

# WAIVERS

# NOTICE

## DEPUTY SHERIFF APPLICANTS

All applicants for the position of Deputy Sheriff should be aware of the following Georgia statute:

O.C.G.A. 35-8-22, Reimbursement of training expenses by subsequent employer of peace officer; collection procedure.

- (a) Unless otherwise provided by an employment contract to the contrary, if the State of Georgia or any county or municipality thereof, employs a peace officer and said peace officer is hired by another agency within 15 months after completing mandated or formalized training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency or the peace officer to the State of Georgia or any county or municipality thereof which initially paid for such training. If said officer is hired by another agency during a period of 15 to 24 months after mandated or formalized training requirements are completed, then one half of the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency or the peace officer to the State of Georgia or any county or municipality thereof which initially paid for such training. The council shall set standards for reimbursement by hiring agencies or peace officers based upon actual expenses incurred in mandated or formalized training by individual departments.
- (b) The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment thereof and may enforce collection of such obligation through civil remedies and procedures. (Code 1981, 35-8-22, enacted by Ga. L. 1992, p. 1325, 2.)

I, \_\_\_\_\_, have read and understand O.C.G.A. 35-8-2.  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**GWINNETT COUNTY SHERIFF'S OFFICE  
PROFESSIONAL STANDARDS DIVISION**

**AUTHORIZATION FOR RELEASE OF PERSONAL RECORDS AND INFORMATION  
CONSENT FORM**

I hereby authorize the Gwinnett County Sheriff's Office to investigate and receive any criminal history records information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, any other state, or any other country.

I also authorize any Sheriff's Officer or authorized representative of the Gwinnett County Sheriff's Office bearing this release, or copy thereof, within one year of it's date, to obtain any information and/or records concerning myself, whether the said information and /or records are of a public, private or confidential nature.

The intent of this authorization is to give my full and complete disclosure of the following records and request that the custodians of such records/information permit my records to be examined, copied or otherwise reviewed.

1. Information and/or records from any educational institution that I have attended including, but not limited to, academic achievement, attendance athletic, personal history, and disciplinary action.
2. Information and/or records from my past or present financial records contained in any financial or credit institutions including, but not limited to, records of loans, the records of commercial or retail credit agencies (including credit reports and/or rating), and other financial statements and records wherever filed.
3. Information and/or records pertaining to my employment, past and/or present. Including, but not limited to, current and past employment records, polygraph reports and charts, background reports, efficiency rating, complaints or grievances filed by or against me, disciplinary records, and personal history. I also authorize release of any information concerning pre-employment records for which I am currently or have been an applicant or candidate; these records/information to include, but not limited to, polygraph reports and charts, background reports, and any other information included in my pre-employment file.
4. Information and/or records pertaining to my personal history past/and or present, including, but not limited to, birth records, marriage and/or divorce documents, and name changes wherever filed.

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

This release is executed with full knowledge and understanding that the information is for the official use of the Gwinnett County Sheriff's Office. Consent is granted for the Gwinnett County Sheriff's Office to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities.

I hereby waive and release any claims against any party, which I may have as the result of the release of any records or information referenced in this Authorization, and acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my social security account number on a voluntary basis with the understanding federal statute or regulation does not require such. I have been advised that this number will be utilized only to facilitate the above information/records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

PRINT FULL NAME:			
INCLUDE MAIDEN NAME OR OTHER PREVIOUSLY USED NAME			
SIGNATURE:			
DRIVER'S LICENSE NUMBER AND STATE:			
HOME PHONE #:	WORK PHONE #:	OTHER PHONE #	DATE OF BIRTH:
RACE:	SEX:	SOCIAL SECURITY #	

Today's Date: \_\_\_\_\_ Notary Public: \_\_\_\_\_

**GWINNETT COUNTY SHERIFF'S OFFICE  
PROFESSIONAL STANDARDS DIVISION**

**AUTHORIZATION FOR ACCESS TO CONSUMER / CREDIT REPORT**

As required by the Consumer Credit Reform Act of 1996

I hereby authorize the Gwinnett County Sheriff's Office to receive and review any consumer / credit report pertaining to me which may be in the files of any credit reporting bureau.

The intent of this authorization is to give my consent for full and complete disclosure of financial records, past or present, contained in any financial or credit institutions including, but not limited to, records of loans, the record of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements and records wherever filed.

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

This release is executed with full knowledge and understanding that the information is for the official use of the Gwinnett County Sheriff's Office.

I hereby waive and release any claims against any party, which I may have as the result of the release of any records or information referenced in this Authorization, and acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I further understand if any adverse action relative to employment is taken based on a consumer/credit report, I am entitled to a copy of said report as well as a copy of the Federal Trade Commission's Consumer Rights Notice.

\_\_\_\_\_  
**PRINT FULL NAME:** \_\_\_\_\_  
*(INCLUDE MAIDEN NAME OR OTHER PREVIOUSLY USED NAME)*

**SIGNATURE:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

**NOTARY PUBLIC:** \_\_\_\_\_

**GWINNETT COUNTY SHERIFF'S OFFICE BACKGROUND INVESTIGATION UNIT  
GCIC/NCIC HISTORY REQUEST WORKSHEET  
(PLEASE PRINT AND FILL IN EVERY LINE)**

<b>POSITION APPLIED FOR:</b>	<b>DATE:</b>

**FULL NAME:**

<b>LAST:</b>	<b>FIRST:</b>	<b>MIDDLE:</b>	<b>MAIDEN:</b>

**CURRENT ADDRESS/PHONE NUMBERS:**

**STREET ADDRESS:**

<b>CITY:</b>	<b>STATE:</b>	<b>ZIPCODE:</b>
<b>HOME PHONE #</b>	<b>CELL or OTHER PHONE #</b>	<b>WORK PHONE #</b>

**GENERAL INFORMATION:**

<b>RACE:</b>	<b>SEX:</b>	<b>HEIGHT:</b>	<b>WEIGHT:</b>	<b>EYE COLOR:</b>
<b>HAIR COLOR:</b>	<b>DATE OF BIRTH:</b>	<b>AGE:</b>	<b>SOCIAL SECURITY NUMBER:</b>	

**CURRENT/PAST DRIVER'S LICENSE INFORMATION:**

<b>CURRENT DRIVER'S LICENSE NUMBER:</b>	<b>STATE:</b>	
<b>EXPIRATION DATE:</b>	<b>LICENSE CLASS:</b>	<b>RESTRICTIONS:</b>
<b>NOTE: LIST ALL OTHER STATES IN WHICH YOU HAVE EVER HAD A DRIVERS LICENSE</b>		
<b>STATE:</b>	<b>YEAR:</b>	<b>LICENSE NUMBER (IF KNOWN)</b>

**NOTE: LIST ANY OTHER NAME YOU HAVE EVER USED. (LAST, FIRST, MIDDLE) ALSO GIVE AN EXPLANATION AS TO THE NAME CHANGE (MAIDEN, PREVIOUS MARRIAGE, ADOPTED OR NICKNAME)**

NAME	EXPLANATION
NAME	EXPLANATION

<b>ARN#: DEPARTMENTAL USE ONLY</b>

**DRIVERS/CRIMINAL HISTORIES CHECKED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(FORM 2 APPLICANT RELEASE AND HOLD HARMLESS AGREEMENT)

I, \_\_\_\_\_, hereby acknowledge that I am a Peace Officer applicant, or a candidate for appointment or certification to a position as a Peace Officer in the State of Georgia, or for attendance at a basic training course required for such appointment and certification.

1. I hereby request that my former employers release to any law enforcement agency requesting employment related information as defined in O.C.G.A. §35-8-8(c)(1) the following:

All written information contained in a prior employer's records or personnel files that relates to an applicant's, candidate's, or peace officer's performance or behavior while employed by such prior employer, including performance evaluations, records of disciplinary actions, and eligibility for rehire. Such term shall not include information prohibited from disclosure by federal law or any document not in the possession of the employer at the time a request for such information is received.

2. In consideration of your providing such information to my prospective Law Enforcement employer, I hereby forever release and agree to hold harmless and to defend from all liability for any claims, causes of action or suits or charges by every former employer who provides such complete and accurate information about my employment to the requesting law enforcement agency in accord with O.C.G.A. §35-8-8(c)(2).

3. I understand that O.C.G.A. §35-8-8(c)(5) provides as follows:

Before taking final action on an application for employment based, in whole or in part, on any unfavorable employment related information received from a previous employer, a law enforcement agency shall inform the applicant, candidate, or peace officer that it has received such employment related information, and that the applicant, candidate, or peace officer may inspect and respond in writing to such information. Upon the applicant's, candidate's, or peace officer's request, the law enforcement agency shall allow him or her to inspect the employment related information and to submit a written response to such information. The request for inspection shall be made within five business days from the date that the applicant, candidate, or peace officer is notified of the law enforcement agency's receipt of such employment related information. The inspection shall occur not later than ten business days after said notification. Any response to the employment related information shall be made by the applicant, candidate, or peace officer not later than three business days after his or her inspection.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
(Print Name)

Sworn to Before Me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public

\_\_\_\_\_  
Signature of Notary

My commission expires: \_\_\_\_\_



# Gwinnett County Sheriff's Office

2900 University Parkway • Lawrenceville, GA 30043 • 770.619.6500  
GwinnettCountySheriff.com | Twitter & Facebook @GwinnettSheriff

Sheriff Keybo Taylor

Chief Cleophas Atwater

## GEORGIA CRIME INFORMATION CENTER AWARENESS STATEMENT

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

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

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

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

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

Signature:	
Full Name (Printed):	
Witness Signature:	Date:



# Gwinnett County Sheriff's Office

2900 University Parkway • Lawrenceville, GA 30043 • 770.619.6500  
GwinnettCountySheriff.com | Twitter & Facebook @GwinnettSheriff

Sheriff Keybo Taylor

Chief Cleophas Atwater

## Consent Form

I hereby authorize the Gwinnett County Sheriff's Office to investigate and receive any Driving History Record information pertaining to me, which may be in files maintained in any state or local criminal justice agency. This information will be used in conjunction with my application for employment with the Gwinnett County Sheriff's Office.

Full Name					
Address					
City		State		Zip	
SSN		Date of Birth			
DL #		State			

Signature				Date:	
Position Applied for					