



**I. POLICIES AND**  
**ACKNOWLEDGMENTS**

**Non-Discrimination Policy**

The government of Gwinnett County is firmly committed to a policy of non-discrimination in employment and to achieving equal opportunity for all applicants and employees. There shall be no unlawful discrimination exercised on the basis of race, national origin, color, genetics, religion, age, disability, sex, veteran status, or political affiliation, with respect to the recruiting and examination of applicants, the hiring of eligible applicants, or in any personnel transactions affecting employees.

Printed Name of Applicant \_\_\_\_\_

Electronic Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**False Swearing Acknowledgement**

Providing false information on this document could be a violation of O.C.G.A. Sec. 16-10-71, False Swearing is a felony punishable by up to a \$1000 fine and imprisonment of up to 5 years. Being a lawful applicant for a position with the Gwinnett County Sheriff's Office, I attest and affirm that all the information I submit in this Personal History Questionnaire ("Questionnaire") is true and accurate to the best of my knowledge and belief. I understand that all of this information is subject to review and polygraph examination. I further understand that falsification or omission of information from this Questionnaire is grounds for disqualification from the hiring process of the Gwinnett County Sheriff' s Office.

Printed Name of Applicant \_\_\_\_\_

Electronic Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## **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, depending on the needs of the Sheriff's Office.

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 \_\_\_\_\_

Electronic Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**At Will or Merit System Employment Acknowledgment**

Employment in the State of Georgia is generally “at will.” This means that your employer may terminate your employment for any reason not protected by law. Merit Systems afford merit based employees additional rights, including the right to appeal certain employment decisions made by their employers. Some Gwinnett County Sheriff’s Office positions are “at will” and some are merit system based. Please ask your background investigator whether you’re applying for an “at will” position or for a merit based position.

Printed Name of Applicant \_\_\_\_\_

Electronic Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Please put a check next to the type of employment that applies to your current job application:

“at will”       merit based

# NOTICE TO ALL APPLICANTS

**WARNING: Intentional falsifications or omissions shall be deemed adequate grounds for disqualification from the hiring process.**

**The completed Personal History Questionnaire shall be returned to:**

**Gwinnett County Sheriff's Office  
Professional Standards Section  
2900 University Parkway  
Lawrenceville GA 30043**

**The Questionnaire can be returned to the address above via mail, in person, or via email to your background investigator:**

Email: GCSOPSSbackground@Gwinnettcountry.com      Phone: 770-822-3128

**All questions should be directed to your background investigator. They can be reached via email or phone at the contact info listed above.**

<b>Questionnaire returned date:</b>	<b>By:</b>
<b>Reviewed date:</b>	<b>By:</b>

## **II. INSTRUCTIONS**

- 1. This Questionnaire must be completed in its entirety with all requested information supplied by the applicant.**
- 2. Please type all responses to the questions asked. Provide all information requested.**
- 3. Read and review this Questionnaire before you begin.**
- 4. The acknowledgments in the first few pages will be electronically signed before the Questionnaire is returned to the Gwinnett County Sheriff's Office.**
- 5. Supporting documents listed below will be required to complete the background investigation. Not all documents may apply to you. Your background investigator will let you know which items they will need from you.**

<b>Supportive Documents</b>	
<b>Drivers License</b>	
<b>Birth Certificate</b>	
<b>Social Security Card</b>	
<b>High School / GED Diploma</b>	
<b>College Diploma</b>	
<b>Seven Year Driver's History From State DMV</b>	
<b>DD 214 (s)</b>	
<b>POST Entrance Exam or other substitute exam</b>	
<b>Name Change Document(s)</b>	
<b>Essay Completed</b>	
<b>Background Booklet completed</b>	

## **About your Background Investigation**

**Why is a background investigation necessary?** \_\_\_\_\_  
Initial

The general public expects public safety employees to be of good character and reputation, fit to serve their needs. To facilitate this public demand and the requirements of law, a confirmation of certain personal and work-related information is accomplished for each applicant. This investigation is not intended to discover derogatory information about you, but to confirm your suitability for the job. Data is gathered from various information sources as well as personal interviews with references, and past employers. Information you provide, as well as information the investigation reveals, is **STRICTLY CONFIDENTIAL** and will not be released to unauthorized persons.

Should you have any questions regarding your employment process, contact your background investigator. Their information can be found on page 2 .

Thank you for your interest in employment with the Gwinnett County Sheriff's Office.

**Change of Information:** \_\_\_\_\_  
Initial

It is the responsibility of each applicant to notify the Gwinnett County Sheriff's Office Professional Standards Unit of any and all changes in information which has been entered in this Questionnaire by the applicant.

By affixing you signature to the "Acknowledgment" page at the beginning of the Questionnaire, you agree to keep the Gwinnett County Sheriff's Office Professional Standards Unit informed of any and all changes to the information you have entered or otherwise provided either verbally or written. This includes, but is not limited to arrests or criminal charges, job terminations, changes in financial status, civil litigation, illegal drug use, residence changes, telephone number changes, or other information.

Your notification of changes in information can be made in person, by telephone, or via email, but only to a member of the Gwinnett County Sheriff's Office Professional Standards Unit.





List and describe any marks, or tattoos you may have, that represent affiliation with or membership in criminal enterprises, street gangs or other groups that advocate violence and/or bigotry.

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Are you a United States citizen? Yes ( ) No ( )

Natural born	<input type="checkbox"/>	Naturalized	<input type="checkbox"/>	Resident alien	<input type="checkbox"/>
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If you are a naturalized citizen of the United States, provide your certificate of citizenship document number: \_\_\_\_\_

Please list any special skills, and abilities. Please include any foreign language skills, technical skills, or anything else which you feel may benefit you in the job you applied for :

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#### **IV. RESIDENCES**

List all of your addresses for the last ten years. Start with your present address at the top, and include any address you had while in the military or college: (Include **all** apartment numbers).

<b>NO.</b>	<b>FROM: Mo. / Yr.</b>	<b>TO: Mo. / Yr.</b>	<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
Now						
2						
3						
4						
5						
6						
7						
8						
9						
10						



## VI. REFERENCES

Fill in the names of four persons not related to you by blood or marriage, and not former employers, who have known you for at least **one** year. All persons you name may be asked to appraise your character, ability, experience, personality, or other qualities.

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	CELL PHONE	
ADDRESS	EMAIL	YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	CELL PHONE	
ADDRESS	EMAIL	YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	CELL PHONE	
ADDRESS	EMAIL	YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	CELL PHONE	
ADDRESS	EMAIL	YEARS KNOWN

## **VII. EMPLOYMENT HISTORY**

Are you currently a Georgia P.O.S.T. Certified Peace Officer? Yes ( ) No ( )

Have you been awarded any Georgia P.O.S.T. certification or any certification from another state? Yes ( ) No ( ) If Yes, please provide the state, type of certification, and the certification number.

STATE	TYPE OF CERTIFICATION	NUMBER

What is your present occupation? \_\_\_\_\_

How did you find out about this job? \_\_\_\_\_

Have you previously submitted an application for employment to the Gwinnett County Sheriff's Office Yes ( ) No

If yes, please explain giving the position applied for, the date, and the outcome.

\_\_\_\_\_  
\_\_\_\_\_

If you were previously employed with the Sheriff's Office, why did you leave?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever failed or not completed a law enforcement academy for any reason? Yes  No  If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

List all Law Enforcement agencies to which you have submitted applications.

LAW ENFORCEMENT AGENCY AND POSITION APPLIED	DATE APPLIED	HOW FAR ARE YOU IN THE HIRING PROCESS

Please answer the following:

		YES	NO
1	Do you object to wearing a uniform, or carrying, or using any equipment required to perform the duties of a Deputy Sheriff?		
2	Do you object to, or would anything in your life prevent you from working evenings, nights, weekends, or holidays?		
3	Do you have previous experience with shift work?		
4	Have you ever been involved in a business as an owner, as a partner, or as a cooperate member?		
5	Do you hold active or silent interests in any company?		
6	Have you ever taken goods or services from any employer without permission?		
7	Have you ever left a job without giving notice when notice was required?		
8	Have you ever accepted a bribe to perform or not perform your duty?		
9	Has a supervisor ever reprimanded you for being late or for being absent?		
10	Has a supervisor ever reprimanded you for misconduct or for not performing your job properly?		





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

If Yes, please list the date you attended basic mandate school, the agency that sponsored you, and your certification number in the space below.

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Is your Law Enforcement, Correction, Jailer, Probation, or Parole Officer Certification under investigation by any state or federal Law Enforcement Training Council? Yes  No  If Yes, please explain

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Has your Law Enforcement, Correction, Jailer, Probation, or Parole Officer Certification ever been revoked or placed on probation by any state or federal Law Enforcement Training Council? Yes  No  If Yes, please explain

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	Yes	No
If you have been, or are currently a peace officer or correctional officer, have you ever used excessive force?	<input type="checkbox"/>	<input type="checkbox"/>

If you have been, or are currently a peace officer or correctional officer, has it ever been deemed by your employer that you used excessive force?	<input type="checkbox"/>	<input type="checkbox"/>
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Has it ever been alleged that you made an improper or illegal arrest while working in any law enforcement job?	<input type="checkbox"/>	<input type="checkbox"/>
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List all the jobs you have held in the last ten years. Start with your present, or most recent position. Include all periods of full time, part time, and temporary positions. **List all periods of unemployment.** List a single military enlistment as one job. **Include any Law Enforcement positions held during your lifetime.** Important: Gwinnett County Sheriff's office will verify your work history through existing records.

EMPLOYER	DATES EMPLOYED FROM	IN THE 3 BOXES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES	
TELEPHONE	TO		
ADDRESS			
POSITION			
NAME & TITLE OF YOUR SUPERVISOR		FULL TIME VOLUNTARY	PART TIME UNEMPLOYED
REASON FOR LEAVING		WERE YOU FIRED OR ASKED TO RESIGN?	

EMPLOYER	DATES EMPLOYED FROM	IN THE 3 BOXES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES	
TELEPHONE	TO		
ADDRESS			
POSITION			
NAME & TITLE OF YOUR SUPERVISOR		FULL TIME VOLUNTARY	PART TIME UNEMPLOYED
REASON FOR LEAVING		WERE YOU FIRED OR ASKED TO RESIGN?	

EMPLOYER	DATES EMPLOYED FROM	IN THE 3 BOXES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS		
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		FULL TIME VOLUNTARY      PART TIME UNEMPLOYED
REASON FOR LEAVING		WERE YOU FIRED OR ASKED TO RESIGN?

EMPLOYER	DATES EMPLOYED FROM	IN THE 3 BOXES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS		
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		FULL TIME VOLUNTARY      PART TIME UNEMPLOYED
REASON FOR LEAVING		WERE YOU FIRED OR ASKED TO RESIGN?

EMPLOYER	DATES EMPLOYED FROM	IN THE 3 BOXES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS		
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		FULL TIME VOLUNTARY      PART TIME UNEMPLOYED
REASON FOR LEAVING		WERE YOU FIRED OR ASKED TO RESIGN?

EMPLOYER	DATES EMPLOYED FROM	IN THE 3 BOXES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS		
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		FULL TIME VOLUNTARY      PART TIME UNEMPLOYED
REASON FOR LEAVING		WERE YOU FIRED OR ASKED TO RESIGN?

EMPLOYER	DATES EMPLOYED FROM	IN THE 3 BOXES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS		
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		FULL TIME VOLUNTARY      PART TIME UNEMPLOYED
REASON FOR LEAVING		WERE YOU FIRED OR ASKED TO RESIGN?

EMPLOYER	DATES EMPLOYED FROM	IN THE 3 BOXES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS		
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		FULL TIME VOLUNTARY      PART TIME UNEMPLOYED
REASON FOR LEAVING		WERE YOU FIRED OR ASKED TO RESIGN?

EMPLOYER	DATES EMPLOYED FROM	IN THE 3 BOXES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS		
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		FULL TIME VOLUNTARY      PART TIME UNEMPLOYED
REASON FOR LEAVING		WERE YOU FIRED OR ASKED TO RESIGN?

EMPLOYER	DATES EMPLOYED FROM	IN THE 3 BOXES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS		
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		FULL TIME VOLUNTARY      PART TIME UNEMPLOYED
REASON FOR LEAVING		WERE YOU FIRED OR ASKED TO RESIGN?

EMPLOYER	DATES EMPLOYED FROM	IN THE 3 BOXES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS		
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		FULL TIME VOLUNTARY      PART TIME UNEMPLOYED
REASON FOR LEAVING		WERE YOU FIRED OR ASKED TO RESIGN?

Do you have any type of professional license or certification not related to law enforcement? Yes No If Yes, please explain below.

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Do you have any relatives that are currently employed with Gwinnett County? Yes ( ) No ( ) If Yes, please provide more information below.

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Have you ever worked for Gwinnett County before? Yes ( ) No ( ) Please explain below.

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How did you here about this job? Please check the appropriate box.

Advertisement

Mailing

Job Fair

Internet posting

Current employee

Other

Date/Location\_\_\_\_\_

Which site\_\_\_\_\_

Name (be specific) \_\_\_\_\_

\_\_\_\_\_

**VIII. FINANCIAL INFORMATION**

Are you now in, or in the last five years have you ever filed bankruptcy? Yes ( ) No ( ) If Yes, please explain giving dates and pertinent details.

LOCATION OF COURT	DATE	DETAILS

Have you ever been involved in **ANY** type of civil lawsuit? Yes ( ) No ( ) If Yes, please explain.

LOCATION OF COURT	DATE	TYPE OF LAWSUIT

Have you ever gambled or placed a bet on anything in the last 10 years? Yes ( ) No ( ) If Yes, list the extent of your gambling below.

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Do you have any gambling debts or have you ever borrowed money to gamble? Yes ( ) No ( ) If Yes, explain below.

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		YES	NO
1	Do you or have you ever had any accounts in collections?		
2	Are you at present the subject of a tax lien or other lien?		
3	Have you ever had your wages garnished?		
4	Have you ever had anything repossessed?		
5	Have you ever used a credit card without permission or forged a check?		
6	Have you ever intentionally written a bad check?		
7	Within the last 5 years, have you been evicted from a residence?		
8	Have you ever tried to obtain credit with someone else's identity?		

If Yes, please explain using the number(s) from the above questions:

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**IX. MILITARY INFORMATION**

What training and experience did you receive in the military that would be beneficial for this position?

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What type of discharge did you receive as listed on form DD214? (Honorable, Dishonorable, General, etc.)

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Please explain details of your discharge if it was not an honorable discharge. A less than Honorable discharge is not an absolute disqualification to employment.

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List the periods of your active military service.

<b>BRANCH OF SERVICE</b>	<b>ENLISTMENT PERIOD</b>	<b>HIGHEST RANK HELD</b>



**X. ALCOHOL**

Have you ever been disciplined or terminated by an employer for using alcoholic beverages at work?

Yes ( ) No ( ) If Yes, please explain.

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Have you ever been arrested and/or convicted because of an alcohol related offense?

Yes  No  If Yes, please explain.

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List the approximate date you were last intoxicated (drunk)? \_\_\_\_\_

## **XI. ILLEGAL DRUGS**

**IMPORTANT:**

Take time to read this section before making any entries. Your entries **must be truthful.**

**Definition / Guidelines**

Illegal drugs / substances: Any pill, powder, crystal, fluid, gas, propellant, liquid, or any other form of substance which has been, or is considered an illegal and / or dangerous drug, or controlled substance.

It is a fact some individuals have experimented with drugs or substances some time in their life. In the spaces provided, list all illegal drugs or controlled substances you have ever tried, used, or experimented with in your entire lifetime. Please include any steroid use. The use of, or experimentation with an Illegal drug (s) may not necessarily mean automatic disqualification.

- I have never used an illegal drug or substance.
- I have tried / used the Illegal drugs or substances listed below.

<b>ILLEGAL DRUG TYPE/ NAME</b>	<b>DATE FIRST USED</b>	<b>DATE LAST USED</b>	<b>NUMBER TIMES USED</b>

Have you ever taken a prescription medication, which was not prescribed, to you? Yes  No  ( If Yes, please provide the information below.

ILLEGAL DRUG TYPE/NAME	DATE FIRST USED	DATE LAST USED	NUMBER OF TIMES USED

List any and all illegal drugs or substances you have ever sold, distributed, or given away to any person or group by any method. This is to include selling, distributing, or giving away to friends or to members of your family, at no profit to yourself.

I have never been involved in drug sales or distribution of any kind.

I have sold, distributed, or given away the following drugs / substances in my lifetime.

ILLEGAL DRUG TYPE/NAME	NUMBER OF TIMES DISTRIBUTED	LAST TIME DISTRIBUTED

Have you ever been associated with any person who is/ was involved in the distribution of any illegal drugs? Yes  No  If Yes, please explain.

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**XII. CRIMINAL ACTIVITY / ARREST HISTORY**

**It is important that you answer each of the following questions truthfully. The polygraph examiner will inquire further about what you have to say in this area.**

Check any of the following you have **ever committed or done**. Whether detected or undetected.

ARSON		MURDER	
ASSAULT		PASSING BAD CHECKS	
AUTO THEFT		VANDALISM	
BREAKING & ENTERING/ BURGLARY		EXTORTION	
DRAG RACING/RECKLESS DRIVING		ROBBERY	
DRUG SALES		SHOPLIFTING	
DUI / DWI		STEAL ANYTHING	
POSSESSION OF MARIJUANA OR ANY ILLEGAL NARCOTICS		ANY SEX CRIMES (Rape, Child Molestation, Incest, Aggravated Sodomy, Peeping Tom, etc.)	
MANUFACTURE OR GROW ANY ILLEGAL DRUGS		ANY ACT OF DOMESTIC VIOLENCE, <i>Regardless of how Minor</i>	
BATTERY		THEFT BY TAKING	
CRUELTY TO ANIMALS		KIDNAPPING	
ENTERING AUTO		THEFT FROM EMPLOYER	
OTHER (not Listed)		CRIMES COMMITTED BY COMPUTER	

**IF NONE OF THE LISTED ITEMS ABOVE APPLY INITIAL HERE \_\_\_\_\_**

If you checked any of the crimes listed, please provide a detailed explanation.

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Have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons, which intends to overthrow, destroy, or undermine an established or existing system of legally constituted government, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States?

Yes  No  If Yes, please explain.

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Have you ever been a member or associate member, attended meetings, provided financial or any other type of assistance, volunteered for, or were in any way affiliated with any group, gang, organization, or movement that:

**YES**      **NO**

1. Requires the commission of a crime to become a member or retain membership?
2. Engages in criminal activity?
3. Embraces hatred for any racial, ethnic, or religious group?
4. Advocates any activity, such as altering the government by unconstitutional means?
5. Have you ever been asked to join or have you attempted to join any of the groups or organizations mentioned?
6. Do you have any friends, relatives or close acquaintances that have any ties with any of the groups or organizations mentioned?

Please explain any "Yes" answers below in complete detail:

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Have you ever been finger printed? Yes      No      If Yes, provide details below.

AGENCY	PURPOSE	DATE

Have you ever taken a polygraph examination or other test for the detection of deception for any reason. Yes ( ) No ( ) If so please provide further details below.

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Have you ever applied for a permit to carry a weapon? Yes ( ) No ( ) If Yes, was the permit granted? Yes ( ) No ( ) If the permit was granted, provide the date the permit was granted, agency that granted it, and the location of the agency.

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## **XIII. DRIVING RECORD**

This section pertains to your personal driving history. Your driving record will be verified in each state where you have possessed a driver's license. Please provide all requested information.

List **all** driver's licenses that were ever issued to you.

STATE	DRIVERS LICENSE NUMBER

Have you ever had your driver's license suspended, canceled, or revoked? Yes      No (      If Yes, please explain.

STATE	DRIVERS LICENSE NUMBER	SUSPENSION DATE	REASON FOR LICENSE SUSPENSION

Have you ever been refused a driver's license? Yes      No (

If Yes, please explain.

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Have you ever obtained a driver's license under an assumed name? Yes      No  
 If Yes, please explain. Include the name, date of birth used, state of issue, license number, and dates.

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List **all** traffic citations you have received in the last 10 years, moving or non-moving violations, except parking tickets.

LOCATION	DATE	VIOLATION	DISPOSITION

Do you have any pending traffic or parking citations? Yes      No  
If Yes, provide details.

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Provide information below on every motor vehicle accident that you have been involved in, in which you had control of the vehicle during the last 10 years.

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	YES                      NO
INJURY	YES                      NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	YES                      NO
INJURY	YES                      NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT		
LOCATION OF ACCIDENT		
CAUSE OF ACCIDENT		
WAS POLICE REPORT MADE?	YES	NO
INJURY	YES	NO
WHO WAS FOUND AT FAULT?		

DATE OF ACCIDENT		
LOCATION OF ACCIDENT		
CAUSE OF ACCIDENT		
WAS POLICE REPORT MADE?	YES	NO
INJURY	YES	NO
WHO WAS FOUND AT FAULT?		

DATE OF ACCIDENT		
LOCATION OF ACCIDENT		
CAUSE OF ACCIDENT		
WAS POLICE REPORT MADE?	YES	NO
INJURY	YES	NO
WHO WAS FOUND AT FAULT?		

DATE OF ACCIDENT		
LOCATION OF ACCIDENT		
CAUSE OF ACCIDENT		
WAS POLICE REPORT MADE?	YES	NO
INJURY	YES	NO
WHO WAS FOUND AT FAULT?		

Have you ever been involved in any traffic accident that resulted in a serious injury or fatality?

Yes ( ) No ( ) If Yes, please explain.

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Have you ever been involved in any "hit and run" traffic accidents or left the scene of an accident without giving assistance?

Yes ( ) No ( ) If Yes, please explain.

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Have you ever been charged or convicted, including a plea of nolo contendere, of any serious traffic offenses, including but not limited to reckless driving, laying drags, DUI/DWI, vehicular homicide, etc.?

Yes ( ) No ( ) If Yes, please explain.

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You have reached the end of the Personal History Questionnaire. Please ensure that all items are filled out completely and truthfully.

Incomplete or false information could lead to you being disqualified from the hiring process.

If you have any questions about this document or the hiring process, please contact your background investigator. Their contact information can be found on page 6.

Thank you for your interest in employment with the  
Gwinnett County Sheriff's Office.

