



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: [REDACTED] 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 2nd 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 Person Issuing Reprimand

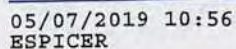
JAIL ADMINISTRATOR
Title

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

[REDACTED]
6-30-19
Date

cc: Employee
Appointing Authority

[illegible]



Richland County - LIVE
DETAIL CHECK HISTORY

P 1
prhisrpt

BY EMPLOYEE NAME
01/18/2019 to 04/12/2019

[illegible]

05/07/2019 10:56
 ESPICER

 Richland County - LIVE
 DETAIL CHECK HISTORY

 BY EMPLOYEE NAME
 01/18/2019 to 04/12/2019

 P 2
 prhisrpt

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
										LOC: 254 ORG: PAYROLL	
	27525500	510200	254	2030	000129965	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000129965	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000129965	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000129965	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000129965	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000129965	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000129965	887 SB .80	8.00	178.40			
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			254		000129965						
			254		000129965						
	27525500	536300	254		000129965						
	27525500	536400	254		000129965						
CHECK 02/15/2019 TOTALS: NET:					1,330.45		80.00	1,784.00			
CHECK DATE: 03/01/2019											
	27525500	510200	254	2030	000131004	405 SICKSD	8.00	178.40			
	27525500	510200	254	2030	000131004	561 CTEA	0.25	0.00			
	27525500	510200	254	2030	000131004	711 SPEC D	0.00	100.00			
	27525500	510200	254	2030	000131004	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000131004	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000131004	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000131004	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000131004	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000131004	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000131004	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000131004	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000131004	887 SB .80	8.00	178.40			
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			254		000131004						
			254		000131004						
	27525500	536300	254		000131004						
	27525500	536400	254		000131004						
CHECK 03/01/2019 TOTALS: NET:					1,410.25		80.25	1,884.00			
CHECK DATE: 03/15/2019											
	27525500	510200	254	2030	000132047	561 CTEA	3.00	0.00			
	27525500	510200	254	2030	000132047	567 COMPSH	8.00	178.40			
	27525500	510200	254	2030	000132047	711 SPEC D	0.00	100.00			
	27525500	510200	254	2030	000132047	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000132047	887 SB .80	8.00	178.40			
	27525500	510200	254	2030	000132047	887 SB .80	8.00	178.40			

05/07/2019 10:56
ESPICER

Richland County - LIVE
DETAIL CHECK HISTORY

P 3
prhisrpt

BY EMPLOYEE NAME
01/18/2019 to 04/12/2019

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
											LOC: 254 ORG: PAYROLL
27525500	510200		254	2030	000132047	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000132047	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000132047	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000132047	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000132047	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000132047	887 SB .80	8.00	178.40			
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			254		000132047						
			254		000132047						
			254		000132047						
27525500	536300		254		000132047						
27525500	536400		254		000132047						
CHECK 03/15/2019 TOTALS: NET:					1,410.24		83.00	1,884.00			
CHECK DATE: 03/29/2019											
27525500	510200		254	2030	000133092	567 COMPSH	1.00	22.30			
27525500	510200		254	2030	000133092	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133092	887 SB .80	7.00	156.10			
27525500	510200		254	2030	000133092	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133092	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133092	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133092	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133092	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133092	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133092	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133092	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133092	887 SB .80	8.00	178.40			
			254		000133092						
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			254		000133092						
			254		000133092						
			254		000133092						
27525500	536300		254		000133092						
27525500	536400		254		000133092						
CHECK 03/29/2019 TOTALS: NET:					1,350.28		80.00	1,784.00			
CHECK DATE: 04/12/2019											
27525500	510200		254	2030	000134139	405 SICKSD	8.00	182.16			
27525500	510200		254	2030	000134139	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134139	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134139	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134139	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134139	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134139	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134139	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134139	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134139	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134139	887 SB .80	8.00	182.16			

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ESPICER

Richland County - LIVE
DETAIL CHECK HISTORY

BY EMPLOYEE NAME
01/18/2019 to 04/12/2019

P 4
prhisrpt

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
[REDACTED]											
27525500	510200		254	2030	000134139	887 SB .80	8.00	182.16		LOC: 254 ORG: PAYROLL	
			254		000134139						
			254		000134139						
			254		000134139						
			254		000134139						
			254		000134139						
			254		000134139						
			254		000134139						
			254		000134139						
27525500	536300		254		000134139						
27525500	536400		254		000134139						
CHECK 04/12/2019 TOTALS: NET:					1,357.34		80.00	1,821.60			
EMPLOYEE 001578 TOTALS: NET:					9,278.32		574.33	12,382.85			
GRAND TOTALS:			NET:		9,278.32		574.33	12,382.85			

** END OF REPORT - Generated by ERIKA SPICER **

**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:

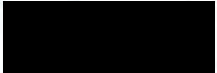
 is very dependable in showing up
for his shift.

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: [REDACTED] 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

Comments:

Staff Lieutenant: [Signature] Date: 4-2-19

Comments:

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

Comments:

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

Comments:

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

Comments:

Employee Signature: [REDACTED] 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 1st 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]
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 Signature]

04-21-19
Date

cc: Employee
Appointing Authority

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

Name: _____

Review Period: 4-5 to 10-1-18

Unit #: _____

Review Deadline Date: OCT 5th

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: 10-17-18
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):


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**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:

 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

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

Jail Administrator: Capt. C. Blum Date: 11/7/17

Chief Deputy: Myra MBS Date: 11/21/17

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

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

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: 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):

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
[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

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

Total Points: 11

Rater: Sgt. Feilure [Signature] Date: 3-22-18

Comments: OFFICER [REDACTED] is A good OFFICER But seems burnt-out At times

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

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

Jail Administrator: [Signature] Date: 4/3/18
Comments:

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

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

Employee Signature: [REDACTED] 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: 1st: TOB 2nd: TOB 3rd: TOB

B Watch: 1st: TOB 2nd: TOB 3rd: TOB

C Watch: 1st: TOB 2nd: TOB 3rd: TOB

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: 01/01/2017	Date of Hire: 12/12/96	Effective Date: 01/01/2017
	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:	Middle:	Last:	Social Security #:
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

17-134
File

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

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 2nd 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

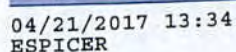
I hereby acknowledge that a copy of the above record of Written Reprimand has been given to me on this date.

[Signature]
Employee's Signature

11-10-17
Date

cc: Employee
Appointing Authority

	RATES	20.55	20.90				21.70			32.55				5.23			
	SHIFT	21.35	21.7														
check date	REG HOURS	reg paid	new reg	OWED	HOLIDAY HOUR	holiday paid	new holiday	OWED	OT HOURS	OT paid	New OT	OWED	FT HOURS	FT PAID	FT NEW	OWED	
1/8/2016	72.00	\$1,537.20	\$1,562.40	\$25.20	0			\$0.00				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	\$25.20
2/19/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				0.00				\$0.00	\$28.00
3/4/2016	72.00	\$1,537.20	\$1,562.40	\$25.20	0			\$0.00				0.00				\$0.00	\$25.20
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	\$708.40
		OLD	NEW														
		\$20.55	\$21.20														
		\$21.35	\$22.00			holiday rate	22			OT rate	33		0				\$52.00
1/6/2017	80	\$1,708.00	\$1,760.00	\$52.00	0			\$0.00				\$0.00	0				\$46.80
1/20/2017	72	\$1,537.20	\$1,584.00	\$46.80	0			\$0.00				\$0.00	0		\$0.00		\$46.80
2/3/2017	72	\$1,537.20	\$1,584.00	\$46.80	0			\$0.00				\$0.00	0				\$45.77
2/17/2017	70.42	\$1,503.47	\$1,549.24	\$45.77	0			\$0.00				\$0.00	0				\$46.80
3/3/2017	72	\$1,537.20	\$1,584.00	\$46.80	0			\$0.00				\$0.00	0				\$238.17
total due	\$946.57																



Richland County - LIVE
DETAIL CHECK HISTORY

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
								LOC: 254	ORG: PAYROLL			
Check Date: 01/08/2016												
27525500	510200		254	2030	000041068	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000041068	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000041068	555 SHFHOL	13.33	0.00				
27525500	510200		254	2030	000041068	887 SB .80	24.00	512.40				
27525500	510200		254	2030	000041068	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000041068	887 SB .80	24.00	512.40				
			254		000041068							
			254		000041068							
			254		000041068							
			254		000041068							
			254		000041068							
			254		000041068							
			254		000041068							
			254		000041068							
			254		000041068							
27525500	536300		254		000041068							
27525500	536400		254		000041068							
CHECK 01/08/2016 TOTALS:				NET:		695.07	85.33	1,537.20				
Check Date: 01/22/2016												
27525500	510200		254	2030	000042280	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000042280	567 COMPSH	4.00	85.40				
27525500	510200		254	2030	000042280	887 SB .80	4.00	85.40				
27525500	510200		254	2030	000042280	887 SB .80	48.00	1,024.80				
27525500	510200		254	2030	000042280	887 SB .80	16.00	341.60				
			254		000042280							
			254		000042280							
			254		000042280							
			254		000042280							
			254		000042280							
			254		000042280							
			254		000042280							
			254		000042280							
			254		000042280							
			254		000042280							
27525500	536300		254		000042280							
27525500	536400		254		000042280							
CHECK 01/22/2016 TOTALS:				NET:		812.99	80.00	1,708.00				
Check Date: 02/05/2016												
27525500	510200		254	2030	000043492	305 VACSD	16.00	341.60				
27525500	510200		254	2030	000043492	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000043492	555 SHFHOL	13.33	0.00				
27525500	510200		254	2030	000043492	567 COMPSH	16.00	341.60				
27525500	510200		254	2030	000043492	887 SB .80	16.00	341.60				
27525500	510200		254	2030	000043492	887 SB .80	16.00	341.60				
27525500	510200		254		000043492							
			254		000043492							
			254		000043492							
			254		000043492							
			254		000043492							
			254		000043492							
			254		000043492							
			254		000043492							
			254		000043492							

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
			254		000043492							
			254		000043492							
27525500	536300		254		000043492							
27525500	536400		254		000043492							
	CHECK 02/05/2016	TOTALS:		NET:		695.07	85.33	1,537.20				
	Check Date: 02/19/2016											
27525500	510200		254	2030	000044702	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000044702	561 CTEA	1.00	0.00				
27525500	510200		254	2030	000044702	711 SPEC D	0.00	100.00				
27525500	510200		254	2030	000044702	887 SB .80	32.00	683.20				
27525500	510200		254	2030	000044702	887 SB .80	40.00	854.00				
			254		000044702							
			254		000044702							
			254		000044702							
			254		000044702							
			254		000044702							
			254		000044702							
			254		000044702							
			254		000044702							
			254		000044702							
			254		000044702							
27525500	536300		254		000044702							
27525500	536400		254		000044702							
	CHECK 02/19/2016	TOTALS:		NET:		889.68	81.00	1,808.00				
	Check Date: 03/04/2016											
27525500	510200		254	2030	000045920	555 SHFHOL	13.33	0.00				
27525500	510200		254	2030	000045920	567 COMPSH	4.00	85.40				
27525500	510200		254	2030	000045920	711 SPEC D	0.00	100.00				
27525500	510200		254	2030	000045920	887 SB .80	12.00	256.20				
27525500	510200		254	2030	000045920	887 SB .80	24.00	512.40				
27525500	510200		254	2030	000045920	887 SB .80	32.00	683.20				
			254		000045920							
			254		000045920							
			254		000045920							
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			254		000045920							
			254		000045920							
			254		000045920							
27525500	536300		254		000045920							
27525500	536400		254		000045920							
	CHECK 03/04/2016	TOTALS:		NET:		772.18	85.33	1,637.20				
	Check Date: 03/18/2016											
27525500	510200		254	2030	000047131	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000047131	887 SB .80	16.00	341.60				
27525500	510200		254	2030	000047131	887 SB .80	48.00	1,024.80				
27525500	510200		254	2030	000047131	887 SB .80	8.00	170.80				
			254		000047131							
			254		000047131							
			254		000047131							
			254		000047131							
			254		000047131							
			254		000047131							
			254		000047131							

[illegible]

[illegible]

04/21/2017 13:34
ESPICER

Richland County - LIVE
DETAIL CHECK HISTORY

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prhisrpt

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
27525500	510200		254	2030	000053158	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000053158	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000053158	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000053158	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000053158	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000053158	887 SB .80	8.00	170.80				
			254		000053158							
			254		000053158							
			254		000053158							
			254		000053158							
			254		000053158							
			254		000053158							
			254		000053158							
			254		000053158							
			254		000053158							
			254		000053158							
27525500	536300		254		000053158							
27525500	536400		254		000053158							
CHECK 05/27/2016 TOTALS:					NET:	812.99	80.00	1,708.00				
Check Date: 06/10/2016												
27525500	510200		254	2030	000054375	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000054375	501 PE+SH	8.00	170.80				
27525500	510200		254	2030	000054375	561 CTEA	8.00	0.00				
27525500	510200		254	2030	000054375	567 COMPSH	8.00	170.80				
27525500	510200		254	2030	000054375	567 COMPSH	1.00	21.35				
27525500	510200		254	2030	000054375	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000054375	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000054375	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000054375	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000054375	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000054375	887 SB .80	7.00	149.45				
27525500	510200		254	2030	000054375	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000054375	887 SB .80	8.00	170.80				
			254		000054375							
			254		000054375							
			254		000054375							
			254		000054375							
			254		000054375							
			254		000054375							
			254		000054375							
			254		000054375							
			254		000054375							
			254		000054375							
27525500	536300		254		000054375							
27525500	536400		254		000054375							
CHECK 06/10/2016 TOTALS:					NET:	813.00	88.00	1,708.00				
Check Date: 06/24/2016												
27525500	510200		254	2030	000055573	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000055573	456 BRV SH	8.00	170.80				
27525500	510200		254	2030	000055573	567 COMPSH	8.00	170.80				
27525500	510200		254	2030	000055573	571 RATOSH	8.00	170.80				
27525500	510200		254	2030	000055573	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000055573	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000055573	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000055573	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000055573	887 SB .80	8.00	170.80				

Richland County - LIVE
DETAIL CHECK HISTORY

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

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04/21/2017 13:34
ESPICER

Richland County - LIVE
DETAIL CHECK HISTORY

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prhisrpt

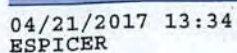
BY EMPLOYEE NAME
01/08/2016 to 03/03/2017

[illegible]

[illegible]

[illegible]

[illegible]

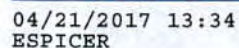


Richland County - LIVE
DETAIL CHECK HISTORY

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prhlsrpt

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

[illegible]

Richland County - LIVE
DETAIL CHECK HISTORY

P 12
prhisrpt

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
								LOC: 254	ORG:	PAYROLL		
27525500	510200		254	2030	000070964	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000070964	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000070964	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000070964	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000070964	887 SB .80	8.00	170.80				
			254		000070964							
			254		000070964							
			254		000070964							
			254		000070964							
			254		000070964							
			254		000070964							
			254		000070964							
			254		000070964							
27525500	536300		254		000070964							
27525500	536400		254		000070964							
CHECK 12/23/2016 TOTALS:				NET:		2,246.85	80.00	4,058.00				
Check Date: 01/06/2017												
27525500	510200		254	2030	000072038	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000072038	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000072038	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000072038	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000072038	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000072038	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000072038	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000072038	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000072038	552 HS	8.00	170.80				
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27525500	536300		254		000072038							
27525500	536400		254		000072038							
CHECK 01/06/2017 TOTALS:				NET:		812.96	80.00	1,708.00				
Check Date: 01/20/2017												
27525500	510200		254	2030	000073116	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000073116	555 SHFHOL	13.33	0.00				
27525500	510200		254	2030	000073116	567 COMPSH	8.00	170.80				
27525500	510200		254	2030	000073116	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000073116	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000073116	887 SB .80	8.00	170.80				

[illegible]

** END OF REPORT - Generated by ERIKA SPICER **

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:

1st:

Top

2nd:

Top

3rd:

Top

B Watch:

1st:

Top

2nd:

Top

3rd:

Top

C Watch:

1st:

Top

2nd:

Top

3rd:

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]

Rec'd
7-5-17
[Signature]

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

Date 7 / 13 / 17

Candidates Name [REDACTED]

Sgt Krupa
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. 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:

☐ (0 - Poor)

☒ (.5- Fair)

☐ (1.0- Good)

☐ (1.5- Very Good)

☐ (2.0- Excellent)

*That's Fine
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 your gonna do.
Actions
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)

*Find a chance to use his schooling
Good opportunity to use it.
Enjoy people talking to new people.*

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 Don't 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 Inmate 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 courtroom
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

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)

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)

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)

TOTAL _____

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

Doing what you say you are going to do. Your actions. How you treat others.

I feel like THIS position gives me a chance to use my schooling. Good opportunity to do THAT RIGHT NOW. Enjoy people. Like going places.

**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 FUGITIVE.*

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)

☐ (.5- Fair)

☒ (1.0- Good)

☐ (1.5- Very Good)

☐ (2.0- Excellent)

I'VE BEEN HERE 22 YRS. Good rapport w/ inmates.
ALWAYS THE SAME PEOPLE. MORE WISDOM.
OLDER AND WISER. LIFE EXPERIENCES.

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)

☒ (.5- Fair)

☐ (1.0- Good)

☐ (1.5- Very Good)

☐ (2.0- Excellent)

ESCORT THEM OUT OF THE COURTROOM AND
MAKE THEM LEAVE.

TOTAL _____

TOTAL SCORE

8
(20 points max)

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

Date 7 / 13 / 17

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
xnds older how 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 way 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 radio 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 wis-
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

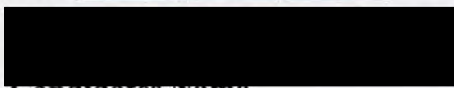
TOTAL .5

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 Blank
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 work 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)

☐ (.5- Fair)

☒ (1.0- Good)

☐ (1.5- Very Good)

☐ (2.0- Excellent)

Been here 20 years.

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

More wisdom. Older, wiser.

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)

☐ (.5- Fair)

☐ (1.0- Good)

☐ (1.5- Very Good)

☐ (2.0- Excellent)

Escort them out, make them leave.

TOTAL 0

TOTAL SCORE

4.0
(20 points max)

Employee's Name: 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 2nd 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. Blue
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.

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 2nd 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

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 3rd 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. Blum
Employer Signature

2/23/17
Date

Proof of Service

I served the above notice on Michael Longshore on the 23rd of February, 2017.

[REDACTED]
Name

Lieutenant
Title

[REDACTED]

02-23-17
Date

DISCIPLINARY AGREEMENT

File
17-20

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 3rd 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]
CO Michael Longshore

03-28-17

Date

[Signature]

FOP Representative

3-16-17

Date

J. Steve Sheldon, Sheriff

J. Steve Sheldon, Sheriff

3/16/17

Date

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

Employee's Name: [REDACTED] 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 1st 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]

☐ Bi-Annual Review

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

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 BURNED OUT AND DISCONNECTED AT TIMES. [REDACTED] USUALLY DOES JUST ENOUGH TO GET BY. [REDACTED] HAS 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: _____

Unit #: _____

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: _____

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: _____

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:

[REDACTED] 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:

[REDACTED] 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 [REDACTED] 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

ADD

Change

(circle one)

Name

Employee#

Salary/pay

Rate/hour

20.55

Address

Alt Rate/hour

City, State, Zip Code

Telephone

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

Longevity Payment

Birthdate

Annual Hours

Social Security Number

Shift

Marital Status:

Full/Part

Sex

STRS

Race

PERS

Title

Class #

Direct Dep. Route #

Department Number

349

Account #

Munis Org

27525500

Object#

510200

Direct Dep. Account #

Business Phone Number

Start Date

Rehire Date

Termination Date

Reason for Termination

TAXES

Code

Dep

TY

Add On

Federal

State

City

Status

Annual Salary

EFFECTIVE 12-18-2014

Signature

Date

Comments

12/23/14

OFFICIAL USE ONLY		DEDUCTIBLE
Medical Premium Amount Bi-Weekly	_____	High _____
Dental Premium Amount Bi-Weekly	_____	Low _____

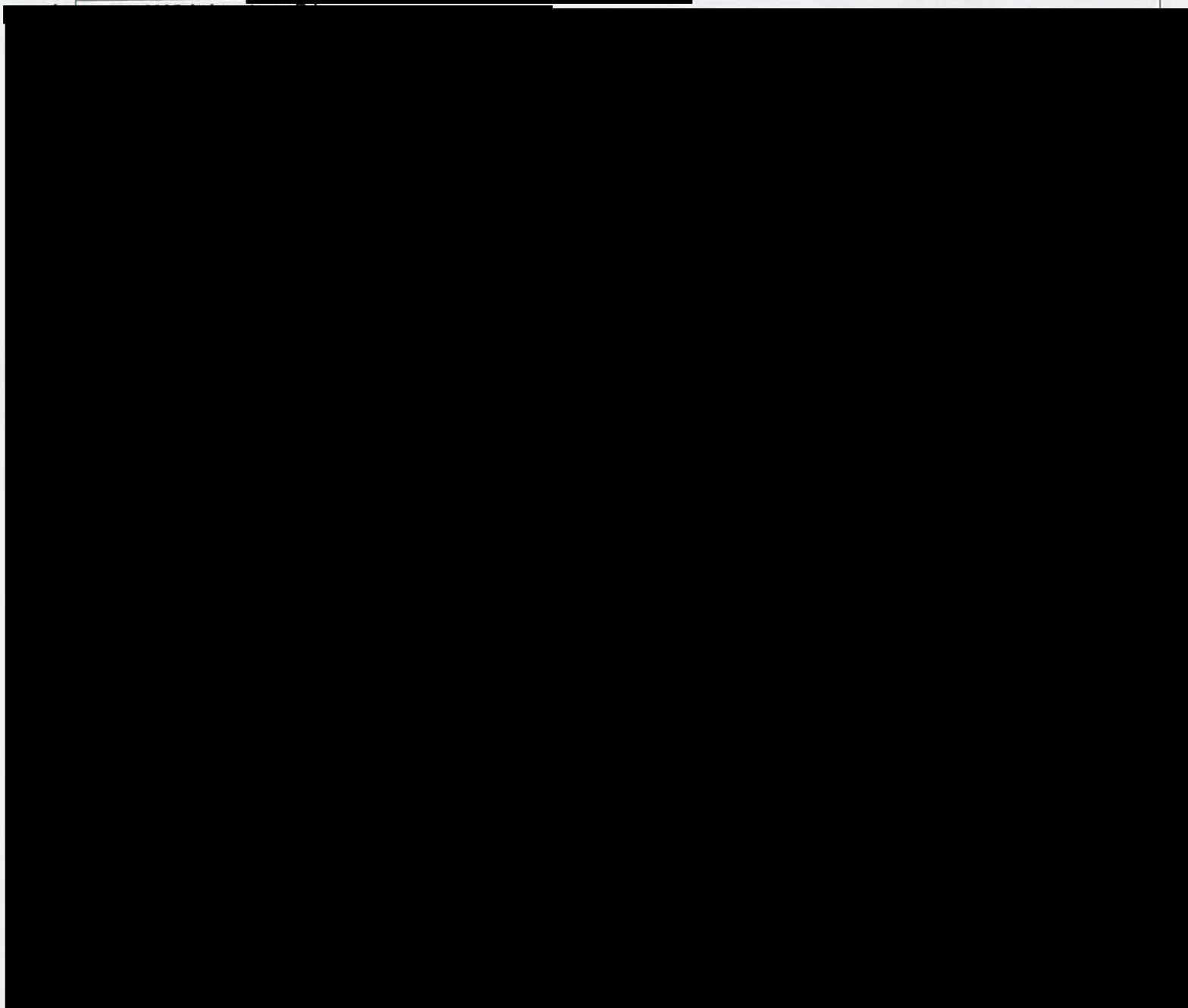


RICHLAND COUNTY
Enrollment/Change Form

Department Name: **RCSO-JAIL**
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: 12-12-96	Effective Date: 01-01-16
	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: _____	Middle: _____	Last: _____	Social Security #: _____
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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. Myburg 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 #: _____

Review Period: 4-1-15 to 9-30-15

Review Deadline Date: 10-7-15

☒ 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 & for 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 paperwork 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: *L. M. Young* Date: 10-2-15 Comments:

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

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

Employee Signature  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 POC'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 Blue Date: 4/22/15 Comments:

Employee Signature: [Redacted] 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 #: _____

☐ Bi-Annual Review

Review Period: 4-14-14 to 9-14-14
Review Deadline Date: _____

**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: Lt Sam Byranda Date: 9-17-14 Comments:

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

Jail Administrator: Capt C Bell Date: 10/6/14 Comments:

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

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

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

RICHLAND COUNTY 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: <u>12-12-96</u>	Effective Date: <u>01-01-14</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:
[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 UOF

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 Brando

Date: 3/26/14

Comments:

Lieutenant/Staff Lieutenant: St J

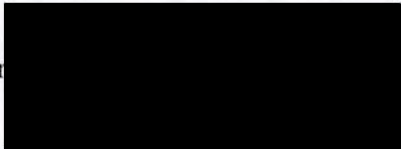
Date: J-8-14

Comments:

Jail Administrator: Capt CBL


Date: 4/7/14

Comments:

Employee Signature: 

Date: 03-26-14

Comments:

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

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

Faxed 11-10-99
mailed



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

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

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 Loan Processor	5. Date 11/5/99	6. Lender's Number (Optional) 4635103
--	-----------------------------------	---------------------------	---

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 12-12-96	10. Present Position Corrections Supervisor	11. Probability of Continued Employment Yes
12A. Current Gross Base Pay (Enter Amount and Check Period) \$ \$14,221.2 <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Hourly <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 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 40	16. Date of applicant's next pay increase 01-01-00
Base Pay \$ 21452.71 \$ 18996.95 \$ 18000.32	17. Projected amount of next pay increase \$29,875.00	18. Date of applicant's last pay increase 05-19-99
Overtime \$ 1009.93 \$ 2596.45 \$ 1111.95	19. Amount of last pay increase \$3580.00 Annum	
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) Payroll/Records Clerk	28. Date 11-10-99
29. Please print or type name signed in item 26. Alisa M. Finley	30. Phone No. 419-774-5678	

Fannie Mae

Form 1005 Mar. 90

UNI-FORM (R) / MLM / VOE / 08-90

COPY



RUSH



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)

**RICHLAND COUNTY SHERIFF DEPT
PERSONNEL DEPT.
ADMINISTRATION BLDG
MANSFIELD OH 44902**

2. From (Name and address of lender)

**FirstMerit Mortgage Corporation
4455 Hills and Dales Rd. N.W.
Canton, OH 44708
(800) 562-6694**

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

4. Title

Loan Processor

5. Date

11/5/99

6. Lender's Number (Optional)

4635103

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. Applicant's Name (Include employee or badge number)

8. Signature of Applicant

See attached

9. Present Position

Corrections Supervisor

11. Probability of Continued Employment

Yes

12A. Current Gross Base Pay (Enter Amount and Check Period)

☐ Annual
☐ Monthly
☐ Weekly

☒ Hourly *11/15/99*
☐ Other (Specify)

\$ 14,221.2

13. For Military Personnel Only

Pay Grade

Type

Base Pay

Rations

Flight or Hazard

Clothing

Quarters

Pro Pay

Overseas or Combat

Variable Housing Allowance

14. If Overtime or Bonus is Applicable, is its Continuance Likely? Overtime ☐ Yes ☐ No
Bonus ☐ Yes ☐ No

15. If paid hourly - average hours per week

40

16. Date of applicant's next pay increase

1-1-00

17. Projected amount of next pay increase

29,875.00

18. Date of applicant's last pay increase

5-19-99

19. Amount of last pay increase

3580.00 ANNUUM

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)

22. Date Terminated

Base

Overtime

Commissions

Bonus

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

27. Title (Please print or type)

28. Date


29. Please print or type name signed in item 26.

30. Phone No.


FIRSTMERIT**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.

10-21-99
Date10-21-99
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.

10-21-99
Date10-21-99
Date

Nearest PBR location and/or Branch location for the customer: _____

[REDACTED]

"NEW EMPLOYEE" PROCESSING
PERSONAL DATA

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

1. NAME:

[REDACTED]

LAST

MIDDLE

[REDACTED]

SECTION I - PERSONAL INFORMATION OHIO CIVIL SERVICE APPLICATION

SOCIAL SECURITY NO. [REDACTED]

EQUAL OPPORTUNITY EMPLOYER

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.

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 _____

EDUCATION

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

1

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

000000

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 <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 2. If necessary, can you supply your own transportation for work use? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Have you ever been employed in the state or county service of Ohio? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Have you been convicted of any felony? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 5. Can you perform the job-related requirements of the specific job for which you are applying? | YES <input checked="" type="checkbox"/> | NO <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.

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.

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

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
			ZIP Code

- ☐ 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)
	X 12-12-96

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	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	<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 #
<i>Document Identification</i> # _____ <i>Expiration Date (if any)</i> _____		

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

Form W-4 (1997)

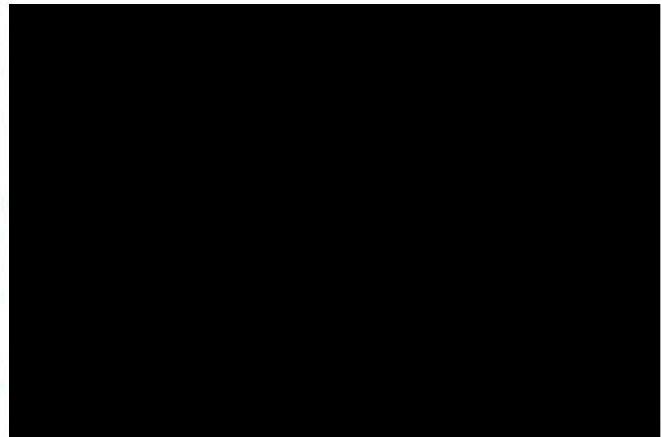
SOCIAL SECURITY

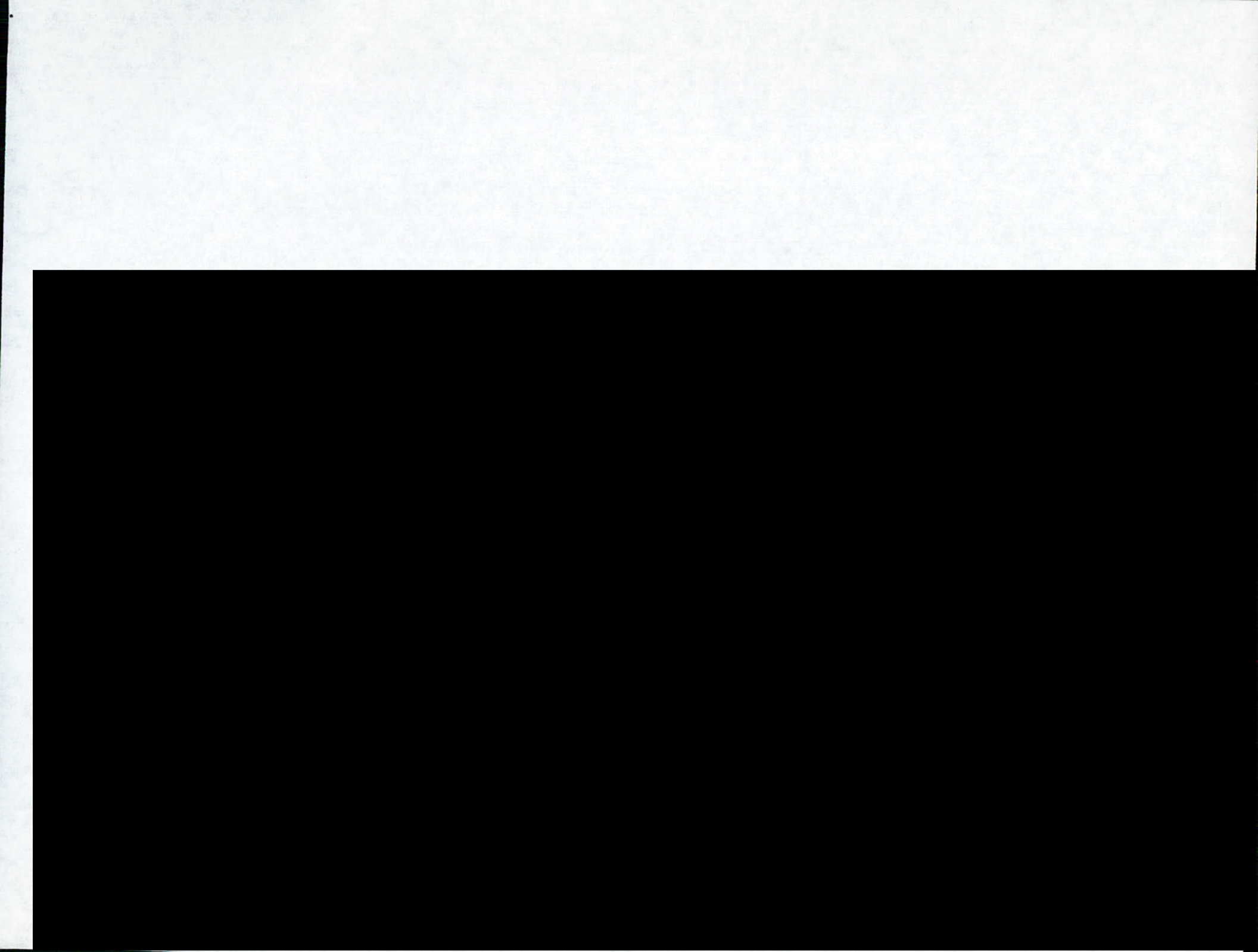
HEALTH

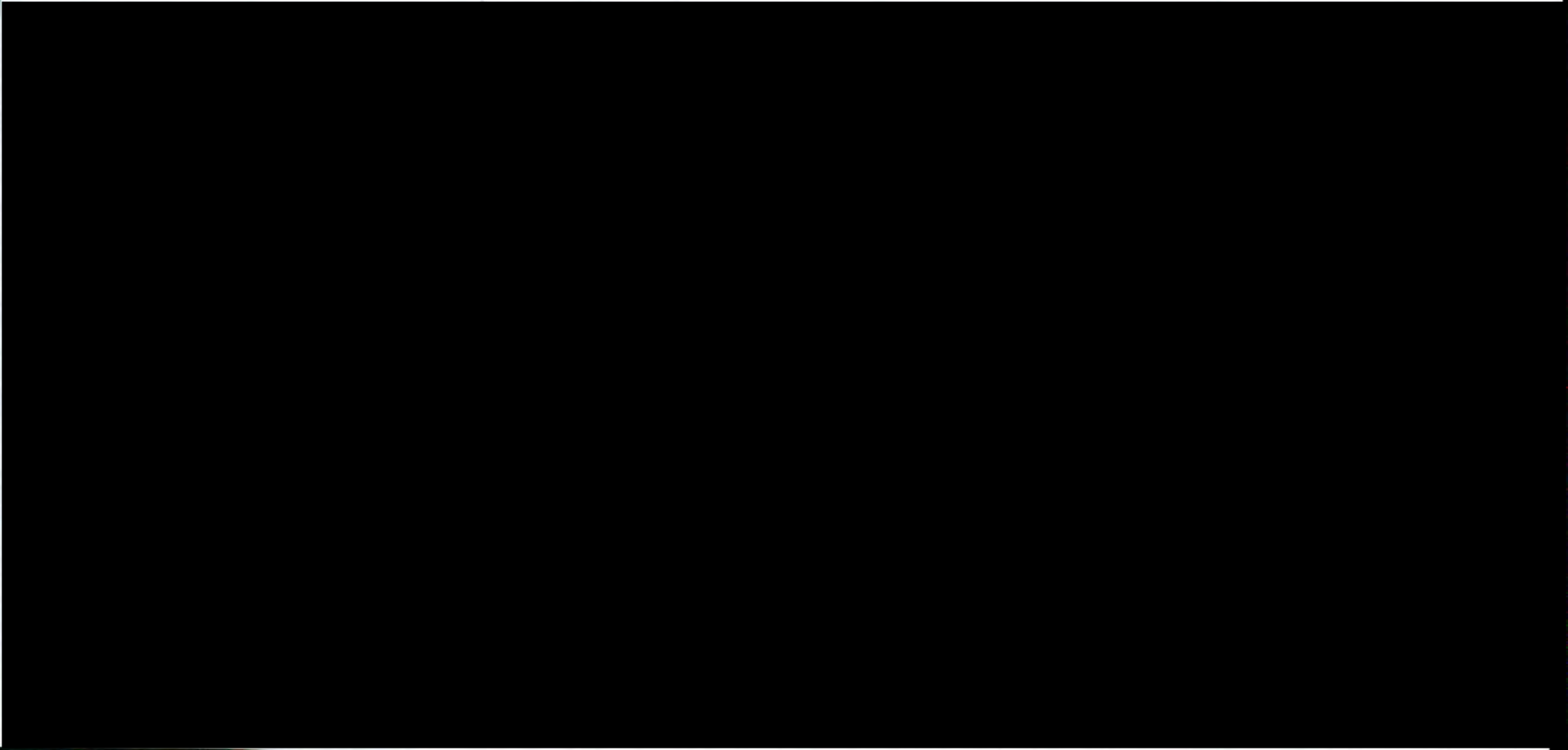
THIS NUMBER HAS BEEN ESTABLISHED FOR

USA • SOCIAL

SIGNATURE







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) | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no |
| b) Cincinnati Retirement System (CRS) | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no |
| c) State Highway Patrol Retirement (HPRS) | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no |
| d) School Employees Retirement System (SERS) | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no |
| e) State Teachers Retirement System (STRS) | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> 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, 1996

X [Redacted Signature]

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

Employing Unit

on _____

Date

, and the statements set

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]

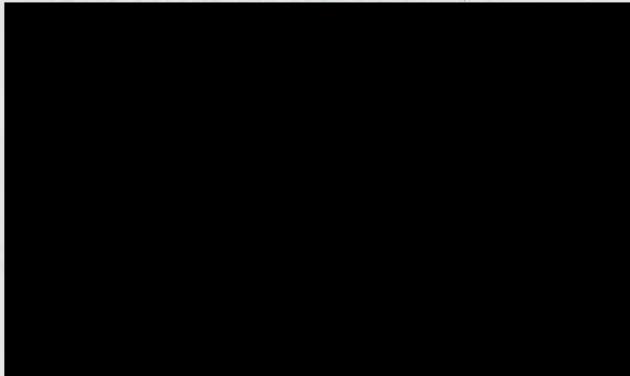
[REDACTED]



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.

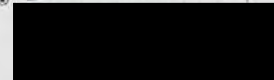
3107001

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 VERIFICATION 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

- ☐ United States Passport
☐ Certificate of United States Citizenship
☐ Certificate of Naturalization
☐ Unexpired foreign passport with attached Employment Authorization
☐ Alien Registration Card with photograph

Document Identification

Expiration Date (if any)

List B
Identity

- ☒ 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) OHIO
☐ U.S. Military Card
☐ Other (Specify document and issuing authority)

List C

Employment Eligibility

- ☒ Original Social Security Number Card (other than a card stating it is not valid for employment)
☐ A birth certificate issued by State, county, or municipal authority bearing a seal or other certification
☐ Unexpired INS Employment Authorization Specify form

Document Identification

Expiration Date (if any)

CERTIFICATION: I attest, under penalty of perjury, that the above individual, 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

H. DALE SHETLER

SHERIFF

Employer Name

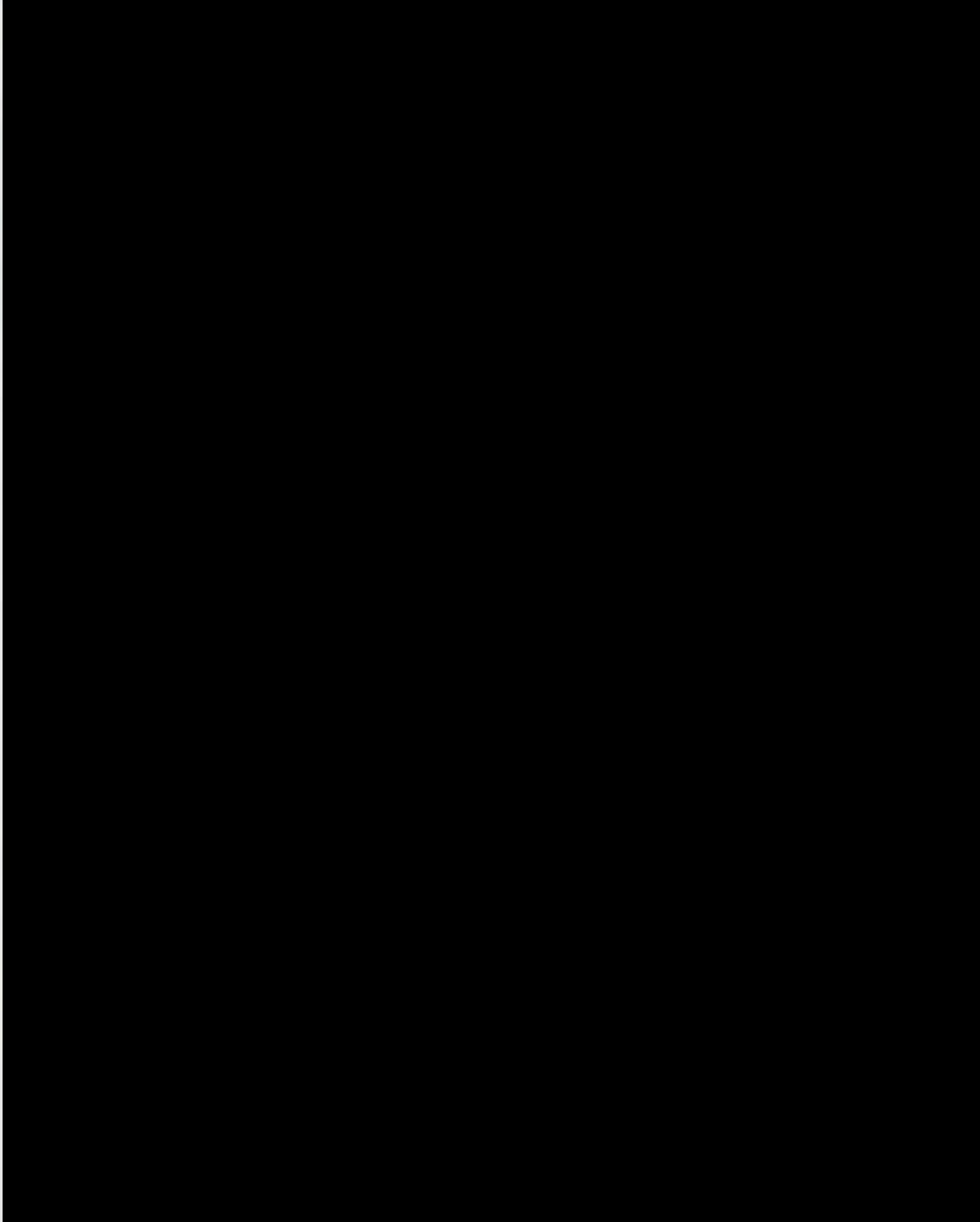
Address

Date

Richland Co. Sheriff Dept. 55 E. 2nd St. Mansfield, OH 44902

06-29-90





SECTION I - PERSONAL INFORMATION **OHIO CIVIL SERVICE APPLICATION**
EQUAL OPPORTUNITY EMPLOYER

SOCIAL SECURITY NO. [REDACTED]

LAST NAME [REDACTED]

FIRST NAME [REDACTED]

MIDDLE INITIAL [REDACTED]

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.

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 _____ <input checked="" type="checkbox"/>	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

6-29-90

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 4⁰⁰ Hr ending 4⁵⁰ Hr
Duties Performed Detailed Parts, spun oil off chips

Employer's name and address Western Southern Life
Length of employment FROM: mo. 2 yr. 88 TO: mo. 5 yr. 89
Reason for leaving not making enough money
Position (job title and classification) Salesman Salary: beginning 225⁰⁰ WK ending 90⁰⁰ 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 4⁰⁰ WK ending 4⁵⁰ 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	A list of course work areas for a position as a purchasing agent might include:	COURSE WORK AREA	NO. OF COURSES
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

1. Are you willing and able to secure an Ohio Driver's License, if a license is required?
2. If necessary, can you supply your own transportation for work use?
3. Have you ever been employed in the state or county service of Ohio?
4. Have you been convicted of any felony?
5. Can you perform the job-related requirements of the specific job for which you are applying?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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.

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

Official Title

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

	Per Hour	Per Day	Per Week	Per Month
7. Present Rate of Compensation (without maintenance)			\$ 614.40	\$ 15,974.40
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
Title SHERIFF

Employing Unit RICHLAND COUNTY
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 L. McConkie

(OFFICIAL SEAL)

Official Title CLERICAL SUPERVISOR

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

15. READ CAREFULLY THE FOLLOWING:

1. All statements on this form are to be made under oath and will require substantiating proof.
2. 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.
3. 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.
4. All signatures must be in ink. Other entries may be typewritten.
5. 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

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

(PLEASE PRINT PLAINLY)

PERSONAL

Name

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.

RD OF EDUCATION

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

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

(0945 HRS)

11-2-96 / 1310 HRS / WILL
TAKE PSYCH TEST

(1000 HRS)

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

11-12-96 / 1530 HRS
LEFT MESSAGE



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 _____

Name _____

Date 9-16-96

Social Security Number _____

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>	<div style="border: 1px solid black; width: 100px; height: 100px; transform: rotate(45deg); margin: 0 auto;"></div>	5	6	7	8	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; width: 100px; height: 100px; transform: rotate(45deg); margin: 0 auto;"></div>
	<u>500 Logan rd</u>							
	<u>Mansfield Ohio</u>							
High	<u>Mansfield Christian</u>	<div style="border: 1px solid black; width: 100px; height: 100px; transform: rotate(45deg); margin: 0 auto;"></div>	1	2	3	4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; width: 100px; height: 100px; transform: rotate(45deg); margin: 0 auto;"></div>
	<u>500 Logan rd</u>							
	<u>Mansfield Ohio</u>							
College	<u>Grace College</u>	<div style="border: 1px solid black; width: 100px; height: 100px; transform: rotate(45deg); margin: 0 auto;"></div>	1	2	3	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<div style="border: 1px solid black; width: 100px; height: 100px; transform: rotate(45deg); margin: 0 auto;"></div>
	<u>200 Seminary dr</u>							
	<u>Winona Lake Indiana</u>							
Other (Specify)	<u>NCTC Police Academy</u>	<div style="border: 1px solid black; width: 100px; height: 100px; transform: rotate(45deg); margin: 0 auto;"></div>	1	2	3	4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; width: 100px; height: 100px; transform: rotate(45deg); margin: 0 auto;"></div>

Criminal Justice

Course Completed



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 E. Central Mansfield Ohio Telephone 526-2336	3	91	Present		7.00 hr	8.76 hr	no full time work	Don Bennett
Describe the work you did: Picked up money from banks and delivered it to stores.								

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 100 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: Paint, mowed grass								

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: Detailed parts, ran parts on machines								

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 _____

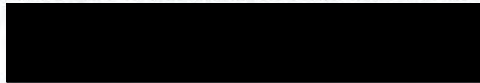
If there is a particular employer(s), you do not wish us to contact, please indicate which one(s). _____

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	

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.



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, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. 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, affirmative action, a bona fide occupational qualification or business necessity.



- ☐ Previous address _____
No. _____ Street _____ City _____ State _____ Zip _____
- ☐ Are you over the age of eighteen? _____ If no, hire is subject to verification that you are of minimum legal age.
- ☐ Sex: M _____ F _____ ☐ Height: _____ ft. _____ in. ☐ Weight: _____ lbs.
- ☐ Are you a citizen of the U.S.A.? _____
- ☐ 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? (If yes, describe.) _____
- _____
- ☐ Are you a Vietnam veteran? _____
- ☐ Are you eligible to be bonded? _____
- ☐ Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past seven years which has not been annulled or expunged or sealed by a court? _____ If yes, describe in full _____
- _____

Conviction of a crime will not be an absolute bar to employment.

- ☐ You have been given a written job description listing the essential job functions of the position(s) for which you have applied. Please review the job description(s) and answer the following question. Are you able to perform each of the essential job functions listed for each position for which you have applied? _____ If no, list the function(s) you are unable to perform and explain why you are unable to perform them. _____
- _____
- _____
- _____

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

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

**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]

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
RACE SEX AGE

ALIAS

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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117.	a	b	c	d	137.	a	b	c	d	157.	a	b	c	d	177.	a	b	c	d	197.	a	b	c	d
118.	a	b	c	d	138.	a	b	c	d	158.	a	b	c	d	178.	a	b	c	d	198.	a	b	c	d
119.	a	b	c	d	139.	a	b	c	d	159.	a	b	c	d	179.	a	b	c	d	199.	a	b	c	d
120.	a	b	c	d	140.	a	b	c	d	160.	a	b	c	d	180.	a	b	c	d	200.	a	b	c	d

Total
Score
88.8%

Date 9-21-96

Exam
Title C1

Identification Number

064

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 bona fide 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
TOLL FREE 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).

WITNESSED

SE

(signed)

This interview/examination was concluded at _____ on the above date. I completely reaffirm 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.

WITNESSED

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

How Long 7 months Residence

POSITION APPLIED FOR Tailer

Valid Driver's License? yes May I See? yes Restrictions? None

How Long? 2 yrs Position? 2nd 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> <u>70 W 4th St Mansfield Oh</u>	<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> <u>875 Park Ave West</u>	<u>Detailed/clean up</u>	<u>6-5-89</u>	<u>11-22-90</u>	<u>4.⁵⁰ Hr. Layed off</u>
3. <u>Western Southern Life</u> <u>Park Ave West</u>	<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> <u>1846 High Tower Dr. Worthington Oh</u>	<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) 285⁰⁰ WK Spouse's 500⁰⁰ 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>295⁰⁰</u>		
Auto #1	<u>135⁰⁰</u>		
Auto #2	<u>110⁰⁰</u>		
Insurance			
Bank Loan(s)	<u>100⁰⁰</u>	<u>300</u>	
Finance Company			
Friend or Relative			
Past/Present Employer			
Internal Revenue/Other Taxes			
Credit Cards	<u>10⁰⁰</u>	<u>400⁰⁰</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? nothing 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? Parking Violation Most Serious

Accident Where U Were Driver? Injuries? NO 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 to question this area)

(OFFICE USE ONLY)

Examination results, using control question technique: TRUTHFUL LYING INCONCLUSIVE

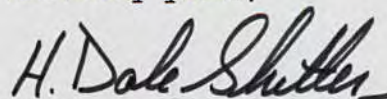
Verbal results forwarded to _____ Date _____

Results certified by examiner HP-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 [REDACTED]

Name of Personal Reference A. Joseph Schivinski

Address [REDACTED] Mansfield OH 44906
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? 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

4. Punctuality and dependability - Excellent ___ Good ✓ Fair ___
Poor .

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 X No
5. Academically his work was--Good Average X Poor
6. His general reputation was--Good X Average Poor
7. Was he considered trustworthy? Yes X No
8. Was he able to work harmoniously with others? Yes X No
If no, explain in detail.
9. Was his leadership ability--Good X Average Poor

10. Was the applicant ever suspended from school? Yes ___ No X 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 X

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

Manassas Christian

Date

6/1/90

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

Sincerely yours,

H. Dale Shetler

H. DALE SHETLER, SHERIFF
Richland County

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

I [REDACTED], 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.

[REDACTED]
Date of Birth

[REDACTED]
Signature

5-14-90

Date

4. Punctuality and dependability - Excellent___ Good___ Fair___
Poor___

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 7th 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?

TO: Personnel Director
Hawkins Market
2131 P.A.W.
Mansfield, OH 44906

Will you please assist us by expressing your opinion of this individual to the below-listed questions. All of your replies and comments will be held in confidence.

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

Name of candidate

Name of business

Address

Mansfield

- Exact dates of employment according to your records,
From 7-11-87 To 2-6-88.
- Job Titles and Duties Carry-Out, Stock Clerk
- Reasons for termination of employment Left to go into the insurance business
- Punctuality and dependability - Excellent ___ Good ☒ Fair ___
Poor ___

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: [REDACTED] 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

Social Security No

Are you legally eligible for employment in the U.S.A.? Yes ✓ No (If yes, attach copy of passport or other proof of legal status.)

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> <u>500 Logan rd</u> <u>Mansfield, Oh 44907</u>	<u>College Prep</u>	5	6	7	8 <u>✓</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u> </u>
High	<u>Mansfield Christian School</u> <u>500 Logan rd</u> <u>Mansfield Oh. 44907</u>		1	2	3	4 <u>✓</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
College	<u>Grace College</u> <u>200 Seminary Dr</u> <u>Winona Lake Ind</u>	<u>Physical Education</u>	<u>✓</u> 1	2	3	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u> </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.				
<u>News Journal</u> <u>70 W 4th</u> <u>Mansfield, Oh 44902</u> Telephone <u>522-3311</u>	<u>7</u>	<u>19</u>	<u>Present</u>		<u>275.</u>	<u>286.</u>	<u>Wanted Job with Future</u>	<u>Raynette Smith</u>
Describe the work you did: <u>Collected money from kids</u> <u>made sure they delivered their routes</u>								

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.				
<u>Mansfield Screw Machine</u> <u>145 Industrial Dr</u> <u>Lexington, Oh 44904</u> Telephone <u>884-1511</u>	<u>6</u>	<u>89</u>	<u>11</u>	<u>89</u>	<u>4.25 Hr</u>	<u>4.50 Hr</u>	<u>Layed off</u>	<u>Keith Reed</u>
Describe the work you did: <u>Spun oil out of chips</u> <u>Detailed parts</u>								

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.				
<u>Western Southern Life</u> <u>875 Park Ave West</u> <u>Mansfield Oh 44906</u> Telephone <u>524-1800</u>	<u>2</u>	<u>87</u>	<u>6</u>	<u>89</u>	<u>250.</u>	<u>90.</u>	<u>Not enough Money</u>	<u>Danny Barnett</u>
Describe the work you did: <u>Sold Life Insurance</u> <u>Collected money from clients</u>								

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.				
<u>Hawkins Market</u> <u>2131 Park Ave West</u> <u>Mansfield Oh, 44906</u> Telephone <u>529-6868</u>	<u>9</u>	<u>87</u>	<u>2</u>	<u>87</u>	<u>4.00 Hr.</u>	<u>4.50 Hr.</u>	<u>No room for growth</u>	<u>Gary Rader</u>
Describe the work you did: <u>Stocked shelves</u> <u>Carry-out</u>								

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
<u>David Atkins Pastor</u>	<u>1909 Sandy Ct Mansfield Oh 44904</u>	
<u>Bob Nicholson Youth Pastor</u>	<u>1170 Lexington Ave Mansfield Oh 44907</u>	
<u>Joseph Schivinski Police Officer</u>	<u>58 Alpine Dr Mansfield, Oh, 44906</u>	

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 1st Shift
4. What are your normal working hours at your present place of employment? 9^{am} - 6^{pm}
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]

Position: OTHER

Race: WHITE

Sex: MALE

Test Date: 05/25/90

Test No: 80031918

Site No: 00000

Admin Id: REEVES SHF

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

1. 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.
2. Admits 5 convictions for moving violations in the last 5 years.
3. Would take a drug test if necessary for employment.
4. No Admissions.
5. No Admissions.
6. No Admissions.

INTERVIEW SUMMARY FORM

(Attach to pre-poly booklet)

TO: Miss Reines

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



in = 15 min

Conversation w/ him - Lt. Shark 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 or no~~ decision made or implied at this time - Sheriff - Paxton & I need to converse...

(small print) I obewilling 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



DATE

10-23-96

POSITION TITLE

Collection

INTERVIEWER

Paxton

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

32 YOA

Previously used RC 30 - ~~not~~ ^{front of} shown on app'l (7/90) (2 weeks)

Brinks - (part-time)

Completely

Completed Criminal Justice Course -

4 traffic violations

Test - 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
Show responsiveness
Poor eye contact*

Confidential

REID PUBLIC SAFETY REPORT
28TH Ed. Expanded Output
Richland County Sheriffs Dept. 43770-00

Applicant Data

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

Site Data

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	██████████ to Sergeant

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

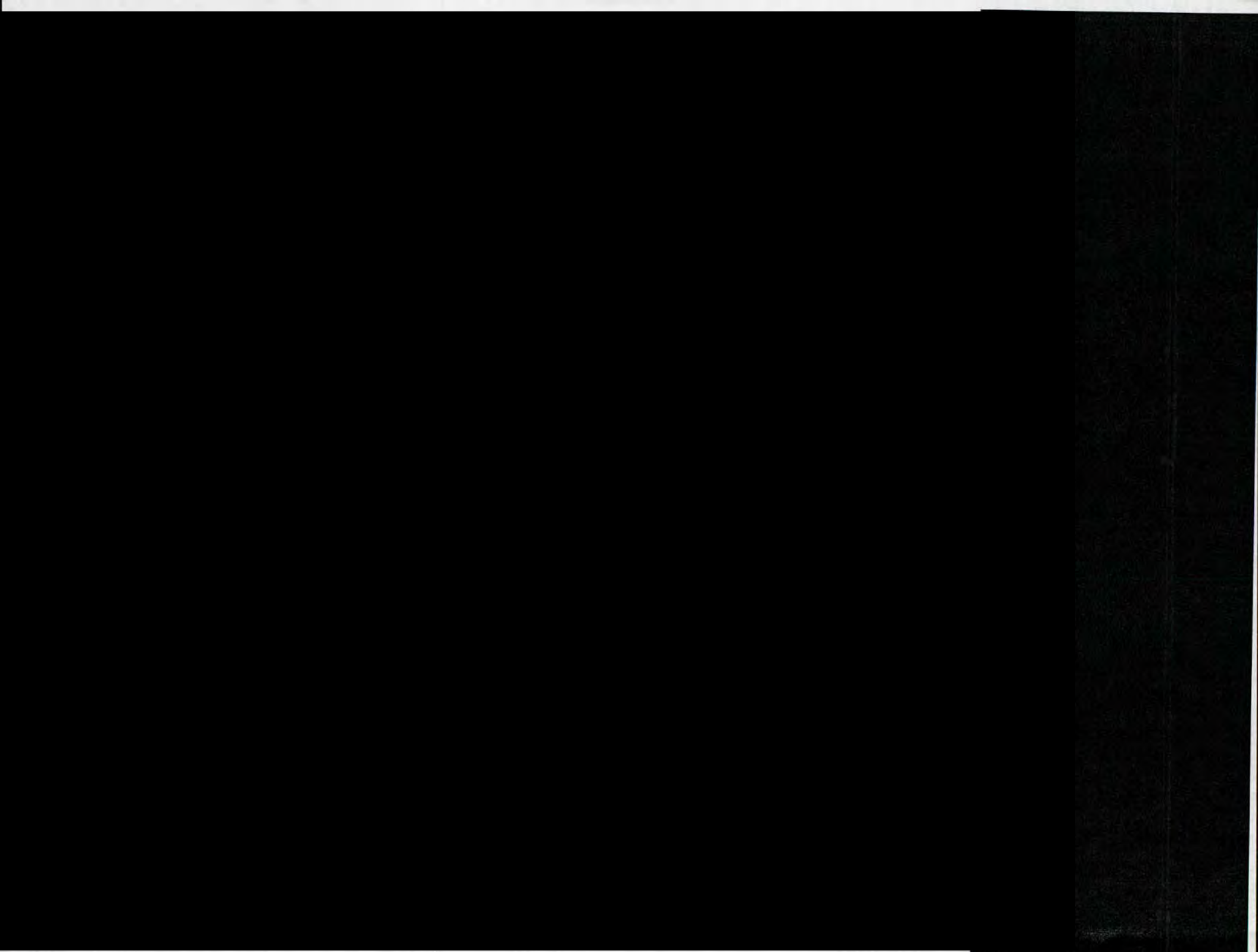
Reference:

- ☐ 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]

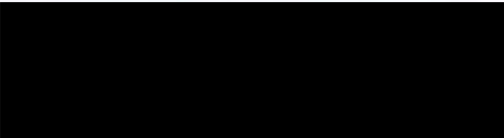
Number: 7C66	Subject: Position Change	Promotion to Corporal	
Date of Issue: May 19, 1999	Effective Date: May 19, 1999	Recission Date:	Revision Date:
Distribution: Payroll & Personnel File			
Issued By: James A. Stierhoff		Title: Sheriff	







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



Mike DeWine
Ohio Attorney General

October 28, 2013



NO FBI RECORD ON FILE
AUTHENTICATION NO. CS0019413A292929
ICN: E2013280000000018232

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

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

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

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



Ohio Bureau of Criminal Identification and Investigation

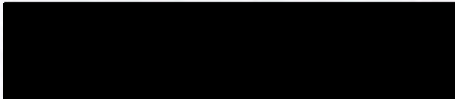
P.O.Box 365
London, OH 43140
Telephone: (740) 845-2000
Facsimile: (740) 845-2020



An Internationally Certified Law Enforcement Agency
www.ag.state.oh.us

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

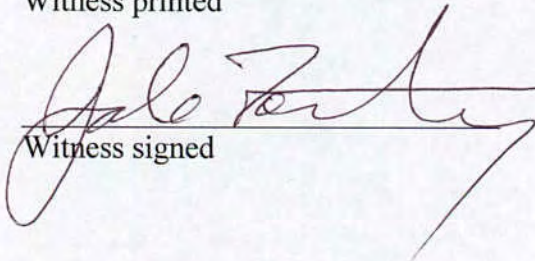
I acknowledge that I have been issued a signed copy of my Oath of Office and a signed copy of my job description for the position of Correction Officer.


Name printed



03/07/13
Date

MAJ DALE FORTNEY
Witness printed


Witness signed

OATH OF OFFICE

STATE OF OHIO
COUNTY OF RICHLAND

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

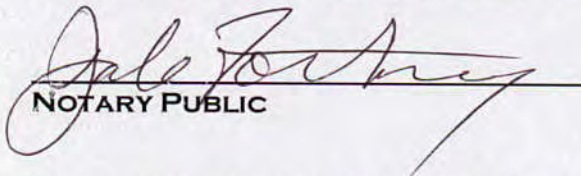
I UNDERSTAND THAT MY FAILURE TO COMPLY WITH THE PROVISIONS OF THIS OATH, WITH OR WITHOUT FAULT OF MY OWN, IS CAUSE FOR TERMINATION.

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

[REDACTED]

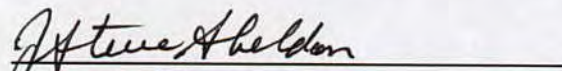
[REDACTED]

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


J. STEVE SHELDON,
SHERIFF, RICHLAND COUNTY

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

Richland County Sheriff's Office Job Description

Job Title:	Correction Officer
Division:	Corrections
Bargaining Unit:	FOP/OLC
Employment Status:	Full-Time
Work Hours:	Variable, Determined by FOP Contract
Civil Service Status:	Classified
FLSA Status:	Non-exempt
Probation:	One year
Reports to:	Correction Sergeant, Correction Lieutenant
Job Summary:	Under general direction, supervises inmates and attends to their safety and well-being, and maintains security in the Richland County Jail
Minimum Qualifications:	United States Citizen High School Diploma or G.E.D Ohio Driver License
Essential Functions:	Regular and predictable attendance Arrive on time for shift, be dependable, and maintain good attendance records Work in a 24 hour, 7 days a week operation in a variety of weather conditions Work overtime as necessary and directed Maintain the trust, faith and confidence of the Sheriff Support and enforce the administrative and operational policies of the Sheriff Make decisions aligned with the mission, goals, and directives of the Sheriff Demonstrate appropriate respect for co-workers and supervisors Maintain confidentiality in the performance of duties Maintain a harmonious work relationship with other personnel and agencies Ensure the safety of inmates by protecting them from harm and threats Use physical force to control inmates

Qualify with firearms as required and defensive weapons

Work independent of direct supervision

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

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

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

Duties and Responsibilities:

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

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

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

Develop and maintain professional rapport with inmates

Communicate facility rules and expectations to inmates and respond to questions

Ensure inmates have access to grievance forms and kites

Make prudent and sound decisions and diffuse problem situations

Contribute to the efficiency and effectiveness of the facility

Uphold the highest standards of security and safety

Works rotation posts and assignments to maintain security on assigned area

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

Attends meetings and committees and provides feedback

Responds to the need of staff and the concerns of inmates

Maintain discipline and order of inmates

Monitors and operates security controls and or computers

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

Monitors and responds accordingly to alarms and medical emergencies

Utilize computers and monitor surveillance equipment as required by assigned post

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

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

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

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

Operates a county car or van under adverse and stressful conditions

Operates a county vehicle to transport inmates as required

Completes and maintains electronic post logs, JAMIN information and reports

Document information accurately, concisely and in proper grammar

Count inmates and then report them in accordance with count procedures

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

Controls and distributes all incoming mail to proper inmates

Completes necessary paperwork as required in the performance of duties

Complete personal observation rounds inside the pods as required

Ensure orderly movements of inmates throughout the facility

Attend a corrections academy within the first year of employment

Successfully pass the OPOTA Corrections Officer Test

Successfully complete a 12 week field training corrections training program

Enforce inmate rules, regulations, and procedures and policies

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. Mini
Supervisor Signature

2/6/13

Date

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

MAJ. J. E. Mini
Administrator Signature

02-06-13

Date

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: 12-12-96	Effective Date: 01-01-12
	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:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

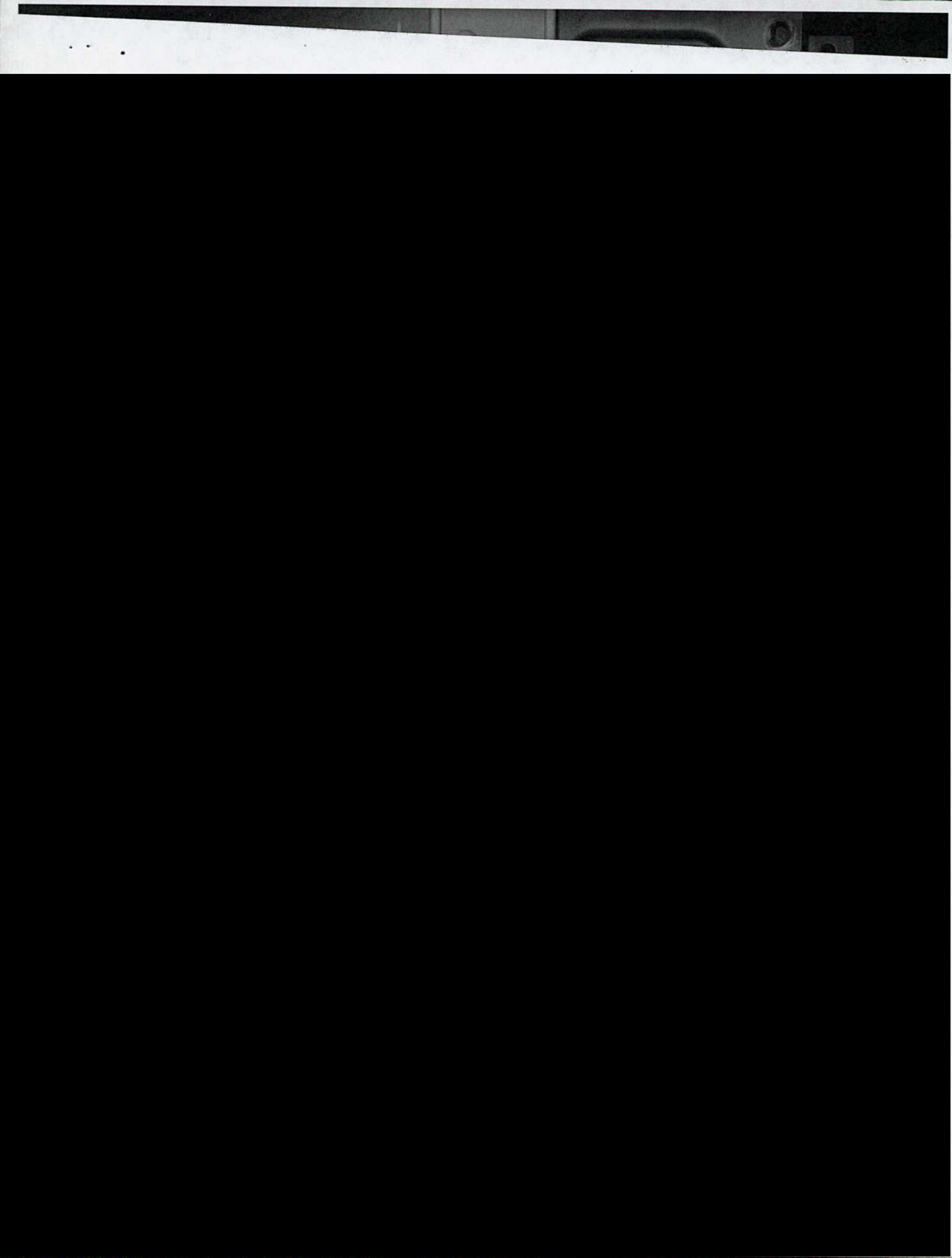
RICHLAND COUNTY Enrollment/Change Form
(use ballpoint pen and press firmly)

Department Number: 0349
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
Y.T.D.				337.97	\$ 337.97

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: <u>12-12-96</u>	Effective Date: <u>01-01-2010</u>
	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE			
	<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: <u>[REDACTED]</u> Middle: <u>[REDACTED]</u> Last: <u>[REDACTED]</u>		Social Security: <u>[REDACTED]</u>		

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

Department Number: 0349
Employee Number: [REDACTED]

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

COPY

INTER-DEPARTMENTAL
COMMUNICATIONDALE 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 perform my job properly.

[REDACTED]

1430
07/10/90

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

Department Number:

0349

Employee Number:

OTHER CHANGES	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:	
	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE			12-12-96	01-01-06
	<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:

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
Tx: 522-8153

DATE: 3-3-05

NUMBER OF PAGES (Including cover page): 3

TO: HUMAN RESOURCES / Pat Galloway

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

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 PROCESSER	5. Date 03/03/2005	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 12-12-96	10. Present Position CORRECTION OFFICER	11. Probability of Continued Employment YES
--	---	---

12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly <input type="checkbox"/> 03-04-05 \$15,495.2				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 N/A Yes <input type="checkbox"/> No <input type="checkbox"/>	
12B. Gross Earnings				15. If paid hourly-average hours per week 40		16. Date of applicant's next pay increase UNKNOWN	
Type	Year To Date	Past Year	Past Year	Rations	\$	17. Projected amount of next pay increase UNKNOWN	
Base Pay	\$6398.06	\$33,231.01	\$32,215.00	Flight or Hazard	\$	18. Date of applicant's last pay increase 01-01-04	
Overtime	\$0	\$465.46	\$0	Clothing	\$	19. Amount of last pay increase \$1,014.51 ANNUUM	
OTHER Commissions	\$0	\$2,023.98	\$1700.00	Quarters	\$		
Bonus	\$0	\$0	\$0	Pro Pay	\$		
Total	\$6398.06	\$35,720.45	\$33,915.00	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)			
22. Date Terminated	Base	Overtime	Commissions	Bonus
24. Reason for Leaving	25. Position Held			

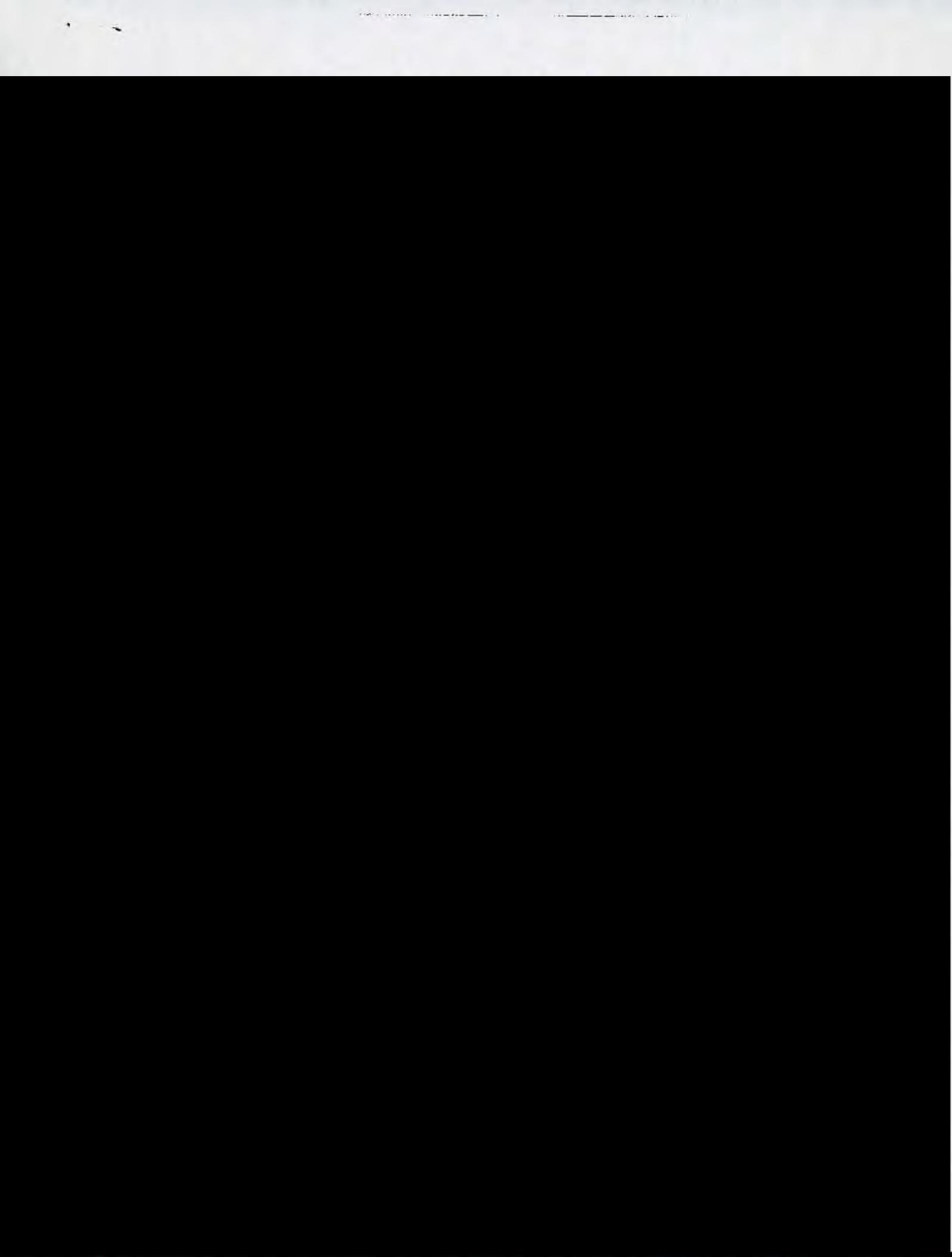
Part IV - Authorized Signature

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 Assistant Secretary.

26. Signature of Employer <i>[Signature]</i>	27. Title (Please print or type) Payroll Supervisor	28. Date 03-03-05
29. Print or type name signed in item 26 PATRICIA A. GALLIWAY	30. Phone No. 419-774-3559	

CALYX Form v06 frm 5/97

COPY



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

Department Number: 0349
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:
	<u>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</u>		<u>12-12-96</u>	<u>01-01-05</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 Security:
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

MAL REVISED

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

Department Number: 349
Employee Number: [REDACTED]

OTHER CHANGES	CHECK ONE: <input 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			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: 2550 349
Employee Number: [REDACTED]

OTHER CHANGES	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE		<u>12-12-96</u>	<u>1-1-04</u>
	<input type="checkbox"/> Reinstatement above indicated coverage with no lapse <input type="checkbox"/> Change name/address			
	<input type="checkbox"/> ADD DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order *If marriage, state previous name			
	<input type="checkbox"/> CANCEL DEPENDENT(S): <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status			

NAME OF EMPLOYEE:	First:	Middle:	Last:	Social Security #:
[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 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 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. 15, 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 department.

Month/Day/Year

Signature of Certifying Officer

Title

EMPLOYEE MAINTENANCE

PLEASE TYPE

(Circle One) ADD

CHANGE

DELETE

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

ADD**Change****Delete**

(circle one)

Name		Employee #	
Address			
City, State, Zip Code			
Telephone		Has this person ever been employed by	
Birthdate		Richland County in the past? Yes or No	
ocial Security Number			
Marital Status:			
Sex			
Race			
Title			
Department Number	349	Account #	
Business Phone Number			
Start Date			
Rehire Date			
Termination Date			
Reason for Termination			
TAXES	Code	Dep	TY Add On
Federal			
State			
City			
Status			
Annual Salary			

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 #	

Steve Sheldon
Signature

12/19/13
Date

EFFECTIVE 12/19/13

Comments



Employee Maintenance

ADD

(circle one)


Change**Delete**

Name		Employee #	
Address			
City, State, Zip Code			
Telephone		Has this person ever been employed by	
Birthdate		Richland County in the past? Yes or No	
ocial Security Number			
Marital Status:			
Sex			
Race			
Title			
Department Number	349	Account #	
Business Phone Number			
Start Date			
Rehire Date			
Termination Date			
Reason for Termination			
TAXES	Code	Dep	TY Add On
Federal			
State			
City			
Status			
Annual Salary			

Salary/pay	
Rate/hour	\$ 19.5500
Alt Rate/hour	R 80 SHIFT
Wage Factor	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

EFFECTIVE 12/20/12

Comments


Signature

12/11/13
Date

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

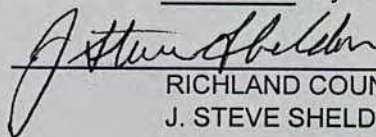
Correction Officer

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

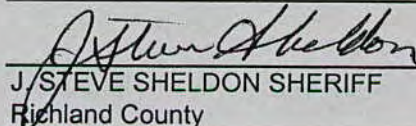
OATH OF OFFICE

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

James A. Stierhoff

Future Changes

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
SALARY CHANGE: 01-01-02
\$14.50 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 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

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 _____

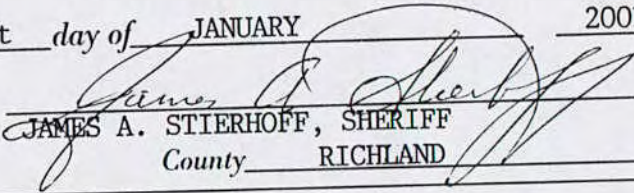
a suitable and competent person as * _____ SERGEANT/CORRECTIONS

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-
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____
PROMOTED TO SERGEANT 10-06-00
\$15.0916 HRLY James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF m.m.

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

02-03-2000: Position change from deputy
to corporal corrections.

James A. Stierhoff m.m.
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
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

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, SHERIFF
County Richland

* Deputy, Assistant, Clerk, Bookkeeper, or other employe.

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

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 [REDACTED] of said County. being duly

Sworn to before me and signed in my presence, this [REDACTED] day of [REDACTED] 19 [REDACTED]

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 *19* 96, *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, SHERIFF

County Richland

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 _____
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, 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.

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

PERSONNEL DIVISION

UNIT OR OFFICE
CORRECTIONS

EMPLOYEE NAME: [REDACTED]	<input type="checkbox"/> State Agency <input checked="" type="checkbox"/> County Agency <input type="checkbox"/> New Position <input type="checkbox"/> 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			
	%	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		
CLASS TITLE: Corr. Officer 1	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.		
CLASS #: 33211	2%	(7) May perform duties of patrol officer as needed or requested.		
	List Position Numbers and Class Titles of positions supervised. If more than eight, list totals only. NONE		SIGNATURE OF AGENCY REPRESENTATIVE JAMES A. STIERHOFF, SHERIFF	DATE

ADM 4107 (5/81)

An Equal Opportunity Employer

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]

Shipping Labels

EVERY®



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: 01 / 20 / 08

☐ Change ☐ Termination Effective: / / Reason for Change:

NAME OF EMPLOYER:

Richland County

DEPARTMENT:

Collections

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:
	<input checked="" type="checkbox"/> CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE		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]
------------------	------------	-----------------	------------

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:

Sheriff's office

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 _____ Social Security No. _____

Employer RICHMOND CO. SHERIFF Classification ATTENTION OFFICER

Date 4-14-97 Signature _____

When Completed, Return _____

(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.

509. Present or Last Employer		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>		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) 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	
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	
		u. <input type="checkbox"/> Other. Please explain: _____	
510. Previous Employer		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: <u>()</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 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	
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	
		u. <input type="checkbox"/> Other. Please explain: _____	

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 d. ☐ Six to eight days
b. ☐ One to two days e. ☐ Nine to eleven days
c. ☐ Three to five 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 d. ☐ 4-year college graduate
b. ☒ High school graduate e. ☐ Postgraduate or professional course certification
c. ☐ 2-year college graduate 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 c. ☒ May return to school
b. ☐ Planning to 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 Effective: ____/____/____

Reason for Change:

NAME OF EMPLOYER:

RICHLAND COUNTY

DEPARTMENT:

NAME OF EMPLOYEE:

First:

Middle:

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

COPY

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: 12-12-1996	Effective Date: 01-01-07
	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE			
	<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: [REDACTED] Middle: [REDACTED] Last: [REDACTED] Social Security #: [REDACTED]

RICHLAND COUNTY Enrollment/Change Form
(press firmly this is a multi-part form)

Department: Richland County Sheriff's Office
Employee Number: [REDACTED]

CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE		Date of Change:	Date of Hire: <u>12-1-74</u>	Effective Date: <u>9-1-80</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 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.S.O 0347
Employee Number: [REDACTED]

CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE <i>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</i>	Date of Change:	Date of Hire: <u>12-12-96</u>	Effective Date: <u>01-01-01</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 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: First: _____ Middle: _____ Last: _____		Social Security #: <u>[REDACTED]</u>	

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

Department Number: 349
Employee Number: [REDACTED]

CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE <i>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</i>	Date of Change:	Date of Hire: <u>12-12-96</u>	Effective Date: <u>1-1-02</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 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 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: 12/29/00	Effective Date: 01-01-03
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: [REDACTED] Middle: [REDACTED] Last: [REDACTED]	Social Security: [REDACTED]
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