

## INSTRUCTIONS

### READ THE FOLLOWING IMPORTANT INSTRUCTIONS FOR COMPLETING THE APPLICATION AND PERSONAL HISTORY STATEMENT CAREFULLY.

This is a **PERMANENT RECORD**. All information must be **TYPED OR NEATLY PRINTED BY THE APPLICANT, USING BLACK INK ONLY. ILLEGIBLE OR INCOMPLETE FORMS WILL NOT BE ACCEPTED.** Avoid errors by reading the directions and questions before making entries on the form. Be sure your information is correct and in proper sequence before you begin. It is **MANDATORY** that all information be supplied in the exact manner requested.

- If a question is not applicable to you, enter **N/A** in the appropriate area. **DO NOT LEAVE ANY QUESTION UNANSWERED.**
- List complete and accurate address **ZIP CODES** and **AREA CODES** on all addresses and telephone numbers. You are responsible for obtaining the correct information. Your local library may have a directory service or copies of local phone directories.
- You must have **complete and correct spelling of all Names, Addresses, and Telephone Numbers** of References/Acquaintances, Employers, Business names, Educational and Financial institutions along with type of degree obtained, if any.
- If there is insufficient space on the form for you to include all information required, attach extra sheets of white paper (8 ½" x 11") and place in proper sequence. **Be sure to reference the relevant section and question number before continuing your answer.**
- **Submit Required Documents along with Pre-Employment Application** (see attached sheet)

The principle purpose of the Employment Application and Personal History Statement is to collect information needed as a basis for a background investigation that will determine your eligibility for employment with the Alpena County Sheriff's Office.

**NOTE:** *The application MUST be submitted in person.* Once your application is approved, it will remain on file for 1 year.

**ANY FALSE STATEMENTS OR OMISSIONS MADE ON THIS FORM MAY CAUSE YOUR NAME TO BE REMOVED FROM THE ELIGIBLE LIST OR BE CAUSE FOR IMMEDIATE DISMISSAL, IF AN APPOINTMENT HAS BEEN MADE.**



**MINIMUM REQUIREMENTS FOR**  
**DEPUTY SHERIFF, CRTC DEPUTY/SPECIAL DEPUTY, CORRECTIONS OFFICER**  
**WITH THE**  
**ALPENA COUNTY SHERIFFS OFFICE**

- Must **NOT** have any Felony convictions (includes expunged convictions)
- Must **NOT** have any Misdemeanor convictions involving force, violence, theft, or dishonesty.
- Must **NOT** have been released or discharged from the Armed Forces, except by Honorable Discharge
- Must be at least 18 years of age with the following:  
    An Associate's Degree and/or be M.C.O.L.E.S. Certifiable as a Law Enforcement Officer  
    (if applying for Deputy Sheriff or CRTC Deputy Position)
- Must have fingerprints on file. (This will be arranged by the Alpena County Sheriff's Office for employment purposes)
- Must possess and maintain a Valid Michigan Drivers License
- Must pass a Written Examination, Physical Agility Examination, Oral Interview, Background Investigation, Psychological Examination by a licensed Psychologist, and Medical Examination by a licensed physician. (all of which to be determined and arranged by the Alpena County Sheriff's Office)
- Be of good Moral Character as determined by a Background Investigation.
- Uncorrected vision **NO greater than 20/40 in each eye correctable to 20/20 vision** in each eye with glasses, soft contact lenses, or gas permeable lenses. **MUST NOT** be color blind.
- Must pass corrections academy (if applying for corrections officer position).

---

Applicant's Signature

---

Date



## REQUIRED DOCUMENTS

You are responsible for providing **Original or Photocopies** as specified of the following documents: (all original documents will be returned, except transcripts and credit reports)

- Valid Michigan Drivers License- (attach copy)
- Social Security Card- (attach copy)
- Civil Suit Records, (Only if currently being sued)
- Credit Report
- Copy of Complete Bankruptcy Papers
- Copy of Permit to Carry Concealed Weapon
- High School Transcripts
- College Transcripts
- Copy of High School Diploma or G.E.D. Certificate
- Copy of College Diploma
- Proof of current Automobile Insurance
- Military DD-214
- Selective Service Number: Male applicants born after 1960 **MUST** have a Selective Service Number. Call (888) 655-1825 or go online at <http://www.sss.gov>
- Additional Degrees, Diplomas, or Certificates, Resume, etc...(optional, but preferred)
- Waiver: One person must witness your signature

**NOTE: Credit reports will ONLY be accepted from a Major Credit reporting agency.**

---

Applicant's Signature

---

Date



## **BACKGROUND PROCESS**

To protect the confidentiality of the sources contacted during the course of the background investigation, it is the policy of the Alpena County Sheriff's Office not to discuss the content or the nature of information contained in the background investigation once it has begun. Furthermore, once the background investigation has begun, we cannot discuss the findings of that investigation with the applicant or anyone not directly involved in the investigation or hiring process. The applicant is simply told he or she passed or failed the background investigation.

### **IMMEDIATE DISQUALIFIERS**

- Applicant *does not* meet Minimum Requirements
- Deception on *ANY* portion of the background investigation
- Omitting any requested or required information
- Falsifying Information
- Any illegal drug use or possession while employed in the capacity of a police officer, licensed security officer, military police, or student enrolled in college accredited courses related to the criminal justice field.
- Failure to divulge any information during the background investigation involving illegal drug use or possession.

There may be questions the applicant may have about the hiring process; particularly regarding personal matters that the individual feels may be disqualifying. Because we are prohibited to discuss the investigation once it has begun, applicants are encouraged to contact the background investigator prior to the start of the investigation with any questions or concerns. ***Conversations are strictly confidential.*** Please feel free to contact the background investigator at the number given by the hiring personnel or background investigator.

---

Applicant's Signature

---

Date

Alpena County Sheriff's Office Pre-Employment Application  
AN EQUAL OPPORTUNITY EMPLOYER



# Alpena County Sheriff's Office

## Pre-Employment Application

Have you ever filed an application with us before?    Yes    No  
 If yes, when \_\_\_\_\_

Position Applied for: Deputy Sheriff Corrections Officer Bailiff
---

### SECTION I. Personal Information

Name (First/Middle/Last)			
Are you 18 years of age or older?		Yes	No
Address (Street, city, state, zip code)		How Many Years?	
Previous Address (street, city, state, zip code)		How Many Years?	
Contact Information: Residential Phone:	Cell Phone:	Email:	
SSN:	DLN & State Issued by:		
Do you have a valid Michigan drivers license?		Yes	No    How Long?
Are you a resident of the State of Michigan?		Yes	No    How Long?
Is your spouse or any relative employed by Alpena County?		Yes	No
If YES, - Name(s):			
Are you MCOLES Certified?		Yes	No    If yes list your MCOLES #
Are you MCOLES Certifiable?		Yes	No
Salary Expectation: \$                      Per:	Date Available for Work:	Employment Status: Full Time              Part Time	

Alpena County Sheriff's Office Pre-Employment Application  
 AN EQUAL OPPORTUNITY EMPLOYER

Have you ever been employed by Alpena County?	Date Started:	Date Left
In what Department?	In What Position?	Reason for leaving:
What Prompted your Application?		

Have you **EVER** applied for employment with the Alpena County Sheriff's Office, any fire department, or other law enforcement agency or governmental agency?    Yes                      No

If yes, give details, positions sought, dates, agency/departments name and address:

**Section II    Military Service**

Branch:	Dates of Service From                      To
Were you honorably discharged?	Reserve Status:
Describe any specialized training and duties:	



What foreign languages do you speak? \_\_\_\_\_ Read? \_\_\_\_\_ Write? \_\_\_\_\_

What is your present occupation?

Are you involved in any business as an owner or partner (active or silent)?                      Yes                      No  
 If yes, give details:

**EMPLOYMENT HISTORY**

List below **COMPLETE** work history beginning with your present employer working backward to your first employer, including part-time employment. List any periods of unemployment. Please use additional sheets if necessary. Resume alone is not acceptable.

Employer's Name		Dates (month and year): From                      To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & Title)	Your title	Salary	
Duties & responsibilities			
Reason for leaving			
Employer's Name		Dates (month and year): From                      To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & Title)	Your title	Salary	
Duties & responsibilities			
Reason for leaving			
Employer's Name		Dates (month and year): From                      To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & Title)	Your title	Salary	
Duties & responsibilities			
Reason for leaving			



Employer's Name		Dates (month and year): From                      To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & Title)	Your title	Salary	
Duties & responsibilities			
Reason for leaving			
Employer's Name		Dates (month and year): From                      To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & Title)	Your title	Salary	
Duties & responsibilities			
Reason for leaving			
Employer's Name		Dates (month and year): From                      To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & Title)	Your title	Salary	
Duties & responsibilities			
Reason for leaving			
Employer's Name		Dates (month and year): From                      To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & Title)	Your title	Salary	
Duties & responsibilities			
Reason for leaving			

(Attach additional sheets of employment history if necessary)

Are you currently on "layoff" status and subject to recall? Yes No

Have you **ever** been discharged by an employer or resigned in lieu of firing? Yes No

If yes, give details of discharges or forced resignations below.

Employer	Address	Date (Mo/Yr)	Reason for Discharge or Resignation

Were you **ever** subjected to disciplinary action in connection with employment? Yes No

If Yes, give details (Add additional sheets if necessary):

How much time have you missed from work in the past twelve months?

Are you willing to work night shifts? Yes No

Are you willing to work weekends and holidays? Yes No

**PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS**

List all states in which you are or have been licensed or certified and any national certifications. Attach additional pages if necessary.

Have you **ever** had any professional license or certification placed under investigation, disciplined, suspended, revoked or on probation?      Yes                  No

Have you **ever** been denied a license or certification?      Yes                  No

If you answered yes to either of the above questions, explain in detail on an attached signed statement.

Do you have any felony charges pending against you?      Yes                  No

Have you **ever** been convicted of a felony?      Yes                  No

Do you have any misdemeanor charges pending against you?      Yes                  No

Have you **ever** been convicted of a misdemeanor?      Yes                  No

Have you **ever** been convicted or pled guilty or nolo contendere to a crime?      Yes                  No

If you answered yes to any of the five preceding questions, explain by giving the date, nature of the offense and circumstance on an attached, signed statement. Conviction of a crime will not necessarily disqualify an applicant from employment.

Can you perform the essential job duties of the job for which you have applied, with or without reasonable accommodation?      Yes                  No

References: Give the name, address and telephone number of three references who are not related to you:

1.

2.

3.

Have you now or **ever** used another name, alias, or other identity for any purpose?    Yes                      No

If Yes, please explain:

Has your credit record (including your spouse) ever been unsatisfactory or have you ever been refused credit?  
Yes                      No

If Yes, give dates, agency, name of creditors and circumstances.

Have you ever filed for bankruptcy?

Yes

No

If Yes, give details including dates and court where filed.

**CERTIFICATION**

I, \_\_\_\_\_, understand that all appointments are probationary for a period of one year at the discretion of the Sheriff, subject to rules and regulations set forth by the Alpena County Sheriff's Office Merit System. I understand that any appointment rendered me will be contingent upon the result of a complete character investigation, and I am aware that willfully withholding information or making false statements on/in this application will be the basis for dismissal from the Alpena County Sheriff's Office or disqualify me as a candidate for employment. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

I understand that I may be required to submit to a post-offer physical examination, which may include a drug test prior to beginning employment and that I must satisfactorily pass such an examination to obtain employment.

I also specifically waive written notice from any and all former employers regarding their disclosure to Alpena County of any prior disciplinary actions and waive any claim against Alpena County and current or former employers arising from such investigation or disclosure, including, but not limited to, slander and libel, that may result from furnishing any information to you.

I agree that any action or suit against the Alpena County arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

It is with full understanding and agreement with the provisions of this Certification that I will accept any employment offered to me.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)



# ALPENA COUNTY SHERIFF'S OFFICE

Sheriff Steven J. Kieliszewski  
4900 M32 W, Alpena, Michigan 49707  
Phone: (989) 354-9830 Fax: (989)340-1008

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

In order to permit the Alpena County Sheriff's Office to make a thorough investigation of my background, pursuant to the laws of Michigan, I \_\_\_\_\_, hereby release from liability; and promise to hold harmless from any liability, under any and all possible causes of legal action; opinions regarding my background or reputation.

The undersigned hereby authorizes any person or legal entity who may be contacted by officers, agents or employees to give and receive any information, data or opinions they may have regarding my background.

The undersigned further agrees to hold harmless and release from liability, under any and all possible causes of legal action, the Alpena County Sheriff's Office and the County of Alpena, its officers, agents and employees for any statement, acts or omissions in the course of its investigation into my background and reputation.

This release from liability given by me to the Alpena County Sheriff's Office, its officers, agents, employees and all others, as heretofore provided shall apply to any right of action that might accrue to myself, my heirs, and my personal representatives.

I further understand that certain record check information could disqualify me as a candidate for some positions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn and Subscribed To Before Me This \_\_\_\_\_ Day of \_\_\_\_\_,  
State of Michigan County of Alpena.

Signature of Notary Public: \_\_\_\_\_