



COLUMBIA COUNTY SHERIFF'S OFFICE

Clay N. Whittle, Sheriff
2273 COUNTY CAMP ROAD
POST OFFICE BOX 310
APPLING, GEORGIA 30802-0310
(706) 541-1043



Citizen's Law Enforcement Academy Application

Personal Information

COMPUTER ORI
GA 0360000

OFFICE FAX:
(706) 541-4059

JAIL FAX:
(706) 541-1740

Name _____
First Middle Last

Address _____
Street City State Zip

COMMAND STAFF

Lou Ciamillo, CHIEF DEPUTY
(706) 541-4041

Mike Adams, MAJOR
MANAGEMENT SERVICES
BUREAU
(706) 541-4053

Rick Whitaker, MAJOR
FIELD OPERATIONS
BUREAU
(706) 541-3981

John Wheeler, MAJOR
DETENTION AND
COURT SERVICES BUREAU
(706) 541-3920

Dan Barnett, CAPTAIN
INTELLIGENCE UNIT
(706) 541-4055

Butch Askew, CAPTAIN
PATROL DIVISION
(706) 447-7644

Steve Morris, CAPTAIN
INVESTIGATIONS DIVISION
(706) 541-4050

Donna Dunham, CAPTAIN
OFFICE OF PROFESSIONAL
STANDARDS
(706) 541-3937

John Whittle, CAPTAIN
TRANSPORTATION AND
COURT SERVICES
DIVISION
(706) 541-3920

Sharif Chochoi, CAPTAIN
SPECIAL OPERATIONS
DIVISION
(706) 447-7628

Clay Smith, CAPTAIN
ADMINISTRATIVE SERVICES
DIVISION
(706) 541-4027

Brett Carani, CAPTAIN
DETENTION CENTER
DIVISION
(706) 541-3920

E-Mail Address _____

Telephone Numbers _____
Home Work Other

SS# _____ DL# _____

Date of Birth _____

Sex: M () F () Height: _____ ft. _____ in. Weight _____

Eyes: _____ Hair: _____

Are you a U.S. Citizen? () Yes () No

Military Record

Branch _____ Rank Attained _____

Date of Entry _____ Date of Discharge _____

Type of Discharge _____

Have you (since the age of 18) ever been convicted or plead guilty or no contest to a misdemeanor? () Yes () No

Have you (since the age of 18) ever been convicted or plead guilty or no contest to a felony? () Yes () No

If yes, describe circumstances: _____

List any friends or relatives working for the Columbia County Sheriff's Office:

Place of employment and phone number:

List three personal references. Do not list relatives.

NAME	ADDRESS	PHONE #	YEARS KNOWN

Authorization and Release

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification on any part of this application form, or credentials, may disqualify me or result in my immediate dismissal, regardless of when discovered.

Furthermore, I hereby authorize the Columbia County Sheriff's Office, it's agents or representatives, to contact any person or entity named on my application, and any attached credentials, for the purpose of confirming the information contained therein and/or obtaining other information which may be material to my qualifications. I also authorize the Columbia County Sheriff's Office to perform a criminal background investigation and driving history. I hereby release the Columbia County Sheriff's Office, it's agents, representatives, and any entity providing information pursuant to this Authorization and Release of information, from all liability upon the provision of that information.

Signature: _____ Date: _____