Employment Record

Name	Empl	Computer #	Date of Hire	Transferred/Rehired
Guay, Joseph T.	20153	C907	10/31/20	

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
10/31/2020	Jailer	SPR82IJ024	5034	$35,085.91	12	Hire date
01/09/2021	DEPUTY IN TRAINING	SDR81MM015	5041	$35,085.91	15	TRANSFER
03/20/2021	DEPUTY	SDR81NQ015	5041	$39,634.32	15	PROMOTION
12/25/2021				$43,597.75	0	2022 SALARY INCREASE

Employment Record

Name	Empl	Computer #	Date of Hire	Transferred/Rehired
Guay, Joseph T.	20153	C907	10/31/20	

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
10/31/2020	Jailer	SPR82IJ024	5034	$35,085.91	12	Hire date
01/09/2021	DEPUTY IN TRAINING	SDR81MM015	5041	$35,085.91	15	TRANSFER
03/20/2021	DEPUTY	SDR81NQ015	5041	$39,634.32	15	PROMOTION

HR-1 FORM

Augusta GEORGIA

The City of Augusta
Human Resources Department

Request for Personnel Action (RPA)

Employee Name: Joseph T. Guay **EMP I.D.:** 20153 **DEPT #:** 5041 **Proposed Effective Date:** 3/20/2021

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

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

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change:

Address:

Home Phone #: ( ) -
Cell Phone #: ( ) -
Office Phone #: ( ) -

Employee Signature (required for personal information changes): Date:

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept. #	5041	5041
Job Title	DEPUTY IN TRAINING	DEPUTY
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	15	15
PCN	SDR81MM015	SDR81NQ086
Daily Hours	12 HRS.; S	12 HRS.; S
Hourly Rate	16.06	18.15
Bi-Weekly Salary	1349.46	1524.40
Annual Salary	38,085.91	39,634.32
Supplemental Pay	NA	NA
Safety Sensitive (Y or N)	Y	Y
GL Account number:	273031310	273031310

Employee Replaced (**Name & I.D.**): J Martinez/7719

C. SEPARATION INFORMATION

	SEPARATION FROM SERVICE REASON:
☐	VQ 01 Resignation
☐	VQ 02 Failure to Report to Work/AWOL
☐	VQ 03 Lay-Off/RIF
☐	VQ 04 Death
☐	VQ 05 Loss of Job Requirements
☐	VQ 06 Termination
☐	VQ 07 Retirement

Date Hired:
Last Day Worked:
Separation Date:
Terminated 3 days ADM Given: ☐ YES ☐ NO
Proper Notice Given: ☐ YES ☐ NO
Eligible for Re-Hire? ☐ YES ☐ 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)**

Employee is promoted. Job descriptions 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: 3/4/2021
Department Director Signature: [signature]		Concurrence Date: 3-4-21
Department Director Signature (2):		Concurrence Date:
Administrator Signature (only required for ineligibility for rehire):		Concurrence Date:
General Counsel Signature (only required for ineligibility for rehire):		Concurrence Date:

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

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS **Verified:** ☐ Employee Information ☐ Position Information ☐ Separation Information

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

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

Employment Record

Name	Empl	Computer #	Date of Hire	Transferred/Rehired
Guay, Joseph T.	20153	C907	10/31/20	

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
10/31/2020	Jailer	SPR82IJ024	5034	$35,085.91	12	Hire date
01/09/2021	DEPUTY IN TRAINING	SDR81MM015	5041	$5,085.91	15	TRANSFER

HR-1 FORM

Augusta GEORGIA

The City of Augusta
Human Resources Department

Request for Personnel Action (RPA)

Employee Name: Joseph T. Guay **EMP I.D.:** 20153 **DEPT #:** 5034 **Proposed Effective Date:** 1/9/2021

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

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

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change:

Address:

Home Phone #: ( ) -
Cell Phone #: ( ) -
Office Phone #: ( ) -

Employee Signature (**required for personal information changes**): Date:

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept. #	5034	5041
Job Title	JAILER	DEPUTY IN TRAINING
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	12	15
PCN	SPR82IJ024	SDR81MM015
Daily Hours	12 HRS.; 30 MIN A/D	12 HRS,; S
Hourly Rate	16.06	16.06
Bi-Weekly Salary	1349.46	1349.46
Annual Salary	35,085.91	35,085.91
Supplemental Pay	NA	NA
Safety Sensitive (Y or N)	Y	Y
GL Account number:	273032511	273031310

Employee Replaced (**Name & I.D.**): H ALEXANDER/19988

C. SEPARATION INFORMATION

	SEPARATION FROM SERVICE REASON
☐	VQ 01 Resignation
☐	VQ 02 Failure to Report to Work/AWOL
☐	VQ 03 Lay-Off/RIF
☐	VQ 04 Death
☐	VQ 05 Loss of Job Requirements
☐	VQ 06 Termination
☐	VQ 07 Retirement

Date Hired:
Last Day Worked:
Separation Date:
Terminated 3 days ADM Given: ☐ YES ☐ NO
Proper Notice Given: ☐ YES ☐ NO
Eligible for Re-Hire? ☐ YES ☐ 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)**

EMPLOYEE IS TRANSFERING WHILE IN SCHOOL. JOB DESCRIPTIONS 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: 12/14/2020
Department Director Signature:		Concurrence Date: 12-15-20
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:

Revised 11/01/2019

Employment Record

Name	Empl	Computer #	Date of Hire	Transferred/Rehired
Guay, Joseph T.	20153	C907	10/31/20	

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
10/31/2020	Jailer	SPR82IJ024	5034	$35,085.91	12	Hire date

Augusta, Georgia
Job Description

Approved Title: Jailer
Working Job Title: Jailer (12 Hour)
Department: Sheriff (5034)
Reports To: Sergeant
Job Code: 82IJ
Pay Grade: 12
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: 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

Joseph T. Guay Employee (Print Name)	12/14/2020 Date
[signature] Line or Staff Management	12/14/2020 Date
[signature] Department Director	12/14/2020 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: 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 Man. ate 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

Joseph T Guay — 12/14/2020
Employee (Print Name) — Date

12/14/2020
Line or Staff Management — Date

12/14/2020
Department Director — Date

Compensation Administration Staff — Date

HR Director — 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

PERSONNEL MEMORANDUM

To: **All Personnel**
From: Captain William Reeves
Date: October 27, 2020
Subject: **New Employee(s)**

Effective Saturday, October 31, 2020, ***Joseph Guay*** will be assign to D-Shift (CBWDC) under the direct supervision of Lt. David Griffin. Deputy Guay will attend County Orientation on Monday, November 2nd then report to the Range for training, Tuesday, November 3rd at 0800 hours.

All personnel govern themselves accordingly.

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:

Joseph Gray
Employee Signature

11/6/2020
Date

Joseph Gray
Printed Name

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, Joseph Gnay, and who, after first being duly sworn, stated that the following information is true and correct and that all terms specified herein are expressly acknowledged:

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

I hereby affirm and acknowledge that I am an eligible recipient for the Georgia law enforcement and first responder grant supplement, and I will receive and accept only one (1) grant payment. I further agree and affirm that if I work and/or volunteer for more than one entity, that Augusta Richmond County is my primary agency, and I will receive this supplement from Augusta Richmond County ONLY.
If I should receive more than one payment under the Law Enforcement and First Responder Grant Supplement, I must return any overpayment and, where applicable, the County may withhold funding from my wages until all funds have been returned. I further acknowledge that my failure to return any overpayment may result in prosecution and/or termination for fraud.

Joseph Gnay
Signature

12/10/21
Date

Joseph Thore Gnay
Printed Name

Richmond county Sheriff's office
Department

[redacted]
Social Security Number

20153
Employee ID Number

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

Notary Public

My commission expires:

DONNA CARRERAS
NOTARY PUBLIC
Exp. Oct. 24, 2022
RICHMOND COUNTY, GA

ACKNOWLEDGEMENT OF RECEIPT OF THE RICHMOND COUNTY SHERIFF'S OFFICE UNIFORMED SERVICES AND REMPLOYMENT 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 5th of March 2021, received a copy of the Richmond County Sheriff's Office "USERRA" Policy.

Signature
Richmond County Sheriff's Office Employee

Joseph Guajo
Printed Name

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.
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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.

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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

Joseph T Ouay — 3/4/2021
Employee (Print Name) — Date

3/4/2021
Line or Staff Management — Date

3/4/2021
Department Director — Date

Compensation Administration Staff — Date

HR Director — Date

Lt. Christopher Masters

Richmond County Sheriff Office

400 Walton Way

Augusta, GA 30901

Lt. Masters

I Joseph Guay, am submitting this as my letter of intent to attend mandate for the Richmond County Sheriff Office.

Sincerely

Joseph Guay

AUGUSTA TECHNICAL COLLEGE
ESTABLISHED 1961

A Unit of the Technical College System of Georgia

3200 Augusta Tech Drive
Augusta, GA 30906
Phone: (706) 771-4000
Fax: (706) 771-4034
www.augustatech.edu

October 22, 2020

Per Student Request

To Whom It May Concern:

Please be advised that Joseph Guay (Student ID [redacted]) took the placement exam with Augusta Technical College. Listed below are all scores that the individual has on file with our college.

TEST	SCORE	DATE TAKEN
Compass Reading	99	03/24/2015
Compass Writing	87	03/24/2015
Compass Math	45	03/24/2015
Compass Algebra	18	03/24/2015

You may contact the Office of Student Records at (706) 771-5708 if there are additional questions.

Sincerely,

WBrown

Warnisha Brown
Registrar Assistant
Office of Student Records

MANDATED AND FORMALIZED TRAINING AGREEMENT

(Revised 11/2016)

A. Definitions

I. The individual whose name is printed below as the Employee in the "Attestation" section shall be hereinafter referred to as the "Employee."

II. The Richmond County Sheriff's Office shall be hereinafter referred to as the "Sheriff's Office."

III. "Formalized training" is defined to include any and all courses other than in-service training.

IV. The total costs of training to include salary paid during training, tuition, and any and all other reasonable expenses shall be hereinafter referred to as "total costs."

B. Agreement

I. Pursuant to O.C.G.A. § 35-8-22, any agency that hires a peace officer employed by the Sheriff's Office shall be responsible to reimburse the Sheriff's Office for all costs according to the following schedule:

a. If the agency hires the peace officer within 15 months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or any other formalized training courses, the hiring agency shall be responsible for reimbursing 100% of all costs as outlined in section A.IV. above.

b. If the agency hires the peace officer during a period of 15 to 24 months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or any other formalized training courses, the hiring agency shall be responsible for reimbursing 50% of all costs as outlined in section A.IV. above.

c. The Sheriff's Office, Augusta-Richmond County, and/or the State of Georgia shall submit an itemized, sworn statement to the hiring agency and, demand payment thereof, and enforce collection of such obligation through all available civil remedies and procedures.

II. If the Sheriff's Office cannot recover from the hiring agency or the employee leaves employment without being hired by another agency, the employee shall be responsible to reimburse the Sheriff's Office for all costs according to the following schedule:

a. If the employee leaves employment, not including termination within 15 months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or any other

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

b. If the employee leaves employment, not including termination, from 15 to 24 months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or any other formalized training courses, the employee shall be responsible for reimbursing 50% of all costs as outlined in section A.IV.

c. The Sheriff's Office, Augusta-Richmond County, and/or the State of Georgia shall submit an itemized, sworn statement to the employee, demand payment thereof, and enforce collection of such obligation through all available civil remedies and procedures.

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

C. Attestation

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

Joseph Gray	Joseph Gray	10/21/20
Employee Name (Please Print)	Signature of Employee	Date
Deanna Cancemi		10/21/20
Agency Representative (Please Print)	Signature of Representative	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

22-04-21

DEPUTY: Joseph Guay **EMPLOYEE ID:** 20153
DATE OF VIOLATION: 03/30/22
VIOLATION OF S.O.P. #: **Patrol Vehicle Operations of a Motor Vehicle 5.2-10.1**

On 04/04/22, I, Sgt. Eard Trimmingham, responded to 2013 Walton Way, in reference to an accident involving a county vehicle. I met with Deputy Guay, who was the driver of unit 2312, who stated he was backing up and the rear bumper struck a pole causing minor damage. This will be Dep. Guay's second at fault accident within a year last crash was 08/31/21. Dep. Guay was advised that any further at fault accident could result in more severe disciplinary action with the possibility of the loss of his driving privileges.

DISCIPLINARY ACTION INITIATED BY: 8 hours Suspension remedial EVOC no take home car for 30days

DATE: 04/04/22

PROPOSED ACTION: Sgt. Eard Trimmingham

REVIEWED BY: (IF APPLICABLE)

CORPORAL		**DATE:**		☐ Agree ☐ Disagree
SERGEANT		**DATE:**		☐ Agree ☐ Disagree
LIEUTENANT	[illegible]	**DATE:**	04/12/22	☒ Agree ☐ Disagree
CAPTAIN		**DATE:**		☐ Agree ☐ Disagree
MAJOR:		**DATE:**		☐ Agree ☐ Disagree
LT. COLONEL		**DATE:**		☐ Agree ☐ Disagree
COLONEL		**DATE:**		☐ Agree ☐ Disagree
CHIEF DEPUTY		**DATE:**		☐ Agree ☐ Disagree
SHERIFF:		**DATE:**		☐ Agree ☐ Disagree

SHERIFF'S OR DESIGNEE RECOMMENDATION:

EMPLOYEE'S SIGNATURE: Joseph Guay

E. PLOYEE INFORMATION HEET:

Name: **Joseph T. Guay**

Address: [redacted] Augusta, Ga. [redacted]

Phone: [redacted]

SSN: [redacted]

Hire Date: 10/31/20

Orientation: Monday, November 2, 2020 @ 8:30m (See Orientation sheet for Location)

Date to Report: Tuesday, November 3, 2020 @ 8:00am (at the Range 2098 Greenland Rd. Blythe, Ga. 30805 See Dep. Gregory) **The dress is Business Casual (slacks and a polo shirt)**

GCIC Training Thursday, November 5, 2020 8:30am – 5:00pm @ Information Technology
535 Telfair St. Suite 2000 Augusta, Ga. 30901

Assigned Shift: "D" Shift 5:45pm to 6:15am

Supervisor: Lt. Griffin

Salary (bi-weekly): $ 1,349.46 ***Salary (annual):*** $ 35, 085.92

First Check: 11/20/20

Computer #: C907

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

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

ROAD DEPUTIES Training Range (Weapon)

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

SWEARING-IN Wednesday, October 28, 2020 @ 9:00am **Be there by 8:30am**
Judge Harry B. James, III
Probate Court
Augusta Judicial Center
735 James Brown Blvd. Suite 1000
(Do not wear uniform)

RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree
Law Enforcement Center
400 Walton Way
Augusta, GA 30901
Phone: 706.821.1000 Fax: 706.821.1064

Orientation Information

Date: 10/21/20

To: Joseph T. Guay

Employee's Position: Jailer 12.5

Congratulations! I would like to take this opportunity to welcome and congratulate you on your selection for employment with the City of Augusta. I am certain you have questions about benefits, policies and procedures, etc. The purpose of this letter is to inform you about orientation. Orientation will answer your questions regarding the employment policies and health benefits available to the City of Augusta employees. You attend orientation on your first day of work. Your first scheduled day of work at your designated work-site will be Tuesday, November 3, 2020 @ 8:00am at the Range Your bi-weekly salary for this position is $ 1,349.46 The City of Augusta has 26 pay-periods. You will have the option to sign up for direct deposit at orientation. **Orientation is scheduled for** Monday, November 2, 2020 **from 8:30 a.m. until 5:00 p.m. at the Municipal Building, 535 Telfair Street, Human Resources (1st floor).** Please be present and on time. Attendance is mandatory. You should bring the following items with you: a blue ink pen, birth dates and social security numbers of your dependents, voided check or deposit slip, and beneficiary information- name, address, social security number and date of birth.

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

Sincerely,

Employment Manager
Human Resources Department

Issued By: Deanna Carreras
Personnel, Sheriff's Office

2020 NEW HIRE NOTIFICATION/CONFIRMATION

TO: Employment Manager, Human Resources **DATE:** 10/21/20

FROM: Sheriff (Department Name) 5034 (Department #)

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

Job Title	**Jailer 12**
PCN	**SPR82IJ024**
Pay Class (100, 200, 300, 600)	**100**
Pay Grade	**12**
Annual Salary (15% or more above minimum of pay grade requires Commission approval letter)	**$ 35, 085.91**
Bi-weekly Salary	**$ 1, 349.46**
Hourly Rate	**$16.06**
Allowance (example: clothing, car, etc.)	
Hours Per Day	**84 hour Calendar**
Pay Rule (auto deduct lunch, comp or overtime, etc.)	**12hr; 30mins A/D**
Name/ID of Employee Being Replaced	**J. McClurkin / 20057**

2020

JANUARY	13	27		JULY	13	27	
FEBRUARY	10	24		AUGUST	10	24	
MARCH	9	23		SEPTEMBER	8	21	
APRIL	6	20		OCTOBER	5	19	
MAY	4	18		NOVEMBER	2	16	30
JUNE	1	15	29	DECEMBER	14		

Signature of Department Director/Elected Official

10/21/20
Date

Augusta, Georgia
Job Description

Approved Title: Jailer
Working Job Title: Jailer (12 Hour)
Department: Sheriff (5034)
Reports To: Sergeant
Job Code: 82IJ
Pay Grade: 12
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: 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

Employee (Print Name)	Date
Line or Staff Management	10-20-20 Date
Department Director	10-20-20 Date
Compensation Administration Staff	Date
HR Director	Date

Augusta GEORGIA

Revised 12/03/18

HUMAN RESOURCES NEW HIRE QUESTIONNAIRE FORM

S.S. #: [redacted] NAME: Guay (LAST NAME) Joseph (FIRST NAME) T (MIDDLE) SUFX: ____

ADDRESS: [redacted] (STREET) Augusta (CITY) Ga. (STATE) [redacted] (ZIP)

DATE OF BIRTH: [redacted] 1993 HOME PHONE #: ( ) CELL PHONE #: [redacted]

SEX: ☒ MALE ☐ FEMALE U.S CITIZEN: ☒ YES ☐ NO MARITAL STATUS: ☒ SINGLE ☐ MARRIED ☐ DIVORCED

RACE: ☒ WHITE ☐ BLACK OR AFRICAN AMERICAN ☐ HISPANIC OR LATINO ☐ ASIAN

☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER ☐ AMERICAN INDIAN OR ALASKAN NATIVE ☐ TWO OR MORE RACES

HIGHEST LEVEL OF EDUCATION COMPLETED (PLEASE CHECK ONE):

- HIGH SCHOOL: ☐ 9 ☐ 10 ☐ 11 ☒ 12 ☐ GED
- COLLEGE: ☐ 1 ☐ 2 ☐ 3 ☐ 4
- GRAD SCHOOL: ☐ 1 ☐ 2 ☐ 3 ☐ 4

WERE YOU PREVIOUSLY EMPLOYED BY ANY DEPARTMENT IN AUGUSTA-RICHMOND COUNTY? ☐ YES ☒ NO

- IF YES, DATE? _____

DO YOU HAVE ANY RELATIVES EMPLOYED WITH AUGUSTA-RICHMOND COUNTY? ☐ YES ☒ NO

- IF YES, NAME: _____ DEPT: _____ RELATION: _____
- NAME: _____ DEPT: _____ RELATION: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

- NAME [redacted] PHONE NUMBER: [redacted]

***SIGNATURE: Joseph Guay DATE: 10/21/20

BELOW IS FOR HUMAN RESOURCES ONLY

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

HIRE DATE: _____ BARG UNIT: _____ CALENDAR: _____ GENDER: _____

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

PAY CLASS: _____ PCN: _____ TITLE: _____ BEGIN PAY DATES: _____

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

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

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

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

SUBSTANCE ABUSE COVERAGE FORM

I, Joseph T. Guay ,have read and understand the below Richmond County Substance Abuse Policy.

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

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

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

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

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

SIGNATURE: Joseph Guay

DATE: 10/21/20

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, Joseph T. Guay 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.

Joseph Guay — 10/21/20
(Signature) (Date)

10/21/20
(Witness) (Date)

GEORGIA CRIME INFORMATION CENTER
AWARENESS STATEMENT

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

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

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

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

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

Print Name: Joseph T. Guay

Signed: Joseph Guy Date: 10/21/20

Witnessed: Date: 10/21/20

Joseph Guay NHP

Revised 12/16/13
Previous Form Obsolete/Do Not Use

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) Joseph Guay Joseph T Guay

Employee Signature Joseph Guay Date 10/21/20

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 G-4 (Rev. 02/15/19)

1811004012

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
Joseph Thore Gray	[redacted]
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE
[redacted]	Augusta GA [redacted]

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

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

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

4. DEPENDENT ALLOWANCES [ ]

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

6. ADDITIONAL WITHHOLDING $_____

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

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:
Yourself: ☐ Age 65 or over ☐ Blind
Spouse: ☐ Age 65 or over ☐ Blind Number of boxes checked _____ x 1300 ..... $_____
2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:
A. Federal Estimated Itemized Deductions (If Itemizing Deductions) ..... $_____
B. Georgia Standard Deduction (enter one): Single/Head of Household $4,600
Each Spouse $3,000 $_____
C. Subtract Line B from Line A (If zero or less, enter zero) ..... $_____
D. Allowable Deductions to Federal Adjusted Gross Income ..... $_____
E. Add the Amounts on Lines 1, 2C, and 2D ..... $_____
F. Estimate of Taxable Income not Subject to Withholding ..... $_____
G. Subtract Line F from Line E (if zero or less, stop here) ..... $_____
H. Divide the Amount on Line G by $3,000. Enter total here and on Line 5 above ..... _____
(This is the maximum number of additional allowances you can claim. If the remainder is over $1,500 round up)

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

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) **Read the Line 8 instructions on page 2 before completing this section.**
a) I claim exemption from withholding because I incurred no Georgia income tax liability last year **and** I do not expect to have a Georgia income tax liability this year. **Check here** ☐
b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as provided on page 2. My state of residence is _____. My spouse's (servicemember) state of residence is _____. The states of residence must be the same to be exempt. **Check here** ☐

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

Employee's Signature Joseph Gray Date 10/21/20

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

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

EMPLOYER'S WH#:_____

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

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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

OMB No. 1545-0074

2020

Step 1: Enter Personal Information

(a) First name and middle initial: Joseph T

Last name: Gray

(b) Social security number: [redacted]

Address: [redacted]

City or town, state, and ZIP code: Augusta GA. [redacted]

▶ **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.

(c) ☑ **Single or Married filing separately**
☐ **Married filing jointly** (or Qualifying widow(er))
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

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

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $

Multiply the number of other dependents by $500 . . . . ▶ $

Add the amounts above and enter the total here . . . . . **3** $ 0

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . **4(c)** $

Step 5: Sign Here

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

▶ Joseph Gray
Employee's signature (This form is not valid unless you sign it.)

▶ 10/21/20
Date

Employers Only

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

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

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

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

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

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

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*
Gnay	Joseph	T	

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code
[redacted]		Augusta	GA	[redacted]

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
[redacted]/1993	[redacted]	[redacted]	[redacted]

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

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

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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*
Joseph Gnay	10/21/20

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority Georgia		Issuing Authority
Document Number		Document [redacted]		Docu[redacted]
Expiration Date *(if any) (mm/dd/yyyy)*		Expiration [redacted] 2024		Expiration Date *(if any) (mm/dd/yyyy)*
Document Title		Additional Information		QR Code - Section 2 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

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

The employee's first day of employment *(mm/dd/yyyy)*: 11/02/2020 ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
	10/21/2020	Administration Assistant

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Carreras	Deanna	Richmond Co. Sheriff's Office

Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State	ZIP Code
400 Walton Way	Augusta	GA	30901

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

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

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

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

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

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

RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree
Law Enforcement Center
400 Walton Way
Augusta, GA 30901
Phone: 706.821.1000 Fax: 706.821.1064

APPLICANT BOARD
(INTERVIEW)

DATE: 10/13/20

APPLICANT: Joseph Guay

BOARD MEMBERS:

	IN ATTENDANCE		CONTINUE PROCESS		
	YES	NO	YES	NO	INITIAL
Sheriff Richard Roundtree	✓		✓		[illegible]
Chief Patrick Clayton					
Colonel Robert Partain	✓		✓		RWP
Lt. Colonel Calvin Chew	✓		✓		[illegible]

REMARKS:

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

APPLICANT BOARD
REVIEW SHEET
(INTERVIEW 1)

DATE: 09/14/20

APPLICANT: Joseph Guay

BOARD MEMBERS:

	IN ATTENDANCE		CONTINUE PROCESS		
	YES	NO	YES	NO	INITIAL
LT. Chris Masters	✓		✓		CTM
LT. GLEN RAHN	✓		✓		
Sgt Jerry Roberts	✓		✓		JR

REMARKS:

- WELL SPOKEN
- WANTS TO HAVE A CAREER IN LAW ENFORCEMENT
- WAS EMPLOYEE OF THE YEAR AT CABELA'S
- GUNSMITH

Good Interview

lpa

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: Joseph Guay

Position Applied For: Jailer

RATING TRAITS/CHARACTERISTICS

POSITIVES		NEGATIVES	
Meets Job Requirements	☑	Typos on Application	☐
Educational Level	☑	Large Breaks in Work History	☐
Physical Fitness	☑	Minimum/Low Compass Score	☐
Prior Experience	☐	Bad Driving Record	☐
Military Service (Honorable)	☐	Criminal History	☐
Special Skills	☐		
Related Certifications	☐		

Additional Comments:
Employment History 2015-2019 Needed if Any

Recommendation (Check One Box Only):

	Member 1	Member 2	Member 3
Proceed To Interview	☑	☐	☐
Maybe	☐	☐	☐
No Further Process	☐	☐	☐
Ranking	1	1	1

(1 -5 Scale - 5 Being the Highest)

1) Capt. Phelia D. White — 9.11.20
PRINT NAME — SIGNATURE — DATE

2)
PRINT NAME — SIGNATURE — DATE

3)
PRINT NAME — SIGNATURE — 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

New Hire Physical Testing and Qualification Assessment

Date: 07/09/20 **Time:** 8:00am

Candidate: Joseph Gray **Completed By Sgt. Masters**

Phone Number: [redacted]

Weight: 165 **Height:** 6' **Race:** W **Sex:** M

Waist - 32 length - 32 shirt - Med

Jail Applicant

10:38 **One Mile Run:** 0822

31 **Sit-Ups:** 31

26 **Push-Ups:** 26

50 Round Qualification: **Not Required**

RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree
Law Enforcement Center
400 Walton Way
Augusta, GA 30901
Phone: 706.821.1000 Fax: 706.821.1064

Polygraph Waiver

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

Joseph Gray

Print Name

Joseph Gray

Signature

11/09/2020

Date

L. Chitto

Witness

Application Process II

Last Name	First Name	Middle Name	Suf
Guay	Joseph	T.	

SS#	DL#	DOB:
[redacted]	GA[redacted]	[redacted]993

Interview (Date): 09/14/20 Interviewed By: Interview Board

Remarks: Good interview, wants to go to Road.

POST (Date): 9/11/20

Remarks: N/A

Entrance Exam (Date): Score:

Polygraph (Date): 9-16-20 Examiner: [illegible]

Remarks: Passed

Range: 9-9-20 Passed

Background by: Sgt. Caleb Lee B937/B34

Remarks: See Notes

Drug Screen: 10/13/20 passed Physical 10/13/20 passed

No Further Process

Approved Hire: Sheriff's Comm.

Reset All Form Fields

Application for Employment
Augusta, Georgia

HUMAN RESOURCES DEPARTMENT
ROOM 601, MUNICIPAL BUILDING, AUGUSTA, GEORGIA 30911
www.augustaga.gov JOB LINE: (706) 821-2305 PHONE: (706) 821-2303 FAX: (706) 821-2867

In order to be considered for a position, applications must be complete. You must **PRINT**, **SIGN** and **DATE** your application in **INK**.

Position Applying For DEPUTY JAILER		Date 09/11/2020	
Name Last Guay	First Joseph		MI T
Current Address [redacted]	City Augusta	State Ga	Zip Code 30907
Telephone Number(s) [redacted]	( )	( )	

Have you ever been employed with the City of Augusta or Richmond County before? ☐ Yes ☑ No
If yes, Date Position
On what date would you be available for work?
If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No ☑ N/A
If you are required to register with the Selective Service, can you show proof of registration? (Required of males ages 18 – 26.) ☑ Yes ☐ No ☐ N/A
Are you currently employed? ☑ Yes ☐ No
May we contact your present employer? ☑ Yes ☐ No
Are you legally eligible to work in the U.S.? ☑ Yes ☐ No
Do you have any relatives employed with us? ☐ Yes ☑ No
If yes, Name Relation Dept
If yes, Name Relation Dept
Have you ever been convicted of, plead guilty or no contest to a misdemeanor?* ☐ Yes ☑ No
If yes, please give date and explanation.
Have you ever been convicted of, plead guilty or no contest to a felony?* ☐ Yes ☑ No
If yes, please give date and explanation.

***A misdemeanor or felony conviction will not necessarily disqualify a job candidate from being considered for a position, unless applicable by law.**

Education

High School	
School Name and Address Westside High Scool 1002 Patriots Way Augusta GA. 30907	Did you graduate? ☑ Yes ☐ No
If not a high school graduate, do you have a GED?	☐ Yes ☐ No

Technical or Business Schools				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Colleges/Universities				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Augusta is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, gender, age, national origin or disability. Applications are kept on file for 90 days.

Application for Employment
Augusta, Georgia

References: List three (3) personal references who are not related to you and are not previous employers.

Name	Address	Phone Number	Years Known
Thomas Wiedmeier	[redacted]		4
Brandon Smith			16
Max Murphy			4
Anabel Quintana			2

Employment History: List most recent or current job first: (please cover last eight (8) years, attach additional page if needed.)

Name of Organization	Telephone	Dates Employed
Circle K	(706) 495-7344	From mo/yr 06/2020 To mo/yr
Number and Street / City / State / Zip Code		May we contact this employer?
261 Furys Ferry Rd. / Augusta / GA. / 30907		☑ Yes ☐ No
Official Job Title	Name of Supervisor	Pay (hourly rate/salary)
Gas station clerk	Christina Deas	Starting 9.50 Final
Describe Specific Job Duties: Help customers and check out their purchases. Clean and maintain the store and its appliances.		
Reason for Leaving		

Name of Organization	Telephone	Dates Employed
Palmetto State Armory	(803) 724-6950	From mo/yr 05/2019 To mo/yr 06/2020
Number and Street / City / State / Zip Code		May we contact this employer?
2121 Old Dunbar Rd. / West Columbia / SC. / 29172		☐ Yes ☑ No
Official Job Title	Name of Supervisor	Pay (hourly rate/salary)
AK47 Quality control	Cameron Tapler	Starting 17.00 Final 19.80
Describe Specific Job Duties: Ensure the mechanical and cosmetic functionality of AKM platform rifles.		
Reason for Leaving: Career Change		

Name of Organization	Telephone	Dates Employed
Cabelas	(762) 444-6500	From mo/yr 12/2017 To mo/yr Oct 2019
Number and Street / City / State / Zip Code		May we contact this employer?
833 Cabela Dr. / Augusta / GA. / 30907		☑ Yes ☐ No
Official Job Title	Name of Supervisor	Pay (hourly rate/salary)
Firearms Lead	Natasha Bowlbie	Starting 11.00 Final 15.30
Describe Specific Job Duties: Train new hires on the federal background check. Receive new firearms and dispose guns sold. Motivate the team to accomplish sales goals.		
Reason for Leaving: Opportunity for growth		

List any additional training, skills or equipment you are skilled in operating related to the position in which you are applying. (This may include computer applications, typing speed, a CDL license, or any other skills.)

Authorization and Release

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification/misrepresentation on any part of this application form 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 that 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.

Signature of Applicant

09/11/2020
Date

APPLICANT DATA SHEET

COMPLETION OF THIS FORM IS VOLUNTARY

INSTRUCTIONS:

The Augusta government is an equal opportunity employer committed to the policies and principles of affirmative action and equal opportunity. To help us comply with federal equal opportunity record-keeping requirements, please answer the questions on this survey. This information will assist the Human Resources Department in ensuring that our recruitment efforts are reaching all areas in the community and that all protected classes are represented in our applicant pool. This data will be used in periodic government reporting and will be kept in a confidential file separate from the Application for Employment. Failure to submit this data will not in any way affect your opportunity to interview or candidacy for present or future employment.

1. Ethnic Background (Please check all that apply if you are of multi-cultural background):

   a. ☑ Caucasian (Not of Hispanic Origin)
   b. ☐ African American (Not of Hispanic Origin)
   c. ☐ American Indian/Alaskan Native
   d. ☐ Hispanic
   e. ☐ Asian/Pacific Islander
   f. ☐ Other

2. Gender: a. ☑ Male b. ☐ Female

3. Birth Date: Month [redacted] Day [redacted] Year 1993 Age 27

4. How did you hear about this job? (Please check all that apply)

   a. ☐ Local Newspaper
   b. ☐ State Employment Agency
   c. ☐ Minority Organization
   d. ☐ Professional Publication
   e. ☐ Current Employee
   f. ☐ Job Announcement
   g. ☐ Job Line
   h. ☐ Internet
   i. ☑ Other

5. Please identify if you are in one or more of the following groups related to Veterans & Disability Status (Please mark all that apply):

   ☐ **A Disabled Veteran** - A "disabled veteran" is defined to be a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (i) rated at 30 percent or more, (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 to have a serious employment disability, or (iii) a person who was discharged or released from active duty because of a service-oriented disability.

   ☐ **A Veteran of the Vietnam Era** - A "veteran of the Vietnam Era" is defined as a person who (1) served on active duty for a period of more than 180 days during the Vietnam Era and who was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed during the Vietnam Era. The "Vietnam Era" is defined as (i) any active duty occurring between August 5, 1964 and May 7, 1975 or, (ii) any active duty part of which occurred in the Republic of Vietnam between February 28, 1961, and May 7, 1975.

   ☐ **Other Protected Veteran** - "Other protected veteran" is defined as a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. A complete list of qualifying military engagements is available online at http://www.opm.gov/veterans/html/vgmedal2.htm.

☐ **An Individual with a Disability** - An "individual with a disability" is defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.

(i) Any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability, so that you will be considered for any positions of that kind. Please feel free to attach extra pages as needed.

_____

_____

(ii) Any accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations. Please feel free to attach extra pages as needed.

_____

_____

If you have a disability and require accommodations for interviewing, then please inform the Human Resources Department when you are contacted regarding your opportunity to interview. You may also contact Human Resources at 706-821-2303 with any questions that you might have. Additionally, you may contact the Equal Employment Opportunity Office at 706-826-4789 with questions regarding accommodations for interviewing.

Thank You for your cooperation! Augusta Human Resources looks forward to serving you!

09/11/2020

NAME

DATE OF APPLICATION

Deputy Jailer

TITLE OR POSITION FOR WHICH YOU ARE APPLYING

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age or disability.

[redacted]

[redacted]

Westside High School

Augusta  Georgia

This Certifies That

Joseph Thore Guay

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

Diploma

In Testimony Whereof, we have affixed our signatures at Augusta, Georgia, this month of May, two thousand thirteen

Venus D. Cain
President, County Board of Education

Frank G. Roberson
Superintendent, County Board of Education

Debbie Alexander
Principal

Jerry E. McClintock
Assistant Principal

Start | Admin | Report | Training | Officers | Applications | Help | Logout

Officer Search

All Officers

Found 0 officers with first name beginning with "Joseph" and last name beginning with "Guay".

New Search

O Key	Name	Current Employer
OOOOO	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO

Logout | Profile

The current time is 1:47 pm. Your session will expire after 20 minutes of inactivity.

RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree
Law Enforcement Center
400 Walton Way
Augusta, GA 30901
Phone: 706.821.1000 Fax: 706.821.1064

CRIMINAL AND DRIVER HISTORY WAIVER

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

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

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

- **Have you ever been arrested for ANY criminal or traffic charge? If so, explain:**

- **In what states have you possessed a Driver's License in the past 10 years?**
  State: _____ **From:** _____ **To:** _____
  State: _____ **From:** _____ **To:** _____
  State: _____ **From:** _____ **To:** _____

- **Have you ever served in the Military/Reserves?** _____ **Yes** X **No**
  Branch: _____ **From:** _____ **To:** _____
  If yes, did you have a Military Driver's License? _____ **Yes** _____ **No**
  Years: From: _____ **To:** _____

This candidate application authorization is valid for 180 **days from date of signature.**
I, _____ **give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.**

Joseph Gray
SIGNATURE OF APPLICANT

_____
NOTARY PUBLIC

Joseph Gray
PRINTED NAME OF APPLICANT

_____
COMMISSION EXPIRES

9/11/20
DATE

[redacted]
SOCIAL SECURITY NUMBER

_____
DATE OF BIRTH

NOTARY PUBLIC RICHMOND COUNTY, GA Exp. Oct. 24, 2022

white	male	6'0"	155
RACE	**SEX**	**HEIGHT**	**WEIGHT**

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

11/9/2020
DATE

Richmond County Sheriff's Office
Applicant
Drug Use Statement

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

Name: Joseph Gnoy SSN: [redacted] Date of Birth [redacted] 1993

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

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

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

JE
Initials

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

Name: Joseph Gnay SSN: [redacted] Date of Birth [redacted] 1993

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.

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

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

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

Question #1

Have you ever used, tried, tasted, or experimented with any illegal narcotics or dangerous drugs, **other than marijuana** under any circumstances? (Please check)
YES ( ) NO (X) If you answered yes to question #1, attach a comprehensive statement fully describing each occasion of drug use, attempted use, and/or experimentation covering each of questions A-H listed below. Your attached statement must be legible, signed and dated.

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

Question #2

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

Question #3

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

Question #4

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

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

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

Joseph Gra
Applicant Signature

11/09/2020
Date

Witness

9/11/20
Date

STATEMENT

RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree
Law Enforcement Center
400 Walton Way
Augusta, GA 30901
Phone: 706.821.1000 Fax: 706.821.1064

BACKGROUND CHECK

DATE: **October 6, 2020**

RE: **Joseph Guay**

Position: **Deputy Jailer**

EMPLOYERS:

Circle K (Augusta, GA) – Sgt. Lee called and spoke with Manager Christina Deas who verified Guay has been employed since June 2020 and is currently working today. Deas stated Guay is always 15 minutes early to work, has a great attitude with customers, and does not have any disciplinary reports on file. **(Current Employer)**

Palmetto State Armory (West Columbia, SC) – Sgt. Lee called and was advised someone would return my call, but no one ever did. Sgt. Lee mailed an Evaluation Form and Letter to the company. Sgt. Lee was finally able to speak with former Supervisor Clark Berry who was able to confirm Guay worked as Quality Control for AK-47 and confirmed he was employed from May 2019 – June 2020. Berry stated Guay worked well with others, did not call in sick, and had no disciplinary issues at all.

Cabela's (Augusta, GA) – Sgt. Lee called and spoke with Manager Tiffany who stated all employee verifications go through www.theworknumber.com with no exceptions for law enforcement agencies. Guay listed on application his employment was from December 2017 – October 2019. Two of three personal references stated they were coworkers of Guay at Cabela's.

REFERENCES:

Brandon Smith – Sgt. Lee called Smith and left a voicemail. Sgt. Lee emailed Smith and received the following response: *"Mr. Guay is a great candidate for the position. He displays those principles* (referring to questionnaire in email Sgt. Lee sent) *on a daily basis whether it be in a professional workplace setting or in his off time. Mr. Guay would be a credit to force whether in the jail or on the street. I have been in law enforcement for over five years and I believe Mr. Guay would be an outstanding deputy and deputy jailer. Mr. Guay will work and succeed at any position he may hold. He wholeheartedly believes in the community policing mindset and would make sure every citizen is treated in a way Sheriff Roundtree would approve. "*

Max Murphy – Sgt. Lee spoke with Murphy who has known Guay for two years starting off as coworkers at Cabela's and remaining friends. Murphy described Guay as having a calm

demeanor under stress with good morals and integrity. Murphy stated Guay is a hard worker, who does not call out sick and was "usually the guy who picked up the slack due to the other employees calling out." Murphy stated Guay followed orders and directives from supervisors well with no issues and he has a stable personal life. Murphy stated our agency would not have any issues if Guay was hired.

Thomas Wiedmeier – Sgt. Lee spoke with Wiedmeier who is a security officer with the RCSO Marshall's Department and is currently in the police academy to become a certified deputy. Wiedmeier stated he has known Guay for 3 years as friends with two of those years as coworkers at Cabela's. Wiedmeier stated Guay has a natural ability to lead and always treated customers and coworkers with professionalism and respect. Wiedmeier stated Guay is smart and hardworking allowing him to receive several promotions during his employment at Cabela's. Wiedmeier stated Guay has unquestionable ethics, great morals, and would be an asset if hired by our agency.

NOTES:

Sgt. Lee conducted a social media search and located an active Facebook account: [redacted]

Sgt. Lee conducted a TLO and Internet search and did not find anything negative.

Sgt. Lee searched LERMS and found one adult and one juvenile entry which did not contain anything negative.

PT SCORES:

One (1) Mile Run: 8:22 **Sit-Ups: 31** **Push-Ups: 26**

50 Round Firearm Qualification – N/A

Submitted by:

Sgt. Caleb Lee / Internal Affairs

Caleb Lee

From: [redacted]
Sent: Monday, October 5, 2020 12:10 PM
To: Caleb Lee
Subject: [EXTERNAL] Re: Personal Reference

Follow Up Flag: Follow up
Flag Status: Completed

Mr. Guay is a great candidate for the position. He displays those principles on a daily basis whether it be in a professional workplace setting or in his off time. Mr. Guay would be a credit to force whether in the jail or on the street. I have been in law enforcement for over five years and I believe Mr. Guay would be an outstanding deputy and deputy jailer. Mr. Guay will work and succeed at any position he may hold. He wholeheartedly believes in the community policing mindset and would make sure every citizen is treated in a way Sheriff Roundtree would approve.

On Oct 1, 2020 17:09, Caleb Lee <Caleb.Lee@augustaga.gov> wrote:

Good Afternoon Brandon Smith,

The Richmond County Sheriff's Office is conducting a background check on Joseph Guay and you were listed down as one of his personal / professional references. Mr. Guay applied for the position of Deputy Jailer with our agency and I would like to know your perspective on how he would do at this position. Some examples of what we are looking for are:

1) Personality – Does he easily get frustrated when presented a problem? Does he work well with others? How would he react if inmates are trying to get under his skin in an effort to get a reaction?

2) Trust – Would there be any concern with Mr. Guay going against the policy and rules of our agency? Integrity – Doing the right thing when nobody is around? Keeping confidential information out of view and discussions from public, friends, and family? Accepting bribes from inmaates?

3) Attitude –: Does Mr. Guay have a positive or negative demeanor while working? Is he diligent? Does he show up early and stay late at work without complaints? Is he respectful and professional to inmates and coworkers?

4) Reliability –Would Mr. Guay call out sick often or abuse vacation time? Is he able to complete tasks and jobs before or at required deadlines?

RICHMOND COUNTY SHERIFF'S OFFICE

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400 Walton Way
Augusta, GA 30901
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October 5, 2020

Palmetto State Armory
3760 Fernandina Rd
Columbia, SC 29210

To Whom It May Concern,

This letter is in regards to applicant **Joseph Guay** who has applied with the Richmond County Sheriff's Office for the position of Deputy Jailer. On their application, it was noted that the applicant was employed with your agency.

Joseph Guay – Date of Birth [redacted] **; SSN** [redacted]

We are currently considering this applicant and would like for you to take a few minutes of your time to complete the attached Evaluative Form. A copy of the signed Release of Information Waiver and Consent form is enclosed. After completing the form, please fax, email, or mail the form back to our office. Thank you for your time and cooperation.

Cordially,

Sgt. Caleb Lee
Internal Affairs - PIO
Office of Professional Standards and Training
706.821.1096 Office
706.821.1462 Fax
caleb.lee@augustaga.gov

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: **October 5, 2020**

ATTN: **To Whom It May Concern**

I am sending you this request on behalf of **Joseph Guay,** who has applied with this Sheriff's Office for employment as a **Deputy Jailer** and listed you as a previous employer. Utilizing the chart below and the attached questionnaire, please provide the information requested to the best of your knowledge and belief. The information received will be utilized to determine the employability of the candidate. The information is for this sole purpose only and will not be released to any other person or agency. Attached is a signed release from the applicant. Your prompt attention to this inquiry is most appreciated.

Evaluation Categories	Excellent	Above Avg.	Average	Below Avg.
Technical Ability				
Integrity				
Motivation Towards Work				
Reliability/Attendance				
Acceptance of Supervision				
Adaptability/Flexibility				
Cooperation with Peers				
Writing Skills				
Oral Communication Skills				

Any additional comments about the above topics:

I did not work with this person directly and can't evaluate the above items.

RICHMOND COUNTY SHERIFF'S OFFICE

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1. Verification of employment dates: From 11/4/2019 To 6/27/2020
2. Job Title: Quality Specialist 2
3. Specific Duties: _____
4. Eligible for rehire? [ ] Yes [X] No

   If no, please explain: unknown; did not work notice
5. Reason for employee leaving your employment (please state whether voluntary or mandatory)? Voluntary - another position
6. Please list any disciplinary actions the employee may have received while employed.

   unknown
7. Are there any circumstances to your knowledge that would make it inadvisable to employ this applicant? If so, please explain. unknown

Christina Reed Shared Services Specialist 10/27/2020

(Signature of Rater) **(Job Title)** **(Date)**

Thank you for your assistance. **Please return this form by email, mail, or fax at 706-821-1462.** If there are any questions, please contact Sgt. Caleb Lee, Internal Affairs at 706-821-1096.

NAME	ADDRESS	FIRST SEEN	LAST SEEN	SSN	DOB
JOSEPH THORE GUAY	[redacted]	09/08/2012	09/30/2020	[redacted]	[redacted]1993

JOSEPH THORE GUAY [redacted]
07/04/2020)
JOEY THORE GUAY [redacted]

Other Observed Names
JOEY G GUAY [redacted]

SSN: [redacted]
Issued [redacted]

Other People who have used this SSN. This does not usually indicate fraud.
[redacted]

Date of Birth
DOB: [redacted]**1993**
Age: **27**

Gender: **Male**

Driver's License Detail:
DL#: **XXXX-XXX-XX-XXX-X**
DL State: **GA**
Reported Date: [redacted]**2020**

JOSEPH T GUAY
[redacted]
DOB: [redacted]**1993**

Possible Relatives
Caroline L Guay 08/1956 Age: **64**
David G Guay 1954 Age: **65**
David George Guay 10/1954 Age: **65**

Indicators
Bankruptcies: **None Found**
Liens: **None Found**
Judgments: **None Found**
Utilities: **None Found**

Cities
Augusta, GA (09/08/2012 to 09/30/2020)

Possible Phones
[redacted]

Counties
Richmond County, GA (09/08/2012 to 09/30/2020)

Possible Email Addresses

[redacted]

Address History (1)

[redacted]

RICHMOND COUNTY SHERIFF'S OFFICE

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Augusta, GA 30901
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Release of Information Waiver

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

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

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

Joseph Gray	11/9/2020	Joseph Gray
(Signature of Applicant)	**(Date)**	**(Printed Name of Applicant)**

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

WITNESS BY HAD THIS 11 **DAY OF** Sept **20**20.

NOTARY PUBLIC Exp. Oct. 24, 2022 RICHMOND COUNTY, GA

(NOTARY PUBLIC)

Application Process I

Last Name	First Name	Middle Name	Suf
Guay	Joseph	T.	

SS#	DL#	DOB:
[redacted]	GA [redacted]	[redacted].993

New World:	See Printout
Historical	
MNI:	
NCIC/GCIC/III	No Record
Driver History	GA Lic Valid

Print Date/Time: 9/11/2020 1:29:55 PM

Activity Date/Time	Activity Type	Activity Reference	ORI/FDID	Description	Name	Global Subject Number	Sealed
05/30/2009 16:16:00	Case	2009-00102933	GA1210000	Subject Type: Other, Incident Type: (9902) Natural Death	Guay, Joseph Thore 72407		False

Total Rows: 1

CNV0NSC5View

AS400 NARRATIVE FOR CASE # 200900102933 GA1210000

Created 2009/05/31 By GA13903 -
Last Changed 2009/05/31 By GA13903 -

CASE #09-102933

[redacted]

Print Date/Time: 9/11/2020 1:32:36 PM

Activity Date/Time	Activity Type	Activity Reference	ORI/FDID	Description	Name	Global Subject Number	Sealed
02/28/2012 14:45:00	Tickets & Citations	[redacted]	GA1210000	TicketType: Magistrate Court, Charge: [redacted]	Joseph Thore	759748	False

Total Rows: 1

[redacted]

[redacted]

[redacted]