

# Employment Record

Name Barnett, Christopher A.     
 Empl 17271     
 Computer # C385     
 Date of Hire 10/10/2015     
 Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
10/10/2015	Jailer	SPR0526027	5034	\$1,210.34	41	Date of Hire
03/12/2016				\$1,234.55		Cost of Living
11/30/2016	Jailer Certification	SPR0526027	5034	\$1,286.81	41	Jailer Certified
12/30/2017				\$1,406.58	0	Salary with 84 hours and 1.5 % cola.
05/16/2018	Deputy	SDR0313158	5041	\$1,480.00	15	Promoted to Deputy
06/06/2018	DEPUTY	SDR81NQ143	5041	\$1,480.00	15	NEW PCN AND PAY GRADE
01/22/2019				\$1,524.40	0	CLUSTER INCREASE PART II
05/16/2020				\$1,644.36	0	DEPUTY 1ST CLASS
06/27/2020				\$43,394.72	0	COLA INCREASE
12/25/2021				\$45,891.09	0	2022 SALARY INCREASE

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11/30/2016	Jailer Certification	SPR0526027	5034	\$1,286.81	41	Jailer Certified

# Employment Record

**Name** Barnett, Christopher A.    **Empl** 17271    **Computer #** C385    **Date of Hire** 10/10/2015    **Transferred/Rehired**

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
10/10/2015	Jailer	SPR0526027	5034	\$1,210.34	41	Date of Hire
03/12/2016				\$1,234.55		Cost of Living

# Employment Record

Name Barnett, Phillip E. Empl 07753 Computer # A795 Date of Hire 2/9/97 Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
02/09/1997	Deputy		Road	\$713.15	11	Date of Hire
08/10/1997	Deputy C		Road	\$841.31	43	Buck Study
01/08/1998	Deputy B		5041	\$890.65	43	Anniversary Increase
10/04/1998	Deputy B		5041	\$904.01	43	Cost of Living & Performance
02/07/1999	Deputy A		5041	\$973.51	43	Anniversary Increase
10/02/1999	Deputy A		5041	\$988.11	43	Cost of Living & Performance
09/16/2000	Deputy A		5041	\$1,037.52	43	Cost of Living & Performance
09/15/2001	Deputy A		5041	\$1,068.65	43	Cost of Living 3%
03/02/2002	Deputy	SDR0313132	5041	\$1,149.27	43	Public Safety Increase
04/24/2004				\$1,183.75		COLA 3%
11/05/2005				\$1,231.10	0	Public Safety increase
12/31/2005				\$1,280.34	0	County employee 4%
06/16/2007				\$1,305.95	0	COLA 2%
01/12/2008				\$1,345.13	0	COLA 3%
04/19/2008				\$1,422.05	0	Public safety increase
01/21/2012				\$1,441.28	0	salary increase
01/03/2015	Deputy			\$1,495.13	0	Tier Level Salary Increase
03/12/2016				\$1,525.03	0	Cost of Living



# Employment Record

Name	Empl	Computer #	Date of Hire	Transferred/Rehired		
Barnett, Christopher A.	17271	C385	10/10/2015			
Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
10/10/2015	Jailer	SPR0526027	5034	\$1,210.34	41	Date of Hire



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

Employee Name: Christopher A. Barnett EMP I.D.: 17271 DEPT #: 5041 Proposed Effective Date: 5/16/2020

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

C. SEPARATION INFORMATION

Table with columns for Position Information (CHANGE FROM, CHANGE TO) and Separation Information (SEPARATION FROM SERVICE REASON: VQ 01-07, Date Hired, Last Day Worked, etc.)

PART 3: EXPLANATION FOR REQUEST See Attached Documentation? YES NO (if no, must give explanation for request)

Deputy 1st class. Job description attached. The Sheriff's Office has the funding.

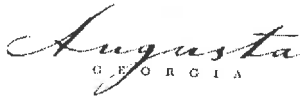
PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Bonnie Hayes Contact Phone #: 706-821-1095 Date Of Request: 4/15/2020
Department Director Signature: Department Director Signature (2): Administrator Signature: General Counsel Signature:

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:



Request for Personnel Action (RPA)

Employee Name: Christopher A. Barnett

EMP I.D.: 17271

DEPT #: 5034

Proposed Effective Date: 5/19/2018

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-C

- 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 #: (     ) -

Address: \_\_\_\_\_

Office Phone #: (     ) -

Employee Signature (required for personal information changes): \_\_\_\_\_

Date: \_\_\_\_\_

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	5034	5041
Job Title	Jailer	Deputy
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	12	15
PCN	SPR0526027	SDR0313158
Daily Hours	12 Hrs.; 30 Min. A/D	12 Hrs.; S
Hourly Rate	\$16.75	\$17.62
Bi-Weekly Salary	\$1,406.58	\$1,480.00
Annual Salary	\$36,571.14	\$38,479.92
Supplemental Pay	NA	NA
Safety Sensitive (Y or N)	Y	Y
GL Account number:	273032511	273031310
Employee Replaced (Name & I.D.):	J Olivares/14275	

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:	
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired: _____	
Last Day Worked: _____	
Separation Date: _____	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
VAC BAL: _____	COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

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

Employee is promoted to deputy. Job descriptions attached. The Sheriff's Office has the funding.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: <u>Bonnie Hayes</u>		Contact Phone #: ( 706 ) 821 - 1095	Date Of Request: <u>4/27/2018</u>
Department Director Signature: <u>John Francisco</u>		Concurrence Date: <u>4/27/18</u>	
Department Director Signature (2): _____		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: _____

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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, Chris Barnett, 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 Sheriffs 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]  
Signature

12/10/21  
Date

Chris Barnett  
Printed Name

Sheriffs office  
Department

[Redacted]  
Social Security Number

CB17271  
Employee ID Number

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

[Signature]  
Notary Public

My commission expires: \_\_\_\_\_



**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 05 of 03 2021, received a copy of the Richmond County Sheriff's Office "USERRA" Policy.

  
Signature  
Richmond County Sheriff's Office Employee

Chris Barnett  
Printed Name



**FINANCE DEPARTMENT  
RISK MANAGEMENT DIVISION**

**Donna Williams, CGFM  
Director of Finance  
Joseph Crozier, CM, CWCP,  
Risk Management Manager**

October 19, 2020

CHRISTOPHER BARNETT  
17271  
SHERIFF  
Augusta, Georgia

Dear DEPUTY BARNETT,

The Safety Review Committee has reviewed your accident/incident that occurred on 8/18/2020. The Committee ruled that you were NOT AT FAULT in this accident.

We appreciate your service to Augusta-Richmond County and if we can be of further assistance to you, please feel free to call.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Oates", written in a cursive style.

Andy Oates,  
Loss Control Officer  
Safety Review Committee Chair

AO/TD

Cc: Accident File  
Personnel File



# Augusta, Georgia

## Job Description

Approved Title: Deputy  
 Working Job Title: Road Patrol Deputy  
 Department: Sheriff (5041)  
 Reports To: Sergeant

Job Code: 81NQ  
 Pay Grade: 15  
 Original Date Prepared: August 25, 1997

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:** Enforces federal, state, and local laws to protect lives and property within the guidelines of state and federal laws, traffic laws, local ordinances, and departmental policies and procedures. Reports to the Sergeant or other designated person, and works with co-workers, court systems, attorneys, judges, medical personnel, the public, and law enforcement officers to provide field operation support.

### KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
35 %	Patrols assigned zone to detect and deter criminal activity and traffic violations, and responds to calls.
35 %	Conducts preliminary inquiries, field interviews, follow-up investigations, residential and commercial/industrial security checks, and secures crime scenes.
10 %	Apprehends, arrests, and processes offenders.
10 %	Provides assistance and backup support to other officers, first aid and CPR to victims, traffic direction and escorts, and assists motorists.
5 %	Testifies in judicial proceedings.
5 %	Inspects and maintains patrol car/motorcycle.
As Required	Performs other duties of a similar nature or level.

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

### POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

- Patrolling assigned zone to detect and deter criminal activity.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.

### REQUIRED MINIMUM QUALIFICATIONS:

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

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

**Preferred Experience:** Previous experience in law enforcement, public safety or another related occupation.

### Knowledge/Skills/Abilities:

- Considerable knowledge of the court system and procedures, and traffic investigation techniques and procedures.
- Familiarity with relevant federal and state laws, criminal and traffic codes, juvenile law, search and seizure laws, County ordinances, departmental policies and procedures, and geographical layout of the County.
- Proficiency in restraining persons without causing physical harm, and performing first aid and CPR.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**

- Possess or have ability to meet current requirements set forth in the Georgia Non-Law Enforcement Training Act/Peace Officer's Standards and Training Act.
- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Mastery of operating a police car, firearms, and emergency equipment.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

**Certification:** Georgia Post Mandate Peace Officer Certification

**Some positions may require:**

- Serve as Field Training Officer (Certification Required), and charged with training new patrol personnel.

**OTHER:**

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

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

If yes, what is the percentage of travel involved? Less than 50%? Yes  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**

Christopher A. Barnett  
Employee (Print Name)

4/15/2020  
Date

[Signature]  
Line or Staff Management

4/15/2020  
Date

[Signature]  
Department Director

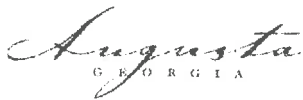
4/15/2020  
Date

\_\_\_\_\_  
Compensation Administration Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Director

\_\_\_\_\_  
Date



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

**FILE**

4/5 to HR 4/8/20

HR-1 FORM

Employee Name: CHRISTOPHER BARNETT EMP I.D.: 17271 DEPT #: 5041 Proposed Effective Date: 04/08/20

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 #: ( ) -  
Address: \_\_\_\_\_ Office Phone #: ( ) -  
Employee Signature (required for personal information changes): *Christopher Barnett* Date: 4/8/20

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept. #		
Job Title		
FLSA Status (E or NE)		
Pay Class		
Salary Grade		
PCN		
Daily Hours		
Hourly Rate		
Bi-Weekly Salary		
Annual Salary		
Supplemental Pay		
Safety Sensitive (Y or N)		
GL Account number:		

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:	
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired:	
Last Day Worked:	
Separation Date:	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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: <u>Deanna Carreras</u>	Contact Phone #: <u>706-821-1005</u>	Date Of Request: <u>04/08/20</u>
Department Director Signature: <u><i>W. Stephen</i></u>	Concurrence Date:	
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:



**CERTIFICATION BY EMPLOYING AGENCY**  
EMPLOYMENT VERIFICATION FOR GENERAL LAW ENFORCEMENT

Please return to:

**Peace Officers' Annuity & Benefit Fund of GA**  
P.O. Box 56, Griffin, GA 30224 • 770-228-8461 (Office) • 770-412-1236 (Fax)

NOTICE: GEORGIA LAW PROVIDES AS FOLLOWS: "ANY PERSON WHO KNOWINGLY FURNISHES FALSE INFORMATION FOR THE PURPOSE OF BECOMING A MEMBER OF THE FUND, OR FOR RECEIVING CREDIT FOR SERVICE TO WHICH HE IS NOT ENTITLED, OR FOR RECEIVING BENEFITS HEREUNDER, OR ANY PERSON WHO KNOWINGLY ASSISTS IN DOING ANY OF THE FOREGOING THING, SHALL BE GUILTY OF A MISDEMEANOR, AND UPON CONVICTION THEREOF SHALL BE PUNISHED AS FOR A MISDEMEANOR."

Date: 5/10/2019 Member #: \_\_\_\_\_

1. Employee Name: Christopher A. Barnett

2. Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ APARTMENT/UNIT # \_\_\_\_\_  
CITY, ST and ZIP CODE \_\_\_\_\_

4. Employing Agency: Richmond City Sheriff's Office Job Title: Deputy

5. POST Certification Required? Yes Job Description Available? Yes  
YES/NO YES/NO

Power/ Authority to Arrest? Yes Custody of Prisoners? Yes If so, was/is the officer armed? Yes  
YES/NO YES/NO YES/NO

6. Has this employee previously worked for this agency? If so, please provide the dates and positions held as well as if the position was full time or part time:  
No

7. How many hours per week are devoted to this job? 44 hrs.

8. Beginning date of most recent employment: 10 10 2015  
MONTH DAY YEAR

9. Ending date of most recent employment: \_\_\_\_\_  
MONTH DAY YEAR

10. Please list any periods that this employee was on **LEAVE WITHOUT PAY** (suspension, FMLA, etc.) Please note if worker's compensation:  
None

**Note:** This form is not valid until signed by a properly authorized individual for the employing Agency. Please note that this form must be notarized by a different individual. The proper execution of this document is the Applicant's Responsibility.

I hereby certify that the information given above is true and accurate as the same appears on the records of Christopher A. Barnett  
APPLICANT/ MEMBER'S NAME

This 10 day of May 2019

Witnessed by: \_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



Representative Name: Bonnie Hayes

Signature: Bonnie Hayes

Title of Signer: Administrative Asst.

Phone Number: 706-421-1095

Email Address: bhayes@calhounga.gov

Office Address: 400 Walnut Way  
Augusta GA 30901



Peace Officers' Annuity & Benefit Fund of GA

P.O. BOX 56, GRIFFIN, GA 30224
PHONE: (770) 228-8461 • FAX: (770) 412-1236
POABF@RFGA.US • WWW.POAB.GEORGIA.GOV

FOR OFFICE USE ONLY

Payment method selection table with options: Check, Money Order, Cash, PG, NPG, ACH. Includes fields for Payment Amount, Enrollment Date, Paid Through, OPG #, and Member #.

Application for Membership

Membership application will not be considered unless accompanied by the following:

- 1. Signed and Notarized Certification by Employing Agency form
2. \$45.00 Application Fee that includes the first month's dues payment. (Either a completed Automatic Withdrawal Authorization Form - OR - A check or money order.

Applicant Information

Applicant Information section containing fields for Full Name (Christopher Allen Barnett), Date of Birth, SSN, Preferred Phone #, Alternate Phone #, Email Address, and Mailing Address.

City, State and Zip Code

Have you been a member of this Fund before? No If yes, what is your member #: Yes or No

Employment Information

Employment Information section containing fields for Current Employing Agency (Richmond County Sheriff's Office), Job Title (Road Patrol Deputy), legal power to make arrests (Yes), and P.O.S.T. Certification (Yes, #0225854).

Beneficiary of Death Benefits Declaration

Notice: The Beneficiary of Death Benefits is separate from the retirement benefit and is made payable to whomever you choose.

Beneficiary of Death Benefits Declaration section containing fields for Beneficiary Name, Phone #, Email Address, and Mailing Address.

City, State and Zip Code

Oath: I, the undersigned applicant, hereby certify that all information furnished on this application for membership in the Peace Officers' Annuity and Benefit Fund of Georgia is true and correct and that I am employed as a Peace Officer as defined for purposes of membership in this Fund by the State of Georgia, or one of the political subdivisions thereof, as listed above.

Authorization to Release Information

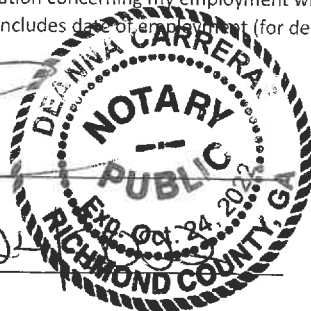
By signature below, the applicant does hereby authorize any present, prior, or future employer to release to the PEACE OFFICERS' ANNUITY AND BENEFIT FUND OF GEORGIA such information concerning my employment with said employers as the FUND may require for processing my application for Membership or Benefits.

Witnessed by:

Notary Public

My Commission Expires:

10/24



Chris Barnett

APPLICANT'S NAME (PLEASE PRINT)

Chris Barnett

APPLICANT'S SIGNATURE

5/10/2019

DATE

# PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GA

P.O. BOX 56, GRIFFIN, GA 30224  
PHONE: (770) 228-8461 • FAX: (770) 412-1236  
POABF@RFGA.US • WWW.POAB.GEORGIA.GOV

## Information Regarding Application of Membership

\*\*\* Effective July 1, 2010: Vesting requirements change from 10 years to 15 years. \*\*\*

### Requirements for Membership in the Fund

1. Full-time Peace Officer that is required to be POST certified for the position held.
2. 37 hours or more per week
3. Dues paid monthly and on time (currently \$20.00/ month). *Please be aware that the dues amount requirement may change during your course of membership.*

### Instructions:

1. Complete the Application for Membership: This document must be completed in its entirety, signed and notarized.
  - a. *Applicant Information:* please include your personal email address as well as a phone number with which we can best reach you.
  - b. *Employment Information:* include your POST Certification number in the space provided. If a POST Certification number is pending, send a copy of your Graduation Certificate from the Academy.
  - c. *Beneficiary of Death Benefits Declaration:* the POAB Fund provides two forms of benefits for our members—the Retirement Benefit and the Death Benefit. The Death Benefit is provided to the beneficiary of your account (this individual may be whomever you choose—it does not have to be a spouse or relative).
2. Complete the Certification by Employing Agency form. This form must be verified by an individual from your agency with personnel record access (other than yourself) and must also be notarized.
3. Mail these forms (fully completed, signed, and notarized) with your \$45.00 Application Fee that includes the first month's dues payment. (You may submit an Automatic Withdrawal Authorization Form – OR—A check or money order for \$45.00).

*The Fund will send your letter of acceptance or denial to the mailing address listed on the application.*

### Upon acceptance, you must notify the Fund Office of the following changes:

- |   |                               |
|---|-------------------------------|
| 1. Agency/ Department Transfer          | 5. Contact Information Change |
| 2. Termination of Employment            | a. Mailing Address            |
| 3. Military Status                      | b. Email Address              |
| 4. Beneficiary of Death Benefits Change | c. Phone Number               |

### Things to Know about Membership in the POAB Fund

1. Beneficiary designation may be changed by submitting a Change of Beneficiary of Death Benefits Form.
2. You must be a dues-paying, fully-employed Peace Officer member of the Fund for 15 years to be considered vested.
3. After 5 years of membership, you may purchase up to 5 years of prior creditable service. This purchase does not count as creditable service toward your vesting requirement of 15 years. It does, however, provide an increase to your benefits at retirement. Contact the Fund to request calculation of the cost to purchase prior service as soon as you are eligible (after minimum of 5 years in Fund).
4. Military service after membership in the Fund is creditable toward retirement upon your direct return to a full-time, POST certified required, Peace Officer position within six months of leaving the military position. Military service is voided if you begin a position outside of law enforcement after military service. Military service does not require dues payment and is creditable up to 5 years.
5. You may request a Leave of Absence (LOA) with the Fund (up to one year). Upon board of commissioner's approval, you will be required to pay monthly dues. LOA counts toward vesting; however, you must return to a law enforcement position for LOA to be creditable. After vesting, LOA is no longer available to members.

## Bonnie Hayes

---

**From:** Ttreon Bush  
**Sent:** Tuesday, December 11, 2018 11:16 AM  
**To:** Jack Francisco; 'jfrisco53@gmail.com' (jfrisco53@gmail.com); Steve Smead; Sean Morgan; Sanita Cheatham; Tangela Gibson; Belinda S. Bunch; Bonnie Hayes; Deanna Carreras  
**Subject:** XTS2500 RADIO  
**Importance:** High

ON 121118 CHRISTOPHER BARNETT (C385) RECEIVED XTS2500 RADIO# 205CGD0372-ID# 4700026, TO REPLACE RADIO# 205CHR4657-ID# 4700116. RADIO# 205CHR4657-4700116 NEED TO BE REPAIRED (SWITCHING CHANNELS).

THANKS  
121118

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."

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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

# Augusta, Georgia

## Job Description

Approved Title: Jailer  
 Working Job Title: Jailer  
 Department: Sheriff (5032/5034)  
 Reports To: Sergeant

Job Code: 0526  
 Pay Grade: 12  
 Original Date Prepared: August 25, 1997  
 FLSA Classification: Non-exempt  
 Date Revised: September 25, 2011

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:** Maintains order and security in the jail and ensures the safety and well-being of inmates, employees, and visitors within the guidelines of applicable state and federal laws, departmental directives, and rules and regulations. Reports to the Sergeant or other designated person and works with co-workers, inmates, attorneys, visitors, ministers, social workers, and probation, parole, court, police, and other agency personnel to provide operational support.

### KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
30 %	Monitors inmate activity, and records/maintains in log book.
20 %	Works control panel for cells, entrance to cell block, emergency exits, and visitation/attorney area.
20 %	Conducts security inspections.
10 %	Oversees inmate recreation activities.
10 %	Assists in the distribution and collection of commissary items, inmate clothing, and linen.
5 %	Performs emergency first aid to inmates as necessary.
5 %	Answers telephone and operates intercom system.
As Required	Performs other duties of a similar nature or level.

100% Total: 100

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

### POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

- Patrolling assigned zone to detect and deter criminal activity.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.

### REQUIRED MINIMUM QUALIFICATIONS:

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

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

**Preferred Experience:** Previous experience in law enforcement, public safety or another related occupation.

### Knowledge/Skills/Abilities:

- Considerable knowledge of law enforcement and the corrections process.
- Familiarity with applicable state and federal laws, county policies and procedures, and departmental directives.
- Proficiency in using GCIC/NCIC and JMS computer operations, physical restraint methods and equipment, first aid, CPR, and interpersonal communications.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.



**Skills:**

- Possess or have ability to meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act/Peace Officer's Standards and Training Act.
- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

**Certification:** Georgia Post Mandate Jailer Certification

**Some positions may require:**

- CPR and First Aid annual training.

**OTHER:**

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

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

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

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

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

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

**FINANCIAL RESPONSIBILITY:**

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

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

**TRAINING & SUPERVISORY RESPONSIBILITY:**

How many people are being supervised or trained? None

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

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

**REVIEW/APPROVALS**

Christopher A. Barnett  
Employee (Print Name)

4/27/18  
Date

Job & Francisco

Line or Staff Management

4/27/18  
Date

Job & Francisco

Department Director

4/27/18  
Date

Compensation Administration Staff

\_\_\_\_\_  
Date

HR Director

\_\_\_\_\_  
Date

# Augusta, Georgia

## Job Description

Approved Title: Deputy  
 Working Job Title: Road Patrol Deputy  
 Department: Sheriff (5041)  
 Reports To: Sergeant

Job Code: 0313  
 Pay Grade: 15  
 Original Date Prepared: August 25, 1997

FLSA Classification: Non-exempt  
 Date Revised: September 25, 2011

Does the Position Have Direct Reports? Yes  No   
 If Yes, What is the Title of the Position that Reports to this Position:  
 Is the Position Safety Sensitive? Yes  No

**GENERAL SUMMARY:** Enforces federal, state, and local laws to protect lives and property within the guidelines of state and federal laws, traffic laws, local ordinances, and departmental policies and procedures. Reports to the Sergeant or other designated person, and works with co-workers, court systems, attorneys, judges, medical personnel, the public, and law enforcement officers to provide field operation support.

### KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
35 %	Patrols assigned zone to detect and deter criminal activity and traffic violations, and responds to calls.
35 %	Conducts preliminary inquiries, field interviews, follow-up investigations, residential and commercial/industrial security checks, and secures crime scenes.
10 %	Apprehends, arrests, and processes offenders.
10 %	Provides assistance and backup support to other officers, first aid and CPR to victims, traffic direction and escorts, and assists motorists.
5 %	Testifies in judicial proceedings.
5 %	Inspects and maintains patrol car/motorcycle.
As Required	Performs other duties of a similar nature or level.

100% Total: 100

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

### POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

- Patrolling assigned zone to detect and deter criminal activity.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.

### REQUIRED MINIMUM QUALIFICATIONS:

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

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

**Preferred Experience:** Previous experience in law enforcement, public safety or another related occupation.

### Knowledge/Skills/Abilities:

- Considerable knowledge of the court system and procedures, and traffic investigation techniques and procedures.
- Familiarity with relevant federal and state laws, criminal and traffic codes, juvenile law, search and seizure laws, County ordinances, departmental policies and procedures, and geographical layout of the County.
- Proficiency in restraining persons without causing physical harm, and performing first aid and CPR.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**

- Possess or have ability to meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act/Peace Officer's Standards and Training Act.
- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Mastery of operating a police car, firearms, and emergency equipment.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

**Certification:** Georgia Post Mandate Peace Officer Certification

**Some positions may require:**

- Serve as Field Training Officer (Certification Required), and charged with training new patrol personnel.

**OTHER:**

Does this position require staff call up in an emergency situation? Yes  No   
 Is travel from office to other locations required of this position? Yes  No   
 If yes, what is the percentage of travel involved? Less than 50%? Yes  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 (Print Name) <i>Christopher A. Barnett</i>	Date <i>4/27/18</i>
<i>Job &amp; Training</i>	
Line or Staff Management	Date <i>4/27/18</i>
<i>Job &amp; Training</i>	
Department Director	Date <i>4/27/18</i>
Compensation Administration Staff	Date
HR Director	Date

# Chris Barnett

---

Dear Sir/Madame:

I am writing this letter to express a strong interest in the position of a Deputy – Road Patrol. I currently serve in the Charles B. Webster Detention Center and I would now like to utilize the skills that I have learned to go to the next level in my career.

As a man that loves and wants to protect his family's safety has always been a top priority of mine. My beautiful wife, [REDACTED] and my amazing son, [REDACTED] are my life and my love for them makes me who I am as a husband, father and deputy. My desire to serve the community as a deputy is a long life dream. I am passionate about enhancing the sense of security in society and making a difference in people's lives. My career objective is to serve on the Richmond County SWAT.

Following are highlights of my relevant strengths which make me a perfect candidate for this police officer position:

- Detailed oriented
- Public Safety awareness
- Understands and follows policies and procedures
- Goal oriented and desire for excellences

Personally, I am a calm individual that is why I am quite sure of my success in managing adverse situations with much thought and maturity. My hands-on training has taught me how to manage most adverse situations. Furthermore, I believe with my experience, I can contribute to preventive measures to ward off crime. I believe I can definitely make a valuable contribution to the Richmond County Sherriff's Department as a Road Patrol Deputy.

I am very excited to meet you with the aim of discussing this Deputy – Road Patrol position in detail.

Thank you for your time and consideration.

Sincere regards,

Chris Barnett



# Augusta, Georgia

## Job Description

Approved Title: Jailer  
 Working Job Title: Jailer (12.5 Hour)  
 Department: Sheriff (5032/5034)  
 Reports To: Sergeant

Job Code: 0526  
 Pay Grade: 41  
 Original Date Prepared: August 25, 1997

FLSA Classification: Non-exempt  
 Date Revised: September 25, 2011

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:** Maintains order and security in the jail and ensures the safety and well-being of inmates, employees, and visitors within the guidelines of applicable state and federal laws, departmental directives, and rules and regulations. Reports to the Sergeant or other designated person and works with co-workers, inmates, attorneys, visitors, ministers, social workers, and probation, parole, court, police, and other agency personnel to provide operational support.

**KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS**

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
30 %	Monitors inmate activity, and records/maintains in log book.
20 %	Works control panel for cells, entrance to cell block, emergency exits, and visitation/attorney area.
20 %	Conducts security inspections.
10 %	Oversees inmate recreation activities.
10 %	Assists in the distribution and collection of commissary items, inmate clothing, and linen.
5 %	Performs emergency first aid to inmates as necessary.
5 %	Answers telephone and operates intercom system.
As Required	Performs other duties of a similar nature or level.

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

**POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:**

- Patrolling assigned zone to detect and deter criminal activity.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.

**REQUIRED MINIMUM QUALIFICATIONS:**

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

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

**Preferred Experience:** Previous experience in law enforcement, public safety or another related occupation.

**Knowledge/Skills/Abilities:**

- Considerable knowledge of law enforcement and the corrections process.
- Familiarity with applicable state and federal laws, county policies and procedures, and departmental directives.
- Proficiency in using GCIC/NCIC and JMS computer operations, physical restraint methods and equipment, first aid, CPR, and interpersonal communications.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**

- Possess or have ability to meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act/Peace Officer's Standards and Training Act.
- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

**Certification:** Georgia Post Mandate Jailer Certification

**Some positions may require:**

- CPR and First Aid annual training.

**OTHER:**

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

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

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

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

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

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

**FINANCIAL RESPONSIBILITY:**

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

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

**TRAINING & SUPERVISORY RESPONSIBILITY:**

How many people are being supervised or trained? None

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

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

**REVIEW/APPROVALS**

<u>Christopher A Barnett</u>	<u>11/30/16</u>
Employee (Print Name)	Date
<u>Job of Francis</u>	<u>11/30/16</u>
Line or Staff Management	Date
<u>Job of Francis</u>	<u>11/30/16</u>
Department Director	Date
_____	_____
Compensation Administration Staff	Date
_____	_____
HR Director	Date



Request for Personnel Action (RPA)

Employee Name: Christopher Barnett EMP I.D.: 17271 DEPT #: 5034 Proposed Effective Date: 12/13/2015

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: [REDACTED]

Employee Signature (required for personal information changes): Christopher Barnett

Date: 12/13/2015

B. POSITION INFORMATION

C. SEPARATION INFORMATION

	CHANGE FROM	CHANGE TO	SEPARATION FROM SERVICE REASON:	
Dept #			<input type="checkbox"/>	VQ 01 Resignation
Job Title			<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
FLSA Status (E or NE)			<input type="checkbox"/>	VQ 03 Lay-Off/RIF
Pay Class			<input type="checkbox"/>	VQ 04 Death
Salary Grade			<input type="checkbox"/>	VQ 05 Loss of Job Requirements
PCN			<input type="checkbox"/>	VQ 06 Termination
Daily Hours			<input type="checkbox"/>	VQ 07 Retirement
Hourly Rate				Date Hired:
Bi-Weekly Salary				Last Day Worked:
Annual Salary				Separation Date:
Supplemental Pay				Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO
Safety Sensitive (Y or N)				Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO
GL Account number:				Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employee Replaced (Name & I.D.):				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: Sgt Jessie Kent Contact Phone #: ( 706 ) 821 - 1609 Date Of Request: 12/13/2015

Department Director Signature: \_\_\_\_\_ Concurrence Date: \_\_\_\_\_

Department Director Signature (2): \_\_\_\_\_ Concurrence Date: \_\_\_\_\_

*f a transfer between departments, both director signatures required\*\*\**

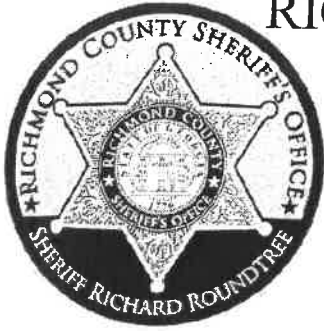
BELOW IS FOR HUMAN RESOURCES ONLY

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: \_\_\_\_\_



# 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:

Employee Signature

9/29/2015

Date

Chris Barnett

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

## BASIC MANDATE / ADVANCED / SPECIALIZED TRAINING AGREEMENT

### A. Definitions

- I. The individual named below in the "Employee Information" section shall be hereinafter referred to as the "Employee".
- II. The Richmond County Sheriff's Office shall be hereinafter referred to as the "Agency".
- III. The total costs of training to include salary, tuition and any and all other reasonable expenses shall be hereinafter referred to as "total costs".

### B. Agreement

The employee shall be responsible to reimburse the Agency for all costs according to the following schedule:

- I. If the employee leaves employment, not including termination, from one day to fifteen (15) months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or training courses lasting two (2) weeks or longer, the employee shall be responsible for reimbursing 100% of all costs as outlined in section A.III. above.
- II. If the employee leaves employment, not including termination, from month fifteen (15), day one to twenty-four (24) months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or training courses lasting two (2) weeks or longer, the employee shall be responsible for reimbursing fifty (50%) of all costs as outlined in section A.III. above.
- III. The agency may enforce collection of this obligation through all available civil remedies and procedures.
- IV. The provisions of this agreement may be waived by the Sheriff 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.

Chris Barnett	9/29/2015		9/29/2015
Employee Name (Please Print)	Date	Signature of Employee	Date
Deanna Carreras	9/29/15		9/29/15
Agency Representative (Please Print)	Date	Signature of Representative	Date

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

4. Employee Name: Christopher Barnett	5. Employee Classification/Title: Deputy -Driver 4113
--	--

6. Division: Field Operations Zone 4 B-Shift
---

1. Type of Review  
XXX \_\_\_\_\_ Annual \_\_\_\_\_ Other

2. Review Period  
From: 12/1/20 To: 12/1/21

3. Next Review Date  
12/1/22

Specific Values

**Respect**

Y  N

Deputy Barnett shows Respect For The Public As Witnessed By BWC Reviews As Well As to His Coworkers and supervisors

**Integrity**

Y  N

Deputy Barnett has proven himself to be trustworthy in his word and acts. He has shown strong moral principles, honesty, and decency.

**Teamwork**

Y  N

Deputy Barnett works well with his teammates. He will work with other deputies in problem areas to achieve common goals.

**Excellence**

Y  N

Deputy Barnett shows that he works towards excellence in that he wanting to continue to the learn the job. The work that Deputy Barnett shows is complete and done the right way the first time.

**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

**RCSO**  
**PERFORMANCE APPRAISAL REPORT FORM**

1. Type of Review

  x   Annual  
       Other

2. Review Period

From:   1/1/2017   To:   12/31/2017  

3. Next Review Date

  12/31/2018  

4. Employee Name: Barnett, Christopher	5. Employee Classification/Title: Jailer Deputy
6. Division Charles B Webster Detention Center      A-Shift	

**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.

**Below Expectations:**

Performance in one or more skills is less than expected and needs improvement. Direction, supervision and learning are required if performance objectives are 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 NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

- 1. Professionalism  U  NI  ME  EE  S
- 2. Attendance  U  NI  ME  EE  S
- 3. Observance of Rules and Safety Practices  U  NI  ME  EE  S
- 4. Economy of Time and Materials  U  NI  ME  EE  S
- 5. Initiative  U  NI  ME  EE  S
- 6. Ability to Make Sound Decisions  U  NI  ME  EE  S
- 7. Accepts Responsibility  U  NI  ME  EE  S
- 8. Accepts Directions/Constructive Criticism  U  NI  ME  EE  S
- 9. Interpersonal Skills/Attitude  U  NI  ME  EE  S
- 10. Volume of Acceptable Work  U  NI  ME  EE  S
- 11. Effectiveness Under Stress  U  NI  ME  EE  S
- 12. Uniform and Grooming  U  NI  ME  EE  S
- 13. Cooperation with Fellow Employees  U  NI  ME  EE  S
- 14. Proactive Contacts  Does Not Apply  U  NI  ME  EE  S
- 15. Performance in New Situations  U  NI  ME  EE  S
- 16. Work Knowledge and Job Skill Level  U  NI  ME  EE  S
- 17. Accuracy, Neatness, and Thoroughness of Work  U  NI  ME  EE  S
- 18. Written/Oral Expression  U  NI  ME  EE  S
- 19. Equipment Maintenance  U  NI  ME  EE  S

TOTAL: \_\_\_\_\_

--	--	--	--	--

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

**1. Record job strengths and superior performance incidents.**

Deputy Barnett has a willingness to learn new tasks. He's excited about the opportunity to work in the processing section of the jail. He's learned a tremendous amount of detail that it takes to work Intake section. He gets along with co-workers and is a team player!

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

While you have the enthusiasm to learn new task, you must improve upon time management. Intake/Processing is a fast paced position that requires you to keep up with the pace.

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

**Goals and Objectives**

Continue to learn processing and all the duties associated with that section. Look into enrolling in advancement courses offered through the Sheriff's Office portal. These classes will benefit you and your future in this agency.

**How to Accomplish**

Continue with your willingness to learn. Accept all constructive criticism as it will help you to improve.

**OVERALL PERFORMANCE SUMMARY**

Given the performance dimension ratings and review of accomplishment of performance objectives, the employee's overall performance is rated as:

         Superior             Exceeds Expectations      x   Meets Expectations             Needs Improvement             Unsatisfactory

**Comments:**

Deputy Barnett continues to learn new tasks. He comes to work and is dependable. His uniform is always neat in appearance.

**Actions for Improvement/Development:**

Work on your speed while maintaining accuracy!

Date: 12/10/17

Immediate Supervisor's Signature:

Sgt G. Havel

Date: \_\_\_\_\_

Evaluation Meeting Conducted By:

G. Havel

By:

M. Chodman

By: \_\_\_\_\_

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

**Comments:**

Date: 12/28/17

Signature:

W. H. R.

Title:

Cpt

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

Date: 12/9/17

Signature:

Chris [Signature]

**RCSO**  
**PERFORMANCE APPRAISAL REPORT FORM**

1. Type of Review  
  X   Annual  
       Other

2. Review Period  
From:   12/2015   To:   12/2016  

3. Next Review Date  
  12/2017  

4. Employee Name: Christopher Barnett	5. Employee Classification/Title: Deputy Jailer
6. Division Charles B. Webster Detention Center D-shift	

**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 NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

- 1. Professionalism  U  NI  ME  EE  S
- 2. Attendance  U  NI  ME  EE  S
- 3. Observance of Rules and Safety Practices  U  NI  ME  EE  S
- 4. Economy of Time and Materials  U  NI  ME  EE  S
- 5. Initiative  U  NI  ME  EE  S
- 6. Ability to Make Sound Decisions  U  NI  ME  EE  S
- 7. Accepts Responsibility  U  NI  ME  EE  S
- 8. Accepts Directions/Constructive Criticism  U  NI  ME  EE  S
- 9. Interpersonal Skills/Attitude  U  NI  ME  EE  S
- 10. Volume of Acceptable Work  U  NI  ME  EE  S
- 11. Effectiveness Under Stress  U  NI  ME  EE  S
- 12. Uniform and Grooming  U  NI  ME  EE  S
- 13. Cooperation with Fellow Employees  U  NI  ME  EE  S
- 14. Proactive Contacts  Does Not Apply  U  NI  ME  EE  S
- 15. Performance in New Situations  U  NI  ME  EE  S
- 16. Work Knowledge and Job Skill Level  U  NI  ME  EE  S
- 18. Accuracy, Neatness, and Thoroughness of Work  U  NI  ME  EE  S
- 19. Written/Oral Expression  U  NI  ME  EE  S
- 20. Equipment Maintenance  U  NI  ME  EE  S

TOTAL: \_\_\_\_\_

		19	
--	--	----	--

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

**1. Record job strengths and superior performance incidents.**

Deputy Barnett is a quick learner and strives to become the best at what he does.

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

Deputy Barnett needs to focus on reporting to his supervisor issues that take place on the pod in which he is assigned.

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

**Goals and Objectives**

Work towards becoming a mandated deputy.

**How to Accomplish**

Keep working hard to become mandated, and study hard.

**OVERALL PERFORMANCE SUMMARY**

Given the performance dimension ratings and review of accomplishment of performance objectives, the employee's overall performance is rated as:

     Superior         Exceeds Expectations      X   Meets Expectations         Needs Improvement         Unsatisfactory

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Actions for Improvement/Development:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: 1-16-17 Immediate Supervisor's Signature: *[Signature]*  
Date: \_\_\_\_\_ Evaluation Meeting Conducted By: \_\_\_\_\_  
By: \_\_\_\_\_  
By: \_\_\_\_\_

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: 1/23/17 Signature: *[Signature]*  
Title: *Captain*

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

Date: 1/22/2017 Signature: *[Signature]*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# NEW HIRE PROCESS

**NEW HIRE NOTIFICATION/CONFIRMATION**

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

**TO: Employment Manager  
Human Resources**

**DATE: 09/29/15**

**From: Sheriff  
(Department Name)**

**5034  
(Department #)**

Payroll Class. Title	Jailer 12.5
Salary Grade	41
Annual Salary/Bi-weekly Salary	\$31,468.84 / \$1,210.34
	(% over entry) _____ **11% or more over entry requires submission of Commission Approval Letter
Hourly rate	\$14.90
Allowance (specify, example: clothing, car, etc.)	
Hours per day	12.5 Hrs.
E Time Pay Rule	12.5 Hrs.; 30Mins A/D
PCN Number	SPR0526027

**Christopher A. Barnett**

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).

<u>2015</u>					
JANUARY	5	20	JULY	6	20
FEBRUARY	2	16	AUGUST	3	17 31
MARCH	2	16	30	SEPTEMBER	14 28
APRIL	13	27	OCTOBER	12	26
MAY	11	26	NOVEMBER	9	
JUNE	8	22	DECEMBER	7	

**John Jepsen**

**17084/ SPR0526027**

**5034**

**(Replaced employee)**

**(Employee # and PCN)**

**(Dept #)**

*John L. Francisco*

**Department Director's Signature**



# Augusta, Georgia

## Job Description

**Approved Title:** Jailer  
**Working Job Title:** Jailer (12.5 Hour)  
**Department:** Sheriff (5032/5034)  
**Reports To:** Sergeant  
**Job Code:** 0526  
**Pay Grade:** 41  
**Original Date Prepared:** August 25, 1997  
**FLSA Classification:** Non-exempt  
**Date Revised:** September 25, 2011

**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:** Maintains order and security in the jail and ensures the safety and well-being of inmates, employees, and visitors within the guidelines of applicable state and federal laws, departmental directives, and rules and regulations. Reports to the Sergeant or other designated person and works with co-workers, inmates, attorneys, visitors, ministers, social workers, and probation, parole, court, police, and other agency personnel to provide operational support.

<b>KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS</b>
---

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
30 %	Monitors inmate activity, and records/maintains in log book.
20 %	Works control panel for cells, entrance to cell block, emergency exits, and visitation/attorney area.
20 %	Conducts security inspections.
10 %	Oversees inmate recreation activities.
10 %	Assists in the distribution and collection of commissary items, inmate clothing, and linen.
5 %	Performs emergency first aid to inmates as necessary.
5 %	Answers telephone and operates intercom system.
<b>As Required</b>	Performs other duties of a similar nature or level.

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

**POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:**

- Patrolling assigned zone to detect and deter criminal activity.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.

**REQUIRED MINIMUM QUALIFICATIONS:**

**Education:** High School diploma, trade school, or G.E.D.  
**Experience:** No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of this position.  
**Preferred Experience:** Previous experience in law enforcement, public safety or another related occupation.

**Knowledge/Skills/Abilities:**

- Considerable knowledge of law enforcement and the corrections process.
- Familiarity with applicable state and federal laws, county policies and procedures, and departmental directives.
- Proficiency in using GCIC/NCIC and JMS computer operations, physical restraint methods and equipment, first aid, CPR, and interpersonal communications.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**

- Possess or have ability to meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act/Peace Officer's Standards and Training Act.
- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

**Certification:** Georgia Post Mandate Jailer Certification

**Some positions may require:**

- CPR and First Aid annual training.

**OTHER:**

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

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

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

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

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

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

**FINANCIAL RESPONSIBILITY:**

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

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

**TRAINING & SUPERVISORY RESPONSIBILITY:**

How many people are being supervised or trained? None

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

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

**REVIEW/APPROVALS**

Employee (Print Name)	Date
<i>Capt. John Francis</i>	<i>9/29/15</i>
Line or Staff Management	Date
<i>Capt. John Francis</i>	<i>9/29/15</i>
Department Director	Date
Compensation Administration Staff	Date
HR Director	Date



AUGUSTA-RICHMOND COUNTY  
HUMAN RESOURCES QUESTIONNAIRE

NAME: Christopher A. Barnett HOME PHONE: [REDACTED]  
ADDRESS: [REDACTED]

(STREET) [REDACTED] (CITY) [REDACTED] (STATE) [REDACTED] (ZIP) [REDACTED]  
DATE OF BIRTH: [REDACTED] SEX:  MALE  FEMALE

SOCIAL SECURITY NUMBER: [REDACTED] U.S. CITIZEN  YES  NO

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  
RACE:  WHITE  BLACK  ASIAN AMERICAN  HISPANIC  OTHER

CIRCLE HIGHEST SCHOOLING COMPLETED: GRADE SCHOOL: 4 5 6 7 8  
HIGH SCHOOL: 9 10 11 12 (GED)  
COLLEGE: 1 2 3 4  
GRADUATE: 1 2 3

RELATIVES EMPLOYED WITH AUGUSTA-RICHMOND COUNTY: ( ) YES (X) NO  
IF YES, NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_  
IN EMERGENCY NOTIFY [REDACTED] (NAME) [REDACTED] (PHONE)

PREVIOUSLY EMPLOYED BY ANY DEPARTMENT IN AUGUSTA-RICHMOND COUNTY?  
(X) NO ( ) YES DATE LEFT: \_\_\_\_\_

*Christopher A. Barnett* (SIGNATURE) 9/29/2015 (DATE)

FOR OFFICE USE ONLY: (TO BE COMPLETED BY PERSONNEL STAFF)  
DATE OF EMPLOYMENT: \_\_\_\_\_ DEPARTMENT NUMBER: \_\_\_\_\_  
POSITION TITLE: \_\_\_\_\_ CLASS CODE: \_\_\_\_\_ PAY CLASS: \_\_\_\_\_  
SALARY: \_\_\_\_\_ GRADE: \_\_\_\_\_ ALLOWANCE: \_\_\_\_\_  
STATUS: \_\_\_\_\_ HOURS PER DAY: \_\_\_\_\_ CALENDAR: \_\_\_\_\_  
REPLACED: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_  
PCN: \_\_\_\_\_  
TAX CODE: FEDERAL (S,M) \_\_\_\_\_ DEP: \_\_\_\_\_ STATE: (S, M, J, H) \_\_\_\_\_ DEP: \_\_\_\_\_  
ADDITIONAL: \_\_\_\_\_ ADDITIONAL: \_\_\_\_\_  
ORIENTATION DATE: \_\_\_\_\_  
SENT ORIENTATION SCHEDULE: \_\_\_\_\_



**SUBSTANCE ABUSE COVERAGE FORM**

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

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

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

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

SIGNATURE: \_\_\_\_\_



DATE: \_\_\_\_\_

9/29/2015

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

  
\_\_\_\_\_  
(signature)

9/29/2015  
\_\_\_\_\_  
(date)

  
\_\_\_\_\_  
(witness)

9/29/15  
\_\_\_\_\_  
(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: Christopher A. Barnett

Signed:  Date: 9/29/2015


Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

## 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) Chris Barnett  
- Employee Signature  Date 9/29/2015

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.



# Form W-4 (2015)

**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 2015 expires February 16, 2016. 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 cannot claim exemption from withholding if your 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 do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not 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 2015. 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have two to four eligible children or <b>less "2"</b> if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ► <b>H</b> _____	<b>H</b> _____

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 <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b>	OMB No. 1545-0074 <b>2015</b>
► <b>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.</b>		
1 Your first name and middle initial <i>Christopher A</i>	Last name <i>Barnett</i>	[Redacted]
2 [Redacted]	3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
4 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 <u>0</u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . .	7	
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>[Signature]</i>	Date ► <i>9/29/2015</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 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) <b>Barnett</b>		First Name (Given Name) <b>Christopher</b>		Middle Initial <b>A</b>	Other Names Used (if any) <b>Chris</b>
Address (Street Number and Name) [REDACTED]		Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address		Telephone Number	

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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

**3-D Barcode**  
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy): <b>9/29/2015</b>
------------------------	-------------------------------------

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



**Employer Completes Next Page**



## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Driver's License		Document Title: Social Security Card
Issuing Authority:		Issuing Authority: South Carolina		Issuing Authority:
Document Number:		Document Number: 102624275		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): 11/22/2021		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):				

3-D Barcode  
Do Not Write in This Space

### Certification

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

The employee's first day of employment (mm/dd/yyyy): 10/10/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy) <u>09/29/2015</u>	Title of Employer or Authorized Representative Administrative Assistant	
Last Name (Family Name) Carreras	First Name (Given Name) 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) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--



## Deanna Carreras

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**From:** Deanna Carreras  
**Sent:** Monday, September 28, 2015 3:59 PM  
**To:** Bonnie Hayes; Brandie Dixon; Charles Mitchell; David Milford; Deanna Carreras; Earl Barber Jr; Jack Francisco; Lisa R. Rohrbaugh; Mary Flowers; Mary Wells; Michelle Thomas; Patricia Lockamy; Robert Leverett; Ryan Gregory; Stanley Ashmore; Stephanie Jackson; Susan Epps; Ttreon Bush  
**Subject:** 1 of 2 New Hire Processing

### 1 of 2 New Hire Processing

Processing of new hires for the pay period beginning October 10, 2015.

### Tuesday, September 29, 2015

**9:30** Christopher Barnett  
C385  
Jail "D" Shift

**10:30** Elvin Thompson  
C386  
Jail "A" Shift

### Wednesday, September 30, 2015

**9:30** Scott Petrill  
C387  
Jail "C" Shift

**10:30** Randell Kiefat  
C388  
Jail "C" Shift

Deanna Carreras  
Sheriff's Administration ( Personnel )  
Richmond County Sheriff's Office  
Phone: 706-821-1005  
Fax: 706-821-1060

**Deanna Carreras**

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**From:** Deanna Carreras  
**Sent:** Friday, September 25, 2015 6:16 PM  
**To:** Bill Reeves; Bonnie Hayes; Brandie Dixon; Charles Mitchell; David Milford; Deanna Carreras; Earl Barber Jr; Jack Francisco; Laura Morris; Lisa R. Rohrbaugh; Mary Wells; Patricia Lockamy; Robert Leverett; Ryan Gregory; Sheila B. White; Stanley Ashmore; Stephanie Jackson; Susan Epps; Ttreon Bush  
**Subject:** 1 of 2 New Hire List

Information on new hires for the October 10, 2015 pay period.

**Jail (4)**

**Christopher A. Barnett, w/m**

[REDACTED]

[REDACTED] (cell)

DOB: [REDACTED]

SSN: [REDACTED]

Comp# C385

Shift:

Replaced: John Jepsen

**Elvin B. Thompson, Jr. , b/m**

[REDACTED]

[REDACTED] (cell)

DOB: [REDACTED]

SSN: [REDACTED]

Comp# C386

Shift:

Replaced: Travis Evans

**Scott J. Petrill, w/m**

[REDACTED]

[REDACTED] (cell)

DOB: [REDACTED]

SSN: [REDACTED]

Comp# C387

Shift:

Replaced: Eugene Homschek

**Randell B. Kiefat, Jr., w/m**

[REDACTED]  
[REDACTED] (cell)

DOB: [REDACTED]

SSN: [REDACTED]

Comp# C388

Shift:

Replaced: Marcus Benning

Deanna Carreras  
Sheriff's Administration ( Personnel )  
Richmond County Sheriff's Office  
Phone: 706-821-1005  
Fax: 706-821-1060



Please consider the environment before printing this email.

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AED:104.1



# 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

## PERSONNEL MEMORANDUM

**To:** All Personnel  
**From:** Captain Bill Reeves   
**Date:** September 30, 2015  
**Subject:** New Employee

---

Effective Saturday, October 10, 2015, Chris Barnett will be assign to D-Shift (CBWDC) under the direct supervision of Lieutenant David Griffin. Deputy Barnett will attend County Orientation on Monday, October 12<sup>th</sup> then report to Deputy Ryan Gregory for training Tuesday, October 13<sup>th</sup> through Friday October 16<sup>th</sup>, at 0830 hours. Deputy Barnett will report for shift duty Saturday, October 17<sup>th</sup>, at 1745 hours.

All personnel govern themselves accordingly.

## Deanna Carreras

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**From:** Bill Reeves  
**Sent:** Monday, September 28, 2015 10:46 AM  
**To:** Deanna Carreras; Robert Leverett; Sheila B. White; Mary Wells  
**Subject:** RE: Need Assignments

Dep. George Davis will move from "D" TO "C"  
Dep. Johnathan Mathis move from "C" TO "D"  
Dep. Richard Russell move from "A" TO "B"  
Chris Barnett to "D"  
Elvin Thompson to "A"  
Scott Petrill to "C"  
Randell Kiefat to "C"

---

**From:** Deanna Carreras  
**Sent:** Friday, September 25, 2015 4:44 PM  
**To:** Robert Leverett; Bill Reeves; Sheila B. White; Mary Wells  
**Subject:** Need Assignments

I need shift assignments for the following new hire for the October 10, 2015 pay period.

Chris Barnett, w/m  
Elvin Thompson, b/m  
Scott Petrill, w/m  
Randell Kiefat, w/m

Deanna Carreras  
Sheriff's Administration ( Personnel )  
Richmond County Sheriff's Office  
Phone: 706-821-1005  
Fax: 706-821-1060







**RICHMOND COUNTY SHERIFF'S OFFICE**

**Sheriff Richard Roundtree**

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

**New Hire Physical Testing  
and Qualification  
Assessment**

Date: 09/04/15 Time: 0730

Candidate: Chris Barnett OKEY # \_\_\_\_\_

10:38 One Mile Run: 8:47

31 Sit-Ups: 31

26 Push-Ups: 24

*N/A*  
50 Round Qualification: 1<sup>st</sup> \_\_\_\_\_, 2<sup>nd</sup> \_\_\_\_\_, 3<sup>rd</sup> \_\_\_\_\_

**\*Please return this sheet to Michelle upon completion.\***

**Thank You**







**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:** Chris Barnett

**Position Applied For:** Jailer

**RATING TRAITS/CHARACTERISTICS**

**POSITIVES**

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

**NEGATIVES**

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

**Additional Comments:**

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**Recommendation (Check One Box Only):**

	<b>Member 1</b>	<b>Member 2</b>	<b>Member 3</b>
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"/>
<b>Ranking</b>	<b>1</b>	<b>1</b>	<b>1</b>

(1 -5 Scale - 5 Being the Highest)

1) <u>JACK FRANCISCO</u>	<u>[Signature]</u>	<u>9-2-15</u>
PRINT NAME	SIGNATURE	DATE
2)		
PRINT NAME	SIGNATURE	DATE
3)		
PRINT NAME	SIGNATURE	DATE

Jailer

# Application Process II

Last Name	First Name	Middle Name	Suf
Barnett	Chris	A	
SS#	DL#	DOB:	
[REDACTED]	SC 102624275	[REDACTED]	
Interview (Date):	9-4-15	Interviewed By:	Jail Comm.
Remarks:	proceed		
POST (Date):	9-1-15		
Remarks:	N/A		
Entrance Exam (Date):	9-1-15	Score:	Acceptable
Polygraph (Date):	9-8-15	Examiner:	Johnny Hartley
Remarks:	Passed		
Range:	9-4-15 Passed		
Background by:	Sgt. Monica Belser		
Remarks:	No derogatory information.		
Drug Screen:	9-25-15	Physical:	9-25-15
	passed		passed
No Further Procees	[REDACTED]		
Approved Hire:	shuff committee 9/24/15		

**EMPLOYMENT APPLICATION**

**AUGUSTA-RICHMOND COUNTY**  
 530 Greene Street Room 400A  
 Augusta, Georgia 30901  
 706-821-2303

**Barnett, Chris A**  
**201200959 JAILER 12.5**

**Received: 8/3/15 10:48 AM**  
**For Official Use Only:**  
 QUAL: \_\_\_\_\_  
 DNQ: \_\_\_\_\_  
 Experience  
 Training  
 Other: \_\_\_\_\_



**PERSONAL INFORMATION**

<b>POSITION TITLE:</b> JAILER 12.5		<b>EXAM ID#:</b> 201200959
<b>NAME:</b> (Last, First, Middle) Barnett, Chris A		<b>SOCIAL SECURITY NUMBER:</b> [REDACTED]
<b>ADDRESS:</b> (Street, City, State, Zip Code) [REDACTED]		
<b>HOME PHONE:</b> [REDACTED]	<b>ALTERNATE PHONE:</b> [REDACTED]	<b>EMAIL ADDRESS:</b> [REDACTED]
<b>DRIVER'S LICENSE:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>DRIVER'S LICENSE:</b> State: SC Number: 102624275	<b>LEGAL RIGHT TO WORK IN THE UNITED STATES?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**PREFERENCES**

<b>PREFERRED SALARY:</b> \$10.50 per hour; \$26,000.00 per year	<b>ARE YOU WILLING TO RELOCATE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Maybe
<b>WHAT TYPE OF JOB ARE YOU LOOKING FOR?</b> Regular	
<b>TYPES OF WORK YOU WILL ACCEPT:</b> Full Time, Part Time	
<b>SHIFTS YOU WILL ACCEPT:</b> Day, Evening, Night, Rotating, Weekends, On Call (as needed)	
<b>OBJECTIVE:</b>	

**EDUCATION**

<b>DATES:</b> From: To:	<b>SCHOOL NAME:</b> Youth challenge academy
<b>LOCATION:</b> (City, State) Fort Stewart, Georgia	<b>DID YOU GRADUATE?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>DEGREE RECEIVED:</b> GED	

**WORK EXPERIENCE**

<b>DATES:</b> From: 7/2014 To: 3/2015	<b>EMPLOYER:</b> Coxwell landscaping	<b>POSITION TITLE:</b> Crew leader/machine operator
<b>ADDRESS:</b> (Street, City, State, Zip Code) Grovetown, Georgia 925 Old Louisville Rd. Harlem, Ga. 30814	<b>DID YOU GRADUATE?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b> 7068257649	<b>SUPERVISOR:</b> Asa coxwell - Owner/operator	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOURS PER WEEK:</b> 45	<b>SALARY:</b> \$0.00/month	<b># OF EMPLOYEES SUPERVISED:</b>
<b>DUTIES:</b> Run crew when Asa wasnt around, operate heavy equipment		
<b>REASON FOR LEAVING:</b> Better opportunity		
<b>DATES:</b> From: 2/2010 To: 6/2014	<b>EMPLOYER:</b> Parks land services	<b>POSITION TITLE:</b> Crew leader/Buissnes operator
<b>ADDRESS:</b> (Street, City, State, Zip Code) Evans, Georgia	<b>DID YOU GRADUATE?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b> 7065331235	<b>SUPERVISOR:</b> Draper young - Owner	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOURS PER WEEK:</b> 50	<b>SALARY:</b> \$0.00/month	<b># OF EMPLOYEES SUPERVISED:</b>
<b>DUTIES:</b> Drive truck, run crew, build routes, give estimates, cut grass, landscape duties		
<b>REASON FOR LEAVING:</b> Better opportunity		

**CERTIFICATES AND LICENSES**

Nothing Entered For This Section

Skills

Nothing Entered For This Section

ADDITIONAL INFORMATION

Nothing Entered For This Section

REFERENCES

<b>REFERENCE TYPE:</b> Personal	<b>NAME:</b> Debbie Golden	<b>POSITION:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code)		
<b>EMAIL ADDRESS:</b> 1802 Magnolia Ct. North Augusta, SC. 29860		<b>PHONE NUMBER:</b> [REDACTED]
<b>REFERENCE TYPE:</b> Personal	<b>NAME:</b> Marlon Campbell	<b>POSITION:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code)		
<b>EMAIL ADDRESS:</b> 2004 Farnsworth Core Evans, Ga. 30809		<b>PHONE NUMBER:</b> [REDACTED]

John Crook



364 Sandleton way Evans, GA. 30809

**Job Specific Supplemental Questions**

1. **Are you a current employee of City of Augusta/Richmond County?**  
No
  2. **Do you have a High School Diploma or GED?**  
Yes
  3. **Which of the following describes your experience in corrections, law enforcement, public safety or a related field ?**  
No Experience
- 

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 Chris A Barnett on 8/3/15 10:48 AM

Signature

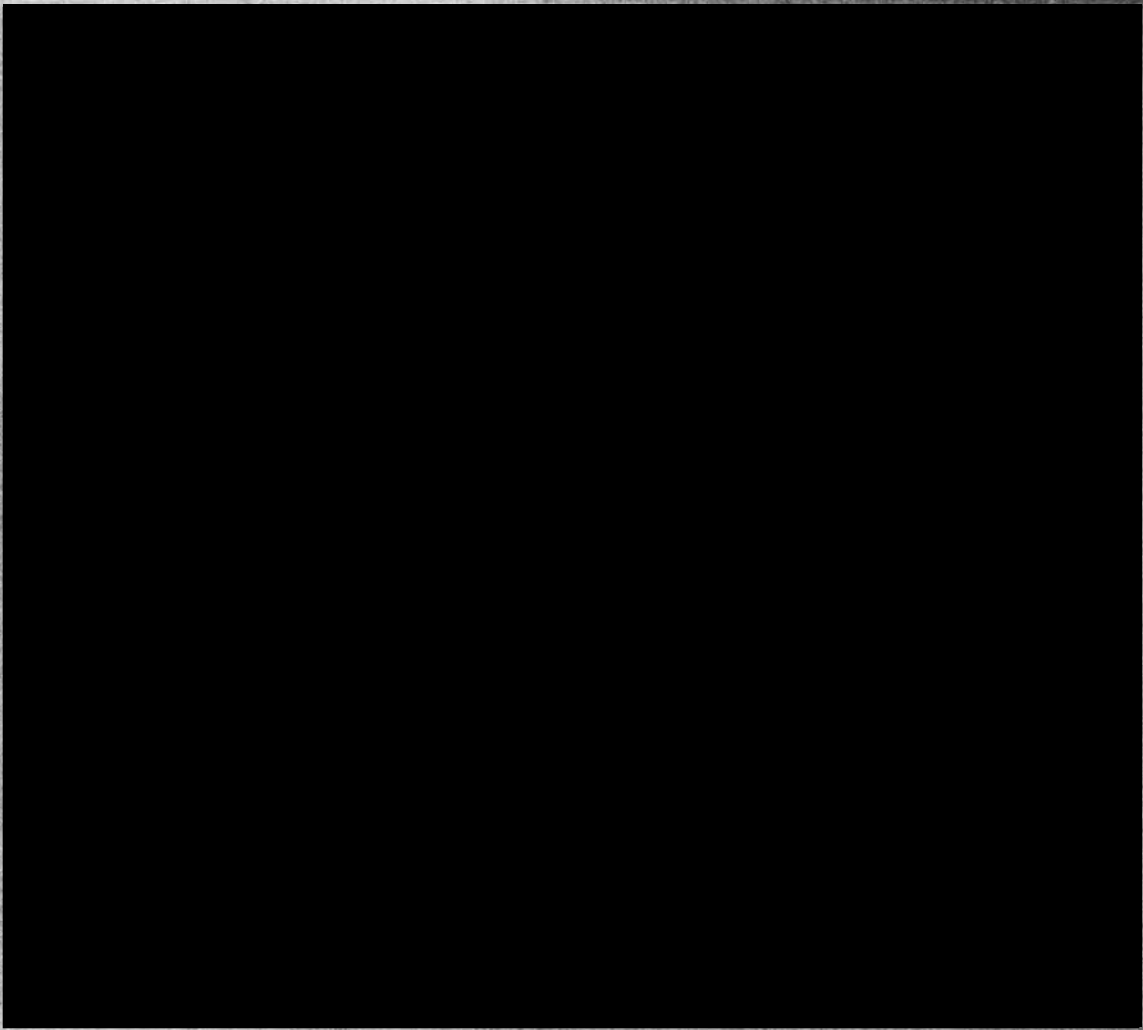


Date

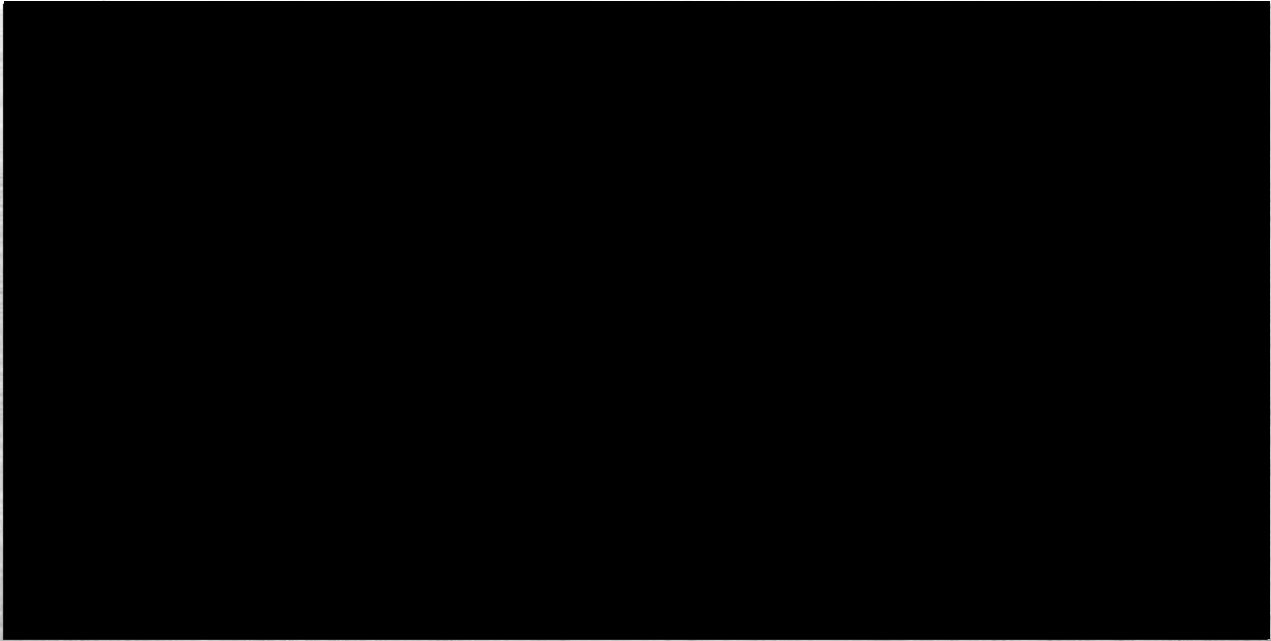
8/3/2015



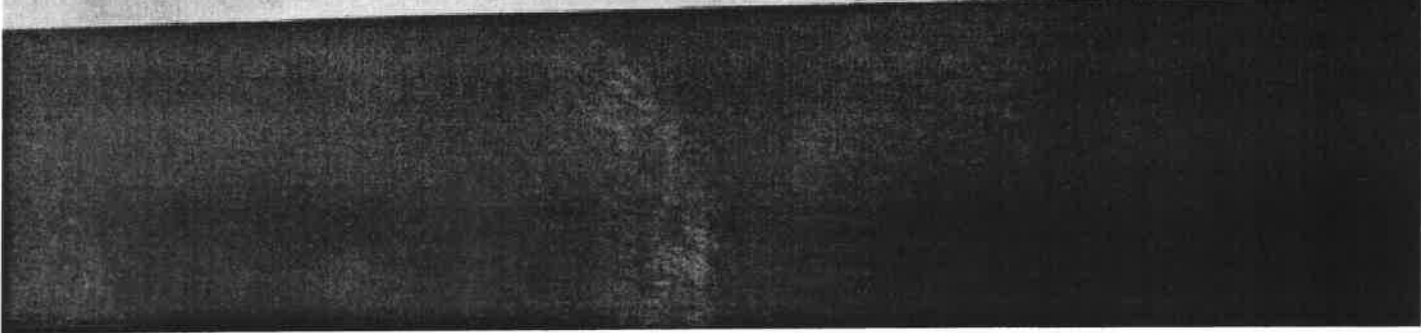
STATE OF GEORGIA  
ASSIGNED TO THE STATE OF LIVE BIRTH BY  
COURT ORDER  
NOT VALID WITHOUT SECTION 2 ATTACHMENT



TO BE CERTIFIED THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD  
OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF COMMUNITY DEVELOPMENT



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# State of Georgia

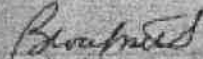
## Technical College System of Georgia

The State of Georgia, in concurrence with the State Board of the Technical College System of Georgia, and in recognition for the fulfillment of the requirements for the high school equivalency credential, confer this SED<sup>®</sup> Diploma to

**Christopher Allen Barnett**

In witness whereof, this diploma is awarded by the Commissioner and Assistant Commissioner of the Technical College System of Georgia.

April 19, 2007

  
Beverly J. Smith  
Assistant Commissioner

  
Gordana Cavin  
Commissioner

**Augusta Technical College**

**chris a. barnett WRITING, READING, AND MATH PLACEMENT (INCLUDING ALGEBRA)**  
 Taken Sep 01, 2015 at Augusta Campus  
 Session #19527890, Total Time 01:58:39

**Student Background and Educational Plans**

(Time: 00:02:12)

GED Completer:	Yes	GED Completer-Augusta Tech:	No
Financial Aid:	No	Smartweb:	No
Customer Service:	Very good	Contact Preference:	Phone
Services:	Satisfactory		

**COMPASS Writing Skills Placement Test**

(Directions Time: 00:05:27)

<u>Placement Test</u>	<u>Score</u>	<u>Test Time</u>	<u>Note</u>
COMPASS Writing Skills	69	00:48:06	Placement Domain

Unknown major group:  
 N/A

**COMPASS Reading Placement Test**

(Directions Time: 00:01:09)

<u>Placement Test</u>	<u>Score</u>	<u>Test Time</u>	<u>Note</u>
COMPASS Reading	83	00:39:48	Placement Domain

Unknown major group:  
 N/A

**COMPASS Math Placement Test**

(Directions Time: 00:00:16)

<u>Placement Test</u>	<u>Score</u>	<u>Test Time</u>	<u>Note</u>
Pre Algebra	27	00:18:30	Placement Domain
Algebra	16	00:02:15	

General Recommendations:  
 N/A

End of Report

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**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 Barnett First Chris Middle Allen  
SSN: [REDACTED] Date of Birth [REDACTED]

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

CB  
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.

CB  
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.

CB  
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: Chris Barnett

SSN: [REDACTED]

Date of Birth [REDACTED]

CB

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.

CB

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

**Question #2**

Have you ever purchased, furnished, provided, sold, supplied, manufactured, produced, transported, or otherwise trafficked in any illegal narcotic or dangerous drug; to include marijuana? (Please check) YES ( ) NO () 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: Chris Barrett

SSN

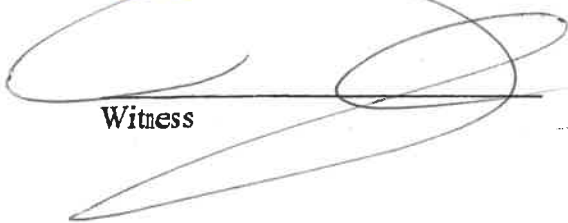
Date of Birth

**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.

  
Applicant Signature

9/1/2015  
Date

  
Witness

9-1-15  
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

**DATE:** SEPTEMBER 9<sup>TH</sup>, 2015

**APPLICANT:** CHRIS A. BARNETT, JAILER

**EMPLOYERS:** SGT. MONICA BELSER MADE CONTACT WITH THE FOLLOWING EMPLOYER(S):

**COXWELL LANDSCAPING**  
925 OLD LOUISVILLE ROAD  
HARLEM, GA 30814  
706.825.7649

Contact was made with the owner of Coxwell Landscaping, Mr. Coxwell. Mr. Coxwell stated the applicant always came to work on time and was definitely a hard worker. Mr. Coxwell stated he still uses the applicant on the weekends when he needs extra assistance with landscaping. Mr. Coxwell recommends the applicant for employment with this agency.

**PARKS LAND SERVICES**  
EVANS, GA  
706.533.1235

The applicant listed dates of employment from February 2010 – June 2014. While working as a Crew Leader, the applicant drove trucks, supervised his own crew, and carried out various landscaping duties.

Contact was attempted via phone with this Employer with negative results. A response will be added to this file upon receipt.

## REFERENCES

1. Debbie Golden, North Augusta, SC 29860 [REDACTED] - Contact was attempted with this reference with negative results. However, a response will be added to this file upon receipt.
2. Deputy Marlon Campbell, RCSO, [REDACTED] Contact was made with Deputy Marlon Campbell. Deputy Campbell stated he has known the applicant for a couple of years through the Landscaping business that maintains his property. Deputy Campbell stated the applicant is a sound worker and does an excellent job with construction. Deputy Campbell stated he believes applicant would be a good fit for this agency.



# 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)

9/1/2015

(DATE)

Chris Barnett

(PRINT NAME OF APPLICANT)

Chris Barnett, 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 true, act and deed.

WITNESS BY HAND THIS 1 DAY OF September 2015.

Notary Public, Richmond County, Georgia  
My Commission Expires Oct 2<sup>nd</sup> 2018

(NOTARY PUBLIC)