



Position:
Date:

JAMES K. PROCTOR, SHERIFF
CAMDEN COUNTY
P.O. BOX 699
209 E. 4TH STREET
WOODBINE, GEORGIA 31569
Phone (912) 510-5100

CAMDEN COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION



Thank you for your interest in employment with the Camden County Sheriff's Office. We offer equal employment opportunities to all person with regard to race, color, religion, sex, age, national origin, disability, and veteran or any other legally protected status.

If you are interested in applying for a posted position, please complete this application and mail it to the address above or drop it off. For further information, call 912-510-5100 or visit www.camdensheriff.org

STOP
READ THIS PRIOR TO SUBMITTING
YOUR APPLICATION

1. **Do not turn in an incomplete application.**

2. **Include ALL required documents. Do not ask to submit your application without the required documents and then ask to bring them up at a later date. The list of required documents is included with the application.**

3. **If you require copies of the application and/or any of the of the documents you submit, make them yourself prior to turning in the application.**

4. **Complete the application clearly and legibly. If it can't be read, it can't be processed.**

5. **There are multiple places on the application that need to be signed by by you, as the applicant, and by a notary. Have this done before you bring the application to turn in.**

6. **Any application submitted without ALL the required documentation will not be given any consideration and will be discarded**

INSTRUCTIONS

Please read these instructions carefully before proceeding. These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

- Your application should be printed legibly in blue/black ink. Answer all questions to the best of your ability.
- If a question is not applicable to you, enter N/A in the space provided.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses and phone numbers. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- An accurate and complete form will help expedite your investigation. Deliberate omissions and/or falsifications will result in disqualification.
- Your failure to accurately complete this form may delay confirmation of your eligibility for employment.

**FAILURE TO PRINT LEGIBLY WILL RESULT IN
HINDERING THE APPLICATION PROCESS**



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All prospective applicants applying for a position as a Deputy Sheriff or Correction Officer with the Camden County Sheriff's Office will be required to successfully complete a physical agility test prior to being interviewed for the position applied for. The test will be administered at a time and location determined by the Camden County Sheriff's Office. Failure to be present at the scheduled time and date, or failure to successfully complete the physical agility test will result in the application be rejected. **You must provide written consent from your primary physician stating you are able to complete the physical agility test on or before the date of testing.** If the applicant fails to complete the test at or below the allotted time, the applicant will be considered to have failed the physical agility test.

Any necessary equipment will be supplied by the Camden County Sheriff's Office.

By signing your name below in the space provided, you are acknowledging you have read the above requirements, and you have no known condition that would prevent you from submitting to the physical agility test. In addition, you further acknowledge that you are submitting to the physical agility test at your own risk.

Date

Print Name

Signature of Applicant

Witness Print Name

Signature of Witness



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PHYSICAL AGILITY TEST WAIVER

I hereby attest that I am in good physical health and have no injuries nor illness that prohibits me from taking the physical agility test required by James K. Proctor, Sheriff, Camden County, Georgia.

I further state that I will not hold James K. Proctor, Sheriff, Camden County, Georgia or Camden County, or the Camden County Sheriff's Office and any of the employees or members liable for any injury, accident, or death occurring to me during the administration of this test.

Date

Print Name

Signature of Applicant

Witness Print Name

Signature of Witness

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose(s) listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named
 entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check all that apply)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	M - Working with Mentally Disabled/Developmentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	P - Public Records
<input type="checkbox"/>	U - Personal Copy
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and Title Date

Subscribed and Sworn before me on this the _____ day of _____, 20_____

 Notary Public
 My Commission Expires: _____



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APPLICANT RELEASE AND HOLD HARMLESS AGREEMENT

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.

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).

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 (5) 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 (10) 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 (3) business days after his or her inspection.

Print Name

Signature of Applicant

Sworn to and subscribed before me
this _____ day of _____, 20__.

Notary Public
My Commission expires: _____

A. APPLICANT IDENTIFICATION – Information provided in this section is used for identification purposes only.

Name: Last		First		Middle	
Email Address:					
Address:					
City:		State:		Zip Code:	
Telephone Number: () -			Date of Birth: (mm/dd/yyyy)		
Social Security Number:			Place of Birth: (City/State/County)		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Height:	Weight:	Eye Color:	Hair Color:
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have the right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
List below all states in which you have resided and all states that have issued you a driver's license:					
Scars, Tattoos, or other distinguishing marks:					
Type of employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Salary/Wage expected: _____					
Have you ever applied for a job with the Camden County Sheriff's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been employed by the Camden County Sheriff's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list job(s) held and date(s) of employment: _____ _____					
List any friends or relatives employed by the Camden County Sheriff's Office: _____ _____					
Have you ever been dismissed from employment or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____					

B. RESIDENCES – List all addresses where you have lived during the past five (5) years, beginning with your current address. List dates by month and year. Attach extra pages if necessary.

FROM:	TO:	ADDRESS (include City/State/Zip)

C. PREVIOUS LAW ENFORCEMENT – Have you applied at any other Law Enforcement Agency in the past? List dates by month and year. Attach extra pages if necessary. Yes No

AGENCY	DATE

D. WORK HISTORY – Beginning with your present or most recent employer, (including military service assignments) list up to your last (5) employers. Be sure to include all periods of unemployment. Attach extra pages if necessary.

1 May we contact this employer? Yes No

Employer:			
Address:			
City:	State:	Zip Code:	
Telephone Number: () -		Extension:	
Job Title:			
Duties:			
Date of Hire:	Starting Pay:	Date Left:	Last Pay:
Name of Co-Worker:			
Supervisor's Name:			
Telephone Number:		Extension:	
Your specific reason for leaving:			

2 May we contact this employer? Yes No

Employer:			
Address:			
City:	State:	Zip Code:	
Telephone Number: () -		Extension:	
Job Title:			
Duties:			
Date of Hire:	Starting Pay:	Date Left:	Last Pay:
Name of Co-Worker:			
Supervisor's Name:			
Telephone Number:		Extension:	
Your specific reason for leaving:			

3 May we contact this employer? Yes No

Employer:			
Address:			
City:	State:	Zip Code:	
Telephone Number: () -		Extension:	
Job Title:			
Duties:			
Date of Hire:	Starting Pay:	Date Left:	Last Pay:
Name of Co-Worker:			
Supervisor's Name:			
Telephone Number:		Extension:	
Your specific reason for leaving:			

4 May we contact this employer? Yes No

Employer:			
Address:			
City:	State:	Zip Code:	
Telephone Number: () -		Extension:	
Job Title:			
Duties:			
Date of Hire:	Starting Pay:	Date Left:	Last Pay:
Name of Co-Worker:			
Supervisor's Name:			
Telephone Number:		Extension:	
Your specific reason for leaving:			

5 May we contact this employer? Yes No

Employer:							
Address:							
City:		State:		Zip Code:			
Telephone Number: () -			Extension:				
Job Title:							
Duties:							
Date of Hire:		Starting Pay:		Date Left:		Last Pay:	
Name of Co-Worker:							
Supervisor's Name:							
Telephone Number:			Extension:				
Your specific reason for leaving:							

E. MILITARY RECORD

1. Have you ever served in the U.S. Armed Forces? Yes No

2. Date of Service: From _____ To _____

Branch of Services:
Unit Designation:
Highest Rank Held:
Type of Discharge:

3. Were you ever disciplined while in the military services (include court-martial, Captain's mast, corporal punishment, etc.)? Yes No

Charge(s)	Agency	Date	Age @ Time	Disposition

If you have received a discharge other than honorable, please explain:

F. EDUCATIONAL HISTORY

High School Attended	City & State	Date Attended		Graduated	

College or University Attended:	
City & State:	Dates Attended:
Units Completed:	Major/Minor:
Degree Received, if any, & Date:	

College or University Attended:	
City & State:	Dates Attended:
Units Completed:	Major/Minor:
Degree Received, if any, & Date:	

College or University Attended:	
City & State:	Dates Attended:
Units Completed:	Major/Minor:
Degree Received, if any, & Date:	

List any other schools attended (Trade, Vocational, Business, etc.) Give name and address of school, dates attended, course of study, certificate, and other pertinent information.

G. SPECIAL QUALIFICATIONS AND SKILLS

1. List any special licenses you hold (pilot, radio operator, scuba, etc.) showing licensing authority, original date of issue, and date of expiration.

2. List any specialized machinery or equipment which you can operate.

3. If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair)

Language	Reading	Speaking	Understanding	Writing

4. List any other special skills, qualifications, or experience you may possess that you believe may be beneficial to you if hired.

H. ARREST, DETENTION, AND LITIGATION

1. Have you ever been arrested, detained by police, summoned into court, pled guilty or no contest or been convicted of a crime? Yes No

If yes, complete the following (list juvenile as well as adult occurrences).

Reason Detained/Crime Charged	Law Enforcement Agency City/State	Date	Disposition of Case

NOTE: Answering “yes” does not constitute an automatic bar to employment. Please give details and penalties of each occurrence.

2. Have you ever been involved as party in civil litigation? Yes No

I. TRAFFIC RECORD

1. License Number, Class and Expiration Date: _____

2. Has your driver's license ever been suspended or revoked? Yes No

If yes, please give details (date, location, reason)

3. With what company do you carry auto insurance?

4. List, to the best of your ability, all driving citations you have received as a juvenile or an adult, excluding parking tickets.

Month & Year	Charge	City & State	Disposition

5. Describe, in a brief narrative, any traffic accidents in which you have been involved, giving approximate dates and locations.

I. FINANCIAL OBLIGATIONS

1. Have you ever filed for bankruptcy or filed for the Wage Earner's Plan?

Yes No

If yes, please give details (include when, where, why):

2. Have any of your bills ever been turned over to a collection agency?

Yes No

If yes, please give details (include when, firm involved, circumstances):

3. Have you ever had purchased goods repossessed? Yes No

If yes, please give details (include when, firm involved, circumstances):

4. Have your wages ever been garnished? Yes No

If yes, please give details (include when, where, why):

5. Have you ever been delinquent on income tax or other tax payments?

Yes No

If yes, please give details (include when, where, why):

J. REFERENCES – List three (3) persons who know you well enough to provide current information about you. Do not list relatives or former employers. Do not list more than one reference from the same household.

Name:		Years Known:
Address (include City/State/Zip):		
Home Phone:	Business Phone:	Cell Phone:
Business Address (include City/State/Zip):		

Name:		Years Known:
Address (include City/State/Zip):		
Home Phone:	Business Phone:	Cell Phone:
Business Address (include City/State/Zip):		

Name:		Years Known:
Address (include City/State/Zip):		
Home Phone:	Business Phone:	Cell Phone:
Business Address (include City/State/Zip):		

K. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)

Name & Address	Type	From	To



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APPLICANT STATEMENT

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

Date

Print Name

Signature of Applicant

Witness Print Name

Signature of Witness



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NOTICE TO APPLICANTS

Under the provisions of the Fair Credit Report Act (Section 604(b)), you are hereby notified of the following:

As part of the pre-employment screening for the position which you have applied, a consumer credit report will be requested by the Camden County Sheriff's Office. This report could be used in part to make a decision as to your suitability for the position for which you have applied.

You must provide a copy of your credit report from the credit reporting agency of your choice when submitting your application. There are three (3) different credit reporting agencies; Transunion, Experian, and Equifax.

There are websites such as: www.creditkarma.com or www.annualcreditreport.com that will provide a free credit report from each credit reporting agency.

If an adverse decision is made based in part or whole on your credit report, you will be furnished a copy of the report you provided, along with a summary of your consumer rights. A copy of these documents will not be provided should you be rejected for reasons other than the credit report or should you be accepted for employment.

By affixing your signature to this notice, you acknowledge receipt of the same. This document is not an authorization for credit inquiry.

Date

Print Name

Signature of Applicant

Witness Print Name

Signature of Witness



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HIPAA PRIVACY AUTHORIZATION FORM

I authorize any and all healthcare providers to use and disclose the protected health information described below to the Camden County Sheriff's Office.

This authorization for release of information covers all past, present and future periods.

I authorize the release of my complete health record, including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse.

This authorization shall be in force indefinitely unless revoked by me in writing. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

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

_____ Date

_____ Signature of Applicant

_____ Print Name

_____ Address

_____ Telephone Number

_____ Date of Birth

_____ Social Security Number

Sworn to and subscribed before me
 this ____ day of _____, 20__.

 Notary Public
 My Commission expires: _____

(Note: This form MUST be notarized)



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NOTICE TO APPLICANTS

Any individual who has been arrested or convicted of a felony under the laws of this State, The United States, or any other state, may not be considered for employment. Individuals who have prior arrests or convictions for certain misdemeanor offenses, or have extensive records involving violations of traffic laws may be disqualified as applicants. All persons employed by the Office of the Sheriff must be approved for bonding purposes. Any person employed who may be required to operate a vehicle, as part of their duties, must be acceptable to the county's vehicle insurance carrier.

Applicants may be required to successfully pass a physical agility test, pre-employment physical, voice stress analysis (VSA), and drug screening. All persons employed by this Office will be subject to random drug testing. All applicants for employment as jailors or Deputy Sheriffs, whose duties include enforcing the law, will be required to successfully pass a physical agility test. Persons employed by this Office may be required to successfully complete various training courses. Any person accepted for employment whose duties require them to carry firearms or other weapons will have to successfully complete firearms and weapons training and continued periodic qualification testing demonstrating proficiency with firearms and weapons. Background investigations are conducted on all applicants. A search for criminal history and driver's license records will be conducted on all applicants. Any person accepted for employment will also undergo a criminal search based on fingerprints.

Notice is hereby given that any person employed may be subject to shift work rescheduling at any time.

Pursuant to Georgia law, all employees of the Office of the Sheriff are employees of the Sheriff, serving at the pleasure of the Sheriff. The tenure of a Sheriff's employee is dependent alone upon the will of the Sheriff whose employee he is, and who may discharge him when he chooses, but also upon the reelections of the Sheriff.

I understand and acknowledge the terms of employment and application process as hereinbefore described.

Print Name

Signature of Applicant

Sworn to and subscribed before me
this _____ day of _____, 20__.

Notary Public
My Commission expires: _____



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ACKNOWLEDGEMENT

Official Code of Georgia 35-8-2. Reimbursement for Peace Officer's mandated of formalized training.

- 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 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 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 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.
- c) Effective July 1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the Peace Officer in question signed an acknowledgment to the terms of this Code section prior to such Peace Officer's employment with the demanding governmental unit. Otherwise, this Code section shall not apply to such demand for reimbursement.

Laws 1992, p. 1325, 2; Laws 2003, Act 66, 1, eff. July 1, 2003.

Applicant hereby acknowledges he has read and understood the terms of this Code section

this _____ day of _____, 20____.

Print Name

Signature of Applicant

Witness Print Name

Signature of Witness



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AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN: _____ Date: _____

I hereby authorize any representative of:

Business Name: _____ Phone Number: _____

Representative's Name: _____

Representative's Signature: _____

bearing this release, to obtain criminal and/or other information in your files pertaining to me.

I hereby direct you to release such information upon request of the bearer. This release is executed with the full understanding knowledge and understanding that the information is for the official use of the Camden County Sheriff's Office.

Consent is granted for the Camden 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 release you, as the custodian of such records, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I am furnishing my Social Security Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised the Camden County Sheriff's Office will utilize this number only to facilitate the location of criminal and/or other 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.

Full Name: _____

Signature _____

SSN: _____ Phone Number: _____

Race: _____ Sex: _____ Date of Birth: _____

Current Address _____

Witness Print Name: _____ Witness Signature: _____



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Georgia Bureau of Investigation Georgia Crime Information Center

Georgia Driver's History Consent Form

I hereby authorize the **Camden County Sheriff's Office** to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name:

Sex:

Date of Birth:

Driver's License Number:

Signature: _____

Date: _____



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Thank you for applying for employment with the Camden County Sheriff's Office. In order to further process your application for employment with the Camden County Sheriff's Office, a background investigation will be conducted in accordance with the Sheriff's Office policy. In order for the background investigation to begin, please provide copies of the following documents:

- Y High School Diploma or Equivalent from a recognized accredited institution
- Y Social Security Card
- Y DD214 Form 4 (if applicable)
- Y Driver's License
- Y Birth Certificate
- Y Current Credit Report
- Y Any Law Enforcement Certifications (if applicable)

Failure to provide the above documents may delay processing of your application. Please be sure to thoroughly complete each page.