



SHERIFF TUSCOLA COUNTY

SHERIFF GLEN SKRENT

UNDERSHERIFF ROBERT BAXTER

420 COURT STREET, CARO, MI 48723

Phone: 989-673-8161 Fax: 989-673-8164

APPLICATION FOR EMPLOYMENT (PLEASE PRINT CLEARLY)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, or any other legally protected status.

**Must have taken EMPCO test before completing application (for Corrections). Enter score _____

POSITION APPLIED FOR	Date of Application / /
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PERSONAL:

LAST NAME FIRST NAME MIDDLE NAME

Social Security # ____/____/____ Drivers/Chauffeurs License # _____

Present Address
Number & Street City State Zip

How many years have you lived at this address? _____ Phone () _____ - _____

Previous Address
Number & Street City State Zip

How long did you live there? _____

Best time to contact you at home is: _____:_____ AM
PM

Email address: _____

Have you been certified by the MI Commission on Law Enforcement Standards (COLES)? Yes No

Additional positions applying for 1. _____ 2. _____

Do you want Full Time
 Part Time

Have you ever filed an application with us before? Yes No if Yes, when _____

Are you currently employed? Yes No May we contact your employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Are you able to function normally when under temporary or prolonged stress? Yes No

With proper training and supervision, do you believe that you can perform ALL of the essential job functions of the position you are applying for, unassisted and without delay? Yes No

Have you ever been **convicted** of a crime? Yes...What _____
 _____ or No

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

NAME _____ TX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MILITARY SERVICE RECORD

Have you ever served in the armed forces Yes No If yes, what branch? _____

Dates of Duty ____/____/____ To ____/____/____ Rank At Discharge _____

What were your duties in the service (including special training and duty station)? _____

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
HIGH SCHOOL				
UNERGRADUATE COLLEGE				
GRADUATE/PROFESSIONAL				
BUSINESS OR TRADE				
OTHER (SPECIFY)				

WORK EXPERIENCE

Start with your present employer or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed From To ____/____/____	Work Performed
Address		
Tx Number(s)		
Starting/Present Job Title		
Supervisor's name & Email		
Reason For Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed From To ____/____/____	Work Performed
Address		
Tx Number(s)		
Starting/Present Job Title		
Supervisor's name & Email		
Reason For Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed From To ____/____/____	Work Performed
Address		
Tx Number(s)		
Starting/Present Job Title		
Supervisor's name & Email		
Reason For Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment _____

WORK EXPERIENCE

Employer	Dates Employed From To ____/____/____	Work Performed
Address		
Tx Number(s)		

Starting/Present Job Title	
Supervisor's name & Email	
Reason For Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed From To ____/____/____	Work Performed
Address		
Tx Number(s)		
Starting/Present Job Title		
Supervisor Email		
Reason For Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed From To ____/____/____	Work Performed
Address		
Tx Number(s)		
Starting/Present Job Title		
Supervisor's name & Email		
Reason For Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanation of any gaps in employment _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (skills/equipment operated)

- Terminal
- Pc/Mac
- Typewriter

WPM _____

- Spreadsheet
- Word Processing
- Shorthand

WPM _____

Other

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

PERSONAL PROFESSIONAL REFERENCES...DO NOT INCLUDE FAMILY MEMBERS OR PAST SUPERVISORS

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
Email Address			
2.			
Email Address			
3.			
Email Address			

PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT

In the event of employment, I understand that false, misleading or omitted information in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.*

Signature of Applicant: _____ DATE ____/____/____

***NOTE:** The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.

Background Investigation Questionnaire

IMPORTANT

The Michigan Commission on Law Enforcement Standards (MCOLES) formerly Michigan Law Enforcement Officers Training Council (MLEOTC) rule R28.4102(E), as authorized by public act 203 of 1965, requires a comprehensive background investigation for certification as a police officer in the state of Michigan.

This questionnaire provides the basis for the aforementioned investigation. Completion of this questionnaire is mandatory. False, misleading or incomplete information will be grounds for denial of employment or termination of employment.

Applicants will be evaluated on penmanship, grammar, spelling and completeness of this questionnaire. This application is to be used for any Correction Deputy/Transport Deputy position also.

Sincerely,

Robert E. Baxter
Undersheriff

INSTRUCTIONS

1. Read every question carefully. Answer every question even if redundant. **If the question does not pertain to you write “N.A.” within the appropriate space.**
2. All answers shall be printed clearly or typed.
3. Answer every question completely. If space allotted for the question is insufficient, use the additional space provided at the end of this questionnaire. Be sure to include the number of the question and maintain the same question/answer format.
4. Applicants are required to submit copies of the following documents with this questionnaire:
 - Birth Certificate
 - Current Driver’s License
 - Social Security Card
 - High School/GED Diploma
 - College Diplomas
 - Military Discharge Papers (DD214 Long Form)
 - MCOLES Pre-Employment Physical Agility & Reading/Writing Skills test scores...applicants already employed as police officers in other agencies/departments provide MCOLES pre-employment scores.OR
 - EMPCO test results for written and physical agility (**for Corrections**)
5. Certified or certifiable applicants are required to submit copies of the following documents with this questionnaire:
 - ✓ Copy of MCOLES letter of progress toward certification as a law enforcement officer (certified applicants only).
 - ✓ Copy of MCOLES training certificate (certified officers only).
 - ✓ Those submitting application for Jail/Corrections must submit any training certifications they have achieved in that field.
6. The Release of Information Waiver is to be signed with an original signature and notarized. Notarization is available in our lobby.
7. For questions about filling out these forms email Undersheriff Robert. Baxter at Undersheriff@tuscolacounty.org

And send completed materials to him at:

Tuscola County Sheriff’s Office
C/O Undersheriff Baxter
420 Court St.
Caro, MI 48723-1606

APPLICANT INFORMATION

1. Name:

Last	First	Middle
------	-------	--------

Other names (including nicknames) you have used or have been known by and explain why you were known by each name: _____

2. Current Address

Number	Street	Apt.
--------	--------	------

City	County	State	Zip
------	--------	-------	-----

Home Phone _____ Hours you can be contacted _____

Work Phone _____ Hours you can be contacted _____

Other Phone _____ Hours you can be contacted _____

3. Current Operator License Number

_____ State _____ Expiration Date _____

4. What is your Social Security Number? _____

5. What is your place of birth? _____

City	County	State
------	--------	-------

6. Are you a citizen of the United States? _____ Yes _____ No
Note: Be prepared to submit evidence of citizenship upon employment.

7. List all distinguishing marks, scars or tattoos that you have and their location.

8. Your physical description:

Height _____ Weight _____ Hair Color _____ Eye Color _____

CONTROLLED SUBSTANCES

For purposes of these questions, “controlled substances” shall mean those substances governed under Michigan Public Health Code of 1978, including, but not limited to, the following:

Amphetamines	Hallucinogens	Opium & Derivatives
Anabolic Steroids	Hashish	PCP (Angel Dust)
Barbiturates	Heroin	Peyote
Cocaine	Marijuana	Quaaludes
Codeine	Mescaline	Stimulants
Crack Cocaine	Morphine	Valium

10. Do you currently use a “controlled substance” without a valid medical prescription or in excess of the medically prescribed dosage? No Yes
11. Did you ever use or possess a “controlled substance” without a valid medical prescription or in excess of the medically prescribed dosage? No Yes
12. Have you ever purchased a “controlled substance” illegally? No Yes
13. Have you ever sold a “controlled substance” illegally? No Yes
14. Have you ever furnished alcohol to a minor? No Yes
15. Have you ever operated a motor vehicle while impaired by alcohol or a “controlled substance”? No Yes

EDUCATION HISTORY

16. In chronological order, list all schools ever attended beginning with the most recent. Be sure to include colleges, post-secondary schools, high schools, junior high schools, and elementary schools that you have attended (post-secondary schools include two and four year colleges, universities, academies, business and vocational schools – any formal education beyond high school level). You are required to have official copies made of all transcripts **IF REQUESTED**.

Tuscola County Sheriff’s Office
Attn: Undersheriff Robert Baxter

420 Court Street
Caro, MI 48723-1606

A. _____
Name of School _____ Telephone _____

Address: Number, Street, City, County, State, Zip

From ____/____ To ____/____ Major _____ Degree _____ GPA _____
Month -Year Month -Year

School References (Teachers, Counselors, Etc.) _____

B. _____
Name of School _____ Telephone _____

Address: Number, Street, City, County, State, Zip

From ____/____ To ____/____ Major _____ Degree _____ GPA _____
Month -Year Month -Year

School References (Teachers, Counselors, Etc.) _____

C. _____
Name of School _____ Telephone _____

Address: Number, Street, City, County, State, Zip

From ____/____ To ____/____ Major _____ Degree _____ GPA _____
Month -Year Month -Year

School References (Teachers, Counselors, Etc.) _____

D. _____
Name of School _____ Telephone _____

Address: Number, Street, City, County, State, Zip

From ____/____ To ____/____ Major _____ Degree _____ GPA _____
Month -Year Month -Year

School References (Teachers, Counselors, Etc.) _____

E. _____
Name of School _____ Telephone _____

Address: Number, Street, City, County, State, Zip

From ____/____ To ____/____ Major _____ Degree _____ GPA _____
Month -Year Month -Year

School References (Teachers, Counselors, Etc.) _____

17. Were you ever expelled or suspended from any colleges, post-secondary schools, high schools, junior high schools and/or elementary schools that you have attended?

No Yes If yes, specify when, where, and reason

18. List all school related disciplinary action that has occurred since the sixth grade in any colleges, post-secondary schools, high schools and/or junior high schools (include when, where and reason).

19. List any awards or certificates you received in any colleges, post-secondary schools and/or high schools. Be sure to include school, dates, award/certificate and a brief explanation.

20. Language Skills: Do you speak, read or write any language other than English?

No Yes If Yes, List each language and to what proficiency.

EMPLOYMENT HISTORY

21. Are you currently employed? No Yes

If Yes, reason why you want to change jobs. If No, reason why you left your last job?

22. Have you previously applied for employment with Tuscola County?

No Yes If Yes, when and with what County Department

23. Have you ever been employed by Tuscola County? No Yes

Date of Employment: ____/____/____ To ____/____/____ Dept. _____

Job Title _____ Supervisor _____

Reason for leaving _____

24. Have you ever worked in law enforcement as a non-paid reserve, paid reserve, part-time, or full-time officer? No Yes

If Yes, indicate every agency, position held and dates:

EMPLOYMENT HISTORY

25. In chronological order, list below your employment history. Begin with your present employer and continue listing **all** places previously employed. List all types of employment including full-time, part-time, military, and seasonal, etc., **OMIT NONE**. Also list any non-paid reserve positions with any police or fire department. Indicate name under which you were employed if different than present name.

A. _____
 Present Employer _____ Phone _____

Immediate Supervisor _____ Email _____ Phone _____

Address: Number, Street, City, County, State, Zip _____

From ____/____/____ To ____/____/____ Position _____ Salary _____

Duties and Responsibilities: _____

B. _____
 Present Employer _____ Phone _____

Immediate Supervisor _____ Email _____ Phone _____

Address: Number, Street, City, County, State, Zip _____

From ____/____/____ To ____/____/____ Position _____ Salary _____

Duties and Responsibilities: _____

C. _____
 Present Employer _____ Phone _____

Immediate Supervisor _____ Email _____ Phone _____

Address: Number, Street, City, County, State, Zip _____

From ____/____/____ To ____/____/____ Position _____ Salary _____

Duties and Responsibilities: _____

D. _____
Present Employer _____ Phone _____

Immediate Supervisor _____ Email _____ Phone _____

Address: Number, Street, City, County, State, Zip

From ____/____/____ To ____/____/____ Position _____ Salary _____

Duties and Responsibilities: _____

E. _____
Present Employer _____ Phone _____

Immediate Supervisor _____ Email _____ Phone _____

Address: Number, Street, City, County, State, Zip

From ____/____/____ To ____/____/____ Position _____ Salary _____

Duties and Responsibilities: _____

F. _____
Present Employer _____ Phone _____

Immediate Supervisor _____ Email _____ Phone _____

Address: Number, Street, City, County, State, Zip

From ____/____/____ To ____/____/____ Position _____ Salary _____

Duties and Responsibilities: _____

G. _____
Present Employer _____ Phone _____

_____ Immediate Supervisor _____ Email _____ Phone _____

Address: Number, Street, City, County, State, Zip _____

From ____/____/____ To ____/____/____ Position _____ Salary _____

Duties and Responsibilities: _____

H. _____
Present Employer _____ Phone _____

_____ Immediate Supervisor _____ Email _____ Phone _____

Address: Number, Street, City, County, State, Zip _____

From ____/____/____ To ____/____/____ Position _____ Salary _____

Duties and Responsibilities: _____

26. List every law enforcement/corrections agency you have ever applied to for employment. For purposes of this document “applied to” shall mean one or more of the following: submitted a resume, filled out an application, have taken or scheduled to take a test, etc. Include all full-time, part-time, and reserve positions (paid and unpaid). Indicate the agency’s name, application date, and the status of your application (tested, interviewed, background phase, withdrew application, etc.). **OMIT NONE.**

27. Have you ever been subject of a background investigation conducted by a law enforcement agency which was considering you for employment or by an employer for security purposes including military clearances? No Yes If Yes, list the agency's name, date of investigation, and background investigator's name.

28. Have you ever been refused employment?
 No Yes If Yes, specify when, where, and reason

29. Have you ever failed a probationary period, been fired or dismissed, and /or asked to resign from any employment?

No Yes If Yes, specify when, where, and reason

30. Are you currently or have you ever been investigated in a workplace for any alleged wrong doing of any kind

No Yes If Yes, specify when, where, and reason

31. Have you ever been subject to any disciplinary action including suspensions in connection with any employment or voluntary work?

No Yes If Yes, specify when, where, and reason

32. Have you ever been subject to any verbal and/or written reprimands in connection with any employment or voluntary work?

No Yes If Yes, specify when, where, and reason

33. Have you ever received a below-average performance rating or evaluation in conjunction with any employment?

No Yes If Yes, specify when, where, and reason

34. Are you now or have you previously been engaged in any business as a sole owner or partner?

FINANCIAL HISTORY

35. Besides present employment, list below any other sources of income that you now have.

36. Have you ever filed for bankruptcy? No Yes If Yes, provide details.

37. Are there any unpaid judgments against you? No Yes If Yes, provide details.

38. Have you ever been placed for collections on a delinquent account?

No Yes If Yes, provide details.

39. Have you ever had any of your property, including automobiles, repossessed?

No Yes If Yes, provide details.

40. Have you ever been refused a fidelity bond? No Yes If, Yes, provide details.

41. Are you currently delinquent in paying any taxes or bills?

No Yes If Yes, provide Details. _____

42. Have you ever been refused credit? No Yes If Yes, provide details.

43. Have you ever been refused any kind of insurance?

No Yes If Yes, provide details _____

44. Have you ever had any of your property, including automobiles, repossessed?

No Yes If Yes, provide details. _____

45. List all banks, credit unions, or other financial institutions in which you currently have accounts (for account types indicate savings, checking, etc.)

A.

Institution	Telephone
Address	
Account Type	

B.

Institution	Telephone
Address	
Account Type	

C.

Institution	Telephone
Address	
Account Type	

D.

Institution	Telephone
Address	
Account Type	

E.

Institution	Telephone
Address	
Account Type	

F.

Institution	Telephone
Address	

Account Type	
--------------	--

G.

Institution	Telephone
Address	
Account Type	

46. List below all creditors currently owed (include credit cards):

A.

Name of Creditor	Nature of Loan (Home, Auto, Credit Cart, Etc.)
Creditor's Address	Amount Still Owed

B.

Name of Creditor	Nature of Loan (Home, Auto, Credit Cart, Etc.)
Creditor's Address	Amount Still Owed

C.

Name of Creditor	Nature of Loan (Home, Auto, Credit Cart, Etc.)
Creditor's Address	Amount Still Owed

D.

Name of Creditor	Nature of Loan (Home, Auto, Credit Cart, Etc.)
Creditor's Address	Amount Still Owed

E.

Name of Creditor	Nature of Loan (Home, Auto, Credit Cart, Etc.)
Creditor's Address	Amount Still Owed

F.

Name of Creditor	Nature of Loan (Home, Auto, Credit Cart, Etc.)
Creditor's Address	Amount Still Owed

Do you pay child support? If so, which court _____

**LAW ENFORCEMENT TRAINING & EXPERIENCE
IF APPLICABLE**

If you have questions regarding your certification status you should contact the commission of Law Enforcement Standards (COLES) directly at:

C.O.L.E.S.
7426 N. Canal Rd.
Lansing, MI 48913
989-322-1946

47. What is the status of your COLES Pre-Employment Physical Agility & Reading/Writing Skill test scores? Check the box(es) and complete the information that best applies.

Carefully read entire question before answering.

a. I have taken the COLES Pre-Employment Test and:

PASSED Physical Agility Score was _____
Test Date was ____/____/____

FAILED Physical Agility Score was _____
I am scheduled to be:
Tested on ____/____/____ at Site _____

PASSED Reading/Writing Skills Score was _____
Test Date was ____/____/____

FAILED Reading/Writing Skills Score was _____
I am scheduled to be:
Tested on ____/____/____ at Site _____

b. I have NOT taken the COLES Pre-Employment Test, but am scheduled to take the test on ____/____/____ at Site _____

c. I am presently a COLES certified police officer in the State of MI.

I have worked since ____/____/____ at _____
and am therefore not required to have current COLES Pre-Employment Test Scores.

- d. I am presently a police officer in a state other than MI. I have worked since ____/____/____ at _____ in the state of _____ and, therefore, not required to have current COLES Pre-Employment Test Scores.

48. What is your COLES Police Officer Certification Status? Check the box(es) and complete the information that best applies. *Carefully read entire question before answering.*

- a. I am presently a COLES Certified Police Officer in the State of MI. I work for (Dept.) _____
I have been employed there from ____/____/____ to ____/____/____.
My MCOLES number is _____.
(Be sure to submit a copy of your COLES Training Certificate with Questionnaire.)

- b. I am a successful graduate of a COLES approved Police Academy/Program in the State MI, but am not yet a sworn officer.
I graduated on ____/____/____ at _____. (Be sure to submit a copy of your COLES Letter of Progress towards Certification as a Law Enforcement Officer with questionnaire.)

- c. I am a certified Police Officer from out of State. I attended the Academy at _____ and graduated on ____/____/____.
(continue to check the box and complete the information that best applies)

1. I have taken the COLES waiver exam to be certified in the State of MI. I successfully completed the waiver exam on ____/____/____ at _____.

2. I have not taken the COLES waiver exam to be certified in the State of MI. (continue to check the box and complete the information that best applies)

a) I am scheduled to take the waiver exam on ____/____/____ at _____.

b) I am not scheduled to take the waiver exam

- d. I am a non-certified applicant. (continue to check the box and complete the information that best applies.)

1. I am currently attending a COLES approved academy/program.

It began on ____/____/____ at _____
and I anticipate graduating on ____/____/____, I am scheduled to take the

COLES Post-Test on ___/___/___.

2. I have enrolled in a COLES approved academy/program, but it has not yet begun. It will begin on ___/___/___ at _____ and I anticipate graduating on ___/___/___ at _____.
3. I have not yet enrolled in a COLES approved academy/program.

49. Have you attended a Police Academy or Program? No Yes

If Yes, complete all the information below.

a. Did you pass? Yes No If No, explain why

b. What Academy or Program did you attend?

Academy/Program Name	_____/_____/_____ Date Attended
Academy/Program Coordinator	_____ Telephone
Number, Street	_____
City, County, State, Zip	_____
Email	_____

c. Did you receive any awards or honors while in the Academy/Program? Yes No

If Yes, provide details

d. Was there any disciplinary action taken against you while in the Academy/Program?

Yes No If Yes, provide details

50. Have you ever participated in an internship (paid or unpaid) with a law enforcement agency?

Yes No If Yes, complete the information below.

a. _____ /_____/_____/_____/_____
 Agency Dates From To Total Hours

Supervisor's Name Telephone

Number, Street

City, County, State, Zip

Describe your assignment/duties as an intern:

b. _____ /_____/_____/_____/_____
 Agency Dates From To Total Hours

Supervisor's Name Telephone

Number, Street

City, County, State, Zip

Describe your assignment/duties as an intern:

**CORRECTIONS TRAINING & EXPERIENCE
 IF APPLICABLE**

51. Have you ever attended a Corrections Academy or Program? No Yes

If Yes, complete all the information below.

a. Did you pass? Yes No If No, explain why

b. What Academy or Program did you attend?

Academy/Program Name	Date Attended
Academy/Program Coordinator	Telephone
Number, Street	
City, County, State, Zip	

c. Did you receive any awards or honors while in the Academy/Program? Yes No

If Yes, provide details

d. Was there any disciplinary action taken against you while in the Academy/Program?

Yes No If Yes, provide details

LEGAL HISTORY

Applicants are reminded that all questions are to be accurately and fully completed. Be sure to include all incidents that apply to the following questions regardless if the information has been sealed, expunged, set aside, and/or filed under the Holmes Youthful Trainee Act. It is the legal opinion of Michigan’s Attorney General that Police Agencies may examine information relative to a criminal charge when preparing a background report regarding an applicant for employment with that agency.

52. Have you ever been issued an appearance ticket, arrested, or charged with a criminal offense as an adult or juvenile? No Yes

If Yes, indicate EVERY incident, **INCLUDING EXPUNGEMENTS**, as well as cases where charges were dismissed or dropped. Provide details, including date, type of charges, agencies involved, and circumstances. **OMIT NONE.**

55. Have you ever slapped, punched, or injured a spouse, romantic partner or anyone who has resided with you? Furthermore, have the police ever been called to investigate a domestic dispute that you were involved in? No Yes If Yes, provide all details of each incident.

56. Has there ever been a civil or criminal warrant issued for your arrest? No Yes
If Yes, indicate EVERY incident, providing details, including date, agencies involved, and circumstances.

57. List all attorneys that ever represented you in any matters civil or criminal, include the attorney's name, address, telephone number, dates, and reason for representation.

58. Have you ever been involved in or investigated for any incident where a person received a serious injury/death (work related or not)? No Yes If Yes, explain the circumstances in detail.

59. Are you now or have you in the last 10 years been involved as a plaintiff, defendant, petitioner, or respondent in any civil court action (i.e., sued or been sued)? No Yes

If Yes, indicate EVERY incident, providing details, including date, charges, and agencies involved and circumstances.

60. Have you ever been fingerprinted? No Yes If Yes, under what circumstances?

61. Have you ever taken money or anything of value that you did not have a legal right to possess?

No Yes If Yes, provide details.

MILITARY SERVICE

62. If you are a male and were born after 1960, have you registered with the selective service? No Yes If Yes, provide selective service number _____
(Selective Service Number Registry Information 1-847-688-6888)

If No, please explain why.

63. Have you ever served in a military organization of any foreign government?
 No Yes If Yes, provide details

64. Have you ever enlisted in the armed forces including the Delayed Entry Program?

No Yes

65. Have you ever served in the Active Military Duty (Reserves or National Guard, See Question #64).

No Yes

66. Have you ever served in the active or inactive reserves of any branch or served with the National Guard of any state?

No Yes

If you answered YES to questions #64, #65, #66, continue to complete the questions in this Military Service section.

If you answered NO to questions #64, #65, #66, then indicate "N.A." for the rest of the questions in this section.

67. Branch or Service: _____

Military Specialty (MOS): _____

68. Give period or periods of service (circle type of service).

Active/Reserve/Inactive Reserve: from ___/___/___ to ___/___/___

Active/Reserve/Inactive Reserve: from ___/___/___ to ___/___/___

Active/Reserve/Inactive Reserve: from ___/___/___ to ___/___/___

69. Service Serial Number: _____

Social Security Number if different than above: _____

70. Current rank or rank held at time of discharge: _____

What was the highest rank you achieved? _____

71. What is the location of your current duty assignment or, if discharged, your last duty assignment?

72. Name, address, and telephone number of your current commanding officer or, if discharged, your last commanding officer.

73. How many discharges or separations from the service were given to you?

Discharges: _____ Separations: _____

74. Were you ever the subject of **any** disciplinary action including judicial or non-judicial punishment/court martial while in the military?

No Yes If yes, give details of circumstances and disposition.

75. List any awards or decorations you received while in the military.

76. List military specialties, duties, and activities.

77. List all countries that you visited or served in while in the military.

Applicants that have been discharged from service are reminded to submit a copy of their latest **DD214 Long Form** with their completed background questionnaire (*the long form includes boxes 23 through 30 which gives specific separation information*).

MISCELLANEOUS

78. List below any sports, hobbies, or vocations which you currently engage in.

79. What special skills, licenses, or certificates do you possess that will assist you in a law enforcement position?

80. List below any honors or awards that you have received.

81. List any Tuscola County Sheriff's Office personnel you know personally.

82. Explain in your own words why you have applied for a position with Tuscola County Sheriff's Office.

83. List and explain any significant events that have occurred in your life that the department should be aware of.

MOTOR VEHICLE OPERATION

84. Current Operator License Number: _____

State: _____ Expiration Date: _____

Restrictions: _____

85. List all other states where you have been licensed to operate a motor vehicle.

State Name under Which License Was Granted

_____	_____
_____	_____
_____	_____

86. Have you ever been refused a driver's license by any state: No Yes

If Yes, explain when, where, and why. _____

87. Was your driver's license or other vehicle operator's license ever suspended, revoked, denied, or restricted? No Yes If Yes, explain when, where, and why and if such license was restored.

88. Do you currently have automobile insurance in your name? No Yes
If Yes, complete the following.

Agency Agent's Name

Number, Street

City, County, State, Zip

89. Have you ever received a traffic citation (other than a parking citation)? Include ALL traffic citations you have ever received regardless if the citation appears on your driving record or not. Be sure to include repair tickets, tickets that you may have received as a passenger, and tickets that may have been dismissed. For each offense, give the date, type of violation, location, name of court and police agency, as well as the penalty and circumstances.

INCLUDE ALL - OMIT NONE (except for parking citations)

No Yes I have received the following:

a.

Type of Citation	Date
Location	Court & Police Agency
Penalty	
Circumstances	

b.

Type of Citation	Date
Location	Court & Police Agency
Penalty	
Circumstances	

c.

Type of Citation	Date
Location	Court & Police Agency
Penalty	

Circumstances

d.

Type of Citation	Date
Location	Court & Police Agency
Penalty	
Circumstances	

e.

Type of Citation	Date
Location	Court & Police Agency
Penalty	
Circumstances	

f.

Type of Citation	Date
Location	Court & Police Agency
Penalty	

Circumstances

g.

Type of Citation	Date
Location	Court & Police Agency
Penalty	
Circumstances	

90. Have you ever received a parking citation that you did not pay or that you paid late?

No Yes If Yes, specify when, where, and reason.

91. Have you ever been the driver in a motor vehicle accident?

Include **ALL** accidents, **EVEN THOSE NOT REPORTED** to the police or an insurance company. Be sure to include any work-related or on-duty accidents. For purposes of this questionnaire, an accident shall mean any incident involving a motor vehicle where there was either personal injury, property damage, or loss of vehicle control.

No Yes If Yes, complete the following information for each accident.

a.

Date	Location
Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/>	Police Agency

Police Called <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you issued a Citation? <input type="checkbox"/> No <input type="checkbox"/> Yes
Details of Accident	

b.

Date	Location
Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/>	Police Agency
Police Called <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you issued a Citation? <input type="checkbox"/> No <input type="checkbox"/> Yes
Details of Accident	

c.

Date	Location
Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/>	Police Agency
Police Called <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you issued a Citation? <input type="checkbox"/> No <input type="checkbox"/> Yes
Details of Accident	

d.

Date	Location
Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/>	Police Agency
Police Called <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you issued a Citation? <input type="checkbox"/> No <input type="checkbox"/> Yes

Details of Accident

e.

Date	Location
Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/>	Police Agency
Police Called <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you issued a Citation? <input type="checkbox"/> No <input type="checkbox"/> Yes
Details of Accident	

REFERENCES

92. List the names and other requested information of three (3) character references. These should not be former employers, relatives, or anyone already listed previously in this questionnaire. Be sure that the information you provide is current.

a.

Name	Telephone-Home Telephone-Work
Address	Relationship/Years Known
	Email

b.

Name	Telephone-Home Telephone-Work
Address	Relationship/Years Known
	Email

c.

Name	Telephone-Home Telephone-Work
Address	Relationship/Years Known
	Email

93. List the names, addresses, and telephone numbers of three of your current neighbors.

a.

Name	Telephone-Home Telephone-Work
Address	Relationship/Years Known
	Email

b.

Name	Telephone-Home Telephone-Work
Address	Relationship/Years Known
	Email

c.

Name	Telephone-Home Telephone-Work
Address	Relationship/Years Known
	Email

94. List the names and other requested information of all organizations and associations of which you are, or have been a member.

a.

Name of Organization	Position Held
Address	Telephone
Activity/Purpose	
_____	_____
_____	_____
_____	_____

b.

Name of Organization	Position Held
Address	Telephone
Activity/Purpose	
_____	_____
_____	_____
_____	_____

c.

Name of Organization	Position Held
Address	Telephone
Activity/Purpose	
_____	_____
_____	_____
_____	_____

RESIDENCY

95. In chronological order, list each and every place you have lived since your 14th birthday, beginning with your present address. Be sure to include ALL addresses even if the duration of residency was for a very short period of time. In the status portion, indicate if you were a student, renter, owner, etc... If the property was rented, indicate the owner's name and their current address and telephone number. It is very important to be as complete as possible with your information.

a. From ___/___/___ To ___/___/___

Number, Street

City, County, State, Zip

Owner/Landlord

Address/City/State

Telephone

b. From ___/___/___ To ___/___/___

Number, Street

City, County, State, Zip

Owner/Landlord	Address/City/State	Telephone
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c. From ___/___/___ To ___/___/___

Number, Street

City, County, State, Zip

Owner/Landlord	Address/City/State	Telephone
----------------	--------------------	-----------

d. From ___/___/___ To ___/___/___

Number, Street

City, County, State, Zip

Owner/Landlord	Address/City/State	Telephone
----------------	--------------------	-----------

e. From ___/___/___ To ___/___/___

Number, Street

City, County, State, Zip

Owner/Landlord	Address/City/State	Telephone
----------------	--------------------	-----------

f. From ___/___/___ To ___/___/___

Number, Street

City, County, State, Zip

Owner/Landlord	Address/City/State	Telephone
----------------	--------------------	-----------

g. From ___/___/___ To ___/___/___

Number, Street

City, County, State, Zip

Owner/Landlord	Address/City/State	Telephone
----------------	--------------------	-----------

h. From ___/___/___ To ___/___/___

Number, Street
