

**SAGINAW COUNTY
SHERIFF'S OFFICE**

618 CASS STREET
SAGINAW, MICHIGAN 48602
PHONE (989) 790-5456
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**SHERIFF
WILLIAM L. FEDERSPIEL**

UNDERSHERIFF
ROBERT X. KARL

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any member or other authorized representative of the Saginaw County Sheriff's Office bearing this release, or copy thereof, within one year of this date, to obtain any information in your files pertaining to my employment, military, educational records (including but not limited to academic, achievement, attendance, athletic, personal history and disciplinary records), credit records (including credit card and payment device numbers) and law enforcement records (including but not limited to any record of charge, prosecution or conviction for criminal or civil offenses). I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Saginaw County Sheriff's Office. I hereby release you, as the custodian of such records, and any school, college, university or other educational institutions, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency or criminal justice agency, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, heirs, family or associates, because of compliance with this authorization and request to release information or any attempt to comply with it. I am furnishing my social security number on a voluntary basis with the understanding that this is not required by Federal statute or regulation. I have been advised that the Saginaw County Sheriff's Office will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with this application. Should there be any question as to validity of this release, you may contact me as indicated below.

Signature (Full Name): _____

Print Full Name: _____

Current Address: _____

Telephone Number (s): _____

Social Security Number: _____

Date: _____

Witness: _____

Witness: _____

NON-PAID VOLUNTARY EXPERIENCE AND MILITARY SERVICE

Employing Firm	Address	From	To	Job Title	Duties
1.					
2.					
3.					

In addition to the experience and training listed, please give any reason why you feel you would be successful in the position for which you are applying. (Attach additional sheets if necessary.) _____

PERSONAL DATA

Are you 18 years of age or older? _____ Were you previously employed by Saginaw County? _____ If yes, when? _____

Name and telephone number of person to be notified in case of accident or emergency. _____

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? Yes _____ No _____

Have you ever been convicted of a crime? _____ If yes, when, where, and disposition of offense _____

Are there any felony charges pending against you? _____

If you are now employed, may we contact your present employer in regards to your qualifications? _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name & Occupation	Address	Phone Number

- (1) I hereby authorize the Saginaw County to contact my former employers, educational institutions, and personal references for the purpose of verifying my suitability for employment.
- (2) I understand that I must satisfactorily complete a physical examination (which may include drug testing) as arranged by the County.
- (3) I hereby authorize the County to verify my driving record if the position for which I am applying requires the use of a motor vehicle.
- (4) I understand that new employees must complete a six-month probationary period before the appointment is considered regular. Probationary employees may be discharged without access to any appeal procedure.
- (5) I certify that I can and will, upon request, substantiate all statements made by me on this application; that such statements are true and correct to the best of my knowledge and belief.
- (6) I also understand that a false statement or dishonest answer to any question may be grounds for cancellation of my application, removal from the eligible list or my dismissal after appointment.

Date: _____ Signature: _____

ADDITIONAL APPLICATION INFORMATION

The following information is required before we can process your application further. Please be as complete in your answers as possible. Attach additional sheets as necessary.

1. Name in full: _____

2. Present address: _____

3. Phone Number(s): _____

4. Date of Birth: _____ Height: _____ Weight: _____

5. Are you a U.S. citizen? _____

6. Do you have a valid Michigan Drivers License? _____

Drivers License Number: _____

7. Are you willing to work all shifts, Sundays and holidays? _____

8. Have you ever been arrested before? (Include traffic violations but no parking tickets) If yes, explain: _____

9. Have you ever been dismissed or asked to resign from any employment or position you have held? If yes, explain: _____

10. Have you ever gone under another name? _____

11. Give three (3) additional personal references not on original application.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

12. List, chronologically, your last three residences.

Address: _____

From: _____ To: _____

Address: _____

From: _____ To: _____

Address: _____

From: _____ To: _____

13. List information on the following relatives:

Name

Address

Phone

Father: _____

Mother: _____

Brothers: _____

Sisters: _____

14. Do you speak, read or write any foreign language? _____

If yes, what language and how proficient are you? _____

15. Please list any special abilities you have or avocations at which you are proficient.

16. Please list any additional information you think we should consider about you as a candidate for employment with the Saginaw County Sheriff's Department.

Signature

Date