



SHERIFF

TUSCOLA COUNTY

SHERIFF GLEN SKRENT

UNDERSHERIFF ROBERT BAXTER

420 COURT STREET, CARO, MI 48723

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

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)
 - EMPCO test results for written and physical agility
5. Applicants are required to submit copies of the following documents with this questionnaire:
 - ✓ 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: _____

What did you like about this employer/position?

What did you dislike about this employer/position?

B. _____
Employer _____ Phone _____

Supervisor _____ Email _____ Phone _____

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

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

Duties and Responsibilities: _____

What did you like about this employer/position?

What did you dislike about this employer/position?

C. _____
Employer _____ Phone _____

Supervisor _____ Email _____ Phone _____

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

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

Duties and Responsibilities: _____

What did you like about this employer/position?

What did you dislike about this employer/position?

D. _____
Employer _____ Phone _____

Supervisor _____ Email _____ Phone _____

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

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

Duties and Responsibilities: _____

What did you like about this employer/position?

What did you dislike about this employer/position?

E.

Employer _____ Phone _____

Supervisor _____ Email _____ Phone _____

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

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

Duties and Responsibilities: _____

What did you like about this employer/position?

What did you dislike about this employer/position?

F.

Employer _____ Phone _____

Supervisor _____ Email _____ Phone _____

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

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

Duties and Responsibilities: _____

What did you like about this employer/position?

What did you dislike about this employer/position?

G. _____
Employer _____ Phone _____

Supervisor _____ Email _____ Phone _____

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

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

Duties and Responsibilities: _____

What did you like about this employer/position?

What did you dislike about this employer/position?

H _____
Employer _____ Phone _____

Supervisor _____ Email _____ Phone _____

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

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

Duties and Responsibilities: _____

What did you like about this employer/position?

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 Card, Etc.)
Creditor's Address	Amount Still Owed

Describe your assignment/duties as an intern:

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

Supervisor's Name Telephone

Number, Street

City, County, State, Zip

Describe your assignment/duties as an intern:

**CORRECTIONS TRAINING & EXPERIENCE
IF APPLICABLE**

48. 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

50. Have you ever been questioned by law enforcement personnel at any time for any reason regardless if you were a subject, victim, or witness as an adult or juvenile? Include anytime that you were stopped or detained while a pedestrian, operator, or passenger of a motor vehicle.

No Yes If Yes, indicate EVERY incident, providing details, including date, agencies involved, and circumstances. **OMIT NONE**

51. Have you ever been questioned or investigated by the Department of Social Services, Child Protective Services, Family Independency Agency or any other related agency regarding the care, neglect or abuse of children? No Yes If Yes, provide details.

52. 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.

53. 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.

involved and circumstances.

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

58. 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

59. 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.

60. Have you ever served in a military organization of any foreign government?

No Yes If Yes, provide details

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

No Yes

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

No Yes

63. 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.

64. Branch or Service: _____

Military Specialty (MOS): _____

65. 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 ___/___/___

66. Service Serial Number: _____

Social Security Number if different than above: _____

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

What was the highest rank you achieved? _____

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

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

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

Discharges: _____ Separations: _____

71. 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.

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

73. List military specialties, duties, and activities.

74. 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

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

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

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

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

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

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

MOTOR VEHICLE OPERATION

81. Current Operator License Number: _____
State: _____ Expiration Date: _____
Restrictions: _____

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

State Name under Which License Was Granted

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

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

84. 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.

85. 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

86. 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	

87. 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.

88. 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

89. 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

90. 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

91. 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

92. 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
----------------	--------------------	-----------

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

City, County, State, Zip

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

i. From ___/___/___ To ___/___/___

Number, Street

City, County, State, Zip

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

