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· APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer STATE OF GEORGIA

Complete information on sea at Career	rching for job s.ga.gov. Usir	s with the State of Georgi ig Careers.ga.gov is the p	Complete information on searching for jobs with the State of Georgia and an on-line application procedure may be found on the Internet at <u>Careers, ea.gov</u> . Using Careers, gay is the preferred method of applying for these State jobs.	y be found on the Internet 12 jobs.
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EMPLOYMENT ELIGIBILITY: To be employed by the Stat These include (but are not limited to) United States citizenship or authorizz felony convictions (for some jobs). Please answer the following questions.	LTY: To be e United States cit lease answer the	mployed by the State of Geor izcaship or authorization to W following questions.	EMPLOYMENT ELIGIBULTY: To be employed by the State of Georgia, you must meet certain State and Federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, positive rehire status if previously employed by the State, and no felony convictions (for some jobs). Please answer the following questions.	ployment cligibility requirements. usly employed by the State, and no
I. Are you a United States citizen?	2. Are you an the	2. Are you an alien authorized to work in the United States?	 Have you ever been dismissed from any State of Georgia government position? YES LANO 	4. Have you ever been copyrited
			If YES, attach an explanation.	If YES, attach an explanation.
TYPE OF WORK: JOB TITLE agency personnel offices, the State Per	E AND JOB CO	DE REQUIRED. If you do no ration office in Atlanta, the Ge	TYPE OF WORK: JOB TITLE AND JOB CODE REQUIRED. If you do not know the correct job titles, information is available at the various State of Georgia agency personnel offices, the State Personnel Administration office in Atlanta, the Georgia Department of Labor Career Centers, or on Careers, gagov.	inle at the various State of Georgia Careers.ga.gov.
Specific Job Title Sought	Į	Job Code	Specific Job Title Sought	Job Cade -
1. Correctional Officer	ет	17242	2.	
EDUCATION:				
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1. Correctional Officer	EDITO ATTON.	n	PLEASE LIST	SHITISTEVINIVERSELLES	T. T. MILeas			LANGUAGE SKULL	GEORGIA LICENSES AND CERTHFICATIONS:		Current Valid Driver's License	Current Valid Commercial Driver's License (CDL); Class (Check One): 🗌 A 🗍 B 🗍 C	Teacher Certified in Georgia: Type of Certificate Held:

CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed. I certify that all Information on this application is correct. I authorize any agent or employee of the State to verify this information and to release it to anyone who may consider me for appointent. I understand that intendionally providing false information on this form or attachments is a violation of state law. I also understand that applications submitted electronically, via e-mail or similar media, are not valid unless I enter my name in the law. I also understand that applications submitted electronic signature. I further certify that either. I) I have not been convicted of a drug-signature field below and such action shall constitute an electronic signature. I further certify that either. I) I have not been convicted of a drug-related criminal offense, it thas been more than fitree (3) months since my first conviction, or more than five (5) years since a second or subsequent conviction (0.C.G.A. 45-23 et Seq.). 3 Date: 10 -25-

Georgia Peace Officer Standards and Training Certificate (POST)

Other Professional License/Certificate:

75 j Voutre Signature:

(MS27-1) Rev. 07/08 State Personnel Administration, 2 Martin Luther King, Jr. Drive, SE, Atlanta, GA 30334

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nilitary and volunteer experience. If) ginning with your primary dutics. If) d detailed information regarding cach , <i>ork background</i> . However, if the resu	Hours per Week Hours per Week Ammual Salary 22, 1 6 0 0 . D 0 Your Supervisor's Phone Number	· · ·	Hours per Week: Annual Salary Your Supervisor's Phone Number ()	Hours per Weekt: Hours per Weekt: Annual Salary Your Supervisor's Phone Number () 30334 (MS27-1) Rev. d7/08
with your current or most recent job. Include r rately. Describe in detail the specific duries be to the application. Failure to give complete an You may submit a resume to document your w please full in that information on the application	Your Job Title: The A-Sone From (molyr) To (molyr) Check all that apply. Check all that apply. Dimteer Intern Draid May We Contact Employer? # and types of employees you supervised:		Your Job Title: From (molyr) Check all that apply: Check all that apply: Check all that apply: Check all that apply: May We Contact Employer? May We Contact Employer? # and types of employees you supervised:	Your Job Title: From (molyr) From (molyr) Check all that apply: Check all that apply: Check all that apply: Check all that apply: Differ A all that apply: # and types of employees you supervised: # and types of employees you supervised: ther King, Jr. Drive, SE, Atlanta, GA
WORK HISTORY: Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duries beginning with your primary duries. If you need more space, print out the supplemental work history page and attach to the application. Failure to give complete and detailed information regarding cach job held may result in your disqualification from employment consideration. You may resume to document your work background. However, if the resume does not contain all the information requested in the Work History section, please full in that information requested in the Work History section, please full in that information.	Current or Last Employee: Suntru St Jacuary Supervisor's Name and Title Your Supervisor's Name and Title Keedon for Learving Keedon for Learving Keedon for Learving Describe in detail your job dutics.	Related Computer Skills:	Employer: Address City Your Supervisor's Name and Title Réason for Leaving Describe in detail your job duties,	Ralated Computer Stills : Ralated Computer Stills : Employer: Your Job Title: Employer: Prom (molyr) Address Rrom (molyr) Address Rrom (molyr) Address Rrom (molyr) Address Rrom (molyr) Address Check all that apply: Address Address Address Rrom (molyr) Address Nave Vec. Vour Superviser's Name and Title Paid Your Superviser's Name and Title Paid Paid Paid Your Superviser's Name and Title Address Paid Paid Paid Paid Paid Paid

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	Ins page is province as a supprement of the second of the second of the state of Georgia Application. history in the following space. Work history will not be evaluated if not attached to the State of Georgia Application. Daytime Telephone Number	a Application.
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Related Computer Skills:		
Employer:	Your Job Title:	
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Reason for Leaving	# and types of employees you supervised:	
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STATE OF GEORGIA EMPLOYMENT AVAILABILITY CODES For the job(s) listed on page 1, please select the county or counties in which you are willing to work. You may choose up to ten (10) counties. For your courvenience, the counties have been sorted alphabetically by geographical region.

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ichedule" is available on our seted cities. If you request a. owing the address of the test	Saturday: Safidersville - [h Maycross - [L] of vour examination (and, in many co	for the same job only three the ally be kopt. The lower score	ity, do you require as to call. PRIOR ARF the State Personnel Ad modation authorized E the State Personnel Ac y call the State Person	aluation will be based on the be asked to provide.	passing examination scor .d. If you want to apply for (SPB 16.102)	DECEASED VETERAN'S SPOUSE: DD214; marriage certificate; veterants death certificate of casmalty report	DISABLED VETERAN'S SPOUSE: DD214; marriage cortificate; disabled veteran's documents dated within last 6 months (veteran must have 100% disability)	ree 📋 DOL, Carcer Center	only):	ORMATION	by the State Personnel Administration equal employment opportunity efforts	Hirst Name	Ţ	Gender	(Check One):	Male	Temale .		30334
application with you. Some testing outside of Autania is and done on a wate-in pasis. The ormany bounde bounded of the sound of the school of this schedule. You may also call (404) 656-2724 and request a copy of this schedule. Scheduled or Reserved Seating Examinations: Written tests are offered on certain Saturdays in selected cities. If you request a scheduled examination and your application is approved, you will receive an admission slip by utail for the next available test session thowing the address of the testing center you have chosen and the date and time of your appointment. This may take a month or longer due to limited seating.	Select ONE city where you wish to take a written test on Saturday: Augusta - [S] Sayannah - [H] Sayannah - [H] MWaycross - [L] MWaycross - [L] MWaycross - [L] MWaycross - [L] MWaycross - [L] MWaycross - [L]	Retest Policy: Your score with normany remains on use use of available approace approace to the state of the same job only three times in one year, with a extend your score for an additional six months). Generally, you can apply to be evaluated or to take a written test for the same job only three times in one year, with a extend your score for an additional six months). Generally, you can apply to be evaluated or to take a written test for the same job only three times in one year, with a minimum 30 day waiting period between examinations. Upon re-examination, the higher of your scores will generally be kept. The lower score will not be accessible to employing agencies.	ACCOMMODATIONS FOR APPLICANTS WITH DISABILITIES For State Personnel Administration Walk-in or Scheduled testing purposes only, do you require special examination accommodation's because of a disability? If so, attach a note to this application asking us to call. PRIOR ARRANGEMENTS ARE NECESSARY. Note that in order to receive accommodations for testing, you must (1) tell the State Personnel Administration you need an examination accommodation at least one (1) day PRIOR to the test, (2) have the accommodation authorized BEFORB being tested; an examination accommendation to show the need for the accommodation (If requested by the State Personnel Administration). If you and (3) provide documentation to show the need for the accommodation (if requested by the State Personnel Administration). If you have questions about the examination procedure for applicants with disabilities, you may call the State Personnel Administration at (404) 656-2728 (TTY available) or the Georgia Relay Service at 7-1-1.	Training and Experience Ratings: If you apply for a job that does not require a written test, your evaluation will be based on the experience, training you describe on your application. You will also be evaluated on any supplementation formation you may be asked to provide.	VETERAN'S PREFERENCE: The laws of the State of Georgia require that points he added to passing examination scores for combat troops of the Armed Forces of the United States. The following types of preference are currently granted. If you want to apply for Veteran the type below and attach copies of the appropriate document(s) to your application. Copies cannot be returned. (SPB 16.102)	showing dates of service and type of discharge		Walk-in College/University Technical School Newspaper State Agency Web Site Outher Internet Source	Requisition Number (for announced jobs only):	EQUAL EMPLOYMENT OPPORTUNITY INFORMATION	section is optional. It is used by the State Personnel Administration and other state guidelines for monitoring the equal employment opportunity efforts of the State $ 0^{\mathbf{f}} $	α γ	1 vovta	tground (Check One):	2. 🛛 White, not of Hispanic origin	4. X Black, not of Hispanic origin	6. 🔲 Multi-racial		State Personnel Administration, 2 Martin Luther King, Jr. Drive, SE, Atlanta, GA
You may also caul (404) 656-21/24 and request a copy of Scheduled or Reserved Seating Examinations: your application is approved, you will receive an admits and the date and time of your appointment. This may tai	Sel Americus - [Y] Rome - [E]	Ketest Policy: Your score wil normally ferma extend your score for an additional six months), minimum 30 day waiting period between examit employing agencies.	ACCOMINIOD ATIONS FOR APPLICANTS WITH DISABILITIES For State Personnel Administration Walk-in or Scheduled testi accommodations because of a disability? If so, attach a note to this ap necommodations for that in order to receive accommodations for testing an examination accommodation at least one (1) day PRIOR to the test; (and (3) provide documentation to show the need for the accommodation have questions about the examination procedure for applicants with di- have questions about the examination procedure for applicants with di- (404) 656-2728 (TTY available) or the Georgia Relay Service at $7-1-1$.	Training and Experience Ratings: I braining you describe on your application. You	VETERAN'S PREFERENCE: The combat troops of the Armed Forces of the Unit the type below and attach copies of the appropriate the type below and attach copies of the appropriate the type below and attach copies of the second sec	VETERAN: DD214 showing dates of s	DISABLED VETERAN: DD214; certificate of service-connected disability (at least 10%) from the V.A. dated within the last 6 months	How You Heard About The Job:	Date:	-	The information you give in this agencies to comply with Federal Georgia.	Last Name	Comertina C)	C Ethnic Background	1. Native American	3. Hispanic	5. Asian/Pacific Islander	7. Other Troverserver 0. Street and the second s	4 State Personnel Administratio

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Selective Service System

Data Management Center | P.O. Box 94638 Palatine, IL 60094-4638

www.sss.gov

January 11, 2019

MEMORANDUM FOR REGISTRANT SUBJECT: Online Verification of Your Registration

the date shown with the Selective Service System as required by Section 3 of the Military This document certifies officially that the below named individual is registered on Selective Service Act (MSSA) - 50 U.S.C. 3802.

Selective Service Number: Name: Date of Registration:

96-0593141-0 VANTREL RASHAD GRAYER 6/11/2014

gov∳rnment employment, job training, driver's license in several states, and U.S. citizenship Because you have satisfied the MSSA by registering, you remain eligible for those prog^rams and benefits linked to registration compliance, such as student financial aid, for immigrants, for which you are otherwise qualified. Thank you for your inquiry. If you have any further questions, please feel free to contact the Data Management Center at the address above. Our telephone number is 847-688-6888 or thll - free: 1-888-655-1825.

Jonald M. Benor

Donald M. Benton Director

SELECTIVE SERVICE VERIFICATION State Law requires all selected male applicants between the ages of 18 and 26 to present proof of having registered with the Selective Service System or to present proof of being exempt from registration prior to beginning State employment. In accordance with State Law, I have verified that Vantrel Grayer [Name of Applicant]	Has registered with the Selective Service System (attach copy of the registration card or screen print from the Selective Service System Internet web site: www.sss.gov) OR	Is exempt from registration with the Selective Service System (attach verifying documentation) [Name of Official – please print]	[Signature of Official] [Date] Published 11/1/00	Sworn Hiring Pkg Page 34
State La ^v and 26 to System (beginnir In accor	Has registra Internet OR	Is e verifyi		

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 EPARTMENT OF CORRECTIONS	AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES I hereby request and authorize THE GEORGIA DEPARTMENT OF CORRECTIONS	Hiring Authority Any Law Enforcement Agency, Former Employee or Personal Reference Name of Person or Agency Holding the Information	The following type(s) of information from my records (and any specific portion thereof): <u>Criminal background check, character information from personal reference, and</u> <u>Work record from former employers.</u> for the purpose of completing a Departmental Background Investigation for employment	25 18 Millinformation I hereby authorize to be obtained from this person or agency will be held strictly confidential and cannot be released again without my written consent. Varter Signature of Applicant II-II-IS Title or Relationship to Applicant	USE THIS SPACE IF APPLICANT WITHDRAWS CONSENT revoked by applicant Signature of Applicant Original PO/CO, Page 25
GEORGIA DEPARTMEI	AUTHO I hereby request and authorize	Address of Local Hiring Authority to obtain from: <u>Auty Law Br</u> Name of Perso	The following type(s) of informat <u>Criminal background ch</u> <u>Work record from forme</u> for the purpose of completing a l	Date 10 - 2 - 7 - 18 Signature of Witness	USE TH Date this consent is revoked by applicant Revised 1/11

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GEORGIA DEPARTMENT OF CORRECTIONS OATH OF OFFICE

I do sole mnly swear (or affirm) that I will s upport and defend the Constitution of the United Stat es of America and the State of Georgia, and that I will faithfully perform and discharge the duties of my office without malice or partiality, to the best of my ability.

any political subdivision or a uthority thereof; that I am n ot the holder of any office of trus t under the government of the United States, any other state, or any foreign state which I am prohibited from holding under the laws of the State of Georgia; and that I am other wise qualified to hold office according to the Constitution and laws of Georgia. l further swear (or affirm) that I am not the h older of any unaccounted for public money due this state or

FICON FICON Mary Hots ۴<u>۲</u> Vantrel Print Name 12-3-18 Malvy Work Site <u>Voutrel</u> Signature Date

Witness/Notary Public



PERSONAL INFO

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

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

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 ano signification if of form ^{1:9} no lat ingo instrist day of employment, but mpipero e acceuting a too offer). The	iformation and A mant buinnitherologa	testation (E scepting a tob c	tinployees mus offer.)	complete and	signi Section flo	Eorm/1:9 Inorlaten
Last Name (Family Name)	First Nan	First Name (Given Name)		Middle Initial	Middle Initial Other Last Names Used (if any)	Used (If any)
Grayer	Vantrel	-				
Address (Street Number and Name)		Apt. Number City or Town	City or Town		State	State ZIP Code
		PE				
Date of Birth (mm/dd/yyyy) U.S. Social Security Number	U.S. Social Security Numl	ar Employe	Employee's E‡mail.Address	SS	Employee's]	Employee's Telephone Number

deral law provides for imprisonment and/or fines for false statements or use of false documents in 44-4 6-----ate of BER 1

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connection with the completion of this form _{is} () () () () () () () () () (
1. A citizen of the United States			
2. A noncitizen national of the United States (See Instructions)		_	
3. A tawful permanent resident (Allen 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)			
Allens 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.	QR Code - Section 1 Do Not Write In This Space	89	
1. Alten Registration Number/USCIS Number: OR			
2. Form I-94 Admission Number:			
Country of Issuance:			
Signature of Employee / where / Croule in the Inday's Date (mm/dd/)	PER	1990	
Preparer and/or Translator Certification (check offe)	Serior Soutors		
if releases we have a supressed way as a supercontrant of the completion of Section 1 of this form and that to the best of my knowledge the information is frue and correct.	nd that to the best of	my M	
	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		
and a start over completes Next Care 4			
Form I-9 07/17/17 N	Ъ	Page 1 of 3	
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Employment Eligibility Verification Department of Homeland Security

USCIS Form I-9

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OMB No. 1615-0047 Expires 08/31/2019	and the second sec	M.J. Citizenship/Immigration Status	List C Employment Authorization	ial security card	Issuing Authority	ant Mumhor T	Expiration Date (if any)(mm/dd/yyyy)		QR Code - Sections 2 & 3 Do Not Write In This Space						-	Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the	(See instructions for exemptions)	Title of Employer or Authorized Representative HR Tech Supervisor		State ZIP Code	GA 31068	Section 3. Revertitication and Rehtres. (10) to completediario sugned by employer of authorized (eprese)tative. A 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	Date (mm/dd/yyy)	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.	Expiration Date (if any) (mm/dd/yyyy)	/ of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if ted document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	Name of Employer or Authorized Representative
rvices	d Verification utinescontenting mussie apponente		AND	Socument Title		Doomer	Expirati									cument(s) presente loyee named, and (;	Ι				rpe	etriplicyet/or/author/ B: Date o	Middle Initial Date (mr	Information for the doc		/ee is authorized to r to be genuine and	Name of Employer or
U.S. Cifizenship and Tmmigration Services	yej soft Authorized Representative Review and Verification men analysis completenegan Socialization's profession the content of the second and the second and the second of the second of the second and the second and the second of the	First Name Vantrel	List B Identity	I'S License		mber S-1しと			Additional Information Arc.							ave examined the do	8102/6/61	Today's Date (<i>mm/dd/yyyy</i>) 11/20./2019	First Name of Employer or Authorized Representative	Organization Address (Street Number and Nahit) (10th or Town	Oglethorpe	lietediano signed BVA	ame) Midc	as expired, provide the	Document Number	owledge, this employ tave examined appea	Today's Date (mm/dd/yyyy)
S. Cifízenship a	ced Representation mist contracted and and mist contracted and and mist contracted and and and and and and and and and an	Last Name <i>(Family Name)</i> Grayer	OR	Pecument Title			Expiration Da					 1	5557622			erjury, that (1) 1 h to be genuine and	ant (mm/dd/yyyy)		bye First Name of E	Street Number and		ures ((⁷)be com	First Name (Given Name)	ment authorization h ace provided below		the best of my kn ie document(s) I h	Intative Today's
'n	Agradit Authoria dreat reasonation adduction and some		A ment Authorization				mm/dd/yyyy)				mm/dd/yyyy)				mm/dd/yyyy)	under penalty of p scument(s) appear	day of employme	Authorized Represe	Authorized Representative	Organization Address		leation and Reh	e)	ious grant of employr uthorization in the sp		of perjury, that to ed document(s), th	r Authorized Represe
	Section 2. Emplo Employers of their authorities must physically evaluates of societates loacuments	iyee Info	List A Identity and Employment Authorization	Document Title	Issuing Authority	Document Number	Expiration Date (if any)(n	Document Title	Issuing Authority	Document Number	Expiration Date (if any)(n	Document Title	Issuing Authority	Document Number	Expiration Date (if any)(n	Certification: I attest, (2) the above-listed do	Employee is authorized to work in the outlied places. The employee's first day of employment <i>(mm/dd/yyyy)</i> :	Signature of Employer or Authorized Representative	Last Name of Employer or		2728 Hwy 49 S	Section 3. Reverit	Last Name (Family Name)	C. If the employee's prev continuing employment a	Document Title	I attest, under penalty the employee present	Signature of Employer or Authorized Representative

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Form I-9 07/17/17 N

Page 2 of 3

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E-Verify Case Processing: View/Print Details

Page 1 of 1

E-Verify

Case Verification Number: 2018324175746FA

Report prepared: 11/20/2018

Company Information	
Company ID: 46199	Company Name: Georgia Dept of Corrections
Client Company ID: 46199	Client Company Name: Georgia Dept of Corrections
Employee Information	
Name: vantrel grayer	Date of Birth: 😈 1996
U.S. Social Security Number:	Employee's First Day of Employment: 12/03/2018
Citizenship Status: U.S. Citizen	
Document Information	
List B Document: Driver's license or ID card	List B Document: Driver's license or ID card issued by a U.S. state or outlying possession
Document Subtype: Driver's License	Document Number: *****8164
Expiration Date: 법 2020	State: Georgia
List C Document: Social Security Card	
Case Information	
Current Case Result: Closed	Case Submitted By: Melenda Henry
Case Status: Employment Authorized	Reason for Closure: Employment Authorized Auto Close

11/20/2018



(To be signed by all new hirss and relifies on anc after May 1, 2010) Direct Deposit Notification Form

Accounting Office (SAO), is required to accept all payroll related payments by direct deposit. The employment, a person hired or rehired to a position in a State of ganization on or after May 1, 2010, and In accordance with the Mandatory Direct Deposit policy issued May 1, 2010, as a condition of complete policy, and related documents, can be found on SA C's website at the following location: who is paid by the PeopleSoft HCM central payroll system (system) administered by the State State Accounting Office Accounting Policy Manual.

or rehired and remain enrolled in direct deposit during the tensure of my imployment. I understand that I can apply for an and enroll in direct deposit using the Employee Self Service (ESS) fealure of the system within 30 days of being hired exemption from this requirement as provided by the policy 1 understand that if I am not granted an exemption, I may I understand that as a condition of employment, because I am a new hire concluse applicant, I must comply with the policy be subject to dismissal.

Employee Name (Please Print) Vouch - (South -	Employee Signature: Vout-e Gruge Date: 12-5-18	T. L
Emple	Empl	, F

	10		<u>Sug</u>
	Position Title:	aron Sate Vision	largala 124
	Employee ID Number	Hiring Organization Name: NOC	Hiring Supervisor or HR Official:
TO DO DO T	Employee	Hiring Or	Hiring Su

Copy 1 - Organization Human Resources Office Copy 2 - Employee

CRIMINAL/DRIVER HISTORY CONSENT FORM GEORGIA DEPARTMENT OF CORRECTIONS

PLEASE PRINT

I hereby authorize the Georgia Department of Corrections to receive all criminal history information pertaining to me anytime during the course of my employment with the Department. 1.1.1.1 I understand that convictions revealed from these background investigations may impact by certification with P.O. S.T. and my employment with the Department.

Criminal Justice Employment - Civilian Personnel Reason (Check one below)

OR

Criminal Justice Employment POST Certified Employee

OR

Supervisor(if current employee): POST Investigator

Signature:

Position Applied For:

Please Enter Your Personal Information below

Last Name	Last Name Grayer	First Name	First Name Vantrel
Middle Name	Rashard	Suffix	
Social Security #	PERS	Re-enter ,SSN#,	PER
Date of Birth	96	INTE Weight	175
Sex	11 11 11 11 11 11 11 11 11 11 11 11 11	Racelli	Black
Eye Color Brown		Hair Color Black	Black
Height	5' 😽 6"	Place of Birth	PE
Country of Cirizenshin		D,L. State & #	

Address Information

Address		Address 2	
City	PER	Apt	
County	SONA	Zip	PER
Address State	LINF	Email	
Phone #	D	NAME OF	

*****PLEASE CHECK ONE OF THE BOXES BELOW **WAVEN** W. W. One of the following must be checked: ******

 $\sqrt{1}$, <u>vantrel Grayer</u> <u>give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.</u> (circle one) days from date of signature. This authorization is valid for 90/180/

STATE OF GEORGIA LOYALTY OATH

STATE SECURITY QUESTIONNAIRE

NOTICE TO AP PLICANTS/EMPLOYEES: The Sedition and Su bversive Activities Act of 1953 (Ga. Laws, 1953), as amen ded, requires e ach applicant/employee to complete and sign, prior to his/her employment in State government, a questionnaire which is designed to establish that there are no reasonable grounds to believe that he/she is a subversive person. A subvers ive person is defined as one who commits acts, advocates, or teaches the overthrow of the government of the United States or government of the State of Georgia by force or violence, or who is a know ing member of a subversive organization. Georgia Code 45-3-11 requires all employees of State government to take an oath that they will support the Constitution of the United States and the Constitution of the State of Georgia.

INSTRUCTIONS: All items must be completed on a typewriter or printed in ink. If more space is needed for an y item, or explanation, continue under item 10. This questionnaire and loyalty oath will be filed in the employee's personnel file in the employing agency. The employee may request that a copy be executed for his/her personal files.

FULL NAME, INCLUDING MAIDEN NAME, NAMES OF FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES AND NICKNAMES AND THE DATES USED.

LAST NAME	FIRST NAME	MIDDLE	NAME		PHO	DNE NO.
Grayer	Vantrel	一般 增加	Rashard			PE
MAIDEN NAME	<u>د</u> ۲	DATES USED	NICKNAMES			DATES USED
OTHER NAMES, INCLUDING MARRIAGES	ALIASES &FORMER	DATES USED	NICKNAMES			DATES USED
MARIAGES		DATES USED	NICKNAMES			DATES USED
ADDRESS	APT. NO.	СІТҮ	STA	TE C	COUNTY	ZIP
		PE				
DATE OF BIRTH	J.S. CITIZEN Yes	_ No (Nationality)	RACE Black	sex m	ale
membership advocates or ha						
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Vantrel Grayer

1.	MILITARY SERVICI	E: (Past or Present)					
	SERIAL NUMBEB	BRANCH	ACTIVE <u>SERVICE</u> From To	ACTIVE OR I		DISCHARGED Honorably Dishonorably Other If Discharge other than Honorable, explain in it	
3.	Have you ever been law, regulation, or o of \$35.00 or less w	convicted by Federal, Sta rdinance? (Do not include as imposed.)YES	ate, or other law-enforcement authoritie anything that happened before your six NO If answer is yes, provide	s, for any violation of a teenth birthday. Do no the following information	ny Federal law I include mino ion	v, State law, county or mun r traffic violations for which	icipal a fin
	CHARGE ON WHI			ED NAME	OF COURT &	PLACE WHERE CONVICT	TED
re	you a former inmate	, former parolee, or former	r probationer? YES N	O If answer is yes	s, provide date	s and details.	
) <u>,</u>	county or municipal	law, regulation, or ordinan	ou by Federal, State, or other law enfor ce? (Do not include anything that happ be imposed.) Yes No	cement authorities for ened before your sixte If answer yes, provid	enth birthday.) Do not include minor viol	iw, lation
	VIOLATION		NAME OF GOVERNMENT			OCATION WHERE PENDI	NG
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re	you currently a parol	ee or probationer?	YES ZNO If answer is yes, p	rovide dates and detai	5.		
	NOTE: Before sig	ning this form, check all a under oath subject to the	int d s your ج عمر میں nswers and explanations to see that yo penalties of false swearing as prescribe	u have answered all q	uestions fully a	and correctly. This form riminal Code of Georgia.	
			LOYALTY OATH				
•	Vantrel Grayer		, a citizen of United S	tates of America	And	being	
n e	employee of Ge	orgia Department of Corre	ctions And the recipient of put	lic funds for services r	endered as su	ch employee, do hereby so	blem
we (ar and affirm that I w Georgia (ill support the Constitution	of the United States and the Constitution AFFIDAVIT OF VERIFIC	on of the State of Geo			
	sonally appeared bef trel Grayer	ore the undersigned office	r, duly authorized to administer			• • • • •	
		· · · · · · · · · · · · · · · · · · ·	,who, after being duly s	- ,			_
	-	,	ed the foregoing instrument; that he has				
			d the answers and information furnishe	a by him in the foregoi	ng questionnai	re, and loyalty oath, includ	Ing
-		are true and correct.		·ν	and	ral Grafe	
:	· · · · ·	BSCRIBED BEFORE ME אין אין אין אין אין אין אין אין אין אין	NOA ANA	-	ΤU		
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Course Placements - Determined on 11-05-2013

College Lavel Read	ල
You are not required	o take a developmental reading course.
ENGL, 1010 Fundar	antals of English)
Please ses Advisor	r English course selection.
ENGL 1181 Compo	Bon and Rheferic
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	: Math or MATH 1912 Foundations of Math r math course sejection.

Exount: 31767228 | Branching Profile Name: 05. CGTC Read Comp, Sentence Skills, Arithmetic

Kwasn . Pa. 4



80 Cohen Walker Drive Warner Robins, GA 31088

PROPERTY OF Central Georgia Technical Collega Cerear Assessment Center Meson Compes

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N/K	High Scho	ol Tra	anso	crip	t	
DeKalb County	Official '	Trans	crij	ọt		
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LYXX	High School Transcript	
DeKalb Cour		
Name Graye:	r, Vantrel Rashaud Student ID U Stephenson High School	
Address	PGrade12701 Stephenson RoadCGenderMaleStone Mountain GADOBMalePhone (678) 676-4202TOSSNT	
Phone	SSN T Fax (0/8)/0/0-4210 GTID 7864805418 7864805418 7864805418	
	STANDARDIZED TESTS	
Test Scores	Score Date Result	
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Association Com Association of and expanded th	eated through a 2006 merger of the Pre-K-12 divisions of the North Central mission on Accreditation and School Improvement (NCA CASI) and the Southern Colleges and Schools Council on Accreditation and School Improvement (SACS CA rough the addition of the Northwest Accreditation Commission (NWAC) in 2012.	{SI}
	COMMENTS	
. DeKalb County For HOPE elig	School District's GPA does not determine HOPE eligibility. ibility information visit: www.gafutures.org is not calculated in DeKalb County schools. tones (EOC) and End of Course Tests (EOCT) are criterion-referenced tests the state adopted curriculum for specific core courses in grades 9-12. quires that the EOCT serve as a component of a student's final course grade. was the last administration of the EOCT. The rule for the EOC to serve as a student's final course grade was waived during the first year of Georgia plementation 2014-2015. d for Advanced Placement (AP) and International Baccalaureate (IB) are weight y credits (PSO) are also weighted beginning with the 2014-15 school year.	
Georgia Miles aligned with State rule re	tones (EOC) and End of Course Tests (EOCT) are criterion-referenced tests the state adopted curriculum for specific core courses in grades 9-12. quires that the EOCT serve as a component of a student's final course grade.	
November 2014 component of Milestones im	was the last administration of the EOCT. The rule for the EOC to serve as a a student's final course grade was waived during the first year of Georgia plementation 2014-2015.	1
Post-Secondar	y credits (PSO) are also weighted beginning with the 2014-15 school year.	:ea.
	SON HIGH SCHOOL	
	- MAR -	
Transcript NC	official without athorized Signature and Title	
Authorized	Confidential: This record is not to be released to any other party without th pritten consent of the Parent/Legal Suardian or Eligible Student.	ie
Title	Mardian or Eligible Student.	
Counselor None ass Page 2 10/24/18	igned Grade 12 Student ID J Student Name Grayer, Vantrel Rashaud 09:50	
Counselor None ass Page 2 10/24/18	igmed Grade 12 Student ID U Student Name Grayer, Vantrel Rashaud 09:50	

PERSONAL INFO

Georgia Peace Officer Standards & Training Council Application for Certification

ENERGY/AL CITEN/ORA/ REHE/2015

myself to the duly authorized agent of the Georgia Peace Officer Standards and I do hereby authorize the review of and full disclosure of all records concerning Training Council.

Administration; employment and pre-employment records, including background grievances filed by or against me and the records and recollections of attorneys Department of Defense including any military records; financial statements and at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest. records wherever filed; medical and psychiatric treatment and/or consultation reports, polygraph examinations or reports, efficiency ratings, complaints or disclosure of the records of educational institutions; the records of the U.S. The ihtent of this authorization is to give my consent for full and complete including hospitals, clinics, private practitioners, and the U.S. Veterans'

investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I certify that any person(s) who giving this information; and I do hereby release said person(s) from any and all may furnish such information concerning me shall not be held accountable for I understand that any information obtained by a personal history background liability, which may be incurred as a result of furnishing such information.

A photo copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

at any time during which my registration or certification is maintained through the I understand that this information may be obtained through the use of this waiver Georgia Peace Officer Standards and Training Council.

	T														
Middle Name		PHONE NUMBER				Anartment/Unit#		Zip Code:	 11-11-18	Date		11/11/18	Date	_	
	First Name (1) / Vantrel					A		State: $ abla Z $	 NDA ANN	a la tanna tan	EXPIRES A			CONTRUIC C	COUNT
Georgia Peace Oilleel Otaliaal ao ana 11 - 12	First Native V	MAIDEN NAME	7-12 2040		nber:		PE			1 (grupp)	cluding maiden name)	Unlando Alenoi)	and a		
Georgia reace -	Last Name		(mdvyyy)	966 PE	Social Security Number:	EMAIL ADDRESS	ADDRESS: Street			Vienetra	Candidate Signature (including maiden name)	W/ a low do	IN LEVENCIA	Notary Public Signature	

Sworn Hiring Pkg Page 33

THE NETWORK (Publishing Information Services on Vital Workplace Issues) 333 Research Court Norcross, GA. 30092

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S POSTAL SERVICE. THANK YOU.

DOC - MACON CORRECTIONAL INSTITUTE Contact:

4784723637 Company: Fax

fincidentDate 04/01/2019 ZANTREL GRAYER Ctaimant ALESSANDRA THORNTON Caller Corpit Formit Stored 6722 8 GAST01 WC19638609 / 128985568 ReportiD

State of Georgia

Name: State of Georgia Insurer Prohoe: Address: 200 Piedmont Avenue, s.e. Suite 1308 Allante GA 303349010 Pielicy Dates:: Insurer Prohoe: Business Phone: Insurer Prohoe: Insurer Prohoe: Pielicy Dates:: Insurer Prohoe: CALLER INFORMATION: Insurer Prohoe: Insurer Prohoe: 02 Mame: ALESSANDRA THORNTON Secondary SIC: 002 Phone: (478)472 3429 Business: Address: OCATION OF INCIDENT DoC - MACON STATE PRISON Branch 10: Name: Location Name: DOC - MACON STATE PRISON Branch 10: Name: Country: MGAON Phone: Name: Country: USA Phone: Phone: Country: USA Phone: Social struck his finger against the slab. He sustained a spit neil, laceration and conkision to the left, liftle finger. Cause Code: 268 Stationary Object: Baction Unit: 6722 SNSIN: ************************************			Employee Inj	ury Report		
Created: D4/01/2019 1:42 PM Insurer Name: Address: Policy Date:: Insurer Phone: Policy Date:: Insurer Phone: Address: Address:<	REPORT INFORMAT	ION		INSURANCE INFORM	ATION	
Address: Address: Insure Phone: State of Georgia Mare: State of Georgia Address: 200 Piedmont Avenue, s.e. Suite 1308 Address: 200 Piedmont Avenue, s.e. Suite 1308 Business Phone: FEIN: State of Georgia Pimary SiG: CALLER MFORMATION Pimary SiG: Name: ALESSANDRA THORNTON Title: Address: CALLER MFORMATION Pimary SiG: Caller Net ORMATION Pimary SiG: Occation Are: COC Location Are: COC Location Address: 202 Piedmont Avenue, s.e. Suite PRISON Location Address: COC County: MACON County: MACON County: MACON County: The EE was taking an inmate to the shower and accidental struck his finger against the slab. He sustained a spit nell, laceration and ontusion to the left, little finger. County: The EE was taking an inmate to the shower and accidental struck his finger against the slab. He sustained a spit nell, laceration and ontusion to the left, little finger. Cause Code: 236 - FingerNotThumb Nature of Injury Code: S Sististin: ***** 0110 Location Name: DOC - MACON STATE PRISON Barret Note	Number:	WC19638609		Policy Number:		
Lie Auf INFORMATION Mame: State of Georgia Policy Dates: Address: 200 Piedmont Avenue, s.e. Suite 1308 Atlanta GA 30349010 Business Phone: CALLEE INFORMATION Business Phone: CALLEE INFORMATION Business Phone: Address: Atlanta GA 30349010 Atlanta GA 30349010 Business Phone: CALLEE INFORMATION Business Phone: CALLEE INFORMATION Business: CALLEE INFORMATION Business: CALLEE INFORMATION Business: CO2 Phone: CALLEE INFORMATION Description: Cause Code; Cause Co	Created:	04/01/2019 1:42	2 PM			
Name: State of vacegra Policy Dates: Address: 20D Fieldmont Avenue, s.e. Suite 1306 FEIN: Business Phone: Policy Dates: FEIN: CALLER INFORMATION Primary SIC: 002 Title: :ADMINISTRATIVE SUPPORT 2 Secondary SIC: Phone: (476)472.3429 Business Phone: Coaction Nor INCIDENT ADMINISTRATOR INFORMATION Location Name: COC - MACON STATE PRISON Branch 10: Location Address: 2728 HWY 48 SOUTH. H. BUILDING - COLETHORPE - GA 31068 Address: County: USA Phone: Address: County: USA Phone: Fax: County: USA Phone: Fax: County: USA Phone: County: Name: 2286 Stationary Object Body Part Coole Body Part Code: 50 220 - Multiple Physical Injuries Only Doc - MACON STATE PRISON SNUSIN: ******.0110 Location Name: DC - MACON STATE PRISON SNUSIN: ******.0110 Location Name: DC - MACON STATE PRISON SNUSIN: ******.0110	LIENT INFORMATIO	<u>on</u>				
Attank GA 203349010 FEIN: Business Phone: INDUSTRY INFORMATION CALLER INFORMATION Primary SIC: Name: ALESSANDRA THORNTON Title: 'ADMINISTRATIVE SUPPORT 2 Phone: (478)472-3429 OCATION OF INCIDENT Business: Leastion Name: DOC - MACON STATE PRISON Leastion Address: Z72A HWY 49 SOUTH - HOULDING - OGLETHORPE - GA 31068 Country: USA Country: USA Description: The EE was taking an inmate to the shower and accidental struck his finger against the slab. He sustained a split nail, laceration and contusion to the left, little frager. Cause Code: 268 Body Physics Stationary Object Barden EI IDCATION/OCCURENCE/TYPE INFORMATION Sale of Death: Location Name: Cause Code: 268 Sale of Death: Location Name: Cause Code: 268 Sale of Death: Location Name: Cause Code: 269 Sale of Death: Location Name: Cause Code: 260 - MACON STATE PRISON Sale of Death: Location Address: <td< td=""><td>Name:</td><td>State of Georgia</td><td>3</td><td></td><td></td><td></td></td<>	Name:	State of Georgia	3			
Business Phone: INDUSTRY INFORMATION CALLER, INFORMATION FEIN: Name: ALESSANDRA THORNTON Title: ADMINISTRATIVE SUPPORT 2 Phone: (473)472-3429 OCATION OF INCIDENT Secondary SIC: Location Address: 2728 HWY 49 SOUTH - H BUILDING - CGLETHORRE: GA 31088 Country: MACON Country: MACON On Client Premises? YES Fax: Fax: Country: MACON Country: MACON On Client Premises? YES Fax: Fax: Client Premises? YES Cause Code: 286 Botationary Object: Body Part Code Body Part Code: 30 Body Part Code: 30 SMSINI: *****.0110 Location Name: Country: Location Address: PO.C. MACON STATE PRISON SMSINI: *****.0110 Location Matter Struck ris finger against the stab. He sustained a split nail, lacation and contheinon to the left, little finger. Cause Code: 200 - Multiple Physical Injuries Ony	Address:					
Caller INFORMATION FEIN: 02 Name: ALESISANDRA THORNTON Primary SIC: 002 Title: 'ADMINISTRATIVE SUPPORT 2 Business: Administration Countor OF INCIDENT Doc - MACON STATE PRISON Branch ID: Name: Location Name: DOC - MACON STATE PRISON Branch ID: Name: County: MACON Phone: Address: Address: County: USA Phone: Address: Address: County: USA Phone: Address: County: Stationary Object Description: laceration and contubut to the left, little finger. Cause Code: 268 Stationary Object Body Part Code 36 236 - FingerMotThumb Location Unit: 6722 Name: ZANTREL GRAYER Location Name: DCC - MACON STATE PRISON SSNSIN: ****** 0110 Location Name: DCC - MACON STATE PRISON Country: USA Occurrence Date: OC - MACON STATE PRISON Country: USA Occurrence Date: D401/2019 Country: USA Phone: D401/2019		Atlanta GA 303	349010			
Lance: ALESSANDRA THORNTON Primary SIC: 002 Name: ALESSANDRA THORNTON Secondary SIC: Secondary SIC: Phone: (478)472:3429 Business:					TION	
Name: ALESSANDERA IT/LE SUPPORT 2 Secondary SIC: Phone: (A78)472.3423 Business: OCATION OF INCIDENT Business: Location Name: DOC - MACON STATE PRISON Barach ID: Location Address: 2728 HWV 49 SOUTH - H BUILDING - COLETHORPE - GA 31068 Name: County: MACON Name: County: USA Phone: County: USA Phone: Collent Premises? YES Fax: Clopert INFORMATION Ecoration and conclusion to the left, little finger. Secondary Site: Cause Code: 288 Stationary Object Body Part Code 36 236 - FingerNotThumb Nature of Injury Code: 32 236 - FingerNotThumb Nature of Injury Code: 20.0 Multiple Physical Injuries Only Section Name: Doct of Name: Country: USA SSNSIN: *****_0110 Location Unit: 5722 Name: ZANTREL GRAYER Location Madress: PO: DOX AGE GA 31068-0000 Work Phone: Country: USA County: USA Occurrence Time: 12.30 PM Obte of Birth: Image Ga 31068-0000 Occurrence Time: 12.30 PM Martal Status: SINGLE <t< td=""><td>CALLER INFORMAT</td><td><u>10N</u></td><td></td><td></td><td></td><td></td></t<>	CALLER INFORMAT	<u>10N</u>				
Intell Dominant Decision of the Construction of the Constru					002	
Description: Control of Incident 2013 Country: MACON Country: MACON Country: USA Do C - MACON STATE PRISON Country: MACON Country: MACON Country: USA Address: Phone: Country: USA Description: The EE was taking an inmate to the shower and accidental struck his finger against the slab. He sustained a split nell, laceration and contusion to the left, little finger. Cause Code: 258 Stationary Object Body Part Code 36 236 - FingerNotThumb Nature of Injury Code: 90 230 - Multiple Physical Injuries Only Date of Death: Incertain Marker on Injury USA SINSIN: ***-** 0110 Location Name: OC - MACON STATE PRISON Name: ZAMTREL GRAYER Location Address: P.O. DOX - MACON STATE PRISON Name: ZAMTREL GRAYER Location Address: P.O. DOX - MACON STATE PRISON York Phone: Country: USA Occurrence Time: 12:30 PM Country: USA Dector Name: UAV 2:30 PM <			VE SUPPORT 2			
Control or microcine DCC - MACON STATE PRISON Branch ID: Location Address: 2728 HWY 49 SOUTH - H BUILDING - COLETHORPE - GA 31068 Name: Address: County: MACON Phone: County: USA Phone: County: USA Phone: Collent Premises? YES Fax: Clibert INFORMATION The EE was taking an inmate to the shower and accidental struck his finger against the slab. He sustained a split nall, laceration and contains to the left, lifte finger. Cause Code: 268 Stationary Object: Body Part Code 36 236 - FingerNofThumb Nature of Injury Code: 30 230 - Multiple Physical Injuries Only Date of Death: Location Name: County: LAIMANT INFORMATION Location Address: P.O. BOX 426 OC - MACON STATE PRISON Name: ZANTREL GRAYER Location Address: P.O. BOX 426 OC - MACON STATE PRISON Name: ZANTREL GRAYER County: USA Martial Status: SINGLE County: USA Phone: County: USA Occurrence Time: 12:30 PM Martial Status: SINGLE Metionaga Count	Phone:	(478)472-3429				
Location Address: 2728 HVW 48 SOUTH - H BUILDING - County: USA CON County: USA CON County: USA Phone: Address: 728 HVW 48 SOUTH - H BUILDING - CGLETHORPE - GA 31088 County: USA Phone: County: USA Phone: County: USA Phone: County: The EE was taking an inmate to the shower and accidental struck his finger against the slab. He sustained a split nall, laceration and contusion to the left, little finger. Cause Code: 286 Stationary Object Body Part Code 36 236 - FingerNOTThumb Nature of Injury Code: 50 290 - Multiple Physical Injuries Only Date of Injury Code: 50 290 - Multiple Physical Injuries Only Date of Death: LAIMANT INFORMATION SSNSIN: *****.0110 Location Unit: 6722 County: USA COL ACON STATE PRISON Home Phone: (678)599-1816 Location Address: P.O. BOX 426 County: USA COL ACON STATE PRISON Home Phone: (678)599-1816 Location Address: P.O. BOX 426 County: USA Address: County: USA County: USA COL ACON STATE PRISON County: USA County: USA Phone: Hospital Name: AFTERCARE Address: UNK - MACON - GA County: USA Phone: Hospital Name: AFTERCARE Status: ACTIVE County: USA	OCATION OF INCID	ENT		and an and a	FORMA	TION
County: MACON County: USA County: USA On Client Premises? YES Fax: Fax: County: The EE was taking an inmate to the shower and accidental struck his finger against the slab. He sustained a split nall, laceration and contusion to the left, little finger. Cause Code: 268 Stationary Object Stationary Object Body Part Code 36 236 - Finger(NotThumb) Nature of Injury Code: 50 290 - Multiple Physical Injuries Only Date of Death: LOCATION/OCCURRENCE/TYPE INFORMATION LAMANT INFORMATION Location Unit: 6722 Name: ZANTREL GRAYER Location Name: DOC - MACON STATE PRISON Home Phone: (678)559-1816 Country: USA Work Phone: Country: USA Occurrence Time: 12:30 PM Address: SiNGLE MaCON Country: USA Date of Birth: Singer Singer Mate Time Employer Notified: 12:30 PM Martial Status: SiNGLE Mate Time Employer Notified: 12:30 PM Martial Status: <td></td> <td>DOC - MACO</td> <td>ON STATE PRISON</td> <td></td> <td></td> <td></td>		DOC - MACO	ON STATE PRISON			
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Country: USA Phone: On Client Premises? YES Fax: CCDENT_INFORMATION The EEE was taking an inmate to the shower and accidental struck his finger against the slab. He sustained a split nall, laceration and contusion to the left, little finger. Cause Code: 258 Stationary Object Body Part Code 36 236 - Finger/NotThumb Nature of Injury Code: 90 290 · Multiple Physical Injuries Only Date of Death: 236 - Finger/NotThumb Location Unit: 6722 Name: ZAINTREL GRAYER Location Unit: 6722 Name: (678)599-1816 Location Name: DOC - MACON STATE PRISON Mome Phone: (678)599-1816 Country: USA County: USA Occurrence Time: 12.30 PM Address: Occurrence Time: 12.30 PM Date of Birth: MACE Time Employer Notified: 12.30 PM Date of Birth: MACE Time Employer Notified: 12.30 PM Martial Status: SINGLE MACIN NACON - GA # of Dependants: Occurrence Time: 12.30 PM Order: MACE Time Employer Notified: 12.30 PM Martial Status: SINGLE MACIN NACON - GA MACIN NACON - GA Name: ALESSANDRA J THORNTON<	Countra		PE - GA 31068	Address:		
Country: VES Fax: CiDENT INFORMATION Description: The EE was taking an inmate to the shower and accidental struck his finger against the slab. He sustained a split nall, laceration and contusion to the left, little finger. Cause Code: 268 Stationary Object Body Part Code 36 236 - Finger/NotThumb Nature of Injury Code: 90 290 - Multiple Physical Injuries Only Date of Death:	100 100			Phone:		
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laceration and confusion to the left, little finger. Cause Code: 268 Stationary Object Body Part Code 36 236 - FirgerNorThumb Nature of Injury Code: 50 290 - Multiple Physical Injuries Only Date of Death: LAIMANT INFORMATION SSN/SIN: ***_**_0110 Location Unit: 6722 Name: ZANTREL GRAYER Location Name: DOC - MACON STATE PRISON Home Phone: (678)599-1816 Country: MACON Mork Phone: (678)599-1816 Country: USA Mork Phone: (678)599-1816 Country: USA Address: DOC - MACON STATE PRISON Country: USA Country: USA Country: USA Country: USA Country: USA Country: USA Country: USA Mattal Status: SINGLE MALE Martial Status: SINGLE MALE # of Dependants: 0 Doctor Name: UNK Martial Status: SINGLE MALE Martial Status: SINGLE MALE Martial Status: COURTION Martial Status: COURTION OFFICER Martial Status: ACTIVE Martial Status: COURTION OFFICER Martial Status: COURTION						
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Body Part Code 36 236 - FingerNotThumb Nature of Injury Code: 90 290 - Multiple Physical Injuries Only Date of Death: IOCATION/OCCURRENCE/TYPE INFORMATION SSN/SIN: ******.0110 Location Unit: 6722 Name: ZANTREL GRAYER Location Name: DOC - MACON STATE PRISON Home Phone: (678)599-1816 Location Address: P.O. BOX 426 OgleETHORPE, GA 31068-0000 OgleETHORPE, GA 31068-0000 Work Phone: County: MACON Address: Image: County: MACON County: USA Occurrence Date: 04/01/2019 County: USA Occurrence Time: 12:30 PM Date of Birth: Image: SiNGLE Marital Status: SINGLE Matter Single: 12:30 PM Marital Status: SINGLE MEDICAL PROVIDER Joncor Name: UNK Contro: UNK - MACON - GA County: USA Phone: County: UNK - MACON - GA Marital Status: SINGLE UNK - MACON - GA Name: ALESSANDRA J THORNTON County: UNK - MACON - GA		aceracion an	Contractive	•		
Nature of Injury Code: 90 - Multiple Physical Injuries Only Date of Death: CALMANT INFORMATION Location Unit: 6722 Name: ZANTREL GRAYER Location Name: DOC - MACON STATE PRISON Home Phone: (678)599-1816 Location Address: P.O. BOX 426 OGLETHORPE, GA 31068-0000 Work Phone: Image: County: MACON MACON Address: Image: County: MACON MACON County: USA Occurrence Date: 04/01/2019 County: USA Occurrence Time: 12:30 PM Date of Birth: Image: SiNGLE MEDICAL PROVIDER 12:30 PM Marital Status: SINGLE Method Marital Status: UNK · MACON - GA Marital Status: GRECTION OFFICER County: UNK · MACON - GA Marite: ALESSANDRA J THORNTON County: UNK · MACON - GA Phone: UNK · MACON	Cause Code:	268	Stationary Object			
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Address: Country: USA Phone: Occurrence Date: 04/01/2019 Country: USA Occurrence Time: 12:30 PM Date of Birth: 996 Date Employer Notified: 04/01/2019 Gender: MALE Time Employer Notified: 04/01/2019 Marital Status: SINGLE MEDICAL PROVIDER 04/01/2019 # of Dependants: 0 Doctor Name: UNK CONTACT INFORMATION Country: USA BIBB Phone: (478)472-3429 Country: USA Phone: CORRECTION OFFICER Hospital Name: AFTERCARE Status: ACTIVE Country: USA Part/Full Time: FULL-TIME Country: BIBB Part/Full Time: FULL-TIME Country: USA	Body Part Code Nature of Injury Cod Date of Death: LAIMANT INFORMA SSN/SIN: Name:	36 de: 90 <u>\TION</u> ***_**_0110 ZANTREL GRA	236 - FingerNotThumb 290 - Multiple Physical Injuries (LOCATION/OCCURR Location Unit: Location Name:		6722 DOC - MACON STATE PRISON
County: USA Phone: Country: USA Occurrence Date: 04/01/2019 Date of Birth: US996 Date Employer Notified: 04/01/2019 Gender: MALE Time Employer Notified: 04/01/2019 Marital Status: SINGLE MEDICAL PROVIDER 04/01/2019 Marital Status: SINGLE MEDICAL PROVIDER 12:30 PM # of Dependants: 0 Doctor Name: UNK CONTACT INFORMATION Address: UNK · MACON - GA Name: ALESSANDRA J THORNTON County: BIBB Phone: (478)472-3429 Country: USA MPLOYMENT Title: CORRECTION OFFICER Hospital Name: AFTERCARE Status: ACTIVE County: BIBB Part/Full Time: FULL-TIME County: BIBB Part/Full Time: FULL-TIME County: BIBB Hire date: 12/03/2018 Country: USA	Body Part Code Nature of Injury Cod Date of Death: LAIMANT INFORMA SSN/SIN: Name:	36 de: 90 <u>\TION</u> ***_**_0110 ZANTREL GRA	236 - FingerNotThumb 290 - Multiple Physical Injuries (LOCATION/OCCURR Location Unit: Location Name:		6722 DOC - MACON STATE PRISON
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Country:USAOccurrence Time:12:30 PMDate of Birth:Image: SingleDate Employer Notified:04/01/2019Gender:MALETime Employer Notified:12:30 PMMarital Status:SiNGLEImage: Single:12:30 PMMarital Status:SiNGLEMEDICAL PROVIDER12:30 PM# of Dependants:0Doctor Name:UNK0Doctor Name:UNKVMCONTACT INFORMATIONCountry:BIBBPhone:(478)472-3429Country:BIBBPhone:CORRECTION OFFICERHospital Name:AFTERCAREStatus:ACTIVECounty:BIBBPart/Full Time:FULL-TIMECounty:BIBBHire date:12/03/2018Country:UNK - MACON - GA	Body Part Code Nature of Injury Cod Date of Death: LAIMANT INFORMA SSN/SIN: Name: Home Phone: Work Phone:	36 de: 90 <u>ATION</u> ***-**- 0110 ZANTREL GRA (678)599-1816	236 - FingerNotThumb 290 - Multiple Physical Injuries (YER	LOCATION/OCCURR Location Unit: Location Name: Location Address: County:		6722 DOC - MACON STATE PRISON P.O. BOX 426 OGLETHORPE, GA 31068-0000 MACON
Date of Birth:Image: Date Status:Date Employer Notified:04/01/2019Gender:MALETime Employer Notified:12:30 PMMarital Status:SINGLEMEDICAL PROVIDER12:30 PM# of Dependants:0Doctor Name:UNKCONTACT INFORMATIONCounty:BIBBPhone:(478)472-3429County:BIBBPhone:CORRECTION OFFICERHospital Name:AFTERCAREStatus:ACTIVECounty:BIBBPart/Full Time:FULL-TIMECounty:BIBBHire date:12/03/2018County:UNK - MACON - GA	Body Part Code Nature of Injury Cod Date of Death: LAIMANT INFORMA SSN/SIN: Name: Home Phone: Work Phone:	36 de: 90 <u>ATION</u> ***-**- 0110 ZANTREL GRA (678)599-1816	236 - FingerNotThumb 290 - Multiple Physical Injuries (YER	LOCATION/OCCURR Location Unit: Location Name: Location Address: County: County:		6722 DOC - MACON STATE PRISON P.O. BOX 426 OGLETHORPE, GA 31068-0000 MACON
Gender: MALE Time Employer Notified: 12:30 PM Marital Status: SINGLE MEDICAL PROVIDER Image: Control Provided: 12:30 PM # of Dependants: 0 Doctor Name: UNK CONTACT INFORMATION Address: UNK - MACON - GA Name: ALESSANDRA J THORNTON County: BIBB Phone: (478)472-3429 Country: USA MPLOYMENT Phone: Phone: Title: CORRECTION OFFICER Hospital Name: AFTERCARE Status: ACTIVE Address: UNK - MACON - GA Part/Full Time: FULL-TIME County: BIBB Hire date: 12/03/2018 Country: USA	Body Part Code Nature of Injury Cod Date of Death: LAIMANT INFORMA SSN/SIN: Name: Home Phone: Work Phone: Address:	36 de: 90 <u>ATION</u> ***-**- 0110 ZANTREL GRA (678)599-1816	236 - FingerNotThumb 290 - Multiple Physical Injuries (YER	LOCATION/OCCURR Location Unit: Location Name: Location Address: County: County: Phone:		6722 DOC - MACON STATE PRISON P.O. BOX 426 OGLETHORPE, GA 31068-0000 MACON USA
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State of Georgia

The Network Inc.	Report# W0	C19638609 / TNW# 128985568	3	Page 2 of 3
WAGES		WITNESSES		
Amount:	\$2,586.66	Name:	COURTNEY MOORE	
Frequency:	MONTHLY	Phone:		
Hours Per Day	8.0	LOST TIME		
UPERVISOR		Will employee miss v	work beyond date of injury?	YES
Title:	SERGEANT	Last Worked:	04/01/2019	
Name:	MARIO FREEMAN	Returned to Work:	¥70	
Phone:	(478)235-7313	Salary Continue?	YES	
Cumplementele		Received Full Wages	17 165	
<u>Supplementals</u>			Report# WC19538509 / TNV	/# 128985568
MARTA Employ	ee			
is the claimant employed by MARTA?		NO		
<u>Incident Information</u> (IS ONLY) Was this claim called in by the Injured Employee?		NO		
Employee Department		SECURITY		
Employee Department phone number		4784723597		
Has the injured employee returned to work?		NO		
Injury treatment		Minor, treated at clinic or hospital		
			F	
<u>Additional Information</u> What is the employee's cell phone number? Claimant Email Address		PER -R		
Normal off days		SATURDAY, SUNDAY		
Witness Email Ac	dress			
MCO Participant		YES		
Add'I Escalation Criteria for Interview Specialist Does this claim meet any escalation criteria below?		NO		
IS DO NOT USE - DISSEMINATION ONLY Dissemination to Corporate Contact?		Νο		
Employee Info Employee E-mail ad Job Classified Code	ddress			
	other advantages were furnished), enter avg weekly amount			
What was the First day?	n on day of incident date employee failed to work a full			
If claimant returned week?	to work, returned at what wage per			
<u>Employer Infor</u> OSHA Case/file no	mation			

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State of Georgia

The Network Inc.

Report# WC19638609 / TNW# 128985568

Page 3 of 3

Insurer Type Code: State Board of WC ID# (five digit number) Employer E-mail address

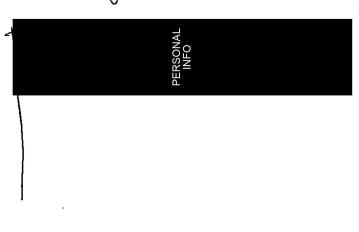
<u>Incident Information</u> Date disability began

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WC 19638609 404-554-8300 Select Option 2 (Wait 30 minute before calling) (parmally

bloody = rinky on left hand - HBuilding -full time employee - Monthly Wage - Coard Courtney Moore - Eqt. Mario Freeman, - Dependent - None - Age: 22

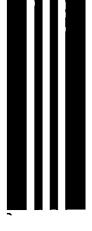


Type of injury- Wail Split in nalf. & inger black & bruised,

How: take a inmate to the Snower participation altered Clanneed Hap on the pinky on the left hand H Building

Nome: Vanhel Grayer Of Macon Otate Prison (2728 Hwy N9 South Oglethorpe, GA 31068 Date: Aprill, 2019, Ota: 30pm





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DOC#: 191054053622(CL)



Coliseum Northside - NRS

DOC#: 191054053622(CL)

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Orange Park Shared Services Center

These documents contain PHI and confidential Information. If you have any Questions or concerns with the enclosed documents or these documents were Sent to you in error, please contact our business office at 904-688-2000. If you need to return this package, please provide an explanation in the space provided below with the reason this package is being returned.

0

Return Address: Managed Care Billing Department PO BOX 1629 Orange Park, FL 32067 ... 1629

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Reason for Return:

jf.

Sincerely Billing Support

ı Form	d Military
Information	Language and
Personal	Education,

-

PRINT NAME: Vantrel Grayer

EMPLID:

:

- a	Highest Education Level (Check only 1 box)	ațion Level ly 1-box)
	B- Less Than HS Graduate	H- Some Graduate School
	C- HS Graduate or Equivalent	I- Master's Level Degree
	D- Some College	J- Doctorate (Academic)
	E-Technical School	K- Doctorate (Professional)
G- Bachelor's Level Derree	F- 2-Year College Degree	L- Post-Doctorate
	G- Bachelor's Level Degrec	

	Language Code	Language Code	
CINECK OHLY IL HUELLI III A JANGUA	RC UTI	TEN UIAII FUIGIISH. CUCCK OULY 1)	
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Can French		Japanese	
Danish		Korean	
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Greek	in the second	Swedish	
Intl Eng		"r'Chinese	
Italian		Thai	

V	Military	
(Check only 1 –Most r	(Check only 1 –Most recent status recommended.)	
	>	>
Active Reserve	Pre-Vietnam-Era Veteran	
Inactive Reserve	Retired Military	
Not a Veteran	Vietnam-Era Veteran	
Post-Vietnam-Era Veteran		

Any questions should be directed to your local Human Resources Representative.

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Sworn Hiring Pkg Page 5

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Signature/Date

Grade

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GEORGIA DEPARTMENT OF CORRECTIONS REQUEST FOR IDENTIFICATION CARD

COMPLETE TOP PORTION ONLYFull NameVartrelSocial Security #EventSocial Security #	
Full Nantre Cruf Security "	
Employee ID Job Title Correction Of	ffilter
Facility/Unit Mapon State Prison Division Facilities	
Contractor/	
Organization Representing	
The second s	
For POST certified positions in a security position, please include an other	
OKEY #:	
Employee ID	
Employee Retiree Volunteer Locator	
Volunteer ID	
Contractor ID Contractor ID	
REPLACEMENT	
Do you have an ID card to turn in? No Ves - Complete a Report	for Missing
Was your Id Lost or Stolen? No Yes - Complete a Report Identification Card form and an Incident	Report
APPOINTING AUTHORITY OR DESIGNEE FOR THE REQUESTOR'S FACILITY/SECTION/WORK UNIT SIGNATURE (Identification Card will not be issued if Employee/Scribe ID number OR Signature is missing the second seco	ıg.)
Appointing Authority's Signature Change Date 01. 09.19	
Print Name Viotto Print	
Print Name Clintin Re Date 01.09.19 Title Warded Facility/Unit WACON STATE	Prom
Print Name Clinton Re Date 01.09.19 Title Warted Facility/Unit WA con STATE ?	Prom
ID CARD ISSUANCE - For Human Resource Office Use Only - Circle all types issued	
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INC UP (1) (2) ID CARD ISSUANCE - For Human Resource Office Use Only - Circle all types issued EMPLOYEE/RETIREE LOCATOR CONTRACTOR VOL Expiration Signature Imaging Site Inaging Site ID RECIPIENT SIGNATURE Card holder acknowledges receipt of Imaging Site Imaging Site	UNTEER
INC USY UPS ID CARD ISSUANCE - For Human Resource Office Use Only - Circle all types issued EMPLOYEE/RETIREE LOCATOR CONTRACTOR VOL Expiration Signature Imaging Site Imaging Site ID RECIPIENT SIGNATURE Card holder acknowledges receipt of Imaging Site Imaging Site	
INC USY UPS ID CARD ISSUANCE - For Human Resource Office Use Only - Circle all types issued EMPLOYEE/RETIREE LOCATOR CONTRACTOR VOL Expiration Signature Imaging Site Imaging Site ID RECIPIENT SIGNATURE Card holder acknowledges receipt of Imaging Site Imaging Site	UNTEER

Retention Schedule: Retain permanently in local personnel file (official personnel file if made in CHRM); copy retained for two

E	FFECTIVE DAT		POSITIC	A DEPARTMENT OF DN/PERSONNEL AC	TION REQUEST		DATE	9/24/2019	E P	
		!	LOCATION Mad INITIATOR Elija		DCT u /		IONE 478-472-3 MAIL		/ ster @gdc.ga	a.gov
	EN	PLOYEE INFORMATIC	N	SUP	PORTING PAPERS			COMMEN	TS -	
Na	ime	Grayer,Van	trel	Correspondence	ce		Works 8 HR 15			
Em	p1 ID	EE Scribe N	umber	PIF/PMF Min. Qual. Revie DOL 800 Separa Other (Specify):	w Decision		NAT	ketro - 12	19.21	
Ger	nder Male	Race Black	DOB PER 996	Other (Specify):	Leave Veri-	Acation		l	· · · · ·	
	rop ID	467-00008	3	Is rehire recomm	nended?					
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3		-		Does action imp	act a high security s	upplement?				
FLSA	Code	CPAUSE ONLY	ode				ı		्रहेल	•••
		10					FRON			
Pos	ition Number	00117208	Classified Indicator	Unclassified	Position Number	0011720	08 Cl a	ssified Indicator		assifd
	Job Code	PSP190	Job Title	Correctional Ofc 1 (CSM)	Job Code	PSP190	0	Job Title	CSM Correc	tional Office
De	epartment ID	4672430901	Facility Name	Macon SP-Security Opns	Department ID	46724309	001	Facility Name	Macon SP-S	Security Opns
Cour	nty Code/Name	094/Macon	Zip Code	31068	County Code/Name	094/Maco	on	Zip Code	31	068
	Pay Grade	LG	Semi-Monthly Salary % Change	\$1,371.96 0.00%	Pay Grade	LG	Sei	ni-Monthly Salary	\$1,3	71.96
		WORK SCHEDULE	(DAYS & SHIFT)				BUDGET APPF	ROVAL BY		
1,	2 3	4 5 6 7 8		13 14 15	Nan	ne			Date	
18	17 .18	19 20 21 22 23		28 29 30 20	[
	Elijah F	COMPLET	ED BY				APPOINTING A	UTHORITY		401
Na	ime W	7		Date	Name Clinton P	fint		- 	Date	1/24/19

		2. S.S. No. Ho To 9/22/2019		r here at Macon State Prison.	Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.) for the period from	percentage of contributions were paid by of contributions paid by employer.	Till in	Ga D.O.L. Account Number 110094-00 (Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4.)	I CERTIFY that the above worker has been separated from work	report has been handed to or mailed to the worker.	Signature of Official, Employee of the Employer or authorized agent for the Employer or authorized	n(Title of Person Signing $\frac{\partial q}{\partial r}/rr/rg$	NOTICE TO EMPLOYEE OCGA SECTION 34-8-190© OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS. SEE REVERSE SIDE FOR ADDITIONAL INFORMATION	UNAL INFORMATION.
ре 4 1	State of Georgia Department of Labor SEPARATION NOTICE	Employee's <u>Vantrel Grayer</u> Name a. State any other name(s) under which employee worked. Period of Last Employment: From 12/3/2018	REASON FOR SEPARATION: a. LACK OF WORK B. If for other than lack of work, state fully and clearly the circumstances of the separation: Mr. Graver residued from his provision of the separation:		Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.) (DO NOT include vacation pay or earned wages) In the amount of \$ for the period from	(type of payment) Date above payment(s) was/will be issued to employee IF EMPLOYEE RETIRED, furnish amount of retirement pay and where the mouth the pay and where the month the pay and where t	Did the employee earn at least \$3,000.009 in your employ? YES 🕅	Georgia Department of Corrections	300 Patrol Road (Street or RFD)	State GA 31029 ZIP Code		APLOYER	At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190©, to provide the employee with this document, property executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DDL-1199F, you may attach a copy of this form (DOL-800) as a part of your response.	EMPLOYEE HON 34-8-190© OF THE EMPLOYMENT SECURITY LAW REQUIRE THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICI PLOYMENT INSURANCE BENEFITS. SEE REVERSE SIDE FOR ADDITIONAL INFORMATION	
			4. REASON I a. LACK B. If for c		5. Employee (DO NOT	1	6. Did the emp	so l	Address 300 P	City Forsyth	Employer's Telephone No.	NOTICE TO EMPLOYER	At the time of ser Security Law, OC with this documen separation. If you information on a p	NOTICE TO EMPLOYEE OCGA SECTION 34-8-19 NOTICE TO THE GEORG FOR UNEMPLOYMENT I	

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	Conversation History	November recentification re. 1) 28 AM Good Morning, Here is the recentification re.
k	Notes	Re-Centreport.
	New tolder	Sutton, Katrina; McMichael, Wendy ! December Recertification. 1943 AM
V	Groups	Good Morning, Atlached is the Re-Certifica Re-Cert report
	SWR HR	
	New group	Sutton, Katrina I 77 ATTUNTION-READUS- EW B TEAS AM Good Morning 1 wanted to share this lices
	Distover accups	
	Manage groups	McMichael, Wendy BCOT Class T-102 The following are scheduled to attend the BU
		Case, Kim Updated - Study Materials f 746 AM Good Morning, Please find attached the stu. Sept 2019,GA.
		Brown, Dan 179 Connectivity Issues 7 25 and Please see mestage belaw from Ipay Than .
		Benefit Hub 2 Jimmunization Clinic @ S. 73324 Greetings GDC. This is a friendly reminder r. Immunization C
		Henry, Melenda; Jobin, Monica > Laner Haugabook-Maloy "22 AM Melenda Henry Personnel Tech Supervisor
		Henry, Melenda Employee Morale Survey Society Do a couple of these convey during the day.
		Yesterday
51		Sutton, Katrina; Case, Kim I. Sa N Lieutenants Academy: 1. Mai sind Pro Here is the attachment! Have a blasced day:



Georgia Department of Corrections

Human Resources Leave Verification Form



Date of Verifica	tion: Septer	nber 24, 2019				,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, 	
Name:		EMPL II):		Hi	re Date:	
Vantrel Grayer		PERSONAL	INFO			3/2018	······································
Effective Date o	f Current Actio	on: Type of A	ction (Termin:	ation, Retireme			
September 22, 20)19	Resignati		,,		1, etc. <i>j</i> .	
			Final Leav	ve Balances		Marta (da anta anta anta anta anta anta anta an	and the second
Sta Siék	Annual	Personal	State Comp	FLSA Comp	Holiday	Forfeited	Education Support Leave
23.82	66.64	0.00	2.50	3.87 0. 130	16.00	0.00	8.00
Please use the space	elow to provide an	ıy relevant inform	ation pertaining to	the final balances (adjustments, _I	ayout information	n. etc.):
Total were calculate	d manually. Accru	ed where applicab	le and deducted a	ccording to timeshe	eets and leave	grids.	
I verify	the above leave b	alances are corre	ect and all leave u	sage has been ent	ered through	the date of this	verification.
Signature of HR Re	presentative:				Date		
/s/Elijah Foster fl	-7-				9/24/	/2019	

Checklist for Entering Terminations

Vantel Chaye Employee Name:

Employee ID#:

PERS IN

Maeun SP Facility:

Entered By:

	Job Data – Enter Termination		General Deductions - Ston	Pension Plan – Stop (use affective date)	Savings Plans – Stop (use effective date)	Check Create/Update Abs., enter end dates for leave of Abc (Deactivate Time Reporter Data	Out of Pay Status Form/Partial Pay Form	Add a Pay Sheet	Leave Verification (verify Holiday over 150)	end a copy of leave verification to Time - 1 - 1	Process navourt of ALB ETB TUB C	Direct Denocit Letter 20 D. C. J. C. Leate Batch Header	
	C dol.	Addit	,Gener	Pensic	Saving	Check Check	Peacti	Out of	Add a	Bave	Senda	races	Le L	
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Date Entered

GEORGIA DEPARTMENT OF CORRECTIONS HUMAN RESOURCES P.O. Box 1529 Forsyth, Georgia 31029 478-992-5211 FAX 478-992-5207	Gregory C. Dozier Commissioner	Please complete the following form to let us know how you found out about jobs with GDC. This information will be used to improve our recruitment activities so that we can continue to get the best candidates. Your candid responses are greatly appreciated.		Date:	How did you hear about GDC employment opportunities? (Please check ALL that apply)	Georgia Department of Corrections source (select ALL that apply): 1. Correspondence from GDC 2. GDC Facility/Office (Facility/Office Name: 3. Current employee of GDC 4. GDC Recruiter 5. PARC Unit (PARC Location: 6. GDC Bumper Sticker 7. Other (Please explain)	Other State of Georgia government offices (select ALL that apply): I. Georgia Department of Labor (Office Location:) 2. State Personnel Administration (formerly Georgia Merit System)) 3. Department of Family and Children Services/DHS	ielect ALL that apply) bunselor r x. ACAP Office)	ament (select the type of ad) 1. Newspaper ad (Newspaper:) 2. Radio ad (Radio Station:) 3. Television ad (TV station:) 4. Military ad (Publication:) 5. Movie Theater advertising (Theater/Location:)	 select the type of web site next) 1. GDCJobs.com (GDC web site) 2. Department of Labor Web Site (www.dol.state.ga.us) 3. America's Job Bank Web Site (www.ajb.org) 4. State Personnel Administration Web Site (www.thejobsite.org) 5. ACAP Web Site (www.acap.army.mil) 6. Other Web Site (Name:) 	COOL of the second to improve our recurritment efforts in GDC
і 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14		Please complete the following form to let us know how yo information will be used to improve our recruitment activi candidates. Your candid responses are greatly appreciated.		c Unit:	did you hear about GDC emplo	Georgia Department of Corrections sourc Correspondence from GDC C. GDC Facility/Office (Facility/ 3. Current employee of GDC 4. GDC Recruiter 5. PARC Unit (PARC Location: 6. GDC Bumper Sticker 7. Other (Please explain)	Other State of Georgia gov 1. Georgia Depart 2. State Personnel 3. Department of J	Education / Military Career Center (select ALL that apply) 1. High School Guidance Counselor 2. College Placement Center 3. Military Career Center (ex. ACAP Office)	Advertisement (select the type of ad)1. Newspaper ad (Newspaper:2. Radio ad (Radio Station:3. Television ad (TV station:4. Military ad (Publication:5. Movie Theater advertising (Internet (select the type of web site next)1. GDCJobs.com (GDC web site)2. Department of Labor Web Site (www.d3. America's Job Bank Web Site (www.ai4. State Personnel Administration Web Site5. ACAP Web Site (www.acap.army.mil)6. Other Web Site (Name:	
Georgia	Nathan Deal Governor	Please comp information candidates.)	Name:	Facility/Work Unit:	How	ત્વં	ف	ં	ਦਂ	ບັ	

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Equal Opportunity Employer

Orientation/Official File Page 12

GEORGIA DEPARTMENT OF CORRECTIONS



Orientation/Official File Checklist

EMPLOYEE INFORMATION CHULLING

ORIENTATION/OFFICIAL FILE FORMS - SEND TO CHRM RECORDS

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Z	Acknowledgement Statements - 5	
	Oath of Office- 1	s
Þ	Direct Deposit Notification Form - 1	
Þ	Emergency Contact(s) -1	a a de la constante de la constant
F	Employee's Designation of Beneficiary -1	
\geq	GDC Recruitment Survey - 1	
	Request for Identification Card -1	
YOUR BENEFITS	NEFITS	A DESCRIPTION OF A DESC
þ	SHBP Enrollment Portal – Quick Reference Guide	and a second a second a
Z	Electronic Enrollment for New Hires	myshbpga.adp.com
Þ	Flexible Benefits Program – Quick Reference Guide	
	Electronic Enrollment for New Hires	http://www.gabreeze.ga.gov
N	Employee Retirement System	www.ers.ga.gov
STANDA	STANDARD OPERATING PROCEDURES	
	Dress Code and Appearance	104.48
E	Social Media	102.03
	Teleworking	104.66
K	Employee Standards of Conduct	104.47
K	Unlawful Harassment (Includes Sexual Harassment)	104.46
<u>j</u> Z	Secondary Employment	104,50
	Working Hours, Overtime, and Compensatory Time (FLSA)	104.37
ÌĽ	Tuberculosis Screening of Correctional Personnel	507.03.15
Ì	Workplace Violence	104.06
K	Technology Policies & Procedures	105.01
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OTHER INFORMATION Auto Liability Safety Videos Employee Assistance Program Employee Self Service Employee Self Service GDC Locations GDC Corganization Chart GDC Organization Chart GDC Organization Chart GDC Coganization Chart GDC Corganization Chart GDC Corganization Chart GDC Corganization Chart Gaorgia Defined Contribution Plan Governor's Ethics Executive Order Path2College 529 Plan State of Georgia Holidays Path2College 529 Plan State of Georgia Holidays Pleases print and sign this form. Include this form with your orientation package documents. Please print sign this form. Include this form with your orientation package documents. Please print sign this form. Include this form with your orientation package Read and completed the forms above for the orientation package read and fully understand the CDC policies listed in the Standard Operating Procedures section and have seen or been given the other information listed above. Print Name Curter Print Name Curter

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GEORGIA DEPARTMENT OF CORRECTIONS



Sworn Full and Part Time Hiring Package Checklist

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	HIRING PACKAGE FORMS – SEND TO CHRM OFFIGE Funtovee Hiring Package Form -1	
	Personal Information Form -1	
	Employment Eligibility Verification (I-9) – 2 (Attach two forms of Directions included - 1 identification)	
	GSEPS Automatic Enrollment Acknowledgement Form - 1	
	GSEPS Opt-Out Form – 1 (PT will automatically be enrolled in GDCP until retired or rehired. If TRS, contact local HR)	
:	Loyalty Oath -2	
	Criminal/Driver History Consent Form – 1 (Attach Live Scan Results)	8
	Employee's Withholding Allowance Certificate (W-4) - 2	Vic L
	Employee's Withholding Allowance Certificate (G-4) - 1 Directions included	- -
FORMS -	- SEND TO REGIONAL OFFICE WITH ORIENTATION FORMS	
	MAPEP for Correctional Officers - 3	d - 2
	MAPEP – Inquiry Authority Use Statement & Health Information Checklist – 6	
	Georgia Peace Officer Standards & Training Council – Physician's Affidavit - 2	
	Georgia Peace Officer Standards & Training Council – Application for Certification - 1	
	POST Supporting Documentation - Photograph - 1	
	POST Supporting Documentation – GCIC/NCIC FP Results - 1	
	POST Supporting Documentation – Certified Copy of School Records - 1	12
	POST Supporting Documentation – Primary Citizenship Proof - 1	
	POST Supporting Documentation – Driver's History - 1	
	POST Supporting Documentation – Entrance Exam Proof – 1 (Certified copy with seal on envelope from school)	

POST Supporting Documentation – Personal History Release - 1

POST Supporting Documentation -- Physician's Affidavit - 1

	For employee use only OPY RETAINED AT LOCAL FACILITY)		Sworn Hiring Pkg Page 2
 POST Supporting Documentation – Court Disposition - 1 POST Supporting Documentation – EE Statement - 1 Selective Service Verification Authorization for Release of Information for Employment Purposes -	1 Instructions on how to Register as a New User on the Georgia For employee use only POST website-7	AL DOCUMENTS – SEND TO CHKM WITH HIM OF A COMPANY OF A CO	
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Checklist for Entering New Hires (Salaried)

22.23

Emp	Employee Name:	Emplyee ID#:
	Grayer, Vantrel	EE Scrib Numb
Facility:	ty:	Entered By:
	Macon SP	<u>Benjamin Salter</u>
Hire	Hire Effective Date:	
	12 3 18	
≫	Check Job Summary (Verify: Hire or Re-hire) Note if only Rcd is hourly enter as New Hire	if only Rcd is hourly enter as New Hire
8	Check Position Information	
>	Review Hire Packet - All forms included, Completed and Signed	d and Signed
>	Review PA	
»	Add Person	
>	Add Employment Instance - Empl Record: 0	
>	Payroll Page – Absence System: Other, FICA Status: Subject	s: Subject
D	Compensation Page – Rate Code: NAANNL, Frequency: S	ency: S
8	Benefit Program Participation - FLX	
S	Pension Plan - Plan Type: 82, Benefit Plan: E2GAR, Check box by Employee Notified of	Check box by Employee Notified of
	GSEPS Default contribution amount	
8	Savings Plan - Plan Type: 40, Benefit Plan: GS401K(Under age 50) or GS401+(Age 50+),	(Under age 50) or GS401+(Age 50+),
	Percent of Earnings: 5	
\$	Time and Labor Enroliment - Time Reporter Type - Punch Time Reporter, Workgroup -	Punch Time Reporter, Workgroup -
	GDC28NELE for Security GDC07NENS for Non-Security, Taskgroup - SOGALL-CC, TCD	curity, Taskgroup - SOGALL-CC, TCD
	Group - 467SAO	
	Tax Data Input (On 1st or 16th or the day after)	
	State Tax: M Sep AL#: 1	Fed Tax: M AL#: 1
8	\checkmark Add to partial pay sheet if effective date of hire is NOT the 1st or 16th of the month, or	NOT the 1st or 16th of the month, or

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Date Entered:

is a day other than Monday through Friday

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\$1,293.33 Regular Earnings Amount:

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Sworn Full and Part Time Hiring Package Checklist



ST Supporting Documentation – Primary Citizenship Proof - 1 ST Supporting Documentation – Driver's History - 1	ST Supporting Documentation – Certified Copy of School cords - 1		Directions included - 1 Directions included - 1	HIRING PACKAGE FORMS - SEND TO CHRMIOFE Employee Hithg Package Form -1 Personal Information Form ¹ 1 Employment Eligibility Verification (1-9) - 2 (Attach two forms of identification) GSEPS Opt-Out Form - 1 (PT will automatically be enrolled in GDCP until retired or rehired. If TRS, contact local HR) ILoyalty Oath - 2 Crimina/IDTViver History Consent Form - 1 (Attach Live Scan Results) ILoyalty Oath - 2 Crimina/IDTViver History Consent Form - 1 (Attach Live Scan Results) ILoyalty Oath - 2 Crimina/IDTViver History Consent Form - 1 (Attach Live Scan Results) ILoyalty Oath - 2 Chamployee's Withholding Allowance Certificate (W-4) - 2 Employee's Withholding Allowance Certificate (G-4) - 1 Results) ILoyalty Dath - 2 Employee's Withholding Allowance Certificate (G-4) - 1 Results) MAFEP - Inquiry Authority Use Statement & Health Information Cheoklist - 6 Georgia Peace Officer Standards & Training Council - Physician's Afridawit - 2 Georgia Peace Officer Standards & Training Council - Physician's Afridawit - 2 Georgia Peace Officer Standards & Training Council - Physician's Afridawit - 2 Georgia Peace Officer Standards & Training Council - Physician's Afridawit - 2 Georgia Peace Officer Standards & Training Council - Phys
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Sworn Hiring Pkg Page 1

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	· <u>··</u> · · ·····			-	
, •	Instructions on how to Register as a New User on the Georgia For employee use only POST website-7 ADDITIONAL DOCUMENTS – SEND TO CHRM WITH HIRING PACKET (COPY RETAINED AT LOCAL FACILITY)				Sworn Hining Pkg Page 2
1 - Court Disposition - 1 1 - EE Statement - 1 mation for Employment Purpose:	s a New User on the Georgia HRM WITH HIRING PACKET (C	Alfred a state of the second state of the seco		Alton in the second secon	
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Georgia Department of Corrections Employee Hiring Package Form

information will be printed in each applicable field on all forms that you will print when you click the Please type in your personal information following the instructions that you printed. Yourpersonal print button at the bottom of this form.

Field Name/Description	Applicant/Employee Data	
FirstName	Vantrel	-
Middle Name	Rashard Initial:	•••••
Maiden Name		
LastName	Grayer	
Home Address		
Home Apartment Number		
HomeCity		
Home State	PERS	·
HomeZpCode	ONAL	
County of Residence	INFO	
HomePhone		
Work Phone		
Social Security Number		
Date of Birth	Month: 1996	
Place of Birth	PER	
Employee ID (If Applicable)		
Race	Black	
Gender	male	
Height	Feet 5' 🛃 Inches: 6" 🖾	
Weight	175	
EyeColor	Brown	
Hair Color	Black	
Job Title	Correctional Officer	
	Eworn Hiring Pkg Page 4	0

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	ATE OF ACTION	LOCATION MA	CON STATE PRISON gala Coney			A.	PHONE 478-47: E-MAIL		gala.Coney @g	jdc.ga.	gov
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Total Number of Redactions in Document: 144

Redaction Reasons by Page

Page	Reason	Description	Occurrences
1	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	3
2	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
5	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
6	EE Background	Background investigation has been redacted pursuant to O.C.G.A. 50-18-72(a)(7).	1
7	EE Background	Background investigation has been redacted pursuant to O.C.G.A. 50-18-72(a)(7).	1
8	EE Background	Background investigation has been redacted pursuant to O.C.G.A. 50-18-72(a)(7).	1
9	EE Background	Background investigation has been redacted pursuant to O.C.G.A. 50-18-72(a)(7).	1
10	EE Background	Background investigation has been redacted pursuant to O.C.G.A. 50-18-72(a)(7).	1
13	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
15	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
16	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	4
17	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	2

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18	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	3
19	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
20	GCIC NCIC	Criminal history record information has been redacted as required by O.C.G.A. §35-3-30, et seq.	1
21	GCIC NCIC	Criminal history record information has been redacted as required by O.C.G.A. §35-3-30, et seq.	1
22	GCIC NCIC	Criminal history record information has been redacted as required by O.C.G.A. §35-3-30, et seq.	1
23	GCIC NCIC	Criminal history record information has been redacted as required by O.C.G.A. §35-3-30, et seq.	1
24	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	6
25	GCIC NCIC	Criminal history record information has been redacted as required by O.C.G.A. §35-3-30, et seq.	1
26	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	5
28	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
31	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	5
32	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	5
33	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1

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34	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	7
36	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	2
37	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
39	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	2
40	HEALTH CARE	Information related to a person's healthcare have been redacted pursuant to HIPAA and O.C.G.A. 50-18-72(a)(1) and (2).	1
41	HEALTH CARE	Information related to a person's healthcare have been redacted pursuant to HIPAA and O.C.G.A. 50-18-72(a)(1) and (2).	1
44	HEALTH CARE	Information related to a person's healthcare have been redacted pursuant to HIPAA and O.C.G.A. 50-18-72(a)(1) and (2).	1
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