



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



2019-3029  
Officer-Involved Critical Incident – Richland County Jail

**Investigative Activity:** Information Provided/Obtained  
**Involves:** [REDACTED] (O)  
**Date of Activity:** 11/27/2019  
**Activity Location:** [REDACTED] – Business – 597 Park Ave E, Mansfield, OH 44905, Captain 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 262 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 a one (1) day suspension. The personnel file was attached to this report. Please refer to the attachment for further details.

**Attachments:**

Attachment # 01:2019-11-27 [REDACTED] Redacted from RCSO

19-98

# RICHLAND COUNTY SHERIFF'S OFFICE WRITTEN REPRIMAND

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

Date Written Reprimand was Issued: 6-30-19

### VIOLATION

Date Violation Occurred: May 26, 2019 Personnel Complaint Number: 2019-098

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 when you failed to properly conduct personal observation checks on inmates in the jail as required. This is your 2<sup>nd</sup> Group I # 17 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.

Capt. C. Bl...  
Signature of Person Issuing Reprimand  
JAIL ADMINISTRATOR  
Title

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

\_\_\_\_\_

Date 6-30-19

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 #: [REDACTED]

Review Deadline Date: 3-26-19

Rater Name: Sgt. Fellure

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:

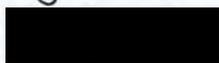
Any additional comments pertaining to GOAL ONE (1-3):

**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:

 IS ALWAYS PROFESSIONAL

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):

**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:

 is very dependable in showing up  
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:

 ALWAYS displays a professional demeanor  
TO his fellow officers and to his supervisors.

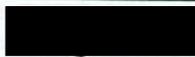
Any additional comments pertaining to GOAL Three (7-10):

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

**OVERALL EVALUATION**

Total Points: 13

Rater: Sgt. Fellure Date: 3-27-19

Comments:  has A lot OF Experience in Corrections And is willing to do ANYTHING Asked OF him even if he doesn't want to

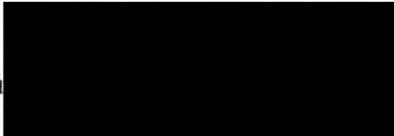
Lieutenant: Cy O'Dea Date: 4-29-19

Staff Lieutenant:  Date: 4-2-19  
Comments:

Jail Administrator: Capt. C. G. [Signature] Date: 4/1/19  
Comments:

Chief Deputy: Myra [Signature] Date: 4/5/19  
Comments:

Sheriff: [Signature] Date: 4/6/19  
Comments:

Employee Signature:  Date: 04-21-19  
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.

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

19-72

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

Date Instruction & Cautioning was Issued: 04-21-19

**VIOLATION**

Date Violation Occurred: March 27, 2019 Personnel Complaint Number: 2019-072

Location Where Violation Occurred: Richland County Jail

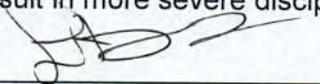
Type of Violation Policy Group I Number 17

**Description of Violation:**

That on the date listed, you exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly conducting 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.

  
\_\_\_\_\_  
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.

\_\_\_\_\_  


04-21-19  
\_\_\_\_\_  
Date

cc: Employee  
Appointing Authority

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

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

Review Period: 4-5 to 10-4-18

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

Review Deadline Date: OCT 5<sup>th</sup>

Rater Name: Sgt. Fellure

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:

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):

**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:

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

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

**OVERALL EVALUATION**

Total Points: 10  
Rater: [Signature] Date: 9-25-18  
Comments:

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

Staff Lieutenant: [Signature] Date: 10-11-18  
Comments:

Jail Administrator: [Signature] Date: 10/7/18  
Comments:

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

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

Employee Signature: [Redacted] Date: 11-28-18  
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  
PERFORMANCE EVALUATION  
OFFICER**

*write-ups*

Name: [REDACTED]

Review Period: 4-6-17 to 10-21-17

Unit #: 66

Review Deadline Date: 11-5-17

Rater Name: Sgt. Fellure

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 2 Meets +1 Does Not Meet + 0

Explain:

[REDACTED]

*Always receives and gives PASSION*

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):

4

**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:

 is ALWAYS PROFESSIONAL AND  
COURTEOUS 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:

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

(4)

**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:

[REDACTED] has improved greatly in his PAT downs  
And securing of inmates property.

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):

5

**OVERALL EVALUATION**

RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER

Total Points: 13

Rater: Sgt. Fellure Date: 10-16-17

Comments: [REDACTED] has made NOTICABLE improvements in work ethic

Lieutenant: [REDACTED] Date: 12-17-17

Comments:

Staff Lieutenant: [REDACTED] Date: 10-19-17

Comments:

Jail Administrator: [REDACTED] Date: 11/7/17

Comments:

Chief Deputy: [REDACTED] Date: 11/21/17

Comments:

Sheriff: [REDACTED] Date: 12/11/17

Comments:

Employee Signature: [REDACTED] Date: 12-13-17

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.

Sick Time

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

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

Review Period: 10-5-17 to 4-4-18

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

Review Deadline Date: 4-6-18

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

SST. Fellure

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):

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:

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

3

**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:

PERF. PLAN  
- OFFICER [REDACTED] HAS A WRITE UP FOR SICK LEAVE  
- OFFICER [REDACTED] NEEDS TO PAY CLOSE ATTENTION TO HIS 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:

OFFICER [REDACTED] ALWAYS COMPLETES SPECIAL ASSIGNMENTS

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 APPROPRIATE WITH HIS CO-WORKERS  
AND RESPECTFUL TOWARDS HIS SUPERVISORS

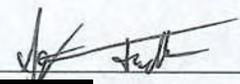
Any additional comments pertaining to GOAL Three (7-10):

**OVERALL EVALUATION**

5

RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER

Total Points: 11

Rater: Sgt. Ferrare  Date: 3-22-18

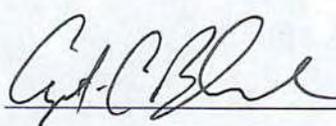
Comments: OFFICER [REDACTED] is A GOOD OFFICER BUT SEEMS burnt-out At times

Lieutenant:   Date: 4-10-18

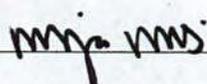
Comments:

Staff Lieutenant:  Date: 4-9-18

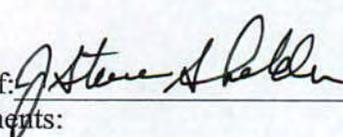
Comments:

Jail Administrator:  Date: 4/3/18

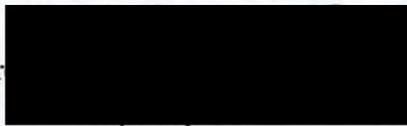
Comments:

Chief Deputy:  Date: 4/18/18

Comments:

Sheriff:  Date: 4/20/18

Comments:

Employee Signature:  Date: 05-11-18

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.

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

Present Rank/Classification Correction officer

Request for Shift Preference:

First Choice: C

Second Choice: A

Third Choice: B

Request for Rotation Preference:

A Watch: 1<sup>st</sup>: TOP 2<sup>nd</sup>: TOP 3<sup>rd</sup>: TOP

B Watch: 1<sup>st</sup>: TOP 2<sup>nd</sup>: TOP 3<sup>rd</sup>: TOP

C Watch: 1<sup>st</sup>: TOP 2<sup>nd</sup>: TOP 3<sup>rd</sup>: TOP



03-08-18  
Date

MAR 8 '18 21:48

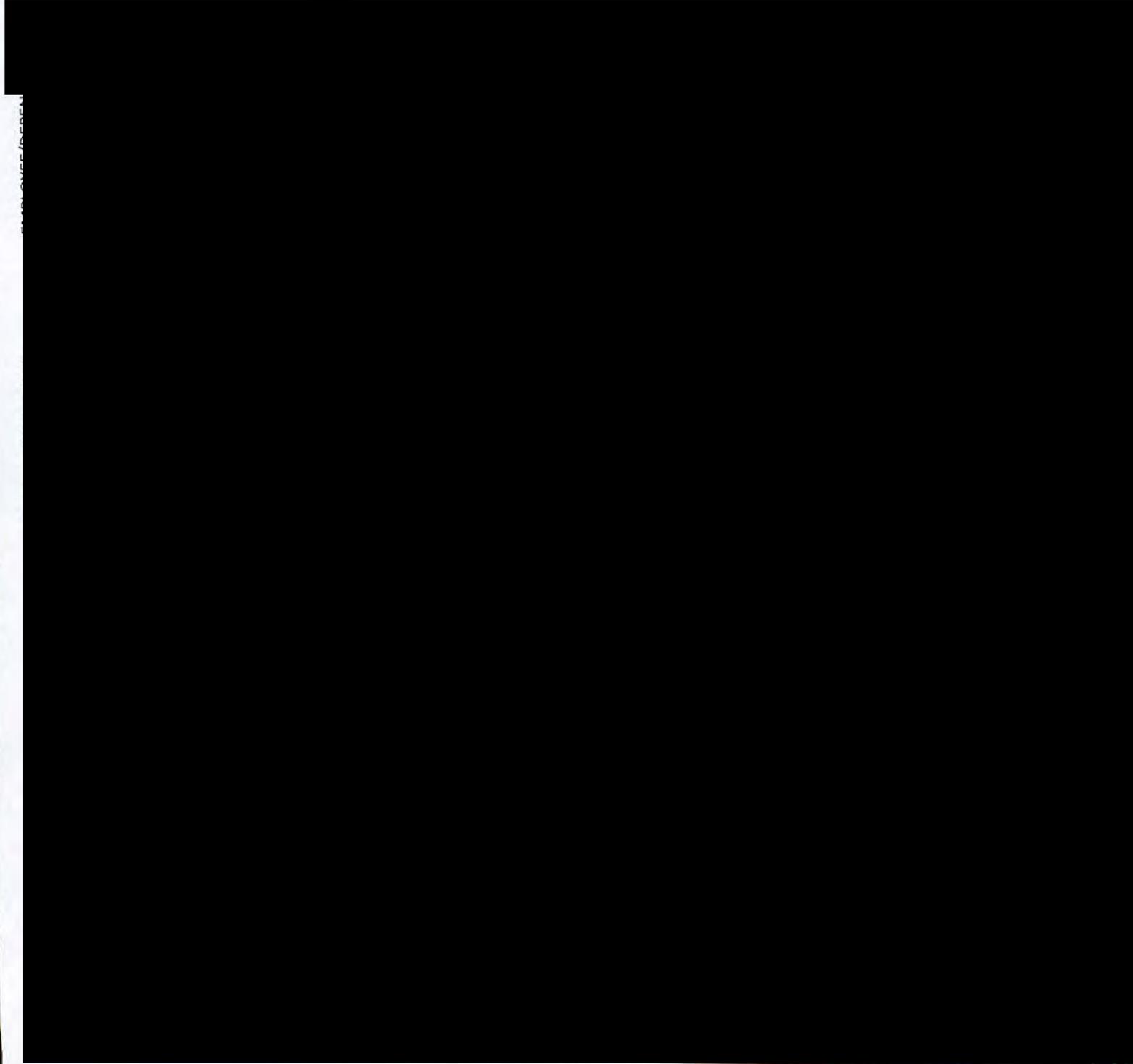


RICHLAND COUNTY  
Enrollment/Change Form

Department Name: RCSO  
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: <b>01/01/2017</b>	Date of Hire: <b>12/12/96</b>	Effective Date: <b>01/01/2017</b>
	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 type="checkbox"/> CHANGE NAME/ADDRESS, state previous				
<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: <u>[REDACTED]</u>	Middle: <u>[REDACTED]</u>	Last: <u>[REDACTED]</u>	Social Security #: <u>[REDACTED]</u>
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**RICHLAND COUNTY SHERIFF'S OFFICE  
WRITTEN REPRIMAND**

17-134  
File

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

Date Written Reprimand was Issued: 11-10-17

**VIOLATION**

Date Violation Occurred: October 24, 2017 Personnel Complaint Number: 2017-134

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 a personal observation check on inmates in the jail as required. This is your 2<sup>nd</sup> Group I # 17 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 Person Issuing Reprimand  
Lieutenant  
Title

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

[Redacted Signature]  
Employee's Signature  
11-10-17  
Date

cc: Employee  
Appointing Authority

check date	RATES	20.55	20.90	OWED	HOLIDAY HOUR	holiday paid	new holiday	21.70	OWED	OT HOURS	OT paid	New OT	32.55	OWED	FT HOURS	FT PAID	FT NEW	5.23	OWED		
	SHIFT	21.35	21.7																		21.70
1/8/2016	72.00	\$1,537.20	\$1,562.40	\$25.20	0				\$0.00					0.00						\$25.20	
1/22/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$28.00
2/5/2016	72.00	\$1,537.20	\$1,562.40	\$25.20	0				\$0.00					0.00						\$0.00	\$28.00
2/19/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$25.20
3/4/2016	72.00	\$1,537.20	\$1,562.40	\$25.20	0				\$0.00					0.00						\$0.00	\$28.00
3/18/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$28.00
4/1/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$28.00
4/15/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$28.00
4/29/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$28.00
5/13/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$28.00
5/27/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$28.00
6/10/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$28.00
6/24/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$28.00
7/8/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$25.20
7/22/2016	72.00	\$1,537.20	\$1,562.40	\$25.20	0				\$0.00					0.00						\$0.00	\$28.00
8/5/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$28.00
8/19/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$28.00
9/2/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$25.20
9/16/2016	72.00	\$1,537.20	\$1,562.40	\$25.20	0				\$0.00					0.00						\$0.00	\$28.00
9/30/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$28.00
10/14/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$25.20
10/28/2016	72.00	\$1,537.20	\$1,562.40	\$25.20	0				\$0.00					0.00						\$0.00	\$28.00
11/11/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$25.20
11/25/2016	72.00	\$1,537.20	\$1,562.40	\$25.20	0				\$0.00					0.00						\$0.00	\$28.00
12/9/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$28.00
12/23/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0				\$0.00					0.00						\$0.00	\$28.00
																					\$708.40
		OLD	NEW																		
		\$20.55	\$21.20																		
		\$21.35	\$22.00			holiday rate	22			OT rate	33										\$52.00
1/6/2017	80	\$1,708.00	\$1,760.00	\$52.00	0				\$0.00					0.00						\$0.00	\$46.80
1/20/2017	72	\$1,537.20	\$1,584.00	\$46.80	0				\$0.00					0.00						\$0.00	\$46.80
2/3/2017	72	\$1,537.20	\$1,584.00	\$46.80	0				\$0.00					0.00						\$0.00	\$45.77
2/17/2017	70.42	\$1,503.47	\$1,549.24	\$45.77	0				\$0.00					0.00						\$0.00	\$46.80
3/3/2017	72	\$1,537.20	\$1,584.00	\$46.80	0				\$0.00					0.00						\$0.00	\$238.17

total due \$946.57





























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 officer

Request for Shift Preference:

First Choice:

C

Second Choice:

A

Third Choice:

B

Request for Rotation Preference:

A Watch:

1<sup>st</sup>: TOP

2<sup>nd</sup>:

TOP

3<sup>rd</sup>:

TOP

B Watch:

1<sup>st</sup>: TOP

2<sup>nd</sup>:

TOP

3<sup>rd</sup>:

TOP

C Watch:

1<sup>st</sup>: TOP

2<sup>nd</sup>:

TOP

3<sup>rd</sup>:

TOP

09-09-17

Date

SEP 9 '17 21:55

File

July,03,2017

I, [REDACTED] would like to be considered for the transportation officer position.

[REDACTED]

Recvd  
7.5.17  
[Signature]

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

Date 7 / 13 / 17

Candidates Name [REDACTED]

Assessor's Name Sgt Krupa

1. The hours of work are normally 8am-4pm but the demands of this position require extended hours at times with courts running over, long trips, and over-night hospital security responsibilities. Knowing this do you foresee any problems having to work over or during the night on these occasions?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

*No. Good at home  
have time to do the trips and overtime  
more freedom*

TOTAL 2.0

2. What is the mission statement of the Richland County Sheriff's Office?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

*Not completely sure about that*

TOTAL 0

Looking for: Dedicated to providing a safe and secure community for the citizens and visitors of Richland County (.5) through integrity (.5), professionalism (.5) and the efficiency of services (.5).

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

3. As a Transport Officer, you will be asked to transport and/or supervise inmates of the opposite sex by yourself, how do you feel about this requirement?

Comments:

*That's Fine  
No Problem with it*

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

TOTAL .5

**Looking for:** Importance of not engaging in casual conversation with the inmate. Keeping our actions and words strictly professional and within policy and procedural guidelines.

4. How would you define integrity?

Comments:

*Doing what you say your gonna do.*

(0 - Poor)

*Actions*

(.5- Fair)

*How you treat others*

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

TOTAL .5

**Looking for:** Strict adherence to a code of moral values/ethics (honesty, loyalty, reliability, honor, fair, sincere). One who strives to do things with excellence in the right way even when no one else is watching or no one else notices.

5. Why are you interested in this position?

Comments:

(0 - Poor)

*Find a chance to use his schooling*

(.5- Fair)

*Good opportunity to use it.*

(1.0- Good)

*Enjoy people talking to new people.*

(1.5- Very Good)

(2.0- Excellent)

TOTAL 1.0

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

6. There are two court security officers in the courtroom in a trial, one of the victim's family members in the audience stands up and has a knife in his hand walking towards the defendant (inmate); what would you do?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

*Tell them Drop the weapon  
Clear - get everyone to safe position  
Take care of person with weapon*

TOTAL 1.0

7. You are taking a group of (8) inmates to city court and one of the inmates takes off prior to entering the building; what would you do?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

*Keep rest of inmates there  
get on radio Advise Dispatch  
One has left. So we can start  
looking for him.*

TOTAL 2.0

8. What have you learned from your mistakes throughout your law enforcement career?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

*Pay Attention To detail.  
Make sure things get done on  
Time.*

TOTAL .5

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

9. Why should you be selected over the rest of the officers that applied for this position?

Comments:

(0 - Poor)

*Been here 20 years.*

(.5- Fair)

*Good rapport with inmates.*

(1.0- Good)

*More wisdom, feet older and wiser*

(1.5- Very Good)

*Life Experience.*

(2.0- Excellent)

TOTAL 1.0

**Looking for:** Team player. Passion. Willingness to go the extra mile. Skills. Experience. Education. Personality fits. Energy. Motivated. Confident. Ready to commit to the cause of the agency.

10. You are in the courtroom and have someone being loud and causing problems and you ask them to leave and they refuse to leave, what will you do?

Comments:

(0 - Poor)

(.5- Fair)

*Escort them out of court room  
make them leave..*

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

TOTAL .5

TOTAL SCORE 9.0  
(20 points max)

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

Date 07 / 13 / 17

[REDACTED]  
Candidates Name

Major ms.  
Assessor's Name

1. The hours of work are normally 8am-4pm but the demands of this position require extended hours at times with courts running over, long trips, and over-night hospital security responsibilities. Knowing this do you foresee any problems having to work over or during the night on these occasions?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

NO. THINGS ARE GOOD AT HOME. KIDS ARE OLDER NOW. I'M A LITTLE MORE FREED UP NOW.

TOTAL \_\_\_\_\_

2. What is the mission statement of the Richland County Sheriff's Office?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

NOT COMPLETELY SURE ABOUT THAT. PROTECT & SERVE.

TOTAL \_\_\_\_\_

Looking for: Dedicated to providing a safe and secure community for the citizens and visitors of Richland County (.5) through integrity (.5), professionalism (.5) and the efficiency of services (.5).

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

3. As a Transport Officer, you will be asked to transport and/or supervise inmates of the opposite sex by yourself, how do you feel about this requirement?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

*THAT'S FINE. I HAVE NO PROBLEM WITH IT.*

TOTAL \_\_\_\_\_

**Looking for:** Importance of not engaging in casual conversation with the inmate. Keeping our actions and words strictly professional and within policy and procedural guidelines.

4. How would you define integrity?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

*Doing what you say you are going to do. Your ACTIONS. How you TREAT OTHERS.*

TOTAL \_\_\_\_\_

**Looking for:** Strict adherence to a code of moral values/ethics (honesty, loyalty, reliability, honor, fair, sincere). One who strives to do things with excellence in the right way even when no one else is watching or no one else notices.

5. Why are you interested in this position?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

*I feel like THIS POSITION GIVES ME A CHANCE to use my schooling. Good opportunity to do THAT RIGHT NOW. ENJOY PEOPLE. LIL GOING PLACES.*

TOTAL \_\_\_\_\_

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

6. There are two court security officers in the courtroom in a trial, one of the victim's family members in the audience stands up and has a knife in his hand walking towards the defendant (inmate); what would you do?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

*Tell him to drop THE WEAPON. CLEAR THE PEOPLE AND GET TO SAFE PLACE. DEAL WITH PERSON.*

TOTAL \_\_\_\_\_

7. You are taking a group of (8) inmates to city court and one of the inmates takes off prior to entering the building; what would you do?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

*Keep rest of inmates there. Advise dispatch so we can start looking for escapee.*

TOTAL \_\_\_\_\_

8. What have you learned from your mistakes throughout your law enforcement career?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

*NEED + pay ATTN to detail. MAKE SURE THINGS GET DONE ON TIME.*

TOTAL \_\_\_\_\_

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

9. Why should you be selected over the rest of the officers that applied for this position?

Comments:

- (0 - Poor) I'VE BEEN HERE 20 YRS. GOOD REPORT Y INMATES.
- (.5- Fair) ALWAYS THE SAME PEOPLE. MORE WISDOM.
- (1.0- Good) OLDER AND WISER. LIFE EXPERIENCES.
- (1.5- Very Good)
- (2.0- Excellent)
- TOTAL \_\_\_\_\_

**Looking for:** Team player. Passion. Willingness to go the extra mile. Skills. Experience. Education. Personality fits. Energy. Motivated. Confident. Ready to commit to the cause of the agency.

10. You are in the courtroom and have someone being loud and causing problems and you ask them to leave and they refuse to leave, what will you do?

Comments:

- (0 - Poor) ESCORT THEM OUT OF THE COURTROOM AND
- (.5- Fair) MAKE THEM LEAVE.
- (1.0- Good)
- (1.5- Very Good)
- (2.0- Excellent)
- TOTAL \_\_\_\_\_

TOTAL SCORE

8  
(20 points max)

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

Date 7 / 13 / 17

[REDACTED]  
Candidates Name

Lt. Myers  
Assessor's Name

1. The hours of work are normally 8am-4pm but the demands of this position require extended hours at times with courts running over, long trips, and over-night hospital security responsibilities. Knowing this do you foresee any problems having to work over or during the night on these occasions?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

no things are good at hour  
xroads older hour to do trips  
and overtime

TOTAL 1.5

2. What is the mission statement of the Richland County Sheriff's Office?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

not completely sure about that

TOTAL 0

Looking for: Dedicated to providing a safe and secure community for the citizens and visitors of Richland County (.5) through integrity (.5), professionalism (.5) and the efficiency of services (.5).

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

3. As a Transport Officer, you will be asked to transport and/or supervise inmates of the opposite sex by yourself, how do you feel about this requirement?

Comments:

that's fine no problem with it

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

TOTAL 1.5

*Looking for:* Importance of not engaging in casual conversation with the inmate. Keeping our actions and words strictly professional and within policy and procedural guidelines.

4. How would you define integrity?

Comments:

Doing what you say you are going to do your actions why you live life how you treat others

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

TOTAL 1.5

*Looking for:* Strict adherence to a code of moral values/ethics (honesty, loyalty, reliability, honor, fair, sincere). One who strives to do things with excellence in the right way even when no one else is watching or no one else notices.

5. Why are you interested in this position?

Comments:

Feel like this position and way things being give me a chance to use my skills from police academy enjoy meeting & talking w/ new people

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

TOTAL 1.0

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

6. There are two court security officers in the courtroom in a trial, one of the victim's family members in the audience stands up and has a knife in his hand walking towards the defendant (inmate); what would you do?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

tell them to drop  
weapon clear area  
get everyone to safe  
position take care of  
person w/ weapon

TOTAL 1.5

7. You are taking a group of (8) inmates to city court and one of the inmates takes off prior to entering the building; what would you do?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

keep rest inmates then  
get on road get  
report that one has left  
to start a search

TOTAL 1.0

8. What have you learned from your mistakes throughout your law enforcement career?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

pay attention to detail  
make sure things get done  
on time

TOTAL 1.0

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

9. Why should you be selected over the rest of the officers that applied for this position?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

been here 20 yrs  
get good support w/ inmates  
deal with some people  
~~more~~ older w/s-  
Have the best life experience

TOTAL 1.0

**Looking for:** Team player. Passion. Willingness to go the extra mile. Skills. Experience. Education. Personality fits. Energy. Motivated. Confident. Ready to commit to the cause of the agency.

10. You are in the courtroom and have someone being loud and causing problems and you ask them to leave and they refuse to leave, what will you do?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

Escort them out  
make them leave

TOTAL .5

TOTAL SCORE 6.5  
(20 points max)

(4-0)

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

Date 7/13/17

\_\_\_\_\_  
Candidates Name

Capt. Chris Blunk  
Assessor's Name

1. The hours of work are normally 8am-4pm but the demands of this position require extended hours at times with courts running over, long trips, and over-night hospital security responsibilities. Knowing this do you foresee any problems having to work over or during the night on these occasions?

Comments:

(0 - Poor)

(0.5 - Fair)

(1.0 - Good)

(1.5 - Very Good)

(2.0 - Excellent)

No.  
Things are good at home. I will have time to do the trips. I am more freed up now.

TOTAL .5

2. What is the mission statement of the Richland County Sheriff's Office?

Comments:

(0 - Poor)

(0.5 - Fair)

(1.0 - Good)

(1.5 - Very Good)

(2.0 - Excellent)

Not completely sure about that.  
Protect and serve.

TOTAL .5

Looking for: Dedicated to providing a safe and secure community for the citizens and visitors of Richland County (.5) through integrity (.5), professionalism (.5) and the efficiency of services (.5).

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

3. As a Transport Officer, you will be asked to transport and/or supervise inmates of the opposite sex by yourself, how do you feel about this requirement?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

*That's fine. I have no problem with it.*

TOTAL .5

**Looking for:** Importance of not engaging in casual conversation with the inmate. Keeping our actions and words strictly professional and within policy and procedural guidelines.

4. How would you define integrity?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

*Doing what you say you are going to do. Actions. The way you ~~live~~ live your life. How you treat others.*

TOTAL .5

**Looking for:** Strict adherence to a code of moral values/ethics (honesty, loyalty, reliability, honor, fair, sincere). One who strives to do things with excellence in the right way even when no one else is watching or no one else notices.

5. Why are you interested in this position?

Comments:

(0 - Poor)

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

*I feel like the way things are going this gives me an opportunity to use my schooling.*

*I enjoy talking to people. Meeting new people.*

*Being new places.*

TOTAL .5

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

6. There are two court security officers in the courtroom in a trial, one of the victim's family members in the audience stands up and has a knife in his hand walking towards the defendant (inmate); what would you do?

Comments:

(0 - Poor)

(.5 - Fair)

(1.0 - Good)

(1.5 - Very Good)

(2.0 - Excellent)

Order to drop weapon.

Clear the - get everybody to safe position.

Deal w/ the person.

TOTAL     .5    

7. You are taking a group of (8) inmates to city court and one of the inmates takes off prior to entering the building; what would you do?

Comments:

(0 - Poor)

(.5 - Fair)

(1.0 - Good)

(1.5 - Very Good)

(2.0 - Excellent)

Keep 7 inmates there  
Get on radio. Advise dispatch  
that somebody has left the  
building and so we can start  
looking for them.

TOTAL     0    

8. What have you learned from your mistakes throughout your law enforcement career?

Comments:

(0 - Poor)

(.5 - Fair)

(1.0 - Good)

(1.5 - Very Good)

(2.0 - Excellent)

Need to pay attention to detail  
Make sure things get done on time.  
Pay attention to detail.

TOTAL     0

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
TRANSPORT OFFICER INTERVIEW QUESTIONS**

9. Why should you be selected over the rest of the officers that applied for this position?

Comments:

(0 - Poor)

*Been here 20 years*

(.5- Fair)

*Crazy as it sounds - I have a good repore of inmates. Some people taking to court*

(1.0- Good)

(1.5- Very Good)

*More wisdom. Older, wiser.*

(2.0- Excellent)

*Life experiences.*

TOTAL 1.0

**Looking for:** Team player. Passion. Willingness to go the extra mile. Skills. Experience. Education. Personality fits. Energy. Motivated. Confident. Ready to commit to the cause of the agency.

10. You are in the courtroom and have someone being loud and causing problems and you ask them to leave and they refuse to leave, what will you do?

Comments:

(0 - Poor)

*Escort them out, make them leave.*

(.5- Fair)

(1.0- Good)

(1.5- Very Good)

(2.0- Excellent)

TOTAL 0

TOTAL SCORE

4.0  
(20 points max)

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

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

Date Written Reprimand was Issued: 8-18-16

**VIOLATION**

Date Violation Occurred: August 8, 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 completing the scheduled releases as required. This is your 2<sup>nd</sup> Group I # 17 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.

Capt. C. Blum  
Signature of Supervisor Issuing Reprimand

Jail Administrator  
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

08-18-16  
Date

cc: Employee  
Supervisor  
Appointing Authority

RICHLAND COUNTY SHERIFF'S OFFICE  
WRITTEN REPRIMAND

Form R-8

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

Date Written Reprimand was Issued: 8-18-16

VIOLATION

Date Violation Occurred: August 8, 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 completing the scheduled releases as required. This is your 2<sup>nd</sup> Group I # 17 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.

Capt. C. Blum  
Signature of Supervisor Issuing Reprimand

Jail Administrator  
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

08-18-16  
Date

cc: Employee  
Supervisor  
Appointing Authority



NOTICE OF PRE-DISCIPLINARY CONFERENCE

TO: [REDACTED]

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

5:30 a.m. on March 17, 2017 at the Richland County Jail

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

That on February 20, 2017, you exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly patting down an inmate. 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.

Capt. C. Bl...  
Employer Signature

2/23/17  
Date

Proof of Service

I served the above notice on Michael Longshore on the 23<sup>rd</sup> of February, 2017.

[REDACTED]  
Name

Lieutenant  
Title

[REDACTED]

02-23-17  
Date

File  
17-20

DISCIPLINARY AGREEMENT

To: [Redacted]  
From: J. Steve Sheldon, Sheriff  
Re: Agreed Discipline Following February 20, 2017 Incident

On February 20, 2017, CO Longshore exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly patting down an inmate. This is his 3<sup>rd</sup> Group I # 17 violation in the past twelve (12) months.

This agreement is to memorialize the CO Longshore and his union representatives have agreed to waive his right to file a grievance over any discipline issued as a result of this incident and instead agree to be suspended for one day on March 30, 2017 as a result of his actions on February 20, 2017.

[Redacted Signature]

CO Michael Longshore

03-28-17

Date

[Handwritten Signature]

FOP Representative

3-16-17

Date

[Handwritten Signature: J. Steve Sheldon, Sheriff]

J. Steve Sheldon, Sheriff

3/16/17

Date

# RICHLAND COUNTY SHERIFF'S OFFICE INSTRUCTION & CAUTIONING

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

Date Instruction & Cautioning was Issued: 5-15-17

### VIOLATION

Date Violation Occurred: April 11, 2017 Personnel Complaint Number: 2017-056

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy Group I Number 19

Description of Violation:  
3 That on the date listed, you negligently failed to observe a rule, regulation, policy of the Richland County Sheriff's Office, specifically, Policy 16.1 (Sick Leave Policy), F (Sick Leave Use and Abuse), 2 (Unauthorized Uses), g (maintaining a zero (0) leave balance) by calling off sick without enough sick leave to cover the absence. 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.

[Redacted]  
05-17-17  
Date

cc: Employee  
Appointing Authority

Name: [REDACTED]  
Unit #: [REDACTED]

Review Period: OCT '16 to APR:1 '17  
Review Deadline Date: 7-17-17

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: *Officer [REDACTED] ALWAYS seeks and gives 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:

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

*(4)*

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):

3

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:

OFFICER [REDACTED] RECEIVED A WRITE-UP FOR NOT PROPERLY PATTING DOWN AN ARRESTEE AND NOT PROPERLY SEARCHING THEIR PROPERTY. OFFICER [REDACTED] NEEDS TO IMPROVE ON HIS PAT DOWNS ON NEW ARRESTS AND BETTER SECURE PROPERTY.

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 DEPENDABLE AND RARELY USES SICK TIME FOR SELF.

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 AND PROFESSIONAL.

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

5

#7 PERF PLAN: [REDACTED] COULD GET RETRAINING ON PAT DOWNS AND DO A CHECKLIST OF ALL PROPERTY BEING IN BOOKING

OVERALL EVALUATION

Total Points: 12

Rater: Sgt. Fellure Date: 3-13-17 Comments:

OFFICER [REDACTED] is A good OFFICER. OFFICER [REDACTED] WAS THE POTENTIAL TO BE A BETTER OFFICER but seems BURNT OUT AND disconnected AT times. [REDACTED] usually does just enough TO get by. [REDACTED] WAS MADE SIGNIFICANT PROGRESS in AREAS Like BOOKING AND is generally A pleasure TO work with.

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

Jail Administrator: Capt. C. Blue Date: 3/24/17 Comments:

Employee Signature: [REDACTED] Date: 03-29-17 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: [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] *ALWAYS keeps 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 + 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:

 IS ALWAYS PROFESSIONAL WITH INMATES.

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:

██████████ WAS WROTE UP FOR NOT COMPLETING THE SCHEDULED OUTS LIST.

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 ██████████ IS WELL LIKED BY HIS FELLOW OFFICERS AND SHOWS THE APPROPRIATE RESPECT TO ALL.

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



# Employee Maintenance

(circle one)
ADD      Change

Name: [Redacted]

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Title: \_\_\_\_\_

Department Number: 349

Munis Org: 27525500

Business Phone Number: \_\_\_\_\_

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

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

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

Reason for Termination: \_\_\_\_\_

Employee# [Redacted]

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

Class #	
Account #	[Redacted]
Object#	510200

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

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

Signature: *[Handwritten Signature]*

Date: 12/23/14

EFFECTIVE 12-18-2014

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Comments

OFFICIAL USE ONLY

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

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

DEDUCTIBLE

High \_\_\_\_\_

Low \_\_\_\_\_



RICHLAND COUNTY  
Enrollment/Change Form

Department Name: **RCSO-JAIL**

Employee Number: [REDACTED]

CHECK ONE:  OPEN ENROLLMENT     NEW HIRE     CHANGE

Date of Change: \_\_\_\_\_    Date of Hire: **12-12-96**    Effective Date: **01-01-16**

OTHER CHANGES

CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE

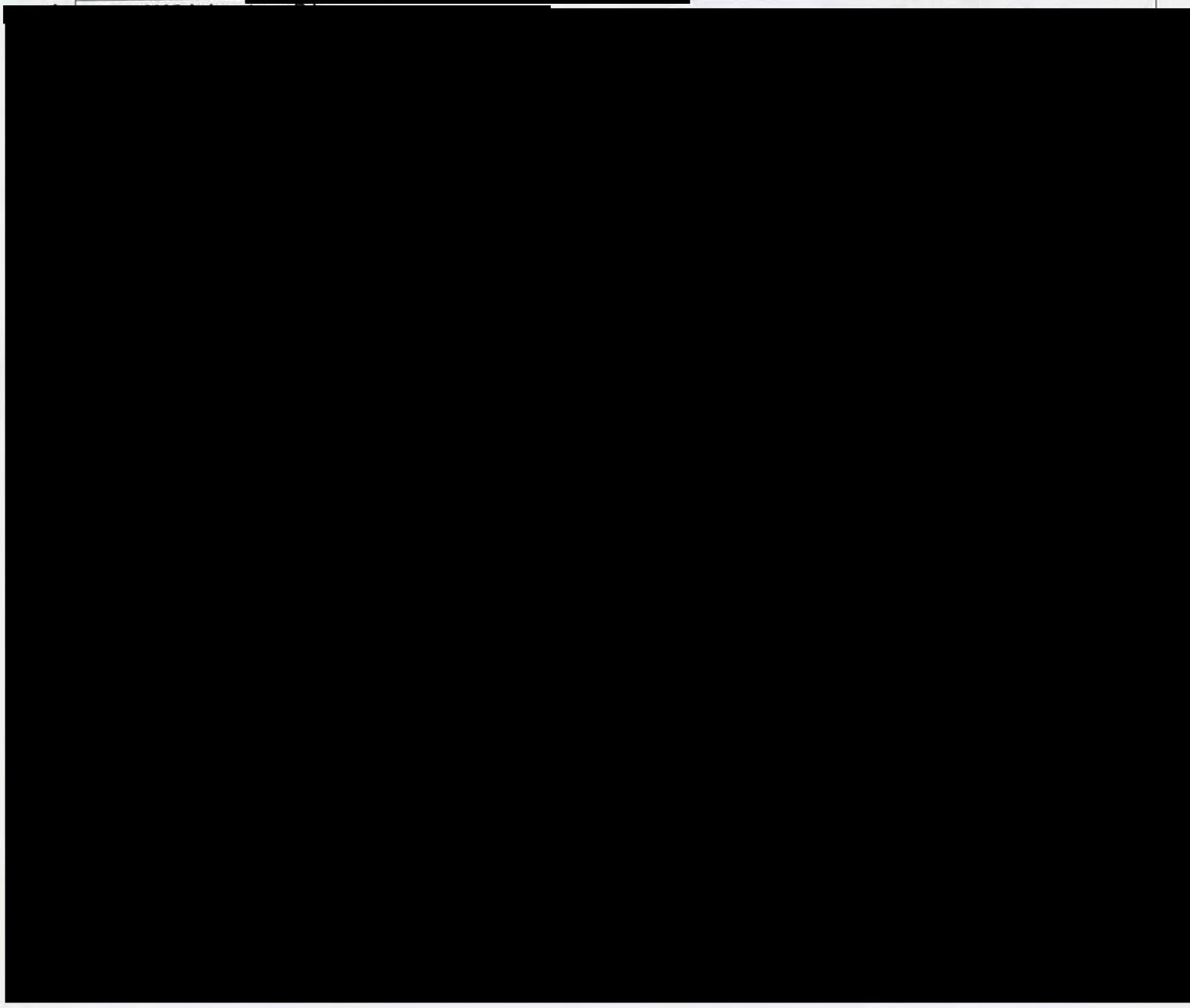
ADD/CANCEL DEPENDENT(S):

Marriage\*     Birth     Adoption     Court Order     Divorce \*if marriage, state previous name

CHANGE NAME/ADDRESS, state previous

Death     Age Limit     Change in student status     Other (explain)

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



Name: Officer [Redacted] Review Period: Oct 2015 to April 2016  
Unit #: [Redacted] 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 a/or documents according to policy & procedure.*

- 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):

OVERALL EVALUATION

Total Points: 12

Rater: A. Myung Date: \_\_\_\_\_ Comments:

Officer [redacted] has really stepped up & does what is asked without having to be asked again. He is learning the paperwork & trying to improve himself.

Lieutenant/Staff Lieutenant: [Signature] Date: 5-4-16 Comments:

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

Employee Signature: [redacted] Date: 04-14-16 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:

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

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

*Never late w/ documents 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:

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 good rapport w/ many inmates that have been coming through the facility over the years.

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:

Officer [REDACTED] completes assignments asked of him. He is working harder at understanding the booking process & the various parts that comes w/ 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] always shows respect for his coworkers & supervisors when communicating w/ them.

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

**OVERALL EVALUATION**

Total Points: 11

Rater: [Signature] Date: 10-2-15 Comments:

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

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

Employee Signature [Redacted] Date: 10-05-15 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] does not hesitate to inform his coworkers & supervisors of any safety & security problem at hand. If there is an issue he does not let it go, he advises who needs to be advised.

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

Above + 2   Meets + 1   Does Not Meet + 0

Explain:

Officer [redacted] completes & documents his P.O.'s within guidelines of the 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:

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] holds himself at a professional level and has established a positive rapport w/ 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:

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 on time and has a good attendance record. He only shows three days off unexcused sick leave, none that show 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:

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] gets along well w/ his coworkers & always demonstrates respect for his supervisors.

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

**OVERALL EVALUATION**

Total Points: 13

Rater: [Signature] Date: 3-24-15 Comments:

Lieutenant/Staff Lieutenant: [Signature] Date: 4-21-15 Comments:

Jail Administrator: Capt C. Blum Date: 4/22/15 Comments:

Employee Signature:  Date: 03-25-15 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 \_\_\_\_\_.

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

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

Review Period: 4-14-14 to 9-14-14  
Review Deadline Date: \_\_\_\_\_

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:

*Very mindful on security issues*

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

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

*Never misses his required checks*

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:

*Knows most rules, policies and procedures*

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:

*Always count on him to arrive early*

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:

*One of the most professional & Courteous to everyone*

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

OVERALL EVALUATION

Total Points: 15

Rater: St Paul Bayanda Date: 9-17-14 Comments:

Lieutenant/Staff Lieutenant: [Signature] Date: 10-6-14 Comments:

Jail Administrator: [Signature] Date: 10/6/14 Comments:

Employee Signature: [Redacted] Date: 10-05-14 Comments:

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

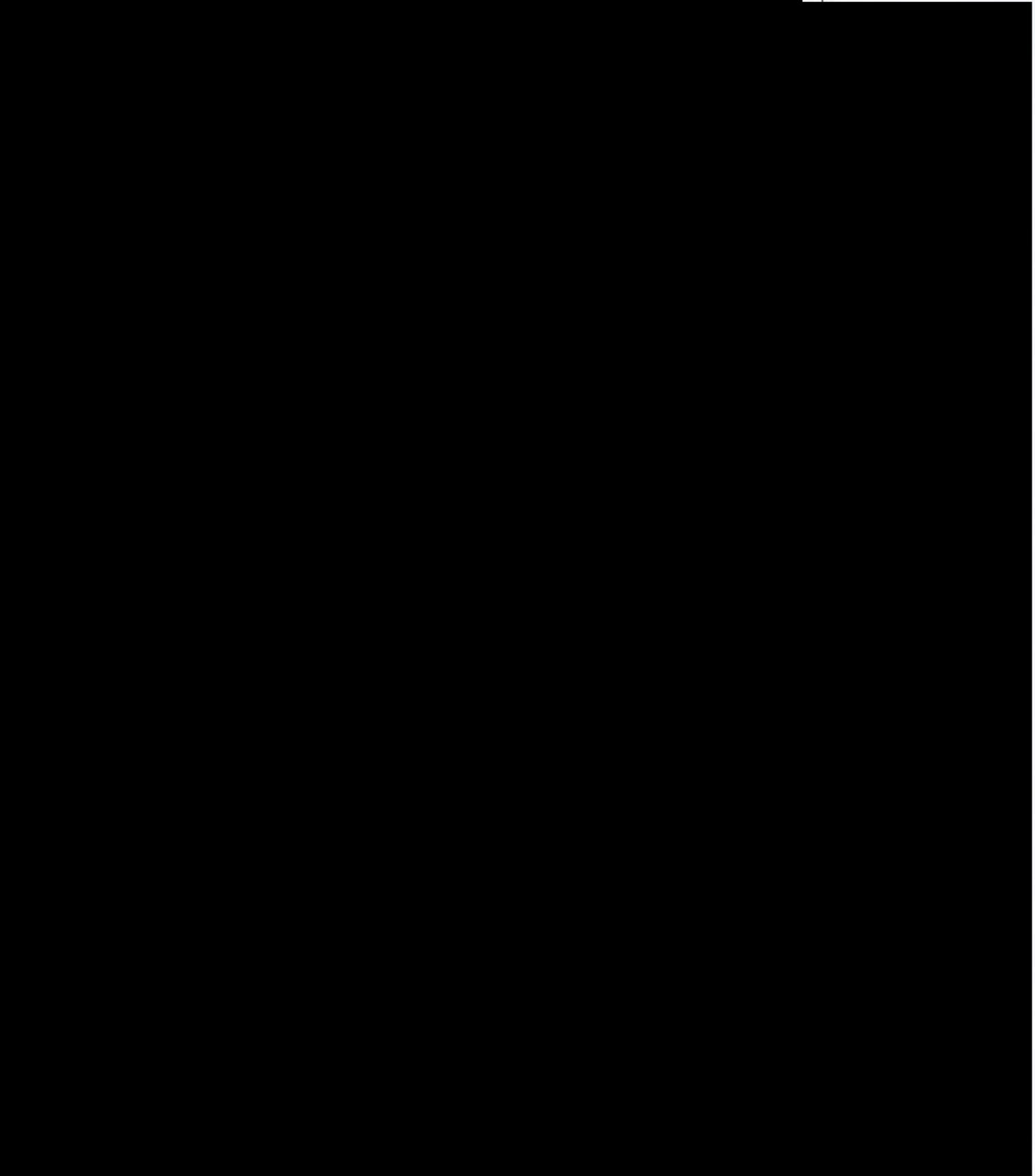
Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation \_\_\_\_\_.

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

Department Number: 349  
Employee Number: [REDACTED]

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
<b>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</b>			
<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:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



Name: [REDACTED]

Unit #: [REDACTED]

Review Period: 10/13 to 3/14  
Review Deadline Date: 4/1/14

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] follows safety and security procedures and always keeps supervisors informed*

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

Above + 2   Meets + 1   Does Not Meet + 0

Explain: *always completes the required 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: *Very professional and maintains the appropriate boundaries*

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

*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 professional when interacting 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:

Officer [REDACTED] is an exceptional officer and can reference the rules governing the inmates. Officer [REDACTED] goes above normal standards when he passes inmate forms ie: grievances, kites before the inmates ask.

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] takes action and contacts and informs supervisors of any ongoing or any problems

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

4

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:

Officer [REDACTED] Follows post orders as required

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] rarely call or uses sick time for himself  
Officer [REDACTED] is never late and is at his assigned post well before the required 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:

Officer [REDACTED] always notifies Supervisors of all documents completed and always has the required forms complete for any and all UDF

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 one of the friendliest, honest and respectful Officers. He treats all of his Co-workers with the most respect.

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

OVERALL EVALUATION

Total Points: 14

→ Rater: Sgt Sam Broude Date: 3/26/14 Comments:

Lieutenant/Staff Lieutenant: [Signature] Date: J. 3/14 Comments:

Jail Administrator: [Signature] Date: 4/7/14 Comments:

Employee Signature: [Redacted] Date: 03-26-14 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 \_\_\_\_\_.

*Faxed or mailed 11-10-99*



❖  
FirstMerit Mortgage Corporation  
4455 Hills and Dales Road N.W.  
Canton, Ohio 44708  
Phone: 1-800-562-6694  
Fax: 1-330-478-3490  
❖

To: Yvona Finley - Richland County Sheriff's Dept

From: MICHELLE GALAYDA

Date and Time: 11/5/99 9:25 AM

Pages (including this page): 3

Message: PLEASE COMPLETE ENCLOSED FAX AND FAX BACK TO MY  
ATTENTION AT 330-478-3490 - THEN WOULD YOU PLEASE MAIL  
COMPLETED FORM TO MY ATTENTION C/O FIRSTMERIT MORTGAGE CORPORATION  
4455 HILLS & DALES ROAD NW  
CANTON OHIO 44708-1505

Fax Cover This is a confidential message, intended solely for the person to whom it is addressed. If you receive this message in error, please forward it to the correct person, or mail it back to us. Thank you.

**COPY**



**RUSH COPY**

**FIRSTMERIT**

PLEASE EXPEDITE - MORTGAGE LOAN PENDING

**Request for Verification of Employment**

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et seq., (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et seq. or 7 USC, 1921 et seq. (if USDA/FmHA).

**Instructions:** Lender - Complete Items 1 through 7. Have applicant(s) complete Item 8. Forward directly to employer named in Item 1.  
 Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in Item 2.  
 The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

**Part I - Request: DO NOT USE WHITE OUT OR PENCIL ON THIS FORM. IF CROSS OUTS OCCUR, PLEASE INITIAL.**

1. To (Name and address of employer) <b>RICHLAND COUNTY SHERIFF DEPT PERSONNEL DEPT. ADMINISTRATION BLDG MANSFIELD OH 44902</b>	2. From (Name and address of lender) <b>FirstMerit Mortgage Corporation 4455 Hills and Dales Rd. N.W. Canton, OH 44708 (800) 562-6694</b>
--	--

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender <i>Michelle Belays</i>	4. Title <b>Loan Processor</b>	5. Date <b>11/5/99</b>	6. Lender's Number (Optional) <b>4635103</b>
--	-----------------------------------	---------------------------	---

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number) [Redacted]	8. Signature of Applicant <i>See attached</i>
---	--

**Part II - Verification of Present Employment**

9. Applicant's Date of Employment <b>12-12-96</b>	10. Present Position <b>Corrections Supervisor</b>	11. Probability of Continued Employment <b>Yes</b>
12A. Current Gross Base Pay (Enter Amount and Check Period) \$ <b>\$14,221.2</b> <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Weekly	13. For Military Personnel Only Pay Grade Type Monthly Amount	14. If Overtime or Bonus is Applicable, is its Continuance Likely? Overtime <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No
12B. Gross Earnings Type Year to Date 00 Past Year 19 08 Past Year 19 07	15. If paid hourly - average hours per week <b>40</b>	16. Date of applicant's next pay increase <b>01-01-00</b>
Base Pay \$ 21452.71 \$ 18996.95 \$ 18000.32	17. Projected amount of next pay increase <b>\$29,875.00</b>	18. Date of applicant's last pay increase <b>05-19-99</b>
Overtime \$ 1009.93 \$ 2596.45 \$ 1111.95	19. Amount of last pay increase <b>\$3580.00 Annum</b>	
Longevity \$ 120.00 \$ 50.00 \$		
Other \$ 2203.08 \$ 753.60 \$ 395.05		
Total \$ 24785.72 \$ 22397.00 \$ 19507.32		

20. Remarks (if employee was off work for any length of time, please indicate time period and reason)

**Part III - Verification of Previous Employment**

21. Date Hired	23. Salary / Wage at Termination Per (Year) (Month) (Week) Base _____ Overtime _____ Commissions _____ Bonus _____
22. Date Terminated	
24. Reason for Leaving	25. Position Held

**Part IV - Authorized Signature - Federal Statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistance Secretary.**

26. Signature of Employer <i>Alisa M. Finley</i>	27. Title (Please print or type) <b>Payroll/Records Clerk</b>	28. Date <b>11-10-99</b>
29. Please print or type name signed in item 26. <b>Alisa M. Finley</b>	30. Phone No. <b>419-774-5678</b>	

**COPY**



# RUSH



## PLEASE EXPEDITE - MORTGAGE LOAN PENDING Request for Verification of Employment

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et seq., (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et seq. or 7 USC, 1921 et seq. (if USDA/FmHA).

**Instructions:** Lender - Complete Items 1 through 7. Have applicant(s) complete Item 8. Forward directly to employer named in Item 1.  
Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in Item 2.  
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

**Part I - Request** **DO NOT USE WHITE OUT OR PENCIL ON THIS FORM. IF CROSS OUTS OCCUR, PLEASE INITIAL.**

1. To (Name and address of employer) <b>RICHLAND COUNTY SHERIFF DEPT PERSONNEL DEPT. ADMINISTRATION BLDG MANSFIELD OH 44902</b>	2. From (Name and address of lender) <b>FirstMerit Mortgage Corporation 4455 Hills and Dales Rd. N.W. Canton, OH 44708 (800) 562-6694</b>
--	--

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender <i>Michelle Delays</i>	4. Title <b>Loan Processor</b>	5. Date <b>11/5/99</b>	6. Lender's Number (Optional) <b>4635103</b>
--	-----------------------------------	---------------------------	---

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name of Applicant (include employee or badge number) [Redacted]	8. Signature of Applicant <i>See attached</i>
---	--

9. Present Position <i>12-12-96</i> <b>Corrections Supervisor</b>	11. Probability of Continued Employment <b>Yes</b>
---	---

12A. Current Gross Base Pay (Enter Amount and Check Period) \$ <i>14,221.2</i> <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Hourly <i>11/15/99</i> <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify)	13. For Military Personnel Only Pay Grade Type Monthly Amount	14. If Overtime or Bonus is Applicable, is its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---

12B. Gross Earnings			15. If paid hourly - average hours per week <b>40</b>	
Type	Year to Date	Past Year 1998	Past Year 1997	16. Date of applicant's next pay increase <b>1-1-00</b>
Base Pay	\$ 21452.71	\$ 18996.95	\$ 18000.32	17. Projected amount of next pay increase <b>29,875.00</b>
Overtime	\$ 1009.93	\$ 2596.45	\$ 1111.95	18. Date of applicant's last pay increase <b>5-19-99</b>
Commissions	\$ 120	\$ 50.00	\$ —	19. Amount of last pay increase <b>3580.00 ANNUUM</b>
Bonus	\$ 2203.08	\$ 753.60	\$ 395.05	
Total	\$ 24785.72	\$ 22397.00	\$ 19507.32	

20. Remarks (if employee was off work for any length of time, please indicate time period and reason)

### Part III - Verification of Previous Employment

21. Date Hired	23. Salary / Wage at Termination Per (Year) (Month) (Week) Base _____ Overtime _____ Commissions _____ Bonus _____
22. Date Terminated	24. Reason for Leaving
25. Position Held	

**Part IV - Authorized Signature** - Federal Statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistance Secretary.

26. Signature of Employer <i>[Signature]</i>	27. Title (Please print or type)	28. Date
29. Please print or type name signed in item 26.	30. Phone No.	



**BORROWERS SIGNATURE AUTHORIZATION/CERTIFICATION FORM**

I hereby authorize FirstMerit Mortgage Corporation ("The Lender") to verify my past and present employment, earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my mortgage loan application. I further authorize Lender to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references, loan and lien information. It is understood that a photocopy of this form will also serve as authorization. The undersigned certifies and agrees that the information provided to FirstMerit Mortgage Corporation in connection with his/her/their mortgage loan application, including but not limited to bank account statements, are certified and true copies of the original documents.

Notice to Borrowers: This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice of authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required or permitted by law.

\_\_\_\_\_  
[Redacted Signature]

10-21-99  
Date

\_\_\_\_\_  
[Redacted Signature]

10-21-99  
Date

I do authorize FirstMerit Mortgage Corporation to share any financial information gathered for this transaction with any FirstMerit affiliate. I further authorize the Lender to release information regarding this loan request, as is necessary, to realtors, builders, appraisers, title companies, credit bureaus or any other interested party to fully process my mortgage loan request.

\_\_\_\_\_  
[Redacted Signature]

10-21-99  
Date

\_\_\_\_\_  
[Redacted Signature]

10-21-99  
Date

Nearest PBR location and/or Branch location for the customer: \_\_\_\_\_

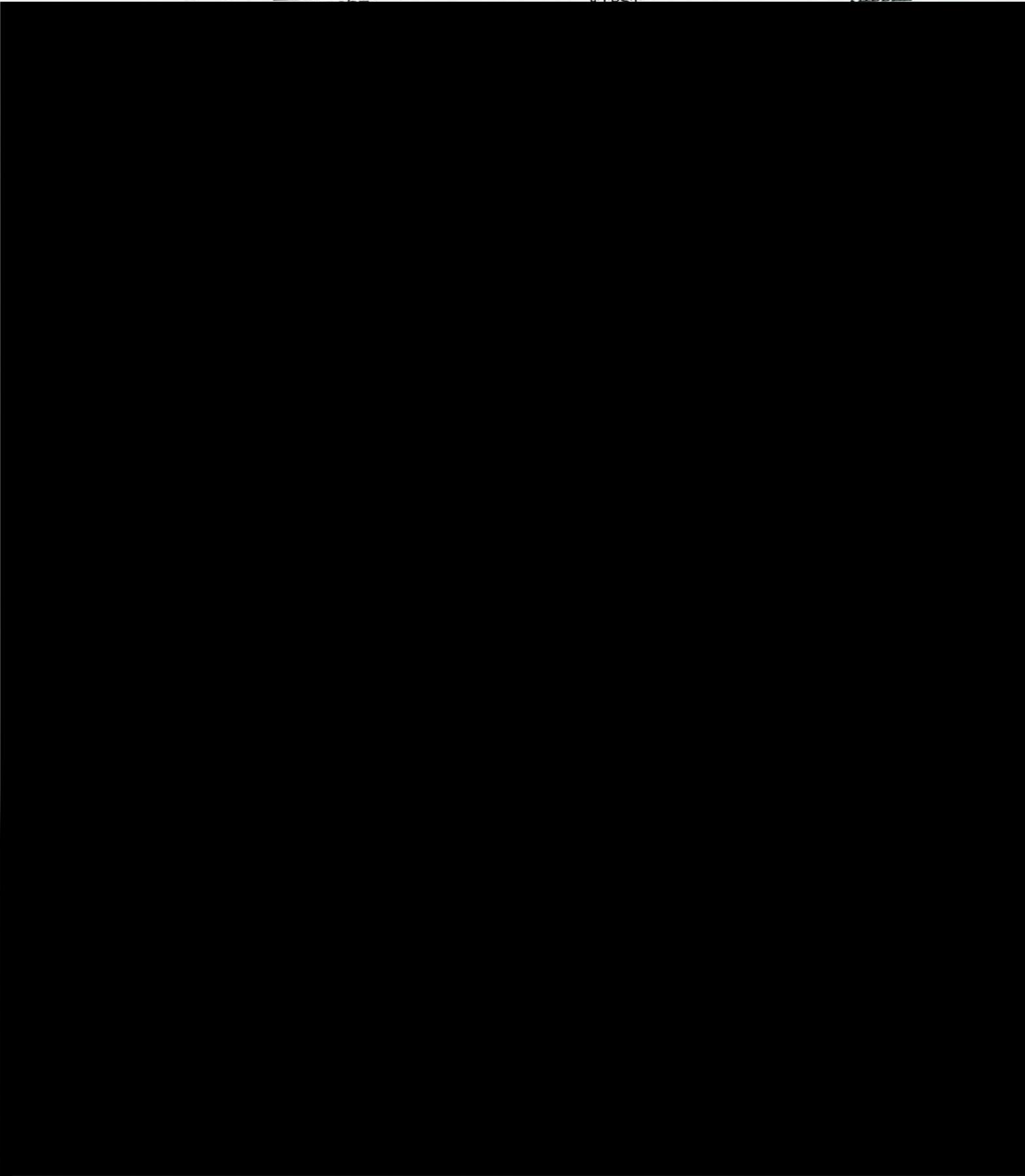
"NEW EMPLOYEE" PROCESSING  
PERSONAL DATA

# [REDACTED]  
The following information is required in order to correctly process new employees:

1. NAME: [REDACTED]

[REDACTED] FIRST

[REDACTED] MIDDLE



# SECTION I - PERSONAL INFORMATION OHIO CIVIL SERVICE APPLICATION

EQUAL OPPORTUNITY EMPLOYER

SOCIAL SECURITY NO. [REDACTED]

LAST NAME [REDACTED]

FIRST NAME [REDACTED]

MIDDLE INITIAL [REDACTED]

**APPLICANTS FOR CIVIL SERVICE EXAMINATION PLEASE READ**

**MINIMUM QUALIFICATIONS**

To qualify for a requested examination, applicant must show clearly, by stated experience or training, that he/she meets all the minimum qualifications specified in the announcement bulletin. Failure to do so will result in your application being disapproved.

**MILITARY CREDIT CLAIM**

In order to claim military service credit on your exam score, check the box below. Honorable Discharge or DD214 or copy thereof must be submitted with this application.

MILITARY CREDIT

**ARE YOU INTERESTED IN:**

YES NO

- FULL-TIME PERMANENT work?
- PART-TIME work?
- TEMPORARY work?
- INTERMITTENT work?
- SUMMER work only?

**CURRENT EXAMINATIONS REQUESTED**

EXAM NO.	EXAM TITLE	APP	DIS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEADLINE: \_\_\_\_\_

Please check below the counties where you would be willing to accept employment. You are encouraged to limit the list of counties to only those counties where you would seriously consider working.

- |                  |                 |                 |                  |                  |
|------------------|-----------------|-----------------|------------------|------------------|
| Adams _____      | Darke _____     | Hocking _____   | Miami _____      | Scioto _____     |
| Allen _____      | Defiance _____  | Holmes _____    | Monroe _____     | Seneca _____     |
| Ashland _____    | Delaware _____  | Huron _____     | Montgomery _____ | Shelby _____     |
| Ashtabula _____  | Erie _____      | Jackson _____   | Morgan _____     | Stark _____      |
| Athens _____     | Fairfield _____ | Jefferson _____ | Morrow _____     | Summit _____     |
| Auglaize _____   | Fayette _____   | Knox _____      | Muskingum _____  | Trumbull _____   |
| Belmont _____    | Franklin _____  | Lake _____      | Noble _____      | Tuscarawas _____ |
| Brown _____      | Fulton _____    | Lawrence _____  | Ottawa _____     | Union _____      |
| Butler _____     | Gallia _____    | Licking _____   | Paulding _____   | Van Wert _____   |
| Carroll _____    | Geauga _____    | Logan _____     | Perry _____      | Vinton _____     |
| Champaign _____  | Greene _____    | Lorain _____    | Pickaway _____   | Warren _____     |
| Clark _____      | Guernsey _____  | Lucas _____     | Pike _____       | Washington _____ |
| Clermont _____   | Hamilton _____  | Madison _____   | Portage _____    | Wayne _____      |
| Clinton _____    | Hancock _____   | Mahoning _____  | Preble _____     | Williams _____   |
| Columbiana _____ | Hardin _____    | Marion _____    | Putnam _____     | Wood _____       |
| Coshocton _____  | Harrison _____  | Medina _____    | Richland _____ ✓ | Wyandot _____    |
| Crawford _____   | Henry _____     | Meigs _____     | Ross _____       |                  |
| Cuyahoga _____   | Highland _____  | Mercer _____    | Sandusky _____   |                  |

**INFORMATION RELEASE**

I hereby authorize the release of this form to appropriate officials for recruitment purposes.

Applicant Signature [REDACTED]

Date 12-19-96

**SECTION II — EXPERIENCE**

In the areas below, please type or print legibly past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Volunteer work may also be included as employment. NOTE: A resume may not be used as a substitute for completing this page.

VIO OIHO NOITAMROJ

**PRESENT OR MOST RECENT JOB:**

Employer's name and address Brinks 254 R Central Ave, Mansfield Ohio  
Length of employment FROM: mo. 3 yr. 92 TO: mo. Present  
Reason for leaving \_\_\_\_\_  
Position (job title and classification) Messenger Salary: beginning 6.90 ending 8.76  
Duties Performed Pick up and deliver money

**NEXT MOST RECENT JOB:**

Employer's name and address Mansfield City Parks 100 Brinkerhoff Ave Mansfield Ohio  
Length of employment FROM: mo. 6 yr. 91 TO: mo. 10 yr. 91  
Reason for leaving Layed off  
Position (job title and classification) Summer help Salary: beginning 5.01 ending 5.01  
Duties Performed Cut grass, painting

Employer's name and address Mansfield Screw Machine Lexington Ohio, 145 Industrial Dr  
Length of employment FROM: mo. 2 yr. 90 TO: mo. 6 yr. 90  
Reason for leaving Layed off  
Position (job title and classification) Detailor Salary: beginning 4.25 ending 4.50  
Duties Performed Detailed parts, ran parts on screw machine

Employer's name and address \_\_\_\_\_  
Length of employment FROM: mo. \_\_\_\_\_ yr. \_\_\_\_\_ TO: mo. \_\_\_\_\_ yr. \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Position (job title and classification) \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_  
Duties Performed \_\_\_\_\_

Employer's name and address \_\_\_\_\_  
Length of employment FROM: mo. \_\_\_\_\_ yr. \_\_\_\_\_ TO: mo. \_\_\_\_\_ yr. \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Position (job title and classification) \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_  
Duties Performed \_\_\_\_\_

**SECTION III – EDUCATION AND TRAINING**

**EDUCATION**

Total number of years of education, including primary school: 13

Highest academic degree or level attained: High School Diploma

Name and address of school, college or university where degree attained. If no degree, last school attended: Mansfield Christian School  
500 Logan rd  
Mansfield Ohio

Major subject area for graduate degree, if any: \_\_\_\_\_

Major subject area for graduate study without a degree, if any: \_\_\_\_\_

Major subject area for undergraduate degree, if any: \_\_\_\_\_

Major subject area for undergraduate study without a degree, if any: Law enforcement

Minor subject area(s) for undergraduate degree, if any: \_\_\_\_\_

If applying for a student help or college intern position, please list the school you are attending: \_\_\_\_\_

Please list below the specific course work areas relevant to the position(s) for which you are applying. Also, indicate the number of courses you have successfully completed in each area. **NOTE:** A transcript may not be substituted for this section.

EXAMPLE ONLY		COURSE WORK AREA	NO. OF COURSES
A list of course work areas for a position as a purchasing agent might include:		_____	_____
COURSE WORK AREA	NO. OF COURSES	_____	_____
Procurement	6	_____	_____
Inventory control	3	_____	_____
Bookkeeping	3	_____	_____
Public relations	1	_____	_____
Government	1	_____	_____
Budgeting	1	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TRAINING AND OTHER QUALIFICATIONS**

If applying for a clerical position: TYPING SPEED: \_\_\_\_\_ SHORTHAND SPEED: \_\_\_\_\_

If you have received TRAINING in an area which you feel is relevant to the position(s) for which you are applying, please submit the following information (do not include training gained as a part of your education as described above):

Type of Training	Organization	Length of Training	Subject(s) Covered
_____	_____	_____	_____
_____	_____	_____	_____

In the area below, please describe briefly any additional information or special qualifications you have for the position(s) requested. Include special machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

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

SECTION IV - MISCELLANEOUS

TRAINING

THE FOLLOWING INFORMATION WILL BE USED ONLY IF IT IS DIRECTLY RELATED TO THE CLASSIFICATION/POSITION FOR WHICH YOU ARE APPLYING

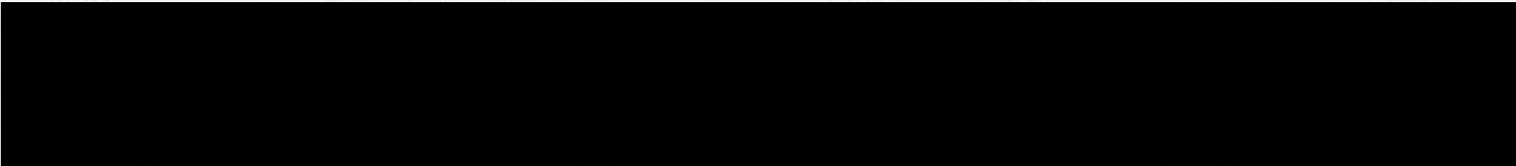
- 1. Are you willing and able to secure an Ohio Driver's License, if a license is required? YES  NO
- 2. If necessary, can you supply your own transportation for work use? YES  NO
- 3. Have you ever been employed in the state or county service of Ohio? YES  NO
- 4. Have you been convicted of any felony? YES  NO
- 5. Can you perform the job-related requirements of the specific job for which you are applying? YES  NO

If you have answered "YES" to question 3 or 4 or "NO" to question 5, please explain fully below, indicating by number to which question you are responding.

6-88

EMERGENCY INFORMATION

List the name and address of ONE PERSON WHO WILL ALWAYS KNOW YOUR WHEREABOUTS.

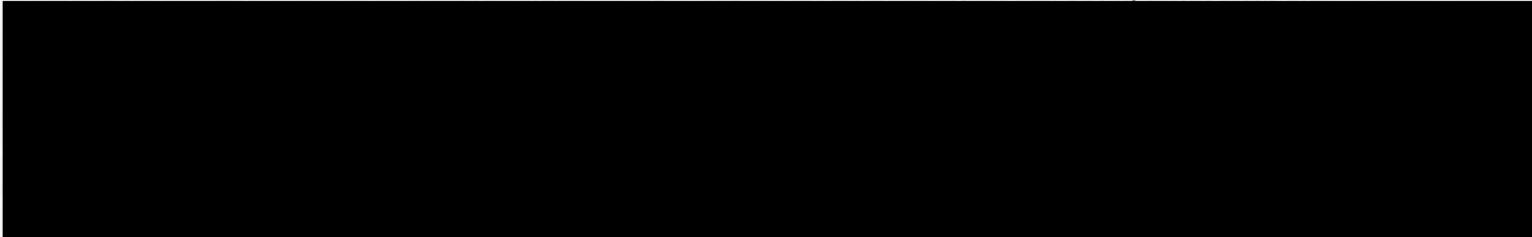


Please list the names and addresses of three individuals, other than relatives, whom we may contact for a PROFESSIONAL RECOMMENDATION.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
Dave Atkins	97 Kimberwick rd	Lexington	ohio	44904	
Brad Roseborough	60 Norfolk Dr	Lexington	ohio	44904	
Luke Mayer	1711 Woodville rd	Mansfield	ohio	44903	

PREVIOUS ADDRESSES

Please list TWO MOST RECENT PREVIOUS HOME ADDRESSES with the date of residence for each previous address.



NOTARY PUBLIC OR OTHER AUTHORIZED OFFICER FOR THIS PURPOSE.

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, colleges or universities which I attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such knowledge or information to the Division of Personnel, Department of Administrative Services.

SIGNATURE OF APPLICANT



Subscribed and duly sworn before me according to law, by the above named applicant this 5th day of December 19 96 at Mansfield, County of Richland and State of Ohio

Signature of officer Barbara L McConkie

Official Title Clerical Supervisor

BARBARA L. McCONKIE  
NOTARY PUBLIC, STATE OF OHIO  
My Commission Expires Aug. 15, 2000

# EMPLOYMENT ELIGIBILITY VERIFICATION

**1 EMPLOYEE INFORMATION AND VERIFICATION:** (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Maiden
----------------------------	-------	--------	--------



- An alien lawfully admitted for permanent residence (Alien Number A \_\_\_\_\_).
- An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A \_\_\_\_\_, or Admission Number \_\_\_\_\_, expiration of employment authorization, if any \_\_\_\_\_).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)
-----------	-----------------------

**PREPARER/TRANSLATOR CERTIFICATION** (If prepared by other than the individual). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)
Address (Street Name and Number)	City State Zip Code

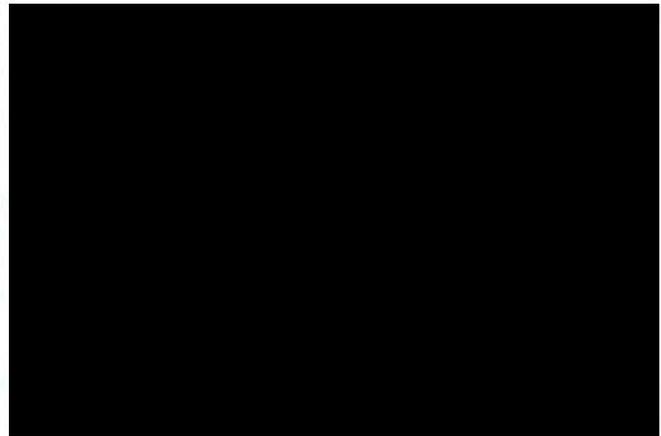
**2 EMPLOYER REVIEW AND VERIFICATION:** (To be completed and signed by employer.)

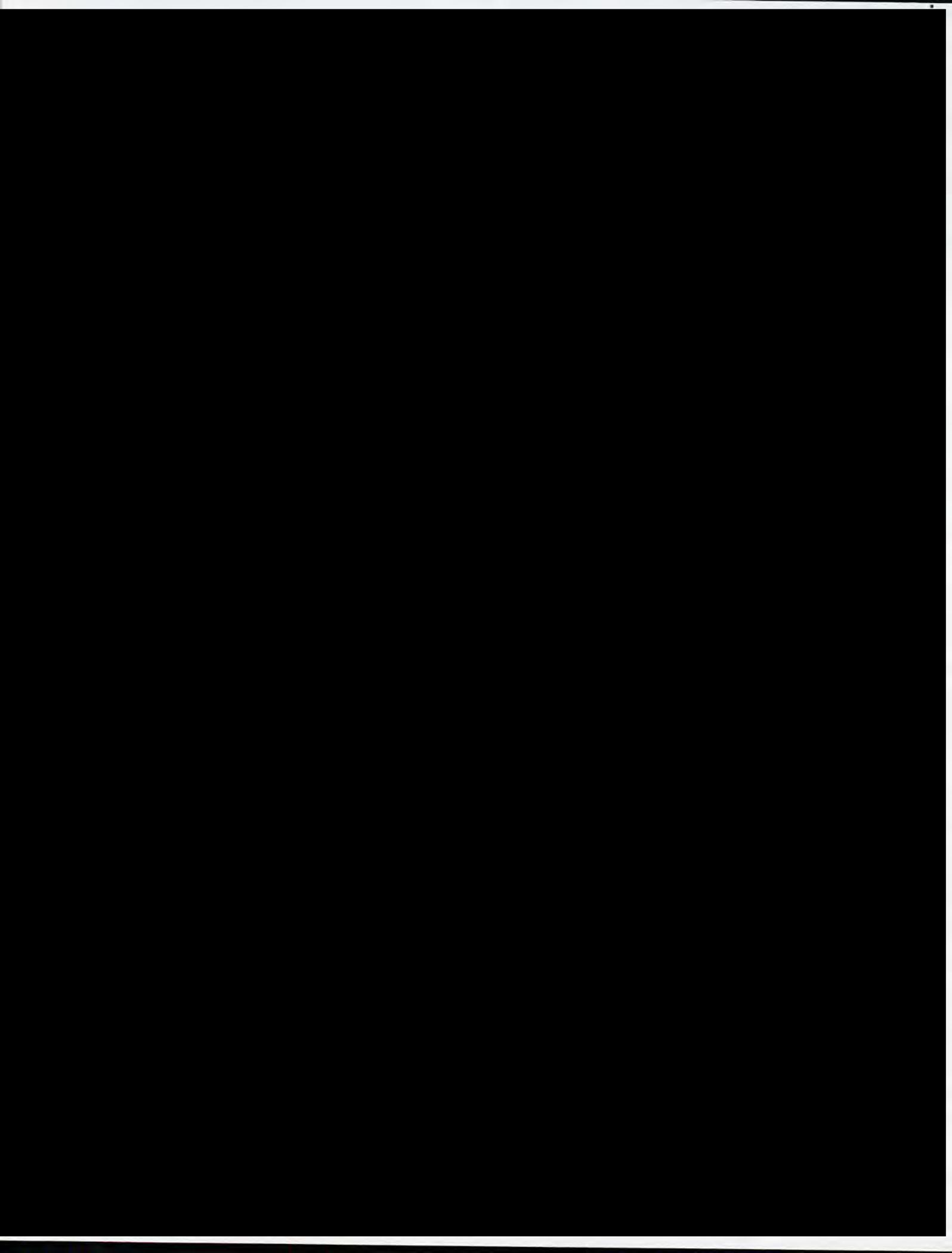
Examine one document from those in List A and check the correct box. or examine one document from List B and one from List C and check the correct boxes. Provide the *Document Identification Number* and *Expiration Date*, for the document checked in that column.

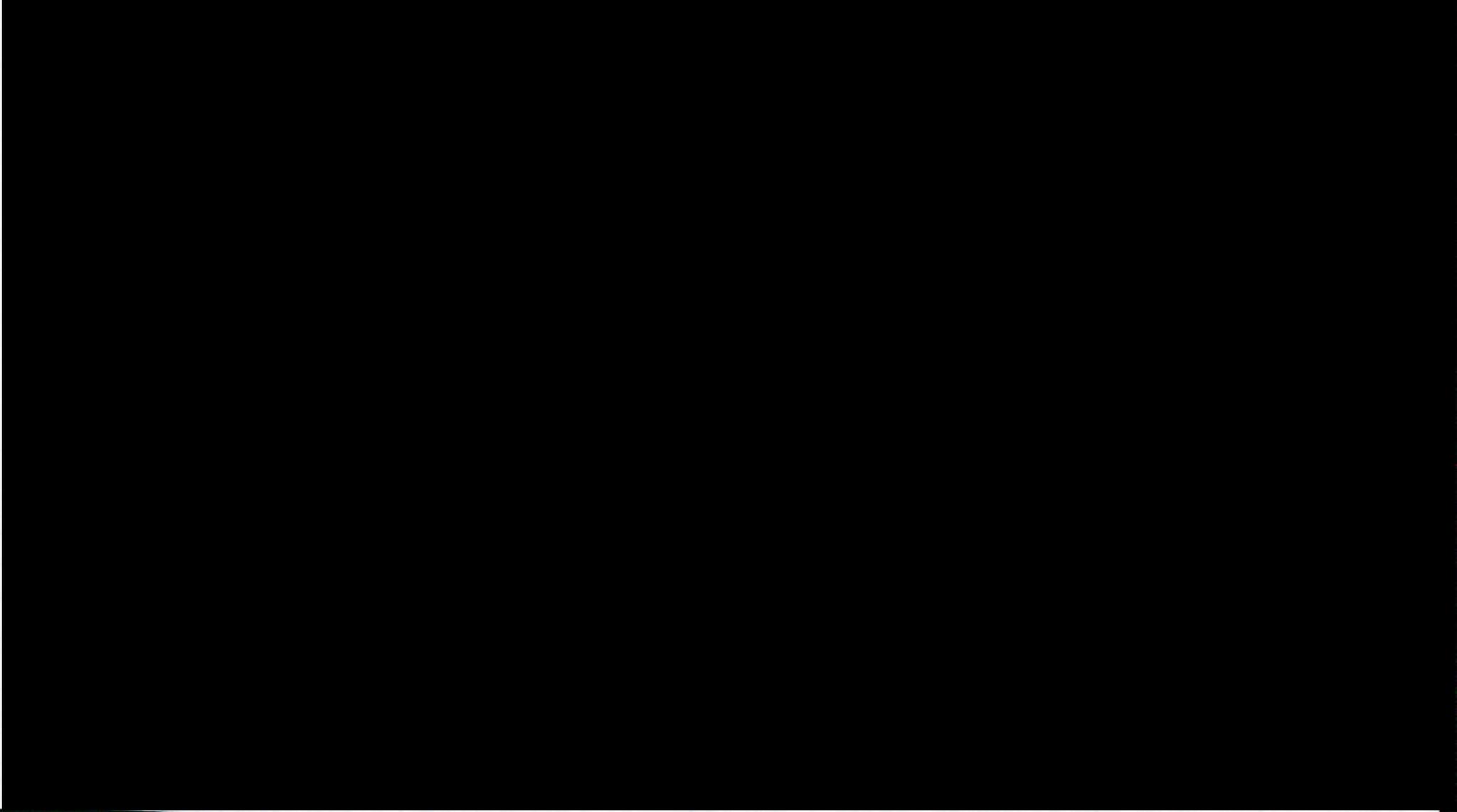
List A Identity and Employment Eligibility	List B Identity	and List C Employment Eligibility
<input type="checkbox"/> United States Passport <input type="checkbox"/> Certificate of United States Citizenship <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> Alien Registration Card with photograph  <i>Document Identification</i> # _____  <i>Expiration Date (if any)</i> _____	<input checked="" type="checkbox"/> A State issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) <u>OHIO</u> <input type="checkbox"/> U.S. Military Card <input type="checkbox"/> Other (Specify document and issuing authority)	<input checked="" type="checkbox"/> Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> A birth certificate issued by State, county, or municipal authority bearing a seal or other certification <input type="checkbox"/> Unexpired INS Employment Authorization Specify form # _____

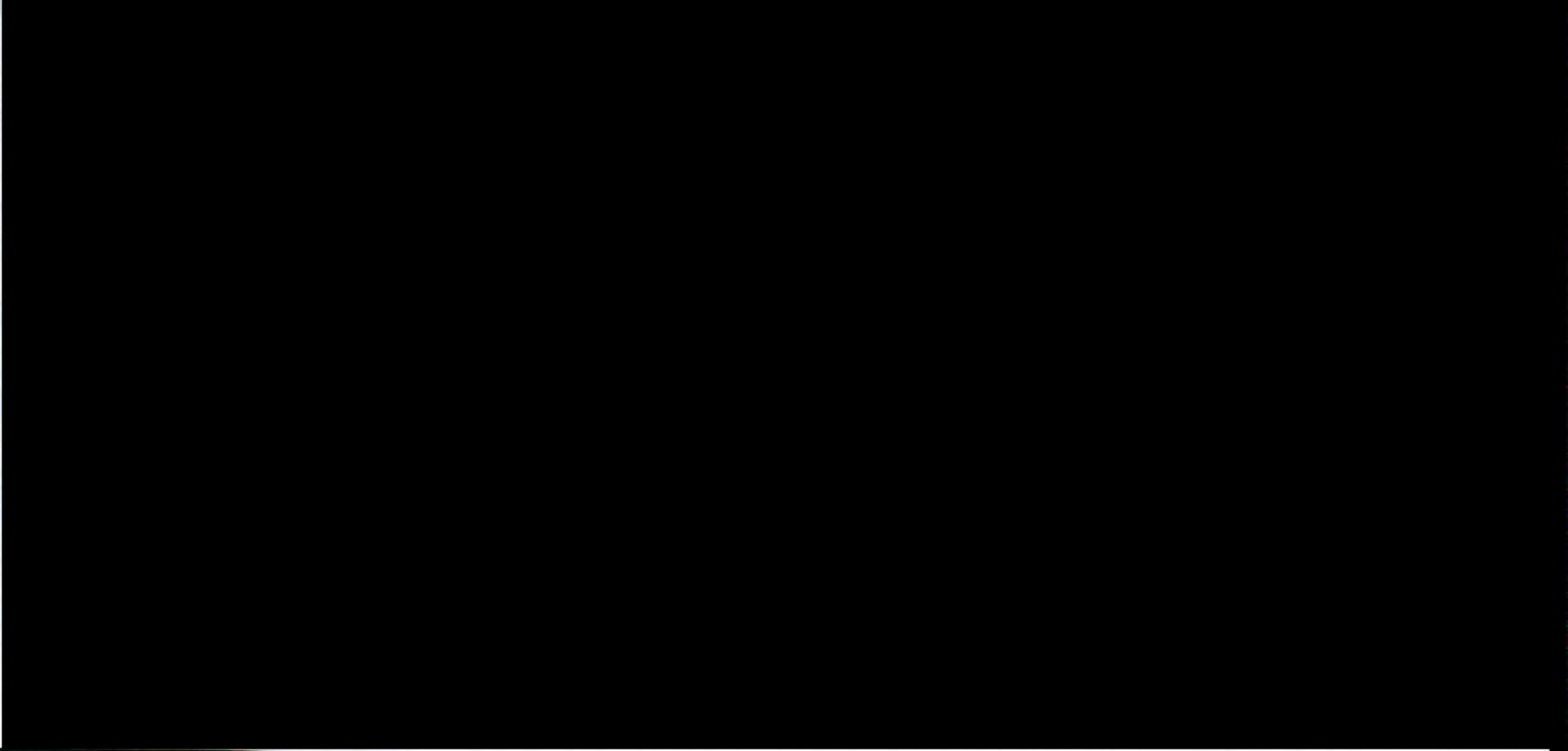
**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine, relate to the individual named, and that the individual, to the best of my knowledge, is authorized to work in the United States.

Signature	Name (Print or Type)	Title
	JAMES A. STIERHOFF SHERIFF	
Employer Name	Address	Date
Richland Co. Sheriff Office	55 E. 2nd St. Mansfield, OH 44902	12-12-96









### PERSONAL HISTORY RECORD

All sections of this Form must be completed in full including the certification by your payroll officer and the affidavit. All statements are to be made under oath and may require substantiating proof. Proof of date of birth will be required to obtain retirement and other benefits. Be accurate when entering your Social Security number; copy it from your card. All signatures must be in ink; other entries may be typewritten or printed clearly. A refund of accumulated contributions, retirement allowances, disability benefits, or survivor benefits may only be paid if this Form is properly completed.

#### SECTION I PERSONAL INFORMATION

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

Social Security Number

DO NOT WRITE IN THE  
FOLLOWING SPACES  
FOR PERS OFFICE USE ONLY

Previous PERS Number

Employer Code

Received for Record  
Date Stamp

#### SECTION II SERVICE INFORMATION

1. Give date of first service as an employee in any public employment in Ohio 06-29-90

2. Have you been a member of any of the following retirement systems?

- a) Ohio Police & Firemen's Disability and Pension Fund (PFDPF)  yes  no
- b) Cincinnati Retirement System (CRS)  yes  no
- c) State Highway Patrol Retirement (HPRS)  yes  no
- d) School Employees Retirement System (SERS)  yes  no
- e) State Teachers Retirement System (STRS)  yes  no

If you answered "yes" to any of the above, provide the following information for each system marked:

Membership date(s) from \_\_\_\_\_ to \_\_\_\_\_ System(s) \_\_\_\_\_

Retired?  yes  no Date(s) \_\_\_\_\_ System(s) \_\_\_\_\_

Refunded Account?  yes  no Date(s) \_\_\_\_\_ System(s) \_\_\_\_\_

3. Are you presently or have you been receiving disability retirement benefits from any state or municipal retirement system in Ohio?  yes  no

If "yes", which system? \_\_\_\_\_

Please turn page

**SECTION III EMPLOYMENT INFORMATION**

1. State present title, employer, and department in which employed:

TITLE	EMPLOYER	DEPARTMENT, OFFICE, BOARD, COMMISSION, OR INSTITUTION
Correction Officer 1	Richland co.	Richland Co. Sheriff Office

2. State date present employment began (specify month/date/year): 12-12-96

Was this service ever covered by approved exemption?  yes  no

If "yes", attach copy of approved Request for Optional Exemption (F-3) and give dates the limitations were exceeded \_\_\_\_\_

3. Is current service an elected position?  yes  no

If "yes", term began \_\_\_\_\_, Submit Application for Membership from an Elective Official (A-9) in duplicate.

4. Have you ever held another elected position?  yes  no

If "yes", state office held \_\_\_\_\_ and dates \_\_\_\_\_

**SECTION IV BENEFICIARY DESIGNATION**

In addition to benefits available to you, benefits may be available to your qualifying beneficiary(ies) upon your death. Your beneficiary is determined in one of two ways: **automatic succession** as established by law or **specific designation** which requires you to name a person, persons, trust, estate, or an institution. By law there are certain events which cancel a specific designation; marriage, divorce, dissolution of marriage, legal separation, the birth or adoption of a child, or withdrawal of account. If you do not submit a new designation to PERS after one of these events occurs, your beneficiary will be determined by automatic succession.

•If you are not retired from another state retirement system and a specific designation is not filed, at your death any amount due is payable to your first qualifying beneficiary in the following order: (1) spouse, (2) child(ren), (3) parent(s), or (4) estate. If you are satisfied with this order, you do not need to do anything. If you would like to make a **specific designation**, please mark this box ; information and the proper form will be sent to you. If you have made a previous designation and your account is still on deposit with PERS and you want to keep that previous designation, please mark this box .

•If you are retired from another state retirement system and a specific designation is not filed, at your death any amount due is payable to your first qualifying beneficiary in the following order under automatic succession: (1) spouse; (2) child(ren) share equally; (3) parents share equally; or (4) estate. If you are satisfied with automatic succession, you do not need to do anything. If you would like to make a **specific designation**, please mark this box , and information, along with the proper form, will be sent to you.

**SECTION V EMPLOYEE AFFIDAVIT**

State of Ohio, County of Richland

Being duly sworn, the undersigned states that the statements contained in this Form are complete and true to the best of his/her knowledge and belief.

\_\_\_\_\_

Sworn to and subscribed to me this 2nd day of December, 19 96

Barbara L. McConkie  
Notary Public

BARBARA L. McCONKIE  
NOTARY PUBLIC, STATE OF OHIO  
My Commission Expires Aug. 15, 2000

**SECTION VI PAYROLL OFFICER'S CERTIFICATION**

1. State present rate of compensation: \_\_\_\_\_ per hour / day / month  
Circle one

2. Explain certified allowances paid for full maintenance (consisting of housing, laundry, and meals) \_\_\_\_\_

I hereby certify that \_\_\_\_\_ began service with

Employee's Name

on \_\_\_\_\_, and the statements set

Employing Unit

Date

forth in Sections I, III, and VI are true and accurate as disclosed by the records of this department.

Signed \_\_\_\_\_ Employing Unit \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Following information is required in order to correctly process new employees.

1 NAME: [REDACTED]

[REDACTED]



# National Safety Council

## Defensive Driving Course- Certificate of completion

This certifies that the person named below has successfully completed the National Safety Council Defensive Driving Course.



COURSE COMPLETION DATE  
June 28, 1990

SECURITY CONTROL NO. 3107001

THIS DOCUMENT IS VOID IF IT IS REPRODUCED

- Keep wallet card for your records.
- Please remember to use your Safety Belt - "Make it Click".



# National Safety Council



COURSE COMPLETION DATE  
June 28, 1990

Has completed the National Safety Council's  
DEFENSIVE DRIVING COURSE as presented by:

Richland County  
Training Agency

J. Stiehoff  
Instructor

*T.C. Gilcrest*  
T.C. GILCREST, President

SECURITY CONTROL NO. 3107001

**1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)**

Name: (Print or Type) Last First Middle Maiden



An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A \_\_\_\_\_ or Admission Number \_\_\_\_\_ expiration of employment authorization, if any \_\_\_\_\_).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature: \_\_\_\_\_ Date (Month/Day/Year) 10-29-90

INSPECTION TRANSFER FOR CERTIFICATION (If prepared by other than the individual) I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)		
Address (Street Name and Number)	City	State	Zip Code

**2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)**

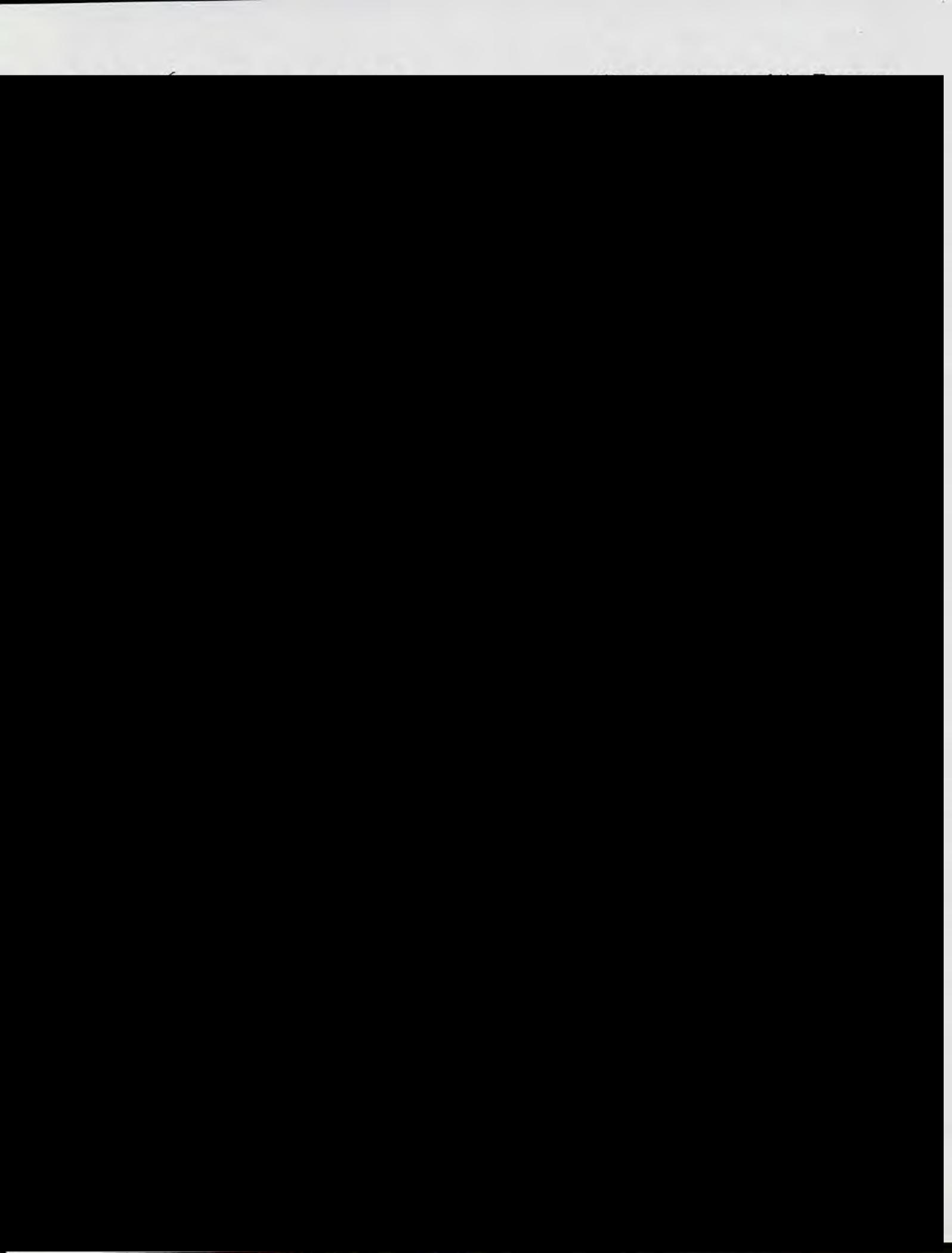
Examine one document from those in List A and check the correct box, or examine one document from List B and one from List C and check the correct boxes. Provide the Document Identification Number and Expiration Date, for the document checked in that column.

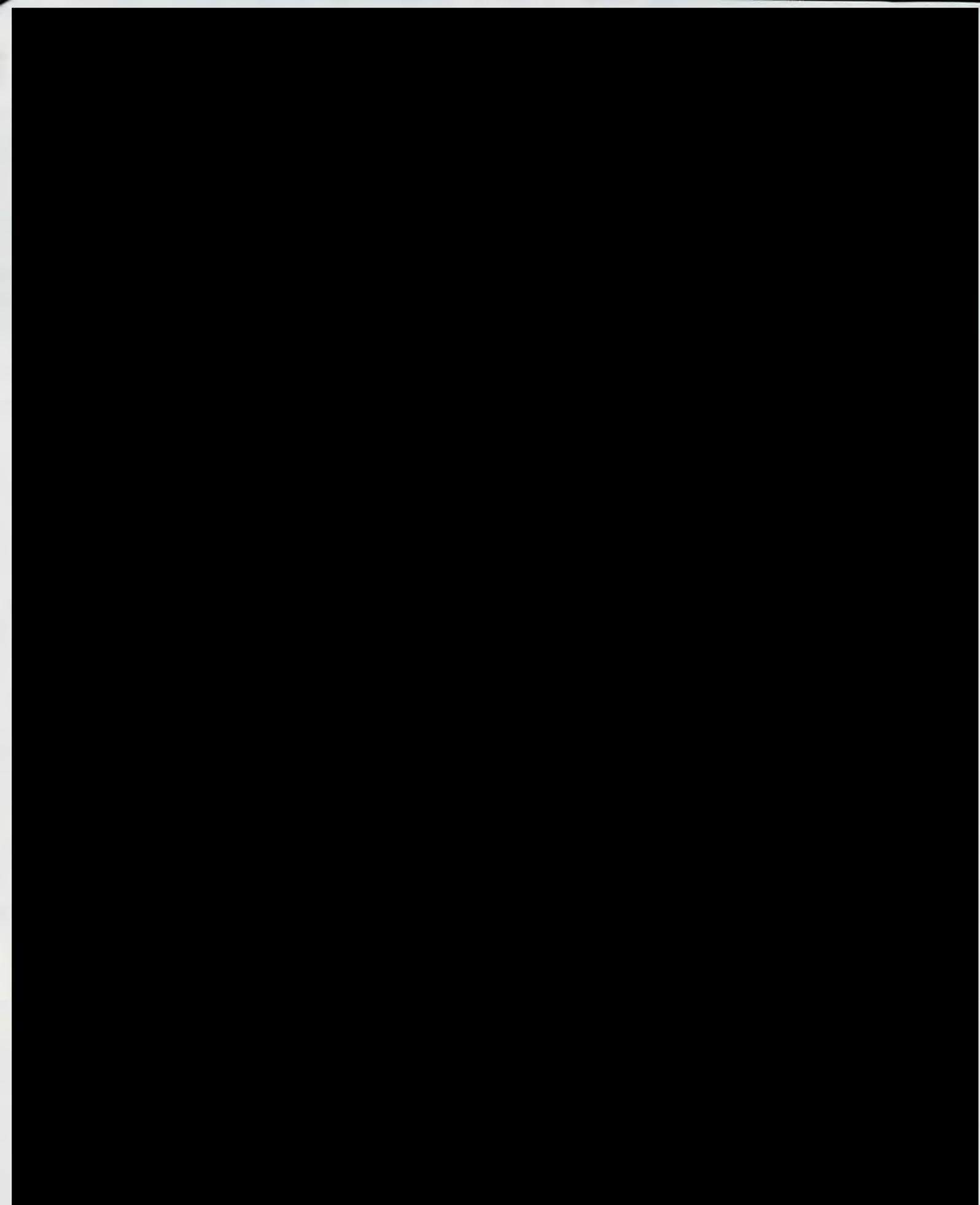
List A Identity and Employment Eligibility	List B Identity	and	List C Employment Eligibility
<input type="checkbox"/> United States Passport <input type="checkbox"/> Certificate of United States Citizenship <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> Alien Registration Card with photograph Document Identification _____ Expiration Date (if any) _____	<input checked="" type="checkbox"/> A State issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State: <u>OHIO</u> ) <input type="checkbox"/> U.S. Military Card <input type="checkbox"/> Other (Specify document and issuing authority) _____		<input checked="" type="checkbox"/> Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> A birth certificate issued by State, county, or municipal authority bearing a seal or other certification <input type="checkbox"/> Unexpired INS Employment Authorization Specify form _____ Document Identification _____ Expiration Date (if any) _____

CERTIFICATION: I attest, under penalty of perjury, that the above information was provided by the above individual, that they appear to be genuine, relate to the individual named, and that the individual, to the best of my knowledge, is authorized to work in the United States.

Signature <u>H. Dale Shetler</u>	Name (Print or Type) H. DALE SHETLER	Title SHERIFF
Employer Name Richland Co. Sheriff Dept.	Address 55 E. 2nd St. Mansfield, OH 44902	Date 06-29-90









**SECTION II — EXPERIENCE**

In the areas below, please type or print legibly past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Volunteer work may also be included as employment. NOTE: A resume **may not** be used as a substitute for completing this page.

**PRESENT OR MOST RECENT JOB:**

Employer's name and address Mansfield News Journal  
Length of employment FROM: mo. 1 yr. 90 TO: mo. 6 yr. 90  
Reason for leaving \_\_\_\_\_  
Position (job title and classification) District Manager Salary: beginning 275 WK ending 286 WK  
Duties Performed Collected money from kids, found kids for routes

**NEXT MOST RECENT JOB:**

Employer's name and address Mansfield Screw machine  
Length of employment FROM: mo. 6 yr. 89 TO: mo. 11 yr. 89  
Reason for leaving Layed off  
Position (job title and classification) Detailer Salary: beginning 4<sup>00</sup> Hr ending 4<sup>50</sup> Hr  
Duties Performed Detailled Parts, spun oil off chips

Employer's name and address Western Southern Life  
Length of employment FROM: mo. 7 yr. 88 TO: mo. 5 yr. 89  
Reason for leaving not making enough money  
Position (job title and classification) Salesman Salary: beginning 225<sup>00</sup> WK ending 90<sup>00</sup> WK  
Duties Performed Sold Life insurance

Employer's name and address Hawkins Market  
Length of employment FROM: mo. 6 yr. 87 TO: mo. 2 yr. 88  
Reason for leaving no room for advancement  
Position (job title and classification) stock/carry out Salary: beginning 4<sup>00</sup> WK ending 4<sup>50</sup> WK  
Duties Performed stocked shelves/carry out

Employer's name and address \_\_\_\_\_  
Length of employment FROM: mo. \_\_\_\_\_ yr. \_\_\_\_\_ TO: mo. \_\_\_\_\_ yr. \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Position (job title and classification) \_\_\_\_\_ Salary: beginning \_\_\_\_\_ ending \_\_\_\_\_  
Duties Performed \_\_\_\_\_

# SECTION III – EDUCATION AND TRAINING

## EDUCATION

Total number of years of education, including primary school: 13

Highest academic degree or level attained: High School diploma

Name and address of school, college or university where degree attained. If no degree, last school attended: Mansfield Christian School  
500 Logan rd  
Mansfield, Oh

Major subject area for graduate degree, if any: \_\_\_\_\_

Major subject area for graduate study without a degree, if any: \_\_\_\_\_

Major subject area for undergraduate degree, if any: Physical Education

Major subject area for undergraduate study without a degree, if any: Physical Education

Minor subject area(s) for undergraduate degree, if any: \_\_\_\_\_

If applying for a student help or college intern position, please list the school you are attending: \_\_\_\_\_

Please list below the specific course work areas relevant to the position(s) for which you are applying. Also, indicate the number of courses you have successfully completed in each area. NOTE: A transcript may not be substituted for this section.

EXAMPLE ONLY		COURSE WORK AREA	NO. OF COURSES
A list of course work areas for a position as a purchasing agent might include:		_____	_____
COURSE WORK AREA	NO. OF COURSES	_____	_____
Procurement	6	_____	_____
Inventory control	3	_____	_____
Bookkeeping	3	_____	_____
Public relations	1	_____	_____
Government	1	_____	_____
Budgeting	1	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## TRAINING AND OTHER QUALIFICATIONS

If applying for a clerical position: TYPING SPEED: \_\_\_\_\_ SHORTHAND SPEED: \_\_\_\_\_

If you have received TRAINING in an area which you feel is relevant to the position(s) for which you are applying, please submit the following information (do not include training gained as a part of your education as described above):

Type of Training	Organization	Length of Training	Subject(s) Covered
_____	_____	_____	_____
_____	_____	_____	_____

In the area below, please describe briefly any additional information or special qualifications you have for the position(s) requested. Include special machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

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

**SECTION IV – MISCELLANEOUS**

THE FOLLOWING INFORMATION WILL BE USED ONLY IF IT IS DIRECTLY RELATED TO THE CLASSIFICATION/POSITION FOR WHICH YOU ARE APPLYING

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
|   | YES                                 | NO                                  |
| 1. Are you willing and able to secure an Ohio Driver's License, if a license is required?       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. If necessary, can you supply your own transportation for work use?                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Have you ever been employed in the state or county service of Ohio?                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Have you been convicted of any felony?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Can you perform the job-related requirements of the specific job for which you are applying? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

If you have answered "YES" to question 3 or 4 or "NO" to question 5, please explain fully below, indicating by number to which question you are responding.

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**EMERGENCY INFORMATION**

List the name and address of ONE PERSON WHO WILL ALWAYS KNOW YOUR WHEREABOUTS.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
------	---------	------	-------	----------	-------



**REFERENCES**

Please list the names and addresses of three individuals, other than relatives, whom we may contact for a PROFESSIONAL RECOMMENDATION.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
------	---------	------	-------	----------	-------

Joe Schivinski	72 Arnold Dr	Mansfield	Ohio	44906	
Dave Atkins	1907 Sandy Ct	Mansfield	Ohio	44904	
Bob Nicholson	1170 1/2 Lexington Ave	Mansfield	Ohio	44907	



**PREVIOUS ADDRESSES**

Please list TWO MOST RECENT PREVIOUS HOME ADDRESSES with the date of residence for each previous address.

ADDRESS	CITY	STATE	ZIP CODE	DATES OF RESIDENCE
---------	------	-------	----------	--------------------



**NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THIS PURPOSE.**

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, colleges or universities which I attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such knowledge or information to the Division of Personnel, Department of Administrative Services.

SIGNATURE OF APPLICANT

Subscribed and duly sworn before me according to law, by the above named applicant this 29 day of June 1990 at Mansfield, County of Richland and State of Ohio

Signature of officer Barbara Lmc Conkie  
 Official Title Classical Supervisor

BARBARA L. McCONKIE  
 NOTARY PUBLIC, STATE OF OHIO  
 My Commission Expires Aug. 15, 1990

THIS IS A LEGAL DOCUMENT — READ SECTION 15 BEFORE FILLING OUT.

## PUBLIC EMPLOYEES RETIREMENT SYSTEM OF OHIO

### PERSONAL HISTORY RECORD (Form A-Original — Revised 11/1/76)

1. Name in Full \_\_\_\_\_

3. Are you, or have you been, a member of a Police or Fire Pension Fund?  Yes  No  
Are you, or have you been, a member of School Employees Retirement System of Ohio?  Yes  No  
Are you, or have you been, a member of State Teachers Retirement System of Ohio?  Yes  No  
Are you, or have you been, a member of State Highway Patrol Retirement System of Ohio?  Yes  No

4. Are you, or have you been, receiving disability or service retirement benefits from any of the retirement systems listed in number 3 above; or from any other state or municipal public retirement system in Ohio?  Yes  No

If "Yes", which system? \_\_\_\_\_

5. Give date of first service as an employee in any public employment in Ohio June 29, 1990

6. Give name of present employer and the department in which employed: RICHLAND COUNTY SHERIFF DEPT.

GOVERNMENTAL UNIT	OFFICE, DEPARTMENT, BOARD, COMMISSION OR INSTITUTION	TITLE
COUNTY	SHERIFF DEPT.	Correction Officer

7. Date Present Employment Began (specify month, day, and year) June 29, 1990

Social Security Number ▼

DO NOT WRITE IN THE FOLLOWING SPACES

Previous PERS Number

PERS Department Code

Received for Record

(Date Stamp)

Checked by:

Approved Correct

Remarks:

12. PAYROLL OFFICER'S CERTIFICATION.

Bi-Weekly

Annual

7. Present Rate of Compensation (without maintenance)	Per Hour	Per Day	Per Week	Per Month
				\$ 614.40
8. Present Rate of Maintenance (if any)				
9. Nature of Maintenance Allowance:				

I hereby certify that Michael A. Longshore began service in the RICHLAND COUNTY SHERIFF DEPT. on June 29, 1990, as set forth (Employing Unit)

on Page 1 of this record, and that the statements in this history record are true and accurate as disclosed by the records of this department for service as defined in Chapter 145, Ohio Revised Code.

Signed H. Dale Sheller Employing Unit RICHLAND COUNTY  
 Title SHERIFF Department SHERIFF DEPT.

13. AUTOMATIC DESIGNATION OF BENEFICIARY — Supersedes Any Previous Designation

The law [Sec. 145.43 (B) R.C.] provides an automatic designation of beneficiary in sequence as follows: (1) Spouse of the member; (2) the youngest dependent child if (a) such child through his guardian elects to take survivor benefits, and (b) the total survivor benefits payable exceeds the amount of the account subject to refund; (3) if none of the above, to all children share and share alike; (4) if none of the above, the older parent of the member; (5) if none of the above, the member's estate.

The law also provides that a refund, marriage, marriage dissolution, legal separation, or divorce; or, the birth or adoption of a child, void a designation of beneficiary made before such an event.

A specific designation is necessary only if you wish to name someone other than your spouse, children, parent or estate in that qualifying order.

If you want the forms to make other designation of a specific beneficiary naming any person or order different from the automatic succession, please make an X in this box

14. AFFIDAVIT OF EMPLOYEE.

STATE OF OHIO, COUNTY OF RICHLAND ss:

Personally appeared before me the said [REDACTED] who, having been duly cautioned, deposes and says that he (or she) executed this Form A, and that the statements, made thereon are complete and true to the best of his (or her) knowledge and belief.

Signed [REDACTED] (Employee)

Sworn to and subscribed before me this 29th day of June, 19 90

Signature of Officer Barbara Ann Conkie

(OFFICIAL SEAL)

Official Title CLERICAL SUPERVISOR  
BARBARA E. MCCONKIE

NOTARY PUBLIC, STATE OF OHIO  
 My Commission Expires Aug. 15, 1990

15. READ CAREFULLY THE FOLLOWING:

- All statements on this form are to be made under oath and will require substantiating proof.
- Proof of date of birth will be required for retirement or survivor benefit. Copy your Social Security number from your identification card. It must be accurate to identify your account.
- Only one Form A need be filed. If a previous record has ever been sent in, tell your payroll officer. We do not need an additional form.
- All signatures must be in ink. Other entries may be typewritten.
- No refund of accumulated contributions, Retirement Allowances, Disability Benefits or Survivor Benefits can be paid unless this form has been properly completed.

# CORRECTIONS APPLICATION FOR EMPLOYMENT

11-1-96 / 1525 HRS / WILL  
BE HERE

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions
	SEP 16 9 10 AM '96

Rec'd  
9-16-96  
KAT

(PLEASE PRINT PLAINLY)

## PERSONAL

(0945 HRS)

Name: [REDACTED]

11-2-96 / 1310 HRS / WILL  
TAKE PSYCH TEST  
(1000 HRS)

Are you of the legal age to work? yes

Position(s) applied for Corrections officer

Were you previously employed by us? yes If yes, when? 07-90

If your application is considered favorably, on what date will you be available for work?

Are there any other experiences, skills, or qualifications which will be of special benefit in t

should not list any information that Federal and/or State law precludes obtaining in the

through the Police academy I have taken, self defense c  
Administration and human relations courses.

DATE CALLED = 9-17-96  
TIME = 0900 HRS = WILL  
BE THERE

10-21-96 = WILL CALL  
IN MORNING  
10-22-96 = 0820 HRS = WILL  
BE HERE = 1020 HRS

## RD OF EDUCATION

	Course of Study	School Last Year Completed				Did You Graduate?	List Diploma or Degree
		5	6	7	8		
E	X					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	X
	College level					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Diploma
College	Grace College					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Leo Seminary dr					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Winona Lake Indiana					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other (Specify)	NCTC Police Academy					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Course Completed
	Criminal Justice					<input type="checkbox"/> Yes <input type="checkbox"/> No	

11-12-96 / 1530 HRS  
LEFT MESSAGE

(Turn to Next Page)



# CORRECTIONS APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

## PERSONAL

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions
	SEP 16 9 16 AM '96

FOR OFFICE USE ONLY	
Work Location	Rate
Position	Date

Rec'd  
9-16-96  
KMM

Name \_\_\_\_\_

Date 9-16-96

Social Security No. \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, verification will be required upon employment.)

Are you of the legal age to work? yes

Position(s) applied for Corrections officer

Were you previously employed by us? yes If yes, when? 07-90

If your application is considered favorably, on what date will you be available for work? ASAP 19 96

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) having gone through the Police academy I have taken, self defense classes as well as Administration and human relations courses.

### RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary	<u>Mansfield Christian</u> <u>500 Logan rd</u> <u>Mansfield Ohio</u>	X				8	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	X
	High		<u>Mansfield Christian</u> <u>500 Logan rd</u> <u>Mansfield Ohio</u>				4	
College	<u>Grace College</u> <u>200 Seminary dr</u> <u>Winona Lake Indiana</u>	<u>College Prep</u>					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Diploma</u>
	Other (Specify)	<u>NCTC Police Academy</u>					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Course Completed</u>
		<u>Criminal Justice</u>						

(Turn to Next Page)



**List below present and past employment, beginning with your most recent**

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Drinks 254 R. Central Mansfield Ohio Telephone 526-2336	3	91	Present		7.60 hr	8.76 hr	no full time work	Don Bennett
Describe the work you did: <i>picked up money from banks and delivered it to stores.</i>								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Mansfield City Parks 160 Brinkerhoff Ave Mansfield Ohio Telephone 755-9819	6	90	10	90	5.01	5.01	no full time work	Herb Gurn
Describe the work you did: <i>Paint, mowed grass</i>								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Mansfield Screw Machine 145 Industrial Dr Lexington Ohio Telephone 884-1511	2	90	6	90	4.25	4.50	no full time work	Keith Reed
Describe the work you did: <i>Detailed parts, ran parts on machines</i>								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed \_\_\_\_\_

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s). \_\_\_\_\_

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

Name and Occupation	Address	Phone Number
Dave Atkins Pastor	97 Kimberwick Lexington Ohio	
Jim Moore Police officer	317 Wagner rd Bellville Ohio	
Nan Fleming Teacher	977 Expressview Dr. Mansfield Ohio	



**APPLICANT — Do not write on this page  
FOR INTERVIEWER'S USE**

INTERVIEWER	DATE	COMMENTS

**FOR TEST ADMINISTRATOR'S USE**

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION
C-1-Corrections	9-21-96	888		

**REFERENCE CHECK**

*Position Number	RESULTS OF REFERENCE CHECK	*Position Number	RESULTS OF REFERENCE CHECK
I		IV	
II			
III			

\*See Page 2

This "Application for Employment" is prepared for general use throughout the United States. Our legal counsel has advised us that the material outside the blocked-off area complied with all Federal and State fair employment practice laws and with the Fair Credit Reporting Act. However, the various fair employment practice laws and related statutes and the interpretations of them change frequently, and neither V.W. Eimicke Associates, Inc. nor its counsel assume any responsibility for the inclusion in this "Application for Employment" of any questions that may violate local and/or State and/or Federal laws. Users should consult their counsel about any legal question they may have with respect to the use of this form.

RICHLAND COUNTY SHERIFF'S OFFICE  
APPLICANT RELEASE FORM

I, [REDACTED], presently residing at [REDACTED]

[REDACTED] Mansfield Ohio, have applied for employment with the Richland County Sheriff's Office. I have been advised of and am fully aware that a representative of the Sheriff's Office will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that, in conducting this investigation, officers will be making inquiries of: officials and record offices at schools which I have attended, physicians and/or other persons who may have examined or treated me for any physical or other type of illness or injury, police or courts with whom I may have an arrest or conviction record, credit bureau and/or firms who may have information regarding my credit record and/or financial standing, present and previous employers, military records, and any other persons who may be able to provide information about me which the Sheriff's Office desires.

I hereby give my permission and waive all provisions of law forbidding any physician or other person who has attended me, or any other school official, court, police agency, credit bureau, employer, United States Armed Forces, firm or person, from disclosing any knowledge or information they have concerning me which is requested or desired by the Sheriff's Office. I further consent that the Sheriff or his representative, be provided with a copy of any such record concerning me which they desire.

I recognize the right of the Richland County Sheriff's Office to treat, at its discretion, certain sources as confidential, and its right to withhold them from me or my agent the names of such confidential sources and information obtained therefrom.

DATE 9-16-96

NAME OF APPLICANT [REDACTED]

[REDACTED]

[REDACTED]

STATE OF Ohio, COUNTY OF Richland

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

My commission expires 03-20-97.

NOTARY SIGNATURE

I. B. No. \_\_\_\_\_

LAST	FIRST	MIDDLE	W	M	18	F. P. C.
ALIAS			Race	Sex	Age	

DATE	COMP. NO.	CHARGE	DISPOSITION
7/20/82	TR105179	Acc.#1346 Improper Passing on right	\$50.00 BF
6/6/83	TR113325	Speed Radar 49/35	\$46 BF
9/23/87	TR148610	Speed Radar 41/25	\$46 waiver
1-12-89	TR164504	No Left Turn	\$41 Waiver

Form M1—Marquis (ADDITIONAL RECORD OVER)

RC 50  
 DATE 10-22-96  
 BY: PS

# ANSWER SHEET

**DIRECTIONS:** Read each question and its numbered answers, and decide which answer is best. Find the pair of dotted lines numbered the same as the answer you have chosen and blacken this space with your pencil. Be sure that the space you mark is in the row numbered the same as the question you are answering. Be sure that your marks are heavy and black. If you want to change an answer, erase completely the answer you marked, and mark the right answer.

-10 = 88.8%

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Identification Number 064  
 Exam Title C1  
 Date 9-21-96  
 Total Score 88.8%

APPLICATION FOR CORRECTIONS POSITION

RICHLAND COUNTY SHERIFF'S OFFICE MISSION STATEMENT

The mission of the Richland County Sheriff's Office is to enhance the quality of life in our community by working cooperatively with the public and by upholding the Constitution of the United States and the Constitution of the State of Ohio. We will constantly strive to ensure peace and security through a sensitive, caring and creative police service. As leaders in our community, we are committed to law enforcement professionalism through: Integrity, Pride, Service and Fairness to the Community and Ourselves.

EQUAL EMPLOYMENT OPPORTUNITY

All employees and applicants for employment will be recruited, hired, promoted, transferred, demoted, laid off, terminated, suspended, evaluated, or otherwise dealt with in a fair and equitable manner based solely upon merit, fitness and such bonafide occupational qualifications as each individual might possess. No personnel decision shall be based upon race, color, religion, sex, national origin, age, handicap disability, or other non-job-related criteria.

MINIMUM QUALIFICATIONS FOR EXAMINATION

1. Be eighteen (18) years of age.
2. Have a valid driver's license.
3. Have a high school diploma or GED.
4. Have not been convicted of a felony offense.
5. Must be a United States citizen.

SALARY AND BENEFITS

1. Starting salary - \$16,640.00, tops out at \$20,196.80.
2. Health care coverage.
3. Life insurance.
4. Paid vacation and holidays.
5. Sick leave and injury leave.
6. Paid overtime.
7. Longevity pay.
8. Uniforms and equipment furnished.
9. Retirement program - PERS.

APPLICATIONS

Applications will be kept on file for twelve (12) months. If an examination is given during the time your application is on file, your application will remain on file for one year (12) months from the test date.

APPLICATION PROCESS

1. All applicants must score a minimum of seventy-five (75) points on the IMPA entrance examination.
2. Thorough background investigations will be conducted on all applicants.
3. Oral interviews will be scheduled.
4. Applicants must pass a physical and psychological exam.



**RICHLAND COUNTY SHERIFF'S OFFICE**  
**JAMES A. STIERHOFF, SHERIFF**  
55 East Second St. • Mansfield, Ohio 44902

SEPTEMBER 5, 1996

ALL CORRECTIONS APPLICATIONS MUST BE TURNED IN BY SEPTEMBER 16,  
1996 AT 4:00 P.M.

BUSINESS CALLS 774-5678  
MAIL OFFICE PHONE 774-5883  
EMERGENCY CALLS 524-2412  
419-774-5646



**W. WILLIAM SCHMIDT & ASSOCIATES, INC.**

172 Lexington Avenue, Mansfield, Ohio (419) 526-4747

Utilizing the Stoelting 5-Pen POLYSCRIBE

## **CONFIDENTIAL**

**DO NOT OPEN THIS DOCUMENT UNLESS YOU HAVE  
PROPER AUTHORIZATION**

**PRE-EMPLOYMENT SECURITY  
CLEARANCE BACKGROUND**

**NAME :**

[REDACTED]

[REDACTED]

[REDACTED]

**NOTE:** The SCHMIDT SECURITY CLEARANCE EXAMINATION is protected. No part of this may be used in any manner whatsoever unless there is prior specific authorization from W WILLIAM SCHMIDT & ASSOCIATES, INC.

**CONFIDENTIAL** This Information is Subject to Verification and is Collected ONLY for the PURPOSE of Your Seeking employment with the Above Company.

INSTRUCTION: The More that We Know about You, the Better Job We Can Do in Administering This Test. Therefore; We Need to Ask You Questions About Your MEDICAL HISTORY, PHYSICAL CONDITION, PSYCHOLOGICAL BACKGROUND and Those Significant INFLUENCES on Your Life which have MADE YOU THE UNIQUE PERSON WHICH YOU ARE TODAY.

Your ANSWERS to these QUESTIONS DO NOT Require Analytical Thinking. Write down the First Response that comes to your Mind and GO ON TO THE NEXT QUESTION.

If you Don't Understand the Question... GO TO THE NEXT ONE!

If you Can't Think of an Answer....GO TO THE NEXT QUESTION!

Exact Dates ARE NOT important. Use Approximate Dates and Times so That You Will Complete the Form Within the Time Allotted.

FINALLY; The Examiner will Review Your Entire Form, PRIOR to Your Examination. You will have Ample Opportunity to Discuss and Explain any Area Which May be of Particular Concern to you.

W.WM.SCHMIDT  
PRESIDENT

W.WILLIAM SCHMIDT & ASSOC., INC.  
514 AIRPORT RD, MANSFIELD, OH 44903

M.D. BURTON  
DOUG DOMBROSKI

Place 172 Lexington Ave.

Date June 1, 1990

\_\_\_\_\_, voluntarily--without threats, duress, coercion, force, promises of immunity or reward--agree and stipulate to be interviewed and/or take a polygraph (truth-verification) examination for the mutual benefit of myself, W. Wm. Schmidt & Assoc., Inc. and

I fully realize that: I am not required to take this examination, I may remain silent the entire time I am here, anything I may say can be used against me in any court of law, I may first consult with an attorney or anyone I wish to before either signing this form or being interviewed and/or taking the examination. I may have an attorney present, if I cannot afford an attorney and desire one, an attorney will be appointed for me prior to any questioning, and I have the opportunity to exercise all these rights at any time I wish to during the entire time I am here. Nevertheless, I consent to the use of electronic hearing and recording devices, and I voluntarily request and authorize W. Wm. Schmidt & Assoc., Inc. to now proceed with the actual interview/examination. I do hereby authorize W. Wm. Schmidt & Assoc., Inc., its directors, officers, employees, and/or agents to disclose both orally and in writing the interview/examination results and opinions to directors, officers, employees, and/or agents of

RICHLAND COUNTY SHERIFFS DEPARTMENT

I am fully aware that the opinion may be that I have not been truthful. Notwithstanding such, in consideration of and as an inducement for W. Wm. Schmidt & Assoc., Inc., to give me this interview/polygraph examination, I--for myself and my successors, assigns, heirs, executors, and administrators--knowingly waive, damage whatsoever W. Wm. Schmidt & Assoc., Inc., the above-named, and their respective directors, officers, employees, and agents individually, collectively, and personally from any and all suits, actions, or causes of actions at law, claims, demands, or liabilities either in law or in equity including but not limited to false arrest, false imprisonment, libel, slander, or invasion of all my rights which I, my successors, assigns, heirs, directly, indirectly, or remotely from being interviewed/examined, possible liabilities or damages flowing from the operation of all electronic hearing and recording devices, the rendered oral and written opinions and statements, and/or all future actions taken by an and/or all of the above based upon the interview/examination.

As a further consideration and inducement to have W. Wm. Schmidt & Assoc., Inc. conduct the interview/examination, I represent that not only am I in good mental and physical condition but that I know of no mental or physical ailment which might be impaired by the interview/examination.

**Important Notice:** This agreement, stipulation, and release form is a legally binding contract! If not completely understood, do not sign but seek competent advice, such as that rendered by an attorney (lawyer).

M.D. Burton  
WITNESSED

\_\_\_\_\_  
S\_\_\_\_ (signed)

This interview/examination was concluded at \_\_\_\_\_ on the above date. I completely re-affirm in its entirety my above agreement. In addition, I knowingly and intelligently continue to waive all my rights, including those listed in the second paragraph above, and I willingly made all the statements that I did make.

I also certify that during the entire time I was here I have been well-treated, submitted myself freely to the interview/examination knowing that I could stop any time I so desired by merely saying I wished to stop or that I wished to consult an attorney or any other person. I remained of my own free will knowing that I could leave this room at any time I so desired, and that there were no threats, promises or any harm whatsoever done to me during the entire period I have been here, either in connection with the interview/examination or my again signing of this agreement, stipulation, and release form.

M.D. Burton  
WITNESSED

\_\_\_\_\_  
S\_\_\_\_

NO-ONE CAN FORCE YOU TO TAKE THIS TEST! IF YOU DON'T INTEND TO TELL THE ENTIRE TRUTH, WE RECOMMEND THAT YOU REFUSE TO BE TESTED!

BACKGROUND HISTORY TO BE COMPLETED PRIOR TO EXAMINATION:

NAME [REDACTED]  
How Long 7 months Residence [REDACTED]  
POSITION APPLIED FOR Tailer  
Valid Driver's License? yes May I See? yes Restrictions? None



How Long? 2 yrs Position? 2<sup>nd</sup> How feel about your seeking employment? good

U ever known by other A name? Fed Security Clearance? Refused None?

Ever Poly B4? NO Ever Asked To? NO Yrs: School? HS yrs 4

Grad Yr 1982 GED \_\_\_\_\_ Tech School \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_  
EDUCATION Mans. Christian High School

Last Physical Exam? 1987 Why? insurance sales Still Have? NO What Else Dr. Find? nothing

Last in Hospital? 1982 Disability %/Mo? Last Workers Comp Claim? NO

How Long Collected? 22 months How Much Sooner Could U have gone Back?

In Your Entire Life..... Ever Depressed or Had the Blues?

Attempt Suicide? NO Think Suicide? NO Try to Kill Self? NO Other? NO

Most serious Physical Problem in Past 5 yrs Pulled Hamstring

Still have? NO Which of these have you ever had? Just ans YES/NO:

- |                            |              |                               |                |              |
|----------------------------|--------------|-------------------------------|----------------|--------------|
| <u>Asthma</u> <u>yes</u>   | Dizzy Spells | Blood Press Probl             | Hernia         | Hemorrhoids  |
| Cancer                     | Foot Problem | Heart Problem                 | Diabetes       | Hearing Pro. |
| Ulcers                     | Convulsion   | Nervous Disorder              | Psych Pr       | Blackouts    |
| <u>Headache</u> <u>yes</u> | Hepatitis    | <u>Common Cold</u> <u>yes</u> | Balance Pr     | Short Breath |
| Back Pr                    | Vision Probl | Stomach Trouble               | <u>Knee Pr</u> | Epilepsy     |

MEDICAL/PSYCHIATRIC SUMMARY I am in good shape  
82 Surgery on Knee

REMEMBER...BE ACCURATE!! WE ARE NOT TESTING WHAT YOU HAVE DONE IN YOUR PAST, WE ARE TESTING YOUR ABILITY TO TELL THE TRUTH.

Smoke Cigarettes? yes How Old when Started? 10 Packs per Day? -

Brand? - How Old When 1'st Smoked Grass? - Joints per Day? - Week? -

Oh, just Occasionally? - Last Smoked? - Which of these Ever Tried? -

DRUG	LAST TIME	HOW OFTEN NOW	HOW OFTEN B4
Hash	_____	_____	_____
Speed	_____	_____	_____
Downs	_____	_____	_____
Acid	_____	_____	_____
Coke	_____	_____	_____
Quaaludes	_____	_____	_____
THC	_____	_____	_____
Methadone	_____	_____	_____
Mescaline	_____	_____	_____
Uppers	_____	_____	_____
Heroin	_____	_____	_____
Anything Else	(just to see what it was like?)		

Most grass ever split with friends? None Biggest sale? None How often? None

Biggest amount of pot U ever Bought? None Most Sale of Other Drugs? None

Worst Drug experience? DRUG HISTORY

How often do you go to the track? — Play Cards for \$? — Lottery? —

Biggest Amount ever Won? — Lost? — Most bet in One Day Ever? —

GAMBLING None

How did U learn about this Job? from a friend Why did U apply? the safety of my town is important to me Is the \$ OK? yes

What about Hours? 8-5 Shift? 1st Other Applications Pending? NO Details?

Which Looks Best? — Plans for Next Year? to be on the Sheriff's Department Plans for Next Job? to be a patrolman

What do U REALLY want to do? be a patrolman How Long Will U Stay at This Job?

EMPLOYMENT INTENT would like to retire from the Department

Last Time: — Fired? — Quit Without Notice? — Asked to Resign? —

REMEMBER, YOUR EMPLOYMENT HISTORY WILL BE VERIFIED! NO-ONE IS PERFECT. YOUR ANSWERS SHOULD BE "CONSISTANT" WITH THE FINDINGS OF A BACKGROUND INVESTIGATION WITH YOUR FORMER EMPLOYERS!!!!!!!!!!!!

Last Job Left by Mutual Agreement? yes Unfavorable circumstances? NO

Of All Jobs: Most Serious Job Trouble? Kids not paying their bill Worst Experience? Delivering papers

Most Nasty Thing a Former Boss or Supervisor Will Tell a Background Investigator About You? Nothing

Worst Thing a Former Co-worker will Tell Investigator About U? Nothing

INSTRUCTION: (List Jobs Starting with Present/Most Recent)

Employer & Address	What Did U Do	Dates	Pay	Why Did U Leave
1. <u>News Journal</u> 70 W 4th St Mansfield Oh Lexington Industrial Dr.	<u>District Manager</u>	<u>1-22 to present</u>	<u>7.00 Hr.</u>	<u>Wanted to get on Sheriff Department</u>
2. <u>Mansfield Screw Machine</u> 875 Park Ave West	<u>detailed/clean up</u>	<u>6-5-88 to 1-22-90</u>	<u>4.50 Hr.</u>	<u>Layed off</u>
3. <u>Western Southern Life</u> Park Ave West	<u>sold insurance</u>	<u>9-87 to 6-89</u>	<u>90.00 WK</u>	<u>not making money</u>
3. <u>Hawkins Market</u> 1846 High Tower Dr. Worthington Oh	<u>Stock/carry out</u>	<u>6-87 to 9-87</u>	<u>4.50 Hr.</u>	<u>No room for advancement</u>
4. <u>American Entertainment</u>	<u>drummer</u>	<u>5-83 to 5-88</u>	<u>100.00 WK</u>	<u>got married</u>
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

Now, Which of These Jobs did U Forget to List on Your Application? none

When did U Last Work "Off The Books?" How Long?

EMPLOYMENT HISTORY \_\_\_\_\_

INSTRUCTION- SUBJECT TO VERIFICATION WITH POLICE RECORD CHECK!!!

What was most Serious Trouble U were Ever In With The Law? none

When? - Where? - Who Started It? - Disposition? I have a great Disposition Next Most Serious? -

Most Serious Thing U Ever Had to Go To Court For? - Next? - Witness? -

Longest Time In Jail? - Next? - Last Time Police Called On You? -

Last Time U Were Questioned as a Suspect? - Were With a Suspect? -

CRIMINAL HISTORY SUMMARY None

INSTRUCTION - WHILE MOST PEOPLE ARE BASICALLY HONEST, ALMOST EVERYONE HAS TAKEN SOMETHING!!! DON'T LET YOUR "GUILT FEELINGS" CONFUSE YOUR POLYGRAPH RESULTS. BE ACCURATE AND COMPLETE!!!!!!

From Work, - in any One Day, - On any Job You've Ever Had, - Have U Taken Anything Worth at Least; \$2000.00? No \$1000.00? No \$500.00? No

What a Candy bar when I was a kid Next Biggest \_\_\_\_\_  
How often; - Daily? - Weekly? - Monthly? - Just Several Times? -

Job \_\_\_\_\_ Biggest Item \_\_\_\_\_ How Often \_\_\_\_\_  
 Job \_\_\_\_\_ Biggest Item \_\_\_\_\_ How Often \_\_\_\_\_  
 Job \_\_\_\_\_ Biggest Item \_\_\_\_\_ How Often \_\_\_\_\_  
 Job \_\_\_\_\_ Biggest Item \_\_\_\_\_ How Often \_\_\_\_\_

U ever Accused of a Loss? ~ Questioned About a Loss? ~ Suspect? ~

Besides Biggest Things, What Else did U Take? ~ Most \$ From Work? ~

Ever More Than \$500.00 at One Time? ~ What? ~ How Much \$ Have U

"Borrowed" Just to Tide U Over Till Payday? ~ Ever Keep \$ U

Found at Work? NO Was Stealing Pretty Common in Places U Worked B4? NO

U Ever Sell a Taken Item? NO Give Discounts to Friends or Relatives? NO

NORMAL DISHONESTY HISTORY good

Military Service? NO Branch? ~ Exact Dates \_\_\_\_\_

Highest Rank? ~ Type of Discharge? ~ Article 15's? Court Martials? ~

Rank at Discharge? ~ Most Serious Thing U got Caught Doing? ~~\_\_\_\_\_~~

Most Serious Thing U Did Not Get Caught Doing In Service? ~ Next? ~

MILITARY HISTORY None

Last Time U Bounced a Check? ~ Ever Cosign a Loan for Anyone? ~

Now Getting Unemployment? ~ How Long? ~ When Will It Run Out? ~

Food Stamps? ~ Welfare? ~ Ever? ~ Last Time Applied Unemployment? 11-89

General Relief? ~ Food Stamps? ~ Turned Down? ~ Forced to Repay? ~

Current Income (Week/Month or Year) 285<sup>00</sup> WK Spouse's 500<sup>00</sup> 2 WK's

Any Other Source? NO Which of the Following Do U Still Owe On?

	MONTHLY	TOTAL	BEHIND
Doctor, Dentist or Hospital			
Mortgage or Rent	<u>295<sup>00</sup></u>		
Auto #1	<u>135<sup>00</sup></u>		
Auto #2	<u>110<sup>00</sup></u>		
Insurance			
Bank Loan(s)	<u>100<sup>00</sup></u>	<u>300</u>	
Finance Company			
Friend or Relative			
Past/Present Employer			
Internal Revenue/Other Taxes			
Credit Cards	<u>10<sup>00</sup></u>	<u>400<sup>00</sup></u>	
Bad Checks			
Court Judgements			
Gambling Debts			
Alimony/Child Support			

NOTE! INFORMATION IS SUBJECT TO VERIFICATION WITH CREDIT BUREAU CHECK!!!

INSTRUCTION - AN HONEST PERSON WILL ALWAYS TELL THE TRUTH WHEN IT IS IMPORTANT TO TELL THE TRUTH!!! YOUR EMPLOYER IS LOOKING FOR A BASICALLY HONEST PERSON, NOT A SAINT OR AN ANGEL. TELL THE TRUTH!

Which of These Have U Ever Done? Just Answer Yes or No:

- |   |   |  |
|---|---|--|
| 1. When U were a Kid, Take Something From Store?  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 2. Take Something From Store in the Past 5 Years? | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 3. With Someone Who Took a Car Joyriding?         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 4. Take Something Off or From a Car?              | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 5. Ever Steal in Your Entire Life?                | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 6. Ever Kept Money That You Found?                | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 7. Take Anything from a House or Neighbor?        | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 8. Beat Up Someone who Picked a Fight With U?     | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 9. Slightly Pad an Expense Account?               | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 10. Take a Purse or Wallet?                       | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 11. Make Anonymous/Annoying Phone Call?           | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 12. Illegally Use Credit Card?                    | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 13. Inflate an Insurance Claim?                   | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |

DETAILS Stole a Candybar when I was a Kid

Now, Which of These Have U Ever Done, again Just Answer YES or NO:  
 Murder? NO Manslaughter? NO Armed Robbery? NO Burglary? NO Take a Car? NO

Break Into a Car? NO Illegally Enter a Building? NO Cheat on Taxes? NO

Grand Larceny? NO Rape? NO Blackmail? NO What was the most Serious Crime U Ever Committed in Your Entire Life None

Any Medications Today? NO Yesterday? NO Beer Alcohol or Wine Today? NO

Most to Drink in Past 7 Days? None When Drank Most in Past Year? None

What Happened? <sup>nothing</sup> How Much Can U Drink & Stay Reasonably in Control? None

Last Time Your (Wife/Mother/Someone Close to You) Claimed U Drank

Too Much? None Last Time U Drove Under Influence? None Most Serious

Accident Injury or Trouble after Drinking? None Did U used to Drink

More Than Now? NO Last Time U Drank on the Job? None What About Breaks? None

Lunch? None NORMAL ALCOHOL USE None

How Many Moving Traffic Violations within past 5 years? 3 Other? None

When was Your License Last Suspended? None Still? None Owe on Fines? None

Any Outstanding Traffic Tickets Still Unpaid? None Parking Tickets? None

Ever Break any Traffic Laws/Parking Violations? <sup>Parking Violation</sup> Most Serious

Accident Where U Were Driver? Injuries? <sup>NO</sup> How Many In Past 5 Yrs? None  
 when I was 16 Hit Someone in the rear

INSTRUCTION - YOUR TRAFFIC HISTORY IS A MATTER OF PUBLIC RECORD -  
PLEASE BE SURE THAT IT IS CONSISTANT WITH YOUR ANSWERS!!!!!!!!!!

How many Unreported Minor Fender Benders? *None* Will U Drive to Work? *yes*

Whose Car? *mine* NORMAL DRIVING RECORD *good*

---

Any Conflict of Interest in Applying for This Job? *No* Any Secret Reason for Applying? *No* Anything Going Through Your Mind That I Should Know so that Your Mind Will be FREE and CLEAR in Taking This Test? *No* If There is Any One Thing that Background Investigators Might Find Which Could Disqualify U, That They Should Know Your Side of the Story About, What Would it Be?

COMMENTS: *None*

INSTRUCTION: All of Your TEST QUESTIONS will be Reviewed With You PRIOR to Your Test. This is a TRUTH EXAMINATION. Your Success on this Examination may be assured, IF YOU HAVE BEEN TRUTHFUL AND HONEST in your Preliminary Replies on This Background Form. PLEASE CHECK IT AGAIN FOR ACCURACY & THOROUGHNESS!!!!!!

PERSON EXAMINED \_\_\_\_\_ CLIENT PCSO  
COMMENTS \_\_\_\_\_ DATE 6-1-90

THESE ARE THE QUESTIONS WHICH YOU WILL BE ASKED DURING YOUR PRE-EMPLOYMENT POLYGRAPH EXAMINATION. IF IT IS O.K. FOR THE EXAMINER TO ASK THE QUESTION, CHECK THE BOX WITH A **YES**; IF YOU DO NOT WANT THE QUESTION TO BE ASKED, CHECK THE BOX WITH A **NO**.

**NOTE: WE WILL ASK ONLY THOSE QUESTIONS CHECKED WITH A YES.**

PRE-EMPLOYMENT QUESTIONS:

O.K. TO ASK:

YES NO

- 1. Is your name \_\_\_\_\_
- 2. Are you concealing information about your health?
- 3. Are you concealing information about your financial cond.?
- 4. Are you concealing information about thefts from work?
- 5. Are you concealing information about what you stole as a child?
- 6. Are you concealing information about committing a serious crime?
- 7. Are you concealing information about how much you drink?
- 8. Are you concealing information about drugs?
- 9. When you answered all my interview questions, did you tell me even one lie?
- 10. Are you concealing information about a criminal record?
- 11. Are you concealing information about your employment background?
- 12. Do you already have plans to leave this job in the very near future?
- 13. Are you being planted on this job for any secret reason?
- 14. Are you now concealing any vital information that would definitely disqualify you from this job?

**\*PLEASE NOTE ANY COMMENTS YOU MAY HAVE ABOUT ANY QUESTION** \_\_\_\_\_

*(Surgery on knee) Would check Pass employee for Workmen Comp. I have*

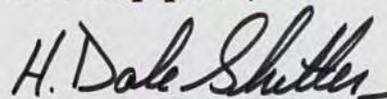
Examination results, using control question technique: *to question this area*  
TRUTHFUL  LYING \_\_\_\_\_ INCONCLUSIVE \_\_\_\_\_  
Verbal results forwarded to \_\_\_\_\_ Date \_\_\_\_\_  
Results certified by examiner *MP-Burton* (signature)



5. Disciplinary record \_\_\_\_\_
6. Work performance duty - Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_
7. Sick record, nature of illness, injury for which accrued sick benefits are used \_\_\_\_\_  
\_\_\_\_\_
8. On-the-job safety record including personal injury accidents involving the candidate and/or others \_\_\_\_\_  
\_\_\_\_\_
9. Is the candidate eligible for re-employment? \_\_\_\_\_  
If not, why? \_\_\_\_\_  
\_\_\_\_\_
10. Is there a record of salary garnishee or other financial problems? \_\_\_\_\_  
\_\_\_\_\_
11. Personal honesty and truthfulness \_\_\_\_\_  
\_\_\_\_\_
12. How did he get along with other employees? Excellent \_\_\_\_\_  
Good \_\_\_ Fair \_\_\_ Poor \_\_\_.
13. Was there any evidence of racial, ethnic or religious prejudices? \_\_\_\_\_  
\_\_\_\_\_
14. Did he ever take company property for personal use without permission? \_\_\_\_\_  
\_\_\_\_\_
15. Did he ever set up his own business as a sideline activity in competition with his employer? \_\_\_\_\_  
\_\_\_\_\_
16. Would the employer welcome the candidate back as a law enforcement officer should an incident occur requiring attention, granting that the candidate would be trained in the proper handling of law enforcement responsibilities? \_\_\_\_\_  
\_\_\_\_\_
17. Are you related to the candidate? \_\_\_\_\_  
If yes, what is the relationship? \_\_\_\_\_  
\_\_\_\_\_

Your cooperation in completing these questions would be greatly appreciated.

Sincerely yours,



H. DALE SHETLER, SHERIFF  
Richland County

RICHLAND COUNTY SHERIFF'S DEPARTMENT  
H. DALE SHETLER, SHERIFF  
PERSONAL REFERENCES

Name of Candidate \_\_\_\_\_

Name of Personal Reference <sup>A.</sup> Joseph Schivinski

Address \_\_\_\_\_  
Street City State Zip Code  
Mansfield OH 44906

1. Are you a relative of the candidate? (This includes being a relative through marriage) If so, what is the relationship?  
No
2. How many years have you known the candidate? ABOUT 15 YEARS
3. How did you become acquainted with the candidate? AT CHURCH & I KNOW HIS FATHER
4. Does he make friends easily? YES If not, state reasons:  
\_\_\_\_\_  
\_\_\_\_\_
5. Are you acquainted with the candidate's family background? If so, would you say his family life is good? YES
6. Have you ever observed the candidate under stress? No If so, under what circumstances?  
\_\_\_\_\_  
\_\_\_\_\_
7. Could you trust the candidate with confidential matters? YES
8. Does the candidate gossip? No
9. Does the candidate discuss personal matters with you or any friends? No
10. How does the candidate conduct himself at parties? UNKNOWN
11. Does he mix well with a group? AVERAGE
12. Have you ever seen the applicant drink? No . If so, how much and under what circumstances?  
\_\_\_\_\_  
\_\_\_\_\_

13. Does the candidate meet his family and personal obligations? YES
14. Does the candidate tend to take an irrational position in controversial discussions? UNKNOWN
15. Have you ever seen the candidate become upset or lose his temper? No. If so, under what circumstances? \_\_\_\_\_
16. Has the candidate expressed or displayed any bias or prejudice toward others? No
17. If, in a friendly discussion or in an argument, the candidate is proven wrong, what is his reactions? UNKNOWN
18. Is the candidate a generous person? YES
19. Is the candidate willing to do things for others even at his own inconvenience? YES
20. Has the candidate ever discussed his ambitions with you? YES  
If so, what are they? TO BE INVOLVEN IN LAW ENFORCEMENT.
21. Are you aware of any circumstances which might disqualify the candidate for public service? No

Please list, if you can, a person or persons who may be able to furnish more information on the candidate.

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

Address: \_\_\_\_\_  
Street City State Zip Code

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

Address: \_\_\_\_\_  
Street City State Zip Code

Additional Comments: I THINK THAT THIS YOUNG MAN WOULD MAKE A GOOD MAN FOR R.C.S.O.

Sincerely,

*H. Dale Shetler*  
H. DALE SHETLER, SHERIFF  
Richland County



5. Disciplinary record \_\_\_\_\_
6. Work performance duty - Excellent \_\_\_\_\_ Good  Fair \_\_\_\_\_ Poor \_\_\_\_\_
7. Sick record, nature of illness, injury for which accrued sick benefits are used none
8. On-the-job safety record including personal injury accidents involving the candidate and/or others \_\_\_\_\_
9. Is the candidate eligible for re-employment? yes  
If not, why? \_\_\_\_\_
10. Is there a record of salary garnishee or other financial problems?  
no
11. Personal honesty and truthfulness excellent -- no problems
12. How did he get along with other employees? Excellent \_\_\_\_\_  
Good  Fair \_\_\_\_\_ Poor \_\_\_\_\_
13. Was there any evidence of racial, ethnic or religious prejudices?  
no
14. Did he ever take company property for personal use without permission? no
15. Did he ever set up his own business as a sideline activity in competition with his employer? no
16. Would the employer welcome the candidate back as a law enforcement officer should an incident occur requiring attention, granting that the candidate would be trained in the proper handling of law enforcement responsibilities? yes
17. Are you related to the candidate? no  
If yes, what is the relationship? \_\_\_\_\_

Your cooperation in completing these questions would be greatly appreciated.

Sincerely yours,

*H. Dale Shetler*

H. DALE SHETLER, SHERIFF  
Richland County

*Gary R. Rade*  
Store Manager

RICHLAND COUNTY SHERIFF'S DEPARTMENT  
H. DALE SHETTLER, SHERIFF  
SCHOOLS

TO: Principal  
Mansfield Christian School  
500 Logan Rd.  
Mansfield, OH 44907

[REDACTED] 01-01-64 is applying  
Name of candidate Date of Birth

for the position of Correction Officer with the Richland  
County Sheriff's Department, and he has advised us that he attended  
your school from 9th to 12th grade.

We feel it is essential that the personal history of a law enforcement person be of the highest integrity, and we are requesting your assistance in determining the pattern of this individual's personal conduct. We would appreciate you completing the attached questionnaire and returning it as soon as possible since the acceptability of this candidate will depend, in part, upon the information provided by you.

A self-addressed envelope has been enclosed for your convenience.

If you do not wish to complete this written report for reasons of security, please contact the undersigned so that verbal information may be transmitted.

1. Name of candidate [REDACTED]
2. Date of birth (according to your records) 1-1-64
3. Dates of attendance--From 8/77 To 6/82
4. Graduate - Yes  No
5. Academically his work was--Good  Average  Poor
6. His general reputation was--Good  Average  Poor
7. Was he considered trustworthy? Yes  No
8. Was he able to work harmoniously with others? Yes  No   
If no, explain in detail. \_\_\_\_\_
9. Was his leadership ability--Good  Average  Poor

10. Was the applicant ever suspended from school? Yes \_\_\_ No  If yes, explain in detail: \_\_\_\_\_
11. Was he ever a member of any social or political organization within school or out of school? Yes \_\_\_ No
12. Do you know of any reason why the applicant would not be suited for law enforcement work?  
None

COMMENTS: I believe [redacted] would be an excellent officer.

Signature Michael McCarver  
Title Principal  
School Manassah Christian  
Date 6/1/90

Your assistance in answering the above questions would be greatly appreciated.

Sincerely yours,  
H. Dale Shetter  
H. DALE SHETTLER, SHERIFF  
Richland County

SHERIFF'S DEPARTMENT, RICHLAND COUNTY  
H. DALE SHETLER, SHERIFF  
MANSFIELD, OHIO

I  \_\_\_\_\_, do hereby  
(Maiden Name)  
authorize the Richland County Sheriff Department's representative to  
obtain information as necessary for the application which I have filed  
with them for employment.

  
Date of Birth

  
Signature

5-14-90  
Date



RICHLAND COUNTY SHERIFF'S DEPARTMENT  
H. DALE SHETLER, SHERIFF  
PERSONAL REFERENCES

Name of Candidate \_\_\_\_\_

Name of Personal Reference Pastor David Atkins

Address 1909 Sandy Ct. Mansfield OH 44904  
Street City State Zip Code

1. Are you a relative of the candidate? (This includes being a relative through marriage) If so, what is the relationship?  
NO
2. How many years have you known the candidate? 14
3. How did you become acquainted with the candidate? I have been his Pastor and have known him since he was in 7<sup>th</sup> Grade
4. Does he make friends easily? yes If not, state reasons:  
\_\_\_\_\_  
\_\_\_\_\_
5. Are you acquainted with the candidate's family background? If so, would you say his family life is good? Mom - Dad are still happily married and are great support. Has 2 younger brothers.
6. Have you ever observed the candidate under stress? yes If so, under what circumstances? In Performance (musical) situations, In athletics, and on his job. He responds well to stress.
7. Could you trust the candidate with confidential matters? yes
8. Does the candidate gossip? NO.
9. Does the candidate discuss personal matters with you or any friends? Yes - I am his Pastor and friend - he is very honest with me.
10. How does the candidate conduct himself at parties? Non-drinker.
11. Does he mix well with a group? yes.
12. Have you ever seen the applicant drink? NO. If so, how much and under what circumstances?  
\_\_\_\_\_  
\_\_\_\_\_



5. Disciplinary record \_\_\_\_\_
6. Work performance duty - Excellent \_\_\_ Good  Fair \_\_\_ Poor \_\_\_
7. Sick record, nature of illness, injury for which accrued sick benefits are used none
8. On-the-job safety record including personal injury accidents involving the candidate and/or others \_\_\_\_\_
9. Is the candidate eligible for re-employment? yes  
If not, why? \_\_\_\_\_
10. Is there a record of salary garnishee or other financial problems?  
no
11. Personal honesty and truthfulness excellent -- no problems
12. How did he get along with other employees? Excellent \_\_\_\_\_  
Good  Fair \_\_\_ Poor \_\_\_
13. Was there any evidence of racial, ethnic or religious prejudices?  
no
14. Did he ever take company property for personal use without permission? no
15. Did he ever set up his own business as a sideline activity in competition with his employer? no
16. Would the employer welcome the candidate back as a law enforcement officer should an incident occur requiring attention, granting that the candidate would be trained in the proper handling of law enforcement responsibilities? yes
17. Are you related to the candidate? no  
If yes, what is the relationship? \_\_\_\_\_

Your cooperation in completing these questions would be greatly appreciated.

Sincerely yours,

*H. Dale Shetler*

H. DALE SHETLER, SHERIFF  
Richland County

*Gary R. Rader*  
Store Manager

13. Does the candidate meet his family and personal obligations? yes.
14. Does the candidate tend to take an irrational position in controversial discussions? NO.
15. Have you ever seen the candidate become upset or lose his temper? yes. If so, under what circumstances? years ago - high school Basketball games - Is it that to be expected?
16. Has the candidate expressed or displayed any bias or prejudice toward others? no
17. If, in a friendly discussion or in an argument, the candidate is proven wrong, what is his reactions? He will own up to his mistake.
18. Is the candidate a generous person? yes
19. Is the candidate willing to do things for others even at his own inconvenience? yes - works well with children.
20. Has the candidate ever discussed his ambitions with you? yes. If so, what are they? Interest in playing drums professionally.
21. Are you aware of any circumstances which might disqualify the candidate for public service? no

Please list, if you can, a person or persons who may be able to furnish more information on the candidate.

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

Address: \_\_\_\_\_  
 Street City State Zip Code

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

Address: \_\_\_\_\_  
 Street City State Zip Code

Additional Comments: ██████████ is a young man with character.

Sincerely,

*H. Dale Shetler*  
 H. DALE SHETLER, SHERIFF  
 Richland County

5. Disciplinary record \_\_\_\_\_
6. Work performance duty - Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_
7. Sick record, nature of illness, injury for which accrued sick benefits are used \_\_\_\_\_  
\_\_\_\_\_
8. On-the-job safety record including personal injury accidents involving the candidate and/or others \_\_\_\_\_  
\_\_\_\_\_
9. Is the candidate eligible for re-employment? \_\_\_\_\_  
If not, why? \_\_\_\_\_  
\_\_\_\_\_
10. Is there a record of salary garnishee or other financial problems? \_\_\_\_\_  
\_\_\_\_\_
11. Personal honesty and truthfulness \_\_\_\_\_  
\_\_\_\_\_
12. How did he get along with other employees? Excellent \_\_\_\_\_  
Good \_\_\_ Fair \_\_\_ Poor \_\_\_.
13. Was there any evidence of racial, ethnic or religious prejudices? \_\_\_\_\_  
\_\_\_\_\_
14. Did he ever take company property for personal use without permission? \_\_\_\_\_
15. Did he ever set up his own business as a sideline activity in competition with his employer? \_\_\_\_\_  
\_\_\_\_\_
16. Would the employer welcome the candidate back as a law enforcement officer should an incident occur requiring attention, granting that the candidate would be trained in the proper handling of law enforcement responsibilities? \_\_\_\_\_  
\_\_\_\_\_
17. Are you related to the candidate? NO  
If yes, what is the relationship? \_\_\_\_\_  
\_\_\_\_\_

Your cooperation in completing these questions would be greatly appreciated.

Sincerely yours,

*H. Dale Shetler*

H. DALE SHETLER, SHERIFF  
Richland County

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

FOR OFFICE USE ONLY	
Work Location	Rate
Position	Date

## PERSONAL

Date 5-14-90

Name [REDACTED] Social Security No. [REDACTED]

Are you legally eligible for employment in the U.S.A.? Yes  No  (If Yes, when?) \_\_\_\_\_

Are you of the legal age to work? Yes

Position(s) applied for Patrolman

Were you previously employed by us? No If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? 5-29 1990

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) \_\_\_\_\_

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary	<u>Mansfield Christian School</u>	X	5	6	7	8 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	X
	<u>500 Logan rd</u>							
	<u>Mansfield, Oh 44907</u>							
High	<u>Mansfield Christian School</u>	<u>College Prep</u>	1	2	3	4 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<u>500 Logan rd</u>							
	<u>Mansfield Oh. 44907</u>							
College	<u>Grace College</u>	<u>Physical Education</u>	1	2 <input checked="" type="checkbox"/>	3	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<u>200 Seminary Dr</u>							
	<u>Winona Lake Ind</u>							
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Turn to Next Page)



List below present and past employment, beginning with your most recent

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
News Journal 70 W 4th Mansfield, Oh 44902 Telephone 522-3311	7	79	Present		275. <sup>00</sup>	286. <sup>00</sup>	Wanted Job with Future	Raynette Smith
Describe the work you did: Collected money from Kids made sure they delivered their routes								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Mansfield Screw Machine 145 Industrial Dr Lexington, Oh 44904 Telephone 884-1511	6	89	11	89	4.25 Hr	4.50 Hr	Layed off	Keith Reed
Describe the work you did: Spun oil out of chips Detailed parts								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Western Southern Life 875 Park Ave West Mansfield Oh 44906 Telephone 524-1800	2	87	6	89	250. <sup>00</sup>	90. <sup>00</sup>	Not enough Money	Danny Barnett
Describe the work you did: Sold Life insurance collected money from clients								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Hawkins Market 2131 Park Ave West Mansfield Oh, 44906 Telephone 529-6868	9	87	2	87	4. <sup>00</sup> Hr.	4. <sup>50</sup> Hr.	No room for growth	Gary Rader
Describe the work you did: Stacked shelves Carry-out								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signature \_\_\_\_\_

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s). \_\_\_\_\_

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

Name and Occupation	Address	Phone Number
David Atkins Pastor	1909 Sandy Ct Mansfield Oh 44904	
Bob Nicholson Youth Pastor	1170 Lexington Ave Mansfield Oh 44907	
Joseph Schivinski Police Officer	58 Alpine Dr Mansfield, Oh, 44906	

**MILITARY SERVICE RECORD**

Were you in U.S. Armed Forces? Yes \_\_\_\_\_ No  If yes, what Branch? \_\_\_\_\_

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.



applicant

To Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED-OFF AREA. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age and citizenship. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability. The Fair Credit Reporting Act imposes restrictions with respect to credit data. DO NOT ANSWER ANY QUESTION CONTAINED IN THIS BLOCKED-OFF AREA UNLESS THE EMPLOYER HAS CHECKED THE BOX NEXT TO THE QUESTION, thereby indicating that for the position for which you are applying the requested information is needed for a legally permissible reason, including, without limitation, national security requirements, a bona fide occupational qualification or business necessity.

How long have you lived at present address? \_\_\_\_\_

Previous address \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long did you live there? \_\_\_\_\_

Are you over the age of eighteen? \_\_\_\_\_ If no, hire is subject to verification that you are of minimum legal age.

How do you wish to be addressed? Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Miss \_\_\_\_\_ Ms. \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_  Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.  Weight: \_\_\_\_\_ lbs.

Marital Status: Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Date of Marriage \_\_\_\_\_  Number of dependents including yourself \_\_\_\_\_  Are you a citizen of the U.S.A.? \_\_\_\_\_

What is your present Selective Service classification? \_\_\_\_\_

Are you a Vietnam veteran? \_\_\_\_\_

Indicate dates you attended school:

Elementary \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ High School \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ College \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Other (Specify type of school) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ If yes, on what jobs? \_\_\_\_\_

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court? \_\_\_\_\_ If yes, describe in full \_\_\_\_\_

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? \_\_\_\_\_ If yes, describe such condition and explain how you can perform the job for which you are applying in spite of it. \_\_\_\_\_

Do you have any physical defects which preclude you from performing certain kinds of work? \_\_\_\_\_ If yes, describe such defects and specific work limitations. \_\_\_\_\_

Have you had a major illness in the past 5 years? \_\_\_\_\_ If yes, describe \_\_\_\_\_

Have you received compensation for injuries? \_\_\_\_\_ If yes, describe \_\_\_\_\_

List any friends or relatives working for us, other than spouse \_\_\_\_\_ Name(s) \_\_\_\_\_

Employer may list other bona fide occupational questions on lines below:

\_\_\_\_\_

\_\_\_\_\_

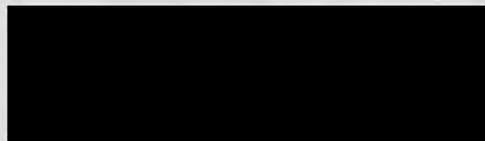
FOR SPECIAL DEPUTY APPLICANTS ONLY

- 1. Are you willing to invest money out of your own pocket for uniforms and other necessary equipment required to become a special deputy? yes
- 2. If you are appointed a special deputy, will you be able to work free gratis for two days per month (minimum required) on one of the three shifts of the department? yes
- 3. What days or hours would be most suitable for you to fulfill your required duty? (at present) Monday - Friday 1<sup>st</sup> Shift
- 4. What are your normal working hours at your present place of employment? 9<sup>AM</sup> - 6<sup>PM</sup>
- 5. Do you fully understand that you will be required to complete the Basic Peace Officer Training requirements which is mandated by the State of Ohio, within one calendar year of the date of your appointment? (To be scheduled by the Sheriff's Department) yes

\*\*\*\*\*

I hereby authorize the investigation of all statements contained in this application. I certify that such statements are true and correct and understand that misrepresentation or omission of facts called for in this application will result in rejection of my consideration for appointment.

I fully understand that if appointed as a regular or special deputy, I am not to use my badge or the sheriff's office for my personal gain or means, nor am I to do anything that will disgrace any member of the Sheriff's Department. If appointed as a special deputy, I will not at any time pass myself off as a regular Deputy Sheriff. I will, to the best of my ability, be on call at the discretion of the Sheriff or his appointed representatives. I fully understand that any violation of all the above will call for my immediate dismissal.



ant

**APPLICANT — Do not write on this page  
FOR INTERVIEWER'S USE**

INTERVIEWER	DATE	COMMENTS

**FOR TEST ADMINISTRATOR'S USE**

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

**REFERENCE CHECK**

*Position Number	RESULTS OF REFERENCE CHECK	*Position Number	RESULTS OF REFERENCE CHECK
I		IV	
II			
III			

\*See Page 2

This "Application for Employment" is prepared for general use throughout the United States. Our legal counsel has advised us that the material outside the blocked-off area complied with all Federal and State fair employment practice laws and with the Fair Credit Reporting Act. However, the various fair employment practice laws and related statutes and the interpretations of them change frequently, and neither V.W. Eimicke Associates, Inc. nor its counsel assume any responsibility for the inclusion in this "Application for Employment" of any questions that may violate local and/or State and/or Federal laws. Users should consult their counsel about any legal question they may have with respect to the use of this form.

Correction Officer  
B Watch

JUNE 29 1990

\$15,974.40

\$7.68 #

**BUCKLE UP!**

FUNDED BY N.H.T.S.A. THRU O.D.H.S.

REID PUBLIC SAFETY REPORT  
Expanded Output  
RICHLAND COUNTY SHERIFFS DEPT. 43770-00

Applicant Data

Site Data

Name: [REDACTED]

Test Date: 05/25/90

Test No: 80031918

Position: OTHER

Site No: 00000

Race: WHITE

Admin Id: REEVES SHF

Sex: MALE

Admin Phone: (419) 524-2412

Overall Evaluation: \*\*\*\*\*  
\*RECOMMENDED \*  
\*\*\*\*\*

Part	Part Evaluation	Rank %	Probability
1. Attitude	RECOMMENDED	47th%	16%
2. Social Behavior	RECOMMENDED		
3. Substance Use	RECOMMENDED		
4. Public Safety	RECOMMENDED		
5. Personal Achievements	RECOMMENDED		
6. Drug Scale			

Comments

Part

- Assumes others commit dishonest acts rarely and Believes others should be disciplined for all but minor acts of dishonesty.  
  
Projective Score = 45% Punitive Score = 58%  
  
Believes 10%-25% of all employees steal from their companies.
- Admits 5 convictions for moving violations in the last 5 years.
- Would take a drug test if necessary for employment.
- No Admissions.
- No Admissions.
- No Admissions.

**INTERVIEW SUMMARY FORM**

(Attach to pre-poly booklet)

TO: Miss Reuss DATE: June 1, 1990  
RE: [REDACTED] BY: W.D. Banta

APPEARANCE FOR INTERVIEW:

NEAT  CLEAN  SLOPPY  INAPPROPRIATE

COMMENTS: looked good.

TESTED FOR READING AND WRITING SKILLS AND FIND THEM TO BE:  
 GOOD  FAIR  ACCEPTABLE

INTERVIEW ANSWERS WERE:

CONSISTENT WITH APPLICATION  
 NOT CONSISTANT WITH APPLICATION  
 VAGUE UNTIL I INQUIRED FURTHER

COMMENTS: \_\_\_\_\_

POSSIBLE AREAS OF CONFLICT ARE:

SPOUSE/CHILDREN ACTIVITIES  
 OTHER COMMITMENTS/INTERESTS  
 REBOUNDING FROM:  
 DIVORCE  ALCOHOL USE  LOSS OF LOVED ONE  JOB LOSS  OTHER

COMMENTS: \_\_\_\_\_

PERSON APPEARS TO:

HAVE LEGITIMATE INTEREST IN SECURITY CAREER  
 WANT TO TRY THIS JOB OUT  
 WANT JOB WHILE GOING TO SCHOOL

I feel he is looking for a position not a career.

Friday Nov. 15-96 1530

[REDACTED] in = 15 min  
 Conversation w/ him - Lt. Shauk present.

Explained the results of the psych evalutation to him. He seemed taken back with the results but also seemed to be resolved to the fact. I explained our situation on hiring or NOT hiring those who do ~~not~~ rate favorable on the Psychological evaluation. There was NO ~~Yes/No~~ decision made or implied at this time - Sheriff - Paxton & I need to converse...

(small print) I ~~is~~ be willing to take him on regardless of the evaluation results but monitor him heavily for his entire Prob period ref his attitude.

0830 = 11-26-96

CANDIDATE EVALUATION FORM

CANDIDATE NAME [REDACTED] DATE 10-23-96  
POSITION TITLE Collection INTERVIEWER Faxton

EVALUATION SCALE

1. Does not meet **MINIMUM** requirements:  
\*The candidate is unable to clearly communicate answers to the interview questions.
2. Meets **MINIMUM** requirements:  
\*The candidate is able to communicate clearly the most important issues and facts.
3. Meets **REQUIREMENTS**:  
\*The candidate is able to clearly communicate all important issues and facts.
4. Exceeds **REQUIREMENTS**:  
\*The candidate communicates all important issues and facts with exceptional clarity.

CORRECTION OFFICER 2

1. What do you feel are the duties and responsibilities of a corrections officer? Control of Inmates & Jail 1 2 **3** 4
2. What skills do you have to make you a good supervisor of inmates? 1 **2** 3 4
3. Describe your perception of an inmate. low class person ??? **1** 2 3 4
4. The correctional environment involves working with inmates of all ages, nationalities, backgrounds, and religious beliefs. What communication skills should a correction officer have to perform the duties of this job? Be able to relate to ALL. 1 **2** 3 4
5. If you were the only officer in a large inmate dorm, what actions, if any, would you take if a fight should occur? Call for help 1 **2** 3 4
6. How would you handle verbal abuse from an inmate? 1 **2** 3 4
7. What actions would you take if you suspected another officer was bringing contraband into the facility? Tell other officer 1 **2** 3 4

CORRECTION OFFICER 2 - INTERVIEW QUESTIONS continued

8. How does your prior experience, education, and training qualify you for this position? 1 (2) 3 4
9. If the situation required, would you use deadly force on an inmate? 1 (2) 3 4
10. The position of correction officer requires certain physical skills such as restraining inmates; completion of an unarmed self-defense course; walking; responding quickly to situations; lifting; and completion of firearms training. Do you have any medical/physical problems that may cause difficulties in completing these tasks? 1 (2) 3 4
11. What days and shifts would you not be able to work? What shift would you prefer and why? *Any / job / spend time w/ family* 1 (2) 3 4
12. In an emergency situation, you are subject to a 24 hour shift. If you were called in to work on another shift, would this present a problem to you? 1 (2) 3 4

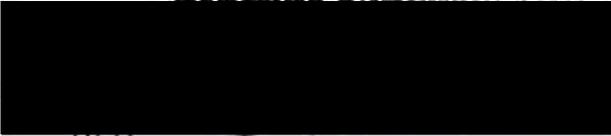
*Police Acad.*

TOTAL POINTS

*24*

CANDIDATE EVALUATION FORM

CANDIDATE NAME



DATE

10/23/96

POSITION TITLE

Corrections

INTERVIEWER

Jan S.

EVALUATION SCALE

- 1. Does not meet **MINIMUM** requirements:  
\*The candidate is unable to clearly communicate answers to the interview questions.
- 2. Meets **MINIMUM** requirements:  
\*The candidate is able to communicate clearly the most important issues and facts.
- 3. Meets **REQUIREMENTS**:  
\*The candidate is able to clearly communicate all important issues and facts.
- 4. Exceeds **REQUIREMENTS**:  
\*The candidate communicates all important issues and facts with exceptional clarity.

CORRECTION OFFICER 2

- 1. What do you feel are the duties and responsibilities of a corrections officer? *Maintain Control, inmates taken care of properly* 1 (2) 3 4
- 2. What skills do you have to make you a good supervisor of inmates? *Relates well to people* 1 (2) 3 4
- 3. Describe your perception of an inmate. *Any type of person - usually lower class, lower income* 1 (2) 3 4
- 4. The correctional environment involves working with inmates of all ages, nationalities, backgrounds, and religious beliefs. What communication skills should a correction officer have to perform the duties of this job? *Relate to all different kinds of people* 1 (2) 3 4
- 5. If you were the only officer in a large inmate dorm, what actions, if any, would you take if a fight should occur? *Call for back-up* 1 (2) 3 4
- 6. How would you handle verbal abuse from an inmate? *Good at ignoring* 1 (2) 3 4
- 7. What actions would you take if you suspected another officer was bringing contraband into the facility? *Tell officer & supervisor* 1 (2) 3 4

CORRECTION OFFICER 2 - INTERVIEW QUESTIONS continued

8. How does your prior experience, education, and training qualify you for this position? 1 (2) 3 4
9. If the situation required, would you use deadly force on an inmate?  
*Hesitated in answering - Yes, if situation required* (1) 2 3 4
10. The position of correction officer requires certain physical skills such as restraining inmates; completion of an unarmed self-defense course; walking; responding quickly to situations; lifting; and completion of firearms training. Do you have any medical/physical problems that may cause difficulties in completing these tasks? 1 (2) 3 4
11. What days and shifts would you not be able to work? What shift would you prefer and why? *2nd - Because of family* 1 (2) 3 4
12. In an emergency situation, you are subject to a 24 hour shift. If you were called in to work on another shift, would this present a problem to you? *No* 1 (2) 3 4

TOTAL POINTS 23

3240A

Previously used RC 30 - ~~not~~ <sup>month of</sup> shown on app'l. (7/90) (2 weeks)

Brinks - (part-time)

Completely

Completed Criminal Justice Course -

4 traffic violations

Asst - 88

Dressed in suit & tie!

Hesitant in answering questions  
did not look interviewer in eye -

CANDIDATE EVALUATION FORM

CANDIDATE NAME



DATE

10-23-96

POSITION TITLE

INTERVIEWER

Rigg

**EVALUATION SCALE**

1. Does not meet **MINIMUM** requirements:  
\*The candidate is unable to clearly communicate answers to the interview questions.
2. Meets **MINIMUM** requirements:  
\*The candidate is able to communicate clearly the most important issues and facts.
3. Meets **REQUIREMENTS**:  
\*The candidate is able to clearly communicate all important issues and facts.
4. Exceeds **REQUIREMENTS**:  
\*The candidate communicates all important issues and facts with exceptional clarity.

**CORRECTION OFFICER 2**

1. What do you feel are the duties and responsibilities of a corrections officer? *maintain control of jail & inmates* 1 (2) 3 4
2. What skills do you have to make you a good supervisor of inmates? *Communications are good* 1 2 (3) 4
3. Describe your perception of an inmate. *any type person - lower class - income* 1 (2) 3 4
4. The correctional environment involves working with inmates of all ages, nationalities; backgrounds, and religious beliefs. What communication skills should a correction officer have to perform the duties of this job? *Being able to relate to people* 1 (2) 3 4
5. If you were the only officer in a large inmate dorm, what actions, if any, would you take if a fight should occur? *call back-up* 1 (2) 3 4
6. How would you handle verbal abuse from an inmate? *let it roll off* 1 2 (3) 4
7. What actions would you take if you suspected another officer was bringing contraband into the facility? *advise officer then Supervisor* 1 (2) 3 4

CORRECTION OFFICER 2 - INTERVIEW QUESTIONS continued

8. How does your prior experience, education, and training qualify you for this position? *Note freedom* 1 2 3 4
9. If the situation required, would you use deadly force on an inmate? *yes* 1 2 3 4
10. The position of correction officer requires certain physical skills such as restraining inmates; completion of an unarmed self-defense course; walking; responding quickly to situations; lifting; and completion of firearms training. Do you have any medical/physical problems that may cause difficulties in completing these tasks? *No* 1 2 3 4
11. What days and shifts would you not be able to work? What shift would you prefer and why? *Work any* 1 2 3 4  
*2nd. See family in R.D.*
12. In an emergency situation, you are subject to a 24 hour shift. If you were called in to work on another shift, would this present a problem to you? *No problem* 1 2 3 4

TOTAL POINTS

28

*Well dressed  
Shows responsiveness  
Poor eye contact*

Applicant Data

Site Data

Name: [REDACTED]  
Position: CORRECTION OFFICER/PATROL CONDUCTOR  
Race: UNKNOWN  
Sex: UNKNOWN

Test Date: 11/08/96  
Test No: 83036812  
Site No: 00000  
Admin Id: CPT PAXTON  
Admin Phone: (419) 774-5678

Overall Evaluation: \*\*\*\*\*  
\*NOT RECOMMENDED \*  
\*\*\*\*\*

Part	Part Evaluation	Rank %	Probability
1. Attitude	NOT RECOMMENDED	40th%	27%
2. Social Behavior	RECOMMENDED		
3. Substance Use	RECOMMENDED		
4. Public Safety	RECOMMENDED		
5. Personal Achievements	NOT SCORED		
6. Drug Scale	NOT SCORED		
7. Service Scale	NOT SCORED		
8. Numerical Skills	NOT SCORED		
9. Sales Productivity	NOT SCORED		

Comments

Part

1. Assumes others commit dishonest acts occasionally and believes others should be disciplined only for relatively serious acts of dishonesty.

Projective Score = 22% Punitive Score = 30%

2. No Admissions.

3. Would take a drug test if necessary for employment. Admits operating a motor vehicle without safety belt twice.

4. No Admissions.

5. No Admissions.

6. No Admissions.

7. No Admissions.

8. No Admissions.

9. No Admissions.

Mr. Ed Welsh  
55 east 2nd st.  
Mansfield, Oh  
44902

12/23/01

Dear Mr. Welsh,

I am, due to circumstances beyond my control, respectfully relinquishing my position as Sergeant of corrections. As of 1/1/02 I am requesting to be placed back at my former rank/ classification of corrections officer. It is my understanding that there is a corrections officer's position open on third shift, and I am hoping that you might consider placing me into that position. I would also like to add that this decision, in no way, reflects my attitude toward the department, nor should it reflect in your confidence of my abilities. This decision was very difficult for my family and I to make, but unfortunately it was a necessary sacrifice. I hope, that in the future when the circumstances are a little different, I might be considered for another opportunity to acquire a position of Sergeant at the Richland County Sheriffs Department.

Respectfully,



12/28/01 OK. with me. 1701

## INTER-OFFICE COMMUNICATION

---

TO:	All Employees	DATE:	09-29-00	
FOR:		EFFECTIVE DATE:	09-29-00	
FROM:	Major Roger Paxton	DIVISION:		
SUBJECT:	Promotions			
REF:	<input checked="" type="checkbox"/> MESSAGE	<input type="checkbox"/> SPECIAL DETAIL	<input type="checkbox"/> ASSIGNMENT	<input type="checkbox"/> INTELLIGENCE INFORMATION

---

Effective on the following dates the following officers will be promoted accordingly.

09-29-00	Friday	Helen Johnson to Lietutenant William Franklin to Sergeant
10-02-00	Monday	Betty Cooper to Lietutenant Oscar Benavides to Sergeant
10-03-00	Tuesday	Edward Welsh to Lietutenant Kristin Gillis to Sergeant
10-04-00	Wednesday	Robert Santoro to Lietutenant Keith Krupa to Sergeant
10-05-00	Thursday	Edwin Dulaney to Sergeant
10-06-00	Friday	<span style="background-color: black; color: black;">██████████</span> to Sergeant

Richland County Sheriff's Office Mansfield, Ohio 44902  
**PERSONNEL ORDER**

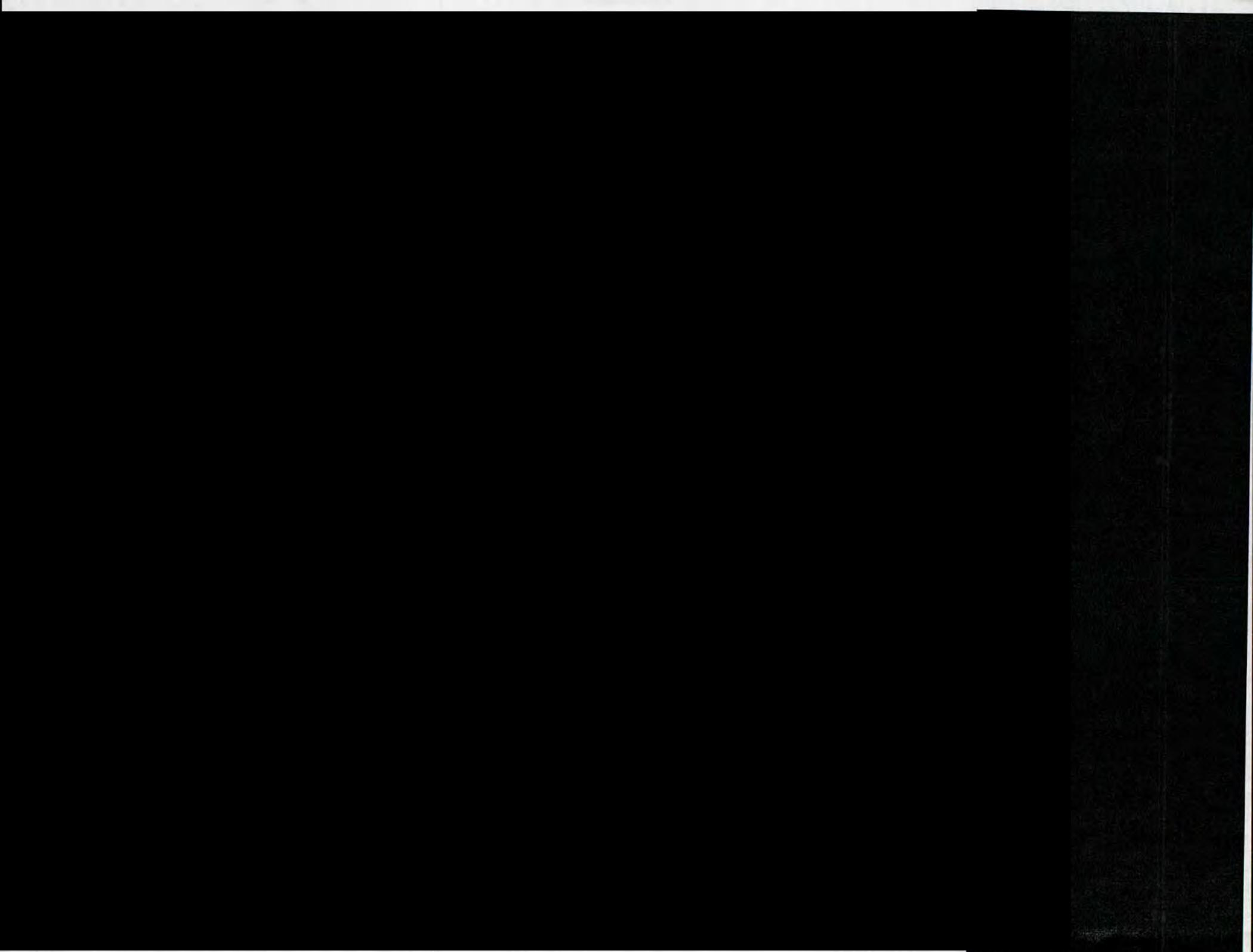
Reference:

- Reassignment    Transfer    Layoff    Promotion    Classification Change  
 Compensation /or Benefit Change    Recall    Vacation    Retirement  
 Other

Salary change \$25,500 + .35 an hour shift differential

Employee Name: [REDACTED]

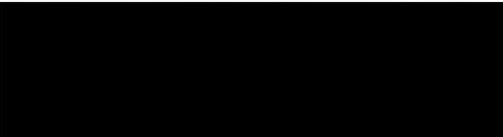
Number: 7C66	Subject: Position Change	Promotion to Corporal	
Date of Issue: May 19, 1999	Effective Date: May 19, 1999	Recission Date:	Revision Date:
Distribution: Payroll & Personnel File			
Issued By: James A. Stierhoff		Title: Sheriff	





**Mike DeWine**  
Ohio Attorney General

October 28, 2013



**NO BCI&I RECORD ON FILE**  
**AUTHENTICATION NO. CS0019413A292929**

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:**   
**SSN:**   
**BCI Completion Date:** **October 2, 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



**NO FBI RECORD ON FILE**  
**AUTHENTICATION NO. CS0019413A292929**  
**ICN: E201328000000018232**

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:

<b>Name:</b>	
<b>SSN:</b>	
<b>FBI Completion Date:</b>	<b>October 7, 2013</b>
<b>Reason Fingerprinted:</b>	<b>LAW</b>
<b>Agency ID:</b>	<b>CSV526</b>

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.

[Redacted]  
Name printed

[Redacted]

03/07/13  
Date

MAJ DALE FORTNEY  
Witness printed

[Signature]  
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.

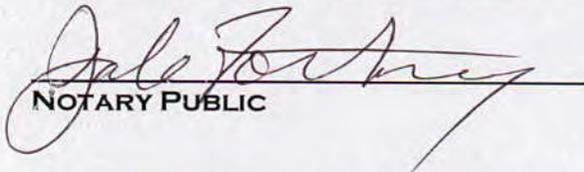
I UNDERSTAND THAT MY FAILURE TO COMPLY WITH THE PROVISIONS OF THIS OATH, WITH OR WITHOUT FAULT OF MY OWN, IS CAUSE FOR TERMINATION.

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 signature area]

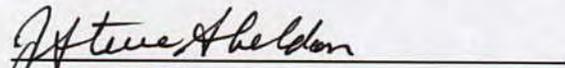
[Redacted signature area]

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

<b>Job Title:</b>	Correction Officer
<b>Division:</b>	Corrections
<b>Bargaining Unit:</b>	FOP/OLC
<b>Employment Status:</b>	Full-Time
<b>Work Hours:</b>	Variable, Determined by FOP Contract
<b>Civil Service Status:</b>	Classified
<b>FLSA Status:</b>	Non-exempt
<b>Probation:</b>	One year
<b>Reports to:</b>	Correction Sergeant, Correction Lieutenant
<b>Job Summary:</b>	Under general direction, supervises inmates and attends to their safety and well-being, and maintains security in the Richland County Jail
<b>Minimum Qualifications:</b>	United States Citizen High School Diploma or G.E.D Ohio Driver License
<b>Essential Functions:</b>	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.

[Redacted Signature]

02-06-13

Date

[Redacted Signature]

I have issued this job description to the employee.

Captain J. E. Mmi  
Supervisor Signature

2/6/13

Date

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

M. J. Galbraith  
Administrator Signature

02-06-13

Date

RICHLAND COUNTY Enrollment/Change Form

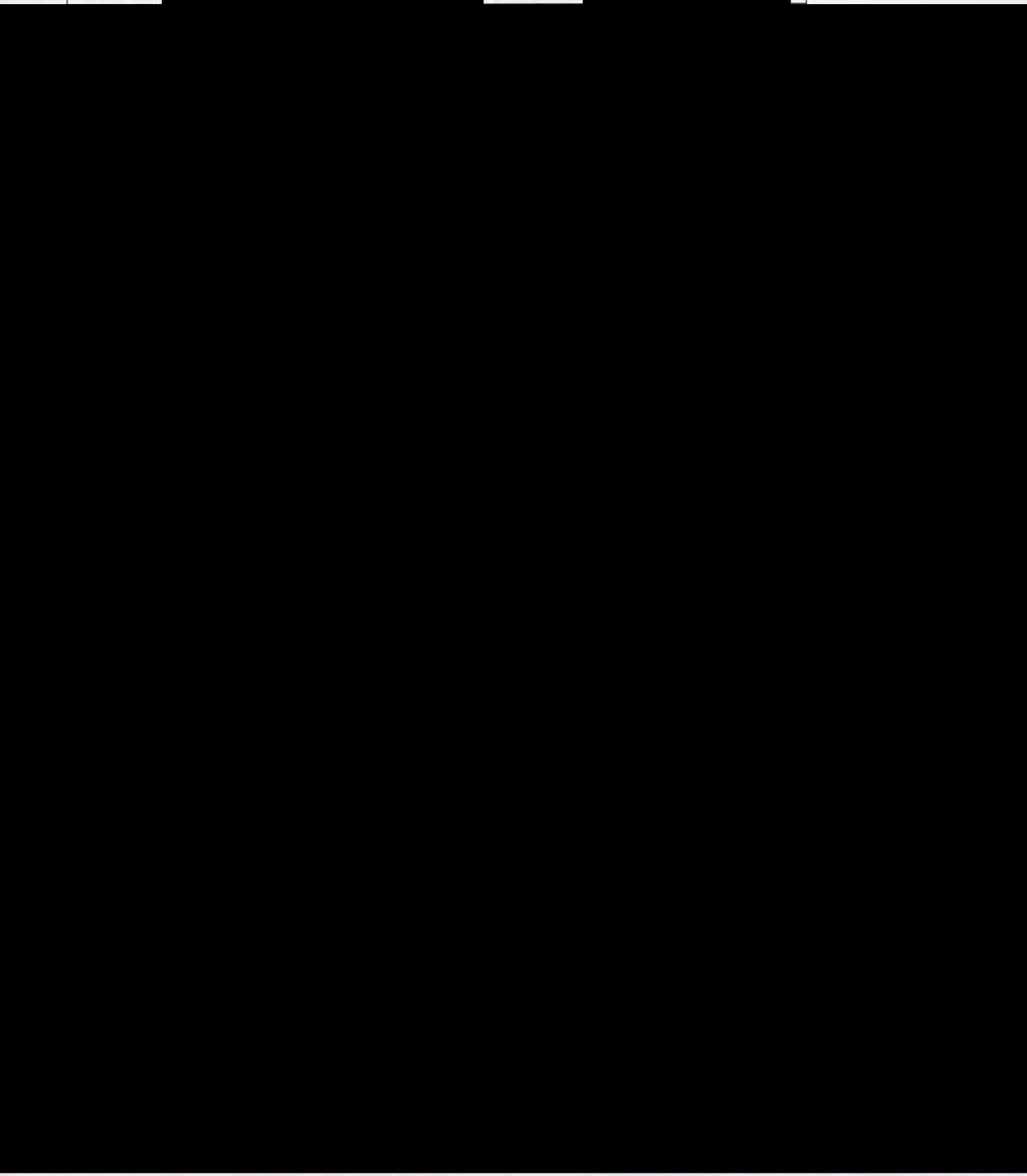
Department Number: 344

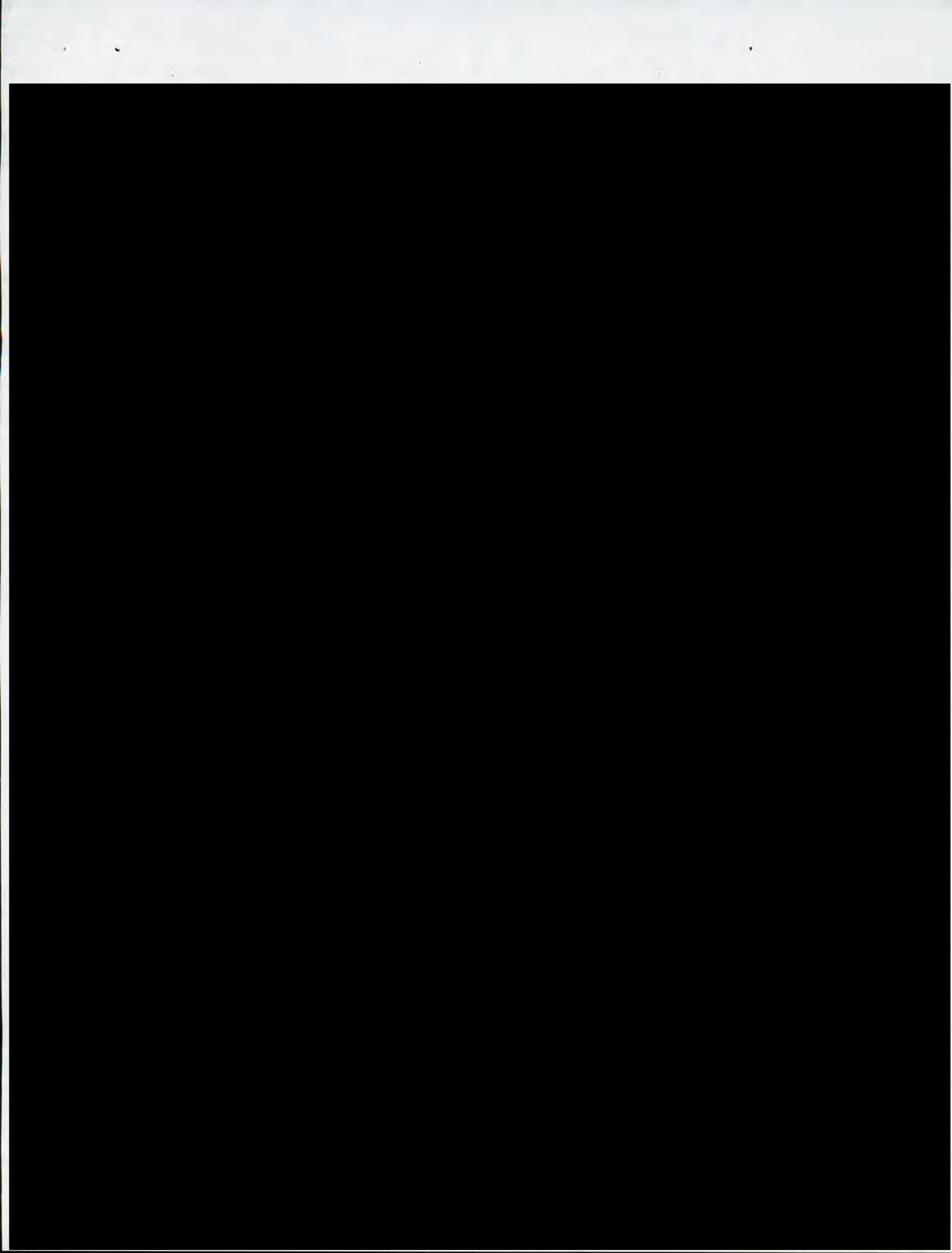
(use ballpoint pen and press firmly)

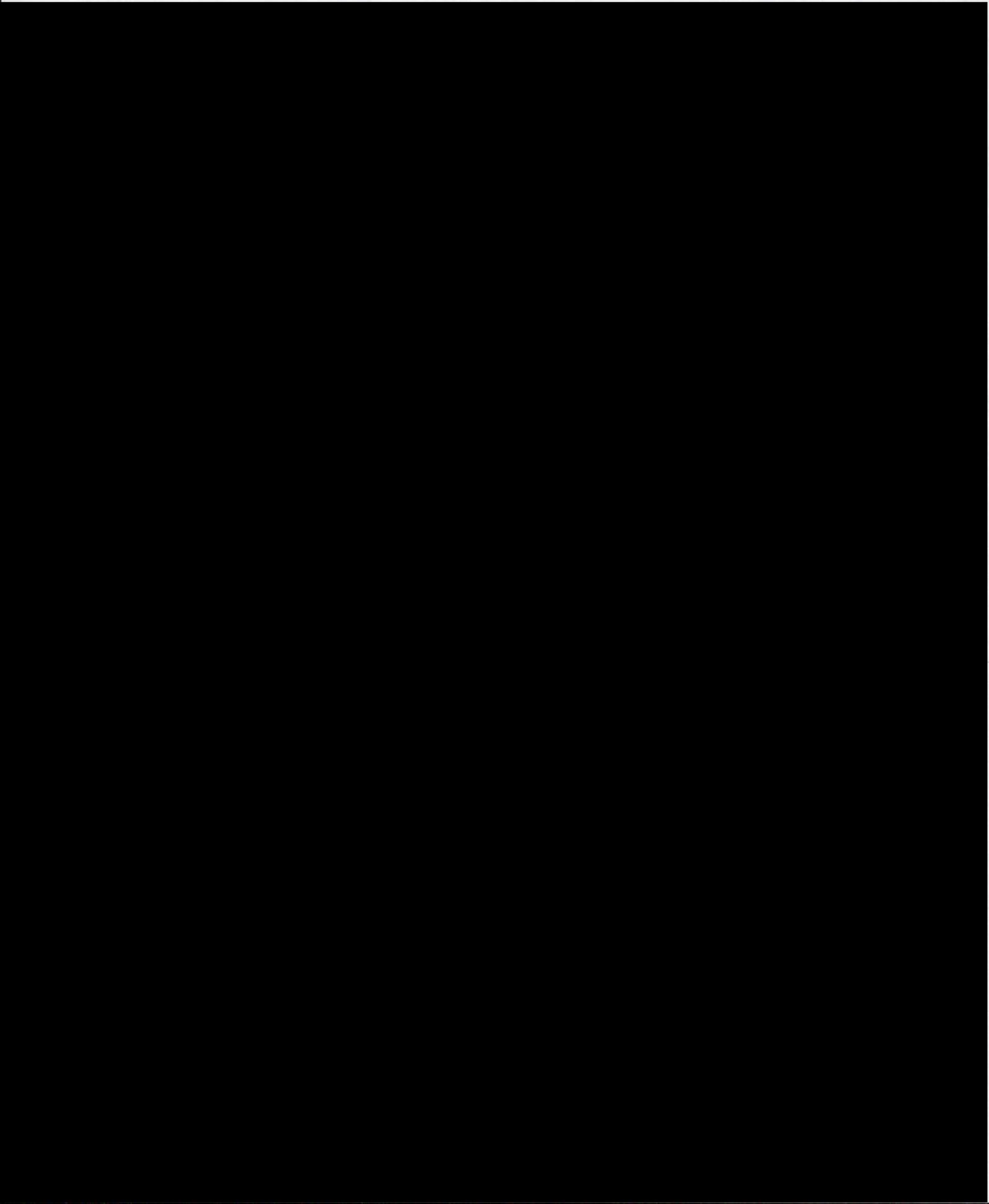
Employee Number: 

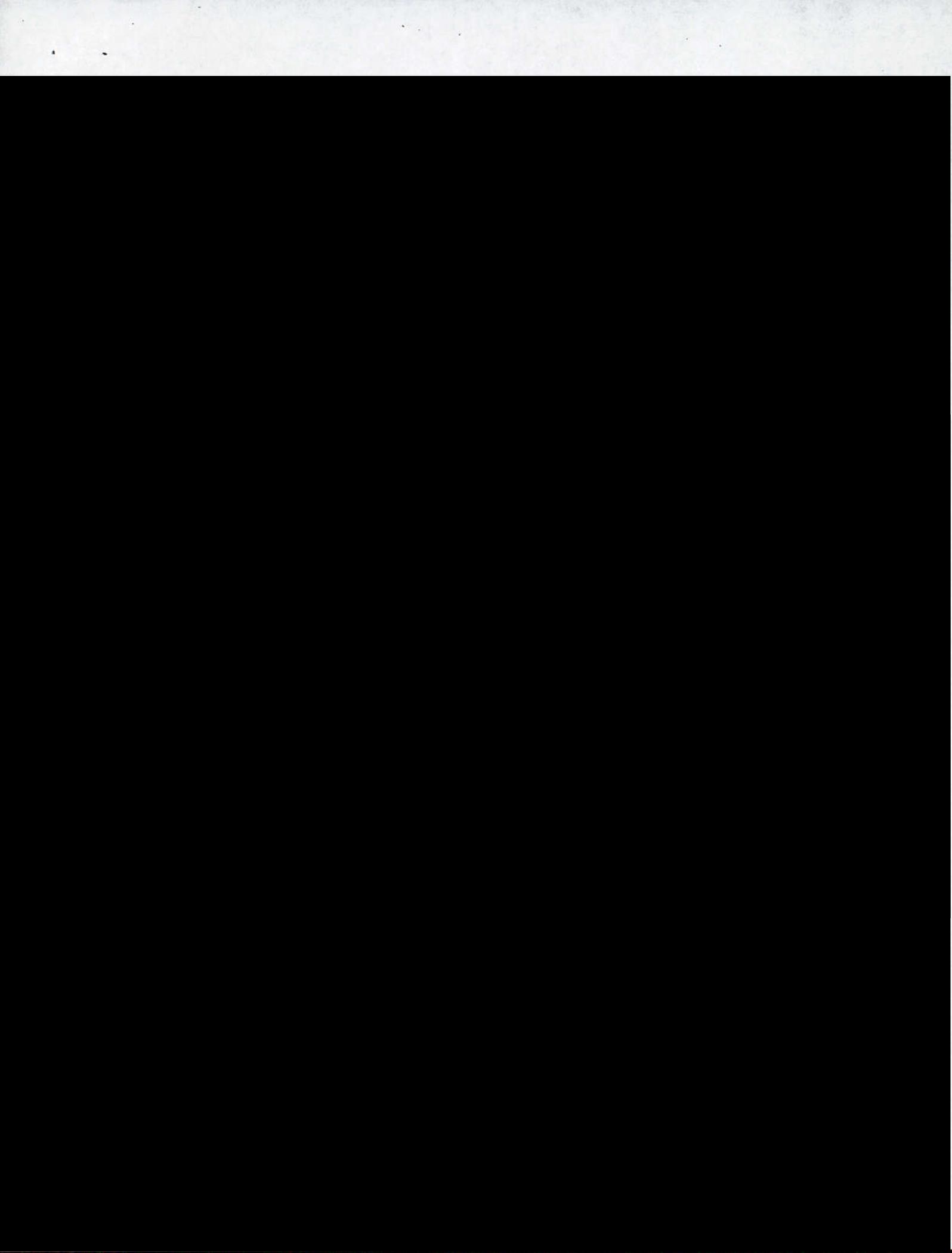
OTHER CHANGES	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire: <u>12-12-96</u>	Effective Date: <u>01-01-12</u>
	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE			
	<input type="checkbox"/> CHANGE 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:
				









RICHLAND COUNTY Enrollment/Change Form

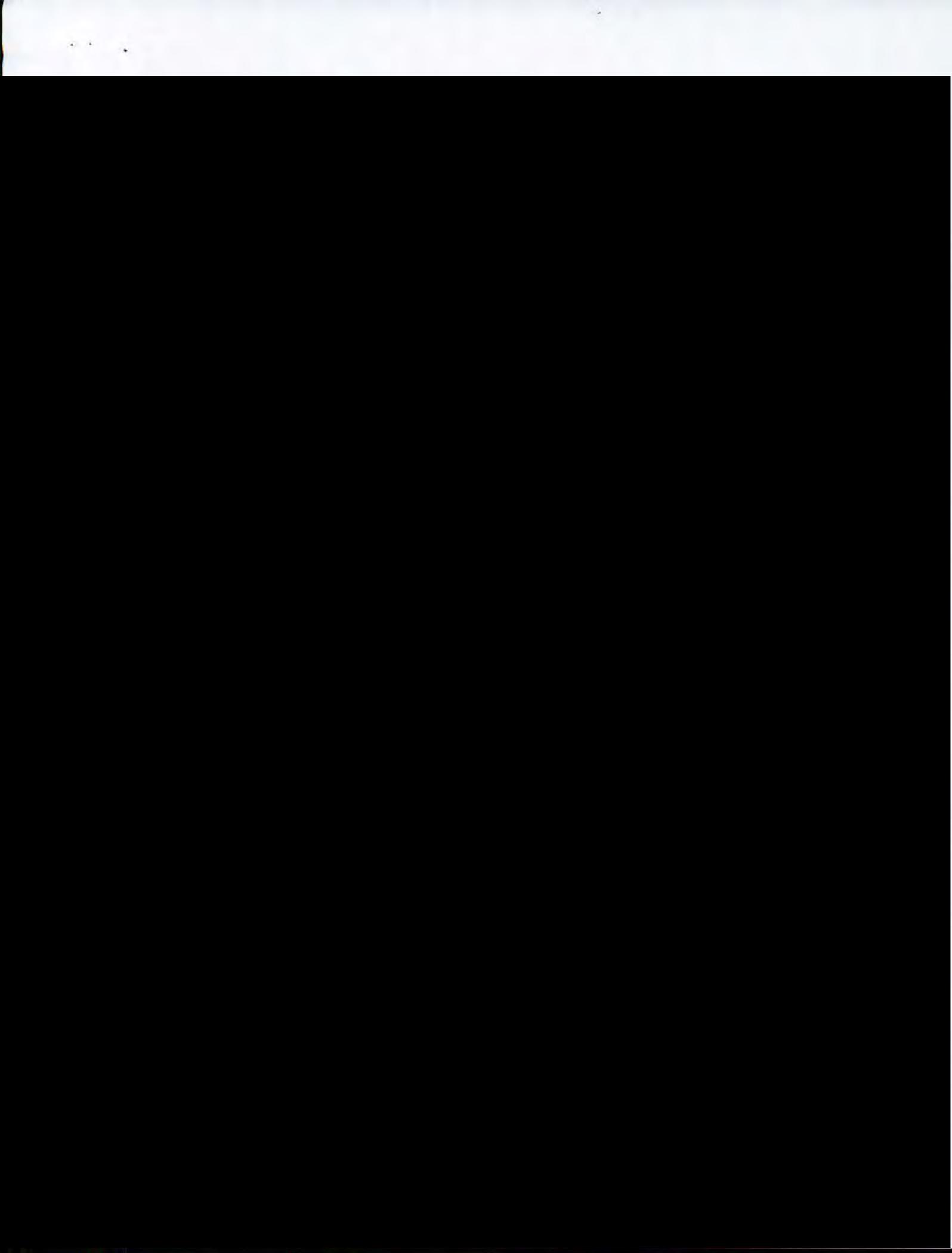
Department Number: 0349

(use ballpoint pen and press firmly)

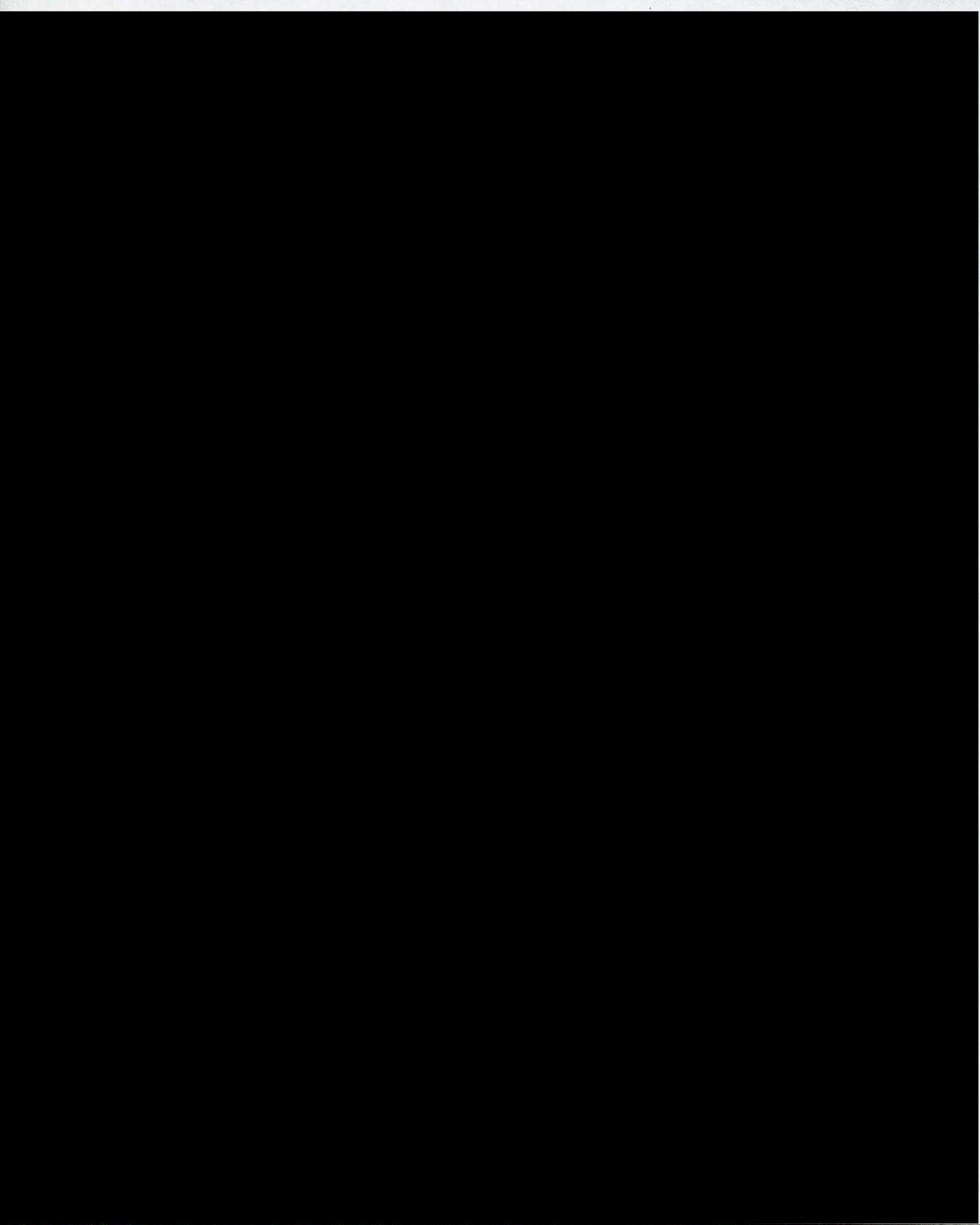
Employee Number: [REDACTED]

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		<u>12-12-96</u>	<u>01-01-11</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:
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

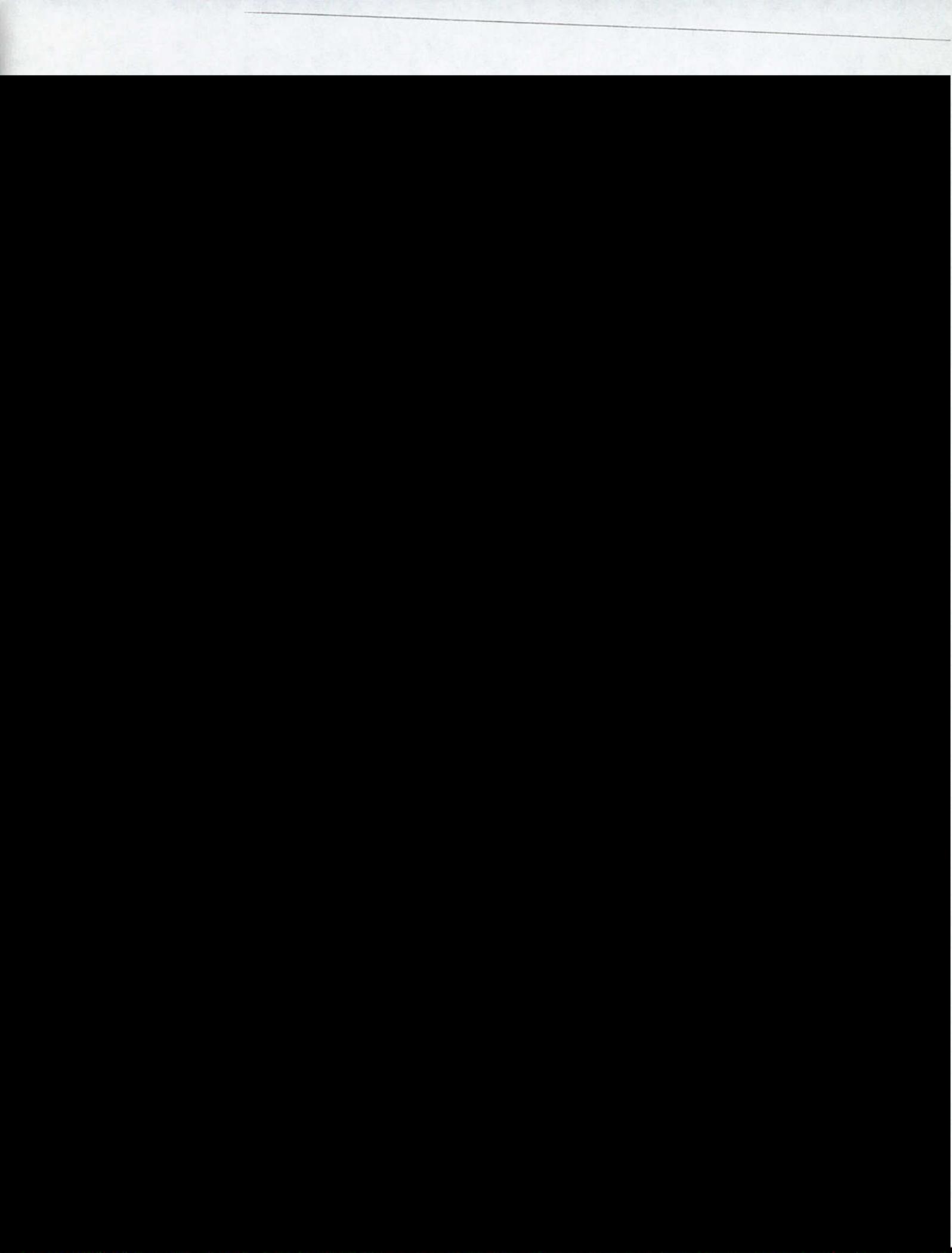


251



**Richland County Payroll Form**

DOH: 12-12-96		Gross Amount			
Pay Period	Date Paid	Regular	Corr Pay	Overpay	Comments
1	01/01/10	1,531.82			
2	01/15/10	1,579.78	1,523.34	56.44	
3	01/29/10	1,579.79	1,523.34	56.45	
4	02/12/10	1,579.79	1,523.34	56.45	
5	02/26/10	1,579.78	1,523.34	56.44	
6	03/12/10	1,579.79	1,523.34	56.45	
7	03/26/10	1,560.04	1,504.30	55.74	79 hr. pay/Day Light Savings Time
<b>Y.T.D.</b>				337.97	\$ <b>337.97</b>

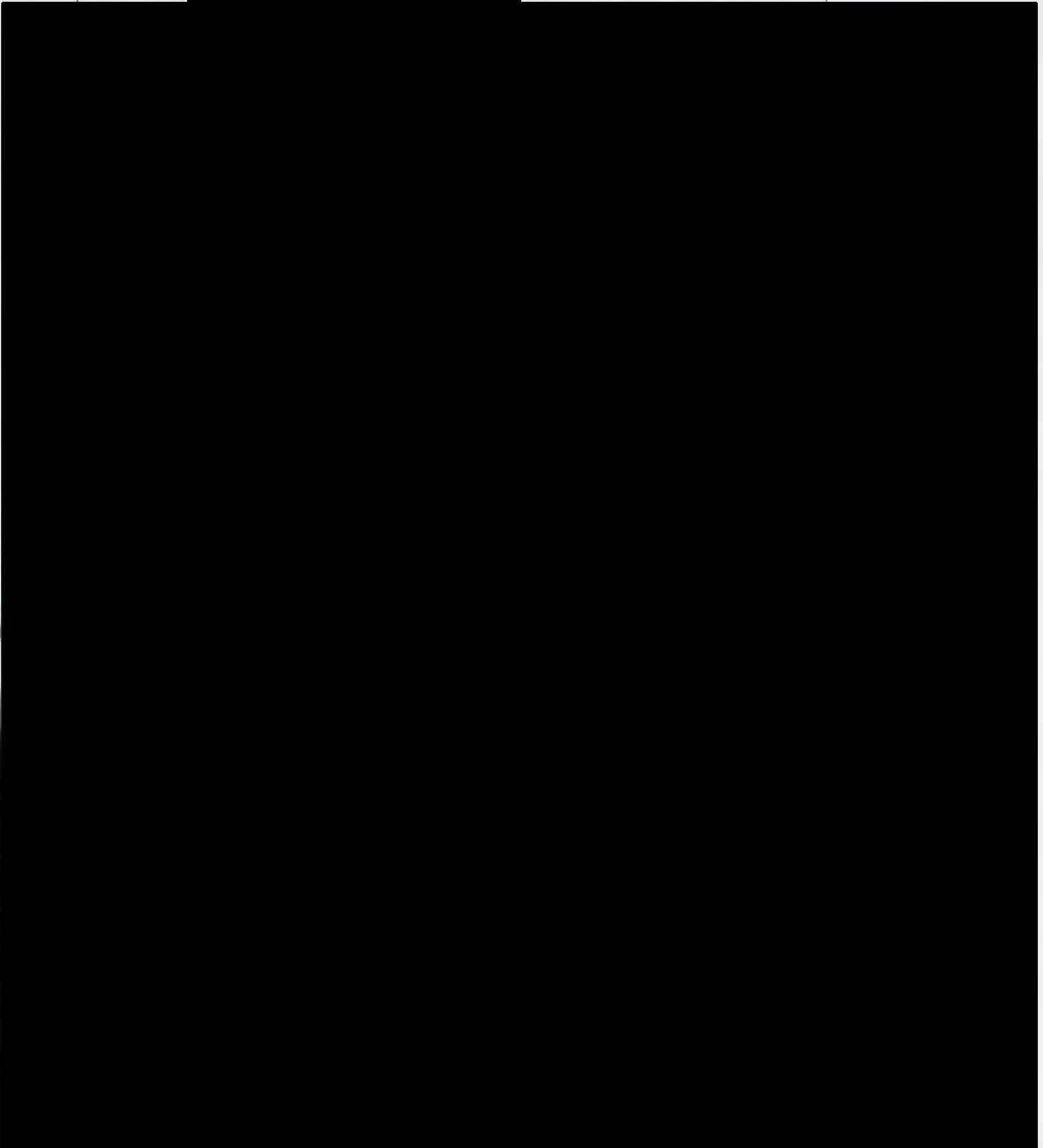


**RICHLAND COUNTY Enrollment/Change Form**  
(use ballpoint pen and press firmly)

Department Number: 349  
Employee Number: 

<b>OTHER CHANGES</b>	<b>CHECK ONE:</b> <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire: <u>12-2-96</u>	Effective Date: <u>01-01-2010</u>	
	<b>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</b>				
	<input type="checkbox"/> Reinstate 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:



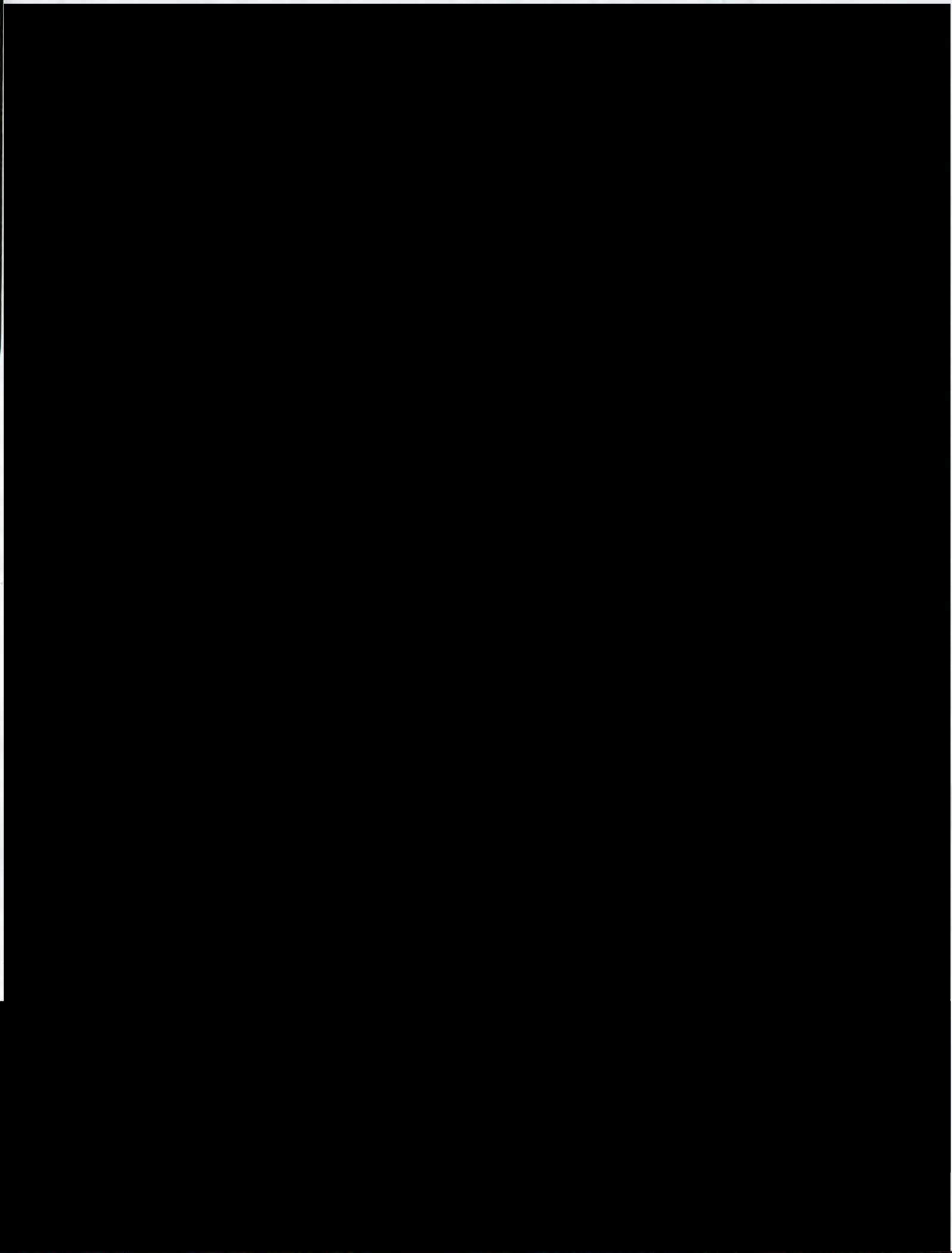
**RICHMOND COUNTY Enrollment/Change Form**  
(use ballpoint pen and press firmly)

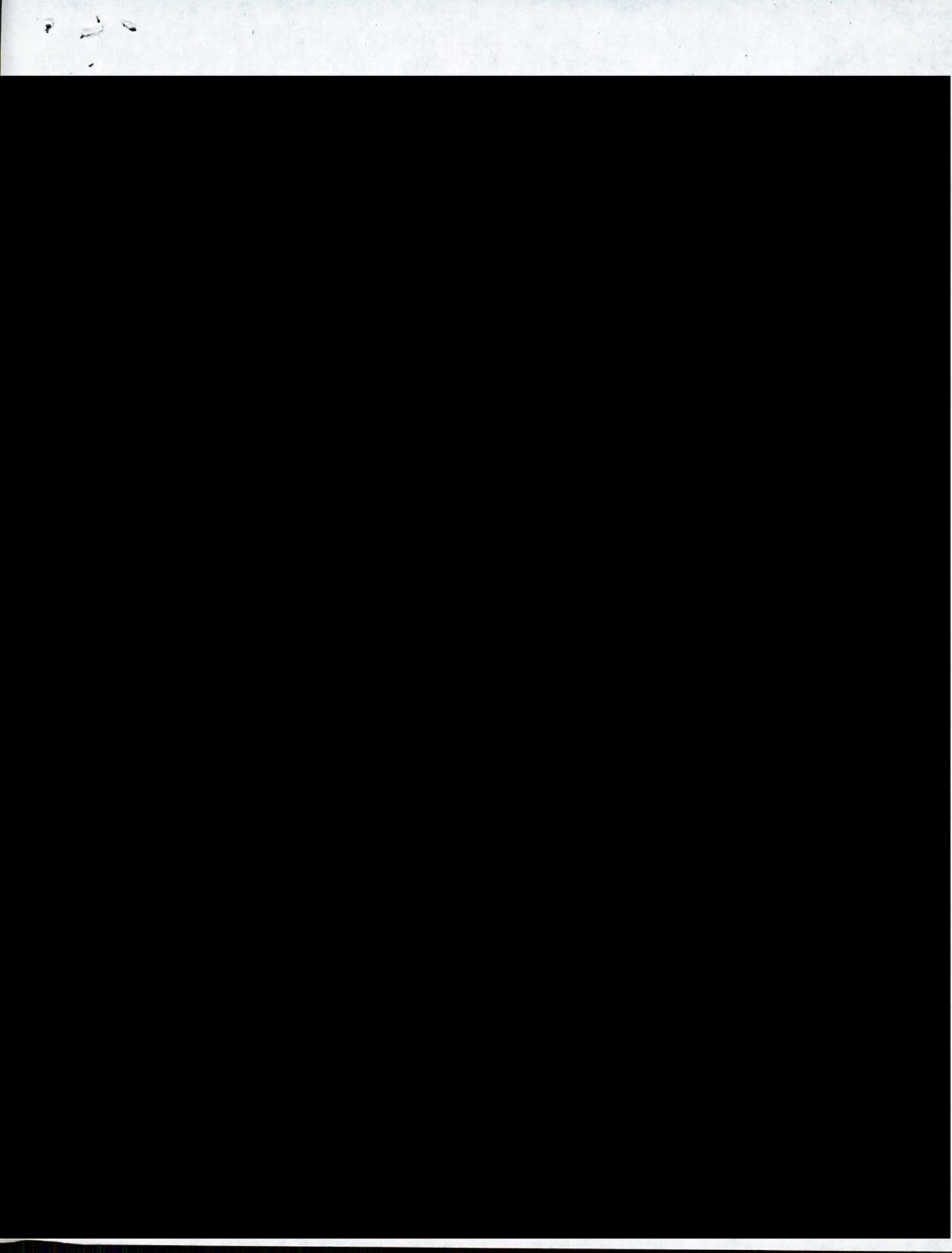
Department Number: 0349  
Employee Number: [REDACTED]

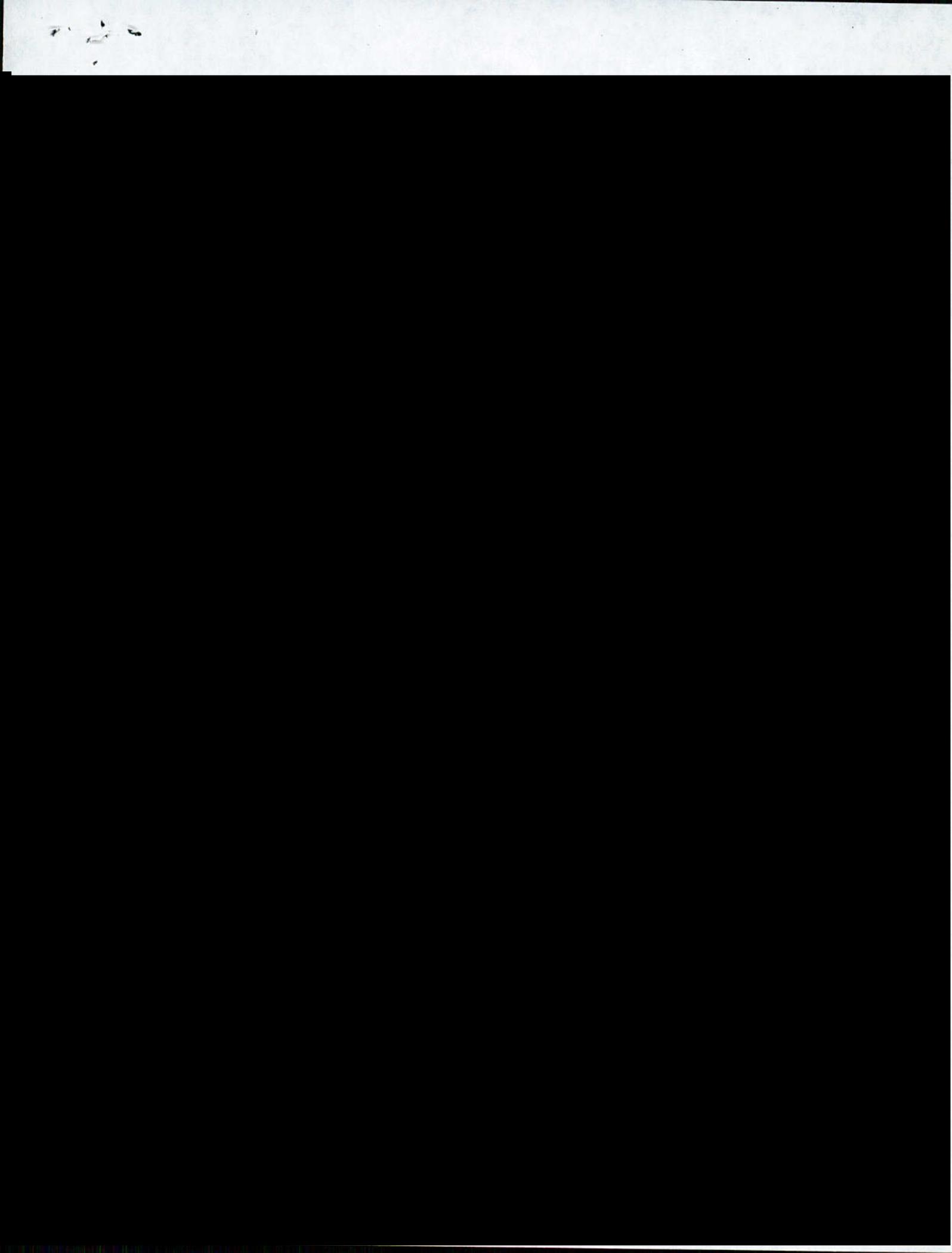
<b>OTHER CHANGES</b>	<b>CHECK ONE:</b> <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
	<i>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</i>			
	<input type="checkbox"/> Reinstate above 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: <u>[REDACTED]</u>	First Name: <u>[REDACTED]</u>	Last Name: <u>[REDACTED]</u>	Social Security: <u>[REDACTED]</u>
-------------------------------------	-------------------------------	------------------------------	------------------------------------

**COPY**







INTER-DEPARTMENTAL  
COMMUNICATION

DALE SHETLER, SHERIFF  
SHERIFF OF RICHLAND COUNTY  
Mansfield, Ohio 44902

TO Sheriff Shetler DATE 07-10-90

FROM [REDACTED] REFERENCE

SUBJECT Resignation.

MESSAGE

Sheriff Shetler:

I [REDACTED] do here by turn in my resignation as of 07-10-90 due to health reasons and at this time do not feel that I could preform my job properly.

[REDACTED]

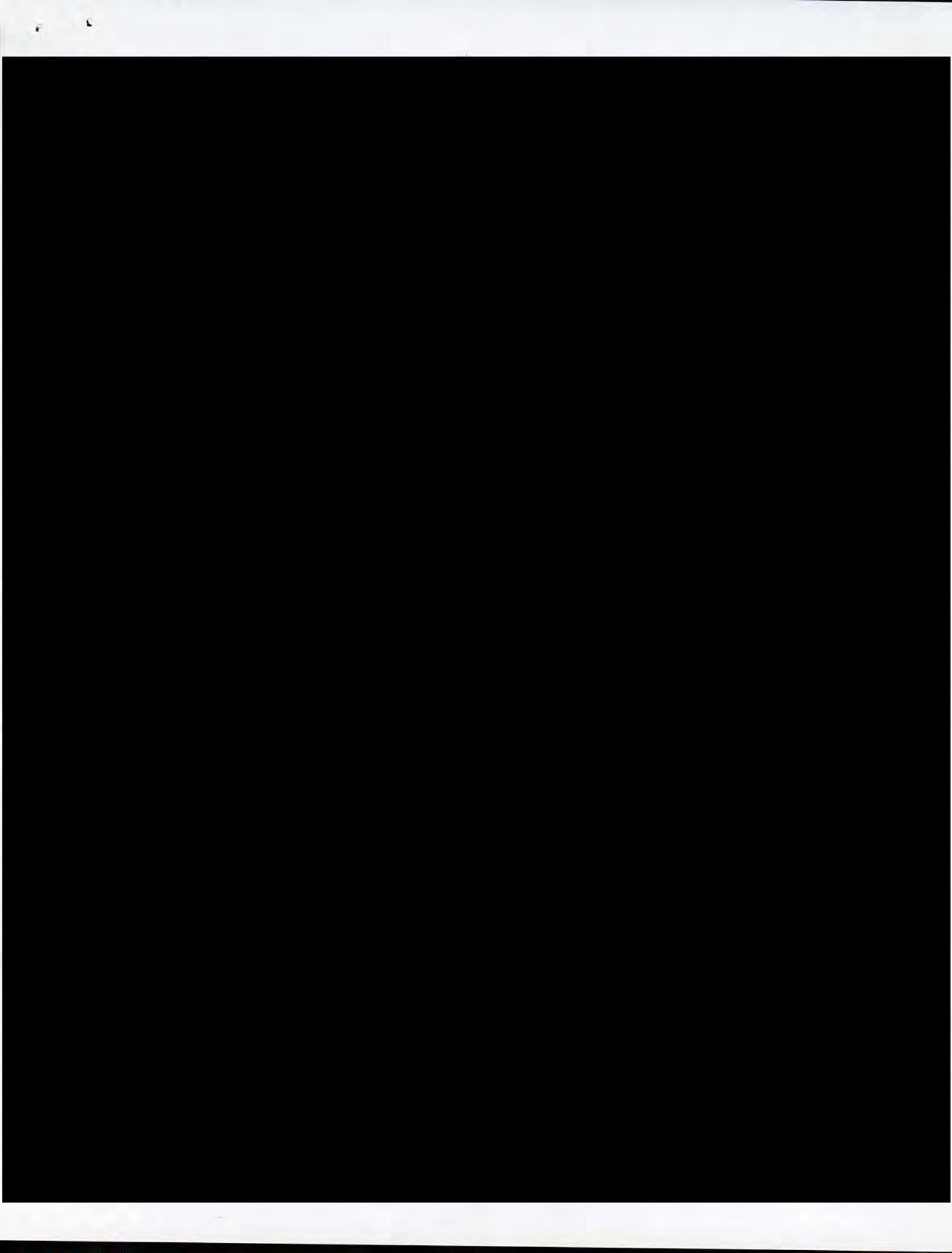
*of*  
*1430*  
*07/10/90*

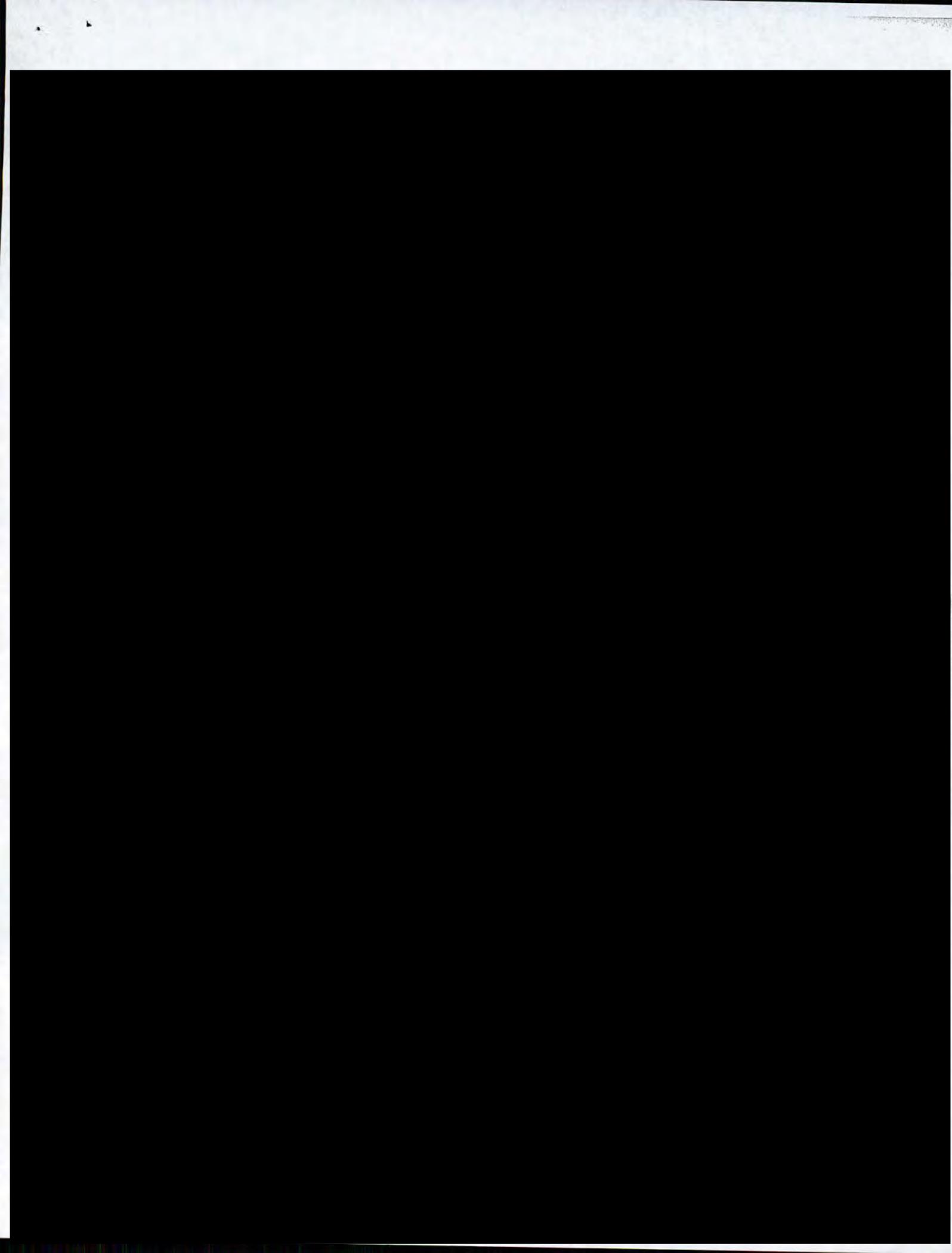
**RICHLAND COUNTY Enrollment/Change Form**  
(use ballpoint pen and press firmly)

Department Number: 0349  
Employee Number: [REDACTED]

<b>CHECK ONE:</b> <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>12-12-96</u>	<u>01-01-06</u>
<input type="checkbox"/> Reinstate 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 Sec:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]





# FAX

**Date** *March 3, 2005*

**Number of pages including cover sheet** *02*

**TO:** *Gerry Young  
Allegro Mortgage Inc.*

**Phone** *419-756-8876*  
**Fax Phone** *419-756-1332*

**FROM:** *Pat Galliway  
  
Richland County Sheriff's Office  
597 Park Avenue East  
Mansfield, OH 44905*

**Phone** *419-774-3559*  
**Fax Phone** *419-522-8153*

**CC:** [REDACTED]

**REMARKS:**     *Urgent*             *For your review*             *Reply ASAP*             *Please Comment*



FAX COVER PAGE

Ph: 774-3559  
Tel: 522-8153

DATE: 3-3-05

NUMBER OF PAGES (Including cover page): 3

TO: HUMAN RESOURCES / Pat Gelowoy

COMPANY: City of Mansfield

FROM: Gerry Young

COMMENTS:

Please complete circled areas return by fax and mail original to my attention.

Thank You

IMPORTANT: This message is intended only for the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message 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 notify us immediately by telephone and return the original message to us at the above address via the United States Postal Service. Thank you.

\*\*\* Please call (419) 756-8876 if there are any problems with this transmission \*\*\*

# Request for Verification of Employment

MLPCL

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC Chapter 37 (if VA) by 12 USC Section 1701 et. seq. (if HUD/FHA); by 42 USC Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

**Instructions:** Lender - Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer, named in item 1.  
 Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.  
 The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

## Part I - Request

1. To (Name and address of employer) <b>HUMAN RESOURCES          CITY OF MANSFIELD          50 PARK AVE EAST          MANSFIELD, OHIO</b>	2. From (Name and address of lender) <b>GERRY YOUNG          ALLEGRO MORTGAGE INC.          1346 LEXINGTON AVENUE          MANSFIELD, OH 44907</b>
--	---

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender <i>[Signature]</i>	4. Title <b>PROCESSER</b>	5. Date <b>03/03/2005</b>	6. Lender's No. (Optional)
--	------------------------------	------------------------------	----------------------------

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number) [REDACTED]	8. Signature of Applicant [REDACTED]
---	---

## Part II - Verification of Present Employment

9. Applicant's Date of Employment <b>12-12-96</b>	10. Present Position <b>CORRECTION OFFICER</b>	11. Probability of Continued Employment <b>YES</b>
--	---	---

12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <b>\$15,495.2</b> <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Other (Specify) <b>03-04-05</b>	13. For Military Personnel Only Pay Grade Type Monthly Amount Base Pay \$	14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Bonus <b>N/A</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---	---

12B. Gross Earnings				15. If paid hourly-average hours per week	
Type	Year To Date <b>05</b>	Past Year <b>04</b>	Past Year <b>03</b>	Rations	\$
Base Pay	\$ <b>6,398.06</b>	\$ <b>33,231.01</b>	\$ <b>32,215.00</b>	Flight or Hazard	\$
Overtime	\$ <b>0</b>	\$ <b>465.46</b>	\$ <b>0</b>	Clothing	\$
OTHER Commissions	\$ <b>0</b>	\$ <b>2,023.98</b>	\$ <b>1,700.00</b>	Quarters	\$
Bonus	\$ <b>0</b>	\$ <b>0</b>	\$ <b>0</b>	Pro Pay	\$
Total	\$ <b>6,398.06</b>	\$ <b>35,720.45</b>	\$ <b>33,915.00</b>	Overseas or Combat	\$
				Variable Housing Allowance	\$

20. Remarks (if employee was off work for any length of time, please indicate time period and reason)  
**N/A**

## Part III - Verification of Previous Employments

21. Date Hired	23. Salary/Wage at Termination Per (Year)(Month)(Week) Base Overtime Commissions Bonus
22. Date Terminated	25. Position Held
24. Reason for Leaving	

## Part IV - Authorized Signature

Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer <i>[Signature]</i>	27. Title (Please print or type) <b>Payroll Supervisor</b>	28. Date <b>03-03-05</b>
29. Print or type name signed in item 26 <b>PATRICIA A. GALLIWAY</b>	30. Phone No. <b>419-774-3559</b>	

CALYX Form v06 fm 5/97

**COPY**

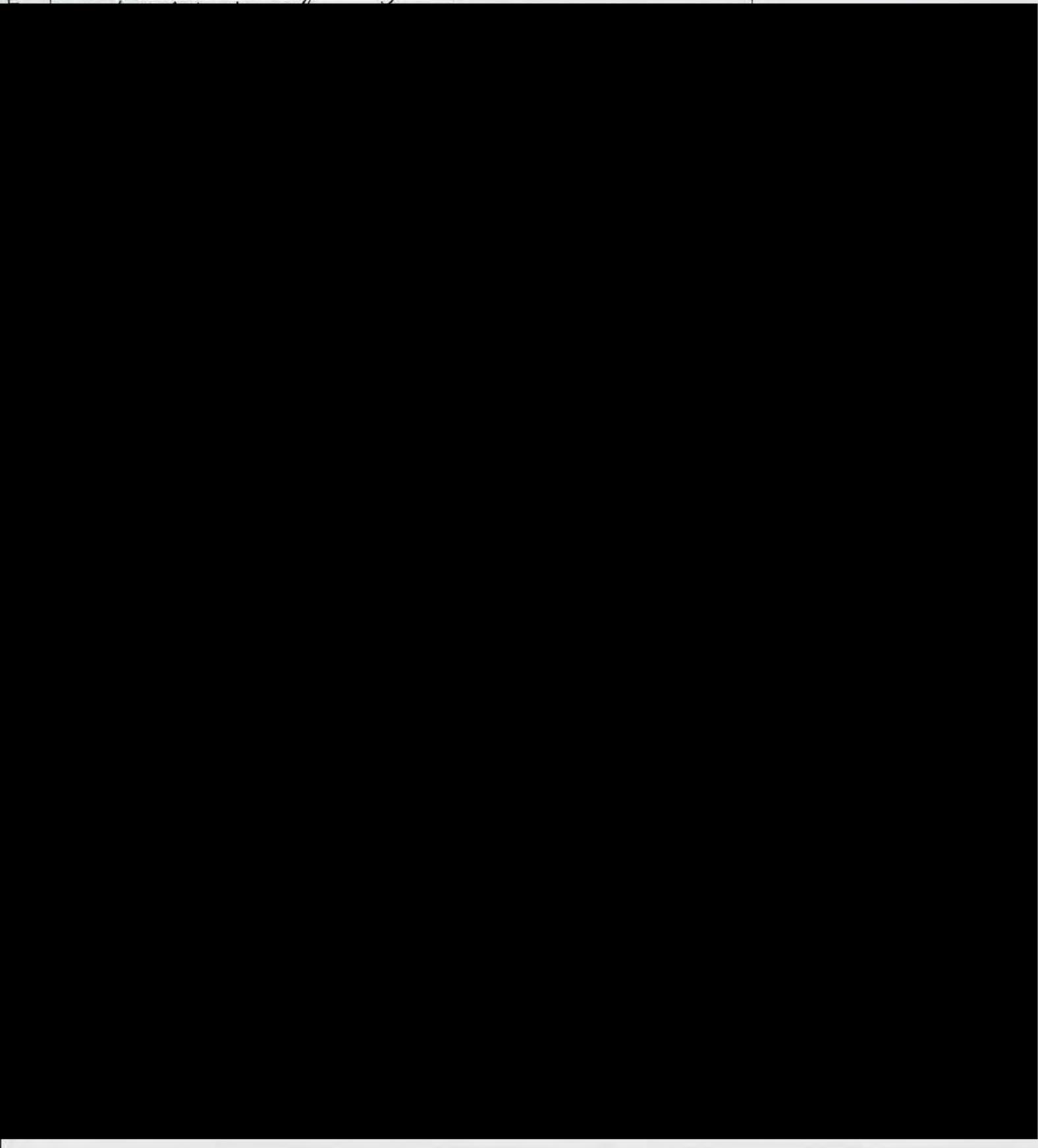


**RICHLAND COUNTY Enrollment/Change Form**  
(use ballpoint pen and press firmly)

Department Number: 0349  
Employee Number: [REDACTED]

<b>CHECK ONE:</b> <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>			
<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			

OTHER CHANGES	NAME OF EMPLOYEE: First: [REDACTED] Middle: [REDACTED] Last: [REDACTED]	Social Security: [REDACTED]
---------------	---	-----------------------------



MAL REVISED

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

Department Number: 349  
Employee Number: [REDACTED]

CHECK ONE: <input type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE		Date of Change:	Date of Hire:	Effective Date:
OTHER CHANGES	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE			1-1-04
	<input type="checkbox"/> Reinstate 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 Name	Last Name	Social Security
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

Department Number: 3550 349  
Employee Number: [REDACTED]

<b>CHECK ONE:</b> <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		<u>12-12-96</u>	<u>1-1-04</u>
<input type="checkbox"/> Reinststate 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			

OTHER  
CHANGES

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

Richland County Sheriff's Office Mansfield, Ohio 44902

## PERSONNEL ORDER

Reference:

- Reassignment    Transfer    Layoff    Promotion    Classification  
Change  
 Compensation /or Benefit Change    Recall    Vacation    Retirement  
 Other -

Employee Name: [REDACTED]

Number:		Subject: Classification change from deputy sheriff back to correction officer	
Date of Issue: 2/3/00	Effective Date: 2/3/00	Recission Date:	Revision Date:
Distribution: Nancy Metcalf (personnel) Pat Galliway (pay roll)			
Issued By: James A. Stierhoff		Title: Sheriff	

Richland County Sheriff's Office Mansfield, Ohio 44902

## PERSONNEL ORDER

Reference:

- Reassignment    Transfer    Layoff    Promotion    Classification  
Change  
 Compensation /or Benefit Change    Recall    Vacation    Retirement  
 Other -

Employee Name: [REDACTED]

Number:		Subject: Classification change from correction officer to deputy sheriff	
Date of Issue: 1/24/00	Effective Date: 1/24/00	Recission Date:	Revision Date:
Distribution: Nancy Metcalf ( personnel) Pat Gallaway (pay roll)			
Issued By: James A. Stierhoff		Title: Sheriff	

Richland County Sheriff's Office Mansfield, Ohio 44902

## PERSONNEL ORDER

Reference:

Reassignment  Transfer  Layoff  Promotion  Classification  
Change

Compensation /or Benefit Change  Recall  Vacation  Retirement  
 Other -

Employee Name: [REDACTED]

Number:		Subject: Classification change from deputy sheriff back to correction officer	
Date of Issue: 2/3/00	Effective Date: 2/3/00	Recission Date:	Revision Date:
Distribution: Nancy Metcalf (personnel) Pat Galliway (pay roll)			
Issued By: James A. Stierhoff		Title: Sheriff	

PUBLIC EMPLOYEES RETIREMENT SYSTEM OF OHIO  
277 East Town Street Columbus, Ohio 43215-4642

### LAW ENFORCEMENT OFFICER PERSONAL HISTORY RECORD

PERS is required to have on file an original, properly completed Law Enforcement Personal History Record (S) prior to disbursing any funds from a member's account. A refund of accumulated contributions, retirement allowance, or any benefit cannot be paid until this Form is filed with PERS. We cannot accept a photocopy of a Personal History Record unless an original has previously been received.

The member must complete Sections I, II, and IV. The member also should review Section III for beneficiary designation information and complete if applicable. Section V must be completed by the employer. All signatures must be in **ink** and all other entries must be clearly printed in **ink or typed**. All statements are to be made under oath and may require substantiating proof. Proof of date of birth will be required to obtain retirement and other benefits. **Be accurate when entering the Social Security number.**

#### SECTION I PERSONAL INFORMATION

Full Name

First

Middle

DO NOT WRITE IN THE  
FOLLOWING SPACES  
FOR PERS OFFICE USE ONLY

Previous PERS Number

Employer Code

Received for Record  
Date Stamp

1. Give date of first service as an employee in any public employment in Ohio 06-29-90  
Which employer? Richland County

2. Do you have any previous public service for which PERS contributions were not submitted?  yes  no  
If "yes", which employer(s)? \_\_\_\_\_

3. Have you been a member of any of the following retirement systems? If applicable, check either retired or refunded.
- |  |   |                                     |                                   |
|--|---|-------------------------------------|-----------------------------------|
| a) State Teachers Retirement System (STRS)                       | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input type="checkbox"/> retired or | <input type="checkbox"/> refunded |
| b) School Employees Retirement System (SERS)                     | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input type="checkbox"/> retired or | <input type="checkbox"/> refunded |
| c) Ohio Police and Firemen's Disability and Pension Fund (PFDPF) | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input type="checkbox"/> retired or | <input type="checkbox"/> refunded |
| d) State Highway Patrol Retirement System (HPRS)                 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input type="checkbox"/> retired or | <input type="checkbox"/> refunded |
| e) Cincinnati Retirement System (CRS)                            | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input type="checkbox"/> retired or | <input type="checkbox"/> refunded |

Please turn page

**SECTION III BENEFICIARY DESIGNATION**

In addition to benefits available to you, benefits may be available to your qualifying beneficiary(ies) upon your death. Your beneficiary is determined in one of two ways: **automatic succession** as established by law, or **specific designation** which requires you to name a person, persons, trust, estate, or an institution. By law there are certain events which cancel a specific designation; marriage, divorce, dissolution of marriage, legal separation, the birth or adoption of a child, or withdrawal of account. If you do not submit a new designation to PERS after one of these events occurs, your beneficiary will be determined by automatic succession.

**-If you are not retired from another state retirement system** and a specific designation is not filed, at your death any amount due is payable to your first qualifying beneficiary in the following order: (1) spouse, (2) children, (3) parents, or (4) estate. If you are satisfied with this order, you do not need to do anything. If you would like to make a **specific designation**, please mark this box ; information and the proper form will be sent to you. If you have made a previous designation and your account is still on deposit with PERS and you want to keep that previous designation, please mark this box .

**-If you are retired from another state retirement system** and a specific designation is not filed, at your death any amount due is payable to your first qualifying beneficiary in the following order under automatic succession: (1) spouse; (2) child(ren) share equally; (3) parents share equally; or (4) estate. If you are satisfied with automatic succession, you do not need to do anything. If you would like to make a **specific designation**, please mark this box , and the proper form will be sent to you.

**SECTION IV EMPLOYEE AFFIDAVIT (Must be notarized)**

State of Ohio, County of Richland

Being duly sworn, the undersigned states that the statements contained in this Form are complete and true to the best of his/her knowledge and belief.



of Employee

Sworn to and subscribed to me this 21st day of January, 2000  
Month and Year

Barbara L McConkie  
Notary Public

**BARBARA L. McCONKIE**

**NOTARY PUBLIC, STATE OF OHIO**

Notary expiration: My Commission Expires Aug. 19, 2000

**SECTION V PAYROLL OFFICER'S CERTIFICATION**

1. State employer, department, and title in which employed.

EMPLOYER	DEPARTMENT, OFFICE, BOARD, COMMISSION, OR INSTITUTION	TITLE

2. State rate of compensation: \_\_\_\_\_ per hour / day / month  
Circle one

3. Explain certified allowances paid for full maintenance (consisting of housing, laundry, and meals) \_\_\_\_\_

4. Is current service as a sheriff?  yes  no If "yes," submit an Application For Membership From An Elective Official (A-9) in duplicate.

I hereby certify that \_\_\_\_\_ began service with  
Employee's Name  
the above employer on \_\_\_\_\_, and the statements set forth are true and accurate as disclosed by the records of this  
Month/Day/Year department.

# EMPLOYEE MAINTENANCE

(Circle One) **ADD**

CHANGE

DELETE

PLEASE TYPE

1. Name [REDACTED]  
2. Address \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
3. Telephone \_\_\_\_\_  
4. Birthdate \_\_\_\_\_  
5. SSN \_\_\_\_\_  
6. Marital Status \_\_\_\_\_ Sex Male Race White  
7. Title \_\_\_\_\_  
8. Department # 0349  
9. Business Ph# (419) 774-5678  
10. Start Date \_\_\_\_\_  
11. Term Date \_\_\_\_\_  
12. Reason \_\_\_\_\_  
Taxes Code Dep Ty Addon  
13. Federal \_\_\_\_\_  
14. State \_\_\_\_\_  
15. City \_\_\_\_\_  
16. Status \_\_\_\_\_  
17. Annual Salary \_\_\_\_\_

18. Salary / Pay \_\_\_\_\_  
19. Rate / Hour \_\_\_\_\_  
20. Alt Rate/ Hour \_\_\_\_\_  
21. Wage Factor \$300.00 Longevity 12-12-99  
22. Annual Hours \_\_\_\_\_  
23. Shift Diff. \_\_\_\_\_  
24. Full / Part \_\_\_\_\_  
25. Grade \_\_\_\_\_  
26. Step \_\_\_\_\_  
27. Date Last Inc. \_\_\_\_\_  
28. EEO Status \_\_\_\_\_  
29. Work Comp Code \_\_\_\_\_  
30. Pay Freq Code \_\_\_\_\_  
31. OBES Exempt \_\_\_\_\_  
32. OBES Activity \_\_\_\_\_  
33. Retain \_\_\_\_\_  
34. Medicare Yes  No   
35. Direct Dep. Route \_\_\_\_\_  
36. Direct Dep. Account # \_\_\_\_\_  
37. School Tax \_\_\_\_\_

COPY





### Employee Maintenance

(circle one)

ADD	Change	Delete
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Name [REDACTED]

Address [REDACTED]

City, State, Zip Code [REDACTED]

Telephone [REDACTED]

Birthdate [REDACTED]

ocial Security Number [REDACTED]

Marital Status: [REDACTED]

Sex [REDACTED]

Race [REDACTED]

Title [REDACTED]

Department Number [REDACTED] 349

usiness 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

Account # [REDACTED]

Salary/pay	
Rate/hour	\$ 20.0500
Alt Rate/hour	R 80 SHIFT
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 12/19/13

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Comments

Steve Sheldon  
Signature

12/19/13  
Date



## Employee Maintenance

	(circle one)	
<b>ADD</b>	<b>Change</b>	<b>Delete</b>

Name	[REDACTED]	Employee #	[REDACTED]	Salary/pay	
Address				Rate/hour	\$ 19.5500
City, State, Zip Code				Alt Rate/hour	R 80 SHIFT
Telephone		Has this person ever been employed by		Wage Factor	
Birthdate		Richland County in the past? Yes or No		Annual Hours	
Social Security Number				Shift	
Marital Status:				Full/Part	
Sex				STRS	
Race				PERS	
Title				Direct Dep. Route #	
Department Number	349	Account #		Direct Dep. Account #	
Business Phone Number					
Start Date					
Rehire Date					
Termination Date					
Reason for Termination					
<b>TAXES</b>	Code	Dep	TY	Add On	
Federal					
State					
City					
Status					
Annual Salary					

**EFFECTIVE 12/20/12**

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*[Signature]*  
 \_\_\_\_\_  
 Signature

*12/11/13*  
 \_\_\_\_\_  
 Date

Comments

# CERTIFICATE OF APPOINTMENT

OF \_\_\_\_\_

As Correction Officer

Office Sheriff  
RICHLAND COUNTY

THIS IS TO CERTIFY, that the undersigned being of opinion that the business of this office requires it, has appointed \_\_\_\_\_

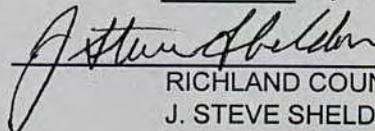
a suitable and competent person as Correction Officer

Therein, beginning on the 1st day of January 2005  
and continuing until otherwise ordered.

Said \_\_\_\_\_

as compensation the sum of \$15.4952 dollars  
(\$ \_\_\_\_\_) per hour payable bi-weekly from the County Treasury upon the warrant of the  
County Auditor.

Witness my signature and seal of office, this 1st day of January 2005

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

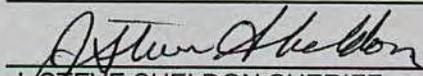
## OATH OF OFFICE

Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

\_\_\_\_\_ being duly sworn, says that  
he/she will support the Constitution of the United States and the Constitution of the State of Ohio,  
and that he will faithfully discharge the duties of Deputy in the office of the Sheriff  
of said County.

Sworn to before me and signed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_

  
\_\_\_\_\_  
J. STEVE SHELDON SHERIFF  
Richland County

Future Changes

# CERTIFICATE OF APPOINTMENT

OF \_\_\_\_\_

As Correction Officer 1

Office Sheriff  
RICHLAND COUNTY

THIS IS TO CERTIFY, that the undersigned being of opinion that the business of this office requires it, has appointed \_\_\_\_\_

a suitable and competent person as Correction Officer 1

Therein, beginning on the 1st day of January 2003  
and continuing until otherwise ordered.

Said \_\_\_\_\_

as compensation the sum of \$15.0075 per hour \_\_\_\_\_ dollars  
(\$ \_\_\_\_\_) per hour payable bi-weekly from the County Treasury upon the warrant of the  
County Auditor.

Witness my signature and seal of office, this 1st day of January 2003

  
\_\_\_\_\_  
RICHLAND COUNTY  
JAMES A. STIERHOFF, SHERIFF

## OATH OF OFFICE

Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

\_\_\_\_\_ being duly sworn, says that  
he/she will support the Constitution of the United States and the Constitution of the State of Ohio,  
and that he will faithfully discharge the duties of Deputy in the office of the \_\_\_\_\_  
of said County.

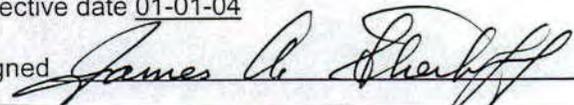
Sworn to before me and signed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_

### Richland Co. Sheriff Office Appointment/Salary Change Record

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

New Salary \$15.4952 / hour

Effective date 01-01-04

Signed 

Future Changes

Richland County, Ohio

CERTIFICATE OF APPOINTMENT OF

[REDACTED]

as SERGEANT/CORRECTIONS

In the Office of  
SHERIFF

REQUESTED POSITION CHANGE  
EFFECTIVE 01-01-02  
Correction officer 1 - \$13.9423

*James A. Stierhoff*

JAMES A. STIERHOFF, SHERIFF  
SALARY CHANGE: 01-01-02  
\$14.50 HRLY

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF

The State of Ohio, Richland County, ss.

OATH OF DEPUTY  
Rev. Code, Secs. 3.22, 3.23

sworn, says that he will support the Constitution of the United States and the Constitution of the State of Ohio, and that he will faithfully discharge the duties of Deputy in the office of the \_\_\_\_\_ of said County. *being duly*

Sworn to before me and signed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_

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

**OATH OF DEPUTY**

Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

sworn, says that he will support the Constitution of the United States and the Constitution of the State of Ohio, and that he will faithfully discharge the duties of Deputy in the office of the \_\_\_\_\_ of said County. \_\_\_\_\_ being duly

Sworn to before me and signed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_

Richland County, Ohio

**CERTIFICATE OF APPOINTMENT OF**

\_\_\_\_\_

as SERGEANT/CORRECTIONS

In the Office of  
SHERIFF

REQUESTED POSITION CHANGE  
EFFECTIVE 01-01-02  
Correction officer 1 - \$13.9423

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF

D

**CERTIFICATE OF APPOINTMENT**

Of \_\_\_\_\_ as  
SERGEANT/CORRECTIONS

\* \_\_\_\_\_  
Office of SHERIFF

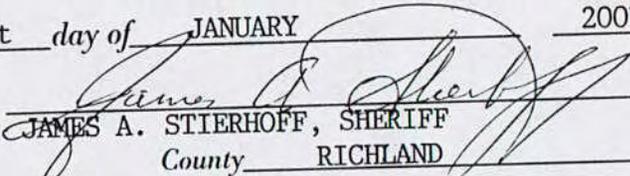
Richland County, Ohio

THIS IS TO CERTIFY, That the undersigned being of opinion that the business of this office requires it, has appointed \_\_\_\_\_ a suitable and competent person as \* SERGEANT/CORRECTIONS Therein, beginning on the 1st day of JANUARY 2001, and continuing until otherwise ordered.

Said \_\_\_\_\_ to receive as compensation the sum of \$15.2425 HRLY Dollars

(~~\$15.2425 HRLY~~) per annum, payable bi-weekly from the County Treasury upon the warrant of the County Auditor.

Witness my signature and seal of office, this 1st day of JANUARY 2001

  
JAMES A. STIERHOFF, SHERIFF  
County RICHLAND

\*Deputy, Assistant, Clerk, Bookkeeper, or other employee.

**OATH OF DEPUTY**  
Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

sworn, says that he will support the Constitution of the United States and the Consti- being duly  
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy  
in the office of the ..... of said County.

Sworn to before me and signed in my presence, this ..... day of ..... 19.....  
PROMOTED TO SERGEANT 10-06-00  
\$15.0916 HRLY James A. Stierhoff  
JAMES A. STIERHOFF, SHERIFF

Richland County, Ohio  
**CERTIFICATE OF APPOINTMENT OF**

as [Redacted] Correction Officer 1  
In the Office of  
Sheriff

SALARY CHANGE EFFECTIVE: 12-12-97  
\$19,000.00, 730.80, 9.135

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF

SALARY CHANGE 12-12-98:  
\$769.20, 9.615

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF

SALARY CHANGE: 4-1-99  
\$14.2212 HRLY

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF

SALARY CHANGE: 1-1-00  
\$14.3630 HRLY

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF  
02-03-2000: Position change from deputy  
to corporal corrections.

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF

**OATH OF DEPUTY**  
Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

being duly sworn, says that he will support the Constitution of the United States and the Constitution of the State of Ohio, and that he will faithfully discharge the duties of Deputy in the office of the \_\_\_\_\_ of said County.

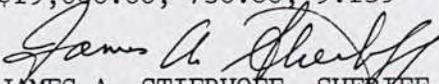
Sworn to before me and signed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

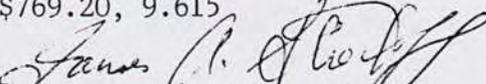
Richland County, Ohio

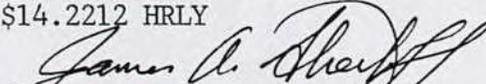
**CERTIFICATE OF APPOINTMENT OF**

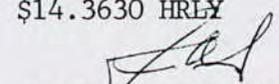
\_\_\_\_\_ as \_\_\_\_\_  
Correction Officer 1  
In the Office of  
Sheriff

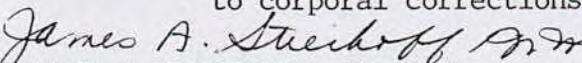
SALARY CHANGE EFFECTIVE: 12-12-97  
\$19,000.00, 730.80, 9.135

  
JAMES A. STIERHOFF, SHERIFF  
SALARY CHANGE 12-12-98:  
\$769.20, 9.615

  
JAMES A. STIERHOFF, SHERIFF  
SALARY CHANGE: 4-1-99  
\$14.2212 HRLY

  
JAMES A. STIERHOFF, SHERIFF  
SALARY CHANGE: 1-1-00  
\$14.3630 HRLY

  
JAMES A. STIERHOFF, SHERIFF  
02-03-2000: Position change from deputy  
to corporal corrections.

  
JAMES A. STIERHOFF, SHERIFF

**CERTIFICATE OF APPOINTMENT**

Of \_\_\_\_\_ as

\* Deputy Sheriff/Ministerial Officer of the Court

Office of Sheriff

Richland County, Ohio

*THIS IS TO CERTIFY, That the undersigned being of opinion that the business of this office requires it, has appointed \_\_\_\_\_ a suitable and competent person as \*Deputy Sheriff/Ministerial Officer of the Court therein, beginning on the 24th day of January 1900, and continuing until otherwise ordered.*

Said \_\_\_\_\_ to receive as compensation the sum of \$11,5385 Dollars

(\$ 11,5385) per annum, payable bi-weekly from the County Treasury upon the warrant of the County Auditor.

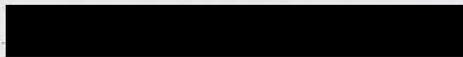
Witness my signature and seal of office, this 24th day of January 1900

*James A. Stierhoss*  
JAMES A. STIERHOSS, SHERIFF  
County Richland

\* Deputy, Assistant, Clerk, Bookkeeper, or other employe.

Richland County, Ohio

CERTIFICATE OF APPOINTMENT OF



as Correction Officer 1

In the Office of

Sheriff

SALARY CHANGE EFFECTIVE: 12-12-97  
\$19,000.00, 730.80, 9.135

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF

SALARY CHANGE 12-12-98:  
\$769.20, 9.615

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF

SALARY CHANGE: 4-1-99  
\$14.2212 HRLY

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF

SALARY CHANGE: 1-1-00  
\$14.3630 HRLY

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF

The State of Ohio, Richland County, ss.

OATH OF DEPUTY  
Rev. Code, Secs. 3.22, 3.23

sworn, says that he will support the Constitution of the United States and the Consti-  
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy  
in the office of the ..... of said County. *being duly*

Sworn to before me and signed in my presence, this ..... day of ..... 19.....

**OATH OF DEPUTY**  
Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

sworn, says that he will support the Constitution of the United States and the Consti-  
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy  
in the office of the ..... of said County. *being duly*

Sworn to before me and signed in my presence, this ..... day of ..... 19.....

Richland County, Ohio

**CERTIFICATE OF APPOINTMENT OF**



as Correction Officer 1

In the Office of

Sheriff

SALARY CHANGE EFFECTIVE: 12-12-97  
\$19,000.00, 730.80, 9.135

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF  
SALARY CHANGE 12-12-98:  
\$769.20, 9.615

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF  
SALARY CHANGE: 4-1-99  
\$14.2212 HRLY

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF

**OATH OF DEPUTY**

Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

sworn, says that he will support the Constitution of the United States and the Consti-  
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy  
in the office of the ..... of said County. *being duly*

Sworn to before me and signed in my presence, this ..... day of ..... 19.....

Richland County, Ohio

**CERTIFICATE OF APPOINTMENT OF**

as ..... Correction Officer 1

In the Office of

Sheriff

SALARY CHANGE EFFECTIVE: 12-12-97  
\$19,000.00, 730.80; 9.135

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF

SALARY CHANGE 12-12-98:  
\$769.20, 9.615  
*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF

**CERTIFICATE OF APPOINTMENT**

Of \_\_\_\_\_ as

\* \_\_\_\_\_  
Correction Officer 1

Office of Sheriff \_\_\_\_\_

Richland County, Ohio

*THIS IS TO CERTIFY, That the undersigned being of opinion that the business of this office requires it, has appointed \_\_\_\_\_*

*a suitable and competent person as \* \_\_\_\_\_*  
Correction Officer 1

*therein, beginning on the 12th day of December 1996, and continuing until otherwise ordered.*

*Said \_\_\_\_\_ to receive*

*as compensation the sum of Eighteen Thousand and 00/100 \_\_\_\_\_ Dollars*  
692.32 biwkly 8.654 hrly

*(\$18,000.00) per annum, payable bi-weekly from the County Treasury upon the warrant of the County Auditor.*

*Witness my signature and seal of office, this 12th day of December 19 96*

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF

County Richland

\* Deputy, Assistant, Clerk, Bookkeeper, or other employe.

**OATH OF DEPUTY**

Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

sworn, says that he will support the Constitution of the United States and the Consti-  
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy  
in the office of the ..... of said County. *being duly*

Sworn to before me and signed in my presence, this ..... day of ..... 19.....

Richland County, Ohio

**CERTIFICATE OF APPOINTMENT OF**

as .....  
Correction Officer 1  
In the Office of  
Sheriff

**CERTIFICATE OF APPOINTMENT**

Of \_\_\_\_\_ as

\* Deputy Sheriff/Ministerial Officer of the Court

Office of Sheriff

Richland County, Ohio

*THIS IS TO CERTIFY, That the undersigned being of opinion that the business of this office requires it, has appointed \_\_\_\_\_*

*a suitable and competent person as \*Deputy Sheriff/Ministerial Officer of the Court*

*therein, beginning on the 24th day of January 19 00, and continuing until otherwise ordered.*

Said \_\_\_\_\_ to receive

as compensation the sum of \$11,5385 Dollars

*(\$ 11,5385 ) per annum, payable bi-weekly from the County Treasury upon the warrant of the County Auditor.*

*Witness my signature and seal of office, this 24th day of January 19 00*

*James A. Stierhoss*  
JAMES A. STIERHOSS, SHERIFF  
County Richland

\* Deputy, Assistant, Clerk, Bookkeeper, or other employe.

**OATH OF DEPUTY**

Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

being duly sworn, says that he will support the Constitution of the United States and the Constitution of the State of Ohio, and that he will faithfully discharge the duties of Deputy in the office of the Sheriff of said County.

Sworn to before me and signed in my presence, this 24th day of January 1900

*James A. Stierhoff*  
JAMES A. STIERHOFF, SHERIFF  
Richland County

Richland County, Ohio

**CERTIFICATE OF APPOINTMENT OF**

as Deputy Sheriff/Ministerial Officer of  
In the Office of the Court  
Sheriff

**POSITION DESCRIPTION**

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES

AGENCY  
**RICHLAND COUNTY SHERIFF**  
 DIVISION OR INSTITUTION  
 UNIT OR OFFICE  
**CORRECTIONS**

**PERSONNEL DIVISION**

State Agency  County Agency  New Position  Change

COUNTY OF EMPLOYMENT  
**RICHLAND**

USUAL WORKING TITLE OF POSITION  
**CORRECTION OFFICER 1**

POSITION NO. AND TITLE OF IMMEDIATE SUPERVISOR  
**CORRECTION SUPERVISOR**

NORMAL WORKING HOURS (EXPLAIN UNUSUAL OR ROTATING SHIFT.)

FROM: TO: **SHIFT IS ROTATED ON MONTHLY BASIS**

**JOB DESCRIPTION AND WORKER CHARACTERISTICS**

EMPLOYEE NAME:

%	Job Duties in order of Importance	Minimum Acceptable Characteristics
35%	(1) Monitors behavior of county jail inmates and conducts security inspections of facility to ensure inmates are accounted for and are observing rules and regulations of facility; checks cameras and doors to ensure proper operation.	SEE CLASSIFICATION SPECIFICATION
18%	(2) Books individuals arrested and detained, e.g., takes fingerprints, photographs suspect, develops photographs, ensures safekeeping of individual's from facility.	
18%	(3) Receives and places telephone calls regarding inmates, e.g., family members, attorneys, courts, etc.	
15%	(4) Prepares and maintains records, reports and other related documentation.	
10%	(5) Dispenses food and medication, mail, clean linen and personal items to inmates.	
2%	(6) Escorts prisoners to court, probation department or other related agency; transports prisoners between county jail and state institutions.	
2%	(7) May perform duties of patrol officer as needed or requested.	

CLASS TITLE:  
**Corr. Officer 1**

CLASS #:  
**33211**

List Position Numbers and Class Titles of positions supervised. If more than eight, list totals only.  
 NONE

SIGNATURE OF AGENCY REPRESENTATIVE

DATE

**JAMES A. STIERHOFF, SHERIFF**

**OATH OF DEPUTY**  
Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

sworn, says that he will support the Constitution of the United States and the Consti-  
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy  
in the office of the ..... of said County.

Sworn to before me and signed in my presence, this ..... day of ..... 19.....

Richland County, Ohio  
CERTIFICATE OF APPOINTMENT OF

as .....  
In the Office of

RESIGNED EFFECTIVE: 07-010-90

*H. Dale Shetler*  
H. DALE SHETLER, SHERIFF

**CERTIFICATE OF APPOINTMENT**

Of \_\_\_\_\_ as

\* \_\_\_\_\_  
CORRECTION OFFICER 1

Office of SHERIFF

Richland County, Ohio

*THIS IS TO CERTIFY, That the undersigned being of opinion that the business of this office requires it, has appointed \_\_\_\_\_*

*a suitable and competent person as \* \_\_\_\_\_  
CORRECTION OFFICER 1*

*therein, beginning on the 29th day of JUNE 19 90, and continuing until otherwise ordered.*

*Said \_\_\_\_\_ to receive*

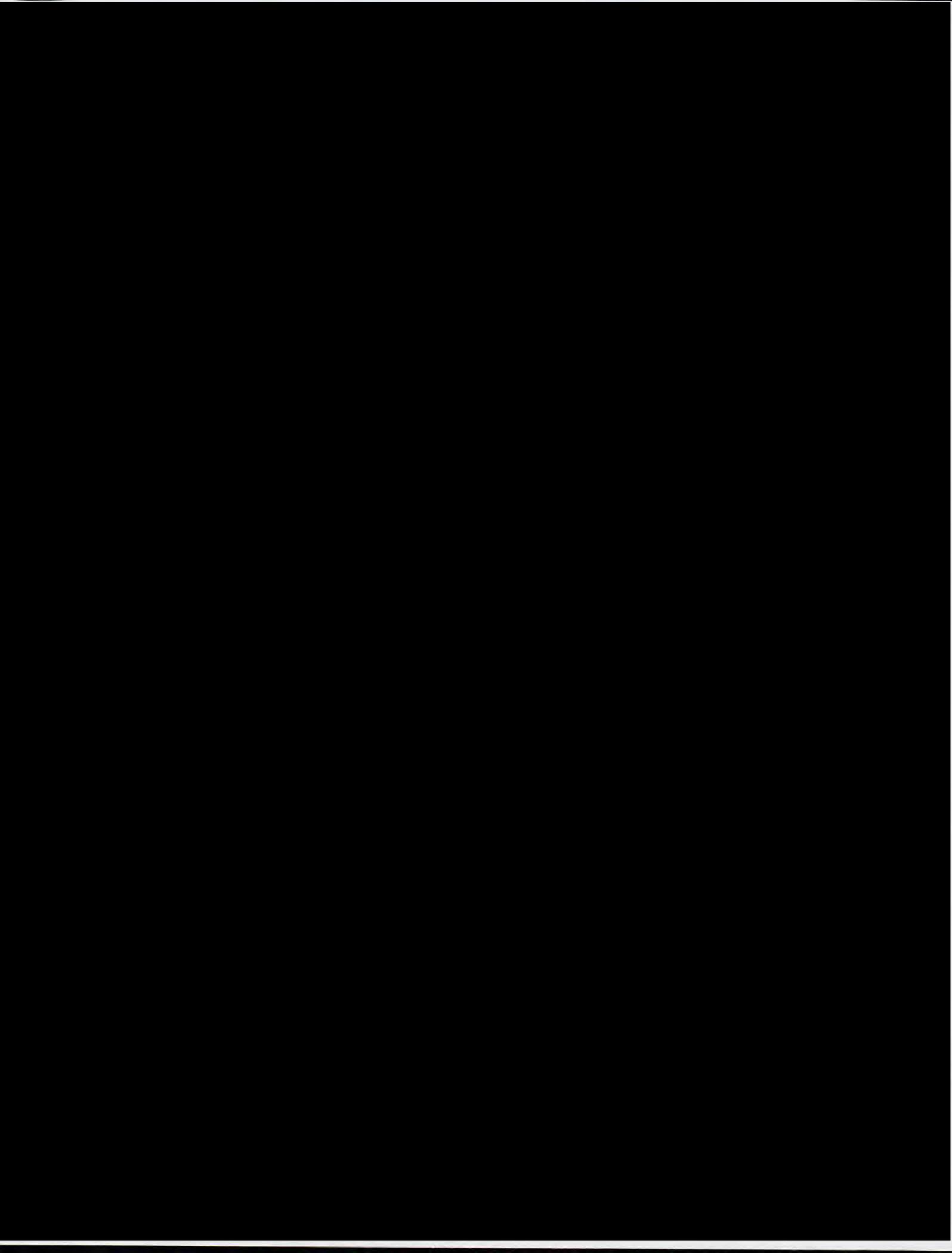
*as compensation the sum of Fifteen Thousand Nine Hundred Seventy-four Dollars  
614.40 bi-weekly & Fourty cents  
( \$15,974.40 ) per annum, payable bi-weekly from the County Treasury upon  
the warrant of the County Auditor.*

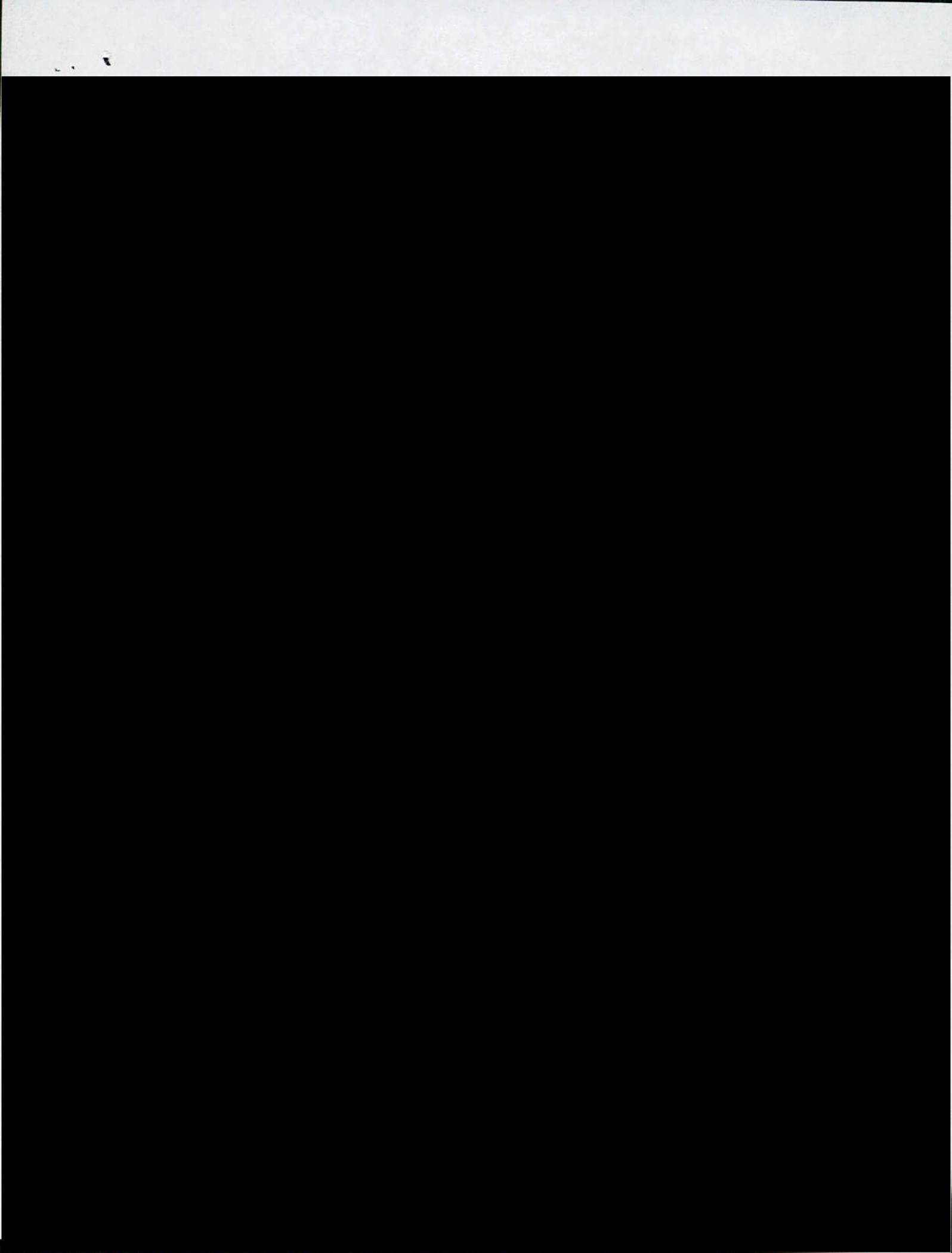
*Witness my signature and seal of office, this 29th day of JUNE 19 90*

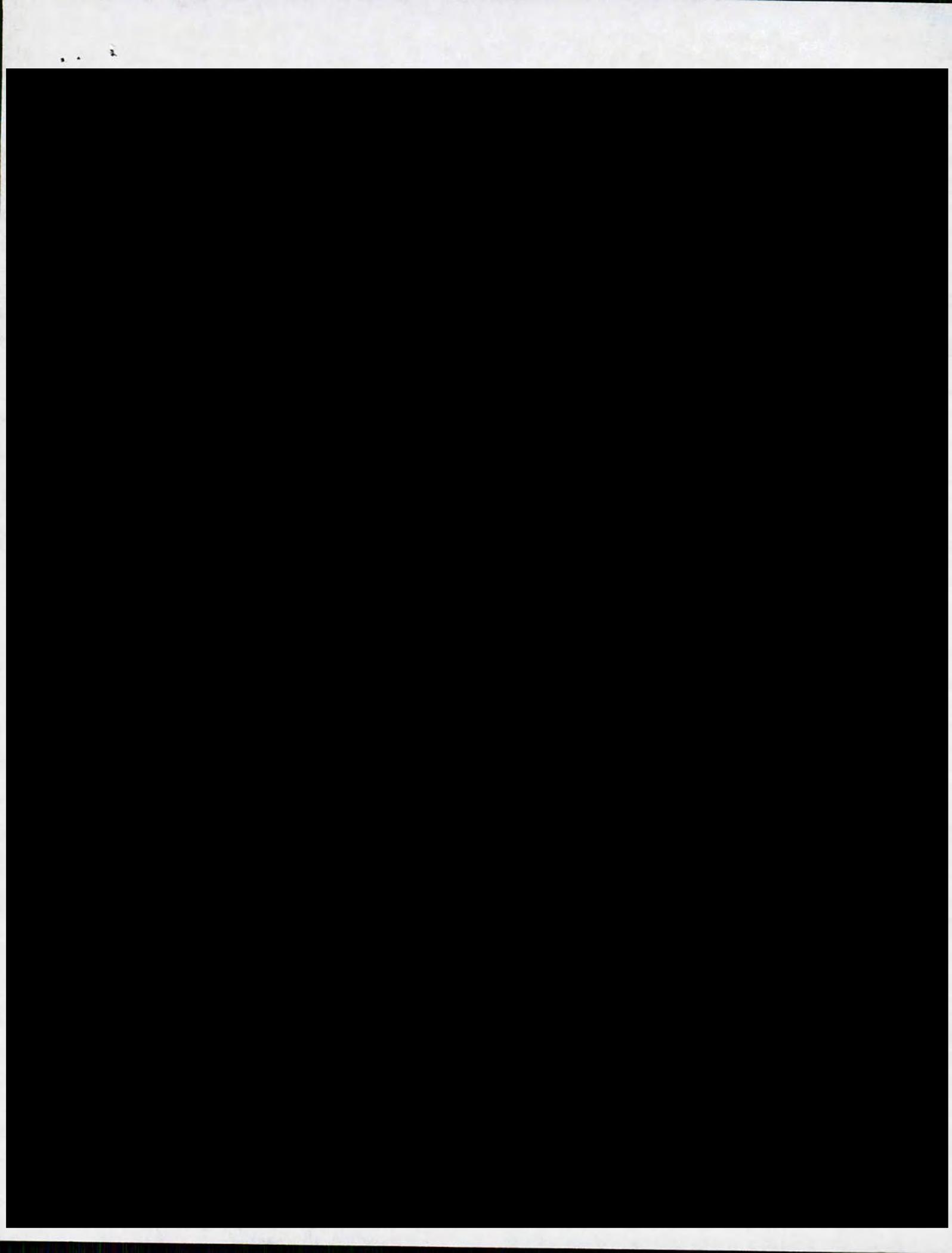
*H. Dale Shetler*  
H. DALE SHETLER, SHERIFF

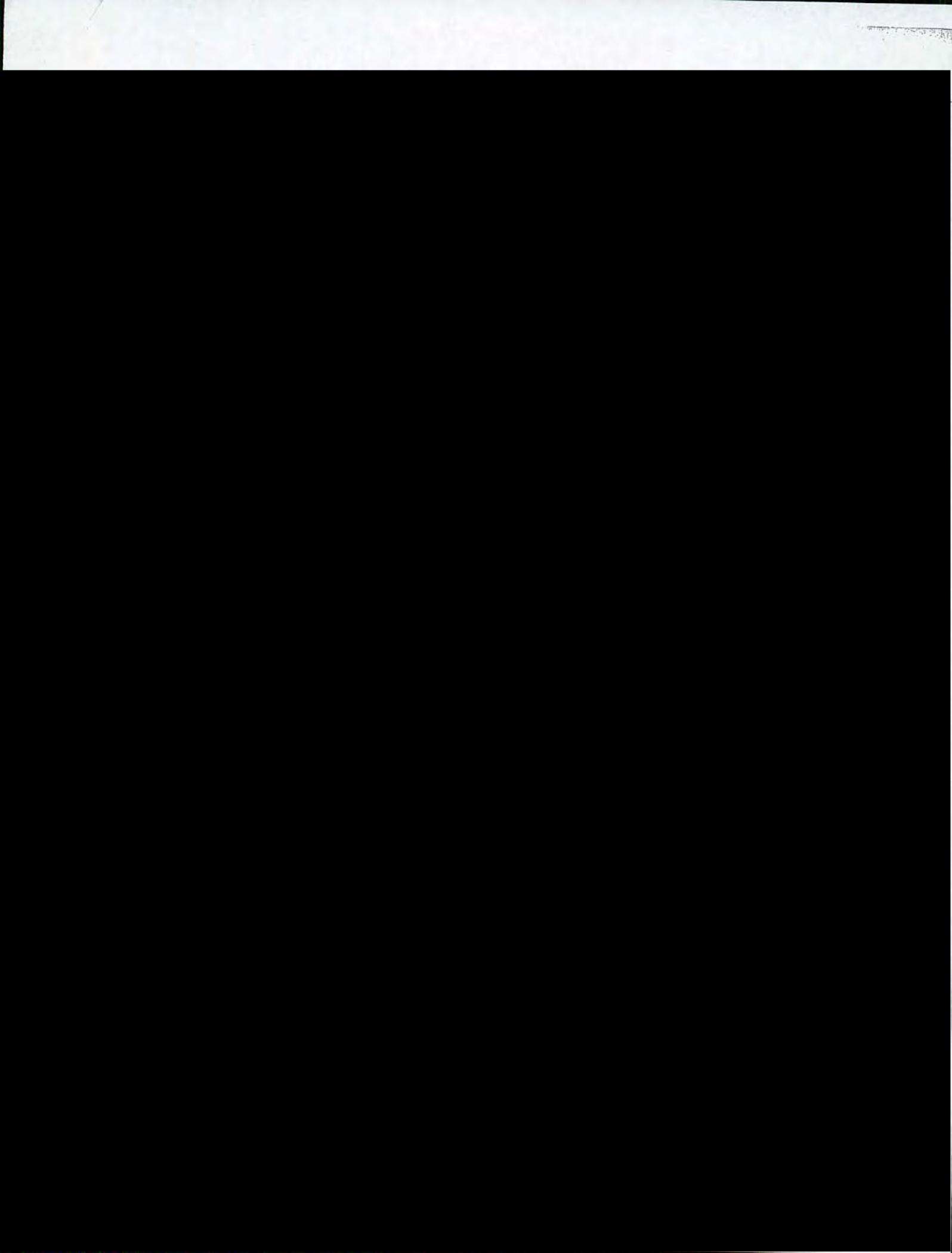
County RICHLAND

\* Deputy, Assistant, Clerk, Bookkeeper, or other employe.









**Richland Co. Sheriff Office  
Appointment/Salary Change Record**

Name: [REDACTED]

New Salary 17.8671 / hour

Effective date 12/27/2007

Signed [Signature]

**Richland Co. Sheriff Office  
Appointment/Salary Change Record**

Name: [REDACTED]

New Salary 19.0473 / hour

Effective date 12-23-10

Signed [Signature]

✓ **Richland Co. Sheriff Office  
Appointment/Salary Change Record**

Name: [REDACTED]

New Salary 16.6791 / hour

Effective date 01-01-06

Signed [Signature]

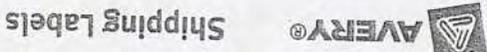
**Richland Co. Sheriff Office  
Appointment/Salary Change Record**

Name: [REDACTED]

New Salary \$18.4478 / hour

Effective Date 12/25/08

Signed [Signature]



Signed [Signature]

Effective date 01-01-05

New Salary \$16.1151 / hour

Name: [REDACTED]

✓ **Richland Co. Sheriff Office  
Appointment/Salary Change Record**

TrueBlock™ Technology Patent Pending  
Use Avery® TEMPLATE 5163™

**Richland Co. Sheriff Office  
Appointment/Salary Change Record**

Name: [REDACTED]

New Salary 18.3418 / hour

Effective date 12-24-09

Signed [Signature]

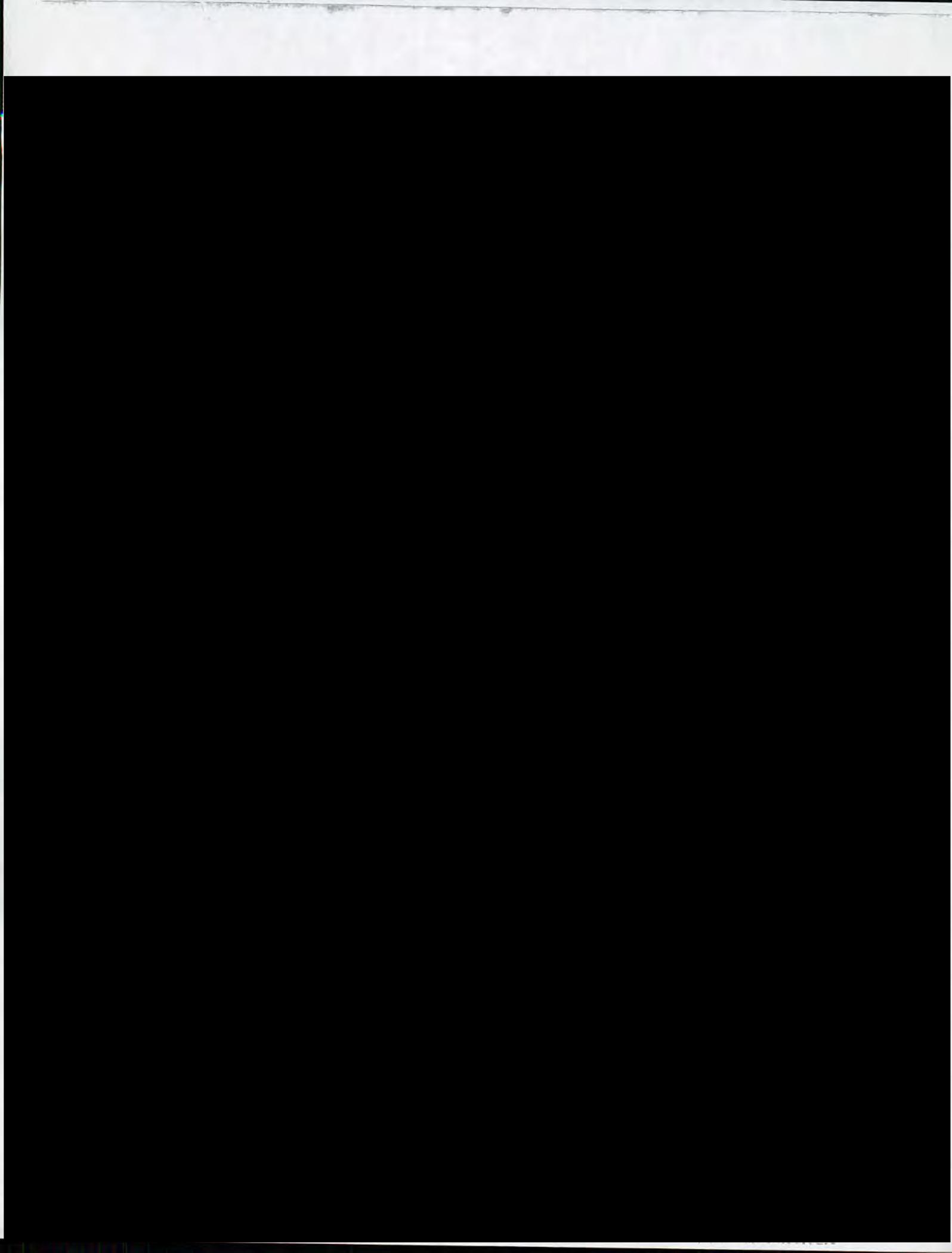
**Richland Co. Sheriff Office  
Appointment/Salary Change Record**

Name: [REDACTED]

New Salary \$17.2629 / hour

Effective date 01-01-07

Signed [Signature]



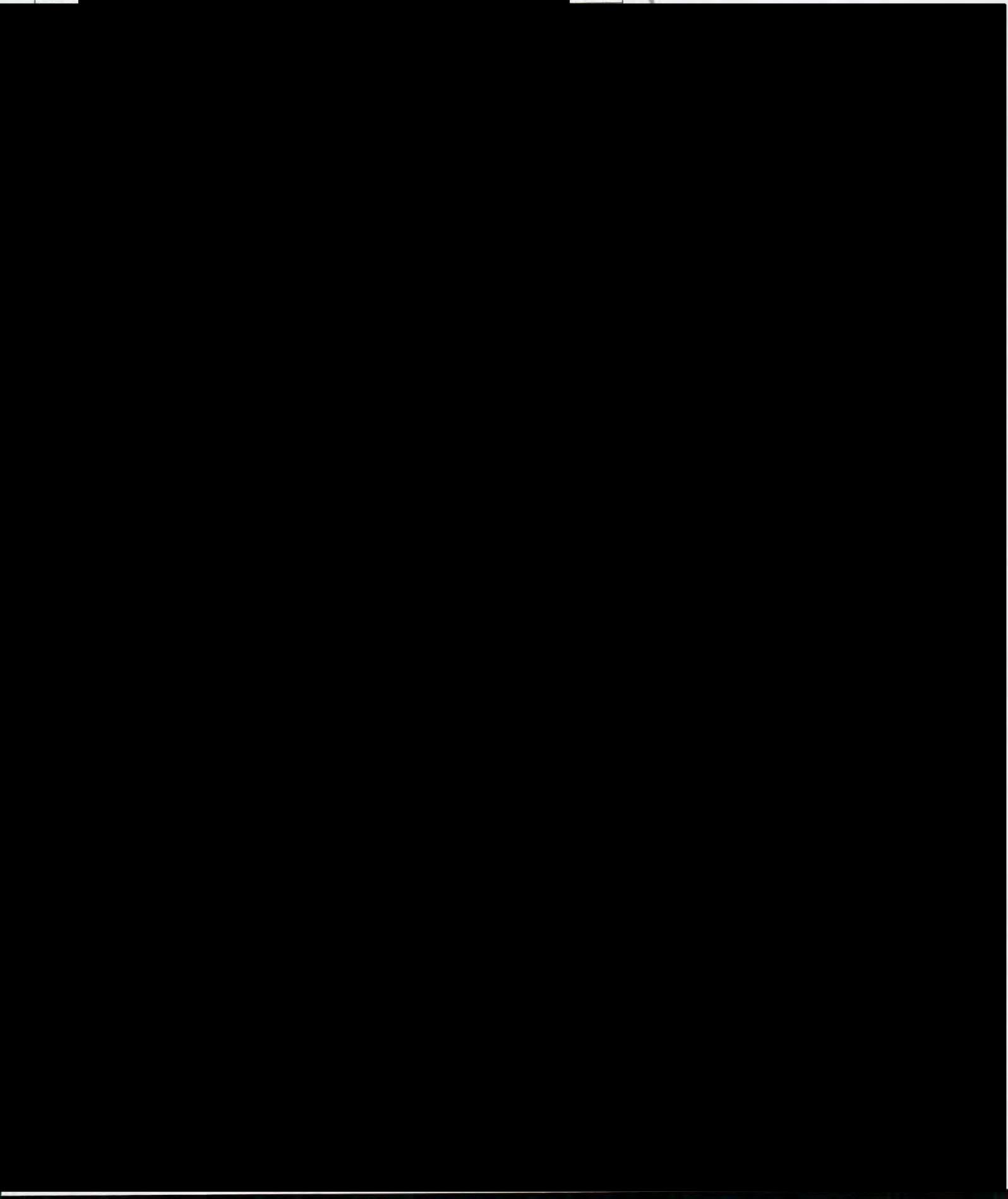
**ENROLLMENT/CHANGE FORM**

3636 Copley Road, P.O. Box 4138, Akron, OH 44321  
(330)666-0337 - FAX (330) 666-6685

New Enrollment      Effective:    /    /   

Change    Termination    Effective:    /    /       Reason for Change: \_\_\_\_\_

NAME OF EMPLOYER: <b>Richland County</b>		DEPARTMENT: <i>Collections</i>	
NAME OF EMPLOYEE:	Last:	First:	Middle:

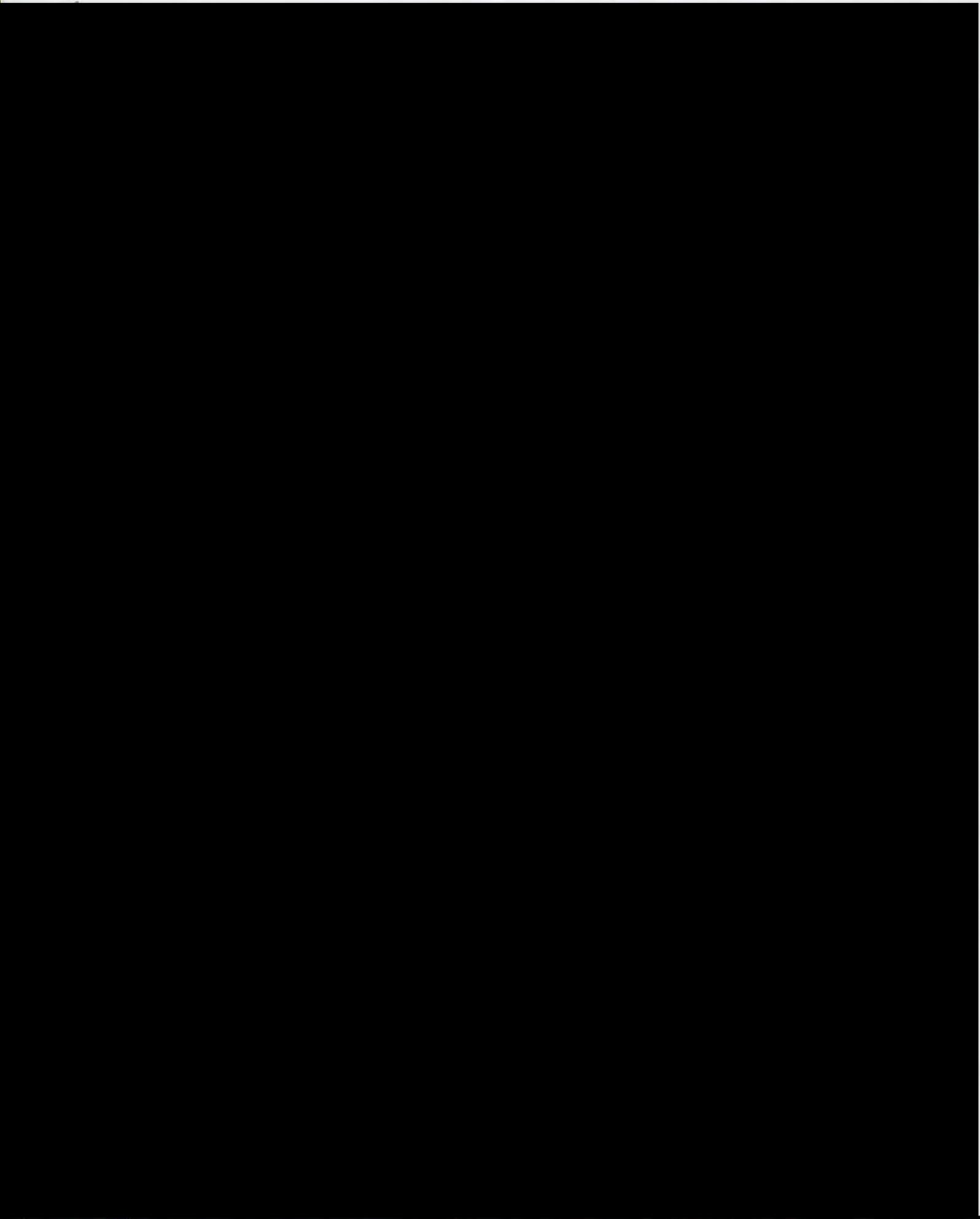


RICHLAND COUNTY Enrollment/Change Form  
(use ballpoint pen and press firmly)

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:
	<i>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</i>		12-12-96	01-01-13
	<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	[REDACTED]	Social Security	[REDACTED]
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# ENROLLMENT/CHANGE FORM

**BENEFIT SERVICES, INC.**

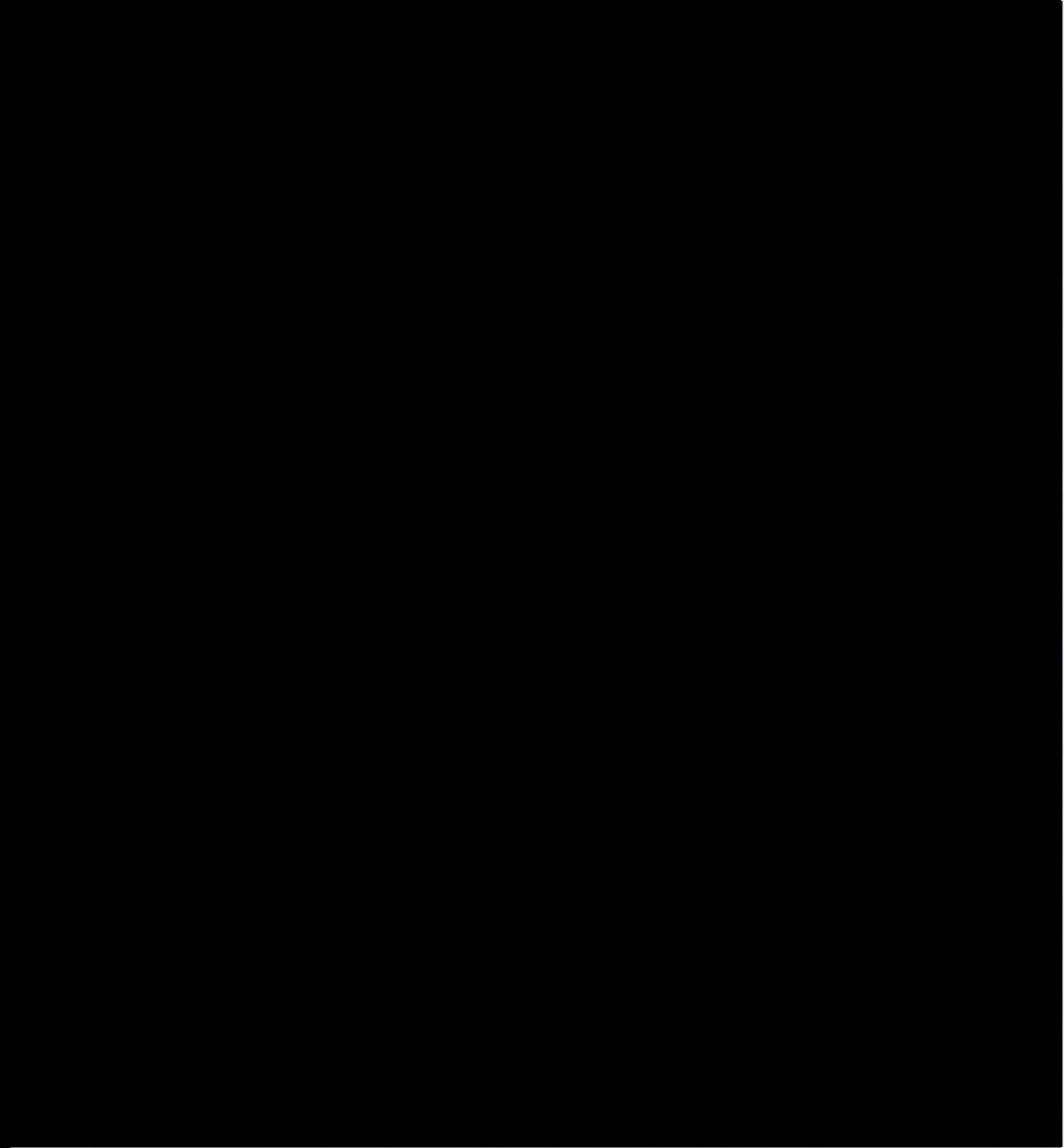
3636 Copley Road, P.O. Box 4138, Akron, OH 44321  
(330) 666-0337 - FAX (330) 666-6685

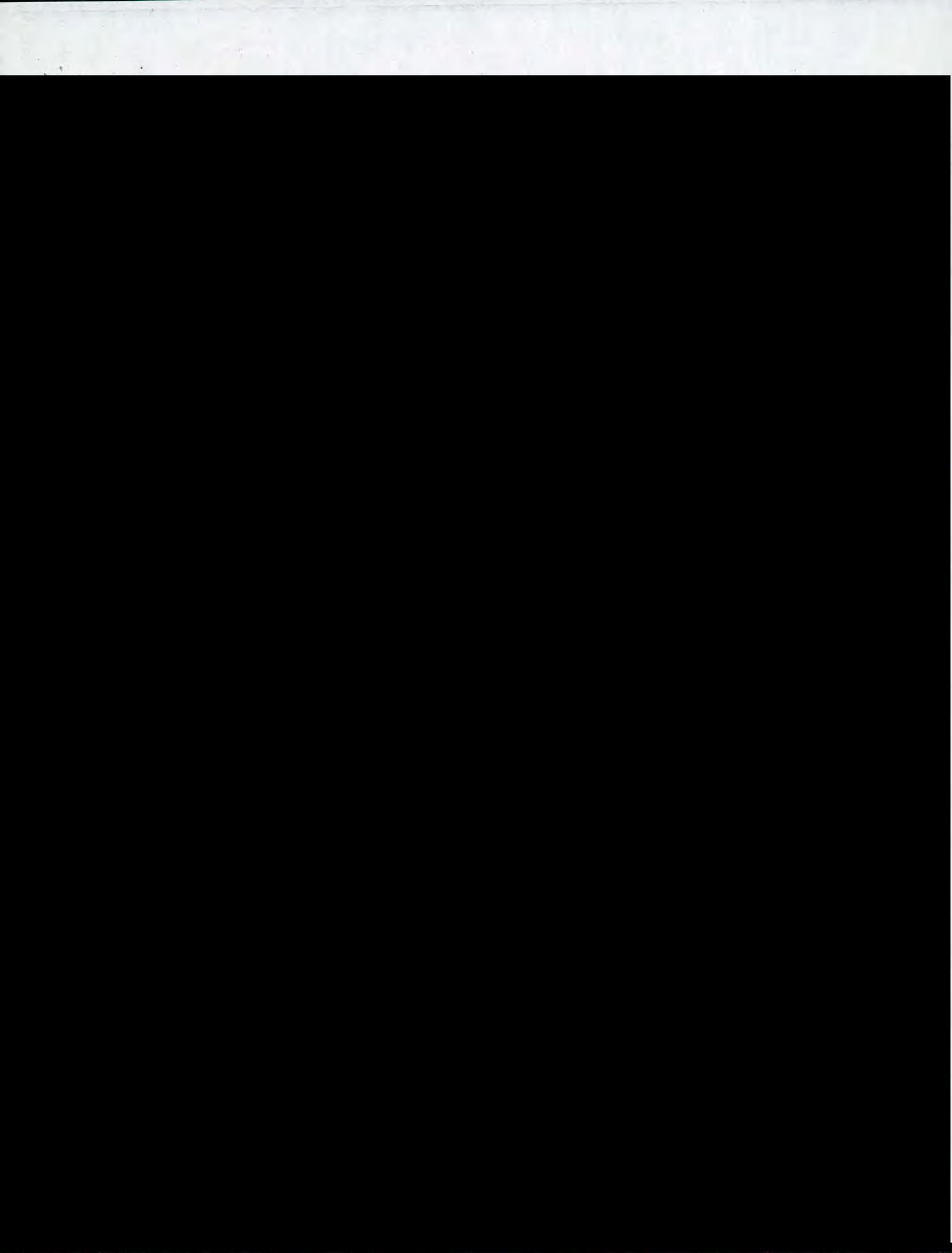
Enrollment

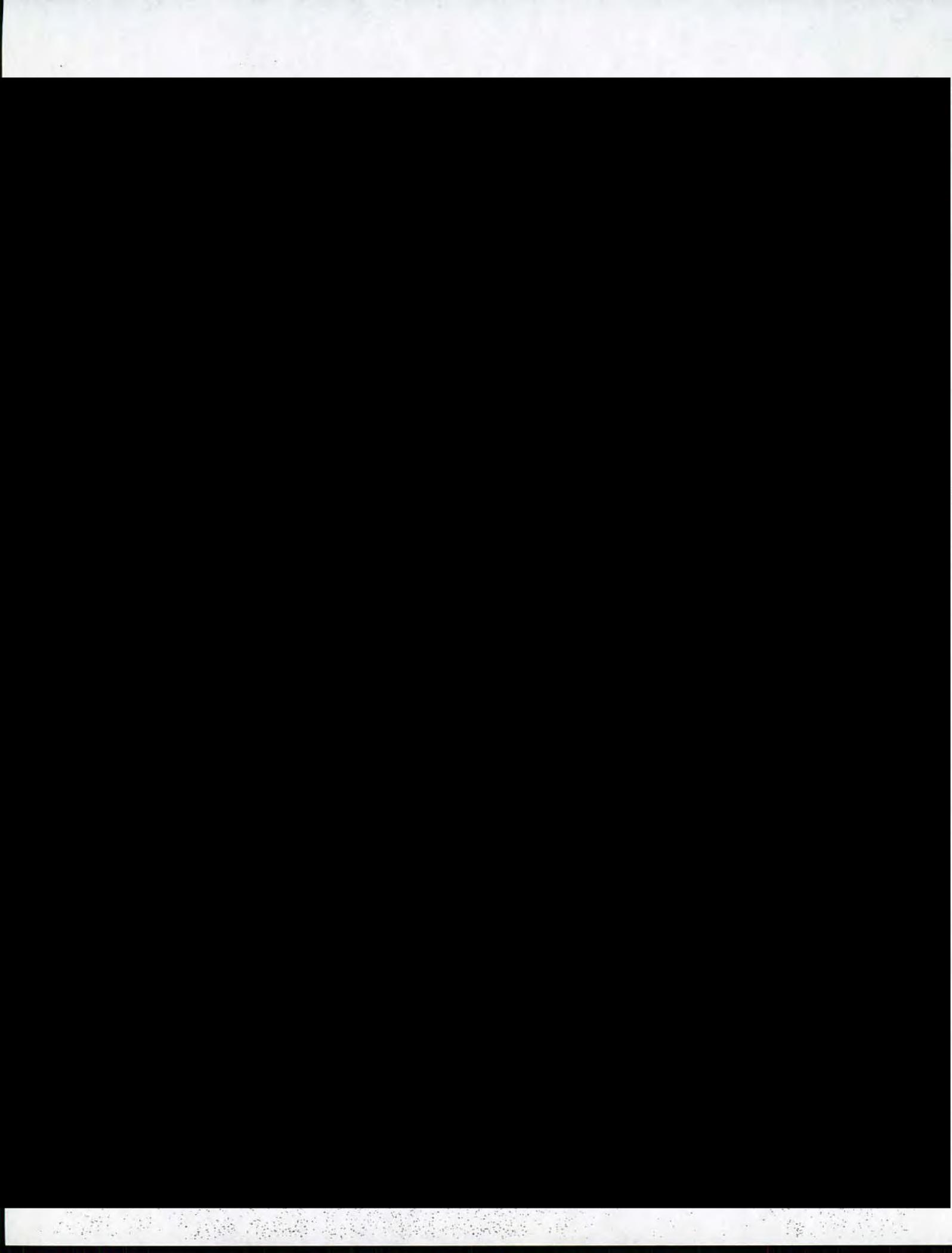
Effective: 12 / 01 / 98

Change  Termination Effective: / / Reason for Change:

NAME OF EMPLOYER: RICHLAND COUNTY	DEPARTMENT: <i>Sheriff's office</i>
NAME OF EMPLOYEE:	









PUBLIC SECTOR AUTHORIZATION/ MEMBERSHIP AND CHECKOFF CARD



AUTHORIZATION/MEMBERSHIP LOCAL 3161, AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO

I request and hereby accept, upon execution of this authorization card, membership in the American Federation of State, County and Municipal Employees, AFL-CIO (herein called AFSCME) and the appropriate subordinate body(s) (the Union), and authorize the subordinate body(s) to represent me and in my behalf to negotiate and conclude all agreements as to rates of pay, wages, hours and all other terms and conditions of employment. It is agreed that such membership shall be in accordance with the provisions of the Constitution of AFSCME and its subordinate bodies. It is further agreed that my membership may only be revoked by me during the thirty (30) to forty-five (45) day period prior to the expiration of any labor agreement with my employer, by giving written notice to a subordinate body with proof of service. My membership shall not terminate until thirty (30) days after receipt of said notice by the Union. I understand that this membership agreement is separate from my checkoff agreement.



CHECKOFF AGREEMENT



You are hereby authorized and directed to deduct from my wages, my membership fee, initiation fee if any, assessment or an equivalent amount or fee, which shall be remitted by you to a subordinate body of AFSCME, in accordance with the applicable collective bargaining agreement. This checkoff Authorization and Assignment may only be revoked by me by my giving, and the appropriate subordinate body and my employer receiving written notice of revocation during the thirty (30) to forty-five (45) day period prior to the expiration date of any collective bargaining agreement covering my employment. This Authorization and Assignment will continue after revocation and shall not terminate until thirty (30) days after receipt of said timely written notice by the employer and Union or termination of any current labor agreement, whichever is later. I understand that this checkoff commitment is separate from my membership agreement. This checkoff Authorization and Assignment supersedes all previous authorizations and assignments.

Dues, contributions or gifts to AFSCME are not deductible for federal income tax purposes. Dues paid to AFSCME, however, may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.

I understand that at times the labor agreement with my employer may vary the above agreed to terms of membership and/or checkoff or be silent. I agree that the above membership and checkoff authorization shall control in any and all circumstances absent a specific contrary checkoff or membership provision in the labor agreement covering my employment.

Print Name [Redacted] Social Security No. [Redacted]

Employer RICHLAND CO. SHERIFF Classification Attention Officer

Date 4-14-97 Signature [Redacted]

When Completed, Return [Redacted]

(Revised 7/93)



PART 5

501. Name: \_\_\_\_\_

503. How many months have you lived at your current address? 6 months

504. If hired, how long do you plan to work for this agency? (check one response)

- a.  Less than one year                      c.  Three to five years  
b.  One to two years                         d.  Six to ten years  
e.  More than ten years

505. Do any of your relatives presently work for this agency?

- a.  Yes                      b.  No

c. If yes, please state name(s): \_\_\_\_\_

506. What is your residency status? (more than one may apply)

- a.  U.S. citizen                                      d.  Alien lawfully admitted for permanent residence  
b.  U.S. naturalized                                    e.  Alien authorized to be hired or recruited for employment  
c.  Canadian citizen                                    f.  None of the above

**In Canada, do not answer Questions 507 and 508.**

507. Are you licensed to drive a car?

- a.  Yes                      b.  No

c. Number of years licensed: 10 years

508. Are you licensed to drive a truck?

- a.  Yes                      b.  No

c. Number of years licensed: \_\_\_\_\_ years

d. Present Driver's License number: \_\_\_\_\_

e. State: \_\_\_\_\_

**PRINT YOUR ANSWERS ONLY IN THE SPACES PROVIDED ON THIS PAGE**

**EMPLOYMENT HISTORY**

List your work history for the last FIVE YEARS. Start with today and work backwards. Include: 1) all full-time jobs; 2) all part-time jobs; 3) all periods of self-employment; 4) all periods of military service; and 5) all periods of unemployment while looking for work. Also include any full-time volunteer work that you wish to have considered. When unemployed, enter UNEMPLOYED in the space for "Employer" and show dates. For periods of military service, write your branch of Armed Service in the space for "Employer", print your Military Occupational Specialty in the space for "Job Title", and indicate your type of discharge in the "Reason for leaving" section. Note: Dishonorable Discharge is not an absolute bar to employment, and other factors will affect a final decision.

<b>509. Present or Last Employer</b>	Employer Name: <u>News Journal</u>	
Address: <u>70 W 4th</u>	City & State: <u>Mansfield, Oh</u>	
Month/Year Began: <u>1/90</u> Month/Year Ended: <u>   </u> / <u>   </u>	Weekly Salary: Start \$ <u>275</u> Ending \$ <u>286</u>	
Job Title: <u>District Manager</u>	a. <input checked="" type="checkbox"/> Full-time      b. <input type="checkbox"/> Part-time	
Supervisor's Name: <u>Raynette Smith</u>	Telephone Number: ( <u>419</u> ) <u>524-3530</u>	
If your supervisor rated your performance, it would be:		
c. <input type="checkbox"/> Excellent      d. <input type="checkbox"/> Very Good      e. <input checked="" type="checkbox"/> Good      f. <input type="checkbox"/> Fair      g. <input type="checkbox"/> Poor		
If your supervisor rated your safety record on the job, it would be:		
h. <input checked="" type="checkbox"/> Excellent      i. <input type="checkbox"/> Very Good      j. <input type="checkbox"/> Good      k. <input type="checkbox"/> Fair      l. <input type="checkbox"/> Poor		
Number of days missed from work (do not count vacations): <u>1</u> days		
Reason for leaving (check only one or leave blank if still employed):		
m. <input type="checkbox"/> Military Discharge, Honorable	q. <input type="checkbox"/> Didn't like job	u. <input type="checkbox"/> Other. Please explain: _____
n. <input type="checkbox"/> Military Discharge, General	r. <input checked="" type="checkbox"/> Better job opportunity	_____
o. <input type="checkbox"/> Military Discharge, Dishonorable	s. <input type="checkbox"/> Laid off/company or dept. closed down	_____
p. <input type="checkbox"/> School	t. <input type="checkbox"/> Fired/asked to resign	_____

<b>510. Previous Employer</b>	Employer Name: <u>Mansfield Screw Machine</u>	
Address: <u>Industrial Park Dr</u>	City & State: <u>Lexington, Ohio</u>	
Month/Year Began: <u>6/89</u> Month/Year Ended: <u>11/89</u>	Weekly Salary: Start \$ <u>4.00</u> Ending \$ <u>4.50</u>	
Job Title: <u>Detailer</u>	a. <input checked="" type="checkbox"/> Full-time      b. <input type="checkbox"/> Part-time	
Supervisor's Name: <u>Keith Reed</u>	Telephone Number: (      ) _____	
If your supervisor rated your performance, it would be:		
c. <input type="checkbox"/> Excellent      d. <input type="checkbox"/> Very Good      e. <input checked="" type="checkbox"/> Good      f. <input type="checkbox"/> Fair      g. <input type="checkbox"/> Poor		
If your supervisor rated your safety record on the job, it would be:		
h. <input type="checkbox"/> Excellent      i. <input checked="" type="checkbox"/> Very Good      j. <input type="checkbox"/> Good      k. <input type="checkbox"/> Fair      l. <input type="checkbox"/> Poor		
Number of days missed from work (do not count vacations): <u>14</u> days		
Reason for leaving (check only one):		
m. <input type="checkbox"/> Military Discharge, Honorable	q. <input type="checkbox"/> Didn't like job	u. <input type="checkbox"/> Other. Please explain: _____
n. <input type="checkbox"/> Military Discharge, General	r. <input type="checkbox"/> Better job opportunity	_____
o. <input type="checkbox"/> Military Discharge, Dishonorable	s. <input checked="" type="checkbox"/> Laid off/company or dept. closed down	_____
p. <input type="checkbox"/> School	t. <input type="checkbox"/> Fired/asked to resign	_____

**CONTINUE ON TO NEXT PAGE**

PRINT YOUR ANSWERS ONLY IN THE SPACES PROVIDED ON THIS PAGE

### EMPLOYMENT HISTORY SUMMARY

For the following questions, please refer to the job information you just listed.

514. Of all the jobs you described, check the one you liked best.

- a.  #509    b.  #510    c.  #511    d.  #512    e.  #513

515. Total number of your missed days from work in the last year (do not count vacations):

- a.  None  
b.  One to two days  
c.  Three to five days  
d.  Six to eight days  
e.  Nine to eleven days  
f.  Twelve or more days

516. Total number of on-the-job accidents you have been involved in during the last five years: 0 accidents

517. Check below if you have these work skills or training:

- |   |   |
|---|---|
| a. <input type="checkbox"/> Auto/Foot Patrolling              | k. <input type="checkbox"/> Medical Assistance (first aid, CPR, etc.) |
| b. <input type="checkbox"/> Cash Handling                     | l. <input type="checkbox"/> Motor Vehicle Repair                      |
| c. <input type="checkbox"/> Community Relations               | m. <input type="checkbox"/> Personnel Supervision                     |
| d. <input type="checkbox"/> Criminal Investigations           | n. <input type="checkbox"/> Personnel Training                        |
| e. <input type="checkbox"/> Data Processing                   | o. <input type="checkbox"/> Radio Dispatching                         |
| f. <input type="checkbox"/> Firearms (use/repair)             | p. <input type="checkbox"/> Records/Reports Processing                |
| g. <input type="checkbox"/> Firefighting (volunteer or other) | q. <input type="checkbox"/> Typing/Word Processing/Filing             |
| h. <input type="checkbox"/> Heavy Truck/Bus Driving           | r. <input type="checkbox"/> Undercover Surveillance                   |
| i. <input type="checkbox"/> Interrogation (criminal or other) | s. <input type="checkbox"/> Other: _____                              |
| j. <input type="checkbox"/> Martial Arts (judo, karate, etc.) |   |

### EDUCATIONAL SUMMARY

518. Highest graduation level attained (check only one):

- a.  Grade school  
b.  High school graduate  
c.  2-year college graduate  
d.  4-year college graduate  
e.  Postgraduate or professional course certification  
f.  Advanced degree

519. If you attended college, please print its name: Grace College

Campus Location: Winona Lake Ind

Last Year Attended: 1983

520. Educational status:

- a.  Presently attending school  
b.  Planning to return to school  
c.  May return to school  
d.  Left school permanently

THANK YOU FOR COMPLETING PART 5.  
PLEASE CHECK TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS.  
BEGIN WORK ON ANY REMAINING PARTS.  
OTHERWISE, TURN IN ALL MATERIALS NOW.

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 Sgt. [REDACTED]

Date 09-24-01

NOTE: Return signed acknowledgement to Nancy Metcalf's office prior to September 21, 2001.

# ENROLLMENT/CHANGE FORM

3636 Copley Road, P.O. Box 4138, Akron, OH 44321  
(330) 666-0337 - FAX (330) 666-6685

New Enrollment

Effective: \_\_\_/\_\_\_/\_\_\_

Change  Termination

Reason for Change:

NAME OF EMPLOYER:

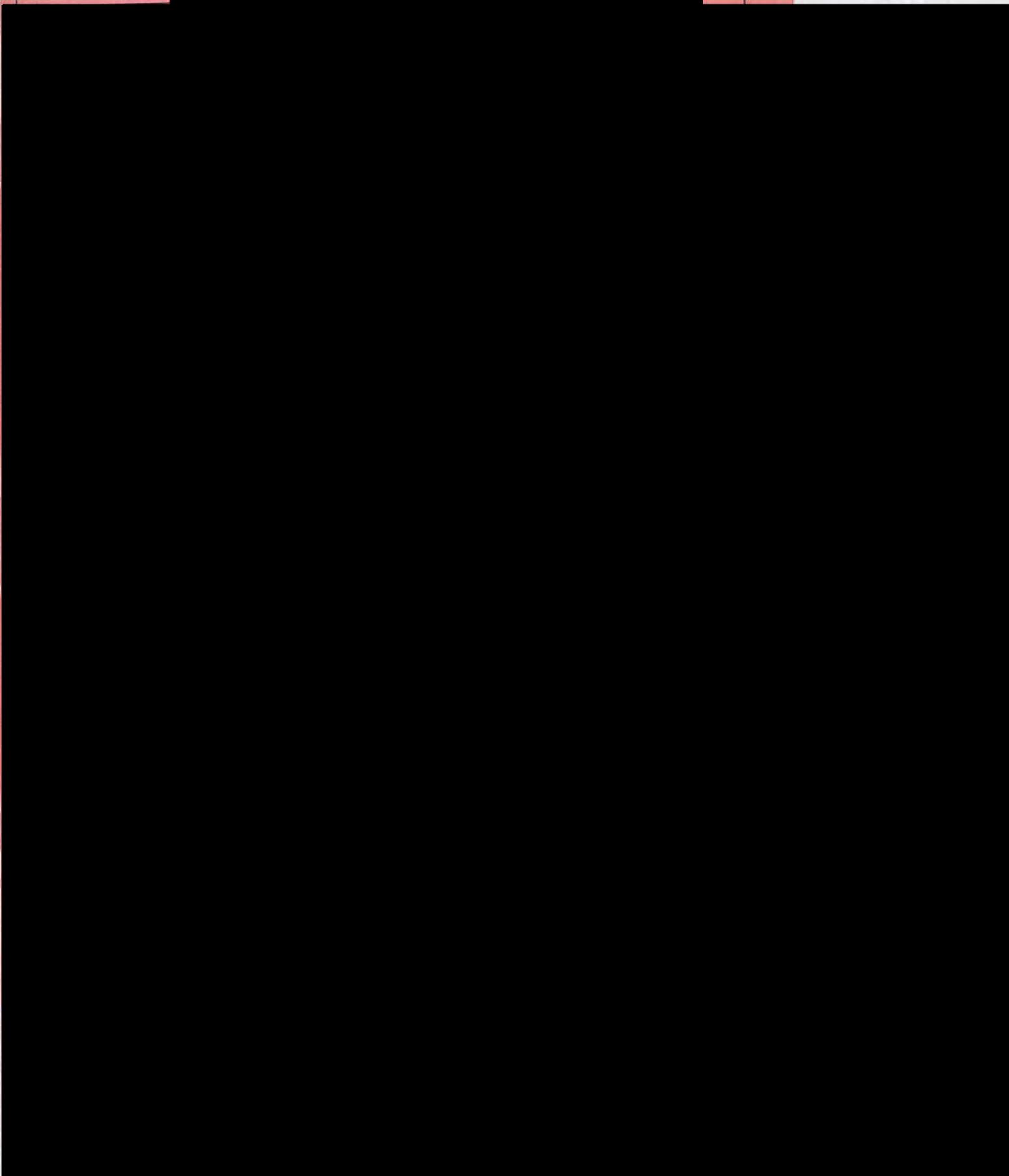
**RICHLAND COUNTY**

DEPARTMENT:

NAME OF EMPLOYEE:

First:

Middle:



COPY

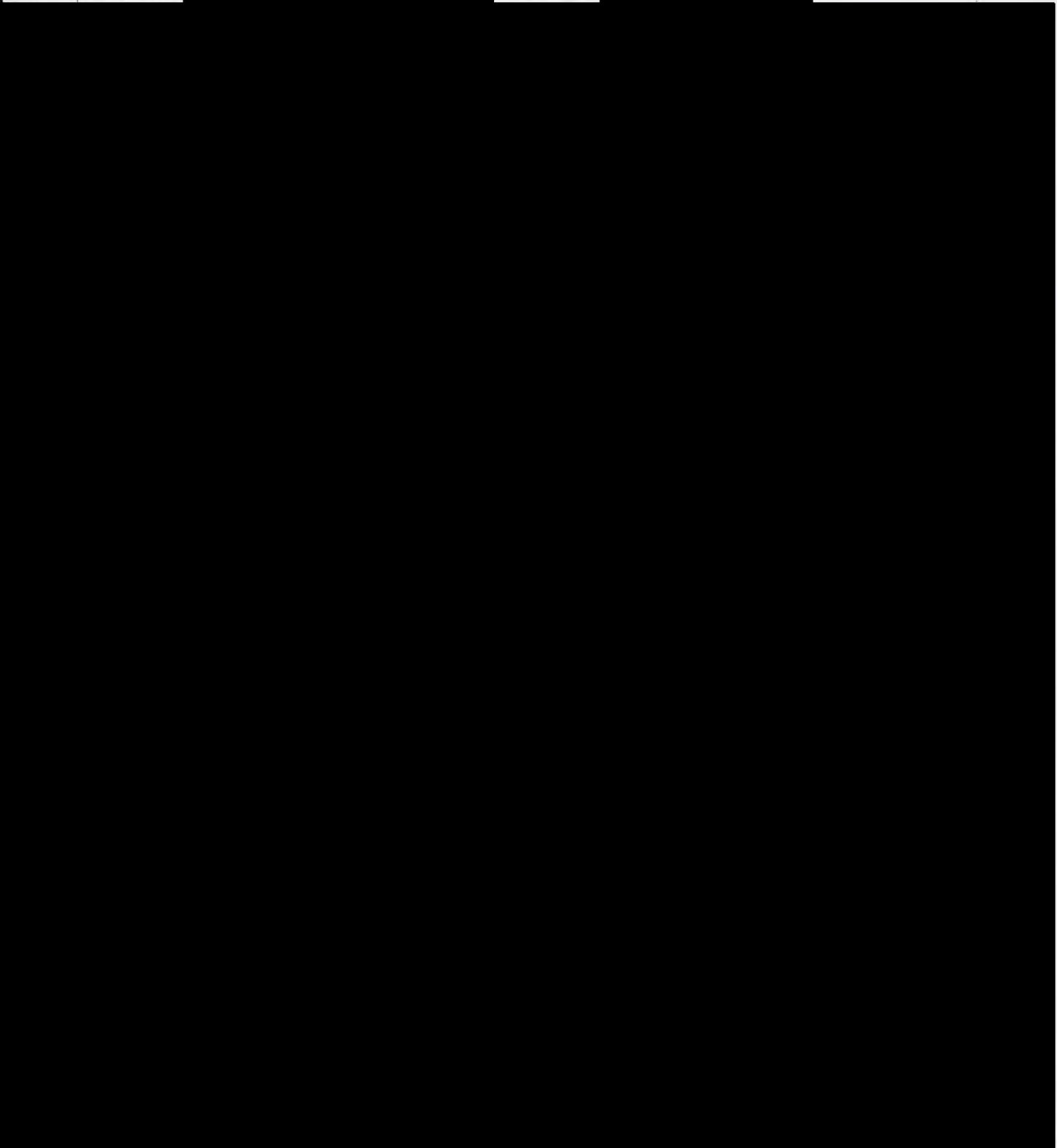
**RICHLAND COUNTY Enrollment/Change Form**  
(use ballpoint pen and press firmly)

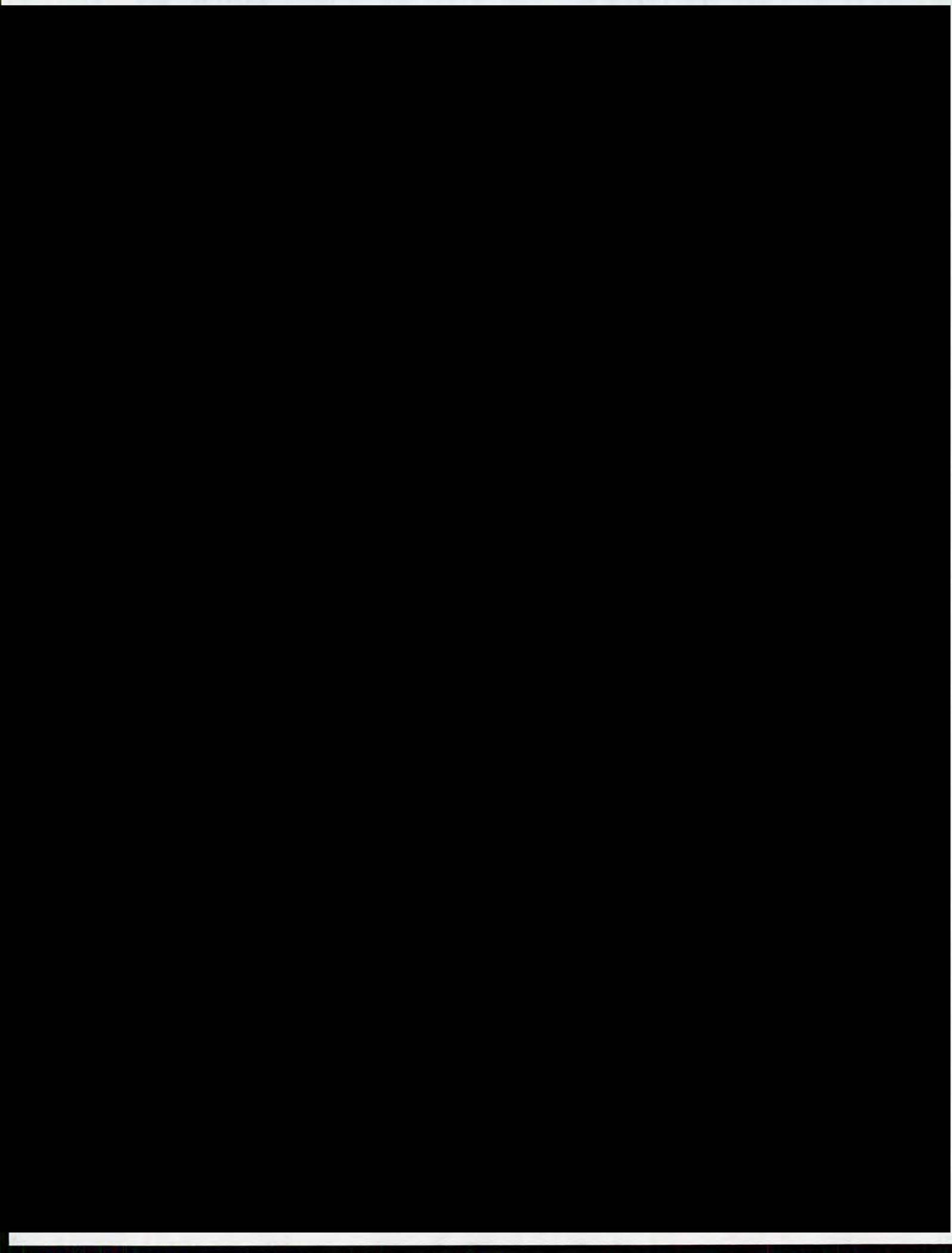
Department Number: 349  
Employee Number: [REDACTED]

<b>OTHER CHANGES</b>	<b>CHECK ONE:</b> <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>				
	<input type="checkbox"/> Reinstate 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					

12-12-1996   01-01-07

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





**RICHLAND COUNTY Enrollment/Change Form**  
(press firmly this is a multi-part form)

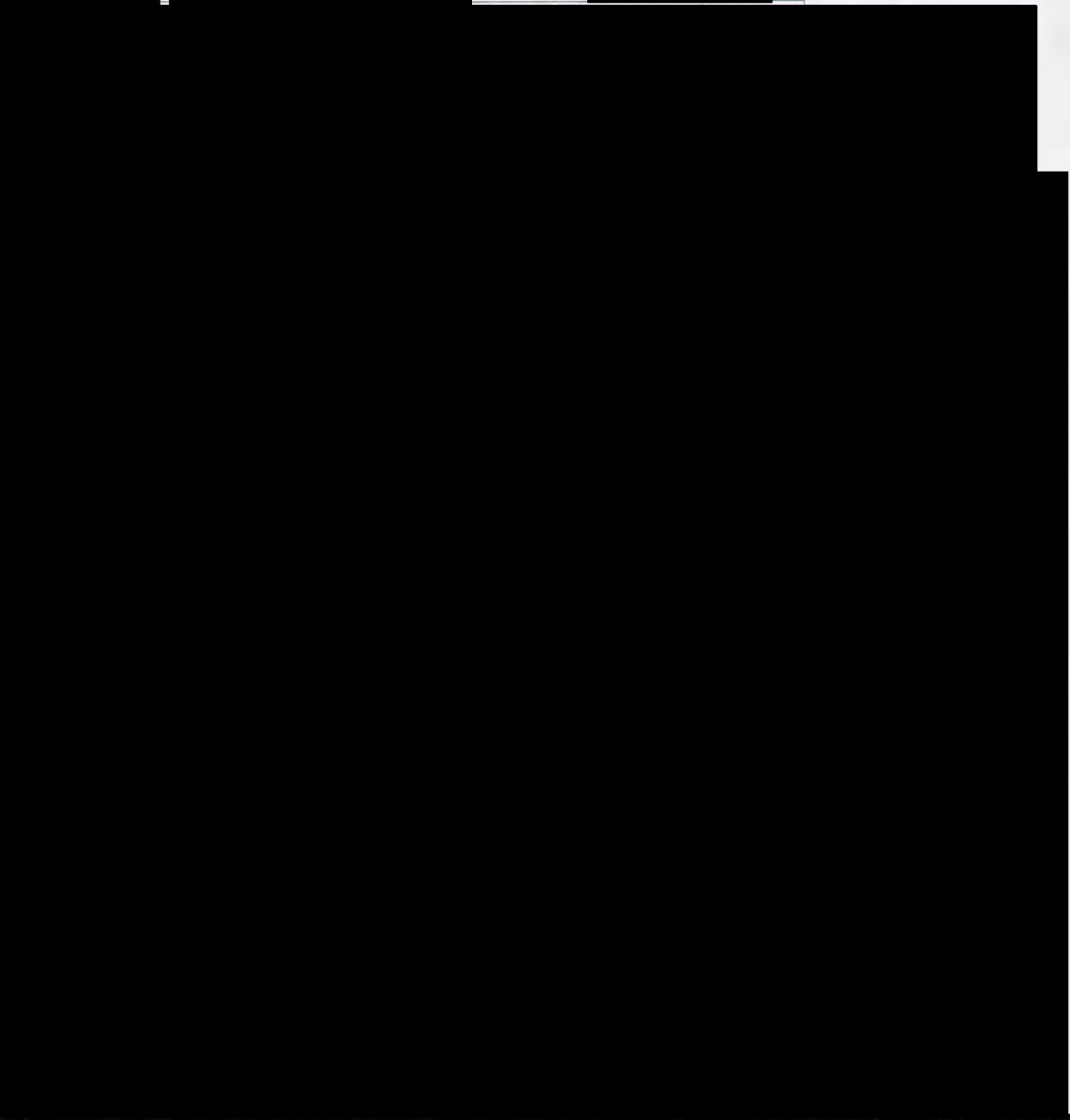
Department: Richland County Sheriff's Office  
Employee Number: [REDACTED]

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
<b>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</b>			
<input type="checkbox"/> Change division <input type="checkbox"/> Convert to COBRA <input type="checkbox"/> Reinstate above indicated coverage with no lapse <input type="checkbox"/> Change name/address <input type="checkbox"/> Other: Specify Below   Date of Change			
<input type="checkbox"/> CANCEL COVERAGE: <input type="checkbox"/> Terminate employment <input type="checkbox"/> Voluntary withdrawal <input type="checkbox"/> Leave of absence <input type="checkbox"/> Decreased hours <input type="checkbox"/> Other: Specify Below   Date of Event			
<input type="checkbox"/> ADD DEPENDENT(S): <input type="checkbox"/> Marriage <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Other: Specify Below   Date of Event			
<input type="checkbox"/> CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other: Specify Below   Date of Event			
<input type="checkbox"/> OTHER CHANGE (Specify): _____ # of new ID Cards: _____			
<input checked="" type="checkbox"/> I decline dental coverage offered for myself and my eligible dependents.		Employee Signature: <u>[REDACTED]</u>	
<input checked="" type="checkbox"/> I decline medical coverage offered for myself and my eligible dependents.		_____	
NAME OF EMPLOYEE: <u>[REDACTED]</u>		Social Security #: <u>[REDACTED]</u>	

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

Department: RC.S0 0347  
Employee Number: [REDACTED]

<b>CHECK ONE:</b> <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>12-12-96</u>	<u>01-01-01</u>
<input type="checkbox"/> Change division <input type="checkbox"/> Convert to COBRA <input type="checkbox"/> Reinstatement above indicated coverage with no lapse <input type="checkbox"/> Change name/address <input type="checkbox"/> Other: Specify Below Date of Change			
<input type="checkbox"/> CANCEL COVERAGE: <input type="checkbox"/> Terminate employment <input type="checkbox"/> Voluntary withdrawal <input type="checkbox"/> Leave of absence <input type="checkbox"/> Decreased hours <input type="checkbox"/> Other: Specify Below Date of Event			
<input type="checkbox"/> ADD DEPENDENT(S): <input type="checkbox"/> Marriage <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Other: Specify Below Date of Event			
<input type="checkbox"/> CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other: Specify Below Date of Event			
<input type="checkbox"/> OTHER CHANGE (Specify): _____ # of new ID/Cards _____			
<input checked="" type="checkbox"/> I <b>DECLINE</b> dental coverage offered for myself and my eligible dependents.		Employee SIGNATURE: <u>[REDACTED]</u>	
<input checked="" type="checkbox"/> I <b>DECLINE</b> medical coverage offered for myself and my eligible dependents.			
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]

<b>CHECK ONE:</b> <input 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>12-12-96</u>	<u>1.01.02</u>
<input type="checkbox"/> Change division <input type="checkbox"/> Convert to COBRA <input type="checkbox"/> Reinstate above indicated coverage with no lapse <input type="checkbox"/> Change name/address <input type="checkbox"/> Other: Specify Below Date of Change			
<input type="checkbox"/> CANCEL COVERAGE: <input type="checkbox"/> Terminate employment <input type="checkbox"/> Voluntary withdrawal <input type="checkbox"/> Leave of absence <input type="checkbox"/> Decreased hours <input type="checkbox"/> Other: Specify Below Date of Event			
<input type="checkbox"/> ADD DEPENDENT(S): <input type="checkbox"/> Marriage <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Other: Specify Below Date of Event			
<input type="checkbox"/> CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other: Specify Below Date of Event			
<input type="checkbox"/> OTHER CHANGE (Specify): _____ # of new ID Cards _____			
<input checked="" type="checkbox"/> I <b>DECLINE</b> dental coverage offered for myself and my eligible dependents.		Employee SIGNATURE: <u>[REDACTED]</u>	
<input checked="" type="checkbox"/> I <b>DECLINE</b> medical coverage offered for myself and my eligible dependents.			
NAME OF EMPLOYEE: <u>[REDACTED]</u>		Social Security: <u>[REDACTED]</u>	

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

Department Number: 0349  
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: <u>12-29-06</u>	Effective Date: <u>01-01-03</u>
CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE					
<input type="checkbox"/> Change division <input type="checkbox"/> Convert to COBRA <input type="checkbox"/> Reinstate above indicated coverage with no lapse <input type="checkbox"/> Change name/address					
<input type="checkbox"/> CANCEL COVERAGE: <input type="checkbox"/> Terminate employment <input type="checkbox"/> Voluntary withdrawal <input type="checkbox"/> Leave of absence <input type="checkbox"/> Decreased hours					
<input type="checkbox"/> ADD DEPENDENT(S): <input type="checkbox"/> Marriage <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order					
<input type="checkbox"/> CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status					
<input type="checkbox"/> OTHER CHANGE (Specify):					

OTHER  
CHANGES

NAME OF EMPLOYEE: First: <u>[REDACTED]</u> Middle: <u>[REDACTED]</u> Last: <u>[REDACTED]</u>	Social Security: <u>[REDACTED]</u>
--	------------------------------------