



Ohio Attorney General's Office  
Bureau of Criminal Investigation  
Investigative Report



2019-3029  
Officer-Involved Critical Incident – Unidentified Victim (V)

**Investigative Activity:** Document Review  
**Involves:** [REDACTED] (O)  
**Date of Activity:** 11/27/2019  
**Activity Location:** BCI Richfield Northeast Regional Office – 4055 Highlander Parkway, Richfield, OH 44286, Ohio County  
**Author:** SA Eric Lehnhart, #84

**Narrative:**

On Wednesday, November 27, 2019, Ohio Bureau of Criminal Investigation (BCI) Special Agent Eric Lehnhart received the personnel file for Corrections Officer [REDACTED] from Stephanie L. Schoolcraft of Fishel, Downey, Albrecht, and Riepenhoff, LLP's. Special Agent Eric Lehnhart reviewed the personnel file and noted the following:

The provided personnel file of Corrections Officer [REDACTED] contained 234 total pages.

Performance Evaluations

The Richland County Sheriff's Office's employee performance evaluation assigns points to the employee as follows; Above +2, Meets +1, and Does not meet +0. Throughout much of [REDACTED]'s evaluations, he has received the rating of 'Above +2' and 'Meets +1.' However, [REDACTED] does have a few 'Does not meet +0' ratings, documented by his supervisors.

Discipline

[REDACTED] has several documented instruction and cautioning reports, written reprimands and one (1) disciplinary agreement, which cost him eight (8) hours of compensatory time.

The personnel file was attached to this report. Please refer to the attachment for further details.

**Attachments:**

Attachment # 01:2019-11-27 Leonardo Gatner Redacted from RCSO

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency.

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RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER

Name: [REDACTED] Review Period: 4-5-18 to 10-4-18  
Unit #: [REDACTED] Review Deadline Date: 10-5-18  
Rater Name: [Signature] Bi-Annual Review

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

*GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

2. Consistently completes required security rounds and documents as appropriate.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

Any additional comments pertaining to GOAL ONE (1-3):

RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER

GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: Officer [REDACTED] has an excellent rapport with inmates.

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: Officer [REDACTED] demeanor has diffused several situations.

Any additional comments pertaining to GOAL TWO (4-6):

RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER

GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2    Meets + 1    ~~Does Not Meet + 0~~  
Explain:

Officer [REDACTED] was written up for abuse of sick time.  
Performance Plan: Be more careful with your sick time.

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain: Officer [REDACTED] is very respectful.

Any additional comments pertaining to GOAL Three (7-10):

RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER

OVERALL EVALUATION

Total Points: 12

Rater: Sgt. Mkh Date: 10-2-18  
Comments:

Lieutenant: [Redacted] Date: 10-4-18  
Comments:

Staff Lieutenant: [Signature] Date: 10-17-18  
Comments:

Jail Administrator: Capt CB Date: 10/16/18  
Comments:

Chief Deputy: [Signature] Date: 10/25/18  
Comments:

Sheriff: [Signature] Date: 10/29/18  
Comments:

Employee Signature: [Redacted] Date: 11-4-18  
Comments:

I have read the above rating and choose to respond to this rating.

I have read the above rating and choose NOT to respond under comments.

I am requesting to have a meeting with the Jail Administrator to discuss this evaluation.

My signature may not indicate agreement with the ratings.

**RICHLAND COUNTY SHERIFF'S OFFICE  
INSTRUCTION & CAUTIONING**

19-74

Employee's Name: \_\_\_\_\_ Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 5-8-19

**VIOLATION**

Date Violation Occurred: April 3, 2019 Personnel Complaint Number: 2019-074

Location Where Violation Occurred: Richland County Jail

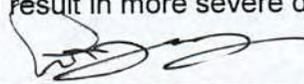
Type of Violation Policy Group I Number 13

**Description of Violation:**

That on the date listed, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, Post Order #2, #3 by leaving the 3<sup>rd</sup> floor of the jail unattended. This is your 1<sup>st</sup> Group I # 13 violation.

(Attach Additional sheets if necessary)

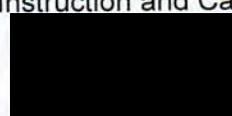
This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be considered active by management for six (6) months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

  
\_\_\_\_\_  
Signature of Person Issuing Reprimand

Lieutenant

\_\_\_\_\_  
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

  
\_\_\_\_\_  
Employee's Signature

May 8 2019  
\_\_\_\_\_  
Date

cc: Employee  
Appointing Authority

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

Name: [REDACTED] Review Period: 10-4-18 to 4-4-19  
Unit #: 7c 80 Review Deadline Date: 3-26-19  
Rater Name: Sgt. Collier Bi-Annual Review

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: *Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2 Meets +1 Does Not Meet + 0

Explain: Officer [REDACTED] is good at addressing Security Concerns.

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets + 1 Does Not Meet + 0  
Explain:

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: Officer [REDACTED] maintains clear boundaries with inmates.

Any additional comments pertaining to GOAL ONE (1-3):

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: *Officer [REDACTED] maintains a good rapport with inmates.*

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: *Officer [REDACTED] is good at diffusing problem situations. He can be patient in scenarios when it avoids problems.*

Any additional comments pertaining to GOAL TWO (4-6):

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows ~~post~~ orders, policies and procedures.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

*officer [redacted] is timely with his paperwork.*

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

*officer [redacted] is very respectful with  
co-workers and supervisors.*

Any additional comments pertaining to GOAL Three (7-10):

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

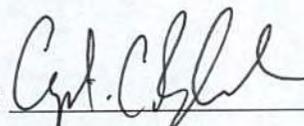
**OVERALL EVALUATION**

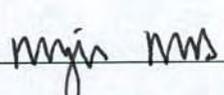
Total Points: 16

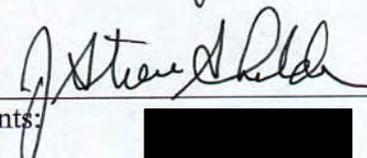
Rater:  Date: 3-19-19  
Comments:

Lieutenant:  Date: 4-29-14  
Comments:

Staff Lieutenant:  Date: 4-2-14  
Comments:

Jail Administrator:  Date: 4/1/19  
Comments:

Chief Deputy:  Date: 4/15/19  
Comments:

Sheriff:  Date: 4/07/19  
Comments:

Employee Signature:  Date: 4-30-19  
Comments:

I have read the above rating and choose to respond to this rating.

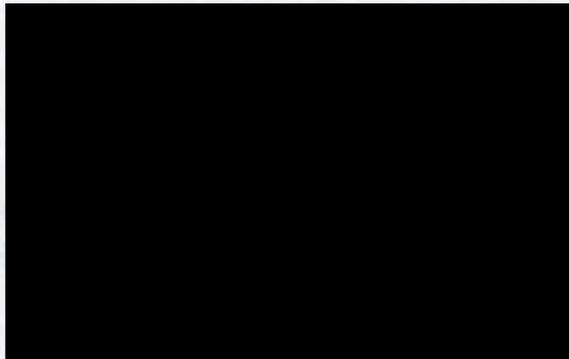
I have read the above rating and choose **NOT** to respond under comments.

I am requesting to have a meeting with the Jail Administrator to discuss this evaluation.

My signature may not indicate agreement with the ratings.

2019 back pay	OLD REG	NEW REG	OWED	OLD OT	NEW OT	OWED	OLD HOLID	NEW HOLID	OWED	OLD VAC	NEW VAC	OWED
	22.30	22.77		33.45	34.16		22.30	22.77			21.97	
1/18/2019	\$1,784.00	\$1,821.60	\$37.60			\$0.00	89.2	91.08	\$1.88			\$0.00
2/1/2019	\$1,784.00	\$1,821.60	\$37.60			\$0.00			\$0.00	\$1,720.00	\$1,757.60	\$37.60
2/15/2019	\$1,784.00	\$1,821.60	\$37.60			\$0.00			\$0.00			\$0.00
3/1/2019	\$1,784.00	\$1,821.60	\$37.60			\$0.00	89.2	91.08	\$1.88			\$0.00
3/15/2019	\$1,784.00	\$1,821.60	\$37.60	267.6	273.28	\$5.68			\$0.00			\$0.00
3/29/2019	\$1,784.00	\$1,821.60	\$37.60			\$0.00			\$0.00			\$0.00
			\$225.60			\$5.68			\$3.76			\$37.60

TOTAL OWED \$272.64











18-100

# RICHLAND COUNTY SHERIFF'S OFFICE INSTRUCTION & CAUTIONING

Employee's Name: \_\_\_\_\_ Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 8-15-18

### VIOLATION

Date Violation Occurred: 7/14/17; 4/6/18; 7/6/18 Personnel Complaint Number: 2018-100

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy Group I Number 13

#### Description of Violation:

That on the date listed, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, General Order 16.1 (Sick Leave), G (Sick Leave Use and Abuse), b (Unauthorized Uses), viii (Pattern abuse), 4 by calling off sick three (3) times on any one specific day. Pursuant to policy, you are required to produce a physician's verification statement for all subsequent illnesses. This is your 1<sup>st</sup> Group I # 13 violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be considered active by management for six (6) months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

[Signature]  
Signature of Person Issuing Reprimand

JAIL ADMINISTRATOR  
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[Signature]  
Employee's Signature

8-15-18  
Date

cc: Employee  
Appointing Authority

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

Name: [REDACTED] Review Period: 10-5-17 to 4-4-18  
Unit #: [REDACTED] Review Deadline Date: 4-6-18  
Rater Name: Sgt. Collier Bi-Annual Review

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

*GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2 Meets + 1 Does Not Meet + 0  
Explain: Officer [REDACTED] addresses security concerns in a timely manner

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets + 1 Does Not Meet + 0  
Explain:

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2 Meets + 1 Does Not Meet + 0  
Explain:

Any additional comments pertaining to GOAL ONE (1-3):

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: Officer [REDACTED] is friendly but professional with inmates.

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: Officer [REDACTED] is good at diffusing problem situations.

Any additional comments pertaining to GOAL TWO (4-6):

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain: *Officer [REDACTED] is very respectful.*

Any additional comments pertaining to GOAL Three (7-10):

**OVERALL EVALUATION**

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

Total Points: 14

Rater: [Signature] Date: 4-5-18  
Comments:

Lieutenant: [Signature] [Redacted] Date: 4-10-18  
Comments:

Staff Lieutenant: [Signature] Date: 4-9-18  
Comments:

Jail Administrator: [Signature] Date: 4/6/18  
Comments:

Chief Deputy: [Signature] Date: 4/18/18  
Comments:

Sheriff: [Signature] Date: 4/20/18  
Comments:

Employee Signature: [Redacted] Date: 5-11-18  
Comments:

I have read the above rating and choose to respond to this rating.

I have read the above rating and choose **NOT** to respond under comments.

I am requesting to have a meeting with the Jail Administrator to discuss this evaluation.

My signature may not indicate agreement with the ratings.



# Employee Maintenance

(circle one)		
ADD	CHANGE	DELETE

Name: [REDACTED]  
 Address: [REDACTED]  
 City, State, Zip Code: [REDACTED]  
 Telephone: [REDACTED]  
 Birthdate: [REDACTED]  
 Social Security Number: [REDACTED]  
 Marital Status: [REDACTED]  
 Sex: [REDACTED]  
 Race: [REDACTED]  
 Title: [REDACTED]  
 Department Number: [REDACTED]  
 Munis Org: [REDACTED]  
 Business Phone Number: [REDACTED]  
 Start Date: [REDACTED]  
 Rehire Date: [REDACTED]  
 Termination Date: [REDACTED]  
 Reason for Termination: [REDACTED]

Employee# [REDACTED]

Has this person ever been employed by Richland County in the past? Yes or No

Class #	
Account #	
Object#	

Salary/pay	
Rate/hour	
Alt Rate/hour	
Longevity Payment	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Status: [REDACTED]  
 Annual Salary: [REDACTED]

Signature: *Earl Spore*

Date: 3/30/18

VAC 6.2 PER PAY  
 EFFECIVE 3-29-2018

Comments

40 old = 2.30  
 40 New = 3.10  
 -----  
 -.80

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

Name: [REDACTED] Review Period: 4-6-17 to 10-4-17

Unit #: [REDACTED] Review Deadline Date: 11-6-17

Rater Name: Sgt. Collier Bi-Annual Review

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: *Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above +2 Meets +1 Does Not Meet + 0  
Explain: Officer [REDACTED] promptly notifies me of any issues

2. Consistently completes required security rounds and documents as appropriate.

Above +2 Meets +1 Does Not Meet + 0  
Explain: Officer [REDACTED] is usually walking through logs before his check is due.

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above +2 Meets + 1 Does Not Meet + 0  
Explain:

Any additional comments pertaining to GOAL ONE (1-3):

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: *Officer [REDACTED] is good at diffusing problem situations.*

Any additional comments pertaining to GOAL TWO (4-6):

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2    Meets + 1    Does Not Meet + 0

Explain: Officer [REDACTED] is almost always at work before the early car arrives. However He has used 10 days Sick time in the last 6 months.

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

Any additional comments pertaining to GOAL Three (7-10):

**OVERALL EVALUATION**

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

Total Points: 13

Rater: [Signature] Date: 11-8-17  
Comments:

Lieutenant: [Signature]  Date: 12-17-17  
Comments:

Staff Lieutenant: [Signature] Date: 11-9-17  
Comments:

Jail Administrator: [Signature] Date: 11/9/17  
Comments:

Chief Deputy: [Signature] Date: 11/21/17  
Comments:

Sheriff: [Signature] Date: 12/11/17  
Comments:

Employee Signature:  Date: 1-1-18  
Comments:

I have read the above rating and choose to respond to this rating.

I have read the above rating and choose **NOT** to respond under comments.

I am requesting to have a meeting with the Jail Administrator to discuss this evaluation.

My signature may not indicate agreement with the ratings.

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
ADMINISTRATIVE SERGEANT PERFORMANCE EVALUATION**

Name: Sgt. Kristin Gillis Review Period: 04/06/17 to 10/04/17

Unit #: 7c35 Review Deadline Date: \_\_\_\_\_

Rater Name: Lt. Myers  Bi-Annual Review

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

*GOAL ONE: The Administrative Sergeant will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Reviews and follows jail policy and procedures, rules and regulations, and standard operating procedures.

Above + 2  Meet + 1  Does Not Meet + 0

Explain:

2. Maintains a positive attitude and works to fulfill the jails mission statement.

Above + 2  Meets + 1  Does Not Meet + 0

Explain:

3. Responds appropriately to inmates by answering kites or questions from them respectfully and in a timely manner.

Above + 2  Meets + 1  Does Not Meet + 0

Explain: **Has done a much better job keeping up on her kites**

Any additional comments pertaining to GOAL ONE (1-3):

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
ADMINISTRATIVE SERGEANT PERFORMANCE EVALUATION**

GOAL TWO: *The Administrative Sergeant will conduct themselves professionally and work independent of direct supervision.*

4. Assures work space is clean and orderly.  
 Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

5. Interacts with other law enforcement agencies, courts, and the general public in a respectful and professional manner.  
 Above + 2    Meets + 1    Does Not Meet + 0  
Explain: **Has a good rapport with the courts**

6. Responds to court emailed bonds and releases in a timely manner.  
 Above + 2    Meets + 1    Does Not Meet + 0  
Explain: **Very quick to respond to her emails**

Any additional comments pertaining to GOAL TWO (4-6):

**RICHLAND COUNTY SHERIFF'S OFFICE  
INSTRUCTION & CAUTIONING**

**ORIGINAL**

Employee's Name: \_\_\_\_\_ Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 1-11-18 2200

**VIOLATION**

Date Violation Occurred: December 7, 2017 Personnel Complaint Number: 2018-004 003

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy Group I Number 17

**Description of Violation:**

That on the date listed, you exhibited unsatisfactory work and failed to maintain a required standard of performance by failing to conduct proper personal observation checks on inmates in the jail as required.. This is your 1<sup>st</sup> Group I # 17 violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be considered active by management for six (6) months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Capt. C. B. [Signature]  
Signature of Person Issuing Reprimand

JAIL ADMINISTRATOR  
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[Redacted Signature]  
Employee's Signature

1-11-18  
Date

cc: Employee  
Appointing Authority

**RICHLAND COUNTY SHERIFF'S OFFICE  
INSTRUCTION & CAUTIONING**

Employee's Name: \_\_\_\_\_ Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 12-22-17

**VIOLATION**

Date Violation Occurred: November 12, 2017 Personnel Complaint Number: 2017-150

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy Group I Number 13

**Description of Violation:**

That on the date listed, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office when you didn't handle commissary pursuant to policy. This is your 1<sup>st</sup> Group I # 13 violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be considered active by management for six (6) months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

[Signature]  
Signature of Person Issuing Reprimand

Lieutenant  
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[Signature]  
Employee's Signature

12-22-17  
Date

cc: Employee  
Appointing Authority



04/27/2017 10:02  
ESPICER

Richland County - LIVE  
DETAIL CHECK HISTORY

P 1  
prhisrpt

BY EMPLOYEE NAME  
01/08/2016 to 03/03/2017

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
-----	-----	------	-----	-----	-------	----------	-------	--------	-----	------	----------	----------

LOC: 254 ORG: PAYROLL

Check Date: 01/08/2016

27525500	510200		254	2030	000041051	552 HS	8.00	170.80				
27525500	510200		254	2030	000041051	555 SHFHOL	8.00	0.00				
27525500	510200		254	2030	000041051	887 SB .80	32.00	683.20				
27525500	510200		254	2030	000041051	887 SB .80	40.00	854.00				
			254		000041051							
			254		000041051							
			254		000041051							
			254		000041051							
			254		000041051							
			254		000041051							
			254		000041051							
			254		000041051							
			254		000041051							
27525500	536300		254		000041051							
27525500	536400		254		000041051							
CHECK 01/08/2016 TOTALS:					NET:		1,216.25	88.00		1,708.00		

Check Date: 01/22/2016

27525500	510200		254	2030	000042264	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000042264	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000042264	552 HS	8.00	170.80				
27525500	510200		254	2030	000042264	887 SB .80	32.00	683.20				
27525500	510200		254	2030	000042264	887 SB .80	24.00	512.40				
			254		000042264							
			254		000042264							
			254		000042264							
			254		000042264							
			254		000042264							
			254		000042264							
			254		000042264							
			254		000042264							
			254		000042264							
27525500	536300		254		000042264							
27525500	536400		254		000042264							
CHECK 01/22/2016 TOTALS:					NET:		1,216.25	80.00		1,708.00		

Check Date: 02/05/2016

27525500	510200		254	2030	000043476	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000043476	501 PE+SH	8.00	170.80				
27525500	510200		254	2030	000043476	501 PE+SH	8.00	170.80				
27525500	510200		254	2030	000043476	555 SHFHOL	8.00	0.00				
27525500	510200		254	2030	000043476	700 FT	16.00	82.20				
27525500	510200		254	2030	000043476	887 SB .80	16.00	341.60				
27525500	510200		254	2030	000043476	887 SB .80	16.00	341.60				
27525500	510200		254	2030	000043476	887 SB .80	16.00	341.60				
27525500	510200		254	2030	000043476	887 SB .80	8.00	170.80				
			254		000043476							
			254		000043476							
			254		000043476							
			254		000043476							
			254		000043476							
			254		000043476							
			254		000043476							
			254		000043476							
			254		000043476							
			254		000043476							
27525500	536300		254		000043476							
27525500	536400		254		000043476							
CHECK 02/05/2016 TOTALS:					NET:		1,273.75	104.00		1,790.20		

04/27/2017 10:02  
ESPICER

Richland County - LIVE  
DETAIL CHECK HISTORY

P 2  
prhisrpt

BY EMPLOYEE NAME  
01/08/2016 to 03/03/2017

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
											LOC: 254	ORG: PAYROLL
Check Date: 02/19/2016												
27525500	510200		254	2030	000044685	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000044685	887 SB .80	32.00	683.20				
27525500	510200		254	2030	000044685	887 SB .80	16.00	341.60				
27525500	510200		254	2030	000044685	887 SB .80	24.00	512.40				
			254		000044685							
			254		000044685							
			254		000044685							
			254		000044685							
			254		000044685							
			254		000044685							
			254		000044685							
27525500	536300		254		000044685							
27525500	536400		254		000044685							
CHECK 02/19/2016 TOTALS:					NET:		1,216.25	80.00			1,708.00	
Check Date: 03/04/2016												
27525500	510200		254	2030	000045903	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000045903	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000045903	561 CTEA	8.00	0.00				
27525500	510200		254	2030	000045903	887 SB .80	40.00	854.00				
27525500	510200		254	2030	000045903	887 SB .80	24.00	512.40				
			254		000045903							
			254		000045903							
			254		000045903							
			254		000045903							
			254		000045903							
			254		000045903							
			254		000045903							
27525500	536300		254		000045903							
27525500	536400		254		000045903							
CHECK 03/04/2016 TOTALS:					NET:		1,216.25	88.00			1,708.00	
Check Date: 03/18/2016												
27525500	510200		254	2030	000047114	501 PE+SH	8.00	170.80				
27525500	510200		254	2030	000047114	700 FT	8.00	41.10				
27525500	510200		254	2030	000047114	766 TR SH	8.00	170.80				
27525500	510200		254	2030	000047114	887 SB .80	16.00	341.60				
27525500	510200		254	2030	000047114	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000047114	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000047114	887 SB .80	16.00	341.60				
27525500	510200		254	2030	000047114	887 SB .80	16.00	341.60				
			254		000047114							
			254		000047114							
			254		000047114							
			254		000047114							
			254		000047114							
			254		000047114							
			254		000047114							
27525500	536300		254		000047114							
27525500	536400		254		000047114							
CHECK 03/18/2016 TOTALS:					NET:		1,245.00	88.00			1,749.10	
Check Date: 04/01/2016												
27525500	510200		254	2030	000048332	887 SB .80	8.00	170.80				

















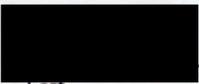
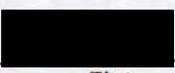






**REQUEST FOR CHANGE OF ASSIGNMENT**

Assignments are based on Availability of Position and Seniority for Position  
Assignment procedure for Richland County Sheriff's Office, Mansfield, Ohio

Name:     
Last First Middle

Present Rank/Classification Correction

Request for Shift Preference:

First Choice: C

Second Choice: B

Third Choice: A

Request for Rotation Preference:

A Watch: 1<sup>st</sup>: Bot 2<sup>nd</sup>: Top 3<sup>rd</sup>: mid

B Watch: 1<sup>st</sup>: Bot 2<sup>nd</sup>: Top 3<sup>rd</sup>: Mid

C Watch: 1<sup>st</sup>: Bot 2<sup>nd</sup>: Top 3<sup>rd</sup>: mid

 9-5-17  
Officers Signature Date

Name: \_\_\_\_\_  
Unit #: \_\_\_\_\_



Review Period: October 16 to April 17  
Review Deadline Date: 3-17-17

Bi-Annual Review

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTION OFFICER PERFORMANCE EVALUATION**

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

*GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

2. Consistently completes required security rounds and documents as appropriate.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: *Officer [redacted] is good at diffusing situations.*

Any additional comments pertaining to GOAL TWO (4-6):

GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2 Meets + 1 Does Not Meet + 0

Explain: *Officer [REDACTED] is always early for his shift.*

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: *Officer [REDACTED] is always respectful.*

Any additional comments pertaining to GOAL Three (7-10):

OVERALL EVALUATION

Total Points: 13

Rater: Sgt. Collier Date: 3-16-17 Comments:

Lieutenant/Staff Lieutenant: [Signature] Date: 3-17-17 Comments:

Jail Administrator: Capt. C. B. [Signature] Date: 3/24/17 Comments:  
Great job.

Employee Signature: [Redacted] Date: 5-25-17 Comments:

I have read the above: I have not responded under comments. My signature may not indicate agreement with the ratings.

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation \_\_\_\_\_.



# Employee Maintenance

(circle one)	
ADD	Change

Name: [Redacted]

Address: [Redacted]

City, State, Zip Code: [Redacted]

Telephone: [Redacted]

Birthdate: [Redacted]

Social Security Number: [Redacted]

Marital Status: [Redacted]

Sex: [Redacted]

Race: [Redacted]

Title: [Redacted]

Department Number: 349

Munis Org: 27525500

Business Phone Number: [Redacted]

Start Date: [Redacted]

Rehire Date: [Redacted]

Termination Date: [Redacted]

Reason for Termination: [Redacted]

Status: [Redacted]

Annual Salary: [Redacted]

Employee#: [Redacted]

Has this person ever been employed by Richland County in the past? Yes or No

Class # [Redacted]

Account # [Redacted]

Object# 510200

Salary/pay	
Rate/hour	20.55
Alt Rate/hour	
Longevity Payment	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

EFFECTIVE 12-18-2014

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments

*Arka Spun*  
Signature

12/23/14  
Date

Name: [REDACTED]  
Unit #: [REDACTED]

Review Period: APR to OCT  
Review Deadline Date: 9-29-16

Bi-Annual Review

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTION OFFICER PERFORMANCE EVALUATION**

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

*GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above +2 Meets +1 Does Not Meet + 0

Explain: [REDACTED] *ALWAYS SEEKS PASS-ON*

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets +1 Does Not Meet + 0

Explain:

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above +2 Meets + 1 Does Not Meet + 0

Explain: [REDACTED] *MAINTAINS APPROPRIATE BOUNDRIES WITH INMATES.*

Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above +  Meets + 1 Does Not Meet + 0

Explain:



HAS A GOOD RAPPORT WITH INMATES

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above +  Meets + 1 Does Not Meet + 0

Explain:



IS GOOD AT COMMUNICATING JAIL RULES  
AND ACTING IN A PROFESSIONAL MANNER

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above +  Meets + 1 Does Not Meet + 0

Explain:



IS VERY GOOD AT SPEAKING WITH INMATES  
IN A WAY THAT IS RESPECTFUL AND DE-ESCALATING.

Any additional comments pertaining to GOAL TWO (4-6):

GOAL THREE: Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.

7. Consistently follows post orders, policies and procedures.

Above +2 Meets +1 Does Not Meet +0

Explain: [REDACTED] WAS WRITING UP DURING THE TIME HE WAS AN FTJ. BARTNER'S ROOKIE DID NOT PROPERLY RE-PAT DOWN AN INMATE AFTER THE INMATE SET OFF THE METAL DETECTOR.

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above +2 Meets +1 Does Not Meet +0

Explain:

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above +2 Meets +1 Does Not Meet +0

Explain: [REDACTED] is DEPENDABLE AND <sup>EAGER</sup> ~~EAGER~~ TO COMPLETE ANY ASSIGNMENT GIVEN TO HIM.

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above +2 Meets +1 Does Not Meet +0

Explain: [REDACTED] ALWAYS DISPLAYS A PLEASANT DEMEANOR TO INMATES AND OFFICERS ALIKE.

Any additional comments pertaining to GOAL Three (7-10):

OVERALL EVALUATION

Total Points: 15

Rater: Sgt. Fellure Date: 9-2-16 Comments:

Lieutenant/Staff Lieutenant: [Signature] Date: 10-5-16 Comments:

Jail Administrator: [Signature] Date: 10/5/16 Comments:

Employee Signature [Redacted] Date: 9-4-16 Comments:

I have read the above: I have ~~I have~~ not responded under comments. My signature may not indicate agreement with the ratings.

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation \_\_\_\_\_.

**RICHLAND COUNTY SHERIFF'S OFFICE  
WRITTEN REPRIMAND**

Employee's Name: [REDACTED] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 8-7-16

**VIOLATION**

Date Violation Occurred: July 5, 2016

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 17

**Description of Violation:**

That on the date listed, you exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly training a new Correction Officer on the policy regarding the metal detector. This is your 2<sup>nd</sup> violation.

(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be considered active by management for twelve (12) months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

[Signature]  
Signature of Supervisor Issuing Reprimand

Lieutenant  
Title

I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[REDACTED]  
Employee's Signature

8-7-16  
Date

cc: Employee  
Supervisor  
Appointing Authority

Medical Premium Amount Bi-Weekly \_\_\_\_\_

High \_\_\_\_\_

Dental Premium Amount Bi-Weekly \_\_\_\_\_

Low \_\_\_\_\_



RICHLAND COUNTY  
Enrollment/Change Form

Department Name: Sheriff's Office Jail  
Employee Number: [REDACTED]

CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE		Date of Change:	Date of Hire:	Effective Date: 01/01/16
OTHER CHANGES	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE			
	<input type="checkbox"/> ADD/CANCEL DEPENDENT(S):			
	<input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce *if marriage, state previous name			
	<input checked="" type="checkbox"/> CHANGE NAME/ADDRESS, state previous [REDACTED]			
<input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other (explain)				

NAME OF EMPLOYEE:	First: [REDACTED]	Middle: [REDACTED]	Last: [REDACTED]	Social Security #: [REDACTED]
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Name: Officer [REDACTED]  
Unit #: [REDACTED]

Review Period: Oct. 2015 to April 2016  
Review Deadline Date: April 28, 2016

Bi-Annual Review

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTION OFFICER PERFORMANCE EVALUATION**

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: *Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

2. Consistently completes required security rounds and documents as appropriate.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

*Never late and/or documents properly according to policy.*

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

*Always maintains appropriate boundaries w/ inmates. He is always aware of his surroundings & understands how much he needs to interact appropriately.*

Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Officer [REDACTED] is highly respected.  
He treats everyone fair, firm, & consistent.  
He never has complaints.

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Officer [REDACTED] stays professional  
when interacting w/ all inmates.  
He does his best to help w/  
legitament problems & concerns.

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Officer [REDACTED] ~~has~~ has a great ability  
to adjust to any situation. He has  
the ability to speak to inmates & calm  
them down w/ out issue. He never  
escalates issues.

Any additional comments pertaining to GOAL TWO (4-6):

GOAL THREE: Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.

7. Consistently follows post orders, policies and procedures.

Above + 2   Meets + 1   Does Not Meet + 0

Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2   Meets + 1   Does Not Meet + 0

Explain:

Officer [redacted] is always dependable & reliable. He has a good attendance record. Just so happens he had training one morning & overslept making him late.

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2   Meets + 1   Does Not Meet + 0

Explain:

Officer [redacted] is reliable & does a nice job on paperwork & reports. He needs from time to time some spelling or grammar errors corrected.

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2   Meets + 1   Does Not Meet + 0

Explain:

~~Very~~ Very professional, highly respected by all, gives much respect to all he comes in contact w/.

Any additional comments pertaining to GOAL Three (7-10):

OVERALL EVALUATION

Total Points: 14

Rater: J. M. Spung Date: \_\_\_\_\_ Comments:

Officer [redacted] is a fine leader. He is an asset to the FTO Program. He continues to try to make the department a better place to be.

Lieutenant/Staff Lieutenant: [Signature] Date: 5-2-16 Comments:

Jail Administrator: Cpt C. Byle Date: 5/5/16 Comments:

Employee Signature: [redacted] Date: 4-14-16 Comments:

I have read the above: I have  I have not responded under comments. My signature may not indicate agreement with the ratings.

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation \_\_\_\_\_.

Name: Officer [REDACTED]  
Unit #: [REDACTED]  
 Bi-Annual Review

Review Period: 4-1-15 to 9-30-15  
Review Deadline Date: 10-7-15

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTION OFFICER PERFORMANCE EVALUATION**

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: *Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2  Meets + 1  Does Not Meet + 0

Explain:

*Advise Supervisors / on coming shift of problems / incidents that have previously occurred. Does not ignore issues / takes action to resolve.*

2. Consistently completes required security rounds and documents as appropriate.

Above + 2  Meets + 1  Does Not Meet + 0

Explain:

*Never late and/or documents properly according to policy.*

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2  Meets + 1  Does Not Meet + 0

Explain:

*Always maintains a good position of advantage & is cautious to his surroundings.*

Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

Has a great rapport w/ the inmates. All inmates respond well to Officer [REDACTED].

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

Officer [REDACTED] is always professional & deals w/ or tries to help the inmates w/ their problems. He does not push them off, he finds the answer if he isn't sure. He interacts well w/ the inmates.

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

~~Officer~~ Officer [REDACTED]'s positive well rounded attitude helps him in a lot of ways. He is able to turn negative situations into positive ones very quickly just being around. He possesses a character that can adapt to just about any situation.

Any additional comments pertaining to GOAL TWO (4-6): at any time.

GOAL THREE: Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.

7. ~~Consistently~~ follows post orders, policies and procedures.

Above + 2  Meets + 1  Does Not Meet + 0

Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2  Meets + 1  Does Not Meet + 0

Explain:

Sick leave abuse pattern issued 7-19-15

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2  Meets + 1  Does Not Meet + 0

Explain:

Officer [redacted] does a great job on paperwork. He may have a few errors here or there but nothing that can not be corrected w/ spell check or a quick review. I never have to remind Gartner to complete paperwork. He has it done in a timely fashion without hesitation. I can rely on him when something needs completed.

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2  Meets + 1  Does Not Meet + 0

Explain:

Officer [redacted] always goes above & beyond when working w/ his co-workers & w/ helping one another. He is a true leader among his peers. He is always professional when dealing with co-workers, inmates, public, supervisors, and other agencies.

Any additional comments pertaining to GOAL Three (7-10):

OVERALL EVALUATION

Total Points: 14

Rater: [Signature] Date: 10-3-15 Comments:

Officer [Redacted] is always trying to improve himself within his career. He always has a great attitude, never blaming others of incidents or errors.

Lieutenant/Staff Lieutenant: [Signature] Date: 10-7-15 Comments:

Jail Administrator: [Signature] Date: 10/14/15 Comments:

Employee Signature: [Redacted] Date: 10-5-15 Comments:

I have read the above:  I have  I have not responded under comments. My signature may not indicate agreement with the ratings.

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation \_\_\_\_\_.

Name: \_\_\_\_\_  
Unit # \_\_\_\_\_

Review Period: Oct to April  
Review Deadline Date: April

Bi-Annual Review

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTION OFFICER PERFORMANCE EVALUATION**

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: *Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Officer [redacted] is safety & security minded. He does not hesitate to inform others about an issue & advises his supervisor.

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Officer [redacted] follows policies on POC's.

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Officer [redacted] can anticipate a potential problem & prepares for resolutions in advance. He maintains a position of advantage over all situations. He is observant & notices when there are abnormalities about.

Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: Officer [redacted] has a great rapport w/ inmates. He treats inmates w/ respect & they in turn give him the same back. He doesn't lie to the inmates he does what he says. He don't ignore them, he try to help when he can.

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: He is always fair, firm, & consistent. He carries himself professionally at all times. He is always trying to assist when needed.

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: His character has given him the ability to walk into a situation and control it w/ little resistance. Officer [redacted] take the time to help work through problems. He will listen & speak to individuals in a calm collected way.

Any additional comments pertaining to GOAL TWO (4-6):

GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

Above + 2 Meets + 1 Does Not Meet + 0  
Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2 Meets + 1 Does Not Meet + 0  
Explain:

To this date Officer [redacted] has had seven unexcused sick leave days. However, none have established a pattern.

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2 Meets + 1 Does Not Meet + 0  
Explain:

Officer [redacted] does a nice job on his report that he completes. From time to time an error may be found but he accepts the mistake & learns from it.

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2 Meets + 1 Does Not Meet + 0  
Explain:

Officer [redacted] is very respectful to his supervisors & co-workers. He is professional when dealing w/ visitors & other departments. [redacted] is

Any additional comments pertaining to GOAL Three (7-10):

a very pleasant officer & everyone enjoys his presence.

OVERALL EVALUATION

Total Points: 16

Rater: [Signature] Date: 3-25-15 Comments:

Officer [Redacted] is a great officer. Never  
hesitates to help ~~others~~ others out.

Lieutenant/Staff Lieutenant: [Signature] Date: 4.21.15 Comments:

Jail Administrator: [Signature] Date: 4/22/15 Comments:

Employee Signature: [Redacted] Date: 3-25-15 Comments:

I have read the above:  I have  I have not responded under comments. My signature may not indicate agreement with the ratings.

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation \_\_\_\_\_.

**RICHLAND COUNTY SHERIFF'S OFFICE  
WRITTEN REPRIMAND**

Employee's Name: [REDACTED] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 7-19-15

**VIOLATION**

Date Violation Occurred: October 24, 2014, May 22, 2015, and June 26, 2015

Location Where Violation Occurred: \_\_\_\_\_

Type of Violation Group I Number 13

**Description of Violation:**

That on the dates listed, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, Policy 16.1 (Sick Leave), F (Sick Leave Use and Abuse), 2 (Unauthorized Uses), h (Pattern Abuse) 4 by calling off sick three (3) Fridays in a twelve (12) month period. Pursuant to policy, you are required to produce a physician's verification statement for all subsequent illnesses. This is your 1<sup>st</sup> violation.

(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be maintained by management for twelve (12) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.



\_\_\_\_\_  
Signature of Supervisor Issuing Reprimand

L. Huttenlocher

\_\_\_\_\_  
Title

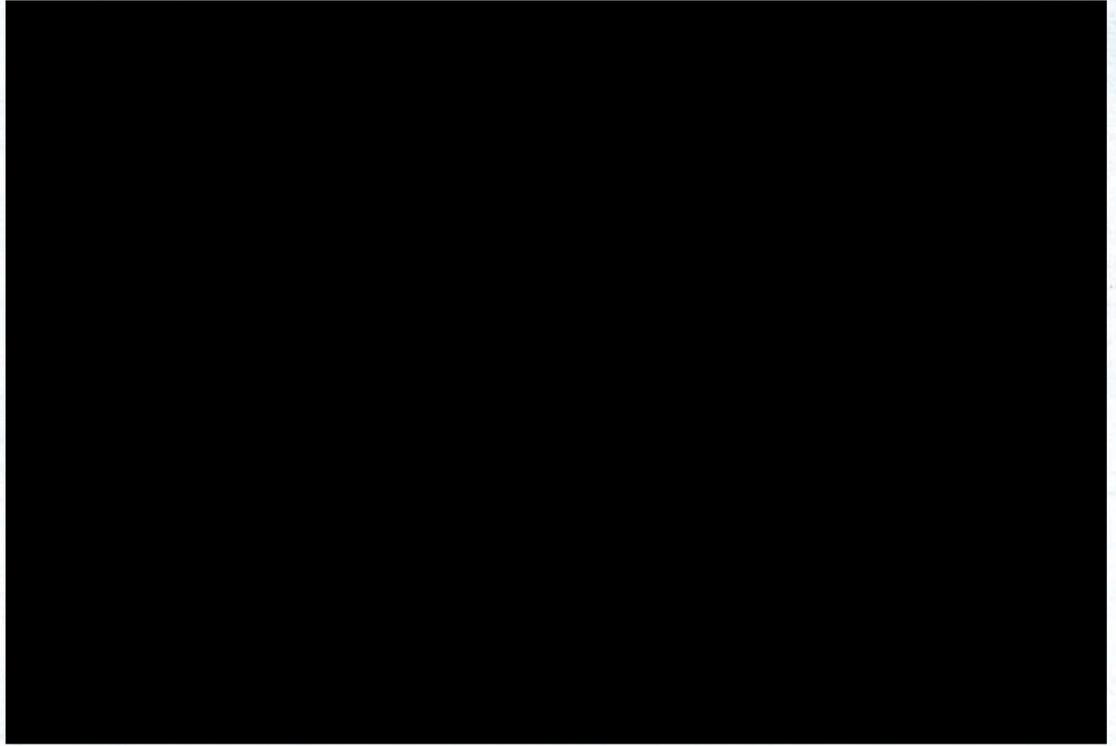
I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[REDACTED]  
\_\_\_\_\_  
Employee's Signature

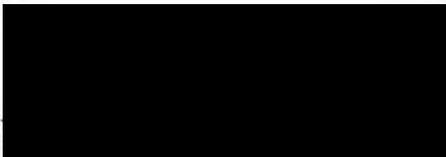
7-19-15  
\_\_\_\_\_  
Date

cc: Employee  
Supervisor  
Appointing Authority





Name:  
Unit #:



Review Period: April to September  
Review Deadline Date: October 3<sup>rd</sup> 2014

Bi-Annual Review

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTION OFFICER PERFORMANCE EVALUATION**

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: *Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2    Meets +1    Does Not Meet + 0

Explain:

2. Consistently completes required security rounds and documents as appropriate.

Above + 2    Meets + 1    Does Not Meet + 0

Explain: on 8-17-14 officer  was late logging a POC

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above +2    Meets + 1    Does Not Meet + 0

Explain:

Any additional comments pertaining to GOAL ONE (1-3):

**RICHLAND COUNTY SHERIFF'S OFFICE  
"PERSONNEL COMPLAINT REPORT"**

X Internal Complaint  
 External Complaint

DATE/ TIME REPORTED	DATE/TIME OF INCIDENT	DATE/TIME BECAME AWARE OF INCIDENT	
11/01/14 @ 11:20	10/01/14 between 10:36-12:00	11/01/14 @ 8:58	
COMPLAINANT'S NAME	ADDRESS	PHONE NUMBER:	
Lt. Douglas	RCSO	419 774-7870	
TYPE OF COMPLAINT		PLACE OF OCCURRENCE	
This Officer did not follow policy		Booking	
DESCRIPTION OF COMPLAINT: On the above date Officer [REDACTED] was 1 hour and 24 min late logging his POC check with no reason notated.			
PERSON(S) INVOLVED IN INCIDENT:			
NAME:	VIOLATOR	WITNESS	CIVILIAN
Officer [REDACTED]	x	<input type="checkbox"/>	<input type="checkbox"/>
Lt. Katina Douglas #7c31	<input type="checkbox"/>	X	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.			
<ol style="list-style-type: none"> <li>Officer [REDACTED] was 1 hour and 24 min late logging a POC check</li> <li>Officer [REDACTED] was not available for interview</li> <li>I suggest that officer [REDACTED] takes time at the end of the shift to review his logs.</li> </ol>			
*NOTICE; UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION IS A CRIMINAL ACT, WHICH MAY BE SUBJECT TO PROSECUTION. PUNISHABLE BY UP TO 6 MONTHS CONFINEMENT AND A FINE OF \$1,000.			
COMPLAINANT'S SIGNATURE		INVESTIGATING OFFICER	DATE
			11-1-14

<b>ADMINISTRATION USE ONLY:</b>			
Complaint Number: <u>14-085</u>			
Employee: _____		Group _____	Number _____
Prior Active Discipline:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____	Group _____ Number _____
Description:			

Shift Log Report  
 RICHLAND COUNTY SHERIFF'S OFFICE  
 Event POC - Location BOOK

Run Date/Time : 11/01/2014 - 08:58  
 From 10/01/2014 - To 10/01/2014  
 From (time) 05:30 - To (time) 14:00

Date-Time	Officer	Location
Event	Description	Comment
10/01/2014-14:00	Caevans	Booking Area
<b>Personalobservationchecks/Security Check</b>	<b>BOOKING SECURED BY 54</b>	
10/01/2014-12:58	[REDACTED]	Booking Area
<b>Personalobservationchecks/Security Check</b>	<b>BY C12</b>	
10/01/2014-12:00	[REDACTED]	Booking Area
<b>Personalobservationchecks/Security Check</b>	<b>BOOKING POC-80</b>	
10/01/2014-10:36	[REDACTED]	Booking Area
<b>Personalobservationchecks/Security Check</b>	<b>BOOKING POC -80</b>	
10/01/2014-09:38	[REDACTED]	Booking Area
<b>Personalobservationchecks/Security Check</b>	<b>BY C12</b>	
10/01/2014-08:38	[REDACTED]	Booking Area
<b>Personalobservationchecks/Security Check</b>	<b>BY C12</b>	
10/01/2014-07:51	Apitts	Booking Area
<b>Personalobservationchecks/Security Check</b>	<b>BY C12</b>	
10/01/2014-07:15	Apitts	Booking Area
<b>Personalobservationchecks/Security Check</b>	<b>BY C12</b>	
10/01/2014-06:36	Apitts	Booking Area
<b>Personalobservationchecks/Security Check</b>	<b>BY C12</b>	
10/01/2014-05:38	Mrush	Booking Area
<b>Personalobservationchecks/Security Check</b>	<b>BOOKIN BY 78</b>	

**NOTICE OF PRE-DISCIPLINARY CONFERENCE**

**TO:** [REDACTED]

This notice is provided to you to advise that a pre-disciplinary conference will be held at:

**10:00 p.m. on November 20, 2014 at the Richland County Jail**

to provide you with an opportunity to respond to the following disciplinary charges.

That on October 1, 2014, you exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly conducting personal observation checks on inmates in the jail. This is your 3<sup>rd</sup> Group I # 17 violation.

At the hearing, the employee is entitled to:

- 1) oral or written notice of the charges against him/her;
- 2) an explanation of the Employer's evidence; and
- 3) an opportunity to present his/her side of the story.

The employee may select a union representative to be present at the hearing on his/her behalf.

Following the hearing, the Appointing Authority shall determine what discipline, if any, is appropriate.

[REDACTED]  
Employee Signature

11-8-14  
Date

**Proof of Service**

I served the above notice on Leonardo Gartner on the 8<sup>th</sup> day of November, 2014.

L. M. Young 7416  
Name

Lieutenant  
Title

L. M. Young 7416  
Employee Signature

11-8-14  
Date

X [REDACTED]  
Employee Signature

11-8-14  
Date











**Mike DeWine**  
Ohio Attorney General

October 28, 2013

410 CEDARWOOD DRIVE  
LEXINGTON, OH 44904

**NO BCI&I RECORD ON FILE**  
**AUTHENTICATION NO. CS0019413A393652**

The Ohio Bureau of Criminal Identification and Investigation (BCI&I) has completed a criminal history record check on the applicant listed below. Based upon information furnished by your agency, BCI&I has **NO CRIMINAL HISTORY RECORD** on file for:

**Name:** [REDACTED]

**BCI Completion Date:** October 3, 2013  
**Reason Fingerprinted:** Law Enforcement Criminal Justice  
**Agency ID:** CSV526

This "No Record" verification is valid for one year from the record check completion date. This letter may be photocopied by the prospective employer and retained by the applicant.

Thomas J. Stickrath  
Superintendent, Ohio Bureau of Criminal  
Identification & Investigation



**Ohio Bureau of Criminal Identification and Investigation**

P.O.Box 365  
London, OH 43140  
Telephone: (740) 845-2000  
Facsimile: (740) 845-2020



*An Internationally Certified Law Enforcement Agency*

[www.ag.state.oh.us](http://www.ag.state.oh.us)

  
**Mike DeWine**  
Ohio Attorney General

October 28, 2013

410 CEDARWOOD DRIVE  
LEXINGTON, OH 44904**NO FBI RECORD ON FILE**  
**AUTHENTICATION NO. CS0019413A393652**  
**ICN: E201328000000187532**

The Federal Bureau of Investigation (FBI) has completed a criminal history record check on the applicant listed below. Based upon the information furnished by your agency, the FBI has **NO CRIMINAL HISTORY RECORD** on file for:

**Name:** [REDACTED]**FBI Completion Date:** October 7, 2013  
**Reason Fingerprinted:** LAW  
**Agency ID:** CSV526

This "No Record" verification is valid for one year from the record check completion date. This letter may be photocopied by the prospective employer and retained by the applicant.

Thomas J. Stickrath  
Superintendent, Ohio Bureau of Criminal  
Identification & Investigation**Ohio Bureau of Criminal Identification and Investigation**P.O.Box 365  
London, OH 43140  
Telephone: (740) 845-2000  
Facsimile: (740) 845-2020

An Internationally Certified Law Enforcement Agency

[www.ag.state.oh.us](http://www.ag.state.oh.us)

**Richland County Sheriff's Office**  
**597 Park Avenue East**  
**Mansfield, OH 44905**

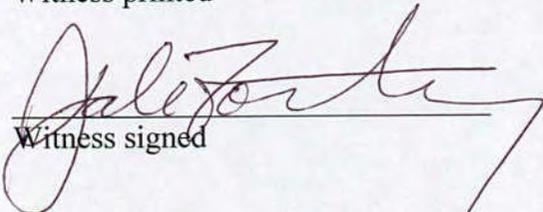
I acknowledge that I have been issued a signed copy of my Oath of Office and a signed copy of my job description for the position of Correction Officer.

  
Name printed

  
Name signed

3-7-13  
Date

MAJ DALE FORTNEY  
Witness printed

  
Witness signed

# OATH OF OFFICE

STATE OF OHIO  
COUNTY OF RICHLAND

I DO SOLEMNLY SWEAR OR AFFIRM THAT I WILL SUPPORT AND ABIDE BY THE CONSTITUTION OF THE UNITED STATES OF AMERICA, THE CONSTITUTION AND LAWS OF THE STATE OF OHIO, AND THE RULES AND REGULATIONS OF THE RICHLAND COUNTY SHERIFF'S OFFICE AND THAT I WILL FAITHFULLY DISCHARGE THE DUTIES OF CORRECTION OFFICER, TO WHICH I HAVE BEEN APPOINTED ACCORDING TO LAW AND TO THE BEST OF MY ABILITIES.

I UNDERSTAND THAT MY FAILURE TO COMPLY WITH THE PROVISIONS OF THIS OATH, WITH OR WITHOUT FAULT OF MY OWN, IS CAUSE FOR TERMINATION.

I HAVE NOT PAID, NOR HAVE I OFFERED OR PROMISED TO PAY, ANY MONEY OR OTHER THING OF VALUE TO ANY PERSON, FIRM OR CORPORATION FOR THE USE OF INFLUENCE TO PROCURE MY APPOINTMENT TO THIS POSITION.

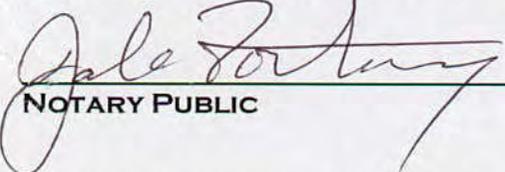
[REDACTED]

PRINTED NAME OF MEMBER

[REDACTED]

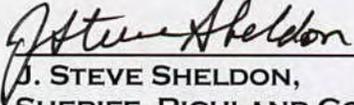
SIGNATURE OF MEMBER

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, IN AND FOR THE COUNTY OF RICHLAND, THIS 6<sup>TH</sup> DAY OF FEBRUARY, 2013.

  
\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES  
08-24-14

SWORN TO AND SUBSCRIBED BEFORE ME, SHERIFF, IN AND FOR THE COUNTY OF RICHLAND, THIS 6<sup>TH</sup> DAY OF FEBRUARY, 2013.

  
\_\_\_\_\_  
J. STEVE SHELDON,  
SHERIFF, RICHLAND COUNTY

NOTICE: A MEMBER WHO VIOLATES A SWORN OATH IS SUBJECT TO IMMEDIATE TERMINATION, AS WELL AS THE POSSIBILITY OF BEING CHARGED WITH VIOLATIONS OF CRIMINAL STATUTES.

## **Richland County Sheriff's Office Job Description**

**Job Title:** Correction Officer

**Division:** Corrections

**Bargaining Unit:** FOP/OLC

**Employment Status:** Full-Time

**Work Hours:** Variable, Determined by FOP Contract

**Civil Service Status:** Classified

**FLSA Status:** Non-exempt

**Probation:** One year

**Reports to:** Correction Sergeant, Correction Lieutenant

**Job Summary:** Under general direction, supervises inmates and attends to their safety and well-being, and maintains security in the Richland County Jail

**Minimum Qualifications:** United States Citizen  
High School Diploma or G.E.D  
Ohio Driver License

**Essential Functions:** Regular and predictable attendance

Arrive on time for shift, be dependable, and maintain good attendance records

Work in a 24 hour, 7 days a week operation in a variety of weather conditions

Work overtime as necessary and directed

Maintain the trust, faith and confidence of the Sheriff

Support and enforce the administrative and operational policies of the Sheriff

Make decisions aligned with the mission, goals, and directives of the Sheriff

Demonstrate appropriate respect for co-workers and supervisors

Maintain confidentiality in the performance of duties

Maintain a harmonious work relationship with other personnel and agencies

Ensure the safety of inmates by protecting them from harm and threats

Use physical force to control inmates

Qualify with firearms as required and defensive weapons

Work independent of direct supervision

Use directed and self-directed work time in an efficient and effective manner

Perform jobs, duties, tasks and assignments in a competent and proficient manner

Be physically, mentally, medically and psychologically fit to perform duties

**Duties and Responsibilities:**

Works under general supervision and requires considerable knowledge of custody, safety and security measures for detention of adult inmates in a controlled environment in order to maintain discipline, order and security.

Seeks information/advice from supervisors as appropriate and provides pertinent information to his/her supervisor and relieving shift officers

Conduct themselves professionally and support organization's mission and treat inmates in a firm, fair and consistent manner

Develop and maintain professional rapport with inmates

Communicate facility rules and expectations to inmates and respond to questions

Ensure inmates have access to grievance forms and kites

Make prudent and sound decisions and diffuse problem situations

Contribute to the efficiency and effectiveness of the facility

Uphold the highest standards of security and safety

Works rotation posts and assignments to maintain security on assigned area

Directs all inmate activity in assigned areas of the facility to include dayrooms, showers, cells, living and recreation areas

Attends meetings and committees and provides feedback

Responds to the need of staff and the concerns of inmates

Maintain discipline and order of inmates

Monitors and operates security controls and or computers

Open security doors between pods, cells, perimeter doors and security areas

Monitors and responds accordingly to alarms and medical emergencies

Utilize computers and monitor surveillance equipment as required by assigned post

Directs inmate trustees and work crews to ensure quality work and security

Direct, secure and supervise inmates at a medical center/office outside of the jail.

Maintain security internally as well as the perimeter, sally port and visitation area

Operates a county car or van in accordance with the county driving policy

Operates a county car or van under adverse and stressful conditions

Operates a county vehicle to transport inmates as required

Completes and maintains electronic post logs, JAMIN information and reports

Document information accurately, concisely and in proper grammar

Count inmates and then report them in accordance with count procedures

Distribute food trays to inmates at meal time and coordinates with the kitchen

Controls and distributes all incoming mail to proper inmates

Completes necessary paperwork as required in the performance of duties

Complete personal observation rounds inside the pods as required

Ensure orderly movements of inmates throughout the facility

Attend a corrections academy within the first year of employment

Successfully pass the OPOTA Corrections Officer Test

Successfully complete a 12 week field training corrections training program

Enforce inmate rules, regulations, and procedures and polices

Visually and tactfully detect contraband per facility rules and regulations

Electronically write incident reports and initiate inmate rule violations as needed

Report any unusual circumstances and information to supervision

Identify and address safety and security problems

Visually inspect and assure assigned areas are clean, safe and secure

Ensure cleanliness of the facility by directing inmates to clean

Conduct searches and inventories of inmate personal and issued property

Encouraged to participate on committees

Prevent escapes or incidents which threaten the security or safety of the facility, inmates, staff or the general public which includes, when necessary, using physical force, unarmed self-defense, firearms (if authorized to carry), or other force to detain or secure inmates.

Review and comply with jail policies and procedures and minimum jail standards

Comply with Standard Operating Procedures and County Policies and Procedures

Read and consistently follow post orders

Take only appropriate and/or reasonable risks; understand the importance of boundaries

Attends training as requested and directed

Maintains uniform and equipment issued by the department

Testify in depositions, hearings and trials

**Requisite Job Knowledge:**

Correctional practices and procedures  
Local, state and federal laws  
Administrative, criminal, civil and constitutional law  
Rules and regulations, policies and procedures  
Standard operating procedures  
Current labor contracts

**Equipment Used:**

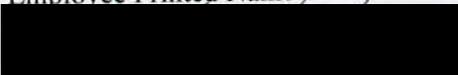
Motor vehicle  
Portable hand unit or mobile radio  
Computer, fax, copy machine and telephone  
Firearms as required for job  
Body armor, handcuffs, chemical agents, electronic restraint devices  
Video recording devices

**Job Description Approval:**

I have reviewed this job description and understand that it reflects the major work requirements, essential job functions and tasks for which I am responsible. I understand that this job description is not all inclusive and that if I have questions, I can contact my supervisor for clarification. I acknowledge that I must follow all orders given to me by a superior officer unless the order is illegal, immoral or unethical.

  
Employee Printed Name

2-6-13  
Date

  
Employee Signature

I have issued this job description to the employee.

Captain J. M.  
Supervisor Signature

2/6/13  
Date

This job description currently reflects the needed skills and abilities required to perform this position.

MAS Dale Fortney  
Administrator Signature

02-06-13  
Date

Name:  
Unit #:



Review Period: April to September  
Review Deadline Date: October 3<sup>rd</sup> 2014

Bi-Annual Review

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTION OFFICER PERFORMANCE EVALUATION**

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: *Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2    Meets +1    Does Not Meet + 0

Explain:

2. Consistently completes required security rounds and documents as appropriate.

Above + 2    Meets + 1    Does Not Meet + 0

Explain: on 8-17-14 officer [redacted] was late logging a PDC

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above +2    Meets + 1    Does Not Meet + 0

Explain:

Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above +2 Meets + 1 Does Not Meet + 0

Explain: officer [REDACTED] has a very good rapport with the inmates, he is one officer that the inmates take him for his word. He has been honest & consistent.

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Any additional comments pertaining to GOAL TWO (4-6):

GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2    Meets + 1    Does Not Meet + 0

Explain: on 7-21-14 officer [REDACTED] was 32 min late to work

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2    Meets + 1    Does Not Meet + 0

Explain: officer [REDACTED] is very respectful and has always been willing to help whenever needed without complaint.

Any additional comments pertaining to GOAL Three (7-10):

**OVERALL EVALUATION**

Total Points: 11  
Rater: W. Kelvin Bayless Date: 9-10-14 Comments:

Lieutenant/Staff Lieutenant: [Signature] Date: 9-9-14 Comments:

Jail Administrator: [Signature] Date: 9/11/14 Comments:

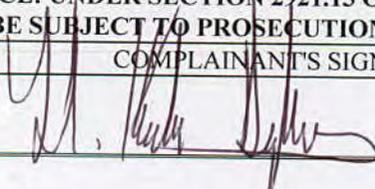
Employee Signature: [Redacted] Date: 9-10-14 Comments:

I have read the above: I have  I have not responded under comments. My signature may not indicate agreement with the ratings.

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation     .

**RICHLAND COUNTY SHERIFF'S OFFICE  
"PERSONNEL COMPLAINT REPORT"**

Internal Complaint  
 External Complaint

DATE/ TIME REPORTED 11/01/14 @ 11:20	DATE/TIME OF INCIDENT 10/01/14 between 12:58-14:00	DATE/TIME BECAME AWARE OF INCIDENT 11/01/14 @ 8:58	
COMPLAINANT'S NAME Lt. Douglas	ADDRESS RCSO	PHONE NUMBER: 419 774-7870	
TYPE OF COMPLAINT This Officer did not follow policy		PLACE OF OCCURRENCE Booking	
DESCRIPTION OF COMPLAINT: On the above date Officer [REDACTED] was 1 hour and 2 min late logging his POC check with no reason notated.			
PERSON(S) INVOLVED IN INCIDENT:			
NAME:	VIOLATOR	WITNESS	CIVILIAN
Officer [REDACTED]	x	<input type="checkbox"/>	<input type="checkbox"/>
Lt. Katina Douglas #7c31	<input type="checkbox"/>	X	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.			
<ol style="list-style-type: none"> <li>Officer Gartner was 1 hour and 2 min late logging a POC check</li> <li>Officer Gartner was not available for interview</li> <li>I suggest that officer Gartner takes time at the end of the shift to review his logs.</li> </ol>			
*NOTICE: UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION IS A CRIMINAL ACT, WHICH MAY BE SUBJECT TO PROSECUTION. PUNISHABLE BY UP TO 6 MONTHS CONFINEMENT AND A FINE OF \$1,000.			
COMPLAINANT'S SIGNATURE 		INVESTIGATING OFFICER	DATE 11-1-14

<b>ADMINISTRATION USE ONLY:</b>			
Complaint Number: <u>14-086</u>			
Employee: _____		Group _____	Number _____
Prior Active Discipline:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____	Group _____ Number _____
Description:			

Shift Log Report  
 RICHLAND COUNTY SHERIFF'S OFFICE  
 Event POC - Location BOOK

Run Date/Time : 11/01/2014 - 08:58  
 From 10/01/2014 - To 10/01/2014  
 From (time) 05:30 - To (time) 14:00

Date-Time	Officer	Location
Event	Description	Comment
10/01/2014-14:00	Caevans	Booking Area
Personalobservationchecks/Security Check	BOOKING SECURED BY 54	
10/01/2014-12:58		Booking Area
Personalobservationchecks/Security Check	BY C12	
10/01/2014-12:00		Booking Area
Personalobservationchecks/Security Check	BOOKING POC-80	
10/01/2014-10:36		Booking Area
Personalobservationchecks/Security Check	BOOKING POC -80	
10/01/2014-09:38		Booking Area
Personalobservationchecks/Security Check	BY C12	
10/01/2014-08:38		Booking Area
Personalobservationchecks/Security Check	BY C12	
10/01/2014-07:51	Apitts	Booking Area
Personalobservationchecks/Security Check	BY C12	
10/01/2014-07:15	Apitts	Booking Area
Personalobservationchecks/Security Check	BY C12	
10/01/2014-06:36	Apitts	Booking Area
Personalobservationchecks/Security Check	BY C12	
10/01/2014-05:38	Mrush	Booking Area
Personalobservationchecks/Security Check	BOOKIN BY 78	



# OHIO PEACE OFFICER TRAINING COMMISSION &

## THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully completed the advanced training course

**05-485-13-03: Field Training Officer (FTO) Program (Ohio Model)**

at the Ohio Peace Officer Training Academy given

**January 14 - 17, 2013**

  
Mike DeWine  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Robert A. Fiala, Executive Director  
Ohio Peace Officer Training Commission

RICHLAND COUNTY SHERIFF'S OFFICE  
WRITTEN REPRIMAND

Employee's Name: [Redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: \_\_\_\_\_

VIOLATION

Date Violation Occurred: November 18, 2012

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 17

Description of Violation:  
That on the date listed above you exhibited unsatisfactory work and failed to maintain a required standard of performance by releasing the wrong property to an inmate. This is your 2<sup>nd</sup> violation.

(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be maintained by management for twelve (12) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

[Signature]  
Signature of Supervisor Issuing Reprimand

Sheriff  
Title

I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[Redacted Signature]  
Employee's Signature

12/19/12  
Date

cc: Employee  
Supervisor  
Appointing Authority



**RICHLAND COUNTY SHERIFF'S OFFICE  
INSTRUCTION & CAUTIONING**

Employee's Name: [REDACTED] Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: \_\_\_\_\_

**VIOLATION**

Date Violation Occurred: April 30, 2012

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 17

Description of Violation: That on April 30, 2012, you exhibited unsatisfactory work and failed to maintain a required standard of performance when you failed to properly inventory inmate property. This is a Group I # 17 offense.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for six (6) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

[Signature]  
Signature of person issuing reprimand

[Signature]  
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[REDACTED]  
Employee's Signature

5-18-12  
Date

cc: Employee  
Supervisor  
Appointing Authority





DISCIPLINARY AGREEMENT

To: [REDACTED] Correction Officer  
From: J. Steve Sheldon, Sheriff  
Date: March 7, 2012  
Re: Agreed Discipline following January 26, 2012 Incident

On January 26, 2012, CO Gartner willfully disregarded a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, Policy 1.3.11 by bringing unauthorized items into the jail. This is a Group II # 7 offense.

This agreement is intended to memorialize that CO [REDACTED] and his representatives have agreed to waive his right to file a grievance over any discipline issued as a result of this incident and instead accept a one (1) day suspension with eight (8) hours to be deducted from CO [REDACTED]'s accrued vacation or compensatory time as a result of his actions on January 26, 2012.

[REDACTED]

CO Leonardo Gartner

03-12-12

Date

Harry A. White

Union Representative

3-12-12

Date

Sheriff J. Steve Sheldon

J. Steve Sheldon, Sheriff

03-12-12

Date

MAR 27 2012 AM 11:08



NOTICE OF PRE-DISCIPLINARY CONFERENCE

TO: [REDACTED]

This notice is provided to you to advise that a pre-disciplinary conference will be held at 3:00pm at the Richland County Jail on February 9, 2012 to provide you with an opportunity to respond to the following disciplinary charges.

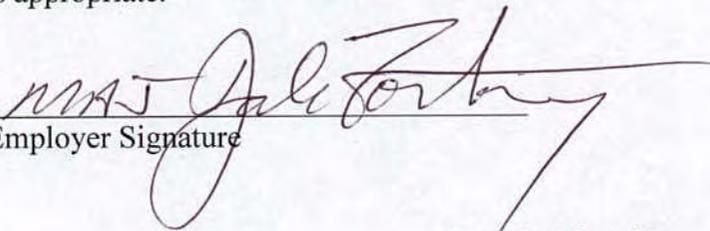
That on January 26, 2012, you willfully disregarded a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, Policy 1.3.11 by bringing unauthorized items into the jail.

At the hearing, the employee is entitled to:

- 1) oral or written notice of the charges against him/her;
- 2) an explanation of the Employer's evidence; and
- 3) an opportunity to present his/her side of the story.

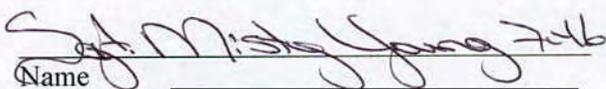
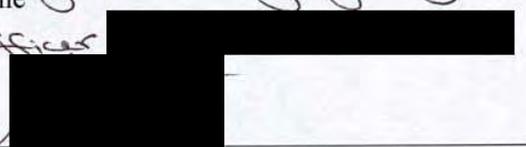
The employee may select a union representative to be present at the hearing on his/her behalf.

Following the hearing, the Appointing Authority shall determine what discipline, if any, is appropriate.

  
 Employer Signature 01-27-12  
 Date

Proof of Service

I served the above notice on Leonardo Gartner on the 27<sup>th</sup> day of Jan, 2012.

  
 Name Sgt. Corrections  
 Officer Corrections  
  
 Employee Signature 1-27-12  
 Date

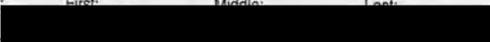
RICHLAND COUNTY Enrollment/Change Form

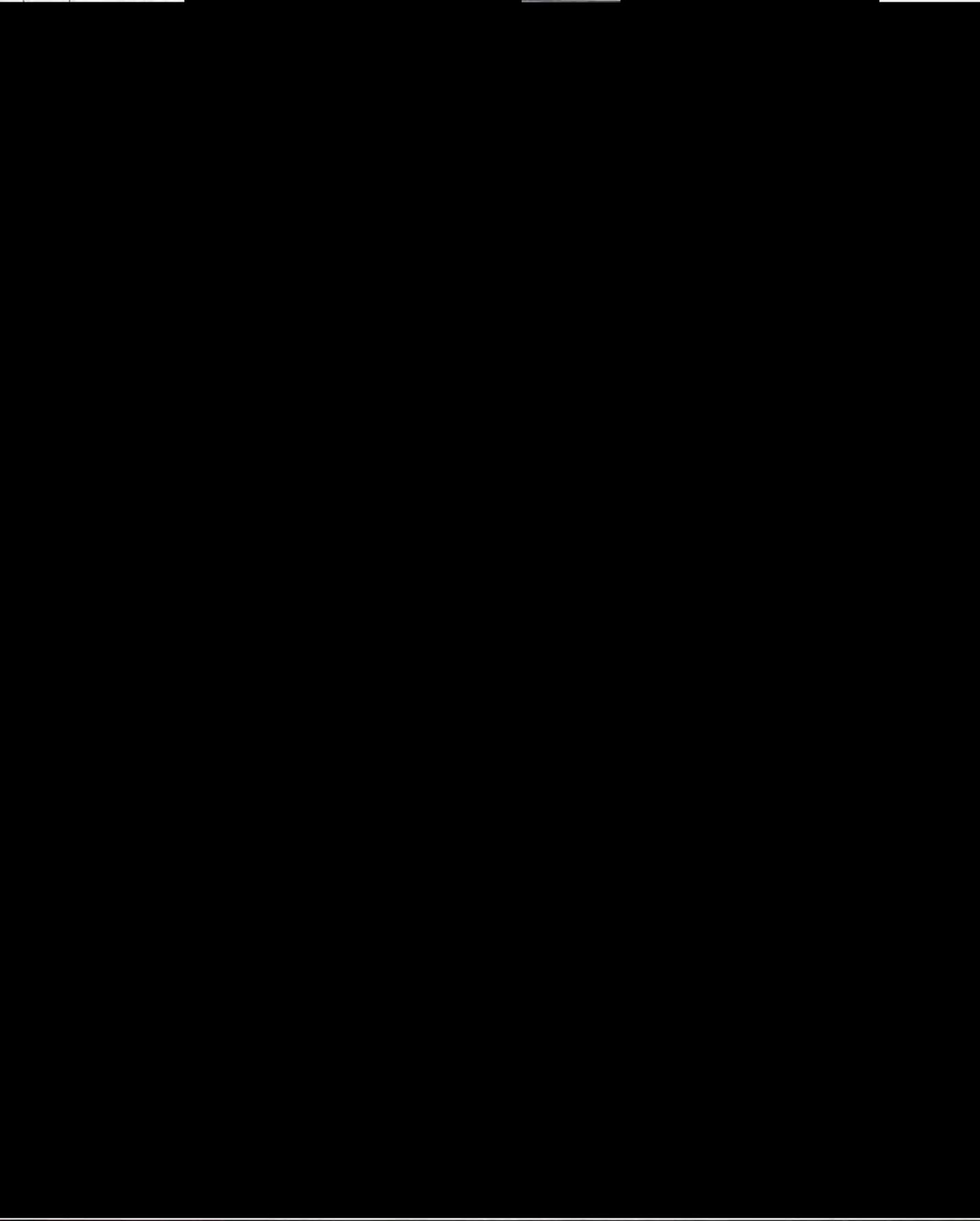
Department Number: 0571

*(use ballpoint pen and press firmly)*

Employee Number: 

OTHER CHANGES	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
	<i>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</i>		<u>3-29-08</u>	<u>1-1-13</u>
	<input type="checkbox"/> CHANGE NAME/ADDRESS, state previous			
	<input type="checkbox"/> ADD/CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce *If marriage, state previous name			
<input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other (explain)				

NAME OF EMPLOYEE:	First:	Middle:	Last:	Social Security #:
				

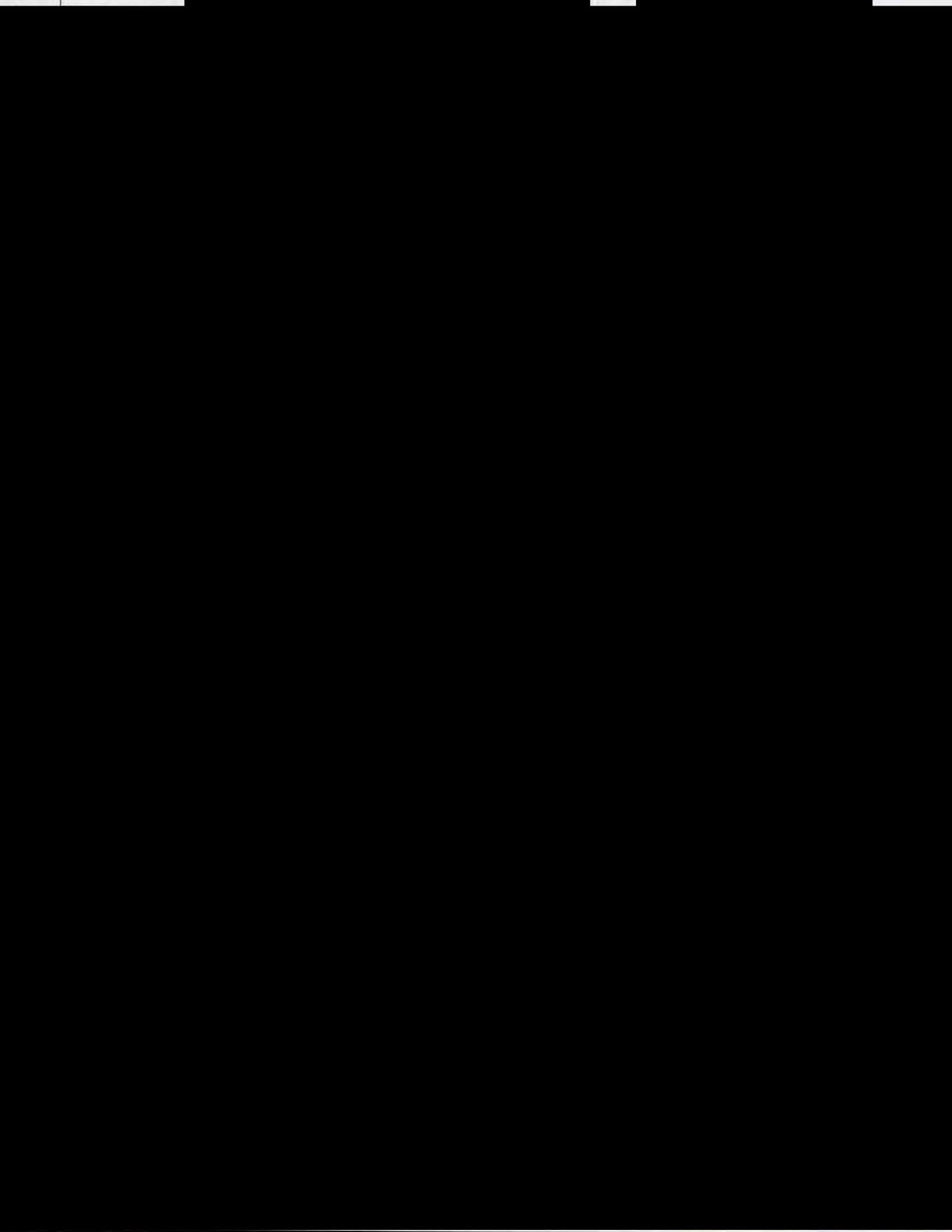


RICHLAND COUNTY Enrollment/Change Form  
(use ballpoint pen and press firmly)

Department Number: 349  
Employee Number: [REDACTED]

OTHER CHANGES	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE			
	<input type="checkbox"/> CHANGE NAME/ADDRESS, state previous			
	<input type="checkbox"/> ADD/CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce *if marriage, state previous name			
<input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other (explain)				

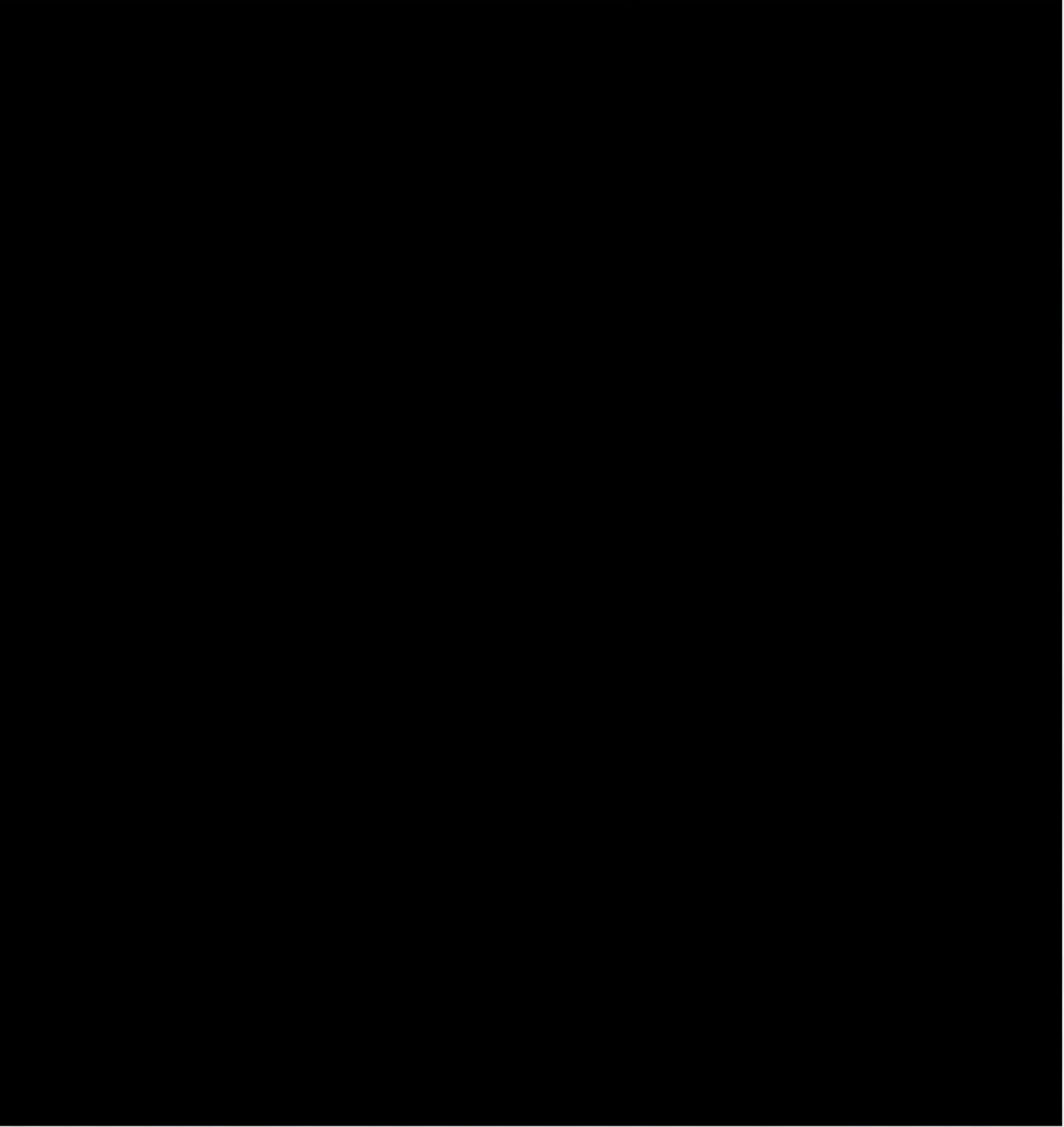
NAME OF EMPLOYEE: First: [REDACTED] Middle: [REDACTED] Last: [REDACTED] Social Security #: [REDACTED]



I AM NOT ELIGIBLE!

BUYOUT AGREEMENT

NAME [REDACTED] S.S. # [REDACTED] DEPT/AGENCY Sheriff's Office  
(Trill)  
DATE OF HIRE 03/2008 PLAN EFFECTIVE DATE 01/01/2013



Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

Review Period: Oct 13 to March 14  
Review Deadline Date: April 1, 2014

Bi-Annual Review

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTION OFFICER PERFORMANCE EVALUATION**

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

*GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Any additional comments pertaining to GOAL TWO (4-6):

GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

Any additional comments pertaining to GOAL Three (7-10):

OVERALL EVALUATION

Total Points: 18

Rater: [Signature] Date: 3/5/14 Comments:

Officer [Redacted] is an all around great officer. He requires little to no supervision, only involves supervisors when needed. He is a great officer to have as a FTO (Positive role model for new officers). He has great people skills (IPC) with inmates as well as officers. This Lt appreciates and enjoys having Officer [Redacted] as part of his team. Keep up the good work!

Lieutenant/Staff Lieutenant: [Signature] Date: 3-27-14 Comments:

Jail Administrator: Capt. C Blue Date: 3/27/14 Comments:

Employee Signature: [Redacted] Date: 3-18-14 Comments:

My goals are to continued to work in the RC50 as a FTO. I also want to improve my skills as a correction officer.

I have read the above: I have  I have not responded under comments. My signature may not indicate agreement with the ratings.

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation \_\_\_\_\_.

RICHLAND COUNTY SHERIFF'S OFFICE  
INSTRUCTION & CAUTIONING

Form R-7

Employee's Name: [REDACTED] Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 7-30-14

**VIOLATION**

Date Violation Occurred: July 21, 2014

Location Where Violation Occurred: \_\_\_\_\_

Type of Violation Policy 18.13 Tardiness

Description of Violation: That on the date listed, you arrived to work after your scheduled starting time which is in violation of Richland County Sheriff's Office Policy 18.13 (Tardiness). This is your 1<sup>st</sup> violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for six (6) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

[Signature]  
Signature of person issuing reprimand

Lieutenant  
Title

I hereby acknowledge that a copy of this record of Instruction and Cautioning has been given to me on this date.

32 min  
Late.

[REDACTED]  
Employee's Signature

7-30-14  
Date

cc: Employee  
Supervisor  
Appointing A



Instructions

- Complete this form to waive workers' compensation coverage for voluntary participation in employer-sponsored recreational activities or fitness programs.
- In the space provided, list all employer-sponsored recreational activities and fitness programs for which the employee wishes to waive workers' compensation coverage. Make a line through any blank spaces.
- The employee must sign and date this form to acknowledge agreement.
- The employer shall retain the original for his or her files and provide a copy to the employee.
- The employer should submit a copy to BWC only when an employee files a claim for an injury or occupational disease sustained in the employer-sponsored recreational activity or fitness program. For further information call 1-800-OHIOBWC (1-800-644-6292).

Employee name (please print or type)	Date
[REDACTED]	1-5-12
Employer name	Risk number
RICHARD COUNTY SHERIFF'S OFFICE	3700000-1

Pursuant to Section 4123.01(C)(3) of the Ohio Revised Code (ORC), the employer and employee shall list those employer-sponsored recreational activities and fitness programs for which the employee wishes to waive all rights to compensation and benefits under Chapter 4123 of the ORC. The waiver must be signed and dated prior to the date of injury or, in an occupational disease claim, the date of disability. Should an employee sustain an injury or occupational disease in an employer-sponsored recreational activity or fitness program **which is not listed**, the employee may be eligible for workers' compensation benefits.

Recreational activities/Fitness programs

ANY AND ALL ACTIVITIES IN EMPLOYEE FITNESS ROOM  
 INCLUDING, BUT NOT LIMITED TO, USE OF THE FOLLOWING  
 EQUIPMENT: TREADMILL, STATIONARY BICYCLE, UNIVERSAL  
 WEIGHT MACHINE, KICKING/PUNCHING BAG, WEIGHT  
 BENCH, DUMB BELLS, FREE WEIGHTS, ETC.

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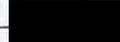


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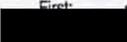
The undersigned declares that he or she is a voluntary participant in the employer-sponsored recreational activities or fitness programs listed above. He or she hereby waives and relinquishes all rights to workers' compensation benefits under Chapter 4123 of the ORC for any injury or disability incurred while participating in the above activities or programs. This waiver is valid for two calendar years. The waiver may not bar any workers' compensation claim filed for death benefits by the employee's dependents.

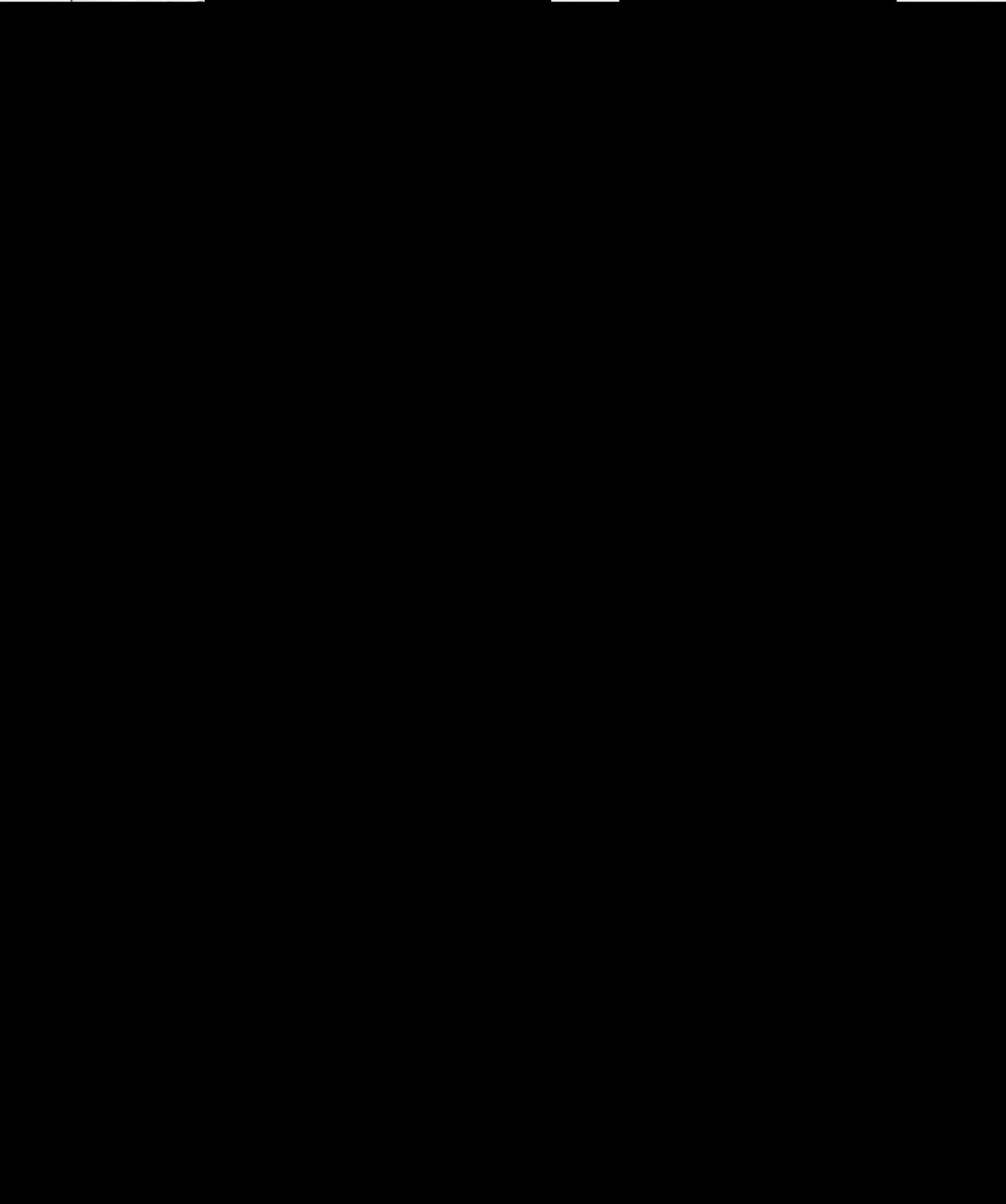
[REDACTED] \_\_\_\_\_ 1-5-12 \_\_\_\_\_  
 Employee signature Date signed

**RICHLAND COUNTY Enrollment/Change Form**  
*(use ballpoint pen and press firmly)*

Department Number: 349  
Employee Number: 

<b>OTHER CHANGES</b>	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire: <u>3-29-08</u>	Effective Date: <u>1-1-2012</u>
	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE			
	<input type="checkbox"/> CHANGE NAME/ADDRESS, state previous			
	<input type="checkbox"/> ADD/CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce *If marriage, state previous name			

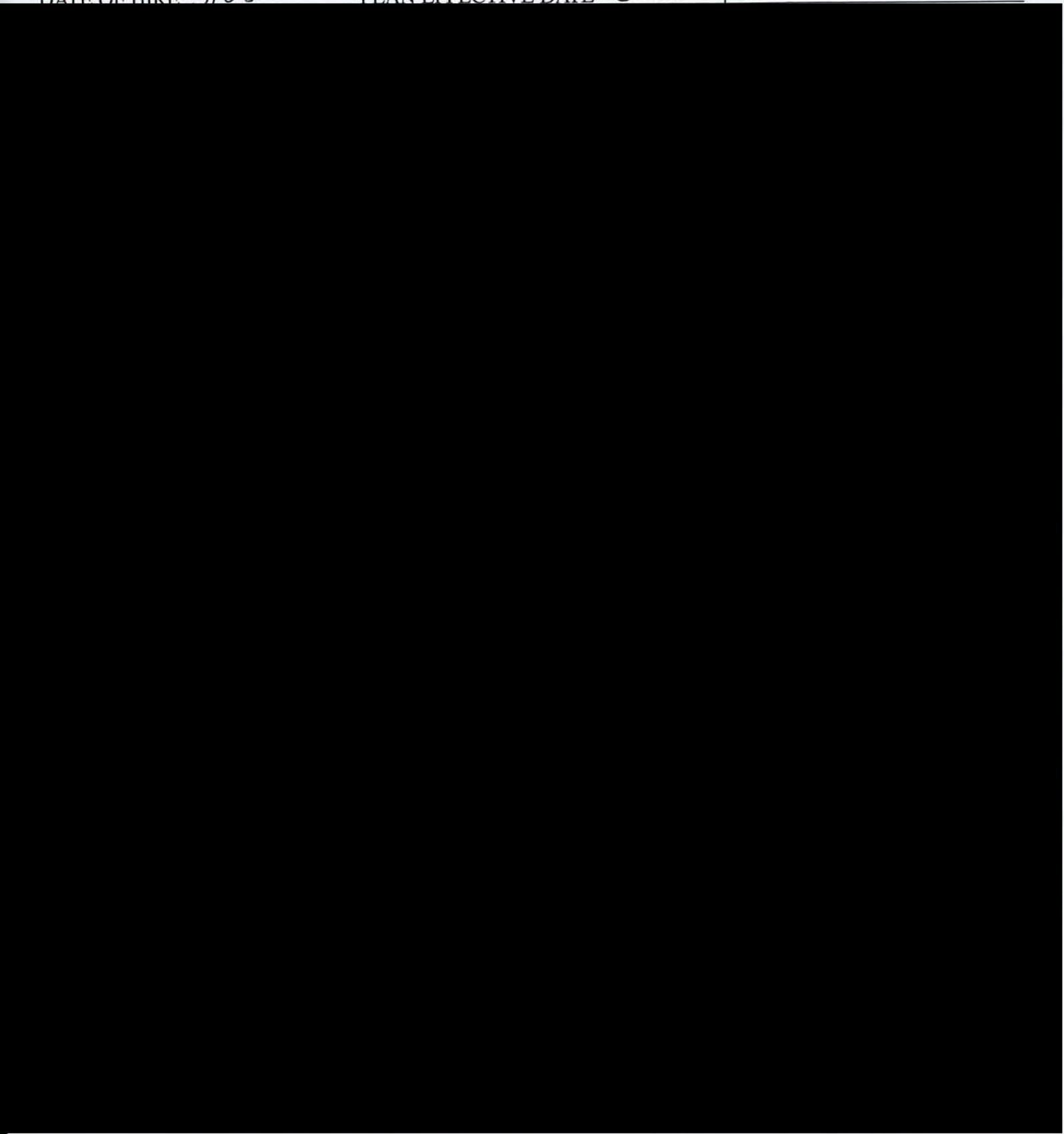
<input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other (explain)
NAME OF EMPLOYEE:   First:  Middle:  Last:  Social Security #: 



**BUYOUT AGREEMENT**

NAME [REDACTED] S [REDACTED] DEPT/AGENCY RCSO

DATE OF HIRE 3/08 PLAN EFFECTIVE DATE Jan. 1, 2012





# Employee Maintenance

(circle one)  
**ADD**      **Change**      **Delete**

Name

Address

City, State, Zip Code

Telephone

Birthdate

ocial Security Number

Marital Status:

Sex

Race

Title

Department Number

Business Phone Number

Start Date

Rehire Date

Termination Date

Employee #

Has this person ever been employed by Richland County in the past? Yes or No

Account #

Salary/pay	
Rate/hour \$	15.3655
Alt Rate/hour	
Wage Factor	
Annual Hours	
Shift	\$0.70
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Status

Annual Salary

*[Handwritten Signature]*  
 Signature

9/1/2011  
 Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Raise Eff.: 09-01-11  
 Comments

EMPLOYEE Enrollment Change Form  
(use ballpoint pen and press firmly)

Department Number: [redacted]  
Employee Number: [redacted]

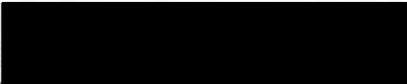
OTHER CHANGES	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire: 3-29-08	Effective Date: 07-01-2011
	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE			
	<input type="checkbox"/> CHANGE NAME/ADDRESS, state previous			
	<input type="checkbox"/> ADD/CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce *if marriage, state previous name			

NAME OF EMPLOYEE: First [redacted] Last [redacted]

Social Security #: [redacted]

**BUYOUT AGREEMENT**

NAME



S.S. #



DEPT/AGENCY

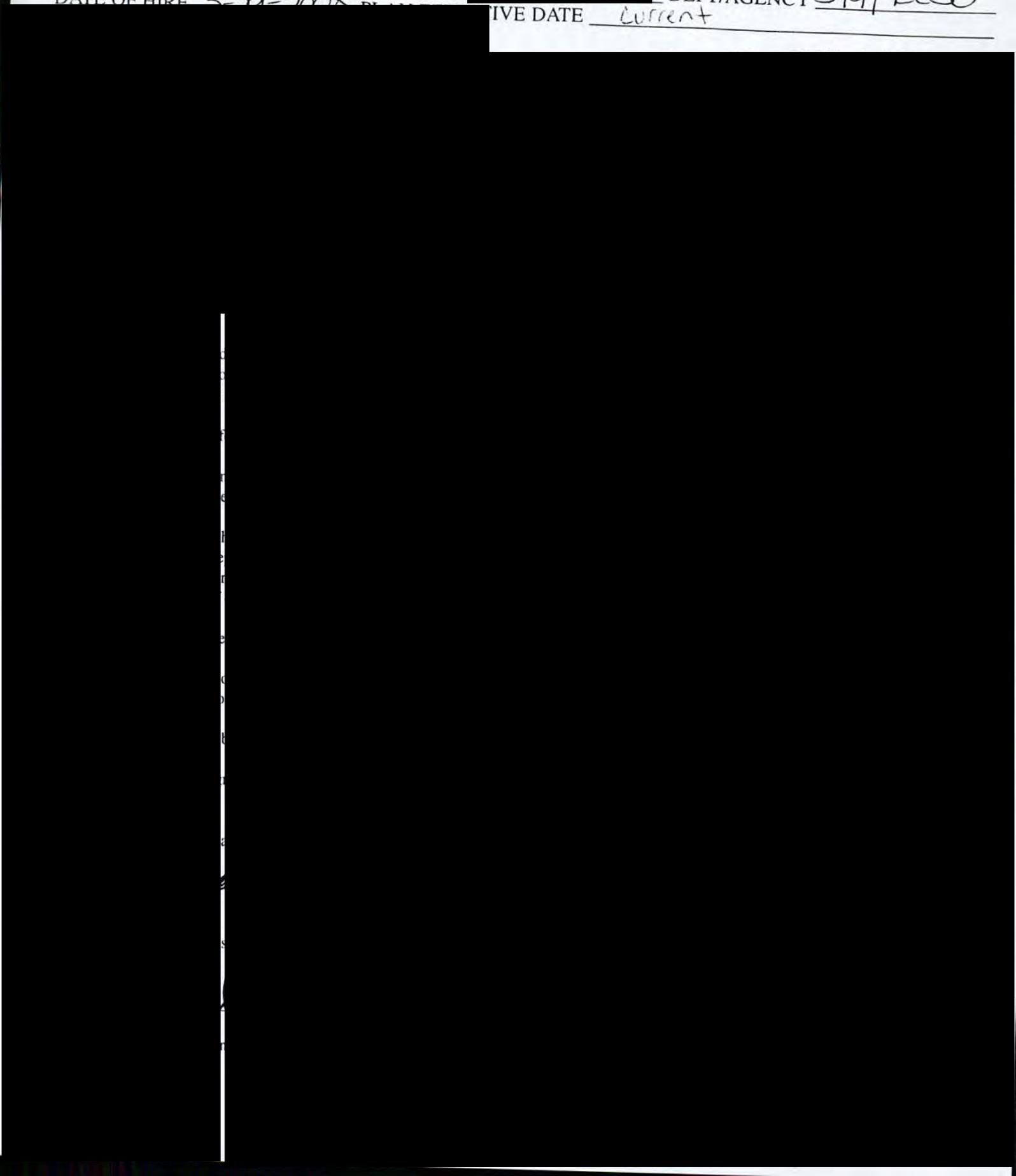
349/PCSO

DATE OF HIRE

3-21-2008

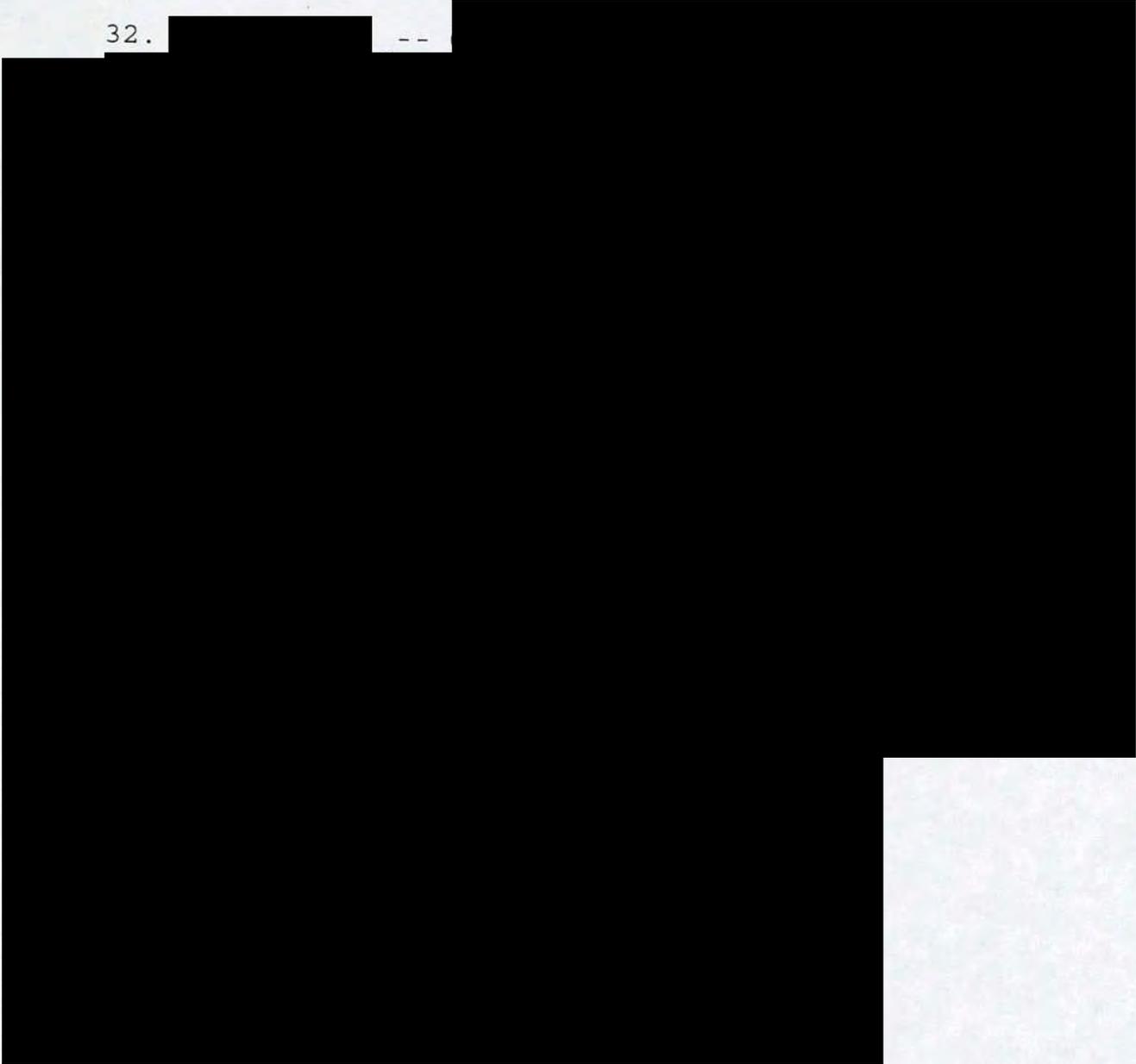
TERMINATION DATE

Current











***J. Steve Sheldon, Sheriff***

*Richland County Sheriff's Office & Civil Division*

*597 Park Avenue East • 2nd Floor*

*Mansfield, Ohio 44905*

*Phone: 419.774.5881 Fax: 419.522.8153*

*Civil Office: 419.774.3570*

April 1, 2010

To: [REDACTED]

Reference: Lay Off notice, which was going to be effective April 8, 2010

I am rescinding you Lay Off Notice, Effective today April 1,2010.

Sincerely,

A handwritten signature in cursive script that reads "Steve".

J. Steven Sheldon  
Richland County Sheriff

---

***Richland County Jail***

*73 East Second Street • Mansfield, Ohio 44902*

*Phone: 419.774.5678 Fax: 419.774.5646*





D. O. H, 03-29-08  
LAY OFF 04-08-10

14.6427 B70 HRS: 48 \$702.85

OTHRS 0

15.1790 HOLIDAY 0

PERSMAI 32 \$485.73

RATO 16 \$242.86

COMP 38.46 \$583.78 04-08-09-04-08-10

VAC 107.40 \$1630.22

SICK FOR RECORD ONLY 291.502

NO

03-31-10

VAC BAL

105.540

+ 1.86

---

107.40

SICK BAL

288.272

+ 3.22

---

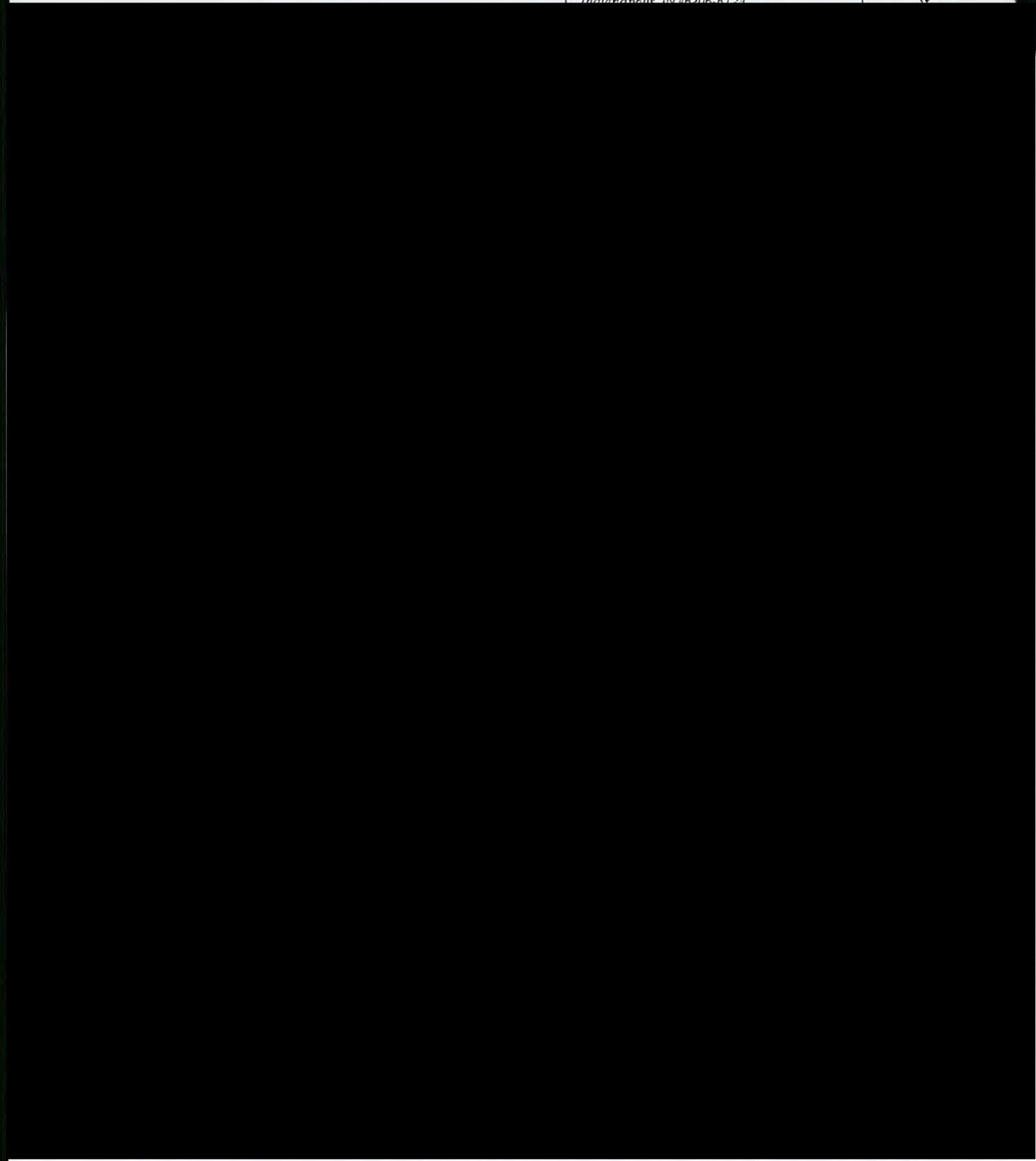
291.502

\* ANTHEM BUY OUT \*

OP - \$269.87

**Group Insurance Change Report**

*American United Life Insurance Company*  
*One American Square, P.O. Box 6123*  
*Indianapolis, IN 46206-6123*



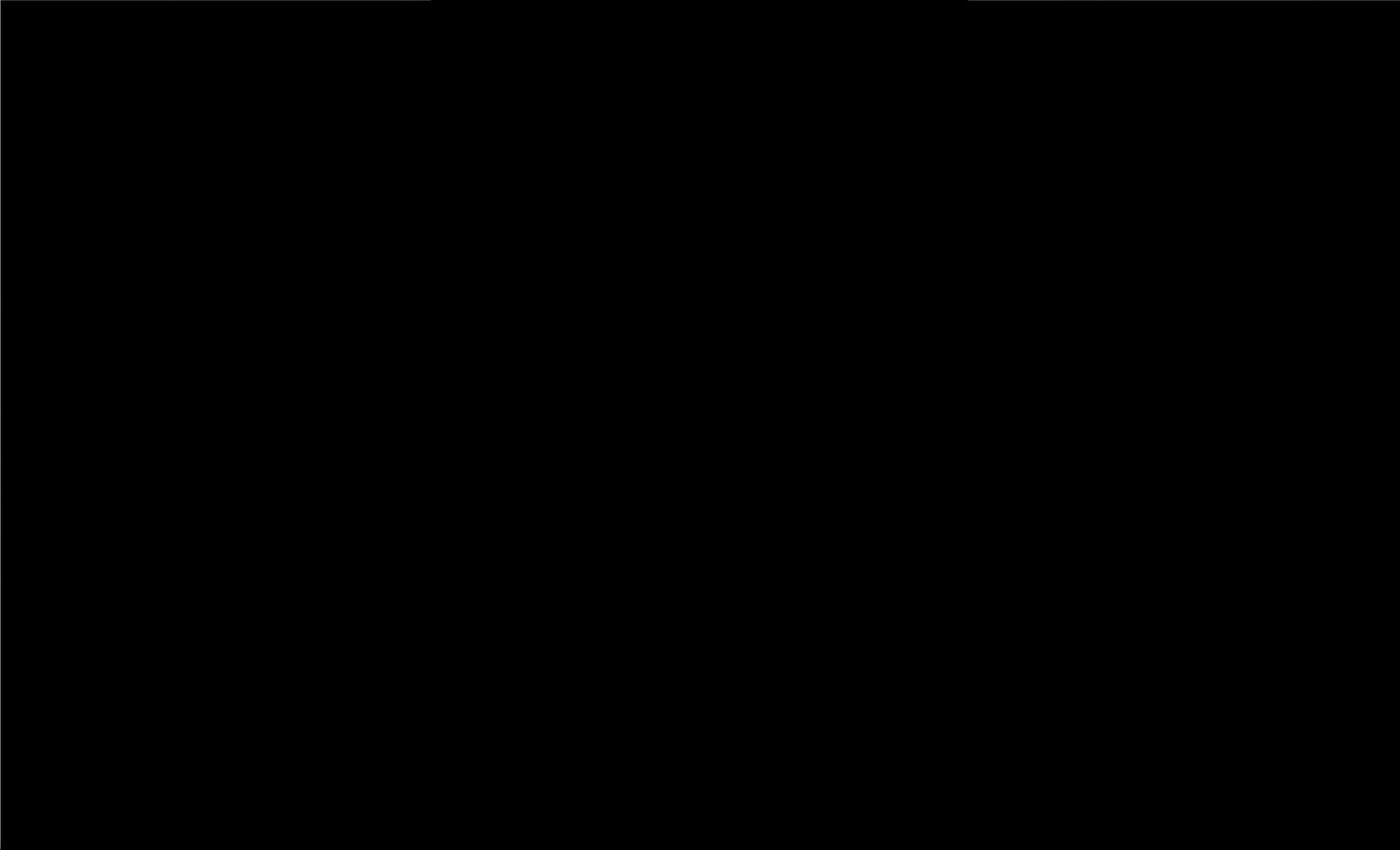
Anthem

GROUP NAME: Richland County Employee Benefit Plan



CHECK ONE

DEPARTMENT/AGENCY: Richland County Sheriff's Office



RICHLAND COUNTY Enrollment/Change Form  
(use ballpoint pen and press firmly)

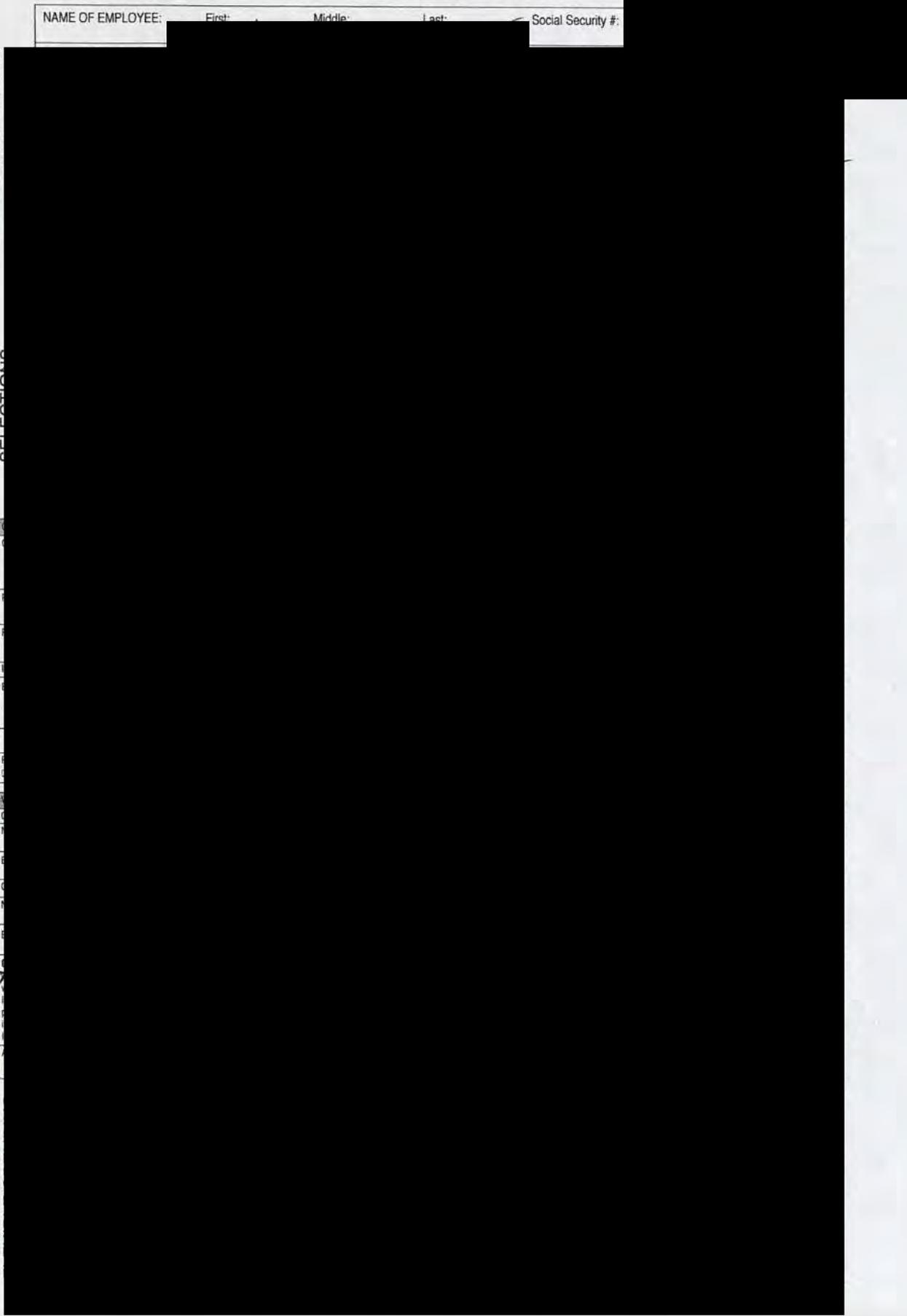
Department Number: 349  
Employee Number: [REDACTED]

OTHER CHANGES	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE			
	<input type="checkbox"/> Reinstatement above indicated coverage with no lapse <input type="checkbox"/> Change name/address			
	<input type="checkbox"/> ADD DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order   *If marriage, state previous name			
<input type="checkbox"/> CANCEL DEPENDENT(S): <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status				

Date of Hire: 3-29-08   Effective Date: 01-01-2010

NAME OF EMPLOYEE: First: [REDACTED] Middle: [REDACTED] Last: [REDACTED] Social Security #: [REDACTED]

WAIVER   OTHER INSURANCE   BENEFIT   EMPLOYEE/DEPENDENT





***J. Steve Sheldon, Sheriff***

*Richland County Sheriff's Office & Civil Division*

*597 Park Avenue East • 2nd Floor*

*Mansfield, Ohio 44905*

*Phone: 419.774.5881 Fax: 419.522.8153*

*Civil Office: 419.774.3570*

March, 2009

Dear [REDACTED]

**Congratulations!** You successfully met your probationary period as a corrections officer.

Over the past year you have proved your hard work and determination through your work ethic. I want to commend you for the job you do and encourage you to keep up the good work you do in the Richland County Jail.

You provide many positive qualities to the department:

- Positive Attitude
- Willingness to work
- Eager to learn

We want to commend you for the job you do and encourage you to keep up the good work.

Sincerely,

A handwritten signature in cursive script that reads "J. Steve Sheldon".

J. Steve Sheldon  
Richland County Sheriff

***Richland County Jail***

*73 East Second Street • Mansfield, Ohio 44902*

*Phone: 419.774.5678 Fax: 419.774.5646*





AUTHORIZATION FOR DUES DEDUCTION  
**FRATERNAL ORDER OF POLICE, OHIO LABOR COUNCIL, INC.**

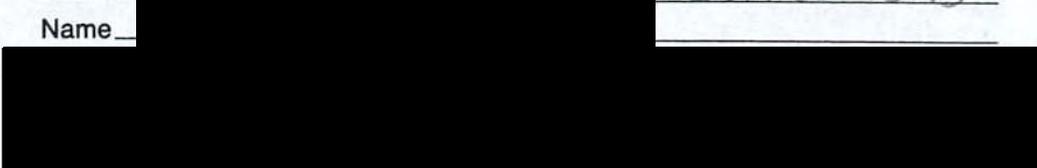
222 E. Town St., Columbus, Ohio 43215  
1-800-FOP-OLCI

\$15.90

I, the undersigned, hereby authorize my Employer to check off and deduct from my payroll an amount equal to dues, remitting directly to the F.O.P. Ohio Labor Council, Inc.

(PLEASE PRINT) # 8790

Place of Employment Richland CO. Corrections  
Name \_\_\_\_\_



Classification Correction Officer

Department Jail

Signature \_\_\_\_\_ Date 6-29-08

Mail white copy to FOP-OLC at above address  
Present card to your Auditor

Communications Center:  
419-946-4444 / 946-6991  
Administration:  
419-947-4845  
Fax:  
419-946-2406



**Morrow County Sheriff's Office**  
101 Home Road - Mt. Gilead, Ohio 43338  
**Steven R. Brenneman, Sheriff**

Inmate Information:  
419-947-1151  
Correctional Facility Fax:  
419-946-5791  
Detective Bureau:  
419-947-2286

April 25, 2008

Richland County Sheriff's Office  
Attn: Human Resources  
597 Park Ave., E  
Mansfield, Oh 44905

Re: [REDACTED]

To Whom It May Concern;

Please be advised that [REDACTED] started employment with our agency on September 10, 2007 and due lack of funding, was laid off on March 1, 2008. Leonardo Gartner had 69.2311 hours of sick leave at the time of his lay off. Our union contract does not allow for the payment of sick leave and 69.2311 hours should be added to his balance with your agency.

Should you have any further questions, do not hesitate to contact me at 419-946-6991.

Sincerely,

  
Lori J. Epling  
Office Administrator

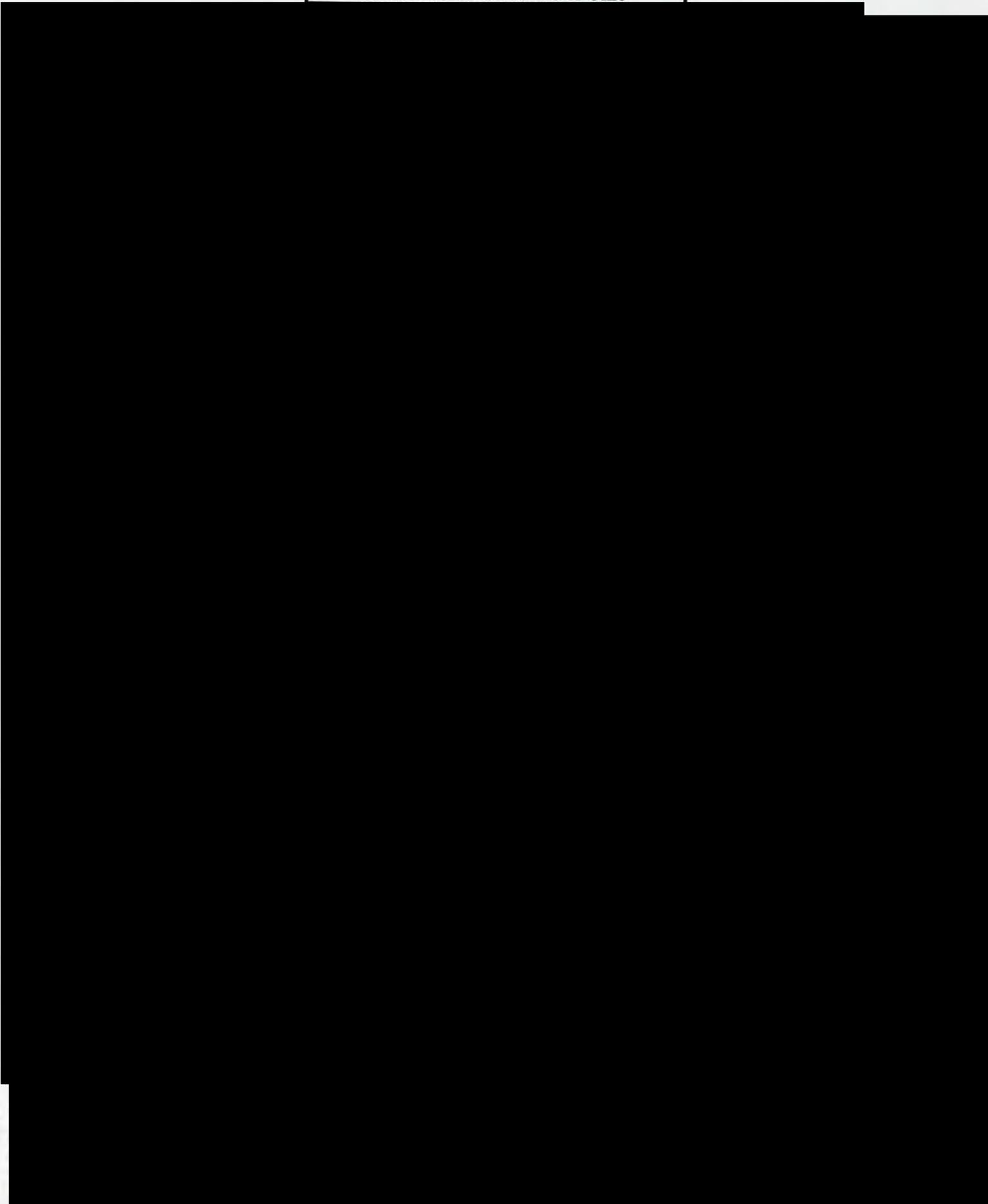


Cc; personal file of [REDACTED]

OK [Handwritten initials] 701

2008-04-03 16:21:00

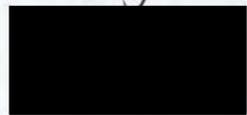
Datafax Driver Record For Ohio





3-29-08  
@ 0800 hrs

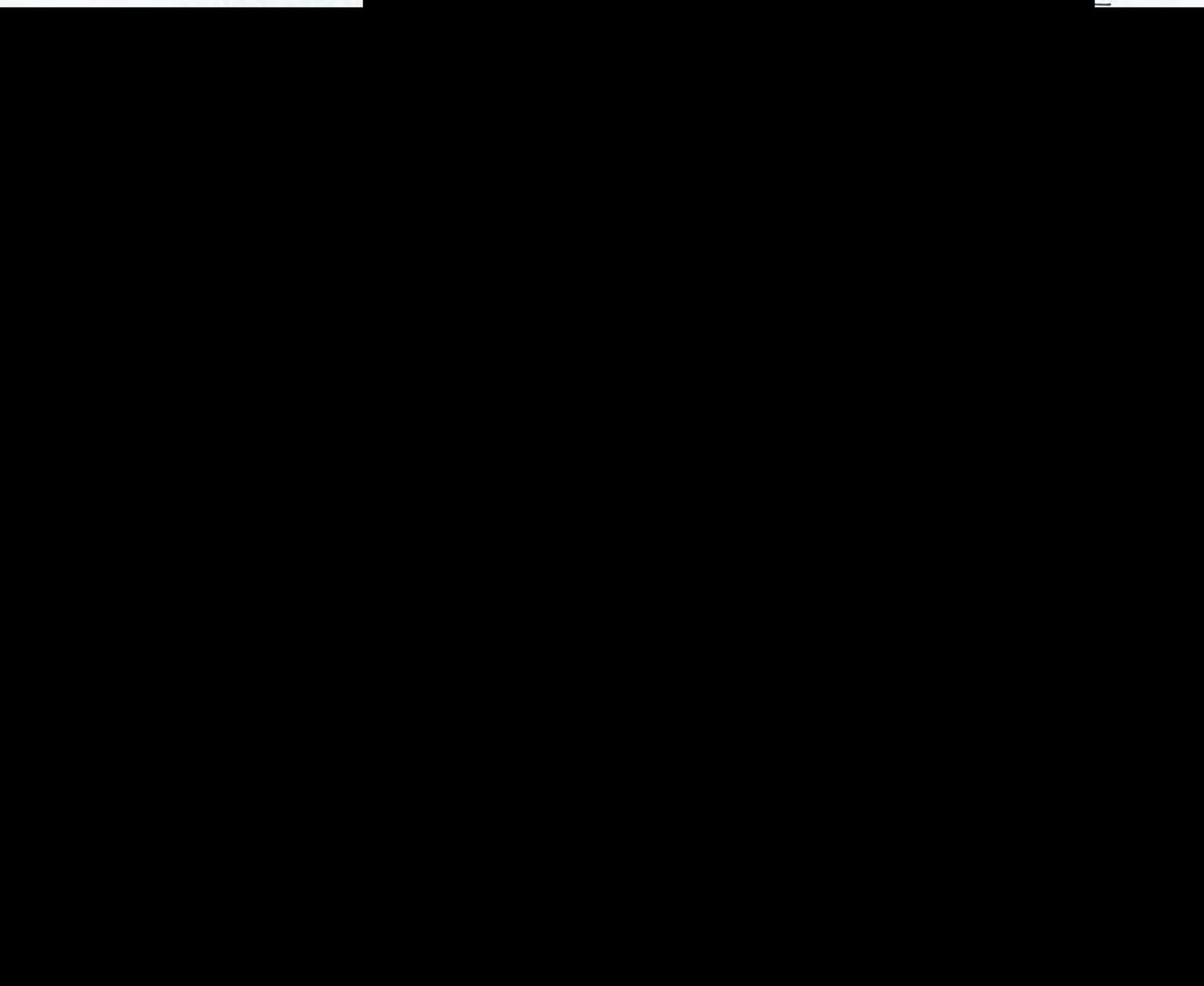
Employee #



**"NEW EMPLOYEE" PROCESSING  
PERSONAL DATA**

The following information is required in order to correctly process new employees:

1. NAME: \_\_\_\_\_



15. A Medicare Tax of 1.45% is deducted of full-time and part-time employees.

DATE: 3-29-08

SIGNATURE



**RICHLAND COUNTY Enrollment/Change Form**  
(use ballpoint pen and press firmly)

Department Number: 344  
Employee Number: [REDACTED]

<b>OTHER CHANGES</b>	<b>CHECK ONE:</b> <input type="checkbox"/> OPEN ENROLLMENT <input checked="" type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire: <u>3-29-08</u>	Effective Date: <u>5-1-08</u>	
	<i>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</i>				
	<input type="checkbox"/> Reinstatement above indicated coverage with no lapse <input type="checkbox"/> Change name/address				
	<input type="checkbox"/> ADD DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order *If marriage, state previous name				

<input type="checkbox"/> CANCEL DEPENDENT(S): <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status	
NAME OF EMPLOYEE: First: [REDACTED] Middle: [REDACTED] Last: [REDACTED]	Social Security #: [REDACTED]

**RICHLAND COUNTY Enrollment/Change Form**  
(use ballpoint pen and press firmly)

Department Number: 349  
Employee Number: 

<b>OTHER CHANGES</b>	<b>CHECK ONE:</b> <input type="checkbox"/> OPEN ENROLLMENT <input checked="" type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
	<i>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</i>		<u>3-29-08</u>	<u>5-1-08</u>
	<input type="checkbox"/> Reinstatement above indicated coverage with no lapse <input type="checkbox"/> Change name/address			
	<input type="checkbox"/> ADD DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order *If marriage, state previous name			
<input type="checkbox"/> CANCEL DEPENDENT(S): <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status				

NAME OF EMPLOYEE:	First:	Middle:	Last:	Social Security #:
				<u>7</u>

BENEFIT

OTHER INSURANCE



*J. Steve Sheldon, Sheriff*

*Richland County Sheriff's Office & Civil Division  
597 Park Avenue East • 2nd Floor  
Mansfield, Ohio 44905  
Phone: 419-774-5881 Fax: 419-522-8153  
Civil Office: 419-774-3570*

TO:

FROM: J. Steve Sheldon, Richland County Sheriff

SUBJECT: Probationary Status - Civilian Employees

Inasmuch as you have applied for employment with the Richland County Sheriff's Office, I would like to take this opportunity to inform you of the county policy of probationary status for newly hired Civilian Employees.

It is the policy of Richland County, Ohio, that all newly hired employees, as mentioned above, do successfully complete one year probationary period before being considered a permanent county employee. Should you be accepted for employment, you will be required to fulfill this one year probationary period. If, during this period, it becomes apparent through job performance and training that you are unable or unwilling to carry out your assigned duties as a Civilian Employee, you will be notified of such and terminated from your employment with the Richland County Sheriff's Office.

This letter is not meant to scare or otherwise intimidate you. Furthermore, the job requirements and standards are such that if you are hired, you should have no problem in getting through your probationary period. It will require an honest effort on your part to learn your job and perform it to the best of your ability. If for some reason, you are unwilling or unable to measure up to that which is required of you, the Richland County Sheriff's Office does reserve the right to terminate your employment for the convenience and betterment of the county. You would, of course, receive adequate notice of any such notice of any decision to terminate.

I wish you the best of luck in your application process, and should you be hired, I am sure you and Richland County will benefit from your service at the Richland County Sheriff's Office.

J. Steve Sheldon, Richland County Sheriff

3-29-08

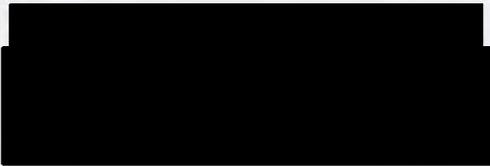
Date



SOCIAL SECURITY ADMINISTRATION  
IMPORTANT INFORMATION

SOCIAL SECURITY  
1287 SOUTH TRIMBLE RD  
MANSFIELD, OH 44907

DATE: March 28, 2008



This is a receipt to show that you applied for a Social Security card on March 28, 2008. You should have your card in about 2 weeks. Any documents you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit any Social Security office. If you visit an office, please bring this receipt with you. To protect your privacy, we will not disclose a social security number over the telephone.

SSA is required by law to limit replacement SSN cards to three per year and ten per lifetime. Do not carry your SSN card with you. Keep it in a safe location, not in your wallet.

A handwritten signature in cursive script, appearing to read "D Hartman".

Field Office Manager

NUMI DTE:03/28/08 [REDACTED] XC: UNIT:JER PG:001

SOCIAL SECURITY ADMINISTRATION  
SOCIAL SECURITY NUMBER VERIFICATION

OUR RECORDS INDICATE THAT SOCIAL SECURITY NUMBER [REDACTED] ASSIGNED TO [REDACTED]

YOUR SOCIAL SECURITY CARD IS THE OFFICIAL VERIFICATION OF YOUR SOCIAL SECURITY NUMBER. THIS PRINTOUT DOES NOT VERIFY YOUR RIGHT TO WORK IN THE UNITED STATES.

PROTECT YOUR SOCIAL SECURITY NUMBER FROM FRAUD AND IDENTITY THEFT. BE CAREFUL WHO YOU SHARE YOUR NUMBER WITH.

*Filed on 3-28-08*  
SOCIAL SECURITY ADMINISTRATION  
1287 S. TRIMBLE ROAD  
MANSFIELD, OH 44907

RICHLAND COUNTY SHERIFF'S OFFICE  
Mansfield, Ohio

**ACKNOWLEDGEMENT SHEET**

I acknowledge receipt of the Richland County Sheriff's Office Employee Handbook and hereby affirm I have read and understand the written information in this booklet and agree to follow all the rules and regulations therein. I further agree if any subject matter in this booklet is not clear to me, I will contact my immediate supervisor for clarification. I understand that as a Richland County Sheriff's employee, I must always strive to do my best on the job and treat others with respect, and follow the rules described in this handbook.

Employee's Signature



Date 3-29-08

Date of Revision Copy Issued ( 01-2007 )

NOTE: Return signed acknowledgement

*NEW Revision 2008  
will be issued sometime this year  
to all employees*

# Employment Eligibility Verification

Department of Homeland Security  
Citizenship and Immigration Services

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **SHOULD NOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
[Redacted]	[Redacted]	[Redacted]	[Redacted]
Address (Street Name and Number, City, State, Zip Code)	Apt. #		
[Redacted]	[Redacted]		

I am aware that federal law prohibits imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

- A Lawful Permanent Resident
- An alien authorized to work until \_\_\_\_\_ (Alien # or Admission #)

Employee's Signature	Date (month/day/year)
[Redacted]	3-29-08

Completed and signed if Section 1 is prepared by a person who has assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name	Date (month/day/year)
[Redacted]	[Redacted]	[Redacted]
Address (Street Name and Number, City, State, Zip Code)		
[Redacted]		

## Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

OR	List B	AND	List C
[Redacted]	[Redacted]	[Redacted]	[Redacted]

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
[Redacted]	Lisa Finley	Payroll/Records
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)
Richard W. Sheriff's Office	597 ME Mans, OH 44905	3/29/2008

## Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title:	Document #: _____ Expiration Date (if any): ___/___/___
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)
[Redacted]	[Redacted]

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.



PLAN NAME: Richland County Employee Health Benefit Plan

### NOTICE TO NEW HIRES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes certain benefit plan mandates beginning with plan year anniversary dates of July 1, 1997. Non-Federal governmental plans may elect to be exempt from this requirement.

The above named Plan hereby elects under authority of §146.180 of Title 45 of the Code of Federal Regulations to be exempt from the following provisions of HIPAA:

1. Limitations on pre-existing conditions exclusion periods. This Plan will continue to apply the pre-existing conditions provision.
2. Special enrollment periods for individuals (and dependents) losing other coverage. This Plan will continue to allow enrollment under current contract language.
3. Prohibitions against discriminating against individual participants and beneficiaries based on health status. This Plan will continue to require the completion of a Health Statement for all late enrollees.
4. Parity on the application of certain limits to mental health benefits. This Plan will continue to allow benefits for mental health related claims as listed in the Summary Plan Document (Benefit Booklet).

I have read the above notification regarding exemption from the Health Insurance Portability and Accountability Act of 1996, and understand this exemption.

Name:

[Redacted Name]

Date:

3-29-08

Witness:

(By Employer Representative)

Justin

Date:

3-29-2008

OPERS LAW ENFORCEMENT

EMPLOYEE'S NAME



IS THE EMPLOYEE FULL TIME

YES

NO

DOES EMPLOYEE HAVE PEACE OFFICER'S TRAINING SCHOOL CERT.

YES

NO

IF YES PLEASE ENCLOSE A COPY OF THE CERTIFICATE

WAS EMPLOYEE HIRED AFTER 3-4-1975

YES

NO



# Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org

## Personal History Record

### INSTRUCTIONS

1. As an OPERS member you are required to complete a Personal History Record (Form A). Please fill out the form in blue or black ink.
2. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
3. Sign the form in SECTION 4 - EMPLOYEE CERTIFICATION. DO NOT print or type.
4. The employer is required to complete SECTION 5 - EMPLOYER CERTIFICATION.
5. The employer is required to mail the *completed* form to OPERS at the above address immediately upon hire.

### Section 1 - Personal Information

[Redacted]

Street or Mailing Address

First Name

MI

Apt. Number

[Redacted]

Date of Birth

Month Day Year

07 02 79

Gender

Male  Female

Are you legally married? Yes  No

Maiden Name

[Redacted]

Work Phone Number

419 774 7857

E-mail Address

[Redacted]

### Section 2 - Current Employment Information

First date salary earned from which OPERS retirement contributions are deducted:

Month Day Year

03 29 2008

Full-Time  Part-Time

Employee Title

CORRECTIONS OFFICER

### Section 3 - Prior Service Information

1. Have you previously worked in public employment in Ohio?  Yes  No  
 If "yes," give first date of service: Month 10 Day 10 Year 2007

If "yes," which employer(s)

Morrow County Sheriff, FF #

2. Do you have previous public service for which OPERS contributions were not submitted? Yes  No   
 If "Yes," and you wish to request a determination relative to your non-contributing service, please provide OPERS with a completed *Certification of Unreported Public Service (Form AA)*.

3. Are you currently a member of, have you been a member of, or are you receiving a disability benefit from of any of the following retirement systems? (If applicable, check *Refunded, Receiving a Disability Benefit, or Receiving a Retirement Benefit.*)

	Yes	No	Refunded	Receiving a Disability Benefit	Receiving a Retirement Benefit
Ohio Public Employees Retirement Systems (OPERS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Teachers Retirement Systems (STRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Employees Retirement System (SERS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ohio Police and Fire Pension Fund (OP&F)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Highway Patrol Retirement System (HPRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cincinnati Retirement System (CRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 4 - Employee Certification

I state that the information contained in this form is complete and true to the best of my knowledge and belief.

Employee Signature (Do not print or type.) [Redacted] Month 03 Day 29 Year 2008

### Section 5 - Employer Certification

Employer Name

RICHLAND COUNTY SHERIFFS OFFICE

Is this an elected position? Yes  No   
 If "Yes," OPERS membership is optional and requires an application. If not already submitted, the employee will need to complete an Elected Official Membership Application (Form A-9) and submit it to OPERS.

Is this a law enforcement position? Yes  No

I hereby certify that [Redacted] began earning salary from which OPERS retirement contributions are deducted with the above employer on the start date indicated in SECTION 2 - Current Employment Information, and the statements set forth are true and accurate as disclosed by the records of

Signature of Certifying Officer \_\_\_\_\_  
 Certifying Officer Title \_\_\_\_\_

INTERNAL SCHEDULE C

Full Name: \_\_\_\_\_

Department: Sheriff

Position: Correction Officer

record which meets the standards of the County's auto liability insurer. I further understand that I may be required to provide proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing county minimum requirements. I also understand that I may be required to provide a copy of the Bureau of Motor Vehicles report showing my driving record for all states in which I have resided during the last three (3) year period.

QUESTIONNAIRE:

During the previous thirty-six month period, have you been involved in any of the following:

1. Have automobile insurance rejected, cancelled, refused or been in a high-risk insurance program?  
No
2. Been involved in any accidents either at fault or not at fault?  
NO
3. Been arrested for any traffic related incidents?  
NO
4. Had any traffic violations other than overtime parking?  
Yes Speed.

Please provide all details including date and location for any question answered yes.

I understand that by giving incorrect information or by omitting information, I am falsifying my application and, therefore, subject to dismissal if hired. I further agree that the county, as my employer, may check my driving record at any time. I further agree to report to my supervisor any accidents, arrests, violations, or cancellation of personal insurance within twenty-four hours or the next business day after they occur and prior to driving any vehicle on behalf of the County.

Prior to driving on behalf of the County, I acknowledge that I am familiar with the County resolution requiring driving suspensions for a poor driving record. I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

3-29-08  
Date



Ohio Department of Public Safety  
Division of Homeland Security  
<http://www.homelandsecurity.ohio.gov>

**PUBLIC EMPLOYMENT**

In accordance with section 2909.34 of the Ohio Revised Code

**DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION**

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME	FIRST NAME	MIDDLE INITIAL
[REDACTED]	[REDACTED]	[REDACTED]

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  
Yes  No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  
Yes  No
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  
Yes  No

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  
Yes  No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  
Yes  No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  
Yes  No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X

3-29-08  
Date

Statement Concerning Your Employment in a Job  
Not Covered by Social Security

Employee Name



Employee ID#

Employer Name

Richland County  
Sheriff's Office

Employer ID#

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security ( $\$500 - \$400 = \$100$ ). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee



Date 3-29-08

**Information about Social Security Form SSA-1945**  
**Statement Concerning Your Employment in a Job Not Covered by Social Security**

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

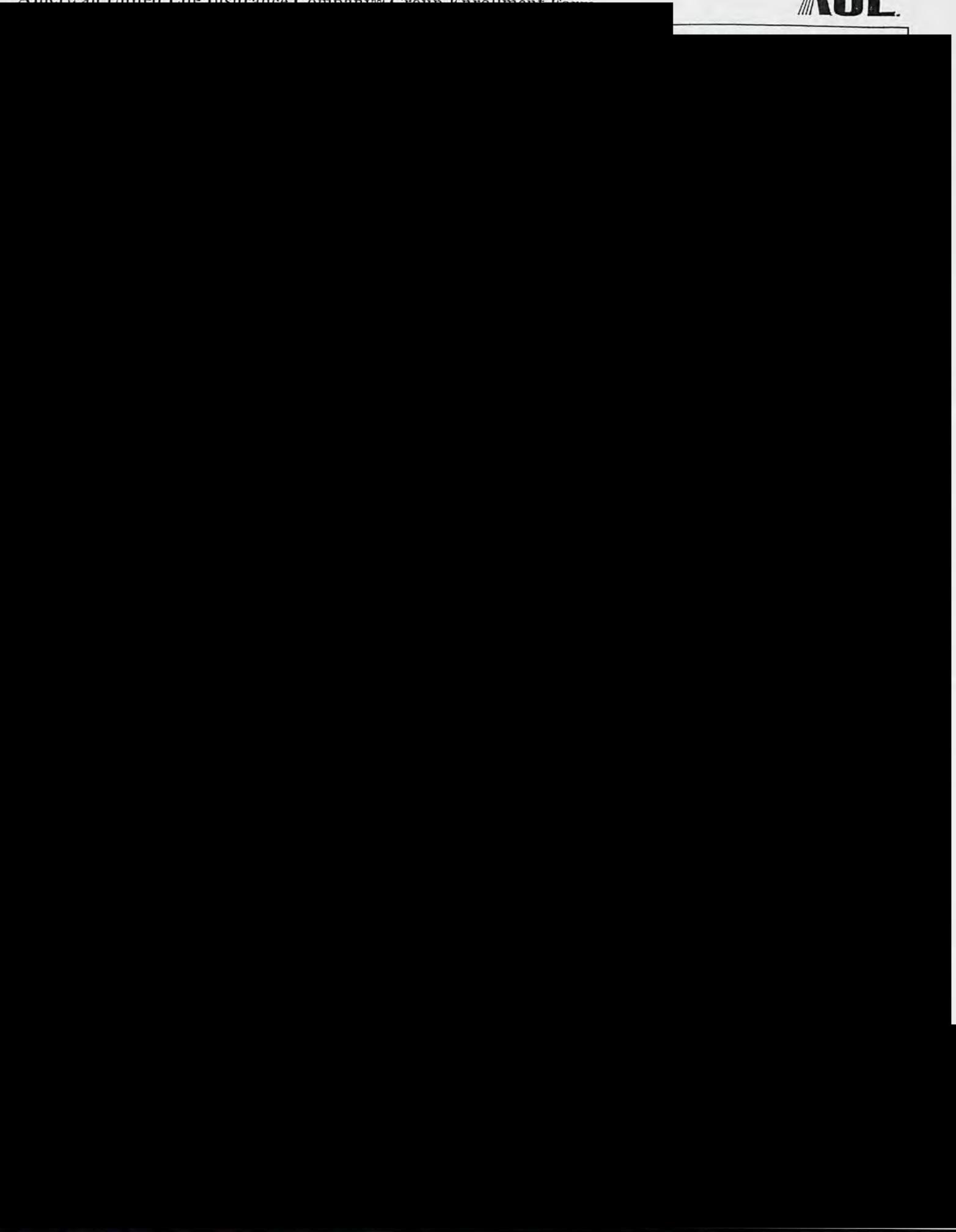
Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/form1945](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplmsoswm.rqct.orders@ssa.gov](mailto:oplmsoswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



### Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse, and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year, or which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at anytime if the number of your exemptions *increases*.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you *decreases* because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claim her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for Federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate.

If possible, file a new certificate by December 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Income tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file a Declaration of Estimated Individual Income Tax even though Ohio income tax is being withheld from their wages. This is because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file a Declaration of Estimated Individual Income Tax may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the Declaration of Estimated Individual Income Tax, the individual may provide for additional withholding with his employer by using line 5.

# Form W-4 (2008)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for yourself if no one else can claim you as a dependent. . . . . A \_\_\_\_\_
- B Enter "1" if:   
 { • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . . B \_\_\_\_\_
- C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C \_\_\_\_\_
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . D \_\_\_\_\_
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . E \_\_\_\_\_
- F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit . . . . . F \_\_\_\_\_  
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.   
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. . . . . G \_\_\_\_\_
- H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► H \_\_\_\_\_
- For accuracy, complete all worksheets that apply.   
 { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.   
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1 Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$10,000 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,000 \text{ if head of household} \\ \$ 5,450 \text{ if single or married filing separately} \end{array} \right\}$  2 \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ \_\_\_\_\_
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2008 nonwage income (such as dividends or interest) 6 \$ \_\_\_\_\_
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ \_\_\_\_\_
- 8 Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \_\_\_\_\_
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

- Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.
- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." 2 \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 \_\_\_\_\_
- Note.** If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
  - 6 Subtract line 5 from line 4 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
  - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
  - 9 Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

MANSFIELD CITY INCOME TAX

I hereby authorize the Richland County Auditor to make the proper deduction for the Mansfield City Income Tax from my compensation beginning with my first pay period.

[REDACTED]

SIGNATURE

3-29-08

DATE

*Correction Officer*

[REDACTED]

## LETTER OF APPRECIATION

DEAR CORRECTION OFFICER [REDACTED]

I AM PROUD TO PRESENT YOU WITH THIS LETTER OF APPRECIATION FOR YOUR OUTSTANDING WORK EFFORTS IN 2011.

YOU HAVE PROVEN YOURSELF AS A CORRECTIONS OFFICER. YOUR DEDICATION OF SERVICE TO THE RICHLAND COUNTY SHERIFF'S OFFICE JAIL HAS NOT GONE UNNOTICED. YOU ARE PROFESSIONAL WITH BOTH THE INMATES AND YOUR CO-WORKERS. YOU GO ABOVE AND BEYOND TO MAKE SURE THAT TASKS ARE DONE, AND YOU NEVER QUESTION WHEN TOLD TO HANDLE SOMETHING. YOUR EFFORTS ARE GREATLY APPRECIATED.

KEEP UP THE GOOD WORK!

PROFESSIONALLY YOURS,

SHERIFF J. STEVE SHELDON  
RICHLAND COUNTY

# MedCentral Health System WorkAble

1750 West Fourth Street  
Mansfield OH 44906

(419) 526-8444

(419) 529-8617

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## FACSIMILE TRANSMITTAL SHEET

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TO:	Lt. Bob Brown	FAX NUMBER:	(419) 522-8153
TO:		FAX NUMBER:	
TO:		FAX NUMBER:	
DATE:	03/21/2008	TOTAL NO. OF PAGES INCLUDING COVER:	
FROM:	WorkAble Business Office	SENDER'S REFERENCE NUMBER:	419-526-8444
RE:	[REDACTED]	SENDER'S FAX NUMBER:	419-529-8617

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ADDITIONAL NOTES:

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### MAY INCLUDE THE FOLLOWING:

- |  |   |
|--|---|
| <input type="checkbox"/> FROI- Coded   | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> ER Report     | <input type="checkbox"/> Diagnostics    |
| <input type="checkbox"/> ER Dictation  | <input type="checkbox"/> RTW Status     |
| <input type="checkbox"/> Exam Forms    | <input type="checkbox"/> W/C Form       |
| <input type="checkbox"/> DOT Exam/Card | <input type="checkbox"/> Other          |

The information contained in this facsimile may be doctor-patient privileged and confidential information intended only for the use of the individual or entry named above. If the reader of this message is not intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone (419-526-8444) and return the original message to us at the below address via the United States Postal Service.

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**STATEMENT OF MEDICAL OPINION**  
**PHYSICAL EXAMINATION RESULTS**



Date: \_\_\_\_\_

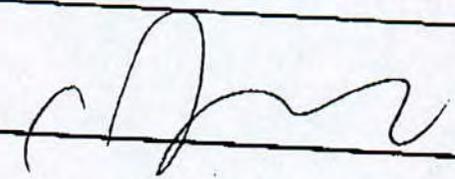
Physician Findings:

- Applicant **DOES** meet medical criteria
- Applicant meets medical criteria with **LIMITATIONS**
- Applicant **DOES NOT** meet medical criteria
- \*\*PRELIMINARY** results applicant meets physical criteria **PENDING** drug/diagnostic testing/hair testing

Physician Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:



Date: 3-21-08

**\*If you have any questions regarding the above results please call us at 419-526-8444.**

medop1.frm  
Revised 4/1/05

WorkAble™ Occupational Health & Safety Services  
1750 West Fourth Street, Mansfield, OH 44906, Phone (419) 526-8444, Fax (419) 529-8617

Accredited by the Joint Commission on Accreditation of Healthcare Organizations

**RICHLAND COUNTY SHERIFF'S OFFICE**

**CONDITIONAL OFFER OF PROBATIONARY EMPLOYMENT**

Dear Leonardo Gartner:

This letter is to advise you that your application for employment with the Richland County Sheriff's Office for the position of Corrections has been processed.

You have successfully completed the initial phases of the employment process. As a condition of employment, you must successfully meet the Minimum employment standards for a law Enforcement/Corrections Officer and/or required training entrance standards as mandated by state law. You must also successfully complete a Psychological Interview, physical and drug test.

Following successful completion and review of the aforementioned inquiries, you will be informed by letter of your employment status.

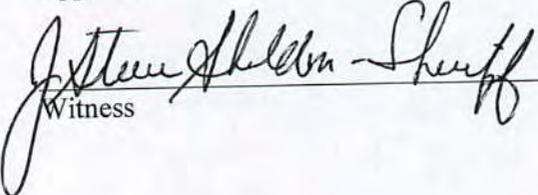
Thank you for your interest in employment with the Richland County Sheriff's Office. Upon successful completion of the employment process, your application will be presented to the Sheriff who will make the final determination as to your suitability for employment. This conditional offer of employment shall remain valid and in affect for one year from the effective date of this agreement, provided however, this offer shall be immediately withdrawn upon applicant's failure to meet any one of the above terms and conditions.

**ACKNOWLEDGEMENT AND ACCEPTANCE OF OFFER**

I hereby acknowledge and accept the terms and conditions provided above. I exercise this acceptance of my own free will, in good faith and with the understanding that I will be employed in the position of Corrections upon satisfactory completion of the conditions.

  
Applicant

3-20-08  
Date

  
Witness

03-20-08  
Date



Have you ever been convicted of a felony? Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you possess a valid Driver's License? Yes  No \_\_\_\_\_



MILITARY SERVICE INFORMATION:

Branch of Service: \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Total Length of Service Time: \_\_\_\_\_

Reserve or National Guard Status: \_\_\_\_\_

EDUCATION:

EDUCATION:	High School	College	Graduate / Professional
School Name	Newark Catholic.	Capital and OHIO University	
School Address	1 Green Wave Dr Newark OH 43055	1570 Granville Pike Lancaster OH 43130	
Diploma/Degree	G.E.D.	Bachelor Classical History	
Describe Course of Study			
Grade Point			
Specialized Training: R.O.C.T. classes, I taken classes to help communication skills and Psychology to help interact.			

**EMPLOYMENT HISTORY:**

Account for ALL times in the past TEN years, including periods of unemployment. Indicate name used if other than signature on this application. Begin with PRESENT position or occupation. In addition, list any other qualifying experience in the last ten years. If you need more room, use a separate piece of paper. A resume is welcome in addition to this application, however, it may not be substituted for any part of this application.

Company Name / Address: Morrow CO. Sheriff's Office

Phone #: 419-947-1151 Fax #: \_\_\_\_\_ Ending Salary: 11.61

Your Title: Correction Officer Dates worked: From: 9-10-07 to Present

Your Duties: Supervise inmates

Reason for Leaving: Lay off due to Money

Company Name / Address: Rattlesnake Ridge Golf Club

Phone #: 740 965-4863 Fax #: \_\_\_\_\_ Ending Salary: 11.50

Your Title: Grounds Keeper Dates worked: From: 6-2004 to 9-2007

Your Duties: Maintain the course and equipment

Reason for Leaving: Job closer to Home with better benefits

Company Name / Address: Gianna Cone State Farm Agency

Phone #: 614-267 7865 Fax #: \_\_\_\_\_ Ending Salary: 10.00

Your Title: Office Assistant Dates worked: From: 5/2002 to 8/2003

Your Duties: Phones, claims and Bank deposits

Reason for Leaving: Summer Employment

Company Name / Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Your Title: \_\_\_\_\_ Dates worked: From: \_\_\_\_\_ to \_\_\_\_\_

Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\*\*Place a check next to any employer whom you do not wish to be contacted.\*\*

SKILLS:

Typing: \_\_\_\_\_ WPM: \_\_\_\_\_ Shorthand: \_\_\_\_\_ WPM: \_\_\_\_\_

Computers: Word, Power Point, Excel and Jamin.

\* CURRENT SPECIAL LICENSES:

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

List other special equipment or machinery operated in previous jobs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

RELEASE AND AUTHORIZATION

**\*\*PLEASE READ CAREFULLY\*\***

I certify that all statements contained herein or at any step of the employment process are true, complete and correct to the best of my knowledge. I understand that a false answer or material omissions may be grounds for dismissal from Richland County.

By signing this waiver, I expressly authorize Richland County, Ohio to make a thorough investigation of my past employment and activities which may include, but not be limited to, a motor vehicle record check, police record check, etc. I also authorize Richland County to make an inquiry of my former employers concerning my work record, job qualifications and performance. I authorize my former employer to furnish Richland County, Ohio with this information upon their request. I recognize the right of Richland County, Ohio to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained therefrom.

Signature of applicant



Date: 11-30-07

**\*\*Incomplete or missing information may prevent this application from being processed.\*\***

APPLICANT SCHEDULE C

Full Name: \_\_\_\_\_  
\_\_\_\_\_

I understand that as a condition of driving a County personal vehicle on county business, I must have a current and valid Ohio Driver's License and an acceptable driving record which meets the standards of the County's auto liability insurer. I further understand that I may be required to provide proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing County minimum requirements. I also understand that I may be required to provide a copy of the Bureau of Motor Vehicles report showing my driving record for all states in which I have resided during the last three (3) year period.

QUESTIONNAIRE:

During the previous thirty-six month period, have you been involved in any of the following:

1. Have automobile insurance rejected, cancelled, refused or been in a high-risk insurance program?  
\_\_\_\_\_
2. Been involved in any accidents either at fault or not at fault?  
\_\_\_\_\_
3. Been arrested for any traffic related incidents?  
\_\_\_\_\_
4. Had any traffic violations other than overtime parking?  
\_\_\_\_\_

Please provide all details including date and location for any question answered yes.

I understand that by giving incorrect information or by omitting information, I am falsifying my application and, therefore, subject to dismissal if hired. I further agree that the county, as my employer, may check my driving record at any time. I further agree to report to my supervisor any accidents, arrests, violations, or cancellation of personal insurance within twenty-four hours or the next working day after they occur and prior to driving any vehicle on behalf of the County.

Prior to driving on behalf of the County, I acknowledge that I am familiar with the County resolution requiring driving suspensions for a poor driving record. I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

\_\_\_\_\_  
Signature

11-30-07  
\_\_\_\_\_  
Date

[REDACTED]  
[REDACTED]  
November 28, 2007

Major Roger Paxton  
Jail Administrator  
Richland County Sheriff's Department  
55 East Second Street  
Mansfield, Ohio 44902

Major Paxton:

I am writing to you to express my interest in a position as a full-time corrections officer with the Richland County Sheriff's Office. I learned that you may have available positions through my wife, [REDACTED] who is an Assistant Prosecutor in Richland County.

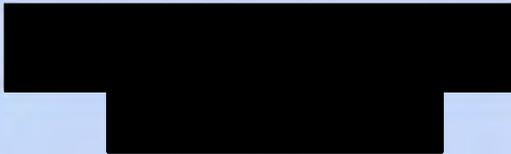
I have been employed as a corrections officer with the Morrow County Sheriff's Office since September, 2007. In that capacity, I have completed my on-the-job training. However, due to budgetary constraints, I have learned that I will be laid-off. As a result, I am looking for a new position effective immediately.

My education and experiences have also prepared me for a career as a corrections officer. I have engaged in activities that required me to be in excellent physical condition and to develop a strong sense of discipline. I played four years of high school varsity football at Newark Catholic High School and two years of college varsity football at Capital University. While at Capital University, I also participated in the Army R.O.T.C. program.

While completing my college education, I held several sales and customer service positions, which have allowed me to develop excellent interpersonal communications skills. I am comfortable with meeting and working with new people. Please see my enclosed résumé for additional details concerning my education and work experience.

I believe that the skills I possess would make me an asset to the Richland County Sheriff's Office. If you would like more information, or would like to schedule an interview, please contact me at [REDACTED]

[REDACTED]



## EDUCATION

- 2000-2003 Bachelor of Specialized Study in Classical History  
Ohio University  
Degree Completed: December 2003
- 1998-2000 History Education Major  
Capital University
- 1994-1998 Diploma  
Newark Catholic High School

## EMPLOYMENT

- Present* *Corrections Officer, Morrow County Sheriff's Office*  
As a second shift corrections officer, I am responsible for supervising inmates charged with misdemeanors and felonies during meals, showers, and recreation. Additionally, I supervise the trustee inmates and work in the jail's control room.
- 2004-2007 *Groundskeeper, Rattlesnake Ridge Golf Club*  
As a groundskeeper, I am responsible for mowing and maintenance of the golf course and clubhouse area. I am familiar with the operation of many kinds of maintenance equipment.
- 1999-2004 *Warehouse Handler/Dock Operator, Bear Creek Corporation*  
As a seasonal employee I was responsible for product handling, running the loading docks, and shipping in a timely manner.
- 2002-2003 *Office Assistant, Gianna Cone, State Farm Insurance*  
As an office assistant I was responsible for handling auto claims customer relations, and customer billing.
- 1998-1999 *Floor Sander, Vogelmeyer Flooring*  
As a floor sander I was responsible for sanding and preparing wood floors for finishing in a timely manner. We completed many school gymnasiums throughout Ohio.

## SKILLS

- I have a working knowledge of Word, Power Point, and Excel.
- I have taken several college level accounting classes.
- I have experience in customer relations and billing.
- I participated in the Army ROTC program at Capital University.
- I have volunteered as an assistant football coach for Newark Catholic's 7<sup>th</sup> and 8<sup>th</sup> grade teams.



## PROFESSIONAL REFERENCES

Kyle Frederick, Superintendent  
Rattlesnake Ridge Golf Club  
15140 State Route 37 East  
Sunbury, Ohio 43074  
Phone: (740) 965-4863  
Fax: (740) 965-1282

Jason Gandee, Loading Docks Supervisor  
Bearcreek Operations, Inc.  
500 Reliance Drive  
Hebron, Ohio 43025  
Phone: (740) 929-7321

Kyle Frederick  
Superintendent  
15140 State Route 37 East  
Sunbury, Ohio 43074

June 27, 2005

To whom it may concern:

I am pleased to write this letter of recommendation for [REDACTED]  
[REDACTED] has worked for me in the maintenance  
department at Rattlesnake Ridge Golf Club for 1 year. He began here  
as laborer and has continued to serve with increasing skill in that  
capacity.

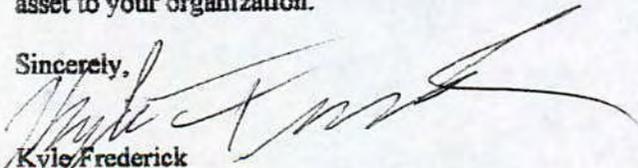
During [REDACTED]'s service with us, I have interacted frequently with  
him and depended on him. Very goal oriented as well as a team  
player, [REDACTED] is always punctual, yet easygoing. He is keenly  
devoted to his work, but being a real people person, he is also  
enjoyable to be around.

[REDACTED] demonstrated from early in his tenure that he understood  
what this business is all about. He was well organized and has a  
knack for recognizing and eliminating waste.

[REDACTED] is available for new challenges only because of his desire  
to learn and grow further. We would love to see him stay, but  
certainly understand his need to advance beyond the positions we  
have available.

In closing, let me say I have no hesitation in recommending  
[REDACTED] for any position. I feel confident he would be an  
asset to your organization.

Sincerely,

  
Kyle Frederick  
Superintendent

**Richland County Sheriff's Office**  
**Oral Interview Questions**  
**Corrections Entry Level**

Appendix I

Assessors Name: L. Cooper

Candidates Name: [REDACTED]

<u>Questions</u>	<u>Poor</u>		<u>Average</u>		<u>Excellent</u>		<u>Total</u>
	1	2	3	4	5	6	7
1. Describe in your own words what specific duties are involved in a corrections officer? <i>Maintaining jail facility Provide safety for inmates/officers</i>	1	2	3	4	5	6	7
2. What do you think the negatives of this type of work will be? <i>Very social person Do not share info w/ inmates</i>	1	2	3	4	5	6	7
3. What are some important things you yourself expect to get out of this job? <i>Steady career / 30 yrs. No plans for being on the road</i>	1	2	3	4	5	6	7
4. Why do you think you would like this type of work? <i>Did this job for 6 mos. Good at following regulations</i>	1	2	3	4	5	6	7

**Richland County Sheriff's Office**  
**Oral Interview Questions**  
**Corrections Entry Level**

Appendix I

	<u>Questions</u>	<u>Poor</u>		<u>Average</u>			<u>Excellent</u>		<u>Total</u>
5.	What would you say your strengths and weaknesses are for this job? <i>Follow instructions well</i>	1	2	3	4	5	6	7	
6.	Describe what you liked and disliked about your supervisor in your current or last job? <i>unminding what he just told me to do in front of the inmate</i>	1	2	3	4	5	6	7	
7.	From you're past experience, what are some specific job duties you would prefer to avoid in future jobs? <i>You pay me to do the job "I do it" no matter what.</i>	1	2	3	4	5	6	7	
8.	What do you think your reaction will be when confronted by an inmate who is yelling and using abusive and obscene language? <i>Level Headed Good at talking Inmates into doing what I ask.</i>	1	2	3	4	5	6	7	
9.	What will your current or last employer say when we call for a reference check? <i>Captain } Sergeant } Good reference</i>	1	2	3	4	5	6	7	

**Richland County Sheriff's Office**  
**Oral Interview Questions**  
**Corrections Entry Level**

Appendix I

10. Do you have any questions about the Physical demands or equipment usage for this position?      Comments: *No*

11. Are you aware of any current restrictions or limitations, which would prohibit you in performing anything in this job?      Comments: *No*

- If applicant says "No" proceed to the next question and you have met the ADA obligation.
- If applicant says "Yes" ask the applicant if he/she has any suggestions on how our office could be accommodated (assisted) in performing the job.

12. Are there any questions or concerns you may have related to position you are applying for?      Comments: *Shift*

TOTAL OF ALL COLUMNS:	<i>52</i>
AVERAGE SCORE	<i>5.7</i>
To derive the average score add all columns and divide by the number of questions asked.	

Any Additional Comments:

**Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level**

Appendix I

Assessors Name: Det. K. GILIS

Candidates Name: [REDACTED]

<u>Questions</u>	<u>Poor</u>	<u>Average</u>	<u>Excellent</u>	<u>Total</u>				
1. Describe in your own words what specific duties are involved in a corrections officer? <i>Main. jail security rules + reg. for inmates Office safety.</i>	1	2	3	4	5	6	7	
2. What do you think the negatives of this type of work will be? <i>being very social person w a neg. saying to much</i>	1	2	3	4	5	6	7	
3. What are some important things you yourself expect to get out of this job? <i>A steady career. stay here for 30 yrs +. <del>to</del> never want to go the road.</i>	1	2	3	4	5	6	7	
4. Why do you think you would like this type of work? <i>close it for 6 months. I can do it.</i>	1	2	3	4	5	6	7	

**Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level**

Appendix I

	<u>Questions</u>	<u>Poor</u>		<u>Average</u>		<u>Excellent</u>		<u>Total</u>
		1	2	3	4	5	6	7
5.	What would you say your strengths and weaknesses are for this job? <i>follow Instructor. Make sure get the job done.</i>	1	2	3	4	(5)	6	7
6.	Describe what you liked and disliked about your supervisor in your current or last job? <i>disrespected / goes behind your back &amp; changes</i>	1	2	3	(4)	5	6	7
7.	From you're past experience, what are some specific job duties you would prefer to avoid in future jobs? <i>less pay me &amp; I will do it.</i>	1	2	3	4	5	(6)	7
8.	What do you think your reaction will be when confronted by an inmate who is yelling and using abusive and obscene language? <i>like he has been head</i>	1	2	3	(4)	5	6	7
9.	What will your current or last employer say when we call for a reference check? <i>all said they would recommend him.</i>	1	2	3	4	(5)	6	7

**Richland County Sheriff's Office**  
**Oral Interview Questions**  
**Corrections Entry Level**

**Appendix I**

10. Do you have any questions about the Physical demands or equipment usage for this position? Comments:  
*NO*

11. Are you aware of any current restrictions or limitations, which would prohibit you in performing anything in this job? Comments:  
*NO*

- If applicant says "No" proceed to the next question and you have met the ADA obligation.
- If applicant says "Yes" ask the applicant if he/she has any suggestions on how our office could be accommodated (assisted) in performing the job.

12. Are there any questions or concerns you may have related to position you are applying for? Comments:  
*NO* *But what shift.*

TOTAL OF ALL COLUMNS:	<i>48</i>
AVERAGE SCORE	<i>5.1</i>
To derive the average score add all columns and divide by the number of questions asked.	

Any Additional Comments:

**Certified Voice Stress Analysis Exam  
Deputy Stacy Dittrich/Examiner**

\*\*\*\*\*

To: Lt. Bob Brown

Case # Pre-Employ

Subject: [REDACTED]

Date: 03/20/08

**PREDICATION**

This truth verification examination was predicated upon a request by **Lt. Bob Brown**, of The Richland County Sheriff's Office, Mansfield, Ohio.

**SCOPE**

The scope of this truth verification examination shall be limited to the subject's honesty as it relates to the position of Corrections Officer with the Richland County Sheriff's Office.

**PRETEST INTERVIEW**

During the pre-test interview subject appeared comfortable, and was very outgoing and nice. Subject stated he has never used any type of narcotic or illegal drugs.

**REPORT**

On March 20, 2008 this agency extended an interview to [REDACTED] relevant to the position of corrections officer. During the pretest interview, we formulated 31 questions as part of the pre-employment testing sequence (General series). I obtained the necessary release form, conducted the interview, and hereby submit the results to you.

*No Deception Indicated*

**POST-TEST INTERVIEW**

Following the initial examination, a second examination was conducted utilizing the same test form as the initial examination, as well as the same relevant questions.

## CONCLUSION

Based upon my training and experience, it is my opinion that the subject did respond truthfully to the post-test interview. Subject would have no problems performing within the scope of a corrections officer. I am maintaining a copy of this report on file as well as the original signed release form.

**Dep. Stacy Dittrich**  
**RCSO Certified Voice Stress Analyst**

**Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level**

Appendix I

Assessors Name: Sgt Sam Benavides Candidates Name: [REDACTED]

<u>Questions</u>	<u>Poor</u>	<u>Average</u>	<u>Excellent</u>	<u>Total</u>			
1. Describe in your own words what specific duties are involved in a corrections officer? <i>Maintaining Jail facility                      ensure inmates are secure &amp; safe                      Safety for Officers</i>	1	2	3	4	5	6	7
2. What do you think the negatives of this type of work will be? <i>effects personality, not being as formal towards inmates</i>	1	2	3	4	5	6	7
3. What are some important things you yourself expect to get out of this job? <i>Career, long term employment                      Not wanting a road position</i>	1	2	3	4	5	6	7
4. Why do you think you would like this type of work? <i>good at following regulations, employed as a C.O. 6 months prior</i>	1	2	3	4	5	6	7

**Richland County Sheriff's Office**  
**Oral Interview Questions**  
**Corrections Entry Level**

Appendix I

Page 3 of 5

	<u>Questions</u>	<u>Poor</u>		<u>Average</u>		<u>Excellent</u>		<u>Total</u>
5.	<p>What would you say your strengths and weaknesses are for this job?</p> <p><i>Strengths - follows instructions, listens to supervisors</i></p> <p><i>weakness - take on tasks not needed for officer to perform</i></p>	1	2	3	4	5	⑥	7
6.	<p>Describe what you liked and disliked about your supervisor in your current or last job?</p> <p><i>dislikes - makes officers look bad, clung to and not standing behind first order</i></p>	1	2	3	4	5	⑥	7
7.	<p>From your past experience, what are some specific job duties you would prefer to avoid in future jobs?</p> <p><i>if he is paid to work, that is what he does</i></p>	1	2	3	4	5	⑥	7
8.	<p>What do you think your reaction will be when confronted by an inmate who is yelling and using abusive and obscene language?</p> <p><i>pretty level headed, use force when necessary</i></p> <p><i>good verbal skills</i></p>	1	2	3	4	5	⑥	7
9.	<p>What will your current or last employer say when we call for a reference check?</p> <p><i>They would recommend him</i></p>	1	2	3	4	5	⑥	7

Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level

Appendix I

10. Do you have any questions about the Physical demands or equipment usage for this position?      Comments: *NO*

11. Are you aware of any current restrictions or limitations, which would prohibit you in performing anything in this job?      Comments: *NO*

- If applicant says "No" proceed to the next question and you have met the ADA obligation.
- If applicant says "Yes" ask the applicant if he/she has any suggestions on how our office could be accommodated (assisted) in performing the job.

12. Are there any questions or concerns you may have related to position you are applying for?      Comments: *Shift,*

TOTAL OF ALL COLUMNS:	<i>53</i>
AVERAGE SCORE To derive the average score add all columns and divide by the number of questions asked.	

Any Additional Comments:

*0800 3/21/08 CVSA Peoples Center*

**BACKGROUND INVESTIGATION GENERAL DICTATION FORMAT**

NAME/ADDRESS:	<p>[REDACTED]</p> <p>Nickname "[REDACTED]"</p> <p>[REDACTED]</p>
DATE & PLACE OF BIRTH:	<p>[REDACTED]</p>
EDUCATION:	<p>Attended Newark Catholic High School from 1994-1998 graduating in 1998 with a high school diploma. He graduated #21 out of 59 students with a 3.22 GPA. He played on the football team, ran track, and played a couple of years on the basketball team.</p> <p>Attended Capital University from 1998-2000 majoring in Business Administration and History Education. While at Capital he played two years of football playing defensive end and on special teams.</p> <p>Transferred to Ohio University (Lancaster Campus) in 2000 and majored in Classical History and earned a BA Degree in that field on 11-26-03. He graduated #483 out of 580 students with a 2.6547 GPA.</p>
OCCUPATION & EMPLOYMENT:	<p>Candidate Gartner is currently unemployed and on lay-off status from the Morrow County Sheriff's Office working as a corrections officer, being laid off on 03-01-08.</p>
PREVIOUS EMPLOYMENT:	<p>Employed from 09-2007 to 03-01-08 at the Morrow County Sheriff's Office as a corrections officer. He was trained for about two weeks and then placed on his own. He didn't work book-in very often. The Morrow County Sheriff's Office would re-hire him and they said they were sorry to see him</p>

	<p>leave. They said if they didn't have to lay-off workers they wouldn't have laid him off. He was a team player here and used one sick day in a six-month period. He was never tardy or disciplined and he liked to keep busy.</p> <p>Employed from 06-2004 to 09-2007 at the Rattlesnake Ridge Golf Club as a groundskeeper. He did a lot of mowing and trimming and some maintenance. They would re-hire him if he wanted to work for them again. He left this job so he could be closer to home. He was organized and a team player. Enjoyable to be around, easygoing, and easy to supervise. Didn't call off sick much at all and if he was late he had a pretty good reason.</p> <p>Employed from 11-1999 to 5-2004 at Bearcreek Corporation as a loading and docks operator. I was unable to make contact with this employer. He prepared product for shipment and loading semis. It was seasonal work while he was in school.</p> <p>Employed from 5-2002 to 8-2003 at State Farm Insurance Agent Gianna Cone (which is his sister) as a customer service representative. He handled phone calls and just helped around the office. He got along well with the other employees and customers and never had any complaints on him. He handled money in the excess of \$15,000 and there was never a question about his honesty. They would re-hire him. He never used a sick day while working here.</p>
ACCEPTANCE OF RESPONSIBILITY:	From the people I talked to about Candidate [REDACTED] it seems like he wants to do a good job in whatever he does
INTERPERSONAL RELATIONS:	People seem to get along with Candidate [REDACTED] and enjoy working with him.
ASSOCIATES:	Candidate [REDACTED] spends a lot of his time with his wife. The past six months he has worked a lot of mandatory overtime at the Morrow County Jail so that takes up most of his time.
ASSOCIATIONS:	Candidate [REDACTED] doesn't belong nor has belonged in the past to any church, lodge, or civic organization. He told me that he is thinking about joining the Sons of Italy.
CREDIT RATING & FINANCIAL STANDING:	[REDACTED]

TRAFFIC/CRIMINAL RECORD:

No criminal record. See attached papers for proof of criminal record.

Candidate [REDACTED] has (3) convictions for speed and (1) conviction for an accident. As follows:

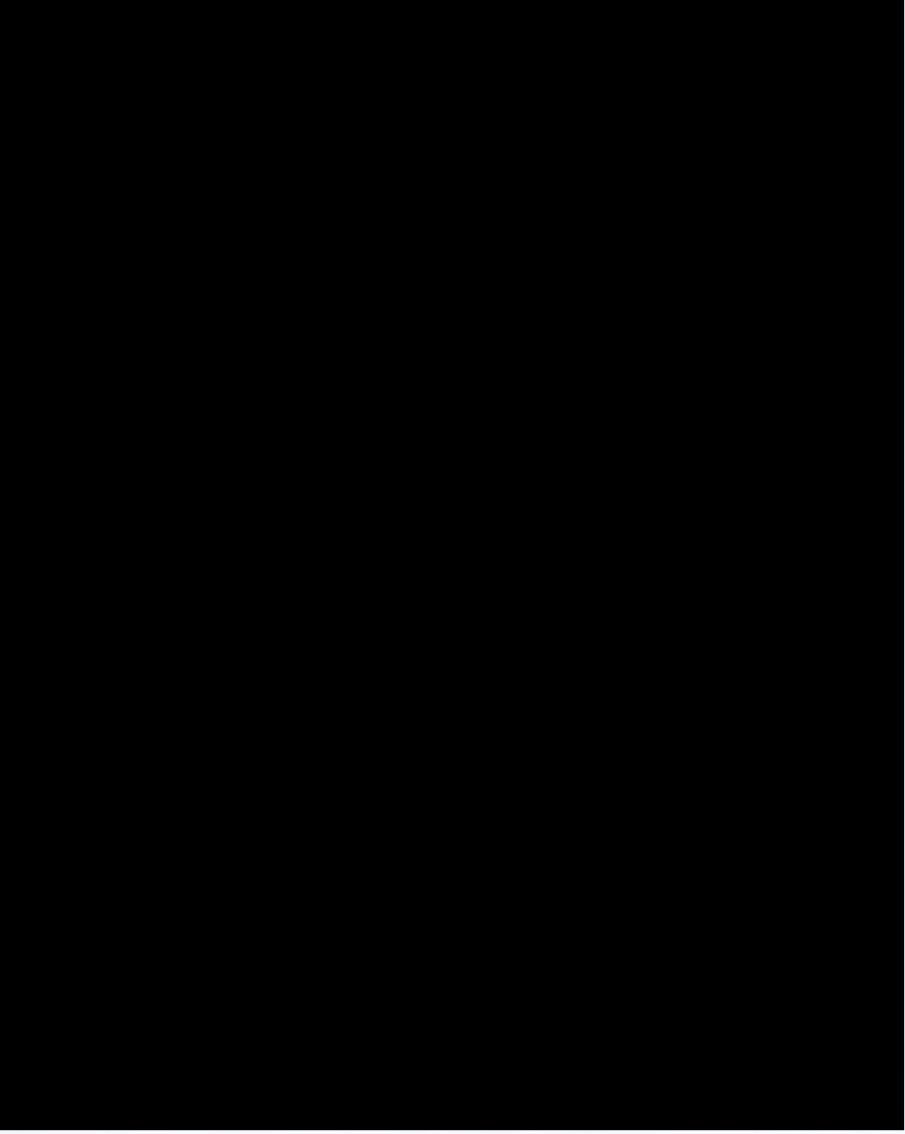
Speed:

1. 04-30-04; 80 in a 65mph zone; plead guilty; Newark Muni Court
2. 12-02-00; No detail; plead guilty; Newark Muni Court
3. 06-08-99; No detail; N/A plea; Bexley Mayors Court

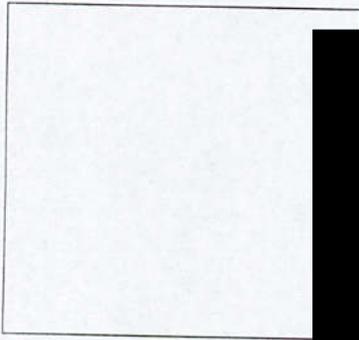
Accident:

1. 08-19-03; Assured Clear Distance; Columbus PD

MARITAL STATUS & FAMILY HISTORY:



HABITS & PERSONAL ATTRIBUTES:	Candidate [REDACTED] has a hobby of making wine. He makes wine in his basement. His father made wine also and he took up the hobby. He drinks five nights a week but very rarely gets drunk. Nobody that I spoke with has seen him drunk for a long time. He told me that he did get drunk last year when his father died but that he doesn't make a habit out of getting drunk. He had several shot glasses in his basement and he told me that he collects them and that people just give him shot glasses. He also had several bottles of liquor in his basement.
REPUTATION & CHARACTER:	He told me that him and his wife are thinking about filing a lawsuit on the man that they bought their house from because of a mold situation in their basement.
ABILITY & ACCOMPLISHMENTS:	Candidate [REDACTED] has some skills in Microsoft Word, Power Point, Excel and in the system that the Richland County Jail uses which is Jamin. He used Jamin when he was employed at the Morrow County Sheriff's Office.
FALSIFICATION OF APPLICATION OR OTHER RECORD:	No record of any falsifications that appear to be deliberate.
REMARKS:	Some things that several of the individuals that I talked to is that he is an easygoing guy who doesn't say a lot and kind of 'goes with the flow.' Numerous times people said he was a hard worker and that he was fun to be around but in some cases he is stubborn when he thinks his way or that he is set in his ways.
INTERVIEWS:	Interviewer #1 – Corrections Officer – John Jones, [REDACTED] Jones is former co-worker of Candidate [REDACTED] Jones told me that [REDACTED] was a hard worker when it came to job performance but the only negative about [REDACTED] was that Jones believed he was very immature or a little childish.



# JOB INTEREST FORM

Sheriff J. Steve Sheldon  
Richland County Sheriff's Office  
597 Park Avenue East  
Mansfield, Ohio 44905

Dear Sheriff Sheldon:

Please be advised that I AM INTERESTED in pursuing the position of Deputy/Corrections Officer with the Richland County Sheriff's Department.

3-6-08



Date

Applicant Signature

3-6-08



Date

Witness Signature

\*\*\*\*\*

Dear Sheriff Sheldon:

Please be advised that I AM NO LONGER INTERESTED in pursuing a position of Deputy/Corrections Officer with the Richland County Sheriff's Department.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Signature

Richland County Sheriff's Department

**BACKGROUND INVESTIGATION  
ACTIVITY LOG**

Case NO.	Investigator <u>Sgt. C. Blunk</u>	APPLICANT
----------	-----------------------------------	-----------

LIST ALL ACTIVITY PERFORMED DURING BACKGROUND INVESTIGATIONS

DATE	ACTIVITY
1755 Hours 2-27-08	Set up 1st interview for 2-6-08 @ 1300 hours.
1224 3-6-08	Candidate  arrived for interview at 1224 hours.
3-6-08	Candidate  left station at 1338 hours, finished w/ interview
3-6-08	Had dispatch run driving record of  at 1349 hours.
3-6-08	Contacted Hebron PD - no record 1435 hours
3-6-08	Contacted Columbus PD - no record 1444 hours
3-6-08	Contacted Franklin Co So. - no record 1449 hours
3-6-08	Contacted Licking Co So. - no record 1503 hours
3-6-08	Contacted Newark PD - Speed x2 as on driving record 1508 hours
3-6-08	Contacted Exley PD - Speed 1513 hours
3-6-08	Contacted Capital University PD - no record 1517 hours.
3-6-08	Contacted Morrow County Sheriff's Office (latest employer) and completed an employment reference check at 1600 hours.
3-6-08	Contacted Rattlesnake Ridge Golf Club and talked w/ Joe Stafford who worked with  for several years. @ 1623 hours
3-6-08	Contacted Bearcreek Corp + left message @ 1648 hours
3-6-08	Left Message w/ Girano Conc of State Farm former employer. @ 1700 hours.
3-6-08	Talked w/ Ref. Luke Pente via public service. @ 1725 hours.
3-6-08	Left message for Ref. Chris Parkinson - @ 1820 hours.
3-6-08	Talked w/ Ref. Brent Robinson via public service / Ref. check completed @ 1830 hours.
3-6-08	Talked w/ Ref. Joan Marmie via public service / Ref. check completed. @ 1854 hours.
3-6-08	Talked w/ Ref. Richard Thornton via public service / Ref. check completed. @ 1930 hours.
3-9-08	Talked w/ Candis Mom for interview @ 1812 hours.



I HEREBY CERTIFY THIS IS A TRUE COPY OF THE RECORD ON FILE IN  
THE OFFICE OF THE NEWARK BOARD OF HEALTH, NEWARK, OHIO 43055

December 30, 1996  
DATE

Carmen Paul  
LOCAL REGISTRAR  
Registration District #4501

OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. \_\_\_\_\_  
Primary Reg. Dist. No. 4501

Registrar's No. 674

CHILD-NAME			SEX	DATE OF BIRTH (Month, Day, Year)	HOUR
First	Middle	Last			
[REDACTED]			2. Male	3a. July 2, 1979	3b. 10:05 A M
[REDACTED]			CITY, VILLAGE OR LOCATION OF BIRTH		COUNTY OF BIRTH











Kyle Frederick  
Superintendent  
15140 State Route 37 East  
Sunbury, Ohio 43074

June 27, 2005

To whom it may concern:

I am pleased to write this letter of recommendation for [REDACTED] Leonardo has worked for me in the maintenance department at Rattlesnake Ridge Golf Club for 1 year. He began here as laborer and has continued to serve with increasing skill in that capacity.

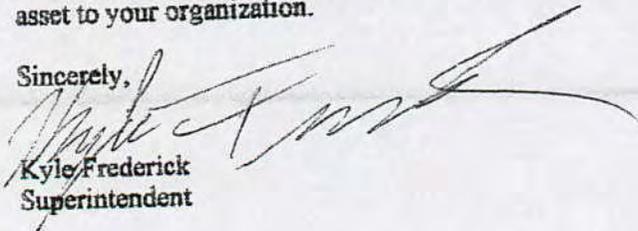
During [REDACTED]'s service with us, I have interacted frequently with him and depended on him. Very goal oriented as well as a team player, [REDACTED] is always punctual, yet easygoing. He is keenly devoted to his work, but being a real people person, he is also enjoyable to be around.

[REDACTED] demonstrated from early in his tenure that he understood what this business is all about. He was well organized and has a knack for recognizing and eliminating waste.

[REDACTED] is available for new challenges only because of his desire to learn and grow further. We would love to see him stay, but certainly understand his need to advance beyond the positions we have available.

In closing, let me say I have no hesitation in recommending [REDACTED] for any position. I feel confident he would be an asset to your organization.

Sincerely,



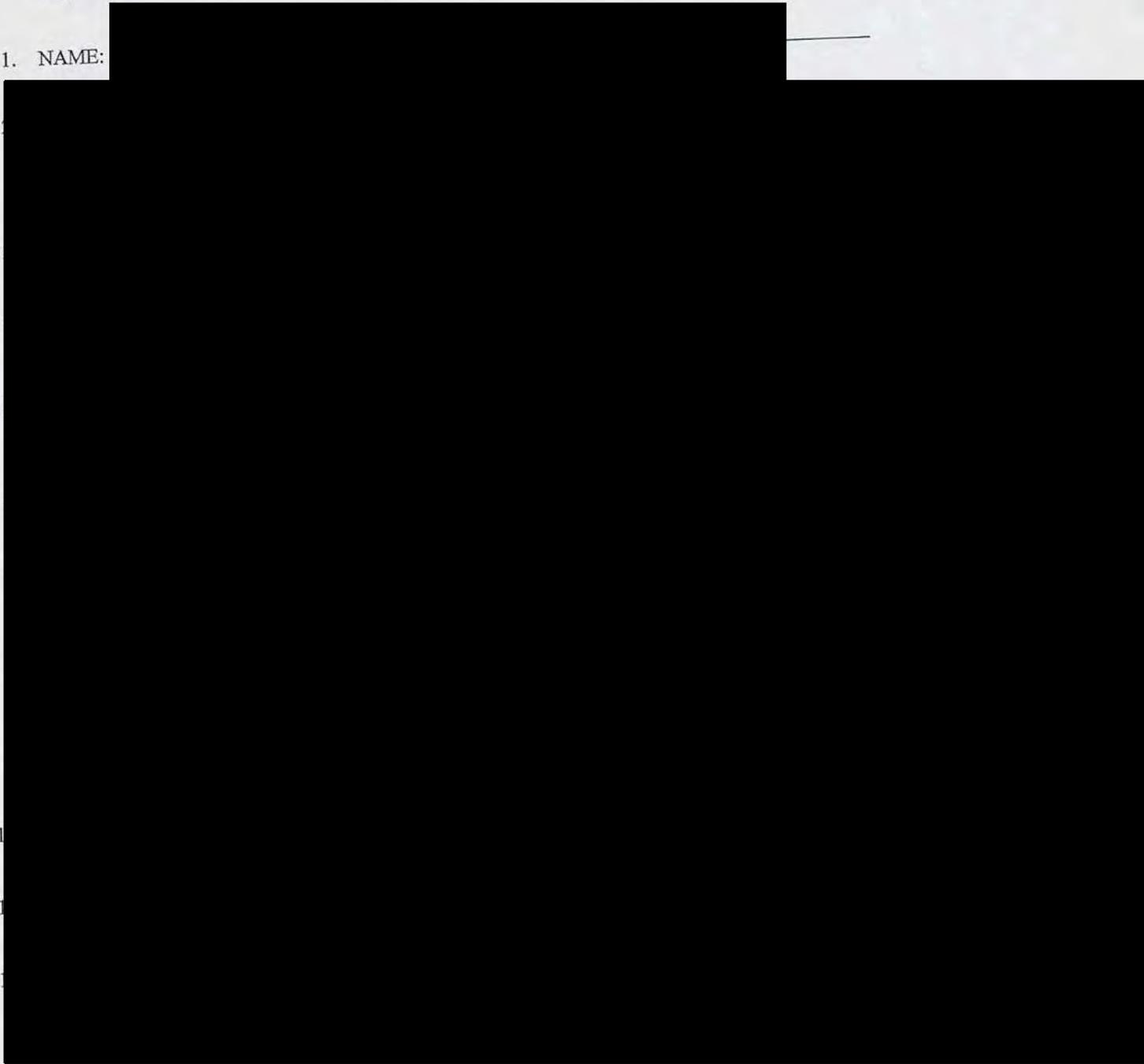
Kyle Frederick  
Superintendent

**RICHLAND COUNTY SHERIFF'S OFFICE**

**PERSONAL HISTORY QUESTIONNAIRE**

A. **APPLICANT IDENTIFICATION:** Information provided in this section is used for identification purposes only.

1. NAME:



B. RESIDENCES: List all addresses where you have lived during the past ten years, beginning with present address. List date by month and year, attach extra page if necessary.

DATE FROM:	DATE TO:	ADDRESS:
_____	_____	_____
_____	_____	_____

C. WORK HISTORY: Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of employment.

1. FROM: 9/2007 TO: 3/1/2008 EMPLOYER: Morrow Co Sheriff's Office  
ADDRESS: 100 Home Rd Mt. Gilead OH 43308  
PHONE: 419-947-1151 JOB TITLE: Corrections Officer  
DUTIES: Monitoring inmates during meals, showers and recreation  
SUPERVISOR: Linda Kellogg NAME OF CO-WORKER: John Lee  
REASON FOR LEAVING: Laid off

2. FROM: 6/2004 TO: 9/2007 EMPLOYER Rattlesnake Ridge Golf Club

ADDRESS: 15140 St. Rt. 37 East Sunbury OH 43074

PHONE: 740 965-4863 JOB TITLE: grounds keeper

DUTIES: Mowing & maintaining grass on course and maintenance of equipment

SUPERVISOR: Kyle Frederick NAME OF CO-WORKER: Greg Eddinger

REASON FOR LEAVING: Wanted a job closer to home

3. FROM: 11-1999 TO: 5-2004 EMPLOYER Bearcreek Corp.

ADDRESS: 500 Reliance Dr. Hebron OH 43025

PHONE: 740-929-7321 JOB TITLE: Loading, docks operator

DUTIES: preparing product for shipment and loading semi's

SUPERVISOR: Jason <sup>Brian</sup> Gandee NAME OF CO-WORKER: \_\_\_\_\_

REASON FOR LEAVING: seasonal work

4. FROM: 5/2002 TO: 8/2003 EMPLOYER Gianna Cone, State Farm

ADDRESS: 1495 Morse Rd, Suite 307, Columbus OH 43229

PHONE: (614) 267 7865 JOB TITLE: Office Assistant

DUTIES: Customer relation and billing, as well answering phones

SUPERVISOR: Gianna Cone NAME OF CO-WORKER: Jen Cunningham

REASON FOR LEAVING: Summer Employment

5. FROM: \_\_\_\_\_ TO: \_\_\_\_\_ EMPLOYER \_\_\_\_\_

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

PHONE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ NAME OF CO-WORKER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

6. FROM: \_\_\_\_\_ TO: \_\_\_\_\_ EMPLOYER \_\_\_\_\_

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

PHONE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ NAME OF CO-WORKER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**D. MILITARY RECORD:**

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES? \_\_\_\_\_ YES  NO

2. DATE OF SERVICE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

3. BRANCH OF SERVICE: \_\_\_\_\_

UNIT DESIGNATION: \_\_\_\_\_

MILITARY SERVICE NUMBER: \_\_\_\_\_

HIGHEST RANK HELD: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

4. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE, INCLUDE COURT-MARTIAL, CAPTAIN'S MASTS, COMPANY PUNISHMENT, ETC.? \_\_\_\_\_ YES \_\_\_\_\_ NO

CHARGE	AGENCY	DATE	AGE AT TIME	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS:

\_\_\_\_\_

\_\_\_\_\_

**E. EDUCATIONAL HISTORY:**

HIGH SCHOOL	CITY/STATE	DATES ATTENDED (FROM TO)	GRADUATED (YES OR NO)
<u>Newark Catholic</u>	<u>Newark OH</u>	<u>1995-1998</u>	<u>yes</u>
_____	_____	_____	_____

1. COLLEGE OR UNIVERSITY ATTENDED: Capital Univ

CITY AND STATE: Bexley OH DATES ATTENDED: 1998-2000

UNITS COMPLETED: ? MAJOR / MINOR: Business Admin / History Education Major

DEGREE RECEIVED: N/A DATE RECEIVED: N/A

2. COLLEGE OR UNIVERSITY ATTENDED: Ohio Univ - Lancaster Branch

CITY AND STATE: Lancaster OH DATES ATTENDED: 2000-Nov 2003

UNITS COMPLETED: See transcript attached MAJOR / MINOR: Classical History

DEGREE RECEIVED: Bachelor's Degree Specialized Studies DATE RECEIVED: 11-26-03

3. LIST OTHER SCHOOLS ATTENDED: (TRADE, VOCATIONAL, BUSINESS, ETC.) GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE, AND ANY OTHER PERTINENT INFORMATION.

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. SPECIAL QUALIFICATIONS AND SKILLS:**

1. LIST ANY SPECIAL LICENSES YOU HOLD: SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC., SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE AND DATE OF EXPIRATION.

N/A  
\_\_\_\_\_  
\_\_\_\_\_

2. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT THAT YOU CAN OPERATE.

N/A  
\_\_\_\_\_  
\_\_\_\_\_

3. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA, YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD OR FAIR.)

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
<u>N/A</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

N/A  
\_\_\_\_\_

**G. CONVICTIONS, ARRESTS, DETENTIONS AND LITIGATION:**

1. HAVE YOU EVER BEEN CONVICTED, ARRESTED, DETAINED BY POLICE OR SUMMONED INTO COURT? \_\_\_\_\_ YES \_\_\_\_\_  NO

IF YES, COMPLETE THE FOLLOWING: (LIST JUVENILE AS WELL AS ADULT OCCURRENCES.)

CRIME CHARGED	CITY/STATE POLICE AGENCY	DATE	CASE DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN CIVIL LITIGATION?

\_\_\_\_\_ YES  NO IF YES, GIVE DETAILS: \_\_\_\_\_

**H. TRAFFIC RECORD:**

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_ YES  NO

IF YES, GIVE DATE, LOCATIONS AND REASONS: \_\_\_\_\_

2. WITH WHAT COMPANY DO YOU CARRY AUTO INSURANCE? State Farm

3. LIST TO THE BEST OF YOUR MEMORY, ALL DRIVING CITATIONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, EXCLUDING PARKING TICKETS:

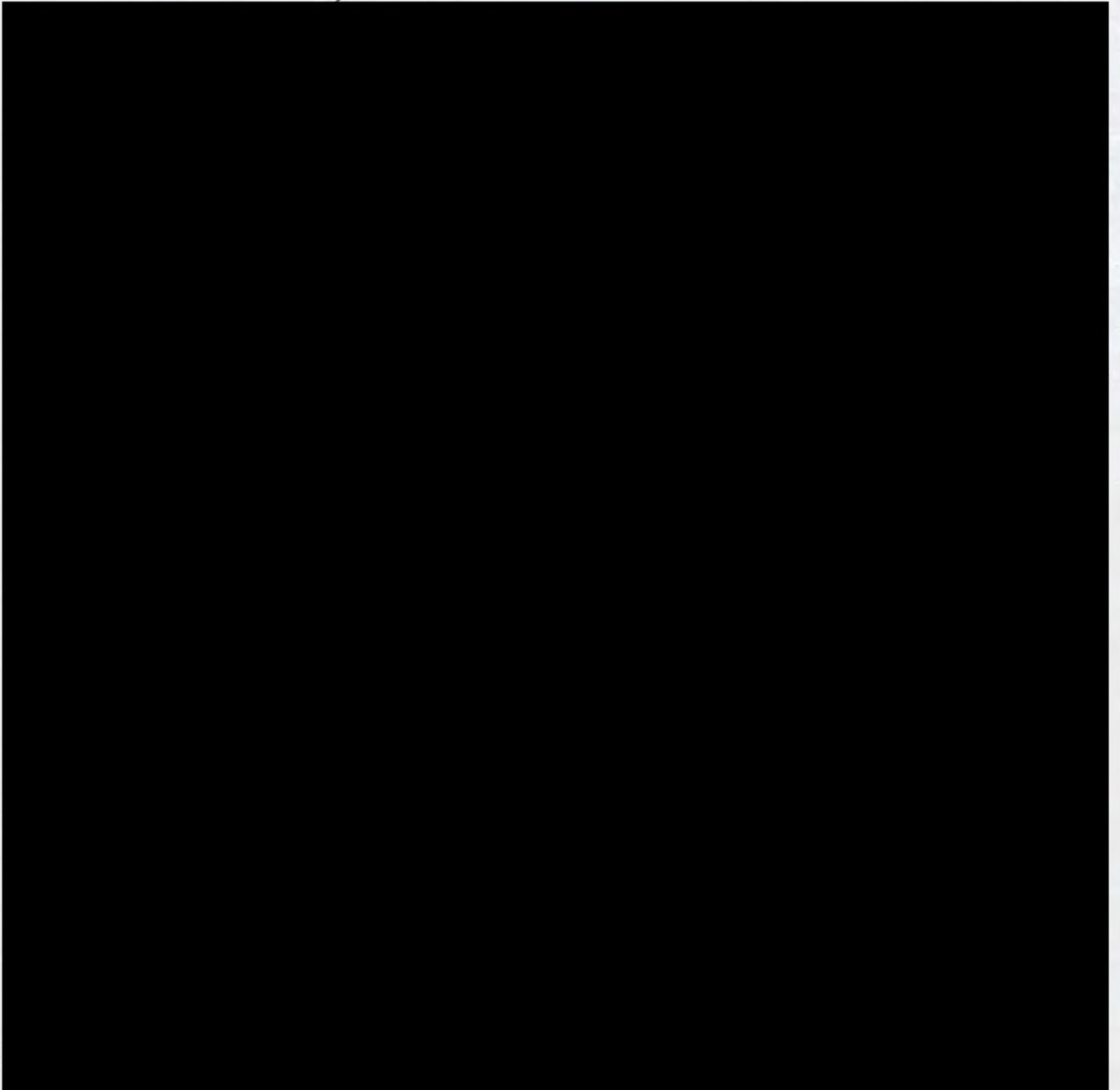
MONTH & YEAR	CHARGE	CITY & STATE	CASE DISPOSITION
<u>May 1997</u>	<u>Assured Clear Distance</u>	<u>Heath OH</u>	<u>convicted</u>
<u>June/July 2000</u>	<u>speed</u>	<u>Bexley OH</u>	<u>convicted</u>
<u>Jan/Feb 2002</u>	<u>speed</u>	<u>Heath OH</u>	<u>convicted</u>
<u>march/April 2004</u>	<u>speed</u>	<u>1-70 Fairfield or Licking Co</u>	<u>convicted</u>

4. DESCRIBE IN A BRIEF NARRATIVE, ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

In approx May 1997, I was driving down State Rt. 79 in Heath Ohio when I saw a Hebron police cruiser coming with lights on. I pulled over to side of the road, but slid on gravel into the back of the car in front of me

I. MARITAL AND FAMILY HISTORY:

1. ARE YOU?



5. LIST ALL OTHER DEPENDENTS

NAME	ADDRESS	RELATIONSHIP
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

6. LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER (INCLUDE MAIDEN NAME) BROTHERS AND SISTERS. IF DECEASED, SO INDICATE.

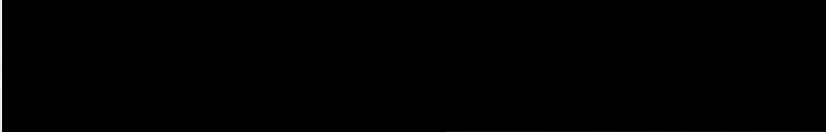
NAME	ADDRESS	PHONE	RELATIONSHIP	AGE
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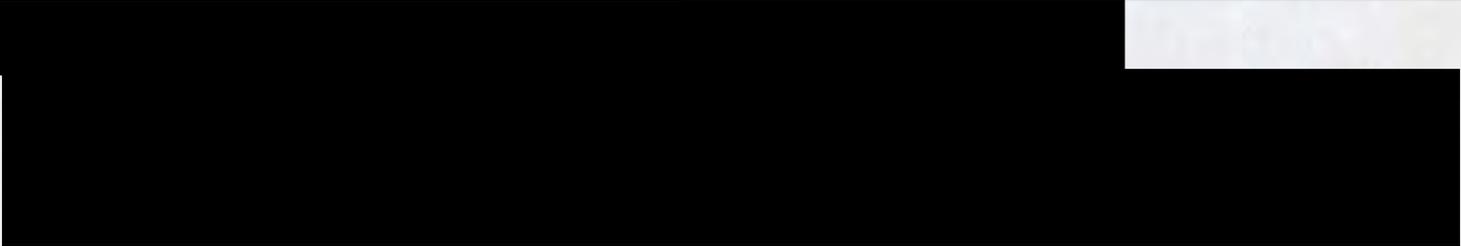


J. REFERENCES OR ACQUAINTANCES: LIST FIVE PERSONS WHO KNOW YOU. PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

1. NAME: Brent Robinson ADDRESS: 



2. NAME: Cindi Powers ADDRESS: 



3. NAME: Jim Marquis ADDRESS: 275 Woods Ave, Newark

HOME PHONE: [REDACTED] YEARS KNOWN: 28 years

BUSINESS ADDRESS: N/A BUSINESS PHONE: N/A

4. NAME: Jean Marmie ADDRESS: 206 Sherwood Down Rds, Newark

HOME PHONE: [REDACTED] YEARS KNOWN: 28 years

BUSINESS ADDRESS: NA BUSINESS PHONE: NA

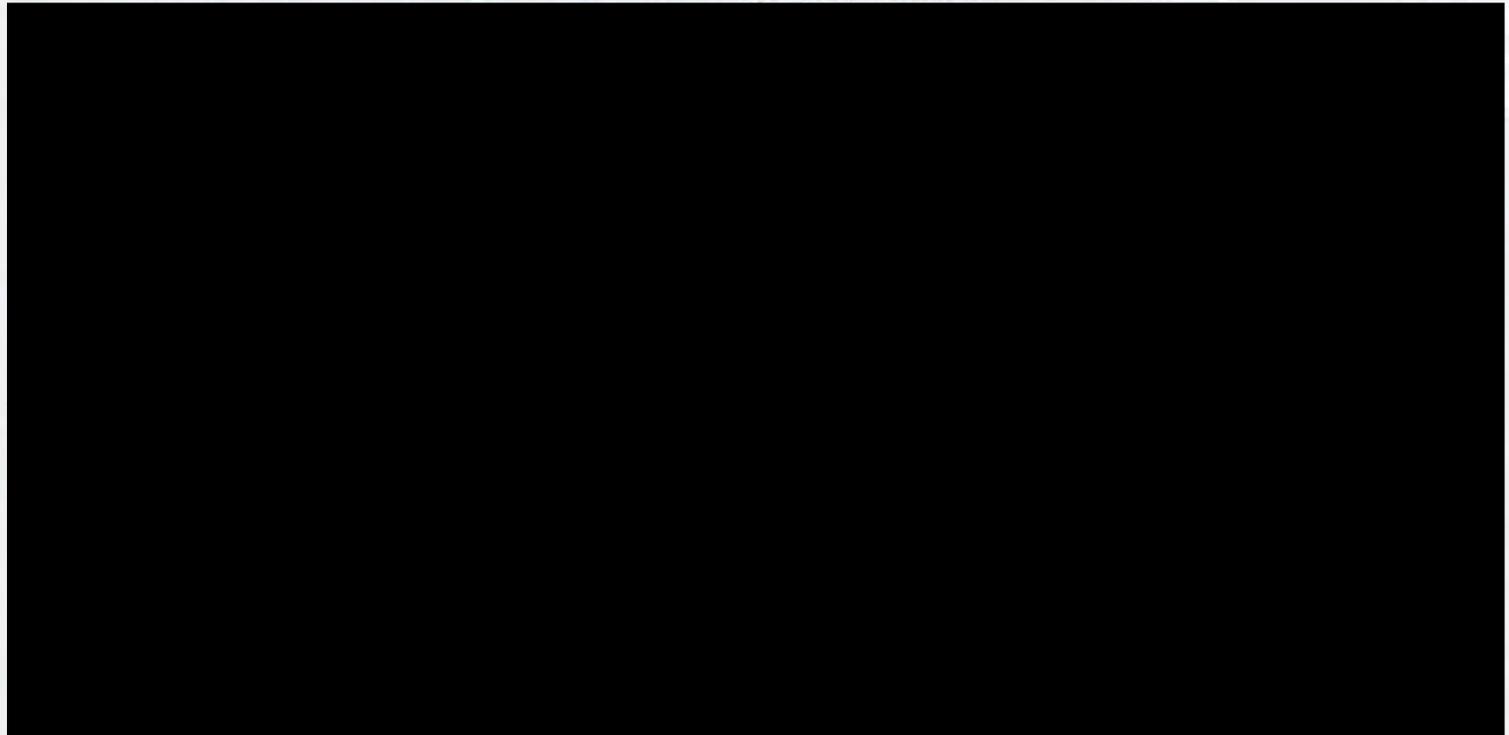
5. NAME: Richard Thornton ADDRESS: 193 W. Locust St, Newark

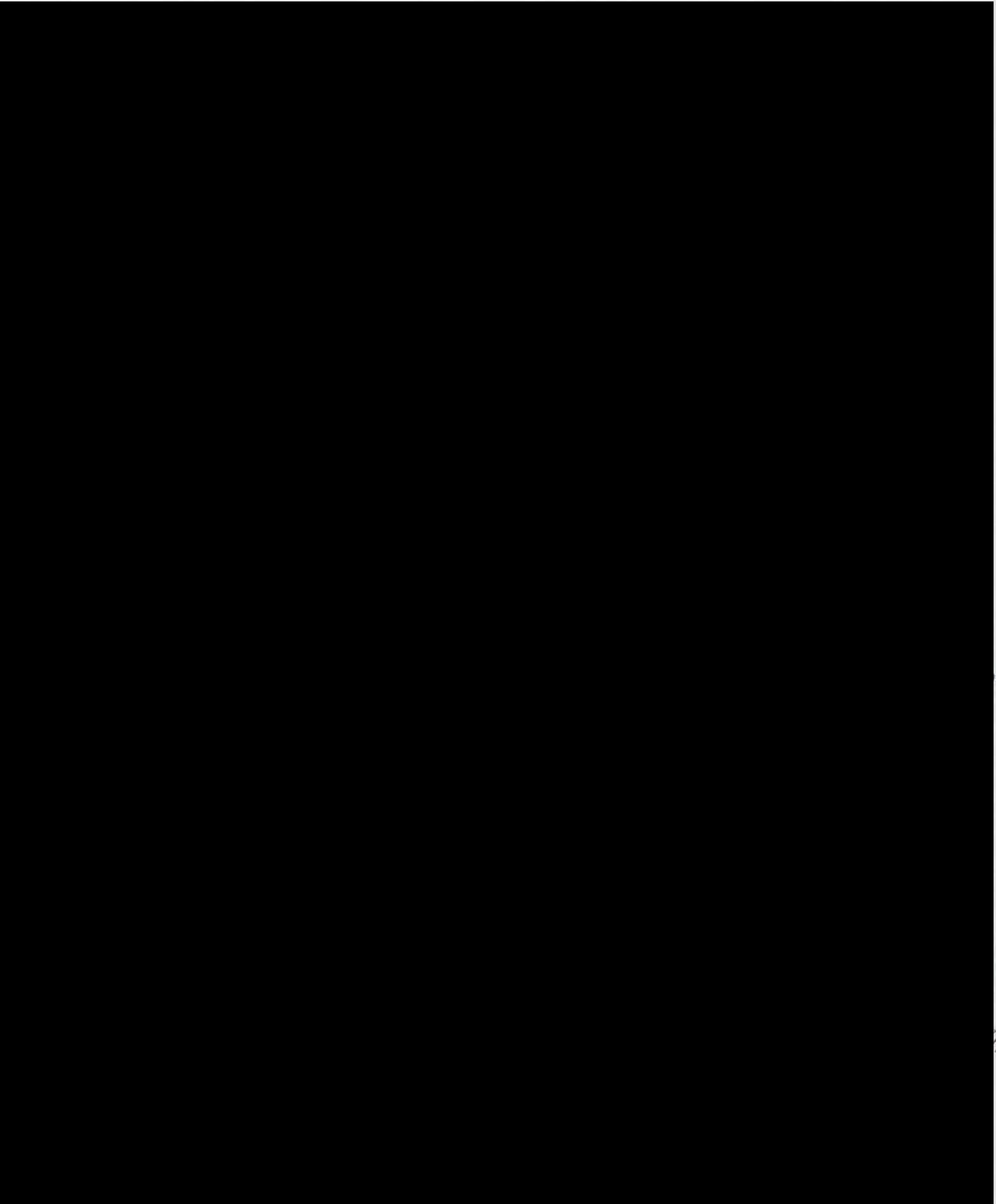
HOME PHONE: [REDACTED] YEARS KNOWN: 14 years

BUSINESS ADDRESS: N/A BUSINESS PHONE: N/A

**K. FINANCIAL HISTORY: (SOURCES OF INCOME)**

1. WHAT IS YOUR PRESENT SALARY OR WAGES? 11.61/hour.





/m

L. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT.)

NAME & ADDRESS	TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	DATES BELONGING
<u>N/A</u>		

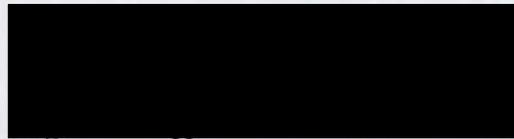
M. PERSONAL DECLARATIONS:

1. DESCRIBE IN YOUR OWN WORDS, THE FREQUENCY AND EXTENT OF YOUR USE OF INTOXICATING LIQUORS? 5 night/wk
2. HAVE YOU EVER USED MARIJUANA OR ANY OTHER DRUG NOT PRESCRIBED BY YOUR PHYSICIAN? YES \_\_\_\_\_ NO   
IF YES, WHAT WERE THE CIRCUMSTANCES? \_\_\_\_\_
3. HAVE YOU SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE? YES \_\_\_\_\_ NO   
IF YES, EXPLAIN IN DETAIL. \_\_\_\_\_
4. IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A LAW ENFORCEMENT OFFICER, WOULD ANY RELIGIOUS OR OTHER BELIEFS PREVENT YOU FROM DOING SO? YES \_\_\_\_\_ NO   
IF YES, EXPLAIN IN DETAIL. \_\_\_\_\_
5. DO YOU HAVE ANY OTHER BELIEFS OR PREJUDICES WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER? YES \_\_\_\_\_ NO   
IF YES, EXPLAIN IN DETAIL. \_\_\_\_\_

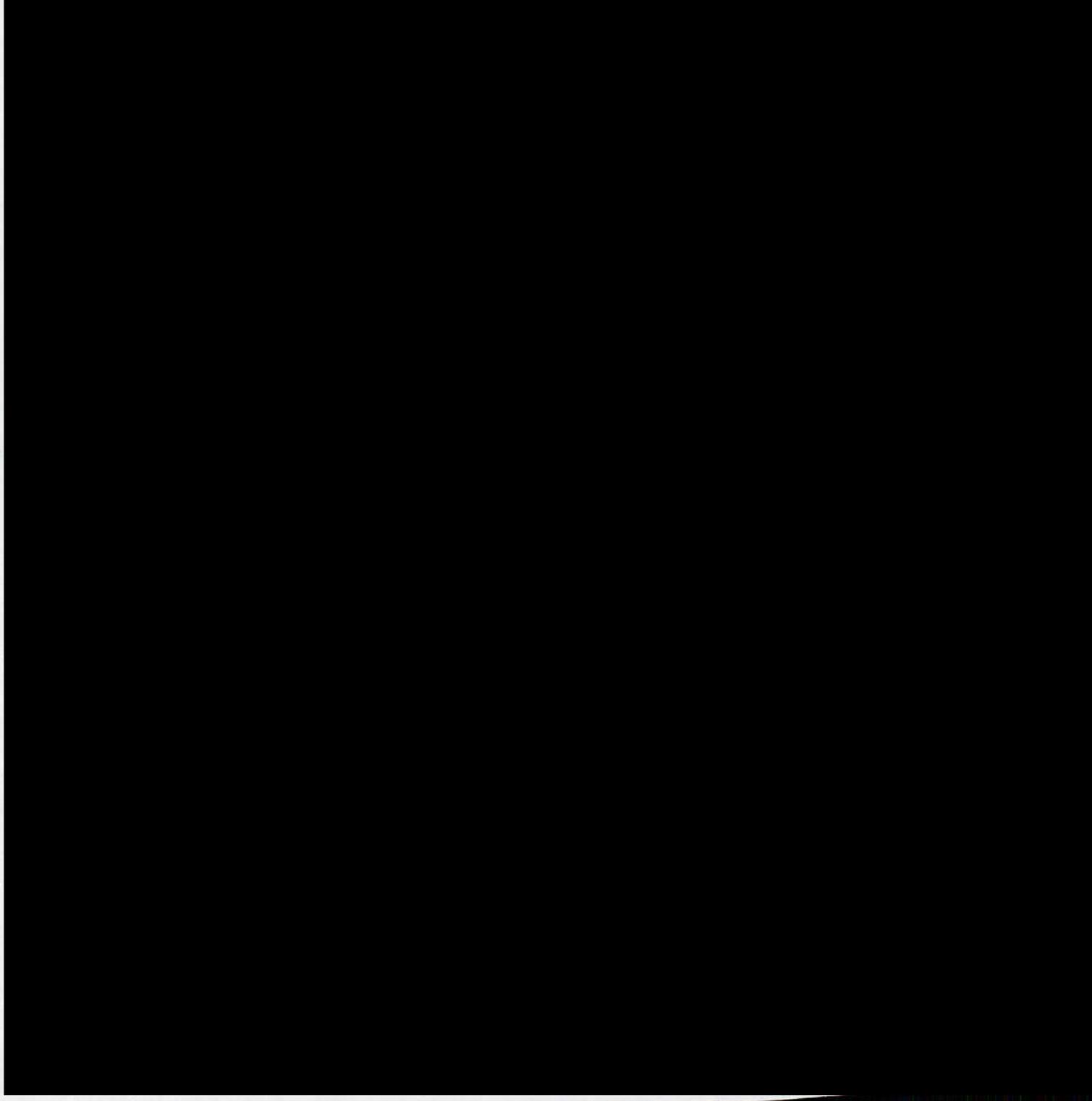
6. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN, WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A LAW ENFORCEMENT OFFICER? YES \_\_\_\_\_ NO ✓

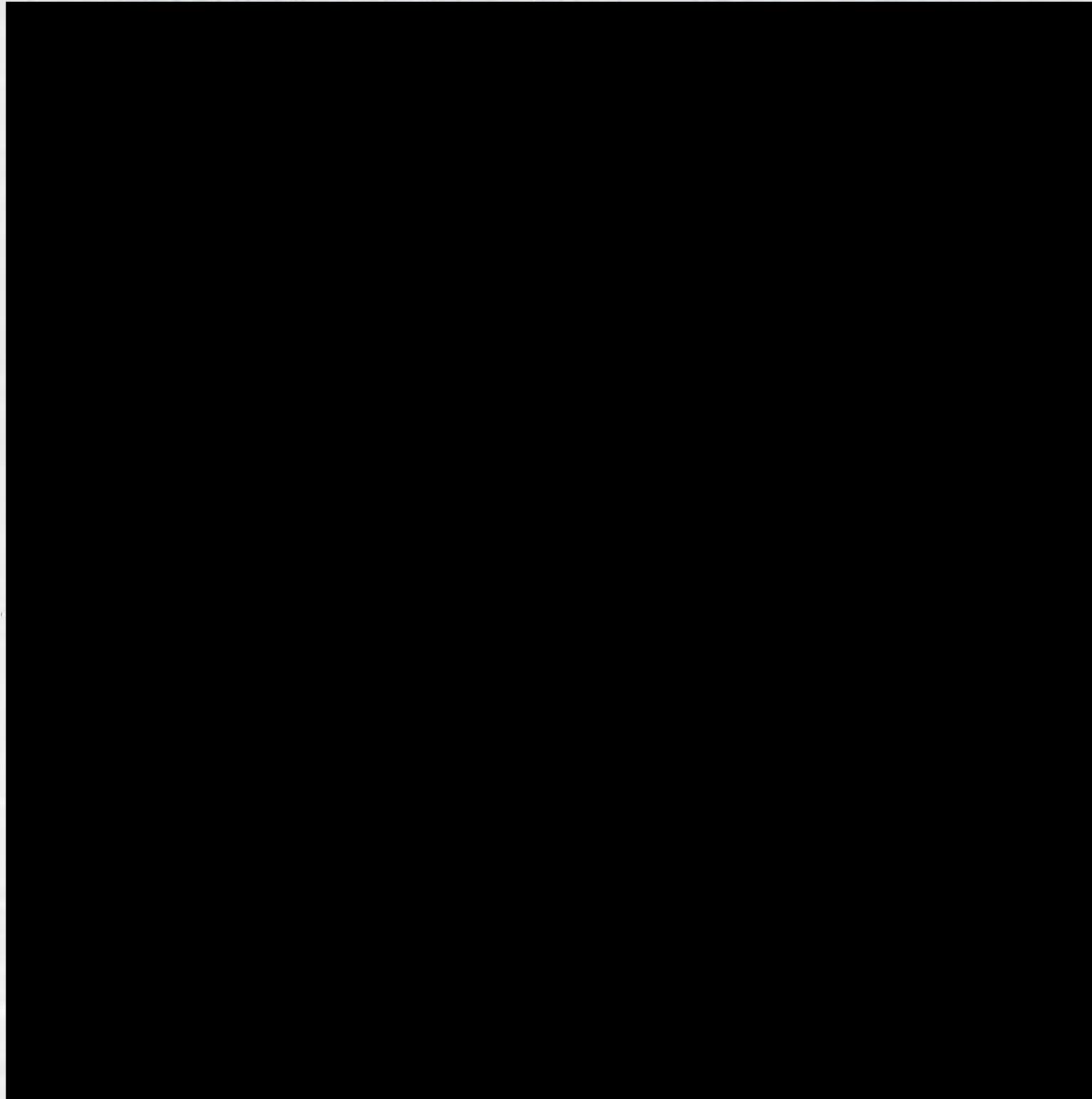
IF YES, EXPLAIN IN DETAIL. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

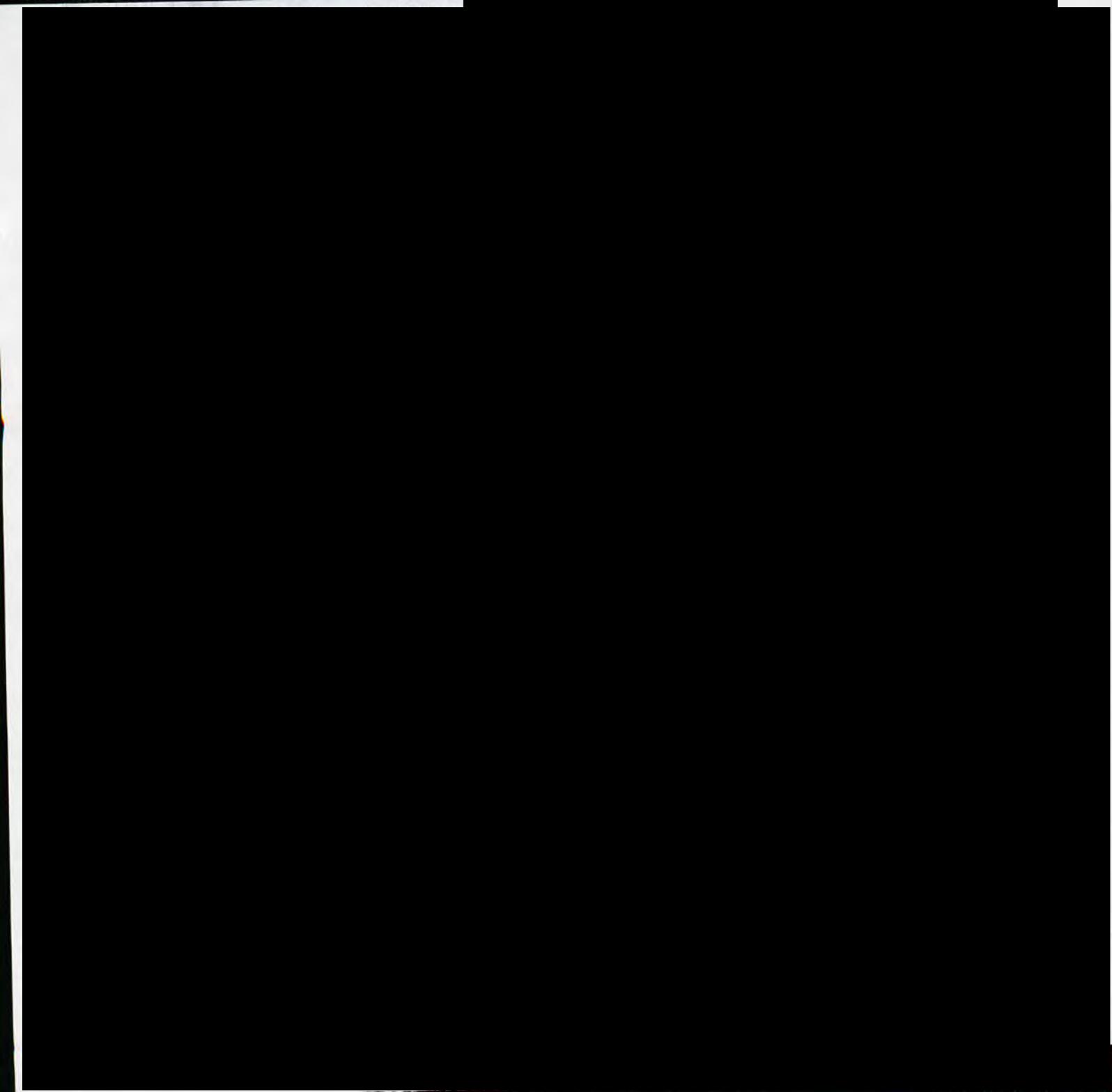
I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

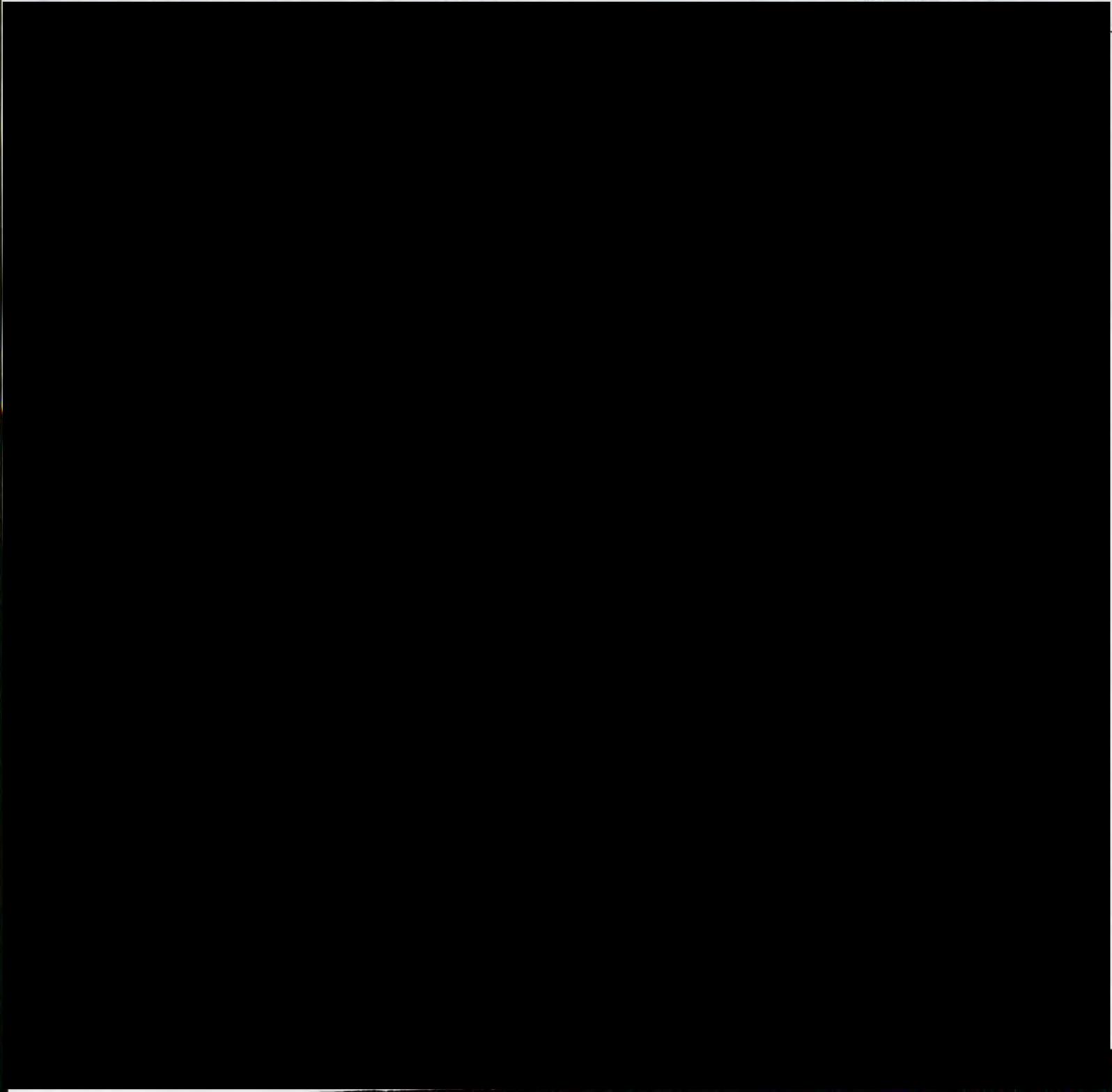


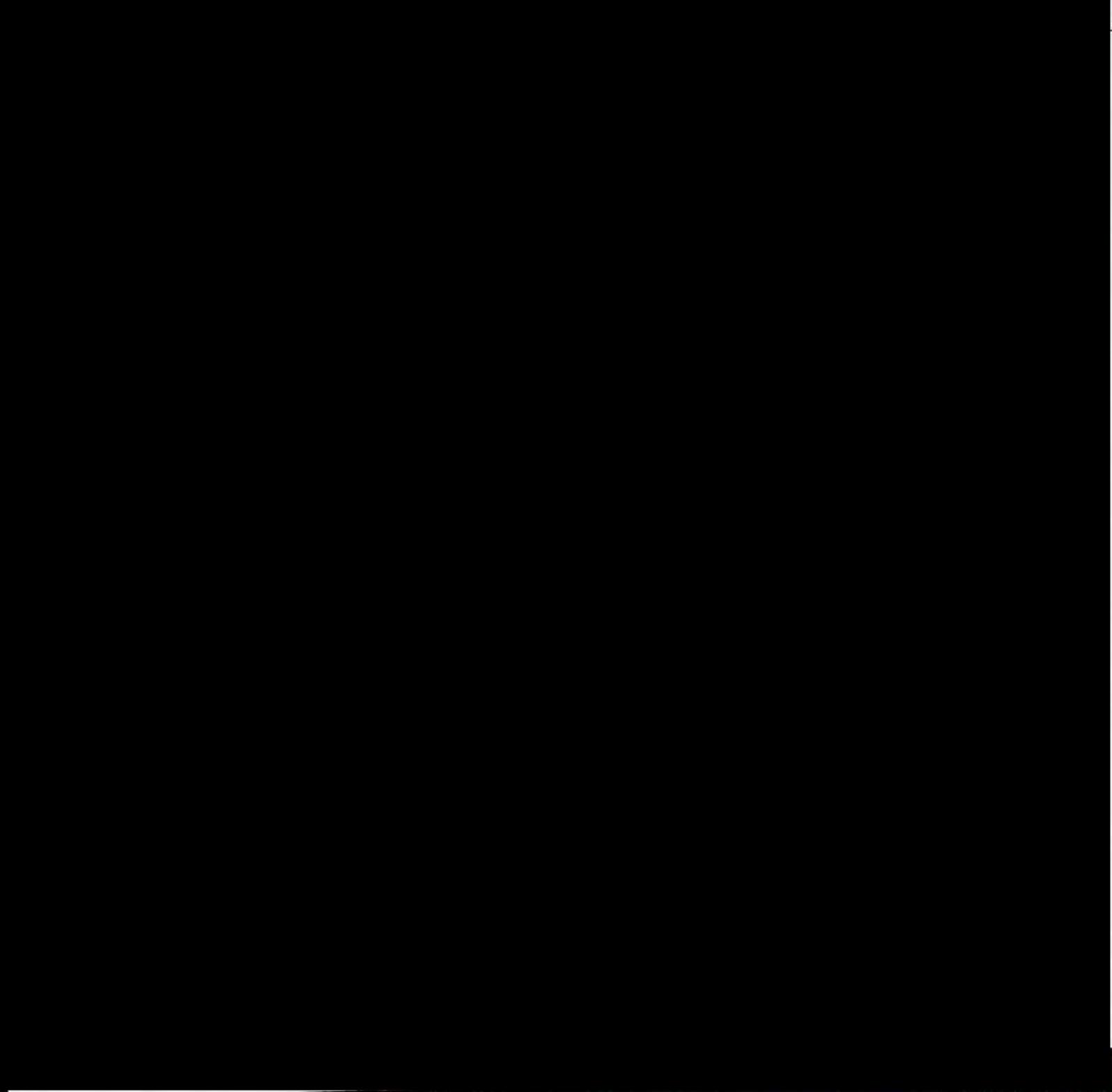
3-04-08  
Date



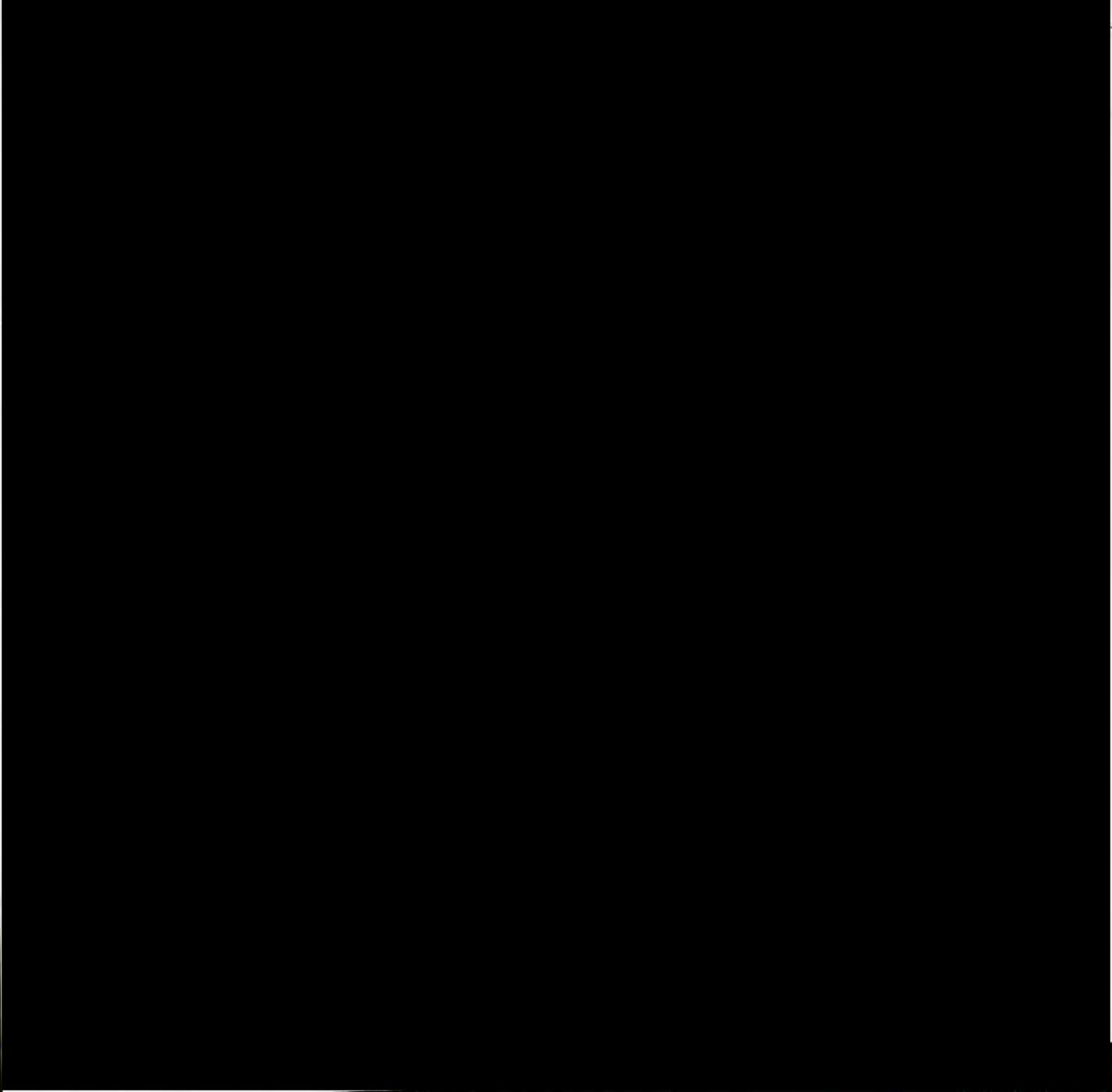












**To:** Sgt. C. Blunk

**From:** Lori Reiser

**Fax:** (419) 774-5646

**Pages:** (Including cover) 11

**Phone:**

**Date:** 03/12/08

**Re:** [REDACTED]

**CC:**

**Urgent**

**For Review**

**Please Comment**

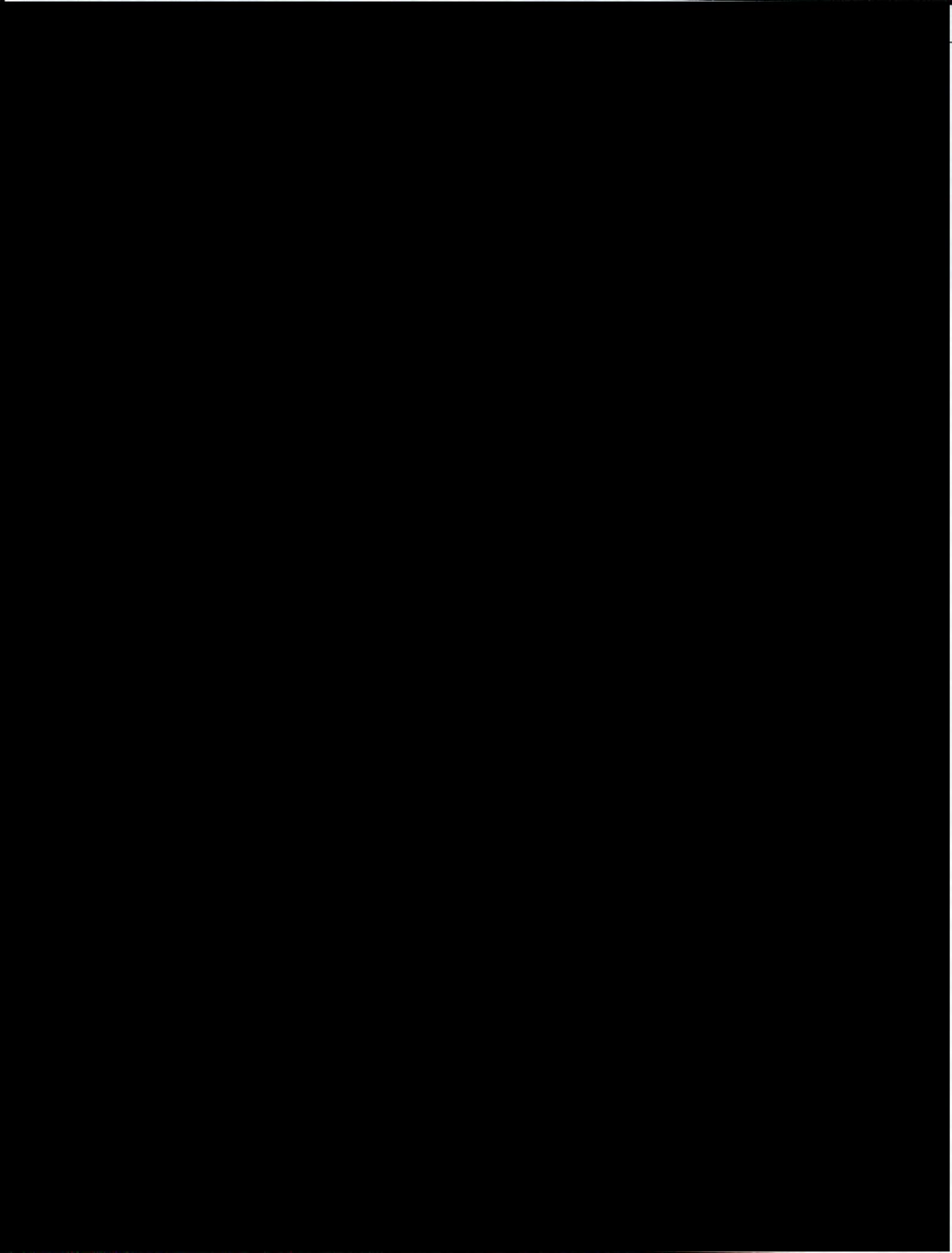
**Please Reply**

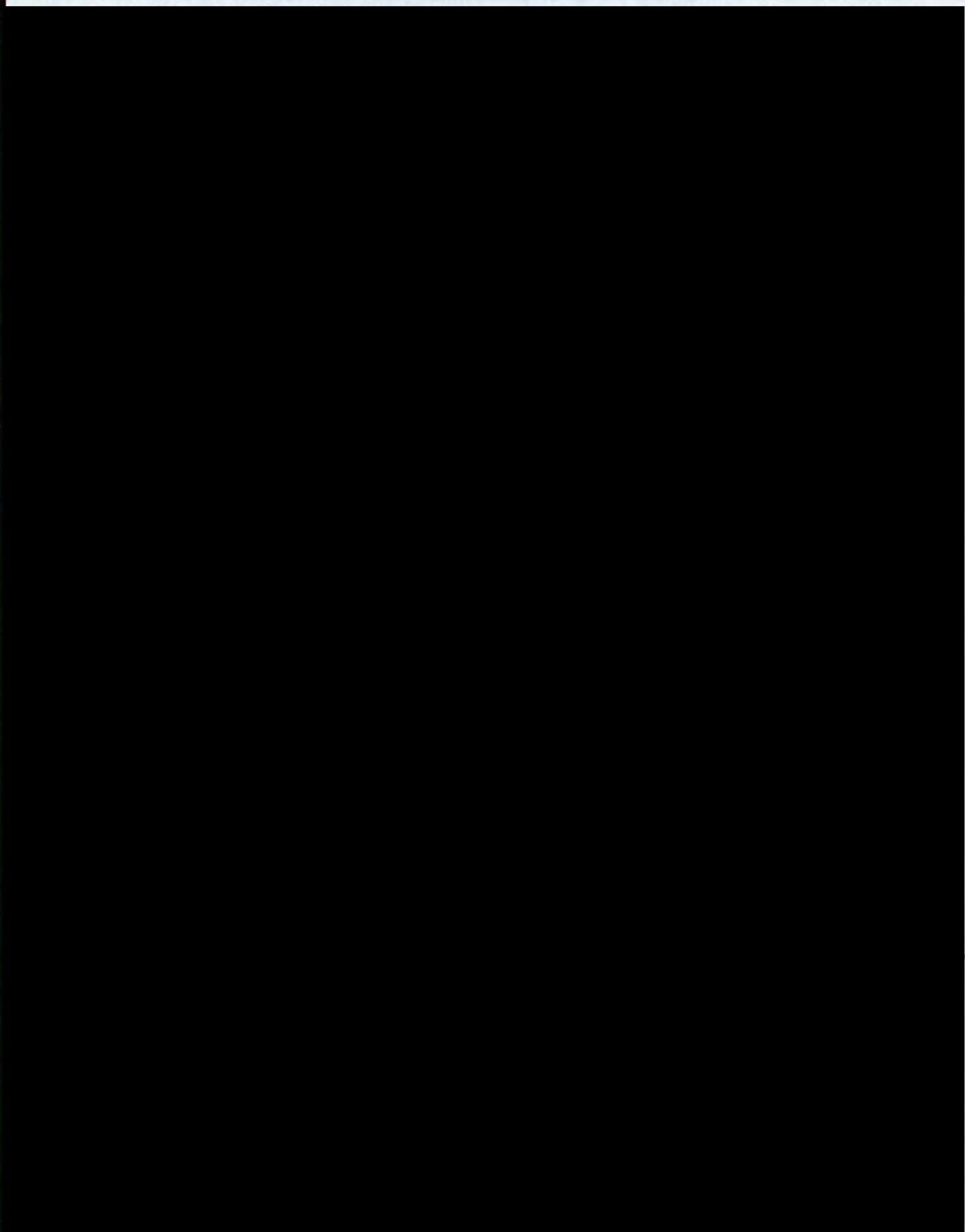
**Please Recycle**

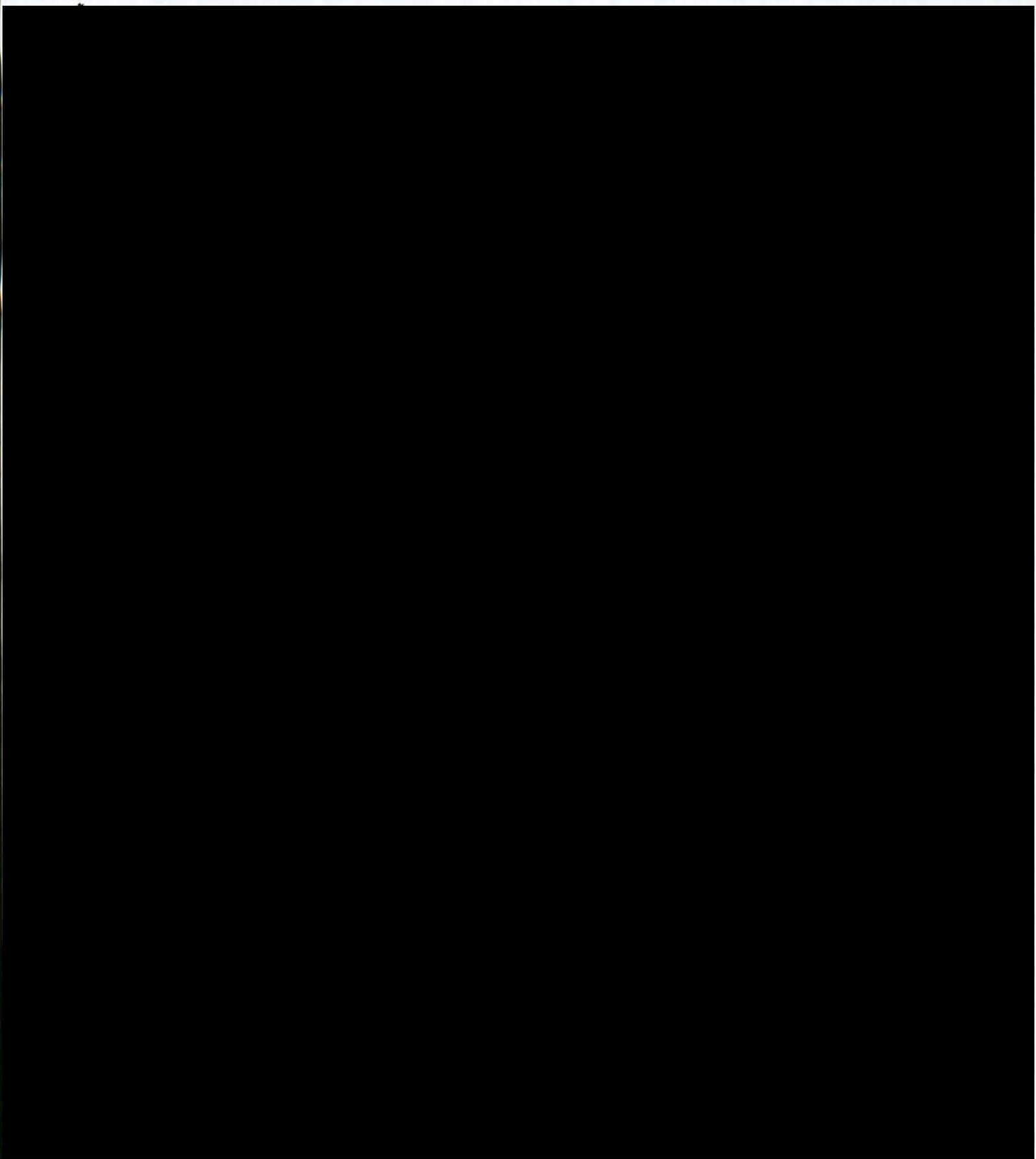
• **Comments:**

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What is the applicant's worst quality or trait?

Pentz had to use some time to think about it but came up with that [REDACTED] if he gets set in his ways that he can be stubborn about some things.

Additional Comments:

Pentz continued to say that [REDACTED] was reliable and very hardworking.

SIGNATURE BY PHONE

DATE: 3-6-08



Additional Comments:

He is just an all around excellent person.

---

---

---

SIGNATURE BY PHONE

DATE: 3-6-08



SIGNATURE

B1 PHONE

DATE:

3-6-08



What is the applicant's worst quality or trait? Sometimes tends to be stubborn.

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

Sgt. C. Blunk did a criminal record check from the listed agencies below on Candidate  
[REDACTED]

1. Hebron PD – no record
2. Columbus PD – no record
3. Franklin County Sheriff's Office – no record
4. Licking County Sheriff's Office – no record
5. Newark PD – (2) speed violations as stated on driving record
6. Bexley PD – (1) speed violation as stated on driving record
7. Capitol University PD – no record
8. Richland County Sheriff's Office – no record
9. Lexington PD – no record
10. Mansfield PD – no record
11. Morrow County Sheriff's Office – no record



# LEXINGTON POLICE DEPARTMENT

Chief of Police  
Brett W. Pauley  
44 West Main Street  
Lexington, Ohio 44904  
Phone (419) 884-1032  
Fax (419) 884-2573

Approval of record check by the Lexington Police Department for employment. Said check shall include traffic and criminal history and any record may be reported to requesting employer.

I [REDACTED] do authorize the Lexington Police Department to conduct a search of their records and cause their findings to be made known to my employer or those authorized to view same.

[REDACTED]  
(Name printed)

07-02-79  
Date of Birth

\_\_\_\_\_  
Social Security Number

I attest a check of the above subjects' record was conducted by this agency and the following was found:

**NO RECORD**  **RECORD** consisted of the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggest contact with following listed agency. \_\_\_\_\_

Signed by record checking personnel [Signature]

Authority Brett W. Pauley [Signature]  
Chief of Police

Date 02-27-08

I, XXXXXXXXXXXXXXXXXXXX request the Heath Police Department of Heath, Ohio, to release any adult criminal and/or traffic arrests or convictions I may have with that Department.

REF: 

Signed: XXXXXXXXXXXXXXXXXXXX

**To Whom It May Concern:**

Please be advised record checks are Heath Police Departmental file checks only, and are ***NOT*** verified by fingerprints, not search in State or National Computers. Information pertaining to juvenile offenses or detentions must be obtained from Licking County Juvenile Court.

- (X) The HEATH POLICE DEPARTMENT does not have any record of arrests or convictions on file this date.
- ( ) The HEATH POLICE DEPARTMENT has the following information on the above individual.



Date 3/12/2008

**HEATH POLICE DEPARTMENT**



### Employee Maintenance

(circle one)

ADD	Change	Delete
-----	--------	--------

Name [REDACTED]

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Birthdate \_\_\_\_\_

Social Security Number \_\_\_\_\_

Marital Status: \_\_\_\_\_

Sex \_\_\_\_\_

Race \_\_\_\_\_

Title \_\_\_\_\_

Department Number 349

Business Phone Number \_\_\_\_\_

Start Date \_\_\_\_\_

Rehire Date \_\_\_\_\_

Termination Date \_\_\_\_\_

Reason for Termination \_\_\_\_\_

Status \_\_\_\_\_

Annual Salary \_\_\_\_\_

Employee # [REDACTED]

Has this person ever been employed by Richland County in the past? Yes or No

Account #

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Salary/pay					
Rate/hour	\$		20.0500		
Alt Rate/hour					
Wage Factor					
Annual Hours					
Shift					
Full/Part					
STRS					
PERS					
Direct Dep. Route #					
Direct Dep. Account #					

EFFECTIVE 12/19/13

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Steve Sheldon  
Signature

12/19/13  
Date

Comments



## Employee Maintenance

(circle one)		
ADD	Change	Delete

Name

Address

City, State, Zip Code

Telephone

Birthdate

Social Security Number

Marital Status:

Sex

Race

Title

Department Number

Business Phone Number

Start Date

Rehire Date

Termination Date

Reason for Termination

Status

Annual Salary

Employee #

Has this person ever been employed by Richland County in the past? Yes or No

Account #

Salary/pay	
Rate/hour	\$ 19.5500
Alt Rate/hour	
Wage Factor	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

EFFECTIVE 12/20/12

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Justin Sheldon  
Signature

12/11/13  
Date

Comments



# Employee Maintenance

(circle one)		
ADD	Change	Delete

Name	[REDACTED]	Employee #	[REDACTED]
Address			
City, State, Zip Code			
Telephone	Has this person ever been employed by Richland County in the past? Yes or No		
Birthdate			
ocial Security Number			
Marital Status:			
Sex			
Race			
Title	CORRECTION OFFICER		
Department Number	349	Account #	
Business Phone Number			
Start Date			
Rehire Date			
Termination Date			
Reason for Termination			

Salary/pay	
Rate/hour	\$ 19.0473
Alt Rate/hour	
Wage Factor	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Status

Annual Salary

*E. K. Spruce*  
Signature

*2/27/13*  
Date

EFFECTIVE: 05/10/12

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments



Richland Co. Sheriff Office  
Appointment/Salary Change Record

Name: [REDACTED]

New Salary 13.9427 / hour

Effective date 12-24-09

Signed Sheff J. Stew Sheldon

Richland Co. Sheriff Office  
Appointment/Salary Change Record

Name: [REDACTED]

New Salary 14.4790 / hour

Effective date 12-23-10

Signed Sheff J. Stew Sheldon

Richland Co. Sheriff Office  
Appointment/Salary Change Record

Name: [REDACTED]

New Salary \$14.4790 / hour

Effective date 12-24-09

Signed Sheff J. Stew Sheldon

Richland Co. Sheriff Office  
Appointment/Salary Change Record

Name: [REDACTED]

New Salary \$13.1646 / hour

Effective Date 03-29-09

Signed: Sheff J. Stew Sheldon

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Richland Co. Sheriff Office  
Appointment/Salary Change Record

Name: [REDACTED]

New Salary 12.4731 / hour

Effective date 12/27/2007

Signed Sheff J. Stew Sheldon