

GWINNETT COUNTY SHERIFF'S OFFICE

BACKGROUND INVESTIGATION UNIT



APPLICANT NAME: _____
(LAST, FIRST, MIDDLE)

POSITION: _____ DATE: _____

ASSIGNED INVESTIGATOR: _____

Revised 4/1/2010

INSTRUCTIONS

1. **Incomplete or late forms/booklets will not be accepted.**
2. Print legibly using black or blue ink.
3. Fill out the release forms/booklet completely and accurately. **DO NOT LEAVE ANYTHING BLANK**
4. The information provided by you in this booklet will be used and verified during the entire employment process including, but not limited to, the background investigation and polygraph examination. Any false or misleading information identified during the employment process will result in the immediate disqualification of your application and could result in criminal prosecution under Georgia code 16-10-20. It is imperative, therefore, that you answer all questions truthfully and to the best of your ability.
5. Should any information you have provided to us change at any time during this process, YOU MUST NOTIFY the background investigator handling your file. This includes telephone number changes, address changes, new traffic citations, arrests, etc.
6. READ EACH QUESTION CAREFULLY. Unless otherwise stated, any questions that require a "YES" response or an explanation must be explained in the space provided or on the back of the page. Make sure to indicate question number. Your explanation should have complete details of the incident.
7. If you are unsure how to answer a question, answer, "YES" and fully explain the response in the space provided.
8. Any information received throughout the employment process, included but not limited to, background booklets, release forms, employment information, psychological reports, credit information, medical information, oral interview(s), etc., are the sole property of the Gwinnett County Sheriff's Office and no information will be released back to the applicant.

SIGNATURE OF APPLICANT

DATE

**GWINNETT COUNTY SHERIFF'S OFFICE
RELEASE FORM**

WORK SCHEDULE ACKNOWLEDGMENT

I understand that if I am hired for the position of _____ with the Gwinnett County Sheriff's Office, it will involve my working any hours, shifts, weekends, or holidays as the need arises. I understand that I may be assigned to any shift and that, at the discretion of my supervisor, I may be rotated to another shift with little or no notice.

The different shifts that are currently in operation for this position have been explained to me, and I understand that these hours can change at any time with little or no notice.

I understand the above conditions and have no objections to them.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

**GWINNETT COUNTY SHERIFF'S OFFICE
RELEASE FORM MILITARY AFFIRMATION**

I, _____, (PRINTED NAME OF APPLICANT) do hereby swear and affirm that I have **never** been enlisted nor have I served in any of the armed forces of the United States of America or in any foreign military service. I further swear and affirm that I have never served in any branch of the United States reserve Forces, State National Guard, or in the Coast Guard.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

PERSONAL DATA

Position Applied for: _____ Today's Date: _____

NAME:

LAST NAME:	FIRST NAME:	MIDDLE NAME:

HOME ADDRESS:

STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:

TELEPHONE NUMBERS:

HOME:	WORK:	CELL:
E-MAIL:		
MYSPACE:		
FACEBOOK:		

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____
 MONTH DAY YEAR

PLACE OF BIRTH:

CITY:	COUNTY:	STATE/COUNTRY:

PERSONAL DATA CONTINUED

Have you ever used another name or had your name changed? Note: This includes, but is not limited to, maiden names, former names, former married names, adopted names, nicknames, etc. If yes, fill in the information in the table below.			Yes	No
PREVIOUS NAME	DATE OF CHANGE	LOCATION OF CHANGE	REASON FOR CHANGE	

Are you a citizen of the United States of America? Required for certification as a law enforcement officer in the state of Georgia	YES	NO
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Are you: **NATURAL BORN** ()

NATURALIZED () Provide original Naturalization papers

RESIDENT ALIEN () Provide alien registration card

PLEASE DESCRIBE ANY SCARS, MARKS, TATTOOS, AND THEIR LOCATION:

Use the back of this page for more space.

Location on body	Scars	Marks	Description of Tattoo(s)

In case of emergency, please list someone we can contact:

Name of contact person:	Relationship to you:
Home address:	
Home phone # (include area code)	Cell phone or Other # (include area code)

MARITAL / FAMILY DATA

Are you currently:	Single:	Married:	Divorced:	Separated:
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Please list the following information about your current and former spouses:				
Name of Spouse	Address of Spouse	Date of Marriage	Date of Divorce	Location of Marriage

List the following information for all of your dependents (not your current spouse):			
Name	Date of Birth	Relationship	Current Residence

RESIDENCES

List all of your addresses for the last (10) years. **Begin with your present address and go backwards.** This list should include temporary addresses and part time addresses.

From mo/yr	To mo/yr	Address	City	State	Zip	Rent/Own

EDUCATION

Mark the highest grade completed:												
1	2	3	4	5	6	7	8	9	10	11	12	Other

Name of High School you attended:	Location City/State:	Dates attended From/To:	Course of Study:	Did you graduate/date:

If you received a GED certificate, complete the following information:

Name of school:	Address of school:	Year and Date GED received:

COLLEGES / VOCATIONAL / TECHNICAL SCHOOLS

Name of school:	Address of school:	Dates Attended:	Major Course of Study:	Did you graduate/date:

EDUCATION CONTINUED

1	List any degrees that you have obtained (A.A, A.A.S., B.S., M.P.A., etc.):		
	TYPE OF DEGREE	GRADE POINT AVERAGE	YEAR RECEIVED

2	Since high school, have you ever been expelled or suspended from any school or disciplined by any school official? If yes, explain on the back of this page.	Yes	No
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3	Do you have or have you ever had a pilot's license?		
	If yes, is your license current?		
4	Have you ever been involved in an air related incident?		

5	Do you possess any other professional license?		
If YES, complete the table below.			
	Type of License	Date Received	State of License
			Status of License

6	Have you ever applied for a permit to carry a weapon?	Yes	No
	If yes , was the permit granted?		
	Date Permit granted:	Agency that granted permit:	Location of granting Agency:

Please list any special skill that you possess. This should include foreign language skills, computer skills, office skills, technical skills, etc.

LAW ENFORCEMENT RELATED CERTIFICATION INFORMATION

1	Have you ever attended a basic state, federal, local, or military mandate school for Deputy Sheriff, Police Officer, Correctional Officer, Military Police Officer, etc.?	Yes	No
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If **yes**, answer the below listed questions.
If **no**, go on to next page.

2	List the dates you attended basic mandate school:	From mo/yr	To mo/yr
Certification Number:			

3	List the agency or department which sponsored you for mandate school:		
Agency name:		Location of agency (State):	
Complete mailing address of sponsoring agency:			
Area code and telephone number:		Contact person:	

4	If you are not presently working as a law enforcement officer, list the date and agency you last worked as a certified law enforcement officer:
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Date last worked in law enforcement:	Agency:
Complete mailing address of agency:	
Area code and telephone number:	Contact person:

5	Have you ever failed a Law Enforcement Academy for any reason?

PERSONAL REFERENCES

Note: Personal References cannot be related to applicant by blood or marriage.

Name:	
Address:	
Phone Number:	
How long have you known them:	
How do you know them:	

Name:	
Address:	
Phone Number:	
How long have you known them:	
How do you know them:	

Name:	
Address:	
Phone Number:	
How long have you known them:	
How do you know them:	

Name:	
Address:	
Phone Number:	
How long have you known them:	
How do you know them:	

EMPLOYMENT HISTORY

1	What is your present occupation?	
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2 How did you find out about this job? Please check the appropriate answer.			
Advertisement:	Mailing list:	Job fair:	Other: (Be specific)

3	Have you ever worked for Gwinnett County?	Yes	No
	If yes, what department?		
	If yes, when?		

4	Have you ever applied with Gwinnett County? If yes , fill in information in the table below.	Yes	No
	Date	Position	Department
			What happened

5	Do you have relatives that are employed with Gwinnett County? If yes , fill in information in the table below.	Yes	No
	Name of relative	Relationship to you	Department in which they work

EMPLOYMENT HISTORY CONTINUED

If you answer **YES** to any of the following questions, explain **FULLY** on the back of this page to include employer dates, details, and etc.

		Yes	no
6	Have you ever been terminated, forced to resign, or otherwise involuntarily separated by a previous employer?		
7	Have you ever been reprimanded for misconduct or for not doing your job properly?		
8	Have you ever been reprimanded for being late or absent?		
9	Have you ever been disciplined by a supervisor (including verbal or written reprimands, suspension, etc.?)		
10	Have you ever been engaged in any business as an owner, partner, or corporate member?		
11	Have you ever left a job without giving a two (2) week notice?		
12	Have you ever accepted a bribe to perform or not perform your duty?		
13	Have you ever taken anything of value, goods, or services from an employer without their permission?		
14	Have you ever taken cash money from an employer?		

15	Figure out the dollar amount of how much you have taken from all employers combined during the last five years. Circle the amount that comes closest to the total dollar amount. Include goods or services, pens, paper, made copies, etc.
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\$0	\$10	\$25	\$50	\$75	\$100	\$200	\$500	\$750	\$1000	\$2500
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Explain **any amounts** on the back of this page.

16	Have you ever taken a polygraph examination for any reason?			Yes	No
Date	Agency/Company	City/State	Reason for Polygraph	Results	

EMPLOYMENT HISTORY CONTINUED

17	In the last five years, have you submitted an application for employment with any other law enforcement agency or department? or Do you have any pending applications with any other law enforcement agency or department?	Yes	No
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If yes, fill in the information in the table below. Use the back of this page for more space.

Agency	Date applied	Disposition of application

18	Have you ever been rejected or resigned from a public safety job? If yes, please explain fully. Be specific.	Yes	No
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19	Are you being urged or paid by any person or organization to work for or apply with this office? If yes, fully explain below. Use the back of this page for more space.	Yes	No
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EMPLOYMENT HISTORY

Please list **ALL** employment since high school. If you have been out of high school for over ten years, list ten (10) years of employment history. List each job held, beginning with the most recent and working backwards. Include any periods of unemployment. Failure to fully complete job history information will result in disqualification of your application. **Note: List ALL LAW ENFORCEMENT EMPLOYMENT**

Employment Dates:	From: Mo/Yr		To: Mo/Yr	
Employer Name:				
Employer Address:				
Phone Number:		Job Title:		
Duties Performed:				
Why did you leave:				
Were you fired or ask to resign:				

Employment Dates:	From: Mo/Yr		To: Mo/Yr	
Employer Name:				
Employer Address:				
Phone Number:		Job Title:		
Duties Performed:				
Why did you leave:				
Were you fired or ask to resign:				

Employment Dates:	From: Mo/Yr		To: Mo/Yr	
Employer Name:				
Employer Address:				
Phone Number:		Job Title:		
Duties Performed:				
Why did you leave:				
Were you fired or ask to resign:				

Employment Dates:	From: Mo/Yr		To: Mo/Yr	
Employer Name:				
Employer Address:				
Phone Number:		Job Title:		
Duties Performed:				
Why did you leave:				
Were you fired or ask to resign:				

EMPLOYMENT HISTORY CONTINUED

Employment Dates:	From: Mo/Yr		To: Mo/Yr	
Employer Name:				
Employer Address:				
Phone Number:		Job Title:		
Duties Performed:				
Why did you leave:				
Were you fired or ask to resign:				

Employment Dates:	From: Mo/Yr		To: Mo/Yr	
Employer Name:				
Employer Address:				
Phone Number:		Job Title:		
Duties Performed:				
Why did you leave:				
Were you fired or ask to resign:				

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Phone Number:		Job Title:		
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Why did you leave:				
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Employment Dates:	From: Mo/Yr		To: Mo/Yr	
Employer Name:				
Employer Address:				
Phone Number:		Job Title:		
Duties Performed:				
Why did you leave:				
Were you fired or ask to resign:				

FINANCIAL HISTORY

If you answer YES to any of the following questions, please explain fully on the back of this page to include account(s) name(s), date(s), and etc.

		Yes	No
1	Do you have any bills that are past due?		
2	Are any creditors currently pressing you for payment?		
3	Do you, or have you EVER had any credit accounts in collection?		
4	Have you EVER had any item repossessed?		
5	Within the last five years, have you filed for bankruptcy or have you had your wages garnished?		
6	Is there currently an action pending to have your wages garnished?		
7	Within the last five years, have you been evicted or dispossessed from a residence or business?		
8	Have you ever been involved in a civil suit of any kind? (This can include, but not limited to, custody proceedings, divorces, etc.)		
9	Are you currently involved in any type of civil suit?		
10	Have you ever intentionally written a bad check?		
11	Have you ever misused a credit card or forged a check?		
12	Have you ever attempted to obtain credit by using another name or another social security number?		
13	Are you now ninety (90) days delinquent on any loan or financial obligation?		
14	Are you at present the subject of a tax lien or other lien?		

MILITARY SERVICE

		Yes	No
1	Have you ever attempted to enlist in any branch of the United States Armed Forces?		
2	Have you ever served in any branch of the United States Armed Forces?		
3	Have you ever served in any branch of a foreign military?		
4	Have you ever been involved in a subversive act against the United States Government?		

If yes, please explain below:

5	What type of discharge did you receive as listed on form DD214? (Honorable, Dishonorable, General, etc.)	
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Explain details of your discharge if it was not an honorable discharge? _____

Explain your re-enlistment status? _____

Narrative reason for separation? _____

6 Complete the following table regarding your military service:			
Branch of service	Enlistment period	Service number	Highest rank held

7	What was your military occupation specialty?	
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MILITARY SERVICE CONTINUED

8	Have you ever had a court martial, been tried on charges, or subject to an Article 15, company punishment, OR ANY OTHER disciplinary action while a member of the Armed Forces?	Yes	No
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If yes, fill in the appropriate information below and give a detailed explanation of the offense.

Type of disciplinary action	Branch of service	Date of action	Disposition of action

**IN THE TABLE BELOW, LIST ALL PERIODS OF ACTIVE MILITARY SERVICE
IF FURTHER SPACE IS NEEDED USE THE BACK OF THIS PAGE**

Date from month/year	Date to month/year	Duty station: Name of station and city closest to duty station	Rank held

CRIMINAL HISTORY / ACTIVITY

1	Have you ever been arrested/charged and or convicted of a misdemeanor or felony offense (excluding minor traffic offenses)?	Yes	No
If yes , fill in the information below and fully explain the incident on the back of this page.			
Police / Court Jurisdiction	Charge	Felony / Misdemeanor	Date

2	Have you ever been charged, whether or not you were convicted, as a result of any domestic violence related incident?	Yes	No
If yes , fully explain in the space below. Include the appropriate police jurisdiction(s), date(s), and status.			

3	Have any criminal warrants ever been taken out against you?	Yes	No
If yes , fill out the information below and fully explain on the back of this page.			
Charge(s)	Date	Jurisdiction	Disposition

CRIMINAL HISTORY / ACTIVITY CONTINUED

If you answer YES to any of the following questions, explain fully on the back of the page.

4	Have you ever been involved in any undetected crime? (If yes, explain on the back of this page)	Yes	No																																																																		
5	Circle any of the following activities you have ever committed, whether detected or undetected , and fully explain on the back of this page to include date(s). If none, write none under item 27.																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Activity / Crime</th> <th style="width: 5%;"></th> <th style="width: 30%;">Activity / Crime</th> <th style="width: 5%;"></th> <th style="width: 25%;">Activity / Crime</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Arson</td> <td style="text-align: center;">11</td> <td>Auto Theft</td> <td style="text-align: center;">21</td> <td>Rape</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Assault</td> <td style="text-align: center;">12</td> <td>Theft by Taking</td> <td style="text-align: center;">22</td> <td>Child Molestation</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Battery</td> <td style="text-align: center;">13</td> <td>Kidnapping</td> <td style="text-align: center;">23</td> <td>Incest</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Burglary</td> <td style="text-align: center;">14</td> <td>Murder</td> <td style="text-align: center;">24</td> <td>Sodomy</td> </tr> <tr> <td style="text-align: center;">5</td> <td>Cruelty to Animals</td> <td style="text-align: center;">15</td> <td>Bad Checks</td> <td style="text-align: center;">25</td> <td>Peeping Tom</td> </tr> <tr> <td style="text-align: center;">6</td> <td>Drug Sales</td> <td style="text-align: center;">16</td> <td>Robbery</td> <td style="text-align: center;">26</td> <td>Other Sex Crime</td> </tr> <tr> <td style="text-align: center;">7</td> <td>Drug Possession</td> <td style="text-align: center;">17</td> <td>Shoplifting</td> <td style="text-align: center;">27</td> <td>Other (not listed)</td> </tr> <tr> <td style="text-align: center;">8</td> <td>DUI /DWI</td> <td style="text-align: center;">18</td> <td>Steal Anything</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">9</td> <td>Entering Auto</td> <td style="text-align: center;">19</td> <td>Theft from Employer</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">10</td> <td>Extortion</td> <td style="text-align: center;">20</td> <td>Vandalism</td> <td></td> <td></td> </tr> </tbody> </table>					Activity / Crime		Activity / Crime		Activity / Crime	1	Arson	11	Auto Theft	21	Rape	2	Assault	12	Theft by Taking	22	Child Molestation	3	Battery	13	Kidnapping	23	Incest	4	Burglary	14	Murder	24	Sodomy	5	Cruelty to Animals	15	Bad Checks	25	Peeping Tom	6	Drug Sales	16	Robbery	26	Other Sex Crime	7	Drug Possession	17	Shoplifting	27	Other (not listed)	8	DUI /DWI	18	Steal Anything			9	Entering Auto	19	Theft from Employer			10	Extortion	20	Vandalism		
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6	List an approximate dollar amount that you may have stolen over your lifetime. This is only an approximation, include any items or monies that were stolen or appropriated from employers (Without specific permission)?
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\$ _____ (Lifetime Theft)

		Yes	No
7	Have you ever been required to pay a fine in excess of \$25.00? (Excluding minor traffic offenses)		
8	Have you been involved in the theft of any merchandise, property money, etc., from any person or place?		
9	Have you ever been placed on any type of probation or parole? (For criminal activity)		
10	Have you ever been questioned as a victim, witness, or suspect by a law enforcement officer concerning a criminal act?		
11	Are there currently any criminal charges pending against you?		
12	Are you currently under any subpoena(s)?		
13	If you have been, or are currently a peace officer or correctional officer, have you ever used excessive force while making an arrest?		
14	If you have been, or are currently a peace officer or correctional officer, has it ever been alleged that you used excessive force while making an arrest?		
15	Has it ever been alleged that you made an improper / bad arrest while working in any law enforcement environment?		

MOTOR VEHICLE / DRIVING HISTORY

1	Do you currently possess a valid driver's license?	Yes	No
State:		License Class:	Expiration Date:
License Number:		Restrictions:	

2	Have you ever had a driver's license in another state?	Yes	No
If yes, which state(s)?		License Number(s):	

3	Have you ever had a military driver's license?	Yes	No
Branch:		License Number:	Current status:

		Yes	No
4	Has your driver's license or driving privileges ever been suspended, canceled or revoked in any state for any reason?		
5	Have you ever been refused a driver's license in any state or during military service?		
6	Have you ever obtained or attempted to obtain a driver's license under an assumed name?		
7	Do you have any pending traffic citations or parking tickets? (If yes, complete the information in the table below)		
	Charge:	Jurisdiction:	Dated Received:
			Court Date:

DRIVING HISTORY CONTINUED

8	In the table below, list all traffic citations you have received in the last TEN (10) years . If you need more space, use the back of this page. If none, write NONE.			
Charge	Jurisdiction	Date Received	Court Date	Disposition

9	Have you been involved in any motor vehicle accident in the past TEN (10) years? This list should include all single vehicle accidents, accidents which were not reported, private property accidents, etc.				Yes	No
If yes, fill in the information in the table below.						
Date	Police Report Yes / No	Location City / State	Cause of accident	Injuries Yes / No	Driver at fault Self / Other	Citations Yes / No

DRIVING HISTORY CONTINUED

If you answer YES to any of the following questions, explain fully on the back of this page.

		Yes	No
10	Have you ever been charged with driving under the influence of alcohol or drugs?		
11	Have you ever been convicted of or pled nolo-contendre to the charge of driving under the influence of alcohol or drugs?		
12	Have you ever been involved in any hit and run accident?		
13	Have you ever been involved in any serious traffic offense? (Including, but not limited to reckless driving, laying drags, DUI/DWI, vehicular homicide, etc.)		
14	Have you ever left the scene of an accident without giving assistance?		
15	Have you ever been involved in any traffic-related lawsuits, whether you were the plaintiff or the defendant?		
16	Have you ever been involved in a traffic accident resulting in a serious injury or fatality?		

DRUG USE

1	Please answer each line truthfully. The use of, or experimentation with, a particular drug(s) may not necessarily mean automatic disqualification. In the table provided, indicate when you first tried the drug(s) listed, when you last used the drug(s) listed, and the approximate number of times used.
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Note: If the drug listed was prescribed for *you* by a licensed physician, there is no need to indicate the use on this sheet.

Drug		Date First Used	Date Last Used	Number of Times Used	Never Used
A	Marijuana				
B	Hashish				
C	Angel Dust / PCP				
D	Ice				
E	Ecstasy / MDMA				
F	Cocaine				
G	Crack Cocaine				
H	Heroin				
I	LSD / Acid / Blotter				
J	Crank				
K	Mushrooms / Peyote				
L	Morphine				
M	Mescaline / Cactus				
N	Opium				
O	Psilocybin				
P	Quaaludes				
Q	Speed(specify type)				
R	Downers / Barbiturates				
S	Valium				
T	Steroids				
U	Crystal Methadone				
V	STP				
W	Other Drug Not Listed (specify)				

DRUG USE CONTINUED

If you answer YES to any of the following questions, explain fully in the space below.

		YES	NO
2	Have you ever been involved in the sale, distribution, or growing of marijuana?		
3	Have you ever been involved in the sale, distribution, or manufacture of cocaine or any other illegal drug?		
4	Have you ever been involved in the manufacture of any type of drug or narcotic? (Including prescription drugs)		
5	Have you ever taken a prescription drug prescribed for another person?		
6	Have you ever purchased drugs or narcotics over the internet? (If yes, provide the type of drug purchased and the last date purchased. Write your response below)		

ALCOHOL USE

1	Do you drink alcoholic beverages?	Yes	No
2	If YES, how much and how often?		

3	List the approximate date you were last intoxicated (Drunk):	
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4	Since the age of seventeen, have you ever been arrested because of an alcohol related offense? This should include, but not limited to DUI/DWI, Public Drunk or Intoxication, Disorderly Conduct, Minor in Possession of Alcohol, etc.	Yes	No
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If YES, explain fully on the back of this page.

GAMBLING

1	Circle any of the following you have gambled on in the last TEN (10) years:		
	Cards	Horses	Dogs
	Dice	Lottery	Lotto
	Numbers	Sporting events	Slot Machines
	Other		
List the extent of your gambling on any of the above you have circled or listed:			

If you answer **YES** to the following questions, explain fully on the back of this page.

		Yes	No
2	Do you have any gambling debts?		
3	Have you ever borrowed money to gamble?		

MISCELLANEOUS QUESTIONS

If you answer **YES** to the following questions, explain fully on the back of this page.

		Yes	No
1	Are you a member, or have you ever been a member of a private organization that promotes violence as a means to an end?		
2	Have you ever participated in a demonstration that the sole purpose of that demonstration was to violate local, state, or federal laws?		
3	Have you ever participated in an event that infringed on the rights of specific individuals as set forth in the Constitution of the United States?		
4	Do you have any aversion to taking and signing an "Oath of Office" as set forth by the Laws of the State of Georgia?		
5	Do you know of anything that might prevent you from obtaining the position for which you have applied?		
6	Have you purposely omitted any information from your employment application, resume, this document, or any other document you have submitted?		
7	Is there any reason why you cannot work flexible, rotating shifts as they are related specifically to your job assignment or duties?		
8	Is there anything else you would like to tell us that has not been addressed in this document?		
9	Were you able to understand all of the questions in this document? If NO , please explain fully on the back of this page.		

FINAL STATEMENTS OF UNDERSTANDING

I hereby swear that all statements made in this questionnaire are true and complete. I also understand that any misstatements of material facts will subject me to disqualification and termination of the application process or employment and could result in criminal prosecution under OCGA 16-10-20.

I further understand that after submitting my background paperwork, I will **not** contact the background unit to gain information regarding the standing of my application. I understand that most of the contact between my background investigator and me will be done by mail, and I will keep the Gwinnett County Sheriff's Office informed of any address or phone number changes that affect me during the hiring process.

**BOOKLETS NOT NOTARIZED WILL NOT BE CONSIDERED FOR
PROCESSING**

SIGNATURE OF APPLICANT

DATE

NOTARY PUBLIC