

Gwinnett County Sheriff's Office

2900 University Parkway

Lawrenceville, GA 30043

(770) 619-6500 Fax (770) 822-31

Bill Walsh
Chief Deputy
Lou Solis
Chief Deputy
Don Pnkard
Jail Administrator

R.L. (Butti) Conway, Sherty	(770) 619-6500 F	Fax (770) 822-3115	Jail Administrator	
TO:		Employer References		
		Work #: Fax#: E-Mail:		
To Whom It May Concern:				
The individual listed below is an app the hiring process is the completion				
consider this applicant for a posit enclosed self-addressed stamped	ion with our agend envelope.	cy. When complet	rovide us the information needed to ed, return the questionnaire in the from the applicant to release any	
Full Name (Printed or Typed):				
Full Name (Signature):				
Date:	Phone Number:		Social Security Number:	
Current Address:				
Position Held:		Date of Employme	nt: From / To	
Thank you in advance for your time questions, please contact me at 77 Sincerely, Professional Standards Division Background Unit		*If this is your	this questionnaire. If you have any current employer, please do or do not want us to send ce letter.	
		Send a Letter to	My Current Employer	

DO NOT Send a Letter to My Current Employer

Applicant Name: _				
		elow AVER erage	AGE Very Good	Excellent
Attendance				
Appearance				
Overall Attitude /				
Disposition Punctuality				
Punctuality				
Dependability				
Ability to				
Exercise				
Discretion Ability to Follow				_
Oral Instructions				
Ability to				
Complete				
assignments Communication				+
Skills				
Overall				
Performance				
			1 14	
			Yes	No
is the applicant eligi	ole for re-employment w	th your firm/agency	′	
Office?	end this applicant for a p	osition with the Sher	iff's	
Are you related to th If "Yes", How?	is applicant?			
Was the employee s	subject to any disciplinar		yed by	
your company/agend	cy? If " Yes " please exp	lain below.		
Reason given for le	aving position:			
reason given for le	army position.			
	ADDIT	IONAL COMM	IENTS	
Name of Persor	Completing Report	Title	Phone Number	Date

Name of Person Completing Report	Title	Phone Number	Date