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Tuscola County Sheriff's Office

420 Court Street • Caro, MI 48723

Lee Teschendorf, Sheriff
Glen Skrent, Undersheriff

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.

Applicant will be evaluated on penmanship, grammar, spelling and completeness of this questionnaire.

Sincerely,

Glen Skrent
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 in your own handwriting in block letters and in black ink. Do not type.
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 test
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 for Pre-employment Evaluation Report (page 3), Release of Information Waiver (page 4), and Signature Page (page 5) are to be signed with an original signature and notarized.
7. The questionnaire and all other requested documents must be returned to the Tuscola County Sheriff’s Office by the due date on the cover of this questionnaire. If you have any questions, call, Sheriff Leland Teschendorf or Undersheriff Glen Skrent at 989-673-8161.

Send completed materials to: Undersheriff Glen Skrent
420 Court Street
Caro, MI 48723-1606

9. **RELEASE FOR PRE-EMPLOYMENT EVALUATION REPORT**

Complete the authorization for Pre-Employment Evaluation Report found on the next page by carefully following these instructions:

- **Read** the Release carefully
- Complete the release in the presence of a **Notary Public**
- **Print** clearly in black ink
- Complete the upper portion of the Release by filling in your name and Social Security Number
- Complete the box in the lower right corner by signing your name in your original signature and by printing your address and phone number
- Have the Notary notarize the Release in the bottom left corner
- **DO NOT REMOVE** the form from the questionnaire booklet



Tuscola County Sheriff's Office

420 Court Street • Caro, MI 48723
Lee Teschendorf, Sheriff
Glen Skrent, Undersheriff

Phone (989) 673-8161
Fax (989) 673-8164

AUTHORITY FOR PRE-EMPLOYMENT EVALUATION REPORT (PEER)

Name

Last First Middle Social Security Number

Maiden or Other Name Known by:

Last First Middle

I, _____, do hereby authorize the Tuscola County Sheriff's office to obtain a Pre-Employment Evaluation Report which pertains to my credit experiences and history. I also acknowledge that I have received notice in a document separate from this authorization that a Pre-Employment Evaluation Report will be obtained.

A photocopy of this Release form will be valid as an original, if it does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and Sworn to before me this _____ day of _____,

Notary: _____

My commission expires: _____

Applicant's Signature:

Current Address:

City, State, Zip

Telephone Number:



Tuscola County Sheriff's Office

420 Court Street • Caro, MI 48723
Lee Teschendorf, Sheriff
Glen Skrent, Undersheriff

Phone (989) 673-8161
Fax (989) 673-8164

RELEASE OF INFORMATION WAIVER

NAME:

Last First Middle Social Security Number

Maiden or Other Name Know by:

Last First Middle

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Tuscola County Sheriff's Office whether the said records are of public, private, or confidential nature.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Tuscola County Sheriff's Office in conjunction with employment procedures.

The intent of this authorization is to give my consent for the full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, deposits, withdrawals, balances of checking and savings accounts, the records of commercial or retail credit agencies (including credit reports and /or ratings); public utility companies, insurance companies, rental agents and landlords; employment an pre-employment records, including background reports, training records, efficiency ratings, complaints or grievances filed by or against me, and salary records; income, real and personal property and statements and records, other financial statements and records wherever filed. I also authorized the traffic records, records of child protective agencies (Dept. Social Service, Family Independence Agency, Child Protective Services, etc.) as well as records that have been sealed, expunged, set aside, or filed under the Holmes Youthful Trainee Act; including records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Tuscola County Sheriff's Office to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Tuscola County Sheriff's Office. I understand that all materials and information pertaining to this background investigation become the property of the Tuscola County Sheriff's Office and will not be returned or disclosed to me. The information you release is for official use by the Tuscola County Sheriff's Office; however, I understand that they may at their discretion re-disclose to a third party if said party has a release authorized by me or as provided by law.

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

Applicant's Signature

Address

Telephone

SIGNATURE PAGE

I affirm that all information provided by me to the Tuscola County Sheriff's Office, and or their agents or representatives, related to my suitability to become an employee of the Tuscola County Sheriff's Office is complete, true, and accurate to the best of my knowledge and belief. Such information contains no omissions, misrepresentations, or concealment of fact.

I am aware that I am under obligation to inform the Tuscola County Sheriff's Office of any changes in my criminal or traffic histories, employment, financial status, or other relevant area of my life that occur after submission of this background questionnaire. I realize that I am required to notify the Tuscola County Sheriff's Office of the aforementioned information until I am notified by the Tuscola County Sheriff's Office that I am no longer being considered for employment. Failure to do so will result in my immediate removal from the Pre-Employment Selection.

I am aware that all information given and statements provided during the Pre-Employment selection process are subject to investigation. I have been advised that should an investigation or an oral board disclose any misrepresentation, falsification, omission, or concealment of fact, I will be rejected from the Pre-Employment Process or if I have already been appointed/hired, I understand I may be immediately dismissed.

Print Full Name

Signature of Applicant

Date

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and Sworn before me this _____ day of _____,
_____.

Notary Public Signature

My Commission Expires

Notary Print Name

Notary's Address

Telephone

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.

Tuscola County Sheriff's Office
Attn: Sheriff Leland Teschendorf
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 _____

_____ Phone _____
Immediate Supervisor

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

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

Duties and Responsibilities:

B. _____
Present Employer _____ Phone _____

_____ Phone _____
Immediate Supervisor

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

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

Duties and Responsibilities:

C. _____
Present Employer _____ Phone _____

Immediate Supervisor _____ Phone _____

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

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

Duties and Responsibilities:

D. _____
Present Employer _____ Phone _____

Immediate Supervisor _____ Phone _____

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

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

Duties and Responsibilities:

E. _____
Present Employer _____ Phone _____

Immediate Supervisor _____ Phone _____

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

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

Duties and Responsibilities:

F. _____
Present Employer _____ Phone _____

Immediate Supervisor _____ Phone _____

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

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

Duties and Responsibilities:

G. _____
Present Employer _____ Phone _____

Immediate Supervisor _____ Phone _____

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

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

Duties and Responsibilities:

H. _____
Present Employer _____ Phone _____

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.

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

No Yes If Yes, provide details. _____

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

No Yes If Yes, provide details. _____

44. List all banks, credit unions, or other financial institutions in which you currently

have accounts (for account type 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	

45. 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

46. 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.

47. 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.

48. 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

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

If Yes, provide details

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

Yes No If Yes, provide details

49. 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 ____/____/____ Total Hours _____

Supervisor's Name _____ Telephone _____

Number, Street _____

City, County, State, Zip _____

Describe your assignment/duties as an intern:

**CORRECTIONS TRAINING & EXPERIENCE
IF APPLICABLE**

48B. 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

NOTE

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.

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

regarding the care, neglect or abuse of children? No Yes If Yes, provide details.

53. 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.

54. 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

55. 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.

56. 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.

57. 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.

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

59. 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

60. 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.

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

No Yes If Yes, provide details

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

No Yes

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

No Yes

64. 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 #62, #63, #64, continue to complete the questions in this Military Service section.

If you answered NO to questions #62, #63, #64, then indicate "N.A." for the rest of the questions in this section.

65. Branch or Service: _____

Military Specialty (MOS): _____

66. 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 ___/___/___

67. Service Serial Number: _____

Social Security Number if different than above: _____

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

What was the highest rank you achieved? _____

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

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

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

Discharges: _____ Separations: _____

72. 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.

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

74. List military specialties, duties, and activities.

75. 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*).

76. Complete the Standard Form 180, "Request Pertaining To Military Records", on the next page by following the instructions below.

- Print clearly in black ink
- Complete **Section One** only
- Sign your name in your original signature in **Box Five of Section Two** (lower left corner of the page)
- **DO NOT REMOVE** the form from the questionnaire booklet (background investigator will review the form and submit it if necessary)

NOTE

MISCELLANEOUS

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

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

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

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

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

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

MOTOR VEHICLE OPERATION

83. Current Operator License Number: _____

State: _____ Expiration Date: _____

Restrictions: _____

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

State Name under Which License Was Granted

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

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

86. 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.

87. 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

88. 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	

89. 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.

90. 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

91. 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

b.

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

c.

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

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

a.

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

b.

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

c.

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

93. 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

94. 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

SUPPLEMENTAL ANSWER SPACE



