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

ADDRESS

TELEPHONE

SIGNATURE IN FULL

SOCIAL SECURITY NUMBER

DATE

"Safer communities through effective, professional law enforcement,"

RAPHAEL WASHINGTON

Wayne County Sheriff

SU3(2) - 53823



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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	(La <u>st)</u>			(First)		(Middle)
Signature:			· · · · · · · · · · · · · · · · · · ·		æ	
Address:	Vumber)	ter for the	(Street)		(City)	(State) (Zip)
Home Phone	»: ()	Cell	()		Other (
Date of Birth	1:		_Race:	Sex:	Height:	Weight:
Hair Color:		Eye Cold	or:	Social	Security Numbe	r:
Drivers Lice	nse Num	ber: —			Expiration D	ate:
Place of Birt	h: —			Sears, N	Aarks, Tattoos:	
U.S. Citizen:	YES	NO	(circle one)	ñ		

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

"Safer communities through effective, professional law enforcement."



LIVESCAN FINGERPRINT REQUEST

Date fingerprinted:	Type of picture ID presented: (Driver's License preferred)				
				NFORMATION ture ID to be printed	
Applicant Name	Last	-	First	Middle	
				25	
Date of Birth			Race	Gender	
Applicant's address					
				Zip	
Applicant's phone nun (In case of errors or ca		rinting)			

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) <u>No State or Federal Fees</u> – (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.



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>	City/State/Zip	Occupational Title	Telephone #
1)					
2)					
3)					
4)					
5)					

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

Signature:

Date:

WAYNE COUNTY DEPARTMENT OF PERSONNEL/HUMAN RESOURCES 500 Griswold 9th Floor, Detroit, MI 48226 Phone (313) 224-5901 Fax 313-967-1231



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
<i>21</i>	
Name used in High School:	John Sm h
2	
Dates Attended From:	9/88 To 1 2 ate ted: 6/90
	I. COM. ED. THO PERSONNEL)
EAR SIR MAL	
	s app
ne person blice Officer ssistance in de	appl. the was <u>ODENT</u> during the period listed above. We would appreciate this applicant would be an acceptable employee. Please answer the follow
ne person blice Officer sistance in de uestions and return this f	the was <u>ODENT</u> during the period listed above. We would appreciate this applicant would be an acceptable employee. Please answer the following the details of any information that you furnish to us will be kept confidentiation.
ne person blice Officer sistance in de- nestions and return this f	the was <u>ODENT</u> during the period listed above. We would appreciate this applicant would be an acceptable employee. Please answer the following the details of any information that you furnish to us will be kept confidentiation.
the person plice Officer sistance in de- nestions and return this f ovided by law. <u>Your</u> com Is the above inform	the was <u>ODENT</u> during the period listed above. We would appreciate this applicant would be an acceptable employee. Please answer the following the details of any information that you furnish to us will be kept confidentiation.
le person blice Officer sistance in de sestions and return this f ovided by law. <u>Your</u> com Is the above inform	the was <u>ODENT</u> during the period listed above. We would appreciate this applicant would be an acceptable employee. Please answer the following the this appreciated.
le person blice Officer sistance in de- lestions and return this f ovided by law. <u>Your com</u> Is the above inform What kind of student wa	the was <u>ODENT</u> during the period listed above. We would appreciate this applicant would be an acceptable employee. Please answer the following <u>details</u> of any information that you furnish to us will be kept confidentiants appreciated.
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e person lice Officer sistance in de- estions and return this f ovided by law. <u>Your</u> com Is the above inform What kind of student wa	the was <u>ODENT</u> during the period listed above. We would appreciate this applicant would be an acceptable employee. Please answer the following <u>details</u> of any information that you furnish to us will be kept confidentiants appreciated.
the person plice Officer sistance in de- testions and return this f ovided by law. <u>Your com</u> Is the above inform What kind of student wa	the was <u>ODENT</u> during the period listed above. We would appreciate this applicant would be an acceptable employee. Please answer the following <u>details</u> of any information that you furnish to us will be kept confidentiants appreciated.
e person blice Officer sistance in dea uestions and return this f ovided by law. <u>Your</u> com Is the above inform What kind of student wa emarks:	the was <u>ODENT</u> during the period listed above. We would appreciate this applicant would be an acceptable employee. Please answer the following the period furnish to us will be kept confidentiants appreciated.
ignature:	the was <u>ODENT</u> during the period listed above. We would appreciate this applicant would be an acceptable employee. Please answer the following the period furnish to us will be kept confidentiants appreciated.
ignature:	the was <u>ODENT</u> during the period listed above. We would appreciate this applicant would be an acceptable employee. Please answer the following the transfer appreciated.
ignature:	Definition of the applicant would be an acceptable employee. We would appreciate this applicant would be an acceptable employee. Please answer the follow details of any information that you furnish to us will be kept confidential as the applicant academically?
e person blice Officer sistance in dea nestions and return this f ovided by law. Your com Is the above inform What kind of student wa emarks:	

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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: Date: Signature: Title: Telephone #:

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



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 Sr	nith	Date _	6/7/07
	*	V			
Employer	ABC Company	¥.			Aut -
Address	1234 Fifth Street		· • •		
6	Detroit, MI 48226			\sim	
Work Title	Office Assistant		Dat oloye	ed (Fr	8/06 (To)
DEAR SIR OR M	MADAM:	(TE BE CO. ED I	в) . юу.		
Officer and has would be an ac	ned above has applied given your name as ceptable employee. h to us will be kept con	a Wa ty D ver. appl vera o ig qu pl e aw.	ersonne, ar assistance and return thi <u>ormediate res</u>	i sing	es for the position of Police whether or not this applicant he <u>details</u> of any information <u>iciated.</u>
• Is the info	ormatio correct?	F / F /		ä	· · · · · · · · · · · · · · · · · · ·
f	sently en e did	the olli ave ' misco	employment? Other (explain)		
•	part-1	fuil-time			
Please	ant form	ance on the factors be	elow. Explain un	satisfactory r	atings in Remarks.
Attendance Accepts Sup Gets Along w Quality of We	ervic vith Others ork			EXC	
Quantity of V	Vork				
Remarks					
ŝ.	1				9 8
Employer's S	ignature			Date	
	Title	1. 141 - 1			
Occupational	×* •				
6	WAYNE COU 500 RANDOLPH, ROOM 107	NTY DEPARTMENT OF F 7, DETROIT, MI 48226 *			
	355. 전 문 문 남 전 문 문 남	185	5. 21 - 22	-	
I:\EXAMS\FORMS	VPO-Employer Release.DOC	e Milia			7
		2 2			



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Name (Print) Signature	SS#: Date	
Employer		
Work Title	Dates Employed(From)	(To)
(TO BE COMPL DEAR SIR OR MADAM:	ETED BY EMPLOYER)	
The person named above has applied to the Wayne County E Officer and has given your name as an Employer. We wo applicant would be an acceptable employee. Please answer t information that you furnish to us will be kept confidential a • Is the information above correct?	build appreciate your assistance in determining the following questions and return this form to u is provided by law. <u>Your immediate response is</u>	whether or not this us. The <u>details</u> of any <u>s appreciated.</u>
 If not presently employed, why did the applicant let 	eave this employment? (Check one below).	
 Temporary positionResignedDismission Was the position part-timefull-time 		
 Please rate the applicant's performance on the fac 		in Remarks.
Attendance Image: Constraint of the state of the s	SATISFACTORY EXCELLEN	Τ
Employer's Signature	Date	
Occupational Title	Telephone#	

WAYNE COUNTY DEPARTMENT OF PERSONNEL/HUMAN RESOURCES

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	SS#:
Signature	Date
Employer	
Address	
Work Title	Dates Employed (From) (To)
(TO BE C	OMPLETED BY EMPLOYER)
DEAR SIR OR MADAM:	
Officer and has given your name as an Employer. We applicant would be an acceptable employee. Please are information that you furnish to us will be kept confidered.	unty Department of Personnel/Human Resources for the position of Police Ve would appreciate your assistance in determining whether or not this swer the following questions and return this form to us. The <u>details</u> of any ntial as provided by law. <u>Your immediate response is appreciated</u> .
Is the information above correct?	
 If not presently employed, why did the applic 	ant leave this employment? (Check one below).
Temporary positionResignedDis	smissedOther (explain)
Was the position part-timeful	-time
 Please rate the applicant's performance on the second secon	ne factors below. Explain unsatisfactory ratings in Remarks.
UNSATISFACTAttendanceIAccepts SupervisionIGets Along with OthersIQuality of WorkIQuantity of WorkI	DRY SATISFACTORY EXCELLENT
Remarks	
Employer's Signature	Date
Occupational 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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Community of the second s			
Name (Print)		SS#:	
Signature		Date	
Employer			
Address		-	
		-	
Work Title	Dates	Employed(From)	(To)
(TO E DEAR SIR OR MADAM:	BE COMPLETED BY EMPL	OYER)	
The person named above has applied to the Wayne Officer and has given your name as an Employe applicant would be an acceptable employee. Pleas information that you furnish to us will be kept con	r. We would appreciate the answer the following qu fidential as provided by la	your assistance in determini estions and return this form t w. <u>Your immediate response</u>	ng whether or not this o us. The <u>details</u> of any <u>e is appreciated.</u>
Is the information above correct?			£
 If not presently employed, why did the ap 	plicant leave this empl	oyment? (Check one belov	v).
Temporary positionResigned	_DismissedOther (explain)	
Was the position part-time	_full-time	-<	
Please rate the applicant's performance or sector secto	n the factors below. Ex	xplain unsatisfactory rating	gs in Remarks.
UNSATISFA Attendance Accepts Supervision Gets Along with Others Quality of Work Quantity of Work Remarks			ENT
Employer's Signature		Date	
Occupational Title		Telephone#	



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and the second se				
			_SS#:	
Signature			Date	
Employer				
Work Title		ates Employed	(From)	(To)
(^	TO BE COMPLETED BY E	MPLOYER)		
DEAR SIR OR MADAM:		·		
The person named above has applied to the W. Officer and has given your name as an Empl applicant would be an acceptable employee. P information that you furnish to us will be kept Is the information above correct? If not presently employed, why did the	oyer. We would appreci lease answer the followin confidential as provided	ate your assistance g questions and retu by law. <u>Your immec</u>	in determining whe rn this form to us. T liate response is app	ether or not this he <u>details</u> of any preciated.
Temporary positionResigned _				
Was the position part-time	full-time			
• Please rate the applicant's performance	e on the factors below	. Explain unsatisf	actory ratings in R	emarks.
UNSATI: Attendance Accepts Supervision Gets Along with Others Quality of Work Quantity of Work Remarks		SFACTORY		
Employer's Signature				
Occupational Title		Telepl	hone#	



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Name (Print)		SS#:	
Signature		Date	
Employer			
Address			
Work Title	Dates Employed _	(From)	(To)
TO BE COMPLET	ED BY EMPLOYER)		
DEAR SIR OR MADAM:			
The person named above has applied to the Wayne County Dep Officer and has given your name as an Employer. We would applicant would be an acceptable employee. Please answer the information that you furnish to us will be kept confidential as p • Is the information above correct?	d appreciate your assistan following questions and re provided by law. <u>Your imm</u>	ce in determining v eturn this form to us nediate response is a	whether or not this . The <u>details</u> of any appreciated.
 If not presently employed, why did the applicant leav 	ve this employment? (Cl	neck one below).	
Temporary positionResignedDismissed	Other (explain)		
Was the position part-timefull-time	;		
Please rate the applicant's performance on the factor	rs below. Explain unsat	isfactory ratings ir	n Remarks.
UNSATISFACTORY	SATISFACTORY	EXCELLENT	
Attendance			
Accepts Supervision			
Quality of Work			
Quantity of Work			
Remarks			
Employer's Signature		e	
Occupational Title	Telo	ephone#	



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	Print)			
Signatu	ure		Date	
Employer				
Work Title		Dates Employed	(From)	(To)
	(TO BE COMPLET	ED BY EMPLOYER)		
DEAR SIR OR MADAM:				
The person named above has ap Officer and has given your nam applicant would be an acceptable information that you furnish to u	e as an Employer. We would e employee. Please answer the is will be kept confidential as p	d appreciate your assistan following questions and r provided by law. <u>Your imn</u>	ce in determining eturn this form to us nediate response is	whether or not this s. The <u>details</u> of any <u>appreciated.</u>
 Is the information above 	correct?			
If not presently employed	l, why did the applicant leav	ve this employment? (C	neck one below).	
Temporary position	_ResignedDismissed	Other (explain)		
• Was the position part-tim	efull-time			
• Please rate the applicant's	s performance on the factor	rs below. Explain unsat	isfactory ratings i	n Remarks.
Attendance Accepts Supervision Gets Along with Others Quality of Work Quantity of Work Remarks		SATISFACTORY		
Employer's Signature		Dat	е	
Occupational Title		Tel	ephone#	



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Signature		Date	
Employer			
Address			
		8	
Work Title	Dates	Employed(From)	(To)
DEAR SIR OR MADAM:	BE COMPLETED BY EMPLO	JYER)	
The person named above has applied to the Wayne Officer and has given your name as an Employe applicant would be an acceptable employee. Pleas information that you furnish to us will be kept con	r. We would appreciate y e answer the following qua fidential as provided by la	vour assistance in determini estions and return this form t w. <u>Your immediate respons</u>	ing whether or not this to us. The <u>details</u> of any <u>se is appreciated.</u>
 Is the information above correct? 			
 If not presently employed, why did the approximately and the second secon	plicant leave this emplo	oyment? (Check one below	w).
Temporary positionResigned	_DismissedOther (a	explain)	
Was the position part-time	_full-time	2 2	
Please rate the applicant's performance of	n the factors below. Ex	plain unsatisfactory ratin	gs in Remarks.
UNSATISFA Attendance	CTORY SATISFA	CTORY EXCELL	ENT
Remarks			
Employer's Signature		Date	
Occupational Title	Telephone#		



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			t:
Signature		Dat	e
Employer		<u></u> 0	
Address		_	
Work Title	Dates	s Employed(Fro	om) (To)
(TC	D BE COMPLETED BY EMPI	LOYER)	
DEAR SIR OR MADAM:			
The person named above has applied to the Way Officer and has given your name as an Employ applicant would be an acceptable employee. Ple information that you furnish to us will be kept co	yer. We would appreciate ase answer the following qu	your assistance in de uestions and return th	etermining whether or not this is form to us. The <u>details</u> of any
Is the information above correct?			
 If not presently employed, why did the 	applicant leave this emp	loyment? (Check or	e below).
Temporary positionResigned	DismissedOther	(explain)	
Was the position part-time	full-time		
Please rate the applicant's performance	on the factors below. E	xplain unsatisfacto	ry ratings in Remarks.
UNSATISI Attendance Accepts Supervision Gets Along with Others Quality of Work Quantity of Work	FACTORY SATISFA	ACTORY E	
Remarks			
Employer's Signature		Date	
Occupational Title		Telephone	#