

RAPHAEL WASHINGTON

Wayne County Sheriff



OFFICE OF THE SHERIFF

4747 WOODWARD AVE. DETROIT, MI 48201
TEL: (313) 224-2222 • FAX: (313) 833-0871

AUTHORITY TO RELEASE INFORMATION

I 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 Wayne County Sheriff's Office, within one year of its' date, 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 information including but not limited to: military records, the records of educational institutions, financial or credit institutions, public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, salary records, real and personal property tax statement and records, and other financial 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, records of complaint of a civil nature made by or against me, wheresoever filed.

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 Wayne 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 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 Wayne County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Wayne County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents, employees and related personnel, both individually and collectively, from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request. I further 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.

NAME

SIGNATURE IN FULL

ADDRESS

SOCIAL SECURITY NUMBER

TELEPHONE

DATE

"Safer communities through effective, professional law enforcement."



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SHERIFF'S EXECUTIVE
OUT COUNTY
ADMINISTRATIVE OFFICES
3100 HENRY RUFF ROAD
WESTLAND, MI 48136
Phone: (734) 721.5125
Fax: (734) 721.2836

**CRIMINAL HISTORY RECORD REQUEST (CCH) – CARRYING
CONCEALED WEAPONS – COUNTY OF WAYNE**

DATE _____

Print Name

(Last) _____ (First) _____ (Middle) _____

Signature: _____

Address:

(Number) _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

Home Phone: () _____ Cell () _____ Other () _____

Date of Birth: _____ Race: _____ Sex: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Social Security Number: _____ - _____ - _____

Drivers License Number: _____ Expiration Date: _____

Place of Birth: _____ Sears, Marks, Tattoos: _____

U.S. Citizen: YES NO (circle one)

**IF YOU WERE NOT BORN IN THE UNITED STATES YOU MUST FURNISH PROOF OF
CITIZENSHIP. (I-550 OR CERTIFICATE OF NATURALIZATION).**



MCOLES
Michigan Commission on Law Enforcement Standards

LIVESCAN FINGERPRINT REQUEST

Date fingerprinted: _____ Type of picture ID presented: _____
(Driver's License preferred)

APPLICANT INFORMATION

Must provide a picture ID to be printed

Applicant Name _____
Last First Middle

Date of Birth _____ Race _____ Gender _____

Applicant's address _____
_____ Zip _____

Applicant's phone number(s) _____
(In case of errors or cause for re-printing)

REQUESTING AGENCY INFORMATION

Agency ORI: MI8218200 TCN# _____

Michigan Commission on Law Enforcement Standards
106 W. Allegan St., Suite 600, Lansing, MI. 48909
(517) 322-6608

Reason for fingerprinting:

CJ - Criminal Justice Employment/Training (MCL 28.221)

No State or Federal Fees - (The vendor or agency may charge a processing fee to applicant.)

**** Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason. ****



DIRECTIONS TO THE WAYNE COUNTY SHERIFF'S IDENTIFICATION BUREAU:

3100 Henry Ruff Road - Sheriff's Road Patrol

Take Michigan Avenue (WEST) to Henry Ruff Road in Westland. Turn right (NORTH) on Henry Ruff Road. The Sheriff's Road Patrol is located at 3100 Henry Ruff Road. (Henry Ruff Road is located between Middlebelt and Merriman Roads.)

FROM DETROIT BY EXPRESSWAY:

Take I-94 (WEST) to the Middlebelt Road exit. Take Middlebelt Road (NORTH) to Michigan Avenue and turn left (WEST) to Henry Ruff Road. Turn right (NORTH) on Henry Ruff Road. The Sheriff's Road Patrol is located at 3100 Henry Ruff Road. (Henry Ruff Road is located between Middlebelt and Merriman Roads.)

BY BUS:

Take the Michigan Avenue SMART Bus to Henry Ruff Road. Walk (NORTH) to the Sheriff's Road Patrol at 3100 Henry Ruff Road. (Henry Ruff Road is located between Middlebelt and Merriman Roads.)

Fingerprints are taken on for Law Enforcement applicants between the hours of 9:00 a.m. - 3:00 p.m on Tuesdays, Wednesdays and Thursdays. The telephone number is (734) 721-2222.

**WAYNE COUNTY DEPARTMENT OF PERSONNEL/HUMAN RESOURCES
500 Griswold, 9th Floor, DETROIT, MI 48226 * PHONE (313) 224-5901 * FAX (313) 967-1231**



**DEPARTMENT OF PERSONNEL/HUMAN RESOURCES
COUNTY OF WAYNE**

Supplementary Application for Police Officer

NAME: _____

Give the names and addresses of five (5) reliable persons, including neighbors, who are NOT relatives or past employers, and who can give information about you.

	<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Occupational Title</u>	<u>Telephone #</u>
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____

CERTIFICATE OF APPLICATION: I hereby certify that all information given in this supplementary application is true.

Signature: _____ Date: _____



AUTHORIZATION TO RELEASE INFORMATION

Please furnish the Wayne County Department of Personnel/Human Resources with the information requested. This request applies only to the inquiry below and does not imply any other authorization.

Name (Print) John Smith

County Executive

Signature John Smith Date 6/7/07

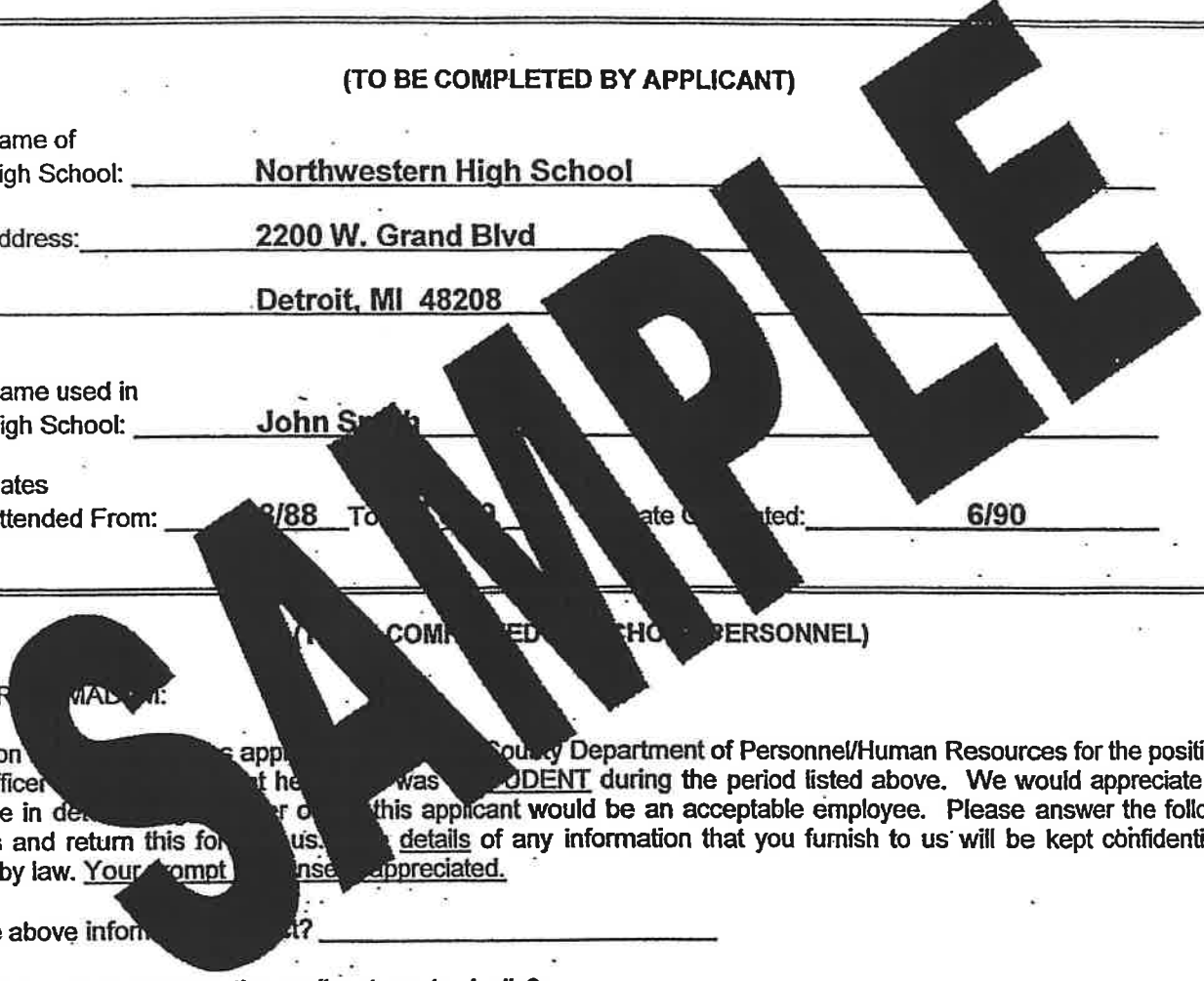
(TO BE COMPLETED BY APPLICANT)

Name of High School: Northwestern High School

Address: 2200 W. Grand Blvd
Detroit, MI 48208

Name used in High School: John Smith

Dates Attended From: 8/88 To 6/90 Date Completed: 6/90



(TO BE COMPLETED BY SCHOOL PERSONNEL)

DEAR SIR/MADAM:

The person who has applied to the County Department of Personnel/Human Resources for the position of Police Officer at her/his was STUDENT during the period listed above. We would appreciate your assistance in determining if this applicant would be an acceptable employee. Please answer the following questions and return this form to us. Details of any information that you furnish to us will be kept confidential as provided by law. Your prompt response is appreciated.

- Is the above information correct? _____
- What kind of student was the applicant academically? _____

Remarks: _____

Signature: _____ Date: _____

Title: _____ Telephone #: _____

WAYNE COUNTY DEPARTMENT OF PERSONNEL/HUMAN RESOURCES
600 RANDOLPH, ROOM 107, DETROIT, MI 48226 * PHONE (313) 224-5901 * FAX (313) 224-5924

AUTHORIZATION TO RELEASE INFORMATION



Please furnish the Wayne County Department of Personnel/Human Resources with the information requested. This request applies only to the inquiry below and does not imply any other authorization.

Name (Print) _____

Signature _____ Date _____

(TO BE COMPLETED BY APPLICANT)

Name of High School: _____

Address: _____

Name used in High School: _____

Dates Attended From: _____ To: _____ Date Graduated: _____

(TO BE COMPLETED BY SCHOOL PERSONNEL)

DEAR SIR OR MADAM:

The person named above has applied to the Wayne County Department of Personnel/Human Resources for the position of Police Officer and indicated that he or she was a STUDENT during the period listed above. We would appreciate your assistance in determining whether or not this applicant would be an acceptable employee. Please answer the following questions and return this form to us. The details of any information that you furnish to us will be kept confidential as provided by law. Your prompt response is appreciated.

- Is the above information correct? _____
- What kind of student was the applicant academically? _____

Remarks: _____

Signature: _____ Date: _____

Title: _____ Telephone #: _____

WAYNE COUNTY DEPARTMENT OF PERSONNEL/HUMAN RESOURCES
500 GRISWOLD, 9TH FLOOR, DETROIT, MI 48226 * PHONE (313) 224-5901 * FAX (313) 967-1231

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I authorize any former employer to furnish any and all information concerning my employment record to the Wayne County Department of Personnel/Human Resources. I hereby release your organization from any liability because of having furnished this information. This authorization applies only to this request. (A copy of this authorization shall be considered as effective and valid as the original.)

Name (Print) John Smith SS#: 123-45-6789

County Executive

Signature John Smith Date 6/7/07

Employer ABC Company

Address 1234 Fifth Street

Detroit, MI 48226

Work Title Office Assistant Date Employed 6/06

(From) _____ (To) _____

(TO BE COMPLETED BY EMPLOYER)

DEAR SIR OR MADAM:

The person named above has applied to the Wayne County Department of Personnel/Human Resources for the position of Police Officer and has given your name as a reference. We are applying for your assistance in determining whether or not this applicant would be an acceptable employee. Please answer the following questions and return this form to us. The details of any information that you furnish to us will be kept confidential in accordance with applicable law. An immediate response is appreciated.

- Is the information correct? _____
- If not, why? (Check one below):
 Presently employed _____
 Former position _____ Reason for leaving _____ Other (explain) _____
- Was the applicant part-time _____ full-time _____
- Please rate the applicant's performance on the factors below. Explain unsatisfactory ratings in Remarks.

	UNSATISFACTORY	SATISFACTORY	EXCELLENT
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets Along with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks _____

Employer's Signature _____ Date _____

Occupational Title _____ Telephone# _____

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Name (Print) _____ SS#: _____
 Signature _____ Date _____

Employer _____

Address _____

Work Title _____ Dates Employed _____ (From) _____ (To)

(TO BE COMPLETED BY EMPLOYER)

DEAR SIR OR MADAM:

The person named above has applied to the Wayne County Department of Personnel/Human Resources for the position of Police Officer and has given your name as an Employer. We would appreciate your assistance in determining whether or not this applicant would be an acceptable employee. Please answer the following questions and return this form to us. The details of any information that you furnish to us will be kept confidential as provided by law. Your immediate response is appreciated.

- Is the information above correct? _____
- If not presently employed, why did the applicant leave this employment? (Check one below).
 Temporary position ____ Resigned ____ Dismissed ____ Other (explain) _____
- Was the position part-time _____ full-time _____
- Please rate the applicant's performance on the factors below. Explain unsatisfactory ratings in Remarks.

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Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks _____

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 500 Griswold,, 9th Floor, DETROIT, MI 48226 * PHONE (313) 224-5901 * FAX (313) 967-1231

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