

Office of the Sheriff – Genesee County

1002 S. Saginaw St., Flint MI 48502

Authority for Release of Information

Last: _____ First: _____ Middle: _____ M/F _____ / _____ / _____
Circle One Date of Birth

Place of Birth: _____
City or County State Country

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

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and Loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances made by or against me, and salary records; real and personal property tax statements and records, wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; 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, the specific purpose of pursuing a background investigation, which may provide pertinent data for the Genesee County Sheriff Department 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 a 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 Genesee County Sheriff's Department. I understand that all materials pertaining to this background investigation become the property of the Genesee county Sheriff's Department and will not be returned to me.

I understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

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

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me this

_____ day of _____, _____
Day Month Year

My Commission expires _____
Month - Day - Year

Notary: _____

Signature of Applicant

Street Address

City / State / Zip Code

Personal History Statement

Personal

The following information is requested of you for verification and contact purposes

1. Your Name: _____
(Please print or type) Last First Middle
 Other names (including nicknames) you have used or been known by:

2. Address at which you can be contacted: _____
Number Street City State Zip Code

3. Local telephone number(s) _____ () _____
 at which you can be contacted Hrs. you can be contacted: _____ Hrs. you can be contacted: _____

4. Birthdate: _____ - _____ - _____
Month Day Year

6. Social Security Number: _____ - _____ - _____
(In accordance with Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

5. You must be a citizens of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? Yes No

7. For the purposes of identification, please provide the following: _____
Height Weight Hair Color Eye Color

Scars, tattoos, or other distinguishing marks

Relatives and References

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of peace officer. Inquiries will be confined to job-relevant matters.

8. Please supply the appropriate information below. If a category is not applicable, write in "N/A."

If living, name your	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which Person can be contacted
Father	() Home () Work () Other	() Home () Work () Other
Mother	() Home () Work () Other	() Home () Work () Other
Father-In-Law	() Home () Work () Other	() Home () Work () Other
Mother-In-Law	() Home () Work () Other	() Home () Work () Other
Spouse	() Home () Work () Other	() Home () Work () Other
Former Spouse(s)	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other

Personal History Statement

Relatives and References (continued)

If living, name your	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which Person can be contacted
Brother(s) and Sister(s)	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
Step-mother	() Home () Work () Other	() Home () Work () Other
Step-Father	() Home () Work () Other	() Home () Work () Other
Step-brother(s) & Step-sister(s)	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other

Other relatives with whom you have a close personal relationship (including children)

	Relationship	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which Person can be contacted
		() Home () Work () Other	() Home () Work () Other
		() Home () Work () Other	() Home () Work () Other
		() Home () Work () Other	() Home () Work () Other
		() Home () Work () Other	() Home () Work () Other

9. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.

	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other

Personal History Statement

Relatives and References (continued)

10. Below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

Name	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which Person can be contacted
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other

Education

11. The commission on Peace Officer Standards and Training requires a peace officer to possess a U.S. high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

<input type="checkbox"/> I possess a high school diploma from a U.S. institution.
<input type="checkbox"/> I passed the G.E.D. (General Educational Development) test.
<input type="checkbox"/> I passed the MEAP High School Test.
<input type="checkbox"/> I possess a two-year college degree
<input type="checkbox"/> I possess a four-year college degree.
<input type="checkbox"/> I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:
When
How

12. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City & State)	Dates Attended		School References (Teachers, counselors, etc.)
		From: Mo/Yr	To: Mo/Yr	

Personal History Statement

Education (continued)

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four-year colleges, universities, and business and vocational schools – any formal education beyond high school level.)

Yes No

If "yes" please explain (include school, date, and circumstances) _____

14. Have you ever used an illegal narcotic or drug?

Yes No

If "yes" please explain (include what type and when) _____

Personal History Statement

Experience and Employment

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, your volunteer work should be included as employment.) For identification and verification, please indicate the nature of the activity: i.e. full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in the spaces provided.

Dates of Employment From To Mo Yr Mo Yr _____ / _____ / _____	Name, Address, and Telephone of Employer _____ _____ _____	Name(s) of Supervisor(s) _____ _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties (for identification purposes) _____ _____	Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		From: Mo Yr To: Mo Yr / / /
Dates of Employment From To Mo Yr Mo Yr _____ / _____ / _____	Name, Address, and Telephone of Employer _____ _____ _____	Name(s) of Supervisor(s) _____ _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties (for identification purposes) _____ _____	Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		From: Mo Yr To: Mo Yr / / /
Dates of Employment From To Mo Yr Mo Yr _____ / _____ / _____	Name, Address, and Telephone of Employer _____ _____ _____	Name(s) of Supervisor(s) _____ _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties (for identification purposes) _____ _____	Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		From: Mo Yr To: Mo Yr / / /
Dates of Employment From To Mo Yr Mo Yr _____ / _____ / _____	Name, Address, and Telephone of Employer _____ _____ _____	Name(s) of Supervisor(s) _____ _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties (for identification purposes) _____ _____	Name(s) of co-worker(s) _____ _____
Reason for leaving		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		From: Mo Yr To: Mo Yr / / /

Personal History Statement

Experience and Employment (continued)

16. Would any problem result if your present employer was contacted during the course of the background investigation?
 Yes No If "no" when should such contact be made? _____
17. If you have had no prior employment, please explain: _____

18. Have you had any extended work absences for reasons other than earned vacations? Yes No
 If "yes" please explain (include when, name of employer, why).

19. Have you ever been fired or asked to resign from any place of employment? Yes No
 If "yes" please give details (include when, where, circumstances).

20. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? Yes No
 If "yes" please give details (include when, name of agency, circumstances)

Military Service

21. If you are a male under age 26, please provide the following:

Selective Service Number	Approximate Date of Registration	Address at Time of Registration	
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22. Have you ever served in the armed forces, National Guard or military reserves? Yes No
 If "yes" please supply the following information:

Branch of Service	Service Number	Dates of Service ____/____ to ____/____	Type of Discharge
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23. Are you currently participating in any military reserve or National Guard program? Yes No

24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes No
 If "yes" please give details (include branch of service, when, where, circumstances)

Personal History Statement

Military Service (continued)

Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address	Contact Telephone	Years Known	
			From	To

Legal

33. If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information: *(The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question. Please see the INSTRUCTION page for a detailed guide.)*

Approx Date	Police Agency	Circumstances

34. Have you ever been placed on court probation as an adult? Yes No
 If "yes" please give details (include when, where, why)

35. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?
 Yes No If "yes" please give details (include when, where, why)

Personal History Statement

Legal (continued)

36. Have you ever been reported to a law enforcement agency as a missing person or a runaway? Yes No
 If "yes" please give details (include date, law enforcement agency, circumstances)

37. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes No
 If "yes" please give details (include when, where, name and location of court, circumstances)

Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

38. Michigan driver's license number _____ Expiration Date _____

Name under which license was granted _____

39. Please list other states where you have been licensed to operate a motor vehicle

State	State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted

40. Have you ever been refused a driver's license by any state? Yes No
 If "yes" please explain (include when, where, why)

Personal History Statement

Motor Vehicle Operation (continued)

42. Please list all traffic citations (exclude parking citations) you have received within the last 5 years

Nature of violation	Location (city)	Approx. Date	Indicate whether fined or action taken on driver's license

43. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years? Yes No

If "yes" please give details for each accident

Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	

44. If there is anything you wish to discuss about your driving record, please use the space below.

45. Has your license ever been suspended, revoked, or placed on negligent operator's probation? Yes No

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

Personal History Statement

General Information

46. Have you ever been refused insurance for any reason other than failure to pay a premium? Yes No
If "yes" please explain (include company name and address, date, and reason)

47. Have you ever applied for a permit to carry a concealed weapon? Yes No
If "yes" please provide the following information:

Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Name of law enforcement agency
Purpose		

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal

Signature in full	Date completed
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