



STATE OF GEORGIA
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

E-mail Address

PERSONA INFO

1. Are you a United States citizen?
☒ YES ☐ NO

2. Are you an alien authorized to work in the United States?
☐ YES ☒ NO ☒ N/A

3. Have you ever been dismissed from any State of Georgia government position?
☐ YES ☒ NO
 If YES, attach an explanation.

4. Have you ever been convicted of a felony?
☐ YES ☒ NO
 If YES, attach an explanation.

Specific Job Title Sought	Job Code	Specific Job Title Sought	Job Code
1. Correctional Officer	17242	2.	

High School Graduate or Equivalent (GED)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vocational/Business School:	No. of Months:	Field of Study:	Completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Dates: (Mo/Yr)
------------------------------------------------------------------------------------------------------------------	-----------------------------	----------------	-----------------	---------------------------------------------------------------------------------------

LANGUAGE SKILLS: Check any which apply to you. ☐ Multilingual (Specify languages) ☐ Sign Language

Type of License/Certificate	License/Certificate Number	Expiration (Mo./Yr.)	Specialization/Endorsements
Current Valid Driver's License <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Current Valid Commercial Driver's License (CDL): Class (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
Teacher Certified in Georgia: Type of Certificate Held:			
Georgia Peace Officer Standards and Training Certificate (POST)			
Other Professional License/Certificate:			

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 the appropriate law enforcement agency for investigation. I understand that intentionally 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 signature field below and such action shall constitute an electronic signature. I further certify that either: 1) I have not been convicted of a drug-related criminal offense, or 2) if I have been convicted of a drug-related criminal offense, it has been more than three (3) months since my first conviction, and more than five (5) years since a second or subsequent conviction (O.C.G.A. 45-23 et. Seq.).

Date: 10-25-18

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 duties beginning with your primary duties. 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 each job held may result in your disqualification from employment consideration. *You may submit a resume to document your work background.* However, if the resume does not contain all the information requested in the Work History section, please fill in that information on the application.

Current or Last Employer:		Your Job Title:	
Suntist		Personnel Director	
PERSON INFO		From (mo/yr)	To (mo/yr)
		Hours per Week	
		Annual Salary	
		32,000.00	
Your Supervisor's Name and Title		Your Supervisor's Phone Number	
Suzanne Mosley		()	
Reason for Leaving		# and types of employees you supervised:	
Better Opportunity			
Describe in detail your job duties.			
Related Computer Skills:			

Employer:		Your Job Title:	
Address		From (mo/yr)	To (mo/yr)
		Hours per Week:	
		Annual Salary	
City		Check all that apply:	
		<input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid	
Your Supervisor's Name and Title		May We Contact Employer?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for Leaving		Your Supervisor's Phone Number	
		()	
# and types of employees you supervised:			
Describe in detail your job duties.			
Related Computer Skills:			

Employer:		Your Job Title:	
Address		From (mo/yr)	To (mo/yr)
		Hours per Week:	
		Annual Salary	
City		Check all that apply:	
		<input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid	
Your Supervisor's Name and Title		May We Contact Employer?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for Leaving		Your Supervisor's Phone Number	
		()	
# and types of employees you supervised:			
Describe in detail your job duties.			
Related Computer Skills:			

This page is provided as a supplement to the State of Georgia Application. Please complete the Application and provide additional work history in the following space. Work history will not be evaluated if not attached to the State of Georgia Application.

Daytime Telephone Number

E-mail Address

Middle Inits

Last Name:

First Name:

Employer:

Your Job Title:

Address

From (mo/yr) To (mo/yr)

Hours per Week

City

State Zip Code

Check all that apply:

☐ Volunteer ☐ Intern ☐ Paid

Annual Salary

Your Supervisor's Name and Title

May We Contact Employer?

YES ☐ NO ☐

Your Supervisor's Phone Number

()

Reason for Leaving

and types of employees you supervised:

Describe in detail your job duties.

Related Computer Skills:

Employer:

Your Job Title:

Address

From (mo/yr) To (mo/yr)

Hours per Week

City

State Zip Code

Check all that apply:

☐ Volunteer ☐ Intern ☐ Paid

Annual Salary

Your Supervisor's Name and Title

May We Contact Employer?

YES ☐ NO ☐

Your Supervisor's Phone Number

()

Reason for Leaving

and types of employees you supervised:

Describe in detail your job duties.

Related Computer Skills :

Employer:

Your Job Title:

Address

From (mo/yr) To (mo/yr)

Hours per Week

City

State Zip Code

Check all that apply:

☐ Volunteer ☐ Intern ☐ Paid

Annual Salary

Your Supervisor's Name and Title

May We Contact Employer?

YES ☐ NO ☐

Your Supervisor's Phone Number

()

Reason for Leaving

and types of employees you supervised:

Describe in detail your job duties.

Related Computer Skills :

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 convenience, the counties have been sorted alphabetically by geographical region.

Where do you want to work? List up to ten (10) counties in the blanks below. Use the three digit number codes listed next to each County.									
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.

Metro Atlanta Regions

N Metro Atlanta (E)

033 Cobb
044 DeKalb
048 Douglas
060 Fulton
067 Gwinnett
122 Rockdale

North Georgia Regions

Roma Area (A)

008 Barrow
023 Calcoosa
027 Chattooga
041 Dade
057 Floyd
064 Gordon
105 Murray
146 Walker
155 Whitfield

N Central GA (B)

028 Cherokee
042 Dawson
055 Fannin
058 Forsyth
061 Gilmer
093 Lumpkin
112 Pickens
144 Union

NE GA (C)

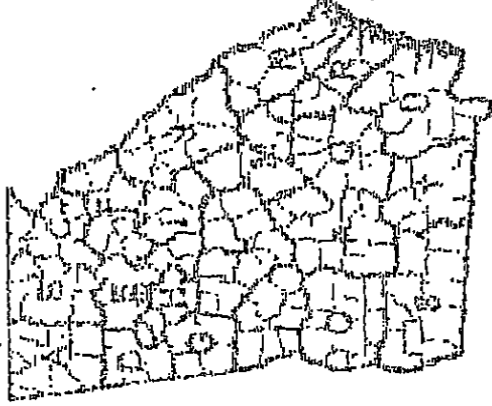
006 Banks
059 Franklin
068 Habersham
069 Hall
119 Rabun
127 Stephens
139 Towns
164 White

W GA (D)

022 Carroll
071 Haralson
110 Paulding
115 Polk

Athens Area (F)

007 Barrow
029 Clarke
062 Elbert
073 Hart
078 Jackson
095 Madison
108 Oconee
109 Oglethorpe
147 Walton



Central Georgia Regions

LaGrange Area (G)

038 Coweta
074 Heard
099 Meriwether
141 Troup

Covington Area (I)

016 Bulks
056 Greene
070 Hancock
079 Jasper
104 Morgan
107 Newton
117 Pulham

Columbus Area (K)

026 Chatham
072 Harris
094 Macon
096 Milledgeville
106 Muscogee
123 Schley
130 Talbot
133 Taylor

Milledgeville Area (L)

005 Baldwin
011 Bibb
039 Crawford
076 Houston
084 Jones
085 Lamar
102 Monroe
111 Peach
114 Pike
143 Twiggs
145 Upson

Augusta Area (J)

017 Burke
036 Columbia
062 Glascock
081 Jefferson
090 Lincoln
097 McDuffie
121 Richmond
131 Tallapoosa
149 Warren
157 Wilkes
Dublin Area (M)
063 Emanuel
083 Johnson
087 Laurens
140 Treutlen
150 Washington

South Georgia Regions

Savannah Area (N)

015 Bryan
016 Bulloch
025 Chatham
051 Effingham
082 Jenkins
124 Screven

Albany Area (O)

019 Calhoun
030 Clay
047 Dougherty
088 Lee
118 Quitman
120 Randolph
128 Stewart
129 Sumter
135 Terrell
152 Webster

Tifton Area (P)

009 Ben Hill
012 Bleckley
040 Crisp
045 Dodge
077 Irwin
116 Pulaski
137 Tift

Valdosta Area (T)

002 Alkinson
010 Benken
032 Clinch
037 Cook
050 Echols
086 Lanier
092 Lowndes
S.E. GA (U)
013 Brantley
020 Camden
024 Charlton
063 Glynn
113 Pierce
148 Ware
151 Wayne

Baxley Area (Q)

001 Appling
003 Bacon
034 Coffee
080 Jeff Davis
103 Montgomery
134 Telfair
138 Toombs
153 Wheeler

EVALUATION PROCEDURES

Written Tests: To obtain a job in certain fields, such as criminal justice and secretarial, you must pass a written and/or performance test. The tests are offered on the following basis. Proper identification with your picture and signature, such as a driver's license, is required for admission to all examinations.

Walk-In Examinations: Tests are offered on selected days in Atlanta only on a walk-in basis. If you wish to test in Atlanta, apply online or bring a completed application with you. Some testing outside of Atlanta is also done on a walk-in basis. The "Walk-In Testing Schedule" is available on our Web site at Carccs.ga.gov. 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 mail for the next available test session showing 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.

☐ Americus - [Y]
☐ Rome - [E]

Select ONE city where you wish to take a written test on Saturday:

☐ Augusta - [S]
☐ Savannah - [H]

☐ Sandersville - [M]
☒ Waycross - [L]

☐ Thomasville - [U]

Retest Policy: Your score will normally remain on the list of available applicants for six months from the date of your examination (and, in many cases, you may also 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 accommodations 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 BEFORE being tested; 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, education, and training you describe on your application. You will also be evaluated on any supplemental information you may be asked to provide.

VETERAN'S PREFERENCE: The laws of the State of Georgia require that points be added to passing examination scores for certain veterans and 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's Preference, check the type below and attach copies of the appropriate document(s) to your application. Copies cannot be returned. (SPB 16.102)

- ☐ VETERAN: DD214 showing dates of service and type of discharge ☐ DECEASED VETERAN'S SPOUSE: DD214; marriage certificate; veteran's death certificate or casualty report
- ☐ DISABLED VETERAN: DD214; certificate of service-connected disability (at least 10%) from the V.A. dated within the last 6 months ☐ DISABLED VETERAN'S SPOUSE: DD214; marriage certificate; disabled veteran's documents dated within last 6 months (veteran must have 100% disability)

How You Heard About The Job:

☐ Walk-in ☐ College/University ☐ Technical School ☐ Employee Referral ☐ Carccs.ga.gov
☐ Newspaper ☐ State Agency Web Site ☐ Other Internet Source ☐ DOL Career Center ☐ Other

Date:

Requisition Number (for announced jobs only):

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information you give in this section is optional. It is used by the State Personnel Administration and other state agencies to comply with Federal guidelines for monitoring the equal employment opportunity efforts of the State of Georgia.

Last Name

First Name

MI

Gray

Varsted

R

Ethnic Background (Check One):

Gender

Birth Date

1. ☐ Native American

2. ☐ White, not of Hispanic origin

(Check One):

MO DAY YR

3. ☐ Hispanic

4. ☒ Black, not of Hispanic origin

☒ Male

5. ☐ Asian/Pacific Islander

6. ☐ Multi-racial

☐ Female

7. ☐ Other

Birth Date - Required for some law enforcement jobs.

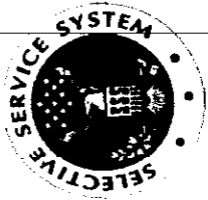
EE Background

EE Background

EE Background

EE Background

EE Background



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

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

Selective Service Number:

96-0593141-0
VANTREL RASHAD GRAYER

Name:

Date of Registration:

6/11/2014

Because you have satisfied the MSSA by registering, you remain eligible for those programs and benefits linked to registration compliance, such as student financial aid, government employment, job training, driver's license in several states, and U.S. citizenship 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 toll - free: 1-888-655-1825.

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]

[check one]

☐ 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]

[Title]

[Signature of Official]

[Date]

Published 11/1/00

GEORGIA DEPARTMENT OF CORRECTIONS

Vantrel Grafer
Name of Applicant

PER
Date of Birth 11-17-18

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

I hereby request and authorize THE GEORGIA DEPARTMENT OF CORRECTIONS

Address of Local Hiring Authority

to obtain from:

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):

Criminal background check, character information from personal reference, and
Work record from former employers.

for the purpose of completing a Departmental Background Investigation for employment

All Information 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

10-25-18

Vantrel Grafer

Date

Signature of Applicant

[Signature]

Signature of Witness

11-17-18

Title or Relationship to Applicant

USE THIS SPACE IF APPLICANT WITHDRAWS CONSENT

Date this consent is revoked by applicant

Signature of Applicant

Revised 1/11

Original

GEORGIA DEPARTMENT OF CORRECTIONS

OATH OF OFFICE

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States 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.

I further swear (or affirm) that I am not the holder of any unaccounted for public money due this state or any political subdivision or authority thereof; that I am not the holder of any office of trust 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 otherwise qualified to hold office according to the Constitution and laws of Georgia.

Vantrel Grayer
Print Name

Vantrel Grayer
Signature

12-3-18
Date

Macon State Prison
Work Site

IN WITNESS THEREOF this oath is witnessed and subscribed to by the following person who has affixed his or her seal, this 3 day of December, 2019.

Nichole McKenzie
Witness/Notary Public



PERSONAL INFO



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

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

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

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

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

Last Name (Family Name) Grayer		First Name (Given Name) Vantrel		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) [REDACTED]			Apt. Number PM	City or Town PM	State	ZIP Code
Date of Birth (mm/dd/yyyy) PM 1996	U.S. Social Security Number [REDACTED]		Employee's E-mail Address PM		Employee's Telephone Number [REDACTED]	

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

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

<input checked="" type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write in This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See Instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR	
2. Form I-94 Admission Number: _____ OR	
3. Foreign Passport Number: _____ Country of Issuance: _____	

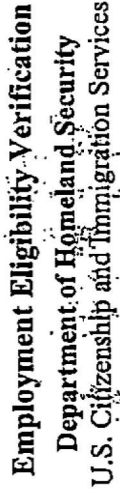
Signature of Employee <i>Vantrel Grayer</i>	Today's Date (mm/dd/yyyy) 1996 PER [REDACTED]
------------------------------------------------	------------------------------------------------------------

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	



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

Employers of the authorized representative must complete and sign Section 2 within 3 business days after employee's first day of employment. You must physically examine the document from the employer and one document must be submitted to the DHS for acceptance of the document.

	List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					

Document Title	<div>Additional Information</div>	<div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		

The employee's first day of employment (mm/dd/yyyy): 12/3/2018 (See instructions for exemptions)

Section 3: Reverification and Rehires (to be completed and signed by employer of 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)

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

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



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: 11/1996
U.S. Social Security Number: PER-12/03/2018 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 issued by a U.S. state or outlying possession
Document Subtype: Driver's License Document Number: *****8164
Expiration Date: PER-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



State Accounting Office
of Georgia
Fiscal Leadership for Georgia

Direct Deposit Notification Form

(To be signed by all new hires and retirees on and after May 1, 2010)

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

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

Employee Name (Please Print) Vantrel Grayer Date: 12-3-18
Employee Signature: Vantrel Grayer

To be completed by employing organization:

Employee ID Number [Redacted] Position Title: COI
Hiring Organization Name: Macon State Prison
Hiring Supervisor or HR Official: Laquisha Cherry

Copy 1 - Organization Human Resources Office
Copy 2 - Employee

GEORGIA DEPARTMENT OF CORRECTIONS CRIMINAL/DRIVER HISTORY CONSENT FORM

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.

I understand that convictions revealed from these background investigations may impact by certification with P.O. S.T. and my employment with the Department.

Reason (Check one below)

☒ Criminal Justice Employment - Civilian Personnel
OR
☐ Criminal Justice Employment POST Certified Employee
OR
☐ POST Investigator

Supervisor (if current employee):

Signature:

Position Applied For:

Please Enter Your Personal Information below

Last Name	Grayer	First Name	Vantrel
Middle Name	Rashard	Suffix	
Social Security #	PER - 1996	Re-enter SSN#	PER -
Date of Birth	1970	Weight	175
Sex	male	Race	Black
Eye Color	Brown	Hair Color	Black
Height	5' 6"	Place of Birth	PE -
Country of Citizenship		D.L. State & #	

Address Information

Address	Address 2
City	Apt
County	Zip
Address State	Email
Phone #	

*****PLEASE CHECK ONE OF THE BOXES BELOW*****

One of the following must be checked:

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

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

✓ AS

STATE OF GEORGIA LOYALTY OATH STATE SECURITY QUESTIONNAIRE

NOTICE TO APPLICANTS/EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (Ga. Laws, 1953), as amended, requires each 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 subversive 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 known 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 any 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.

1. LAST NAME Grayer	FIRST NAME Vantrel	MIDDLE NAME Rashard	PHONE NO. [REDACTED]
MAIDEN NAME	DATES USED	NICKNAMES	DATES USED
OTHER NAMES, INCLUDING ALIASES & FORMER MARRIAGES	DATES USED	NICKNAMES	DATES USED
	DATES USED	NICKNAMES	DATES USED

2. ADDRESS [REDACTED]	APT. NO. [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	COUNTY [REDACTED]	ZIP [REDACTED]
--------------------------	------------------------	--------------------	---------------------	----------------------	-------------------

3. DATE OF BIRTH [REDACTED] 1996	U.S. CITIZEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Nationality _____)	RACE Black	SEX <input checked="" type="checkbox"/> male <input type="checkbox"/> female
-------------------------------------	---------------------------------------------------------------------------------------------------------	---------------	---------------------------------------------------------------------------------

4. Are you now or have you been in the last ten (10) years a member of any organization which to your knowledge at the time of membership advocates or has as one of its objects, the overthrow of the government of the United States or the government of the State of Georgia by force or violence?

☐ Yes ☒ No

If "Yes", state the name of the organization and your past and present membership status including any offices held therein.

NOTE: If the answer to the above question is "Yes" and the employing authority deems further inquiry necessary, you will be notified of such determination. No action adverse to your application will be taken because of an affirmative answer until after such an inquiry, with notice to you and an opportunity for you to present evidence, and only if the results of such inquiry brings your application within the prohibition within the Sedition and Subversive Activities Act of 1953.

5. LIST CHRONOLOGICALLY ALL OF YOUR PREVIOUS RESIDENCES FOR THE PAST TEN YEARS:

DATES		STREET	CITY	STATE
From	To			
		[REDACTED]	[REDACTED]	[REDACTED]

6. LIST NAMES AND ADDRESSES OF THE FOLLOWING:

SPOUSE [REDACTED]	ADDRESS [REDACTED]
FATHER	ADDRESS
MOTHER	ADDRESS

Vantrel Grayer

7. MILITARY SERVICE: (Past or Present)						
SERIAL NUMBER	BRANCH	ACTIVE SERVICE		ACTIVE OR INACTIVE		DISCHARGED Honorably Dishonorably Other If Discharge other than Honorable, explain in item 10.
		From	To	From	To	

8. Have you ever been convicted by Federal, State, or other law-enforcement authorities, for any violation of any Federal law, State law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less was imposed.) ☐ YES ☒ NO If answer is yes, provide the following information

CHARGE ON WHICH CONVICTED	DATE CONVICTED	NAME OF COURT & PLACE WHERE CONVICTED

Are you a former inmate, former parolee, or former probationer? ☐ YES ☒ NO If answer is yes, provide dates and details.

9. Are there any charges now pending against you by Federal, State, or other law enforcement authorities for any violations of any Federal law, State law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday.) Do not include minor violations for which a fine of \$35.00 or less would likely be imposed.) ☐ YES ☒ NO If answer yes, provide dates and details.

VIOLATION CHARGED	NAME OF GOVERNMENT	NAME OF COURT & LOCATION WHERE PENDING

Are you currently a parolee or probationer? ☐ YES ☒ NO If answer is yes, provide dates and details.

10. SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS: (Show item numbers to which answers or explanation apply. Attach a separate sheet if more space is needed.)

NOTE: Before signing this form, check all answers and explanations to see that you have answered all questions fully and correctly. This form is to be executed under oath subject to the penalties of false swearing as prescribed in Code Section 16-10-71 of the Criminal Code of Georgia.

LOYALTY OATH

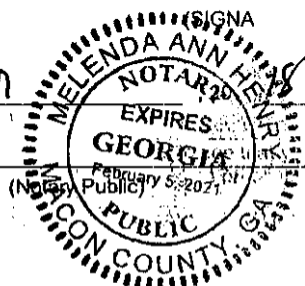
I, Vantrel Grayer, a citizen of United States of America And being
An employee of Georgia Department of Corrections And the recipient of public funds for services rendered as such employee, do hereby solemnly
swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia.

AFFIDAVIT OF VERIFICATION

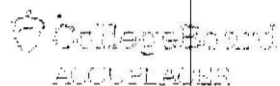
Georgia County
Personally appeared before the undersigned officer, duly authorized to administer
Vantrel Grayer, who, after being duly sworn, deposes and says and declares under penalties
of false swearing that he is the person who executed the foregoing instrument; that he has read and completed the same and knows and understands the
contents thereof; that the matters stated therein and the answers and information furnished by him in the foregoing questionnaire, and loyalty oath, including
any attachments thereto, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME:

This 17TH Day of November
Melenda Skerrin



Vantrel Grayer
SIGNATURE OF AFFIANT)



Individual Score Report (ISR)

Student Name: vantrel graye

Student ID: 910336079

Date of Birth
MM 1996Major/Program Name
Associate DegreeSite Name
Central Georgia Technical College
Placement TestingDate Of Testing
11/05/2018Administered By
Baidoo, KwasiVoucher Number
444-

Time Record

Test Session Started	Test Session Ended	Total Time
11-05-2018 09:31 AM EST	11-05-2018 11:22 AM EST	01Hr:42Min:34Sec

Placement Test Results

Reading Comprehension	Sentence Skills	Arithmetic
81	86	60
CSEM: 9.7738 Time Started: 09:35 AM EST Time Ended: 10:23 AM EST Total Time: 48 mins 50 secs	CSEM: 8.7012 Time Started: 10:25 AM EST Time Ended: 10:56 AM EST Total Time: 31 mins 38 secs	CSEM: 12.135 Time Started: 10:57 AM EST Time Ended: 11:29 AM EST Total Time: 22 mins 5 secs

Course Placements - Determined on 11-05-2018

College Level Reading You are not required to take a developmental reading course.
ENGL 1010 Fundamentals of English I Please see Advisor for English course selection.
ENGL 1101 Composition and Rhetoric Please see Advisor for English course selection.
MATH 1011 Business Math or MATH 1012 Foundations of Math Please see Advisor for math course selection.

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

Kwasi - Baidoo



80 Cohen Walker Drive
Warner Robins, GA 31088

PROPERTY OF
Central Georgia Technical College
Career Assessment Center
Macon Campus



High School Transcript

Official Transcript

Name Grayer, Vantrel Rashaud Student ID [REDACTED] Stephenson High School
 Address [REDACTED] Grade 12 701 Stephenson Road
 Gender Male Stone Mountain, GA
 DOB [REDACTED] /1996 Phone (678) 676-4202
 Phone [REDACTED] SSN [REDACTED] Fax (678) 676-4210
 GTID 7864805418

College Prep Diploma Unweighted GPA 1.868
 Diploma Date 05/24/2014 Weighted GPA 1.868
 W/D Reason High School Graduation

Course	Course Name	Grd	EOCT	Unit	School Earned
2010-2011 Sem 1					
23.0610000	LIT/COMP 9	78	70	1.00	Miller Grove High School
26.0120000	BIOLOGY I	55	56	.00	Miller Grove High School
27.0440010	MATH SUPPORT I A	97		.50	Miller Grove High School
27.0810010	MATHEMATICS I A	73		.50	Miller Grove High School
28.0310000	JROTC ARMY I	82		1.00	Miller Grove High School
2010-2011 Sem 2					
45.0570000	AMER GOVT/CIVICS	88		.50	Miller Grove High School
27.1440020	MATH SUPPORT I B-REP	93		.50	Miller Grove High School
27.1810020	MATHEMATICS I B-REP	75	66	.50	Miller Grove High School
45.0711000	WORLD GEOGRAPHY	79		.50	Miller Grove High School
06.4160000	BGS BE	89		1.00	Miller Grove High School
28.0320000	JROTC ARMY II	79		1.00	Miller Grove High School
2011-2012 Sem 1					
17.0110010	HEALTH 9 A	80		.50	Transfer from Georgia District
36.0510010	PERSONAL FITNESS 9A	80		.50	Transfer from Georgia District
40.0810000	PHYSICS I	72		1.00	Transfer from Georgia District
27.0450000	GPS GEOM/ALG II/STATS SUPP	50		.00	Transfer from Georgia District
27.0820000	GPS GEOM/ALG II/STATS	55		.00	Transfer from Georgia District
45.0830000	WORLD HISTORY	72		1.00	Transfer from Georgia District
2011-2012 Sem 2					
23.0630000	WORLD LIT/COMP	68		.00	Transfer from Georgia District
26.0120000	BIOLOGY I	68		.00	Transfer from Georgia District
07.4411000	BGS_CA1	80		1.00	Transfer from Georgia District
2012-2013 Sem 1					
40.0510000	CHEMISTRY I	73		1.00	Stephenson High School
27.0820000	GPS GEOM/ALG II/STATS	75	73	1.00	Stephenson High School
45.0810000	US HISTORY	72	62	1.00	Stephenson High School
60.0710000	SPANISH I	70		1.00	Stephenson High School
99450810	US HISTORY_EOCT RETEST	X	64	.00	Stephenson High School
2012-2013 Sem 2					
23.0510000	AMER LIT/COMP	77	75	1.00	Stephenson High School
23.0630000	WORLD LIT/COMP	80		1.00	Stephenson High School
11.4130000	BGS_CMV	93		1.00	Stephenson High School
28.0240000	JROTC NAVY IV	81		1.00	Stephenson High School
2013-2014 Sem 1					
23.0520000	BRIT LIT/COMP	76		1.00	Stephenson High School
26.0120000	BIOLOGY I	68	59	.00	Stephenson High School
27.0830000	GPS ADV ALG/STATS	59		.00	Stephenson High School
28.0250000	JROTC NAVY V	85		1.00	Stephenson High School
2013-2014 Sem 2					
26.0611000	ENVIR SCIENCE	70		1.00	Stephenson High School
26.3120000	BIOLOGY I-VIR	80	65	1.00	DOLA-Credit Recovery
27.0830000	GPS ADV ALG/STATS-CR	74		1.00	Stephenson High School
27.0840000	PRE CALC/TRIG/STATS	70		1.00	Stephenson High School
45.0610000	PRIN OF ECONOMICS	75	62	1.00	Stephenson High School
60.0720000	SPANISH II	77		1.00	Stephenson High School



High School Transcript

Official Transcript

Name **Grayer, Vantrel Rashaud** Student ID **U** Stephenson High School
Address **[REDACTED]** Grade 12 701 Stephenson Road
Phone **[REDACTED]** Gender Male Stone Mountain, GA
DOB **[REDACTED]** 1996 Phone (678) 676-4202
SSN **[REDACTED]** Fax (678) 676-4210
GTID 7864805418

STANDARDIZED TESTS

Test Scores	Score	Date	Result
GHSST-Science	204	03/18/2013	Pass
GHSST-Social Studies	201	11/11/2013	Pass
GHSST-Social Studies	176	03/18/2013	Fail
GHSST-Social Studies	195	09/09/2013	Fail
GHSST-Writing	218	09/25/2013	Meets

GRADING

GRADING SCALE		Regular	Weighted
A = 90 - 100	I = Incomplete	A = 4.0 pts.	A = 5.0 pts.
B = 80 - 89	DR = Dropped	B = 3.0 pts.	B = 4.0 pts.
C = 71 - 79	NC = Non-credit	C = 2.0 pts.	C = 3.0 pts.
D = 70 - 79	P = Passed	D = 1.0 pts.	D = 2.0 pts.
F = 0 - 69	CS = Cont. Progress-Satisfactory		
X = No-evaluation	CU = Cont. Progress-Unsatisfactory		

ACCREDITATION

Advanced was created through a 2006 merger of the Pre-K-12 divisions of the North Central Association Commission on Accreditation and School Improvement (NCA CASI) and the Southern Association of Colleges and Schools Council on Accreditation and School Improvement (SACS CASI) and expanded through the addition of the Northwest Accreditation Commission (NWAC) in 2012.

COMMENTS

- DeKalb County School District's GPA does not determine HOPE eligibility.
- For HOPE eligibility information visit: www.gafutures.org
- Rank in class is not calculated in DeKalb County schools.
- Georgia Milestones (EOC) and End of Course Tests (EOCT) are criterion-referenced tests aligned with the state adopted curriculum for specific core courses in grades 9-12.
- State rule requires that the EOCT serve as a component of a student's final course grade.
- November 2014 was the last administration of the EOCT. The rule for the EOC to serve as a component of a student's final course grade was waived during the first year of Georgia Milestones implementation 2014-2015.
- Credits earned for Advanced Placement (AP) and International Baccalaureate (IB) are weighted.
- Post-Secondary credits (PSO) are also weighted beginning with the 2014-15 school year.

Transcript NOT official without Authorized Signature and Title

Authorized Signature

Title

Confidential: This record is not to be released to any other party without the written consent of the Parent/Legal Guardian or Eligible Student.

PERSONAL INFO



Georgia Peace Officer Standards & Training Council Application for Certification

PERSONAL HISTORY RELEASE

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

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; 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 examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys 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.

I understand that any information obtained by a personal history background 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 may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

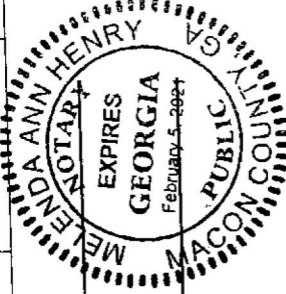
A photo copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

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

Last Name Grayer		First Name Vantel		Middle Name	
DATE OF BIRTH (mm/yyyy) 11/996	MAIDEN NAME	PHONE NUMBER (AREA CODE) - NUMBER			
Social Security Number: [REDACTED]					
EMAIL ADDRESS		Apartment/Unit#			
ADDRESS: Street		State: [REDACTED]		Zip Code: [REDACTED]	
City: [REDACTED]					

Vantel Grayer
Candidate Signature (including maiden name)

Melenda Henry
Notary Public Signature



11-17-18
Date

11/17/18
Date

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.

Contact: DOC - MACON CORRECTIONAL INSTITUTE

Company:

Fax: 4784723637

ReportID	CorpID	FormID	StoreID	Caller	Claimant	IncidentDate
WC19638609 / 128985568	GAST01	GA	6722	ALESSANDRA THORNTON	ZANTREL GRAYER	04/01/2019

State of Georgia

The Network Inc.

Report# WC19638609 / TNW# 128985568

Page 1 of 3

Employee Injury Report**REPORT INFORMATION**

Number: WC19638609
Created: 04/01/2019 1:42 PM

CLIENT INFORMATION

Name: State of Georgia
Address: 200 Piedmont Avenue, s.e. Suite 1308
Atlanta GA 303349010

Business Phone:

CALLER INFORMATION

Name: ALESSANDRA THORNTON
Title: ADMINISTRATIVE SUPPORT 2
Phone: (478)472-3429

LOCATION OF INCIDENT

Location Name: DOC - MACON STATE PRISON
Location Address: 2728 HWY 49 SOUTH - H BUILDING -
OGLETHORPE - GA 31068
County: MACON
Country: USA
On Client Premises? YES

INCIDENT INFORMATION

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 finger.
Cause Code: 268 Stationary Object
Body Part Code: 36 236 - FingerNotThumb
Nature of Injury Code: 90 290 - Multiple Physical Injuries Only
Date of Death:

CLAIMANT INFORMATION

SSN/SIN: ***-**-0110
Name: ZANTREL GRAYER
Home Phone: (678)599-1816

Work Phone:

Address:

County:

Country: USA

Date of Birth: 1996

Gender: MALE

Marital Status: SINGLE

of Dependents: 0

CONTACT INFORMATION

Name: ALESSANDRA J THORNTON
Phone: (478)472-3429

EMPLOYMENT

Title: CORRECTION OFFICER
Status: ACTIVE
Part/Full Time: FULL-TIME
Hire date: 12/03/2018
Termination Date:

INSURANCE INFORMATION

Policy Number:
Insurer Name:
Address:
Insurer Phone:
Policy Dates:
FEIN:

INDUSTRY INFORMATION

FEIN:
Primary SIC: 002
Secondary SIC:
Business:

ADMINISTRATOR INFORMATION

Branch ID:
Name:
Address:
Phone:
Fax:

LOCATION/OCCURRENCE/TYPE INFORMATION

Location Unit: 6722
Location Name: DOC - MACON STATE PRISON
Location Address: P.O. BOX 426
OGLETHORPE, GA 31068-0000
County: MACON
Country: USA
Phone:
Occurrence Date: 04/01/2019
Occurrence Time: 12:30 PM
Date Employer Notified: 04/01/2019
Time Employer Notified: 12:30 PM

MEDICAL PROVIDER

Doctor Name: UNK
Address: UNK - MACON - GA
County: BIBB
Country: USA
Phone:
Hospital Name: AFTERCARE
Address: UNK - MACON - GA
County: BIBB
Country: USA
Phone:

State of Georgia

The Network Inc.

Report# WC19638609 / TNW# 128985568

Page 2 of 3

WAGES

Amount: \$2,586.66
Frequency: MONTHLY
Hours Per Day 8.0

WITNESSES

Name: COURTNEY MOORE
Phone:

SUPERVISOR

Title: SERGEANT
Name: MARIO FREEMAN
Phone: (478)235-7313

LOST TIME

Will employee miss work beyond date of injury? YES
Last Worked: 04/01/2019
Returned to Work:
Salary Continue? YES
Received Full Wages? YES

Supplementals

Report# WC19638609 / TNW# 128985568

MARTA Employee

Is the claimant employed by MARTA? NO

Incident Information

(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

Additional Information

What is the employee's cell phone number?
Claimant Email Address
Normal off days SATURDAY, SUNDAY
Witness Email Address
MCO Participant YES

Add'l Escalation Criteria for Interview Specialist

Does this claim meet any escalation criteria below? NO

IS DO NOT USE - DISSEMINATION ONLY

Dissemination to Corporate Contact? No

Employee Information

Employee E-mail address
Job Classified Code No
If board, lodging, or other advantages were furnished (before the incident), enter avg weekly amount

Incident Information

Time workday began on day of incident
What was the First date employee failed to work a full day?
If claimant returned to work, returned at what wage per week?

Employer Information

OSHA Case/file no

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

Incident Information

Date disability began

Name: Vanthel Gray
Macon State Prison (2728 Hwy 49 South
Oglethorpe, GA 31068
Social Security - [REDACTED] PERS IN

Date: April 11, 2019, @ 12:30pm

How: take a inmate to the shower, ~~and pin on left hand~~
damned flap on the pinky on the left hand
H Building

Type of injury - Nail split in half. Finger black & bruised,
bloody

- Pinky on left hand
- H Building
- Full-time employee
- Monthly wage

- ~~COA~~ Courtney Moore

- Sgt. Mario Freeman,
- Dependent - None
- Age: 22

WC 19638609

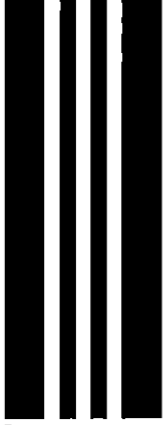
404-554-8300

Select Option 2 (wait 30 minute before calling)

~~Approximately~~

HEALTH CARE

HEALTH CARE



CH

DOC#: 191054053622(CL)



Coliseum Northside - NRS

DOC#: 191054053622(CL)

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE



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.

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

Reason for Return: _____

Sincerely
Billing Support

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

HEALTH CARE

PERSONAL INFO

PERSONAL INFO

PERSONAL INFO

Personal Information Form **Education, Language and Military**

PRINT NAME: Vantrel Grayer EMPLID: _____

Highest Education Level (Check only 1 box)	
B- Less Than HS Graduate	<input checked="" type="checkbox"/>
C- HS Graduate or Equivalent	
D- Some College	<input checked="" type="checkbox"/>
E- Technical School	
F- 2-Year College Degree	
G- Bachelor's Level Degree	
H- Some Graduate School	
I- Master's Level Degree	
J- Doctorate (Academic)	
K- Doctorate (Professional)	
L- Post-Doctorate	

Language Code (Check only if fluent in a language OTHER than English. Check only 1)
<input checked="" type="checkbox"/>
Can French
Danish
Dutch
French
German
Greek
Intl Eng
Italian
Japanese
Korean
Portuguese
SChinese
Spanish
Swedish
TChinese
Thai

Military (Check only 1 -Most recent status recommended.)
<input checked="" type="checkbox"/>
Active Reserve
Inactive Reserve
Not a Veteran
Post-Vietnam-Era Veteran
Pre-Vietnam-Era Veteran
Retired Military
Vietnam-Era Veteran

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

Vantrel Grayer _____
 Signature/Date

PERSONAL INFO

PERSONAL INFO

GEORGIA DEPARTMENT OF CORRECTIONS REQUEST FOR IDENTIFICATION CARD

COMPLETE TOP PORTION ONLY			
Full Name	Vantrel Gruef	Social Security #	PERS IN
Employee ID or Scribe ID	2003	Job Title	Correction Officer
Facility/Unit	Macon State Prison	Division	Facilities
Contractor/ Organization Representing			
TYPE OF IDENTIFICATION CARD Check applicable lines <i>For POST certified positions in a security position, please include an OKEY number.</i>			
OKEY #:			
<input type="checkbox"/>	Employee ID	<input type="checkbox"/>	Employee Locator
<input type="checkbox"/>	Employee Retiree		
<input type="checkbox"/>	Volunteer ID	<input type="checkbox"/>	Volunteer Locator
<input type="checkbox"/>	Contractor ID	<input type="checkbox"/>	Contractor Locator
REPLACEMENT			
Do you have an ID card to turn in?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Was your Id Lost or Stolen?		<input type="checkbox"/> No	<input type="checkbox"/> Yes - Complete a Report for Missing Identification Card form and an Incident Report

APPOINTING AUTHORITY OR DESIGNEE FOR THE REQUESTOR'S FACILITY/SECTION/WORK UNIT SIGNATURE			
<i>(Identification Card will not be issued if Employee/Scribe ID number OR Signature is missing.)</i>			
Appointing Authority's Signature		Clinton Perry	
Print Name	Clinton Perry	Date	01.09.19
Title	Warden	Facility/Unit	MACON STATE PRISON

ID CARD ISSUANCE - For Human Resource Office Use Only - Circle all types issued			
EMPLOYEE/RETIREE	LOCATOR	CONTRACTOR	VOLUNTEER
Expiration Date:		Signature	
Imaging Site			
ID RECIPIENT SIGNATURE Card holder acknowledges receipt of			
<input type="checkbox"/> Empl/Retiree ID	<input type="checkbox"/> Volunteer ID	<input type="checkbox"/> Contractor ID	<input type="checkbox"/> Locator Card
Signature	Vantrel Gruef	Date	12-3-18

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE

9/24/2019

EFFECTIVE DATE OF ACTION

9/22/2019

LOCATION Macon State Prison
INITIATOR Elijah Foster

OCT 07 2019

PHONE 478-472-3428
E-MAIL

elijah.foster@gdc.ga.gov

RECEIVED
10/2/19

EMPLOYEE INFORMATION				SUPPORTING PAPERS				COMMENTS									
Name	Grayer, Vantrel			<input checked="" type="checkbox"/> Correspondence (Resignation or Adverse Actions) <input type="checkbox"/> Suspension Notice <input type="checkbox"/> PIF/PMF <input type="checkbox"/> Min. Qual. Review Decision <input checked="" type="checkbox"/> DOL 800 Separation Notice <input checked="" type="checkbox"/> Other (Specify): <i>Leave verification</i> Is rehire recommended? -- *If No, then attach supporting documentation Terminal Leave Hours To Be Paid: 0 *Please attach verification Last Day in Pay Status: Does action impact a high security supplement?	Works 8 HR 15 MIN days. 5/2 <i>Neg Retro - 139.27</i> <i>48.90 / 90.75 X 1371.96</i>												
Empl ID	EE Scribe Number																
Gender	Male	Race	Black						DOB	PER 996							
Maildrop ID	467-000083																
ACTION, REASON & DESCRIPTION																	
1	TER RES Resignation																
2	--																
3	--																
CPA USE ONLY																	
FLSA Code	--		DTI Code	--													
TO				FROM													
Position Number	00117208	Classified Indicator	Unclassified	Position Number	00117208	Classified Indicator	Unclassified										
Job Code	PSP190	Job Title	Correctional Ofc 1 (CSM)	Job Code	PSP190	Job Title	CSM Correctional Officer 1										
Department ID	4672430901	Facility Name	Macon SP-Security Opns	Department ID	4672430901	Facility Name	Macon SP-Security Opns										
County Code/Name	094/Macon	Zip Code	31068	County Code/Name	094/Macon	Zip Code	31068										
Pay Grade	LG	Semi-Monthly Salary	\$1,371.96	Pay Grade	LG	Semi-Monthly Salary	\$1,371.96										
		% Change	0.00%														
WORK SCHEDULE (DAYS & SHIFT)				BUDGET APPROVAL BY													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	--	Name	Date
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
COMPLETED BY				APPOINTING AUTHORITY													
Name	Elijah Foster			Date				Name	Clinton Perry			Date	09/24/19				



State of Georgia
Department of Labor
SEPARATION NOTICE

Employee's

1. Name

Vantrel Grayer

2. S.S. No.

PE

a. State any other name(s) under which employee worked.

3. Period of Last Employment: From 12/3/2018

To 9/22/2019

4. 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. Grayer resigned from his position as Correctional Officer here at Macon State Prison.

5. 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 _____ to _____

(Type of payment)

Date above payment(s) was/will be issued to employee

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.

Per month

6. Did the employee earn at least \$3,000.009 in your employ? YES ☒ NO ☐
% of contributions paid by employer. If NO, how much? \$ _____

Employer's
Name

Georgia Department of Corrections

Address 300 Patrol Road

(Street or RFD)

City Forsyth

State GA

ZIP Code 31029

Employer's

Telephone No.

478-992-5211

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 and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Signature of Official, Employee of the Employer or authorized agent for the employer

Chapin

NOTICE TO EMPLOYER

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, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199F, you may attach a copy of this form (DOL-800) as a part of your response.

Warden

Title of Person Signing

09/25/19

Date Completed and Released to Employee

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.

Outlook

New message

Favorites

Folders

Inbox

Drafts

Sent Items

Deleted Items 1

Junk Email 2

Archive

Conversation History

Notes

New folder

Groups

SWR HR

New group

Discover groups

Manage groups

Search

Delete

Archive

Link

Share

Move to

Categorize

Undo



Focused

Other

Filter



Cali Grayer

Resignation letter for vantrel...
CAUTION: This email originated from outside of



McDaniel, Kearran

ATTENTION!! PAST DUE
Hello Everyone, Hopefully everyone is back



Benefit Hub

> Open Enrollment 2020
Greetings All, The Open Enrollment period f...
2019 Active Ben... +11



Sutton, Katrina

November recertification re...
Good Morning, Here is the recertification re...
Re-Cert report...



Sutton, Katrina; McMichael, Wendy

> December Recertification...
Good Morning, Attached is the Re-Certifica...
Re-Cert report...



Sutton, Katrina

ATTENTION: READ!! FW: B...
Good Morning, I wanted to share this (quest...



McMichael, Wendy

BCOT Class T-102
The following are scheduled to attend the B...



Case, Kim

Updated - Study Materials f...
Good Morning, Please find attached the stu...
Sept 2019_GA...



Brown, Dan

Connectivity Issues
Please see message below from Ipay. Than...



Benefit Hub

> Immunization Clinic @ S...
Greetings GDC, This is a friendly reminder f...
Immunization C...



Henry, Melenda; Jobin, Monica

> Laner Haugabook-Maloy
Melenda Henry Personnel Tech Supervisor...



Henry, Melenda

Employee Morale Survey
Data couple of these survey during the day...



Yesterday



Sutton, Katrina; Case, Kim

> Lieutenants Academy...
Here is the attachment! Have a blessed day...

Resignation letter for vantrel grayer

CG

Cali Grayer

mail.com>

Thu 9/24/2019 10:09 PM

Foster, Elijah

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I Vantrel Grayer/ Officer Grayer want to thank Macon State Prison for the employment Opportunity. But As Of September 22, 2019 I will Resign from position. Thank you for the opportunity.

VantrelGrayer

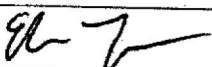


Georgia Department of Corrections

Human Resources

Leave Verification Form



Date of Verification:		September 24, 2019					
Name:		EMPL ID:			Hire Date:		
Vantrel Grayer		PERSONAL INFO			12/3/2018		
Effective Date of Current Action:		Type of Action (Termination, Retirement, Transfer, etc.):					
September 22, 2019		Resignation					
Final Leave Balances							
Sick	Annual	Personal	State Comp	FLSA Comp	Holiday	Forfeited	Education Support Leave
23.82	66.64	0.00	2.50	3.87 30.9/30	16.00	0.00	8.00
Please use the space below to provide any relevant information pertaining to the final balances (adjustments, payout information, etc.):							
Total were calculated manually. Accrued where applicable and deducted according to timesheets and leave grids.							
I verify the above leave balances are correct and all leave usage has been entered through the date of this verification.							
Signature of HR Representative:					Date:		
/s/Elijah Foster 					9/24/2019		

Checklist for Entering Terminations

Employee Name:

Vantrel Crayer

Employee ID#:

PERS
IN

Facility:

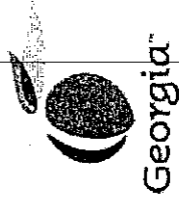
Mason SP

Entered By:

MA

✓	Item
✓	Job Data - Enter Termination
✓	Additional Pay - Stop (change future dates)
✓	General Deductions - Stop
✓	Pension Plan - Stop (use effective date)
✓	Savings Plans - Stop (use effective date)
✓	Check Create/Update Abs., enter end dates for Leave of Abs. (use term date)
✓	Deactivate Time Reporter Data
✓	Out of Pay Status Form/Partial Pay Form
✓	Add a Pay Sheet
✓	Leave Verification (verify Holiday over 150)
✓	Send a copy of leave verification to Time and Labor and Kim Case (if FLSA)
✓	Process payout of ALP, FLP, HLP - Create Batch Header
✓	Direct Deposit - Stop 30 Days after termination effective date

Date Entered:



GEORGIA DEPARTMENT OF CORRECTIONS
HUMAN RESOURCES
P.O. Box 1529
Forsyth, Georgia 31029
478-992-5211
FAX 478-992-5207



Nathan Deal
Governor

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.

Name: _____

Facility/Work Unit: _____ Date: _____

How did you hear about GDC employment opportunities? (Please check ALL that apply)

a. 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) _____

b. Other State of Georgia government offices (select ALL that apply):

- ☐ 1. Georgia Department of Labor (Office Location: _____)
☐ 2. State Personnel Administration (formerly Georgia Merit System)
☐ 3. Department of Family and Children Services/DHS

c. Education / Military Career Center (select ALL that apply)

- ☐ 1. High School Guidance Counselor
☐ 2. College Placement Center
☐ 3. Military Career Center (ex. ACAP Office)

d. 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 (Theater/Location: _____)

e. Internet (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: _____)

Thank you for your answers. They will be used to improve our recruitment efforts in GDC.

GEORGIA DEPARTMENT OF CORRECTIONS



Orientation/Official File Checklist

EMPLOYEE INFORMATION

Name:

Vantriel Grayne

ORIENTATION/OFFICIAL FILE FORMS -- SEND TO CHRM RECORDS

☒ Acknowledgement Statements - 5

☒ Oath of Office- 1

☒ Direct Deposit Notification Form - 1

☒ Emergency Contact(s) - 1

☒ Employee's Designation of Beneficiary - 1

☒ GDC Recruitment Survey - 1

☒ Request for Identification Card - 1

YOUR BENEFITS

☒ SHBP Enrollment Portal -- Quick Reference Guide

☒ Electronic Enrollment for New Hires myshbpga.adp.com

☒ Flexible Benefits Program -- Quick Reference Guide

☒ Electronic Enrollment for New Hires <http://www.gabreeze.ga.gov>

☒ Employee Retirement System www.ers.ga.gov

STANDARD OPERATING PROCEDURES

☒ Dress Code and Appearance 104.48

☒ Social Media 102.03

☒ Teleworking 104.66

☒ Employee Standards of Conduct 104.47

☒ Unlawful Harassment (Includes Sexual Harassment) 104.46

☒ Secondary Employment 104.50

☒ Working Hours, Overtime, and Compensatory Time (FLSA) 104.37

☒ Tuberculosis Screening of Correctional Personnel 507.03.15

☒ Workplace Violence 104.06

☒ Technology Policies & Procedures 105.01

☒
☒

OTHER INFORMATION

- | | |
|-------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> | Auto Liability Safety Videos |
| <input checked="" type="checkbox"/> | Correctional Peace Officers Foundation |
| <input checked="" type="checkbox"/> | Employee Assistance Program |
| <input checked="" type="checkbox"/> | Employee Self Service |
| <input checked="" type="checkbox"/> | GDC Locations |
| <input checked="" type="checkbox"/> | GDC Organization Chart |
| <input checked="" type="checkbox"/> | Georgia Defined Contribution Plan |
| <input checked="" type="checkbox"/> | Governor's Ethics Executive Order |
| <input checked="" type="checkbox"/> | Path2College 529 Plan |
| <input checked="" type="checkbox"/> | State of Georgia Holidays |

Please print and sign this form. Include this form with your orientation package documents.

I certify that I have:

-read and completed the forms above for the orientation package

-reviewed my benefits

-read and fully understand the GDC policies listed in the Standard Operating Procedures section and have seen or been given the other information listed above.

Print Name

Vantrel Grayer

Date

12-3-18

Signature

Vantrel Grayer

GEORGIA DEPARTMENT OF CORRECTIONS



Sworn Full and Part Time Hiring Package Checklist

EMPLOYEE INFORMATION

Name: Vantrel Grayer

HIRING PACKAGE FORMS – SEND TO CHRM OFFICE

- | | | |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> | Employee Hiring Package Form - 1 | |
| <input type="checkbox"/> | Personal Information Form - 1 | |
| <input type="checkbox"/> | Employment Eligibility Verification (I-9) – 2 (Attach two forms of identification) | Directions included - 1 |
| <input type="checkbox"/> | GSEPS Automatic Enrollment Acknowledgement Form - 1 | |
| <input type="checkbox"/> | GSEPS Opt-Out Form – 1 (PT will automatically be enrolled in GDCP until retired or rehired. If TRS, contact local HR) | |
| <input type="checkbox"/> | Loyalty Oath - 2 | |
| <input type="checkbox"/> | Criminal/Driver History Consent Form – 1 (Attach Live Scan Results) | |
| <input type="checkbox"/> | Employee's Withholding Allowance Certificate (W-4) - 2 | |
| <input type="checkbox"/> | Employee's Withholding Allowance Certificate (G-4) – 1 | Directions included - 1 |

FORMS – SEND TO REGIONAL OFFICE WITH ORIENTATION FORMS

- | | | |
|--------------------------|------------------------------------------------------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> | MAPEP for Correctional Officers – 3 | Directions included - 2 |
| <input type="checkbox"/> | MAPEP – Inquiry Authority Use Statement & Health Information Checklist – 6 | |
| <input type="checkbox"/> | Georgia Peace Officer Standards & Training Council – Physician's Affidavit - 2 | |
| <input type="checkbox"/> | Georgia Peace Officer Standards & Training Council – Application for Certification - 1 | |
| <input type="checkbox"/> | POST Supporting Documentation - Photograph - 1 | |
| <input type="checkbox"/> | POST Supporting Documentation – GCIC/NCIC FP Results - 1 | |
| <input type="checkbox"/> | POST Supporting Documentation – Certified Copy of School Records - 1 | |
| <input type="checkbox"/> | POST Supporting Documentation – Primary Citizenship Proof - 1 | |
| <input type="checkbox"/> | POST Supporting Documentation – Driver's History - 1 | |
| <input type="checkbox"/> | POST Supporting Documentation – Entrance Exam Proof – 1 (Certified copy with seal on envelope from school) | |
| <input type="checkbox"/> | POST Supporting Documentation – Physician's Affidavit - 1 | |
| <input type="checkbox"/> | POST Supporting Documentation – Personal History Release - 1 | |

- ☐ 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 POST website-7* For employee use only

ADDITIONAL DOCUMENTS – SEND TO CHRM WITH HIRING PACKET (COPY RETAINED AT LOCAL FACILITY)

- ☐ Personnel/Position Action - 1
- ☐ Two Forms of Identification
- ☐ Live Scan Fingerprint Results
- ☐ State Application/Resume

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE 11/20/2018

EFFECTIVE DATE OF ACTION

12/3/2018

LOCATION MACON STATE PRISON
INITIATOR Tangala Coney

PHONE 478-472-3426
E-MAIL

Tangala.Coney@gdc.ga.gov

RECEIVED
NOV 21 2018

EMPLOYEE INFORMATION										SUPPORTING PAPERS										REQUIRED CHRM INFORMATION																																																	
Name		Vantrel Grayer								<input type="checkbox"/> Correspondence (Resignation or Adverse Actions) <input type="checkbox"/> Suspension Notice <input type="checkbox"/> PIF/PMF <input type="checkbox"/> Min. Qual. Review Decision <input type="checkbox"/> DOL 800 Separation Notice <input type="checkbox"/> Other (Specify):										Address Birthplace Military State Tax Pension Education Level County																																																	
Empl ID		EE Scribe Number																		PERSONAL INFO																																																	
SSN		PERSONAL																		No Military Service																																																	
Gender		M	Race		Black	DOB		PER 996												Married Federal Married																																																	
Maildrop ID		467-000083																		E2GCO-GSEPS Corr/Probation Officers																																																	
																				D-Some College																																																	
																				PERSON Phone # PERSONAL																																																	
ACTION REASON & DESCRIPTION																																																																					
1		HIR APP Appointment																																																																			
2		--																																																																			
3		--																																																																			
GPA USE ONLY																																																																					
FLSA Code		-								DTI Code		-																																																									
TO															FROM																																																						
Position Number					00117208					Classified Indicator					Unclassified					Position Number					Classified Indicator																																												
Job Code					PSP190					Job Title					Correctional Ofc 1 (CSM)					Job Code					Job Title																																												
Department ID					4672430901					Facility Name					Macon SP-Security Opns					Department ID					Facility Name																																												
County Code/Name					094/Macon					Zip Code					31068					County Code/Name					Zip Code																																												
Pay Grade					LG					Monthly Salary					\$2,586.67					Pay Grade					Monthly Salary																																												
										% Change					0.00%																																																						
WORK SCHEDULE (DAYS & SHIFT)																																																																					
<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>--</td> <td colspan="2">Name</td> <td colspan="2">Date</td> </tr> <tr> <td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>																														1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	--	Name		Date		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	--	Name		Date																																																			
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																																																						
COMPLETED BY															APPOINTING AUTHORITY																																																						
Name															Name																																																						
Date															Date																																																						

Work Group # GDC28NELE
Announcement Close Date: 12/31/2018

FT 1293.33

ENTERED
11-30-18

Checklist for Entering New Hires (Salaried)

Employee Name:

Grayer, Vantrel

Employee ID#:

EE
Scrib
Numb

Facility:

Macon SP

Entered By:

Benjamin Salter

Hire Effective Date:

12 3 18

<input checked="" type="checkbox"/>	Check Job Summary (Verify: Hire or Re-hire) Note if only Rcd is hourly enter as New Hire
<input checked="" type="checkbox"/>	Check Position Information
<input checked="" type="checkbox"/>	Review Hire Packet - All forms included, Completed and Signed
<input checked="" type="checkbox"/>	Review PA
<input checked="" type="checkbox"/>	Add Person
<input checked="" type="checkbox"/>	Add Employment Instance - Empl Record: 0
<input checked="" type="checkbox"/>	Payroll Page – Absence System: Other, FICA Status: Subject
<input checked="" type="checkbox"/>	Compensation Page – Rate Code: NAANNL, Frequency: S
<input checked="" type="checkbox"/>	Benefit Program Participation - FLX
<input checked="" type="checkbox"/>	Pension Plan - Plan Type: 82, Benefit Plan: E2GAR, Check box by Employee Notified of GSEPS Default contribution amount
<input checked="" type="checkbox"/>	Savings Plan - Plan Type: 40, Benefit Plan: GS401K(Under age 50) or GS401+(Age 50+), Percent of Earnings: 5
<input checked="" type="checkbox"/>	Time and Labor Enrollment - Time Reporter Type - Punch Time Reporter, Workgroup - GDC28NELE for Security GDC07NENS for Non-Security, Taskgroup - SOGALL-CC, TCD Group - 467SAO
	Tax Data Input (On 1st or 16th or the day after)
<input checked="" type="checkbox"/>	State Tax: M Sep AL#: 1 Fed Tax: M AL#: 1
<input checked="" type="checkbox"/>	Add to partial pay sheet if effective date of hire is NOT the 1st or 16th of the month, or is a day other than Monday through Friday

Date Entered:

11 30 18

Regular Earnings Amount: \$1,293.33

GEORGIA DEPARTMENT OF CORRECTIONS



Sworn Full and Part Time Hiring Package Checklist

EMPLOYEE INFORMATION

Name: Vantrel Grayer

HIRING PACKAGE FORMS – SEND TO CHRM OFFICE

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> Employee Hiring Package Form -1 | |
| <input type="checkbox"/> Personal Information Form -1 | |
| <input type="checkbox"/> Employment Eligibility Verification (I-9) – 2 (Attach two forms of identification) | Directions included - 1 |
| <input type="checkbox"/> GSEPS Automatic Enrollment Acknowledgement Form - 1 | |
| <input type="checkbox"/> GSEPS Opt-Out Form – 1 (PT will automatically be enrolled in GDCP until retired or rehired. If TRS, contact local HR) | |
| <input type="checkbox"/> Loyalty Oath -2 | |
| <input type="checkbox"/> Criminal/Driver History Consent Form – 1 (Attach Live Scan Results) | |
| <input type="checkbox"/> Employee's Withholding Allowance Certificate (W-4) - 2 | |
| <input type="checkbox"/> Employee's Withholding Allowance Certificate (G-4) – 1 | Directions included - 1 |

FORMS – SEND TO REGIONAL OFFICE WITH ORIENTATION FORMS

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> MAPEP for Correctional Officers – 3 | Directions Included - 2 |
| <input type="checkbox"/> MAPEP – Inquiry Authority Use Statement & Health Information Checklist – 6 | |
| <input type="checkbox"/> Georgia Peace Officer Standards & Training Council – Physician's Affidavit - 2 | |
| <input type="checkbox"/> Georgia Peace Officer Standards & Training Council – Application for Certification - 1 | |
| <input type="checkbox"/> POST Supporting Documentation - Photograph - 1 | |
| <input type="checkbox"/> POST Supporting Documentation – GCIC/NCIC FP Results - 1 | |
| <input type="checkbox"/> POST Supporting Documentation – Certified Copy of School Records - 1 | |
| <input type="checkbox"/> POST Supporting Documentation – Primary Citizenship Proof - 1 | |
| <input type="checkbox"/> POST Supporting Documentation – Driver's History - 1 | |
| <input type="checkbox"/> POST Supporting Documentation – Entrance Exam Proof – 1 (Certified copy with seal on envelope from school) | |
| <input type="checkbox"/> POST Supporting Documentation – Physician's Affidavit - 1 | |
| <input type="checkbox"/> POST Supporting Documentation – Personal History Release - 1 | |

- ☐ 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 POST website-7 *For employee use only*

ADDITIONAL DOCUMENTS – SEND TO CHRM WITH HIRING PACKET (COPY RETAINED AT LOCAL FACILITY)

- ☐ Personnel/Position Action - 1
- ☐ Two Forms of Identification
- ☐ Live Scan Fingerprint Results
- ☐ State Application/Resume

Georgia Department of Corrections Employee Hiring Package Form

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

Field Name/Description	Applicant/Employee Data
First Name	Vantrel
Middle Name	Rashard Initial:
Maiden Name	
Last Name	Grayer
Home Address	PERSONAL INFO
Home Apartment Number	
Home City	
Home State	
Home Zip Code	
County of Residence	
Home Phone	
Work Phone	
Social Security Number	
Date of Birth	
Place of Birth	
Employee ID (If Applicable)	
Race	Black <input checked="" type="checkbox"/>
Gender	male <input checked="" type="checkbox"/>
Height	Feet: 5' Inches: 6" <input checked="" type="checkbox"/>
Weight	175
Eye Color	Brown <input checked="" type="checkbox"/>
Hair Color	Black <input checked="" type="checkbox"/>
Job Title	Correctional Officer

**GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST**

DATE 11/20/2018



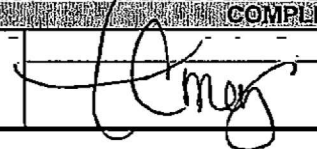
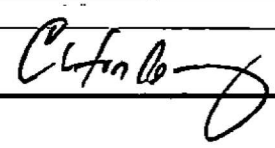
EFFECTIVE DATE OF ACTION

12/3/2018

LOCATION MACON STATE PRISON
INITIATOR Tangala Coney

PHONE 478-472-3426
E-MAIL

Tangala.Coney@gdc.ga.gov

EMPLOYEE INFORMATION										SUPPORTING PAPERS										REQUIRED CHRM INFORMATION									
Name		Vantrel Grayer								<input type="checkbox"/> Correspondence (Resignation or Adverse Actions) <input type="checkbox"/> Suspension Notice <input type="checkbox"/> PIF/PMF <input type="checkbox"/> Min. Qual. Review Decision <input type="checkbox"/> DOL 800 Separation Notice <input type="checkbox"/> Other (Specify): Is rehire recommended? — *If No, then attach supporting documentation Terminal Leave Hours To Be Paid: 0 *Please attach verification Last Day in Pay Status: Does action impact a high security supplement? —										Address		PERSONAL INFO Birthplace Military No Military Service State Tax Married Federal Married Pension E2GCO-GSEPS Corr/Probation Officers Education Level D-Some College County PERSO Phone # PERSONAL INFO							
Empl ID		EE Scribe Number																											
SSN		PERSONAL																											
Gender	M	Race	Black	DOB	PE	/1996																							
Maildrop ID		467-000083 ✓																											
ACTION/REASON & DESCRIPTION										COMMENTS Work Group # GDC28NELE Announcement Close Date: 12/31/2018 FT 1293.33  																			
1	HIR APP Appointment ✓																												
2	—																												
3	—																												
GPA USE ONLY																													
FLSA Code		—		DTI Code		—																							
TO										FROM																			
Position Number		00117208 ✓		Classified Indicator		Unclassified ✓				Position Number				Classified Indicator															
Job Code		PSP190 ✓		Job Title		Correctional Ofc. 1 (CSM) ✓				Job Code				Job Title															
Department ID		4672430901 ✓		Facility Name		Macon SP-Security Opns ✓				Department ID				Facility Name															
County Code/Name		094/Macon ✓		Zip Code		31068 ✓				County Code/Name				Zip Code															
Pay Grade		LG ✓		Monthly Salary		\$2,586.67				Pay Grade				Monthly Salary															
				% Change		0.00%																							
WORK SCHEDULE (DAYS & SHIFT)										BUDGET APPROVAL BY																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	—	Name		Date											
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Name		Date											
COMPLETED BY										APPOINTING AUTHORITY																			
Name										Date		11/20/18		Name															

Redaction Log

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

Redaction Log

Page	Reason	Description	Occurrences
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

Redaction Log

Page	Reason	Description	Occurrences
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
45	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
46	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
47	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
48	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

Redaction Log

Page	Reason	Description	Occurrences
49	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
50	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
51	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
52	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
53	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
54	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
55	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
56	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
57	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
58	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
59	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

Redaction Log

Page	Reason	Description	Occurrences
60	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
61	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
63	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
64	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
65	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
66	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
67	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
68	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
69	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
70	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
71	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

Redaction Log

Page	Reason	Description	Occurrences
72	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
73	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
74	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
75	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
76	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
77	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
78	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
79	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
80	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
81	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
82	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

Redaction Log

Page	Reason	Description	Occurrences
83	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
84	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
85	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
86	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
87	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
88	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
89	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
90	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
91	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
92	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
93	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

Redaction Log

Page	Reason	Description	Occurrences
94	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
95	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
96	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
97	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
98	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
100	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
101	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
102	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
102	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
103	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
103	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
104	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
105	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1

Redaction Log

Page	Reason	Description	Occurrences
106	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
107	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
113	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
113	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	5
114	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
117	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	3
118	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
118	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	5