



## SAGINAW COUNTY SHERIFF'S OFFICE

311 S. Harrison Street • Saginaw, MI 48602

PH: 989.790.5400 FAX: 989.790.5429

**WILLIAM L. FEDERSPIEL**

*Sheriff*

**MIGUEL GOMEZ**

*Undersheriff*

### Applicant Instructions

When completing an application for employment, please complete the following documents:

1. County of Saginaw Application for Employment
2. Additional application information
3. Authority to Release Information (Make sure "Witness" section is complete. You may request that a member of the sheriff's office staff assist with this request.)
4. MCOLES Candidate's Personal History Statement (sworn law enforcement position)
5. Copy of MCOLES score band for physical and written (sworn law enforcement position)
6. Military record form DD-214 (if applicable)
7. Copy of Corrections 160 Training certification (previously certified corrections officer)

Applications will be kept on file and processed depending on a need for a specific position. Thank you for your interest in the Saginaw County Sheriff's Office.



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### 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 its 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 institution, 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, my 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 the 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 Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_





**EMPLOYMENT HISTORY:** Beginning with your present or most recent employment (1), please list your last four jobs.

(1) Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
City & State \_\_\_\_\_ To \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Specific duties \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supv. Name: \_\_\_\_\_  
\_\_\_\_\_  
Supv.Contact Info: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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(2) Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
City & State \_\_\_\_\_ To \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Specific duties \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supv. Name: \_\_\_\_\_  
\_\_\_\_\_  
Supv.Contact Info: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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(3) Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
City & State \_\_\_\_\_ To \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Specific duties \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supv. Name: \_\_\_\_\_  
\_\_\_\_\_  
Supv.Contact Info: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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(4) Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
City & State \_\_\_\_\_ To \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Specific duties \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supv. Name: \_\_\_\_\_  
\_\_\_\_\_  
Supv.Contact Info: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**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.)

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**PERSONAL DATA**

Are you 18 years of age or older?    Yes            No

Were you previously employed by Saginaw County?    Yes            No

If yes, when? \_\_\_\_\_

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

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

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

If yes, Contact Information: \_\_\_\_\_

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name & Occupation	Address	Phone Number

- (1) I hereby authorize 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: \_\_\_\_\_

## HUMAN RESOURCES CARD

As Equal Employment Opportunity Employers, the following information is being gathered by Saginaw County to analyze the effectiveness of our recruitment effort in addition to federal and state EEO reporting requirements. This data will not be used in the selection process or be a part of the application process. Your cooperation in **voluntarily** giving this information is appreciated.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Please select the appropriate, category that applies to you:

**SEX:**

Male	White
Female	Black or African American
	American Indian, Alaskan Native
	Asian
	Hispanic or Latino
	Native Hawaiian or Other Pacific Islander
	Two or more races

Are you a **frkcdrgf** individual? YES NO

What position did you apply for? \_\_\_\_\_

How did this position come to your attention? \_\_\_\_\_

\*According to the EEOC, a person can show that he or she has a disability in one of three ways: A person may be disabled if he or she has a physical or mental condition that substantially limits a major life activity (such as walking, talking, seeing, hearing, or learning); A person may be disabled if he or she has a history of a disability (such as cancer that is in remission); A person may be disabled if he or she is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if he or she does not have such an impairment).

**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: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2. Present address: \_\_\_\_\_  
\_\_\_\_\_

3. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

5. Are you a U.S. citizen? \_\_\_\_\_

6. Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

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

8. List all police contact, accidents, citations, arrest, civil, and/or criminal action against you:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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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

(Rev. 07-2012)