Position Have Direct Reports? Yes No

If Yes, What is the Title of the Position that Reports to this Position:

Is the Position Safety Sensitive? Yes No

GENERAL SUMMARY: As a civilian, non-certified employee, assist the road patrol and other units with non-enforcement related duties, and provide additional safety and security functions by observing and reporting violations, threats and other suspicious situations within the guidelines of Federal and State laws, as well as County Ordinances and Sheriff's Office policies and procedures. Reports to the Sergeant or other designated person, and works with co-workers, the public, government personnel, social service agencies, businesses, and court officials to provide field operation support.

KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
35 %	Patrols assigned zone to detect and report criminal activity to certified patrol units.
35 %	Conducts preliminary inquiries, and complete reports on defined minor offenses. Provide security for RCSO and other government owned buildings
10 %	Conducts residential and commercial/industrial security checks, and provides feedback to owner.
10 %	Provides assistance and traffic direction during non-enforcement related events such as escorts, assisting Motorists, and special events.
5 %	Provides a visual presence of manpower for the deterrence of criminal activity when needed.
5 %	Provides other support functions as assigned by field operations supervisor.
As Required	Performs other duties of a similar nature or level.

100% Total: 100

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

POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

- Patrolling assigned zone to detect and report criminal activity.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.
- Some positions may require collecting the proper information and submitting reports on certain defined minor reports.

REQUIRED MINIMUM QUALIFICATIONS:

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

Experience: No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of the position.

Knowledge/Skills/Abilities:

- Knowledge of traffic control techniques and procedures.
- Familiarity with relevant federal and state laws, criminal and traffic codes, juvenile law, search and seizure laws, County ordinances, departmental policies and procedures, and geographical layout of the County.
- Familiarity with county zoning laws and regulations.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

Skills:

- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Familiarization with general police patrol techniques.
- Familiarization with the reporting system used by certified field units.
- Familiarization with proper radio procedures used within the Agency.

Certification: None required.

Some positions may require:

- Collecting the proper information and submitting reports on certain defined minor reports.

OTHER:

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

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

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

PHYSICAL REQUIREMENTS:

Depending upon area of assignment:

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

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

FINANCIAL RESPONSIBILITY:

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

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

TRAINING & SUPERVISORY RESPONSIBILITY:

How many people are being supervised or trained? None

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

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

REVIEW/APPROVALS

<u>Aaron Jones</u>	<u>11/24/2021</u>
Employee Signature	Date
<u>[Signature]</u>	
_____	<u>11/24/2021</u>
Line or Staff Management	Date
<u>[Signature]</u>	
_____	<u>11/24/2021</u>
Department Director	Date
_____	<u> </u>
Compensation Administration Staff	Date
_____	<u> </u>
Compensation Manager	Date

STATE OF GEORGIA
COUNTY OF RICHMOND

2021 Law Enforcement and First Responder Grant Supplement
Employee Affidavit

Personally appeared before the undersigned officer, duly authorized to administer oaths, Aaron Jones, and who, after first being duly sworn, stated that the following information is true and correct and that all terms specified herein are expressly acknowledged:

I am an employee of the Augusta Richmond County Board of Commissioners in the Richmond County Sheriff's Office (Department/Office).

I hereby affirm and acknowledge that I am an eligible recipient for the Georgia law enforcement and first responder grant supplement, and I will receive and accept only one (1) grant payment. I further agree and affirm that if I work and/or volunteer for more than one entity, that Augusta Richmond County is my primary agency, and I will receive this supplement from Augusta Richmond County ONLY.

If I should receive more than one payment under the Law Enforcement and First Responder Grant Supplement, I must return any overpayment and, where applicable, the County may withhold funding from my wages until all funds have been returned. I further acknowledge that my failure to return any overpayment may result in prosecution and/or termination for fraud.

Signature Aaron Jones

Date 12/10/21

Printed Name Aaron Jones

Department Sheriff's Office

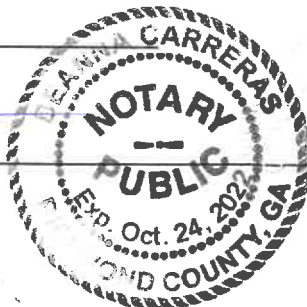
Social Security Number [REDACTED]

Employee ID Number CS94 / AS 02217

Sworn to and subscribed before me,
This 10 day of Dec, 2021

Notary Public [Signature]

My commission expires: _____



Augusta, Georgia

Job Description

Approved Title: Community Safety Officer **Job Code:** 81FU **FLSA Classification:** Non-exempt
Working Job Title: Community Safety Officer **Pay Grade:** 10 **Date Revised:** June 14, 2018
Department: Sheriff (5041) **Original Date Prepared:** June 1, 2013
Reports To: Sergeant
Does the Position Have Direct Reports? Yes No
If Yes, What is the Title of the Position that Reports to this Position:
Is the Position Safety Sensitive? Yes No

GENERAL SUMMARY: As a civilian, non-certified employee, assist the road patrol and other units with non-enforcement related duties, and provide additional safety and security functions by observing and reporting violations, threats and other suspicious situations within the guidelines of Federal and State laws, as well as County Ordinances and Sheriff's Office policies and procedures. Reports to the Sergeant or other designated person, and works with co-workers, the public, government personnel, social service agencies, businesses, and court officials to provide field operation support.

KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
35 %	Patrols assigned zone to detect and report criminal activity to certified patrol units.
35 %	Conducts preliminary inquiries, and complete reports on defined minor offenses. Provide security for RC SO and other government owned buildings
10 %	Conducts residential and commercial/industrial security checks, and provides feedback to owner.
10 %	Provides assistance and traffic direction during non-enforcement related events such as escorts, assisting Motorists, and special events.
5 %	Provides a visual presence of manpower for the deterrence of criminal activity when needed.
5 %	Provides other support functions as assigned by field operations supervisor.
As Required	Performs other duties of a similar nature or level.

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

POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

- Patrolling assigned zone to detect and report criminal activity.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.
- Some positions may require collecting the proper information and submitting reports on certain defined minor reports.

REQUIRED MINIMUM QUALIFICATIONS:

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

Experience: No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of the position.

Knowledge/Skills/Abilities:

- Knowledge of traffic control techniques and procedures.
- Familiarity with relevant federal and state laws, criminal and traffic codes, juvenile law, search and seizure laws, County ordinances, departmental policies and procedures, and geographical layout of the County.
- Familiarity with county zoning laws and regulations.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

Skills:

- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Familiarization with general police patrol techniques.
- Familiarization with the reporting system used by certified field units.
- Familiarization with proper radio procedures used within the Agency.

Certification: None required.

Some positions may require:

- Collecting the proper information and submitting reports on certain defined minor reports.

OTHER:

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

PHYSICAL REQUIREMENTS:

Depending upon area of assignment:

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

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

FINANCIAL RESPONSIBILITY:

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

TRAINING & SUPERVISORY RESPONSIBILITY:

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

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

REVIEW/APPROVALS

<p style="font-size: 1.2em; margin: 0;"><i>Aaron Jones</i></p> <p>Employee Signature</p>	<p style="font-size: 1.2em; margin: 0;">11/16/2021</p> <p>Date</p>
<p style="font-size: 1.2em; margin: 0;"><i>[Signature]</i></p> <p>Line or Staff Management</p>	<p style="font-size: 1.2em; margin: 0;">11/16/2021</p> <p>Date</p>
<p style="font-size: 1.2em; margin: 0;"><i>[Signature]</i></p> <p>Department Director</p>	<p style="font-size: 1.2em; margin: 0;">11/16/2021</p> <p>Date</p>
<p>Compensation Administration Staff</p>	<p>Date</p>
<p>Compensation Manager</p>	<p>Date</p>

JONES, AARON

02217

Current Pay Period

1 Employee(s) Selected

Date	Pay Code	Amount	In	Transfer	Out	In	Transfer	Out	Schedule	Shift	Daily	Period
Sat 10/30												
Sun 10/31												
Mon 11/01			8:00AM		4:00PM				8:00AM-4:00PM	8.0	8.0	8.0
Tue 11/02			8:00AM		4:00PM				8:00AM-4:00PM	8.0	8.0	16.0
Wed 11/03			8:00AM		4:00PM				8:00AM-4:00PM	8.0	8.0	24.0
Thu 11/04			8:00AM		4:00PM				8:00AM-4:00PM	8.0	8.0	32.0
Fri 11/05	Sick Used	8.0									8.0	40.0
									8:00AM-4:00PM			
Sat 11/06												40.0
Sun 11/07												40.0
Mon 11/08			8:00AM		4:00PM				8:00AM-4:00PM	8.0	8.0	48.0
Tue 11/09			8:00AM		4:00PM				8:00AM-4:00PM	8.0	8.0	56.0
Wed 11/10			8:00AM		4:00PM				8:00AM-4:00PM	8.0	8.0	64.0
Thu 11/11	Veterans Day	8.0									8.0	72.0
									8:00AM-4:00PM			
Fri 11/12			8:00AM		4:00PM				8:00AM-4:00PM	8.0	8.0	80.0

Accruals

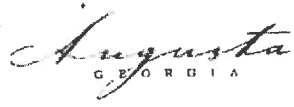
Accrual Code	Accrual Units	Accrual Available Balance	Accrual Earned to Date	Accrual Taken to Date	Accrual Pending Grants	Accrual Planned Takings	Accrual Ending Balance
CV19 BALANCE	Hour	0.0	0.0	0.0	0.0	0.0	0.0
Comp Time	Hour	0.0	0.0	0.0	0.0	0.0	0.0
Sick	Hour	30.7	81.4	96.0	14.8	8.0	37.5
Vacation	Hour	188.6	97.9	50.5	18.47	0.0	207.07

Totals

All

All

Account	Pay Code	Amount
AUG/5041/SDR81FU004/100/0000/02217/0000	Holiday Used	8.0
AUG/5041/SDR81FU004/100/0000/02217/0000	Regular	64.0
AUG/5041/SDR81FU004/100/0000/02217/0000	Sick Used	8.0



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

Employee Name: Aaron Jones EMP ID.: 2217 DEPT #: 5041 Proposed Effective Date: 1/6/21

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

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

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: Address: Employee Signature (required for personal information changes): Home Phone #: Cell Phone #: Date:

B. POSITION INFORMATION

C. SEPARATION INFORMATION

Table with columns: CHANGE FROM, CHANGE TO, SEPARATION FROM SERVICE REASON: (VQ 01-07), Date Hired, Last Day Worked, Separation Date, Terminated 3 days ADM Given, Proper Notice Given, Eligible for Re-Hire?, If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines, VAC BAL, COMP BAL.

PART 3: EXPLANATION FOR REQUEST

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

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Department Director Signature: Administrator Signature: General Counsel Signature: Contact Phone #: Date Of Request: Concurrence Date:

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

BELOW IS FOR HUMAN RESOURCES ONLY

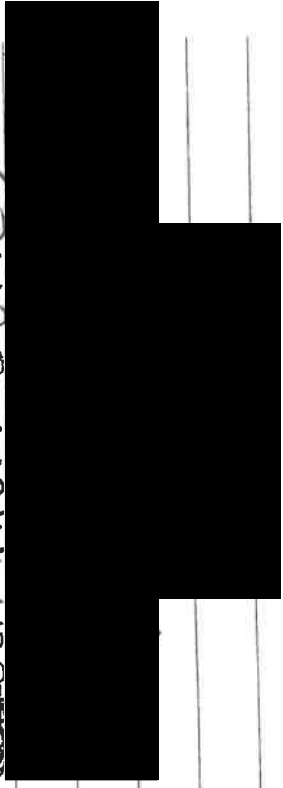
Distributed necessary copies to: [] PAYROLL [] BENEFITS Verified: [] Employee Information [] Position Information [] Separation Information

Received on (date): Effective on the PP begin/end date of: Processed By/Date: MW 1/7/21

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

Received 1/6/21 MW

~~ARON~~ Aron Jones



Received new address change
11/10/21

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

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

I have this 10 of MARCH 2021, received a copy of the Richmond County Sheriff's Office "USERRA" Policy.

AARON JONES
Signature
Richmond County Sheriff's Office Employee

AARON JONES
Printed Name



RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

POLICY RECEIPT ACKNOWLEDGEMENT

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

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

I have received, read and understand the above referenced policy, which was adopted into the R.C.S.O. Policy & Procedures Manual as Chapter 19 in August of 2011:

Aaron Jones

Employee Signature

2/21/18

Date

AARON JONES

Printed Name

Deanna Carreras

From: Ttreon Bush
Sent: Wednesday, February 21, 2018 10:56 AM
To: Jack Francisco; 'jfrisco53@gmail.com' (jfrisco53@gmail.com); Sean Morgan; Steve Smead; Sanita Cheatham; Daniel Dunlap; Belinda S. Bunch; Bonnie Hayes; Deanna Carreras
Subject: XTS2500 RADIOS

ON 022118 THE FOLLOWING COMMUNITY SAFETY OFFICERS RECEIVED XTS2500 RADIOS:

CARL WASHINGTON C595 XTS2500 RADIO# 205CGD0394-ID# 4700048
AARON JONES C594 XTS2500 RADIO# 205CHT2230-ID# 4700353

THANKS
022118

T. BUSH
QUARTERMASTER
RICHMOND COUNTY SHERIFF'S OFFICE
PHONE: 706-821-1703
FAX: 706-821-1701

"Sometimes, no matter how nice you are, how kind you are, how caring you are, how loving you are, it just isn't enough for some people."

Please consider the environment before printing this email.

This e-mail contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. The City of Augusta accepts no liability for the content of this e-mail or for the consequences of any actions taken on the basis of the information provided, unless that information is subsequently confirmed in writing. Any views or opinions presented in this e-mail are solely those of the author and do not necessarily represent those of the City of Augusta. E-mail transmissions cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the content of this message which arise as a result of the e-mail transmission. If verification is required, please request a hard copy version.
AED:104.1

MANDATED AND FORMALIZED TRAINING AGREEMENT

(Revised 11/2016)

A. Definitions

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

B. Agreement

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

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

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

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

C. Attestation

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

<u>AARON JONES</u>	<u>Aaron Jones</u>	<u>2/14/18</u>
Employee Name (Please Print)	Signature of Employee	Date

<u>DEANNA GAREMS</u>	<u>[Signature]</u>	<u>2/14/18</u>
Agency Representative (Please Print)	Signature of Representative	Date

RCSO

PERFORMANCE

APPRAISAL



CSO A. Jones-C594/02217

12/01/19

In 2017, the Richmond County Sheriff's Office declared in our Strategic Plan that our core values were Respect, Integrity, Teamwork and Excellence. Our overall mission is the reduction of gun violence in our community, to build trust and relationships in the community, invest in our human capital, to integrate, expand, and harness the use of technology for maximum effectiveness and efficiency, and to use SMART policing with Educational and Cyber Communities to maximize effectiveness and efficiency.

Although every division of the Sheriff's Office may have individual plans for accomplishing the strategic goals, every member of this agency is charged to embody our values to reach our goals.

Page 1: Specific Values. This page is to be completed for every employee.

Respect; is defined as a relation or reference to a particular thing or situation; an act of giving particular attention; high or special regard; the quality or state of being esteemed. Other words for respect are admiration, appreciation, esteem, estimation, favor, or regard. Respect is a noun or a verb so an individual can show respect or be respected.

Integrity; is a firm adherence to a code of especially moral or artistic values. Incorruptibility; soundness; completeness. It is also known as honesty, honor, and probity. Honor is a refusal to lie, steal or deceive in any way. Honor entails an active or anxious regard for the standards of one's profession, calling, or position. Integrity implies trustworthiness and incorruptibility to a degree that one is incapable of being false to a trust, responsibility, or pledge. Probity implies tried and proven honesty.

Teamwork; is work done by several associates with each doing a part, but all subordinating personal prominence to the efficiency of the whole. It is also known as collaboration, cooperation, and coordination.

Excellence; is the quality of being excellent, having an excellent or valuable quality, or showing virtue. Other terms for excellence are distinction, grace, merit, value, and virtue. The purpose of this employee evaluation is to insure that each member of the agency, regardless of the mission of their perspective units, embodies the values of this agency. The four main points of the evaluation require a simple yes or no answer on the behalf of the rater. Either answer will require an evaluation of what part the employee embodies, or lacks for a given value. Any rating that includes a "no" response requires the rater to identify steps to aid the employee in obtaining the values of the agency and to re-evaluate the employee on a quarterly basis until the employee succeeds at these goals. Any employee receiving a "no" rating in any one of these four categories is held from eligibility for advancement until the performance improves.

**RICHMOND COUNTY SHERIFF'S OFFICE
PERFORMANCE APPRAISAL REPORT FORM**

4. Employee Name: Aaron Jones - C594/02217	5. Employee Classification/Title: CSO
6. Division: Field Operations Zone 1	

1. Type of Review
XXX _____ Annual _____ Other _____

2. Review Period
From: 12/1/18 To: 12/1/19

3. Next Review Date
12/1/20

Specific Values

Respect

Y N

CSO Jones is respectful to the public and to his co-workers.

Integrity

Y N

CSO Jones seems to be honest and morally sound in his dealing with the public.

Teamwork

Y N

CSO Jones shows a willingness to help the members of this department with whatever he can to urther the mission of this department.

Excellence

Y N

Though CSO Jones has done nothing that would be deemed as excellent during this rating period , he is a really good employee.

General Factors

This section is for all line level personnel who are not in a supervisory capacity. These categories are wide ranging and generic to fit all positions.

1. Ability to make sound decisions / effective under stress Y N

For the most part, CSO Jones makes sound decisions during his work day.

2. Has initiative/accepts responsibility/volume of acceptable work Y N

CSO Jones does an acceptable volume of work but takes no initiative. He does no more than the bear minimum of what is required of him.

3. Work knowledge and job skill level / problem solving Y N

CSO Jones seems to understand his duties and carries them out at a level befitting a person with his experience level,

4. Accepts directions / constructive criticism Y N

CSO Jones does not always accept constructive criticism and direction for what it is. He has, on more than one occasion taken both those things as a personal attack. I am not sure what advice I and give him to overcome this as it seems to be a personality trait.

5. Accuracy, neatness, and thoroughness of work Y N

CSO Jones does not complete his paperwork accurately. He has been counseled about putting the correct date on his paperwork. I believe he can rectify this problem by simply paying more attention to what his is doing when completing his paperwork.

6. Observance of rules and safety practices Y N

CSO Jones follows the rules of this department. He also carries out his duties in a safe manner.

7. Attendance / uniform and grooming / equipment maintenance Y N

CSO Jones is well groomed and does not have an attendance problem.

Supervisory Factors

This page is for supervisors with at least one direct report. The subjects are designed to identify supervisory skills and develop our supervisors. There is no need to complete the general factors page for supervisors.

1. Leadership

Y N

2. Decision Making

Y N

3. Credibility With Subordinates

Y N

4. Ability to Plan and Schedule

Y N

5. Resource Allocation

Y N

6. Develops / Trains subordinates

Y N

7. Evaluating Subordinates

Y N

8. Delegation

Y N

9. Job Knowledge/Skill

Y N

OVERALL PERFORMANCE SUMMARY

Date: 12/9/19

Immediate Supervisor's Signature:

S. J. H. White

Date: _____

Evaluation Meeting Conducted By: _____

By: _____

By: _____

Notes on evaluation meeting:

REVIEW COMMENTS AND SIGNATURES

SECOND LEVEL REVIEW

Comments:

Date: 12/10/19

Signature:

CS

Title:

CS

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

Date: 12/10/19

Signature:

AS

Employee Comments:

RCSO
PERFORMANCE APPRAISAL REPORT FORM

1. Type of Review
XXX _____ Annual
_____ Other

2. Review Period
From: Nov. 15, 2017 To: Nov. 15, 2018

3. Next Review Date
Nov. 15, 2019

4. Employee Name: Jones, Aaron	5. Employee Classification/Title: CSO
6. Division Smart Team/CSO/Zone 1	

DEFINITION OF RATINGS

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

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

Meets Expectations: Performance consistently meets job requirements. Achieves performance objectives as stated.

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

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

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

General Factors

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

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

Does Not Apply

TOTAL: 20

	20		
--	----	--	--

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

1. Record job strengths and superior performance incidents.

CSO Jones noticed what looked like a bullet hole in a second floor window on a building on Broad Street and investigated it instead of just passing it by. It turned out that bullet hole was connected to a suicide which had occurred in the parking area in front of that building.

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

Jones is a bit slow working with the computer as far as keeping track of his daily contacts but he has improved as time progressed.

Jones has been a CSO for less than a year.

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

Goals and Objectives

CSO Jones should set his goal for the upcoming rating period to make more daily contacts. CSO Jones needs to prepare to initiate the Homeless Initiative we will be participating in in 2019.

How to Accomplish

CSO Jones can easily do this by cutting down the time he spends in each business. Becoming familiar with the activities and locations of homeless people.

NEW HIRE PROCESS

EM. LOYEE INFORMATION SHEET:

Name: Aaron Jones

Address:

Phone:

SSN:

Hire Date: 02/24/18

Orientation: Monday, February 26, 2018 @ 9:00am (See Orientation sheet for Location)

Date to Report: Tuesday, February 27, 2018 @ 8:00am (at the Range 2098 Greenland Rd. Blythe, Ga. 30805 See Sgt. Bell) ** Call Lt. Mitchell on 02/27/18 @706-828-7141 or 706-821-1480

Assigned Shift: Community Safety Officer Mon-Fri 8am till 5pm

Supervisor: Lt. Mitchell

Salary (bi-weekly): \$ 997.31

Salary (annual): \$ 25,929.92

First Check: 03/16/18

Computer #: C594

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

FINGERPRINTS & PHOTO Jail Administration
Charles B. Webster Detention Center, 1941 Phinizy Road 706-821-1101

ROAD DEPUTIES Training Range (Weapon)

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

SWEARING-IN Thursday, February 22, 2018 @ 9:00am **Be there by 8:30am**

Judge Harry B. James, III
Probate Court
Augusta Judicial Center
735 James Brown Blvd. Suite 1000
(Do not wear uniform)



RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

Orientation Information

Date: 02/14/18

To: Aaron Jones

Employee's Position: Community Safety Officer

Congratulations! I would like to take this opportunity to welcome and congratulate you on your selection for employment with the City of Augusta. I am certain you have questions about benefits, policies and procedures, etc. The purpose of this letter is to inform you about orientation. Orientation will answer your questions regarding the employment policies and health benefits available to the City of Augusta employees. You attend orientation on your first day of work. Your first scheduled day of work at your designated work-site will be Tuesday, February 27, 2018 @ 8:00am at the Range. Your bi-weekly salary for this position is \$ 997.31. The City of Augusta has 26 pay-periods. You will have the option to sign up for direct deposit at orientation. **Orientation is scheduled for Monday, February 26, 2018 from 9:00 a.m. until 5:00 p.m. at the Municipal Building, 535 Telfair Street, Human Resources (1st floor).** Please be present and on time. Attendance is mandatory. You should bring the following items with you: a black ink pen, birth dates and social security numbers of your dependents.

Please note that this letter does not constitute a contract of employment. If you have any questions concerning this information, please call me at 706-821-2851. I look forward to seeing you at orientation.

Sincerely,

Employment Manager
Human Resources Department

Issued By: Deanna Carreras
Personnel, Sheriff's Office

NEW HIRE NOTIFICATION/CONFIRMATION

*****PLEASE COMPLETE ALL BLANKS*****

**TO: Employment Manager
Human Resources**

DATE: 02/14/18

**From: Sheriff
(Department Name)**

**5041
(Department #)**

Payroll Class. Title	Community Safety Officer
Salary Grade	40
Annual Salary/Bi-weekly Salary	\$ 997.31 / \$ 25,929.92
	(% over entry) _____ **11% or more over entry requires submission of Commission Approval Letter
Hourly rate	\$ 12.47
Allowance (specify, example: clothing, car, etc.)	
Hours per day	80 hours
E Time Pay Rule	8hrs; 60min A/D
PCN Number	SDR0213004

Aaron Jones (Rehire)

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

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

2018

JANUARY	2	16	29	JULY	2	16	30
FEBRUARY	12	26		AUGUST	13	27	
MARCH	12	26		SEPTEMBER	10	24	
APRIL	9	23		OCTOBER	8	22	
MAY	7	21		NOVEMBER	5		
JUNE	4	18		DECEMBER	3		

L.Riles

11385/SDR0213004

5041

(Replaced employee)

(Employee # and PCN)

(Dept #)

Joh. L. Francisco

Department Director's Signature

.....

Augusta, Georgia

Job Description

Approved Title: Community Safety Officer **Job Code:** 0213 **FLSA Classification:** Non-exempt
Working Job Title: Community Safety Officer **Pay Grade:** 40 **Date Revised:** November 7, 2017
Department: Sheriff (5041) **Original Date Prepared:** June 1, 2013
Reports To: Sergeant
Does the Position Have Direct Reports? Yes No
If Yes, What is the Title of the Position that Reports to this Position:
Is the Position Safety Sensitive? Yes No

GENERAL SUMMARY: As a civilian, non-certified employee, assist the road patrol and other units with non-enforcement related duties, and provide additional safety and security functions by observing and reporting violations, threats and other suspicious situations within the guidelines of Federal and State laws, as well as County Ordinances and Sheriff's Office policies and procedures. Reports to the Sergeant or other designated person, and works with co-workers, the public, government personnel, social service agencies, businesses, and court officials to provide field operation support.

KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
35 %	Patrols assigned zone to detect and report criminal activity to certified patrol units.
35 %	Conducts preliminary inquiries, and complete reports on defined minor offenses. Provide security for RCSO and other government owned buildings
10 %	Conducts residential and commercial/industrial security checks, and provides feedback to owner.
10 %	Provides assistance and traffic direction during non-enforcement related events such as escorts, assisting Motorists, and special events.
5 %	Provides a visual presence of manpower for the deterrence of criminal activity when needed.
5 %	Provides other support functions as assigned by field operations supervisor.
As Required	Performs other duties of a similar nature or level.

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

POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

- Patrolling assigned zone to detect and report criminal activity.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.
- Some positions may require collecting the proper information and submitting reports on certain defined minor reports.

REQUIRED MINIMUM QUALIFICATIONS:

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

Experience: No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of the position.

Knowledge/Skills/Abilities:

- Knowledge of traffic control techniques and procedures.
- Familiarity with relevant federal and state laws, criminal and traffic codes, juvenile law, search and seizure laws, County ordinances, departmental policies and procedures, and geographical layout of the County.
- Familiarity with county zoning laws and regulations.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

Skills:

- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Familiarization with general police patrol techniques.
- Familiarization with the reporting system used by certified field units.
- Familiarization with proper radio procedures used within the Agency.

Certification: None required.

Some positions may require:

- Collecting the proper information and submitting reports on certain defined minor reports.

OTHER:

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

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

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

PHYSICAL REQUIREMENTS:

Depending upon area of assignment:

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

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

FINANCIAL RESPONSIBILITY:

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

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

TRAINING & SUPERVISORY RESPONSIBILITY:

How many people are being supervised or trained? None

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

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

REVIEW/APPROVALS

Employee Signature	_____	Date	_____
<i>John L. Francisco</i>	_____	Date	_____
Line or Staff Management	_____	Date	_____
<i>John L. Francisco</i>	_____	Date	_____
Department Director	_____	Date	_____
Compensation Administration Staff	_____	Date	_____
Compensation Manager	_____	Date	_____



HUMAN RESOURCES NEW HIRE QUESTIONNAIRE FORM

S.S. #: [redacted] NAME: Jones Aaron SUFX:
ADDRESS: [redacted] STREET CITY STATE ZIP
DATE OF BIRTH: [redacted] HOME PHONE #: () CELL PHONE #: [redacted]

SEX: [X] MALE [] FEMALE U.S. CITIZEN: [X] YES [] NO MARITAL STATUS: [] SINGLE [X] MARRIED [] DIVORCED
RACE: [] WHITE [X] BLACK OR AFRICAN AMERICAN [] HISPANIC OR LATINO [] ASIAN
[] NATIVE HAWAIIAN OR PACIFIC ISLANDER [] AMERICAN INDIAN OR ALASKAN NATIVE [] TWO OR MORE RACES

HIGHEST LEVEL OF EDUCATION COMPLETED (PLEASE CHECK ONE):
HIGH SCHOOL: [] 9 [] 10 [] 11 [] 12 [] GED COLLEGE: [] 1 [] 2 [X] 3 [] 4 GRAD SCHOOL: [] 1 [] 2 [] 3 [] 4
WERE YOU PREVIOUSLY EMPLOYED BY ANY DEPARTMENT IN AUGUSTA-RICHMOND COUNTY? [X] YES [] NO
IF YES, DATE? 12/89 - 04/89

DO YOU HAVE ANY RELATIVES EMPLOYED WITH AUGUSTA-RICHMOND COUNTY? [] YES [X] NO
IF YES, NAME: DEPT: RELATION:
NAME: DEPT: RELATION:

IN CASE OF EMERGENCY PLEASE NOTIFY:
NAME: [redacted] PHONE NUMBER: [redacted]

***SIGNATURE: Aaron Jones DATE: 2/14/18

BELOW IS FOR HUMAN RESOURCES ONLY

RE-HIRE? [] YES [] NO (IF YES, EMP ID #:) NEW EMP ID: STATUS:
HIRE DATE: BARG UNIT: CALENDAR: GENDER:
RACE: LOC (DEPT 3-DIGIT ABB): MARITAL STATUS:
PAY CLASS: PCN: TITLE: BEGIN PAY DATES:
HOURS PER DAY: DAYS PER WEEK: JOB CODE: SALARY GRADE:
ANN SALARY: \$ BI-WKLY RATE OF PAY: \$ SUPPL PAY: \$
FED TAX (S, M, X, E): #OF DEP: ADD AMT: \$
ST TAX (S, M, H, E): (IF MARRIED, [] MJ [] MS [] M) #OF DEP: ADD AMT: \$

SUBSTANCE ABUSE COVERAGE FORM

I, Aaron Jones, have read and understand the below Richmond County Substance Abuse Policy.

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

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

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

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

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

SIGNATURE: Aaron Jones

DATE: 7/14/18

AUGUSTA-RICHMOND COUNTY
USE OF POLYGRAPH EXAMINATIONS

SECTION I: POLICY

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

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

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

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

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

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

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

<u>Aaron Jones</u>	<u>2/14/18</u>
(Signature)	(Date)
<u>[Signature]</u>	<u>2/14/18</u>
(Witness)	(Date)

**GEORGIA CRIME INFORMATION CENTER
AWARENESS STATEMENT**

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

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

The Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen 15 years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5000.00 fine.

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

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

Print Name: Aaron Jones

Signed: Aaron Jones Date: 2/14/18

Witnessed: [Signature] Date: 2/14/18

Direct Deposit Notification Form

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

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

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

Employee Name (please print) Aaron Jones
Employee Signature Aaron Jones Date 2/14/18

To be completed by Human Resources:

Employee ID number _____ Position title: _____

Department _____ Date of Hire: _____

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

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <u>AARON JONES</u>	1b. YOUR SOCIAL SECURITY NUMBER [REDACTED]
2a. HOME ADDRESS (Number, Street, or Rural Route) [REDACTED]	2b. CITY, STATE AND ZIP CODE [REDACTED]

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

3. MARITAL STATUS

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

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

4. DEPENDENT ALLOWANCES []

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

6. ADDITIONAL WITHHOLDING \$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: Age 65 or over Blind

Spouse: Age 65 or over Blind Number of boxes checked _____ x 1300.....\$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions.....\$ _____

B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300
Each Spouse \$1,500 \$ _____

C. Subtract Line B from Line A.....\$ _____

D. Allowable Deductions to Federal Adjusted Gross Income.....\$ _____

E. Add the Amounts on Lines 1, 2C, and 2D.....\$ _____

F. Estimate of Taxable Income not Subject to Withholding.....\$ _____

G. Subtract Line F from Line E (if zero or less, stop here).....\$ _____

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above.....\$ _____

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

7. LETTER USED (Marital Status A, B, C, D, or E) A TOTAL ALLOWANCES (Total of Lines 3 - 5) 0
(Employer: The letter indicates the tax tables in the Employer's Tax Guide)

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

a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here

b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is _____ My spouse's (servicemember) state of residence is _____ The states of residence must be the same to be exempt. Check here

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

Employee's Signature Aaron Jones Date 7/14/18

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.

If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P.O. Box 49432, Atlanta, GA 30359.

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

EMPLOYER'S WH#: _____

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

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single** and **have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017
1	Your first name and middle initial <i>AARON JAMES</i>	Last name <i>JONES</i>	2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code [REDACTED]		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	0	
6	Additional amount, if any, you want withheld from each paycheck	6	\$	
7	I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ► <i>Aaron Jones</i>		Date ► <i>2/14/18</i>		
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9	Office code (optional)	10 Employer identification number (EIN)



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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

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

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

Last Name (Family Name) JONES		First Name (Given Name) AARON		Middle Initial —	Other Last Names Used (if any)
Address (Street Number and Name) [REDACTED]		Apt. Number	City or Town [REDACTED]	State	ZIP Code [REDACTED]
Date of Birth (mm/dd/yyyy) [REDACTED]	U.S. Social Security Number [REDACTED]	Employee's E-mail Address [REDACTED]		Employee's Telephone Number [REDACTED]	


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

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

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____
OR
 2. Form I-94 Admission Number: _____
OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

QR Code - Section 1
 Do Not Write In This Space


Signature of Employee Aaron Jones	Today's Date (mm/dd/yyyy) 02/19/18
---	--

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

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

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

STCPI **Employer Completes Next Page** STCPI



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority <i>Georgia</i>		Issuing Authority
Document Number		Document Num [REDACTED]		Document [REDACTED]
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy) <i>12/04/2018</i>		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;"> <p align="center">Additional Information</p> </div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				



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

The employee's first day of employment (mm/dd/yyyy): *02/26/2018* (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy) <i>02/14/2018</i>	Title of Employer or Authorized Representative Administrative Assistant	
Last Name of Employer or Authorized Representative <i>Carreras</i>	First Name of Employer or Authorized Representative Deanna	Employer's Business or Organization Name Richmond County Sheriff's Office		
Employer's Business or Organization Address (Street Number and Name) 400 Walton Way		City or Town Augusta	State GA	ZIP Code 30901

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

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

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

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

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

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



RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821-1000 Fax: 706.821.1064

APPLICATION SCREENING FORM

Applicant's Name: Aaron Jones

Position Applied For: Community Safety Officer

RATING TRAITS/CHARACTERISTICS

POSITIVES

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

NEGATIVES

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

Additional Comments:
former employee; needs another reference

Recommendation (Check One Box Only):

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

(1 -5 Scale - 5 Being the Highest)

1)	<u>John L. Johnson</u>	<u>1/5/18</u>
PRINT NAME	SIGNATURE	DATE
2)		
PRINT NAME	SIGNATURE	DATE
3)		
PRINT NAME	SIGNATURE	DATE

Application Process II

Last Name	First Name	Middle Name	Suf
Jones	Aaron		
SS#	DL#	DOB:	
[REDACTED]	GA 055134784	[REDACTED]	
Interview (Date):	1/11/18	Interviewed By:	Comm. Safety Group
Remarks:	proceed		
POST (Date):	1/3/18		
Remarks:	In good standing's key# D027656		
Entrance Exam (Date):	/	Score:	
Polygraph (Date):	1-23-18	Examiner:	Toby Hartley
Remarks:	Passed		
Range:	/		
Background by:	LT GLEN RAHN		
Remarks:	see notes		
Drug Screen:	2/13/18 passed	Physical	2/13/18 passed
No Further Proces			
Approved Hire:	Shenell's Carter		

EMPLOYMENT APPLICATION		
	AUGUSTA-RICHMOND COUNTY 535 Telfair Street Suite 400 Augusta, Georgia 30901 706-821-2303 Jones, Aaron 201201715 COMMUNITY SAFETY OFFICER	Received: 11/19/17 9:03 AM For Official Use Only: QUAL: _____ DNQ: _____ <input type="checkbox"/> Experience <input type="checkbox"/> Training <input type="checkbox"/> Other: _____

PERSONAL INFORMATION		
POSITION TITLE: COMMUNITY SAFETY OFFICER	EXAM ID#: 201201715	
NAME: (Last, First, Middle) Jones, Aaron	SOCIAL SECURITY NUMBER: [REDACTED]	
ADDRESS: (Street, City, State, Zip Code) [REDACTED]		
HOME PHONE: [REDACTED]	ALTERNATE PHONE: [REDACTED]	EMAIL ADDRESS: [REDACTED]
DRIVER'S LICENSE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE - State: GA Number: [REDACTED]	LEGAL RIGHT TO WORK IN THE UNITED STATES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PREFERENCES	
PREFERRED SALARY: \$15.00 per hour; \$25,000.00 per year	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Maybe
WHAT TYPE OF JOB ARE YOU LOOKING FOR? Regular	
TYPES OF WORK YOU WILL ACCEPT: Full Time, Part Time	
SHIFTS YOU WILL ACCEPT: Day, Evening, Night, Rotating, Weekends, On Call (as needed)	
OBJECTIVE:	

EDUCATION		
DATES: From: To:	SCHOOL NAME: Clark College	DEGREE RECEIVED: Professional
LOCATION: (City, State) Atlanta, Georgia	DID YOU GRADUATE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	UNITS COMPLETED:
MAJOR:		
DATES: From: 8/1978 To: 5/1981	SCHOOL NAME: Academy of Richmond County High School	DEGREE RECEIVED: High School Diploma
LOCATION: (City, State) Augusta, Georgia	DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

WORK EXPERIENCE		
DATES: From: 4/1989 To: 3/2015	EMPLOYER: Federal Express Corporation	POSITION TITLE: Ramp Agent, Driver, Support Coordinator
ADDRESS: (Street, City, State, Zip Code) 3400 Innerloop Road, Georgia 30034	SUPERVISOR: Davd Emerson - Operation Manager	COMPANY URL: FEDEX.com
PHONE NUMBER: 404-713-2717	SALARY: \$5,000.00/month	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK: 40		# OF EMPLOYEES SUPERVISED:
DUTIES: Responsible for delivering packages within an allotted time frame Ramp Agent Responsible for the transition of freight from air support to ground support Tractor Trailer Driver Driver for 25 years Excellent references upon request		
REASON FOR LEAVING: retired		
DATES: From: 12/1984 To: 4/1989	EMPLOYER: Richmond County Sheriff Department	POSITION TITLE: Police Officer
ADDRESS: (Street, City, State, Zip Code) 405 Walton Way, Augusta, Georgia 30901	SUPERVISOR: Richard Weaver - Captain	COMPANY URL:
PHONE NUMBER: 706-821-1080	SALARY: \$1,000.00/month	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK: 40		# OF EMPLOYEES SUPERVISED:

DUTIES:

Road and Safety Patrol
 Law Enforcement
 Security Details
 Investigations
 Public Service Activities

REASON FOR LEAVING:

Had to move from Augusta because of my Wife's company transferred her to Atlanta

CERTIFICATES AND LICENSES**TYPE:**

Post certification

LICENSE NUMBER:

0027656

ISSUING AGENCY:

State of Georgia

Skills

Nothing Entered For This Section

ADDITIONAL INFORMATION**Honors & Awards**

As a decorated police officer with Richmond County Police, I earned Law Enforcement Officer of the Year, while providing extensive safety patrol, security details, investigations and public service activities

REFERENCES**REFERENCE TYPE:**

Professional

NAME:

Angela Shannon

POSITION:

Medical Doctor

ADDRESS: (Street, City, State, Zip Code)

457 Lynhust Drive, Atlanta, Georgia 30311

EMAIL ADDRESS:**PHONE NUMBER:****REFERENCE TYPE:**

Professional

NAME:

Sheila White

POSITION:

Captain Richmond County Sheriff
 Department

ADDRESS: (Street, City, State, Zip Code)**EMAIL ADDRESS:****PHONE NUMBER:**

Janice Weldon
 2708 Margate Cir.
 Augusta, GA. 30909

Agency-Wide Questions

1. **Have you ever been employed with the City of Augusta or Richmond County before?**
Yes
2. **If you answered "Yes" to number 1, please indicate when and what position you held:**
Deputy Sherriff
3. **On what date would you be available for work?**
Oct 23, 2015
4. **If you are required to register with the Selective Service, can you show proof of registration (required of males ages 18-26)**
Yes
5. **Are you currently employed?**
No
6. **May we contact your present employer?**
Yes
7. **Are you eligible to work in the U.S.?**
Yes
8. **Do you have any relatives employed with us?**
No
9. **If you answered "Yes" to number 8, please list individual's name, relation, and department:**
10. **Are you able to claim Veterans' Preference?**
No
11. **How did you hear about this position? (Please check all that apply)**
Augustaga.gov (County Website), Other

Job Specific Supplemental Questions

1. **Which of the following best describes your level of education?**
Some College
 2. **Do you have a valid driver's license with an acceptable driving record?**
Yes
-

The following terms were accepted by the applicant upon submitting the online application:

By clicking on the '**Accept**' button, I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I am aware that falsification/misrepresentation on any part of this application and attached resume or credentials may disqualify me for employment or result in immediate dismissal, regardless of when discovered. I understand that any employment pursuant to this application shall be subject to the condition that I pass the pre-employment drug screening urinalysis test and that information regarding use of drugs may be disclosed to the appropriate county representative as a part of the employment process. I further understand that a post-offer of employment physical examination is also required for certain positions, and in those cases, employment is conditional upon successfully passing the examination. All medical information will be classified as confidential. I hereby authorize Augusta to investigate the information contained in my application, and to verify the information I have submitted. I further authorize any past or present employer, law enforcement agency, or educational institution to release any information contained in my personnel file, police, or school record. I hereby release any individual providing requested information from all liability and agree not to sue for defamation or other claims based upon statements made to any representative of Augusta.

This application was submitted by Aaron Jones on 11/19/17 9:03 AM

Signature

Aaron Jones

Date

2/14/18

USA
Georgia
COMMERCIAL DRIVER'S LICENSE

REGISTRATION *Aaron Jones* 20082

DL NO [REDACTED] DOB [REDACTED]
CLASS A EXP 12/04/2018
AARON JONES

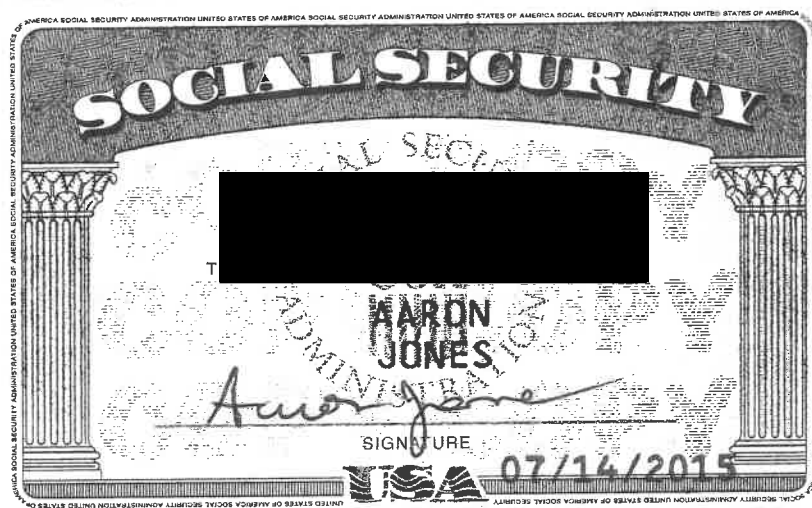
COMMISSIONER *Aaron Jones*

Sex M Eyes BRO
Hgt 6'-02" Wgt 185lb

DD 239112641180049894

Aaron Jones

DONOR ♥



The Academy of Richmond County

Augusta



Georgia

This Certifies that
Aaron Jones

having satisfactorily completed a Course of Study prescribed by the County Board of Education of Richmond County for Graduation from this School and having maintained a good character is awarded this

Diploma

Given this second day of June, one thousand nine hundred and eighty-one

John S. Chavue
President, County Board of Education

President, County Board of Education

W. J. O'Leary

Superintendent, County Board of Education

A. S. Williams Jr.

Principal

J. A. Williams

Assistant Principal

CANDIDATE: Aaron Jones (55)

REFERENCES:

Capt. Sheila White (RCSO)
She worked with Jones in the 1980s. He was a great officer, and always professional. He has retired from Fed Ex and she believes he will be a great fit for our agency.

Dr. Angela Shannon
Has known him since the 1980s. He responded to a call at her college and was very helpful. He check on the victims after the incident and was extremely professional. He is very polite and cares about this community.

Janice Weldon
She has known him his whole life and his friends with his sister. He is an awesome individual. He cares for others, and enjoys helping people. When she had a kidney transplant, he would come and sit with her numerous times while she had treatment.

PREVIOUS EMPLOYERS:

Fed Ex
Attempted to contact the phone number listed. Voice mail was not set up. He was an employee for 25 years and was a tractor-trailer driver. An evaluation form and Release of Information waiver will sent. It will be placed into the file when it is received.

Richmond County Sheriff's Office
He was employed previous with our agency from 1984-1989. His last evaluation he received Above Average. He resigned when his wife took a job in Atlanta.

CONCLUSION: Lt. Rahn conducted social media and TLO database check. Did not locate anything that would bring discredit to the agency on Facebook. On TLO he came back with 2 judgements and several liens against him. They all appear to be more than 10 years old. Copy of the report is placed into the file.

Facebook Acct: Aaron Jones

Acceptable: Lt. Glen Rahn



Data Report System

Individual Officer Profile

Created: 01-03-2018 12:49

Requested by: Deanna Carreras

Officer Key **O027656**
 Officer Name **AARON JONES**
 Race **Black or African American (Not Hispanic or Latino)**
 Education **High School Diploma**
 Status **In Good Standing**



O027656

Officer Certifications

Certification	Description	Certification Type	Status
PS0988R403S	RADAR OPERATOR	Specialized	Active
PBLE850568S	BASIC LAW ENFORCEMENT	Basic	Active

Instructor Certifications

None Found

Employment History

Agency	Rank	Start Date	End Date	Status
RICHMOND COUNTY SHERIFFS OFFICE	Peace Officer	July 6, 1988	April 27, 1989	Voluntary Resignation
RICHMOND COUNTY SHERIFFS OFFICE	Peace Officer	January 7, 1985	July 5, 1988	Transfer

Sanctions

None Found

Training History

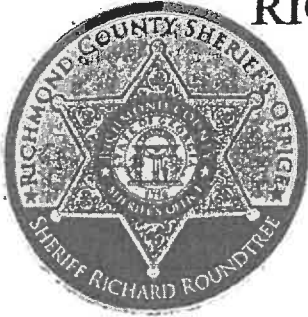
Date	Number	Course	Hours
December 31, 2015	DBM01G	FINANCIAL IDENTITY THEFT & FRAUD	1
September 30, 2015	DKO01G	JUVENILE OFFENDERS (GPSTC ONLINE)	1
September 30, 2015	DBN01G	EVIDENCE COLLECTION & PRESERVATION (GPSTC ONLINE)	0
September 30, 2015	DLQ01G	SEARCHING MOTOR VEHICLES (GPSTC ONLINE)	0
September 30, 2015	PAV15D	Make-up Hours Taken From Course for Waiver	0
September 30, 2015	DCD03G	DOMESTIC VIOLENCE (GPSTC ONLINE)	1
September 30, 2015	DLT00G	DUE REGARD (GPSTC ONLINE)	1
September 30, 2015	DFM03G	CARRYING & POSSESSING WEAPONS IN GA (GPSTC ONLINE)	0
September 30, 2015	DLU15G	LEGAL AND CASE LAW UPDATE 2015 (GPSTC ONLINE)	1
September 30, 2015	DGW01G	DEALING W/MENTALLY ILL/DIMINISHED CAPACITY (GPSTC ONLINE)	1
September 30, 2015	DHQ01G	SOVEREIGN CITIZEN MOVEMENT (GPSTC ONLINE)	1
September 30, 2015	DHQ04G	UNDERSTANDING ISLAMIST TERRORISM-MOD1 (GPSTC Online)	0
September 30, 2015	DJM01G	TRANSPORTING PRISONERS (GPSTC ONLINE)	1
September 30, 2015	VHQ01G	SUSPICIOUS ACTIVITY REPORTING/PRIVACY & CIVIL LIBERTIES	1
September 11, 2015	ILU00G	Legal Update	0
September 11, 2015	PAV15D	Make-up Hours Taken From Course for Waiver	0

September 11, 2015	IYT00G	COURTROOM DEMEANOR AND TESTIMONY	0
August 21, 2015	IFM00F	FIREARMS TRAINING (NOT REQUALIFICATION)	0
August 21, 2015	PAV15D	Make-up Hours Taken From Course for Waiver	0
August 18, 2015	PAV15D	Make-up Hours Taken From Course for Waiver	0
August 18, 2015	IKV12G	ACTIVE SHOOTER RESPONSE	0
			2015 Total Hours : 9
December 31, 1989	PAV12G	20 HR TRAINING WAIVER	20
			1989 Total Hours : 20
October 13, 1988	PBI040	NON CERTIFIED TRAINING INVESTIGATIONS INVESTIGATIONS	4
August 10, 1988	P94	NON CERTIFIED TRAINING	4
August 10, 1988	P94	NON CERTIFIED TRAINING	4
June 24, 1988	P94	NON CERTIFIED TRAINING	8
June 24, 1988	P94	NON CERTIFIED TRAINING	8
June 19, 1988	PBI010	NON CERTIFIED TRAINING INVESTIGATIONS INVESTIGATIONS	4
March 16, 1988	Y0065G		6
March 16, 1988	P94	NON CERTIFIED TRAINING	6
February 17, 1988	Y0063G		4
February 17, 1988	Y0075G		4
January 4, 1988	Y0056G		8
			1988 Total Hours : 60
November 26, 1987	P87 1	NON CERTIFIED TRAINING	4
September 10, 1987	STT01R	RADAR OPERATOR TRAINING COURSE	16
August 5, 1987	P94 13	NON CERTIFIED TRAINING	8
July 14, 1987	P87 8	NON CERTIFIED TRAINING	4
June 23, 1987	P94	NON CERTIFIED TRAINING	4
May 13, 1987	ITU00G	VEHICLE PULLOVERS	4
April 13, 1987	P94 34	NON CERTIFIED TRAINING	4
March 18, 1987	P87 14	NON CERTIFIED TRAINING	4
February 20, 1987	SAQ07A	FIELD TRAINING OFFICER	40
January 9, 1987	ABS01G	SEX CRIMES	40
			1987 Total Hours : 128
November 10, 1986	P94	NON CERTIFIED TRAINING	4
September 30, 1986	P94 3	NON CERTIFIED TRAINING	4
August 8, 1986	ITA00G	INSERVICE TRAFFIC/PATROL Patrol Tactics	4
July 9, 1986	P94	NON CERTIFIED TRAINING	4
June 11, 1986	ITC00G	CRIMES IN PROGRESS	4
May 29, 1986	P94 34	NON CERTIFIED TRAINING	24
May 16, 1986	ICC00G	CRISIS INTERVENTION	40
May 5, 1986	P94	NON CERTIFIED TRAINING	4
April 16, 1986	P94 34	NON CERTIFIED TRAINING	2
March 19, 1986	IDD00D	DEFENSIVE TACTICS	4
February 17, 1986	P94	NON CERTIFIED TRAINING	4
January 22, 1986	P93 54	NON CERTIFIED TRAINING	4
			1986 Total Hours : 102

December 12, 1985	AWD03G	DUI ENFORCEMENT	24
September 25, 1985	P94 34	NON CERTIFIED TRAINING	1
September 4, 1985	ITI00G	ACCIDENT INVESTIGATION	3
August 7, 1985	P94	NON CERTIFIED TRAINING	4
August 2, 1985	ADD01D	DEFENSIVE TACTICS	40
July 10, 1985	AGM19G	HOSTAGE NEGOTIATIONS	2
June 12, 1985	P93 64	NON CERTIFIED TRAINING	2
May 31, 1985	BML92G	BASIC LAW ENFORCEMENT TRAINING COURSE	240
April 17, 1985	PBI090	NON CERTIFIED TRAINING INVESTIGATIONS INVESTIGATIONS	1
March 20, 1985	P91109	NON CERTIFIED TRAINING	3
January 23, 1985	Y0042G		3
1985 Total Hours : 323			

Summary of Hours for 6 Years

Year	Total Hours	Firearms	Deadly Force	De-escalation	Community Policing
2015	9	0	0	0	0
1989	20	0	0	0	0
1988	60	0	0	0	0
1987	128	0	0	0	0
1986	102	0	0	0	0
1985	323	0	0	0	0
Grand Total of Hours (all years and courses)	642				



RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

CRIMINAL AND DRIVER HISTORY WAIVER

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

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

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

- Have you ever been arrested for ANY criminal or traffic charge?

If so, explain: NO

- In what states have you possessed a Driver's License in the past 10 years?

State: GA From 12/78 To Now

State: _____ From _____ To _____

State: _____ From _____ To _____

- Have you ever served in the Military/Reserves? Yes No

Branch: _____ From _____ To _____

If yes, did you have a Military Driver's License? Yes No

Years: From _____ To _____

SIGNATURE OF APPLICANT

Aaron Jones

PRINTED NAME OF APPLICANT

Aaron Jones

SOCIAL SECURITY NUMBER

[REDACTED]

NOTARY PUBLIC

Notary Public, Richmond County, Georgia
My Commission Expires Oct. 28, 2018

COMMISSION EXPIRES

DATE

12/2/17

DATE OF BIRTH

[REDACTED]

RACE

B

SEX

M

HEIGHT

6'2

WEIGHT

180

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

12/12/17

DATE

**Richmond County Sheriff's Office
Applicant
Drug Use Statement**

Principal Purpose: This form requests information about personal history of use, trafficking, or other activities involving illegal drugs and drug paraphernalia. Its purpose is to determine suitability for employment with the Richmond County Sheriff's Office as part of applicant screening process, and to eliminate non-qualified candidates prior to discovering the same information in later stages of the hiring process; thereby saving both parties wasted time and effort. Completion of this form is voluntary; however, non-completion of the form may result in the withdrawal of the application from further consideration within the hiring process.

Name: Last Jones First Aaron Middle _____
SSN: _____ Date of Birth _____

As an applicant for employment with the Richmond County Sheriff's Office any prior drug use, attempted use, and/or experimentation must be disclosed before you can be considered for further processing. Do not include instances in which substances were prescribed, administered, or dispensed by a duly licensed physician for treatment of a legitimate medical condition. Please read the following instructions very carefully before answering the drug questions and initial your acknowledgment:

AJ

Initials

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

AJ

Initials

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

AJ

Initials

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

Name: Aaron Jones

SSN: [REDACTED]

Date of Birth [REDACTED]

AJ

Initials

By the word "occasion" I understand that I am being asked to disclose each occasion or event in which I used, attempted to use, or experimented with illegal narcotics or dangerous drugs, to include marijuana. For example, if I was at a party and during that occasion took a puff on three separate marijuana cigarettes, it will consider one use. If I went to another party the same night and again puffed on three marijuana cigarettes; that would constitute a second use.

AJ

Initials

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

Question #1

Have you ever used, tried, tasted, or experimented with any illegal narcotics or dangerous drugs, to include marijuana under any circumstances? (Please check)

YES (✓) NO () If you answered yes to question #1, attach a comprehensive statement fully describing each occasion of drug use, attempted use, and/or experimentation covering each of questions A-H listed below. Your attached statement must be legible, signed and dated.

- A. What was/were the drug (s)? MARIJUANA
- B. On how many occasions? NOTE: If you cannot be specific as to the exact number of occasions, answer the following: on at least 2 occasions, but not more than _____.
- C. Date first used/tried/experimented 1979-1980
- D. Date last used/tried/ experimented 1979-1980
- E. How was it obtained? CLASSMATES
- F. Where was it used/tried/experimented? SCHOOL
- G. In what setting? PARTY
- H. Reason for use/try/experimentation young + dumb

Question #2

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

Question #3

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

Question #4

Have you ever provided drug history information to the military or your past, present, or prospective employer that differs from the drug history information you are now providing to the Sheriff's Office? (Please check) YES () NO (✓)

Question #5

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

Name:

ARON JONES

SSN

Date of Birth

IF YOU ANSWERED YES TO QUESTIONS #2 - #5, ATTACH A COMPREHENSIVE STATEMENT FULLY DESCRIBING ALL CIRCUMSTANCES AND DATES. YOUR ATTACHED STATEMENT MUST BE LEGIBLE, SIGNED, AND DATED.

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

Aaron Jones
Applicant Signature

12/12/17
Date

[Signature]
Witness

12/12/17
Date



RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

February 5, 2018

Lt. Glen Rahn
Richmond County Sheriff's Office
400 Walton Way
Augusta, GA 30901
706.821.1604 Office
706.821.1462 Fax

Federal Express Corp
3400 Innerloop Road
Hapeville, GA 30354

Dear Human Resources

This letter is in regards to applicant Mr. Aaron Jones. Mr. Jones has applied with our agency for the position of Community Safety Officer. We are currently considering his application and would like for you to take a few minutes of your time to complete the attached Evaluative Form. A copy of the signed Release of Information Waiver and Consent form is enclosed. After completing the form, please fax, email, or mail the form back to our office. Thank you for your time and cooperation.

Respectfully,

Lt. Glen Rahn
Internal Affairs Division



RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

Polygraph Waiver

By affixing my signature below, I understand that I am submitting voluntarily to a RCSO sponsored polygraph examination for the purpose of employment and that if the results determine that my test indicates deception I will be responsible for the \$200 fee associated with this test.

Aaron Jones

Print Name

Aaron Jones

Signature

1/11/18

Date

[Signature]
Witness



RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

RELEASE OF INFORMATION WAIVER

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

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

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

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

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

(SIGNATURE OF APPLICANT)

(DATE)

(PRINT NAME OF APPLICANT)

Aaron Jones

12/12

AARON JONES

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

WITNESS BY HAND THIS 12 DAY OF Dec 2012

(NOTARY PUBLIC)

Notary Public, Richmond County, Georgia
My Commission Expires Oct. 20, 2018