



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



2022-1251

Officer-Involved Critical Incident- 2280 Stelzer Road, Columbus, OH  
43215

Investigative Activity: Records Obtained, Records Reviewed

Involves: Deputy [REDACTED] and Deputy [REDACTED]

Activity Date: 7/15/2022

Activity Location: BCI

Authoring Agent: SA John Butterworth

**Narrative:**

On Friday, July 15, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) John Butterworth (SA Butterworth) received the personnel files for Deputy [REDACTED] and Deputy [REDACTED] from the Franklin County Sheriff's Office (FCSO). SA Butterworth reviewed the personnel file and noted the following:

Within the personnel files for Deputies [REDACTED] and [REDACTED] there were several pages and items that had been redacted by FCSO personnel. Included within the file were Deputy [REDACTED] and [REDACTED] application for employment, emergency contact information, employee performance reviews, Special Deputation Oath of Office for U.S. Marshals, certificates of training, OPOTA Peace Officer Appointment, pre-employment background investigation, letters of commendation, and college transcripts.

The personnel files are attached to this report. Please refer to the attachment for further details.

FCSO HR Personnel & Emergency Contact Information (Update)

Name: [Redacted] First [Redacted] MI [Redacted] Last [Redacted]  
Street Address: [Redacted]  
City: [Redacted] State: [Redacted] Zip: [Redacted]  
Telephone: [Redacted]  Cell  Home  
Personal E-Mail Address: \_\_\_\_\_  
Marital Status: Married

Gender:  Female  Male  Non-Binary

Ethnicity/Race:  American Indian or Alaskan Native  Asian  Black/African American  
 Multi-Racial  Hispanic or Latino  White  
 Native Hawaiian or other Pacific Islander

**EMERGENCY CONTACT INFO #1:**

Name: [Redacted]  
Relationship: [Redacted]  
Street Address: [Redacted]  
City: [Redacted] State: [Redacted] Zip: [Redacted]  
Telephone: [Redacted]  Cell  Home  Work  
Telephone: \_\_\_\_\_  Cell  Home  Work

**EMERGENCY CONTACT INFO #2:**

Name: [Redacted]  
Relationship: [Redacted]  
Street Address: [Redacted]  
City: [Redacted] State: [Redacted] Zip: [Redacted]  
Telephone: [Redacted]  Cell  Home  Work  
Telephone: \_\_\_\_\_  Cell  Home  Work



HISTORY SHEET

DOH: 1-11-10

WINKLIN COUNTY SHERIFF'S OFFICE

DEPUTY

\$19.17 HR

FCCC 2  
TRAINING

(PLEASE PRINT)

NAME [REDACTED]

STREET ADDRESS [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

COUNTY [REDACTED] TELEPHONE NUMBER [REDACTED]

DATE OF BIRTH [REDACTED] BLOOD TYPE [REDACTED]

MARITAL STATUS Single SPOUSE'S NAME \_\_\_\_\_

SOCIAL SECURITY # [REDACTED]

IN CASE OF EMERGENCY CONTACT:

NAME [REDACTED]

ADDRESS [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

PHONE NUMBER HOME [REDACTED] WORK [REDACTED]

RELATIONSHIP [REDACTED]

EDUCATION

TOTAL NUMBER OF YEARS EDUCATION INCLUDING PRIMARY 16

SCHOOL NAME/LOCATION	MAJOR AREA (S) OF STUDY	TYPE OF DEGREE
Madison Plains High School / London, Ohio	College Prep classes	Diploma
Wright State University Fairborn, Ohio	Criminal Justice	Bachelor of Arts in Criminal Justice

OTHER QUALIFICATIONS:

TYPING SPEED N/A SPECIAL SKILLS \_\_\_\_\_


MILITARY SERVICE

BRANCH N/A

NUMBER OF YEARS \_\_\_\_\_ MOS \_\_\_\_\_

BADGE #

**Section I - Personal Information**

Date Submitted: 3/9/2009  
 Social Security No:  
 Last Name:   
 First Name:  
 Middle Initial:  
 Home Address:  
 City:  
 State:  
 Zip Code:  
 County:  
 Home Phone:  
 Work Phone:  
 Applicant Email:

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Social Security Numbers (SSNs) are used in the application examination file. The social security number is transmitted over a secure Internet connection. Upon appointment and pursuant to section S101-312 of the Revised Code and certain other laws and regulations, a request for a SSN is mandatory. Your SSN may be used for the purpose including but not limited to the following: Identification of obligors under child support orders, detection of welfare fraud, processing background checks and tax information or general employee identification.

**Are you interested in:**

Full-Time Permanent:	Yes
Part-Time:	No
Temporary:	No
Intermittent:	No
Summer Only:	No

If applying for a **VACANT POSITION**, fill in the information in the area below:

Job Title:

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**Summary of Qualifications**

In the area below, describe briefly the experience, education, training, and other factors that qualify you for the position or examination for which you are applying. Refer to the minimum qualification and any position specific qualifications for this position or examination.

Bachelors degree in Criminal Justice with a minor in sociology obtained from Wright State University. I am currently employed at The Bureau of Criminal Identification and Investigation in London, Ohio. I have done ride alongs with the Columbus Police department and the London Police department. I have had and passed a very extensive background check and polygraph in order to be employed at BCI&I.

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## Section II - Experience

In the areas below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. NOTE: in order to be considered for employment, you must fill in the information below, accurately and completely. You may email a resume in addition to completing this section.

### Present or Most Recent Job:

Employers name :	Ohio BCI&I
Employers Address:	P.O. Box 365 London, Ohio 43140
Length of employment:	From: 7/21/2008 To: Currently Employed?
Phone: (Including Area Code)	740-845-2000
Reason for leaving:	Still employeed
Position: (Job Title and Classification)	CODIS/CALEA Intern
Salary:	Beginning:10 Ending: 10
Duties Performed:	As a CODIS intern I was in charge of filing away incoming offender samples recieved from law enforcement agencies. Mail out offender hit notificatins when CODIS discovers a hit on a offender. As a CALEA intern I help with filing away paperwork for CALEA participating agencies.

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### Next Most Recent Job:

Employers name :	Musselman Acres
Employers Address:	11230 Anderson-Antioch Rd.
Length of employment:	From: 6/15/2000 To:
Phone: (Including Area Code)	614-778-7055

Reason for leaving: 614-778-7055  
 Position:  
 (Job Title and Classification) Farm Hand  
 Salary: Beginning:7  
 Ending: 7  
 Duties Performed: Help with specific duties on the farm. Drive and operate machinery. Help plant and harvest during the season.

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Employers name : Stanley Electric  
 Employers Address: 420 East Main St.  
 Length of employment: From: 6/13/2005  
 To: 1/14/2008  
 Phone:  
 (Including Area Code) 740-852-5200  
 Reason for leaving: Start of College/Summer Job  
 Position:  
 (Job Title and Classification) Facility Engineerer  
 Salary: Beginning:9  
 Ending: 9  
 Duties Performed: Maintained the facility grounds. Mow and keep up on the lawn work.

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Employers name : Madison County Tire  
 Employers Address: 1840 St. Rt. 56  
 Length of employment: From: 10/15/2003  
 To: 1/10/2005  
 Phone:  
 (Including Area Code) 740-852-5458  
 Reason for leaving: Start of College/Winter Job  
 Position:  
 (Job Title and Classification) Automotive Worker  
 Salary: Beginning:9  
 Ending: 9  
 Duties Performed: Occasionally answer phones and help customers. Work on automobiles. Change oil and tires on vehicles.

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Employers name : NAPA Auto Parts

Employers Address: 120 South Oak St.  
 Length of employment: From: 6/15/2000  
 To: 9/16/2003  
 Phone:  
 (Including Area Code) 740-852-0193  
 Reason for leaving: A job during high school/A better opportunity.  
 Position:  
 (Job Title and Classification) Parts Deliverer  
 Salary: Beginning:7  
 Ending: 7  
 Duties Performed: Deliver parts to various hardware stores around London. Clean engine parts and help rebuild motors.

### Section III - Education and Training

High School Graduate: Yes  
 High School Name: Madison Plains H.S.  
 City: London  
 State: OH  
 GED Certificate Number:

GED issued by:

Are you currently attending school (for College Intern and Student Help positions)?

No Level:

### Post - High School Education

Including Technical School, Business School, Professional School, College and University

School Name: Wright State University  
 School Location: Fairborn, Ohio  
 Major Area(s) of Study: Criminal Justice/Sociolog  
 Type of Degree or Certification: Bachelors in Criminal Jus  
 Degree Attained  
 (Month / Year) 6/2009

School Name:  
 School Location:  
 Major Area(s) of Study:  
 Type of Degree or Certification:

Degree Attained  
(Month / Year)

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School Name:

School Location:

Major Area(s) of Study:

Type of Degree or Certification:

Degree Attained  
(Month / Year)

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Please list below the specific course work areas at the high school level or beyond relevant to the position or examination 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, although you may be required to submit a transcript.

Course Work Area:Social Deviance	NO. of Courses:1
Course Work Area:Criminal Law	NO. of Courses:1
Course Work Area:Criminal Procedure	NO. of Courses:1
Course Work Area:Policing in Society	NO. of Courses:1
Course Work Area:Spanish	NO. of Courses:5
Course Work Area:Criminal Justice Sys	NO. of Courses:1
Course Work Area:Criminology	NO. of Courses:1
Course Work Area:Juvenile Delinquency	NO. of Courses:1
Course Work Area:Constitutional Law	NO. of Courses:1
Course Work Area:Public Personnel Adm	NO. of Courses:1
Course Work Area:Intensive Alcohol ED	NO. of Courses:1
Course Work Area:Computer Science	NO. of Courses:1
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:

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### Training and other Qualification

(Do not include coursework already described above)

Subject or Title of Training:	Sexual Harrasment
Organization:	BCI&I
Length or Training:	3 Hrs.

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Subject or Title of Training:	Weekend Intervention Edu.
Organization:	Wright State University
Length or Training:	10 hours

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Subject or Title of Training:

Organization:

Length or Training:

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Subject or Title of Training:

Organization:

Length or Training:

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List special equipment or machines you can operate:

Farm equipment, Forklift

List computer software in which you have skill, including word processing, spreadsheet, and database programs. Please indicate the name of the specific software:

Microsoft office, Microsoft Word, Microsoft Excel, Microsoft Powerpoint

List special clerical skills, including typing and shorthand:

Typing class in high school

Typing Speed:

List any additional relevant skills you have:

I am a very good people person. I am very good with talking with people. I am a very hard worker. I am dedicated to my work.

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#### **Section IV - Miscellaneous**

The following information will be used only if it is directly related to the position or examination for which you are applying:

- |                                                                                           |     |
|-------------------------------------------------------------------------------------------|-----|
| 1. Are you willing and able to secure an Ohio Driver's License, If a license is required? | Yes |
| 2. If the position requires travel, can you supply your own transportation?               | Yes |
| 3. Have you ever been employed in the state or county service of Ohio?                    | Yes |
| 4. Have you been convicted of any felony?                                                 | No  |

If you have answered "Yes" to question 3 or 4, please explain fully below, indicating by number to which question you are responding.

3-I am currently employed at the Bureau of Criminal Identification and Investigation.

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#### **Emergency Information**

List the name and address of ONE PERSON who will always know your whereabouts.

Name: [REDACTED]

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:

Reference 1 Name: Peter Tobin  
Address: P.O. Box 365  
City: London  
State: OH  
Zip Code: 43140  
Phone: 740-845-2000

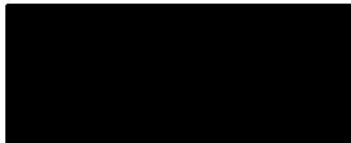
Reference 2 Name: Diane Gehres  
Address: P.O. Box 365  
City: London  
State: OH  
Zip Code: 43140  
Phone: 740-845-2000

Reference 3 Name: Bennett Musselman  
Address:   
City:  
State:  
Zip Code:  
Phone:

**Previous Addresses**

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

Address 1:  
City:





State:

Zip Code:

Date of Residence:



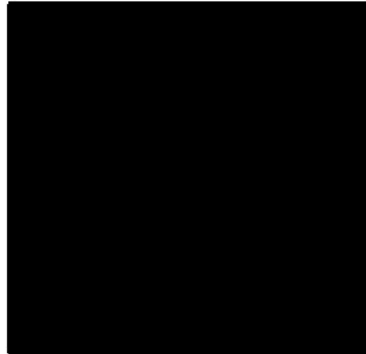
Address 2:

City:

State:

Zip Code:

Date of Residence:

**Certification:**

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my attendance or employment. I consent that they may disclose such information to the Sheriff's Office. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act. All applications under final consideration for employment must also complete the Declaration Regarding Material Assistance/Nonassistance to a Terrorist Organization form.

By Clicking Submit you are acknowledging and agreeing to the Certification Statement.



# PERSONNEL ACTION

## Franklin County Sheriff's Office

### Franklin County, Ohio

<b>Name</b>					
	Last	First	M.I.	Sex	
From:	[REDACTED]	[REDACTED]			
To:	Last	First	M.I.	Sex	

<b>Address</b>					
	Street	City	State	Zip Code	County
From:	373 S. HIGH ST	COLUMBUS	OH	43215	
To:	Street	City	State	Zip Code	County

<b>Effective Date</b>	<b>Payroll Number</b>	<b>Position Control No.</b>
MO DAY YR	[REDACTED]	
01 04 2021		

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY 2 POTC	02092		E	\$46.69					
TO: DEPUTY 2 POTC	02092		E	\$48.21					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: ___ CLASS: ___ RATE: ___ STEP: ___ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: RATE INCREASE PER CONTRACT			<b>TIME STAMP</b>

Approved By: Dallas L. Baldwin 01/04/2021  
 Dallas L. Baldwin, Sheriff Date



**PERSONNEL ACTION**  
 Franklin County Sheriff's Office  
 Franklin County, Ohio

Name	
From: Last	First M.I. Sex
To: Last	First M.I. Sex

Address	
From: Street	City State Zip Code County
To: Street	City State Zip Code County

Effective Date	Payroll Number	Position Control No.
MO DAY YR		
01 08 2018		

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY POTC	02092		D	39.28					
TO:	02092		D	40.46					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: RATE INCREASE PER CONTRACT			TIME STAMP

Approved By: Dallas L. Baldwin Date: 01/08/2018  
 Dallas L. Baldwin, Sheriff



**PERSONNEL ACTION**  
Franklin County Sheriff's Office  
Franklin County, Ohio

<b>Name</b>				
<b>From:</b>	Last	First	M.I.	Sex
<b>To:</b>	Last	First	M.I.	Sex
				M

<b>Address</b>				
<b>From:</b>	Street	City	State	Zip Code
	373 S HIGH ST	COLUMBUS	OH	43215
<b>To:</b>	Street	City	State	Zip Code

<b>Effective Date</b>			<b>Payroll Number</b>		<b>Position Control No.</b>
MO	DAY	YR			
01	09	2017			

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY POTC	02092		D	\$38.23					
TO: DEPUTY POTC	02092		D	\$39.28					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: RATE INCREASE PER CONTRACT			<b>TIME STAMP</b>

Approved By: Dallas L. Baldwin Date: 01/09/2017  
 Dallas L. Baldwin, Sheriff



# PERSONNEL ACTION

Franklin County Sheriff's Office  
Franklin County, Ohio

<b>Name</b>				
<b>From:</b>	Last [REDACTED]	First [REDACTED]	M.I.	Sex M
<b>To:</b>	Last	First	M.I.	Sex

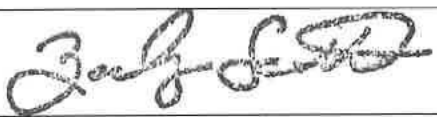
<b>Address</b>					
<b>From:</b>	Street 373 S. High Street	City Columbus	State OH	Zip Code 43215	County
<b>To:</b>	Street	City	State	Zip Code	County

<b>Effective Date</b>	<b>Payroll Number</b>	<b>Position Control No.</b>
MO DAY YR	[REDACTED]	
01 11 16		

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY (POTC)	02092		D	37.21					
TO: DEPUTY (POTC)	02092		D	38.23					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <hr/> <b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:

REMARKS: RATE INCREASE PER CONTRACT.

Approved By:  Date: 7-26-16  
 Zach Scott, Sheriff



# PERSONNEL ACTION

Franklin County Sheriff's Office  
Franklin County, Ohio

Name				
From:	Last [REDACTED]	First [REDACTED]	M.I.	Sex M
To:	Last	First	M.I.	Sex

Address					
From:	Street 373 S. High Street	City Columbus	State OH	Zip Code 43215	County
To:	Street	City	State	Zip Code	County

Effective Date	Payroll Number	Position Control No.
MO DAY YR 01 14 13		

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY (POTC)	02092		D	34.30					
To:			D	35.16					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: ____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: ____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: ____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: ____ CLASS: ____ RATE: ____ STEP: ____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <div style="text-align: center;"><b>REINSTATEMENT</b></div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: CONTRACT INCREASE			<b>TIME STAMP</b>

Approved By:  1-8-14  
 Zach Scott, Sheriff Date



# PERSONNEL ACTION

## Franklin County Sheriff's Office

### Franklin County, Ohio

<b>Name</b>				
<b>From:</b>	Last [REDACTED]	First [REDACTED]	M.I.	Sex M
<b>To:</b>	Last	First	M.I.	Sex

<b>Address</b>				
<b>From:</b>	Street 373 S HIGH ST	City COLUMBUS	State OH	Zip Code 43215
<b>To:</b>	Street	City	State	Zip Code

<b>Effective Date</b>			<b>Payroll Number</b>		<b>Position Control No.</b>
MO	DAY	YR	[REDACTED]		
01	11	13			

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY POTC	02092		C	26.00					C
TO:			D	34.30					C

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <div style="text-align: center;"><b>REINSTATEMENT</b></div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: STEP INCREASE PER CONTRACT			<b>TIME STAMP</b>

Approved By: Zach Scott      1/30/13  
 Zach Scott, Sheriff      Date



**PERSONNEL ACTION**  
Franklin County Sheriff's Office  
Franklin County, Ohio

<b>Name</b>				
<b>From:</b>	<b>Last</b>	<b>First</b>	<b>M.I.</b>	<b>Sex</b>
	█	█	█	M
<b>To:</b>	<b>Last</b>	<b>First</b>	<b>M.I.</b>	<b>Sex</b>

<b>Address</b>				
<b>From:</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
	373 South High Street	Columbus	Ohio	43215
<b>To:</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Effective Date</b>			<b>Payroll Number</b>		<b>Position Control No.</b>
MO	DAY	YR	█		
04	09	12			

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: Deputy (POTC)	02092		C	25.37					
TO: Deputy (POTC)	02092		C	26.00					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERIM <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <p align="center"><b>REINSTATEMENT</b></p> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
<b>REMARKS:</b> Rate increase per contract Effective April 9, 2012.			<p align="center"><b>TIME STAMP</b></p>

Approved By: Zach Scott      3/12/12  
 Zach Scott, Sheriff      Date







# POSITION DESCRIPTION

OHIO DEPARTMENT C  
ADMINISTRATIVE SERVICES

HUMAN RESOURCES DIVISION

AGENCY  
FRANKLIN COUNTY  
DIVISION OR INSTITUTION  
SHERIFF'S OFFICE  
UNIT OR OFFICE  
CORRECTIONS

POSITION CONTROL NUMBER SETH NIBERT	State Agency	<input checked="" type="checkbox"/>	County Agency		New Position		Change	COUNTY OF EMPLOYMENT FRANKLIN		
	USUAL WORKING TITLE OF POSITION DEPUTY (POTC)					POSITION NO. AND TITLE OF IMMEDIATE SUPERVISOR CORPORAL				
	NORMAL WORKING HOURS (Explain unusual or rotating shift) FROM: VARIES TO:									
CLASS TITLE DEPUTY (POTC)	<b>JOB DESCRIPTION AND WORKER CHARACTERISTICS</b>									
	%	<b>Job Duties in order of Importance</b>					<b>Minimum Acceptable Characteristics</b>			
	70	Protects property, maintains security and discipline of inmates in correctional facility. Watches security screens; patrols floor, dorm and recreation areas; counts and verifies inmates in area; monitors movement of inmates between areas of facility; searches incoming prisoners; receives and releases prisoners; monitors prisoner releases (e.g., assures that time has been served & no holders, detainers, &/or active warrants exist); transports inmates outside of jail facility. Responds to emergency situations.					Knowledge of supervision of inmates in controlled environment and related safety practices*, Sheriff's Office rules and regulations*, public relations, police methods and procedures. Ability to develop good rapport with inmates, define problems, collect data, establish facts and draw valid conclusions, add, subtract, multiply and divide whole numbers, communicate information both orally and in writing, run, walk, stand or sit for extended or intermittent periods of time, listen, comprehend and respond to discussions involving either one-on-one or group settings, remain alert and watchful during assigned duty hours, withstand extremes of climate exposure and potential exposure to health and safety hazards, transport individuals, paperwork or material which may involve climbing stairs, demonstrate strength, endurance and flexibility while wearing job-related equipment, physically restrain angry or violent people. Skill in operating police equipment and self defense.  Must have valid Ohio drivers license and valid Peace Officer Training Certificate with current firearms qualification.  * developed after employment			
	25	Performs other related duties (e.g., answers telephone and questions of attorneys, parole & probation officers and law enforcement personnel; prepares reports of incidents; secures inmates personal effects; maintains records of inmates funds and releases property &/or funds with inmate authorization; issues visitation passes; performs additional duties at discretion of Sheriff when necessary.								
5	Serves individuals with summons, subpoenas, attachments, and legal notices issued by courts and makes arrests when necessary.									
CLASS NUMBER 02092	List Position Numbers and Class Titles of positions directly supervised					SIGNATURE OF AGENCY REPRESENTATIVE <i>Zach Scott</i> ZACH SCOTT, SHERIFF			DATE 12/5/11 12/05/11	





**PERSONNEL ACTION**  
Franklin County Sheriff's Office  
Franklin County, Ohio

Name							
From:	Last	First	M.I.	Sex			
	█	█		M			
To:	Last	First	M.I.	Sex			

Address							
From:	Street	City	State	Zip Code	County		
	373 South High Street	Columbus	Ohio	43215			
To:	Street	City	State	Zip Code	County		

Effective Date			Payroll Number			Position Control No.		
MO	DAY	YR	█					
01	11	11						

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY (NON-POTC)	02092		B	21.47					
TO: DEPUTY (NON-POTC)	02092		B	21.90					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <p align="center"><b>REINSTATEMENT</b></p> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: Rate Increase per contract			<b>TIME STAMP</b>

Approved By: Zach Scott      8/31/11  
 Zach Scott, Sheriff      Date

**PERSONNEL ACTION**  
Franklin County Sheriff's Office  
Franklin County, Ohio

Name		Last		First		M.I.		Sex	
From:		[REDACTED]		[REDACTED]				M	
To:		Last		First		M.I.		Sex	

Address		Street		City		State		Zip Code		County	
From:		373 South High Street		Columbus		Ohio		43215		County	
To:		Street		City		State		Zip Code		County	

Effective Date			Payroll Number			Position Control No.		
MO	DAY	YR	[REDACTED]					
04	12	10						

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY (NON-POTC)	02092		A	19.17					
TO: DEPUTY (NON-POTC)	02092		A	19.55					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <p align="center"><b>REINSTATEMENT</b></p> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:

REMARKS: Rate Increase per contract

Approved By: \_\_\_\_\_

*Zach Scott*  
Zach Scott, Sheriff

*8/12/11*  
Date



# PERSONNEL ACTION

## Franklin County Sheriff's Office

### Franklin County, Ohio

<b>Name</b>	<b>Last</b>	<b>First</b>	<b>M.I.</b>		<b>Sex</b>
<b>From:</b>	██████████	██████████			M
<b>To:</b>	██████████	██████████			Sex

<b>Address</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>From:</b>	369 S HIGH ST	COLUMBUS	OH	43215	
<b>To:</b>	Street	City	State	Zip Code	County

<b>Effective Date</b>	<b>Payroll Number</b>	<b>Position Control No.</b>
MO DAY YR	██████████	
01 11 11		

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY NON POTC	02092		A	19.17					C
TO:			B	21.47					C

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:

REMARKS: STEP INCREASE PER CONTRACT

Approved By: James A. Karnes      1/14/11  
 James A. Karnes, Sheriff      Date



# PERSONNEL ACTION

## Franklin County Sheriff's Office

### Franklin County, Ohio

<b>Name</b>				
<b>From:</b>	Last [REDACTED]	First [REDACTED]	M.I. M	Sex M
<b>To:</b>	Last	First	M.I.	Sex

<b>Address</b>					
<b>From:</b>	Street 369 S. High Street	City Columbus	State OH	Zip Code 43215	County
<b>To:</b>	Street	City	State	Zip Code	County

<b>Effective Date</b>	<b>Payroll Number</b>	<b>Position Control No.</b>
MO      DAY      YR	<b>From:</b>	
01      11      10	<b>To:</b>	

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: Deputy (Non-Pote)	02092		A	19.17					P
TO:									

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input checked="" type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER -- SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <div style="text-align: center;"><b>REINSTATEMENT</b></div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: Job position description attached.			<b>TIME STAMP</b>

Approved By: James A. Karnes      11/19/09  
 James A. Karnes, Sheriff      Date

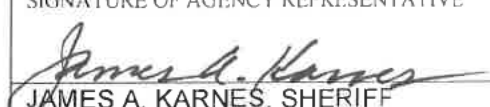


# POSITION DESCRIPTION

OHIO DEPARTMENT C  
ADMINISTRATIVE SERVICES

HUMAN RESOURCES DIVISION

AGENCY FRANKLIN COUNTY
DIVISION OR INSTITUTION SHERIFF'S OFFICE
UNIT OR OFFICE CORRECTIONS

POSITION CONTROL NUMBER SETH M. NIBERT	State Agency	<input checked="" type="checkbox"/>	County Agency		New Position		Change	COUNTY OF EMPLOYMENT FRANKLIN	
	USUAL WORKING TITLE OF POSITION DEPUTY (NON-POTC)					POSITION NO. AND TITLE OF IMMEDIATE SUPERVISOR CORPORAL			
	NORMAL WORKING HOURS (Explain unusual or rotating shift) FROM: VARIES TO:								
	<b>JOB DESCRIPTION AND WORKER CHARACTERISTICS</b>								
CLASS TITLE DEPUTY (NON-POTC)	%	<b>Job Duties in order of Importance</b>				<b>Minimum Acceptable Characteristics</b>			
	75	Protects property, maintains security and discipline of inmates in correctional facility. Watches security screens; patrols floor, dorm and recreation areas; counts and verifies inmates in area; monitors movement of inmates between areas of facility; searches incoming prisoners; receives and releases prisoners; monitors prisoner releases (e.g., assures that time has been served & no holders, detainers, and/or active warrants exist); provide coverage in several areas of jail facility during single tour of duty at discretion of shift supervisor. Responds to emergency situations.				Knowledge of supervision of inmates in controlled environment & related safety practices*, Sheriff's Office rules and regulations*. Ability to apply principles to solve practical everyday problems, develop good rapport with inmates, add, subtract, multiply and divide whole numbers, maintain accurate records, communicate information both orally and in writing, run, walk, stand or sit for extended or intermittent periods of time, listen, comprehend and respond to discussions involving either one-on-one or group settings, remain alert and watchful during assigned duty hours, demonstrate physical fitness, physically restrain angry or violent people.  Must successfully complete approved correctional officers course within one year from date of hire.  Probationary period is one year.  *developed after employment.			
25	Answers telephone and questions of attorneys, parole & probation officers and law enforcement personnel; prepares reports of incidents; secures inmates personal effects; maintains records of inmates funds and releases property &/or funds with inmate authorization; issues visitation passes; searches incoming property and mail. Other duties as assigned.								
CLASS NUMBER 02092	List Position Numbers and Class Titles of positions directly supervised					SIGNATURE OF AGENCY REPRESENTATIVE		DATE	
						 JAMES A. KARNES, SHERIFF		11/19/09	



# FRANKLIN COUNTY SHERIFF'S OFFICE

## LAW ENFORCEMENT

### EMPLOYEE PERFORMANCE REVIEW

Name (Last)	(First)	(M.I.)	Soc. Sec.	Evaluation Deadline January 11, 2022
Bureau/Assignment SWAT		Bargaining Unit FOP		Rating Period From 1/11/2021 To 1/10/2022
				Classification Title Deputy (POTC)
				<input type="checkbox"/> Mid Probation <input type="checkbox"/> Final Probation <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS <small>Use spaces below for comments. Written comments MUST be provided for each performance dimension. Use additional sheets if necessary. USE INK PEN - PLEASE PRINT</small>
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.			X	Deputy [redacted] continues to excel at finding wanted felons by researching the persons social media, jail calls and many other available tools along with doing an excellent job as an FTO.
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.			X	Deputy [redacted] is always performing his duties the way a field training officer should. He is well organized and passes along any pertinent information to his team.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			Deputy [redacted] always has his work completed on time and in an organized manner.
<b>PERSONAL APPEARANCE</b> Projects a professional image.			X	Deputy [redacted] continues to work extremely hard with his fitness. He puts forth a very favorable image on the Franklin County Sheriffs Office.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.	X			Deputy [redacted] is always available on or off duty and is quick to volunteer to complete any task that is asked of him.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.			X	Deputy [redacted] continues to be a team player whether it's putting together and teaching a training scenario or just passing along daily information to the team about a probate or wanted person.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.			X	Deputy [redacted] has performed the duties of a SWAT field training officer numerous times and the team is better because of his hard work. He continues to help produce safe, quality swat officers and it shows in all areas of the job.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.			X	Deputy [redacted] has been observed in this area many times by his direct supervision. He is a member of the sniper team and is quick to make very good and accurate decisions at all times.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			Deputy [redacted] knows and follows departmental Rules and Regulations and teaches them to all new officers he is tasked with training.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.			X	Deputy [redacted] relays all information to his teammates in a clear and accurate manner. He is a good communicator while in very high risk situations.

I have prepared this performance review:

Rater Signature: *Sgt. J. Smider S54*

Reviewer Comments:

*Concur w/ rater - Lt. [redacted]  
Counselor - Rater Major Kelly Kays  
[Signature] 1-27-22*

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Reviewer Signature	Date	Employee Signature
Appointing Authority	Date	
<i>M. J. Admin Chief</i>	<i>1/31/22</i>	

SHR-AD-63

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# FRANKLIN COUNTY SHERIFF'S OFFICE

## LAW ENFORCEMENT

Evaluation Deadline January 11, 2021	
Rating Period From 1/11/2020 To 1/10/2021	
Classification Title Deputy (POTC)	
<input type="checkbox"/> Mid Probation	<input type="checkbox"/> Final Probation
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special	

### EMPLOYEE PERFORMANCE REVIEW

Name (Last) [REDACTED]	(First) [REDACTED]	(M.I.)	Soc. Sec.
Bureau/Assignment SWAT		Bargaining Unit FOP	

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS <small>Use spaces below for comments. Written comments MUST be provided for each performance dimension. Use additional sheets if necessary. USE INK PEN - PLEASE PRINT</small>
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.			X	Deputy [REDACTED] does an excellent job of using social media to track down the most wanted suspects in and around Franklin County. He is quick to generate more than the amount of work expected.
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.			X	Deputy [REDACTED] is complete and well organized and passes along all important information to his teammates.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			Deputy [REDACTED] always has his work completed in a timely manner with no issues.
<b>PERSONAL APPEARANCE</b> Projects a professional image.			X	Deputy [REDACTED] stays physically fit year around and projects a favorable image on the Franklin County Sheriffs Office.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.			X	The SWAT team requires reliable people and Deputy [REDACTED] is just that. He is quick to answer any call on or off duty.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.			X	Deputy [REDACTED] is a team player. He works well with his teammates and is quick to pass along information that is crucial to keeping the team safe, while locking up wanted felons as well as combative mentally ill subjects.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			Deputy [REDACTED] ensures the safety of all officers around him at all times. He has performed the duties of a SWAT field training officer numerous times this year and the team is better because of his hard work.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.			X	Deputy [REDACTED] has been observed in this area many times by his direct supervision. He is a member of the sniper team and is quick to make very good and accurate decisions at all times.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			Deputy [REDACTED] knows the department Rules and Regulations and follows all of them without question.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.			X	Deputy [REDACTED] is always able to relay important information quickly and concisely. He is trusted by his fellow officers along with supervisors to make good safe decisions at all times.


I have prepared this performance review:

Rater Signature

Reviewer Comments:  
 Concur w/ rater - Lt. [REDACTED]  
 Concur with rater deputy [REDACTED] is Excellent officer  
 Major Kelly [REDACTED]

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Reviewer Signature <i>Paul [Signature]</i>	Date 1-6-21	Employer Signature 
Appointing Authority <i>Dana Coakley ADM CHIEF</i>	Date 1/7/2021	

SHR-AD-63

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# FRANKLIN COUNTY SHERIFF'S OFFICE

## LAW ENFORCEMENT

Evaluation Deadline  
January 11, 2018

Rating Period  
From 1/11/2017 To 1/10/2018

Classification Title  
Deputy (POTC)

### EMPLOYEE PERFORMANCE REVIEW

Name (Last)	(First)	(M.I.)	Soc. Sec.
Bureau/Assignment SWAT		Bargaining Unit FOP	

Mid Probation  
  Final Probation  
  Annual  
  Special

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.			X	Deputy [redacted] always generates more work than is expected from a SWAT Deputy. He does an excellent job of using social media to track down wanted suspects.
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.			X	Deputy [redacted] is well organized and finishes his work neatly and accurately.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			Deputy [redacted] always has his work completed in a timely manner without question.
<b>PERSONAL APPEARANCE</b> Projects a professional image.			X	Deputy [redacted] stays physically fit year round and projects a very good image on the Franklin County Sheriffs Office.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.			X	Deputy [redacted] has established a solid working relationship with his coworkers. The SWAT team requires reliable people and Deputy Nibert fits that title.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.			X	Deputy [redacted] always contributes to the team effort and can be counted on to finish any task given to him.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.			X	Deputy [redacted] can direct others to accomplish tasks and activities with little to no effort. He ensures the safety of all officers around him at all times.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.			X	Deputy [redacted] demonstrates great self control in demanding situations. He has been observed in this area many times by his direct supervision.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			Deputy [redacted] knows the department Rules and Regulations and follows them without question.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			Deputy [redacted] is able to clearly explain himself when giving directions and communicating in general. He is always able to relay important information quickly and concisely.

I have prepared this performance review:

Rater Signature: *Sgt. J. Snider S-54*

Reviewer Comments:  
*Concur with rater - Lt. M. Raven LT  
 Concur with Rater Major K. [Signature]*

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:  
 [Redacted]

*[Handwritten Signature]*

Reviewer Signature	Date	Employee Signature
Appointing Authority <i>David Conley ADM CHIEF</i>	Date <i>1/9/2018</i>	

SHR-AD-63

An Equal Opportunity Employer



# FRANKLIN COUNTY SHERIFF'S OFFICE

## LAW ENFORCEMENT

### EMPLOYEE PERFORMANCE REVIEW

Name (Last)	(First)	(M.I.)	Soc. Sec.	Evaluation Deadline January 11, 2016
Bureau/Assignment SWAT		Bargaining Unit FOP		Rating Period From 1/11/2015 To 1/10/2016
Classification Title Deputy (POTC)				<input type="checkbox"/> Mid Probation <input type="checkbox"/> Final Probation <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.			X	Deputy [redacted] develops a lot of great intel with the use of social media and other techniques which then leads to very successful outcomes/arrests.
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.			X	Deputy [redacted] always finishes his work accurately and in a well organized manner.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			Deputy [redacted] completes all of his work in a timely manner without any issues.
<b>PERSONAL APPEARANCE</b> Projects a professional image.			X	Deputy [redacted] maintains a high level of physical fitness and projects a favorable image upon the office for the Sheriff.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.			X	Deputy [redacted] is very dependable and can multitask when given more than one task to complete.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.			X	Deputy [redacted] has a great working relationship with teammates and immediate supervisors alike. He is a very positive boost to the overall team moral.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			Deputy [redacted] has no deficiencies when directing the behavior of others.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.			X	Deputy [redacted] demonstrates excellent self control in demanding situations while completing his assignments/missions.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			Deputy [redacted] knows and follows policies and procedures without second guessing himself.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.			X	Deputy [redacted] clearly relays information to other Deputies and trainees.

I have prepared this performance review:

Rater Signature: *Cpl. J. Snider C29*

Reviewer Comments: *Concur w/ rater - RKS*

Reviewer Signature: *S. Tucker M-1* Date: *2/1/16*  
 Appointing Authority: *[Signature]* Date: *2/1/16*

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Employee Signature: *[Redacted]*





# FRANKLIN COUNTY SHERIFF'S OFFICE

## LAW ENFORCEMENT

### EMPLOYEE PERFORMANCE REVIEW

Evaluation Deadline January 11, 2015	
Rating Period From 1/11/2014 To 1/10/2015	
Classification Title Deputy (POTC)	
<input type="checkbox"/> Mid Probation	<input type="checkbox"/> Final Probation <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special

Name (Last) [REDACTED]	(First) [REDACTED]	(M.I.)	Soc. Sec.
Bureau/Assignment SWAT		Bargaining Unit FOP	

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS <small>Use spaces below for comments. Written comments MUST be provided for each performance dimension. Use additional sheets if necessary. USE INK PEN - PLEASE PRINT</small>
	Meets	Below	Above	
<b>QUANTITY</b> <small>Generates amount of work expected.</small>	X			Deputy [REDACTED] generates and produces an acceptable amount of work each day.
<b>QUALITY</b> <small>Completes work in an accurate neat, well-organized, thorough and applicable manner.</small>	X			Deputy [REDACTED] always completes his work in a very thorough and accurate way.
<b>TIMELINESS</b> <small>Accomplishes required work on schedule.</small>	X			Deputy [REDACTED] completes his work on time with no issues.
<b>PERSONAL APPEARANCE</b> <small>Projects a professional image.</small>			X	Deputy [REDACTED] maintains a professional image and projects a favorable image upon the Sheriffs Office.
<b>DEPENDABILITY</b> <small>Can be counted upon to be reliable and responsive.</small>			X	Deputy [REDACTED] is highly dependable and responsive to the needs of the shift no matter what the mission demands.
<b>TEAM EFFORT/COOPERATION</b> <small>Contributes to group effort. Establishes positive working relationships with others.</small>			X	Deputy [REDACTED] has established a positive working relationship with his co-workers and immediate supervisors alike.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> <small>Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.</small>	X			Deputy [REDACTED] has no issues with the direction and coordination when dealing with others and their behavior.
<b>DEALING WITH DEMANDING SITUATIONS</b> <small>Demonstrates control of self and others under trying circumstances.</small>			X	Deputy [REDACTED] demonstrates excellent self control in demanding situations while completing his assignments/missions.
<b>ADHERING TO PROCEDURES</b> <small>Knows the rules and regulations and follows them without being reminded.</small>	X			Deputy [REDACTED] follows procedures without the need to be reminded.
<b>COMMUNICATING</b> <small>Understands written and oral instructions. Relays appropriate information in clear, concise manner.</small>	X			Deputy [REDACTED] is a good communicator no matter how he chooses to relay information.

I have prepared this performance review:

Rater Signature: Cpl. J. Linder C-29

Reviewer Comments:

*CONCUR WITH REVIEW*

Reviewer Signature: S. Parker #1 Date: 1/21/2015

Appointing Authority

Date

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Employee Signature



# FRA..KLIN COUNTY SHERIFF'S OFFICE

*H-8 1/2/14*

## LAW ENFORCEMENT

Evaluation Deadline	12/27/2013		
Rating Period	From 01/11/2013 to 01/10/2014		
Classification Title	Deputy (POTC)		
<input type="checkbox"/> Mid Probation	<input type="checkbox"/> Final Probation	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Special

### EMPLOYEE PERFORMANCE REVIEW

Name (Last)	(First)	(M.I.)	Soc. Sec.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Bureau/Assignment FCCCII		Bargaining Unit FOP	

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.	X			DEPUTY COMPLETES ALL DUTIES REQUIRED.
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			HE COMPLETES WORK THAT IS OF EXPECTED QUALITY.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			HE COMPLETES ASSIGNMENTS ON TIME.
<b>PERSONAL APPEARANCE</b> Projects a professional image.			X	HE MEETS ALL REQUIREMENTS AND GUIDELINES. PROJECTS A PROFESSIONAL IMAGE.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.			X	HE CAN BE DEPENDED ON TO COMPLETE ASSIGNMENTS WITHOUT PROMPTING.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.			X	HE WORKS WELL WITH STAFF AND SUPERVISORS TO MAINTAIN POSITIVE WORKING RELATIONSHIPS.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.			X	HE SUPERVISES INMATES WELL AND DIRECTS WITH CONFIDENCE.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.			X	DEPUTY HANDLES HIMSELF WELL AND MAINTAINS CONTROL IN HIGH STRESS SITUATIONS.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			DEPUTY SEEMS TO KNOW AND UNDERSTAND THE RULES AND REGULATIONS PERTAINING TO HIS DUTIES.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			DEPUTY RELAYS INFORMATION WELL AND SEEMS TO UNDERSTAND BOTH ORAL AND WRITTEN DIRECTIVES.

*Position description reviewed 5:38*

I have prepared this performance review:

Rater Signature	Date
<i>Sgt. F-G 5:38</i>	<i>12/9/13</i>

Reviewer Comments:

*concur with rater. dt. 12/18*

Reviewer Signature	Date
<i>[Signature]</i>	<i>12/10/13</i>
Appointing Authority	Date
<i>[Signature]</i>	<i>1/9/14</i>

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Employee Signature
[REDACTED]





# FRANKLIN COUNTY SHERIFF'S OFFICE

*MB*

## LAW ENFORCEMENT

Evaluation Deadline	January 6, 2013		
Rating Period	From 1/11/2012 To 1/10/2013		
Classification Title	DEPUTY (POTC)		
<input type="checkbox"/> Mid Probation	<input type="checkbox"/> Final Probation	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Special

### EMPLOYEE PERFORMANCE REVIEW

Name (Last)	(First)	(M.I.)	Soc. Sec.
██████████	██████████		
Bureau/Assignment		Bargaining Unit	
CORRECTIONS/FCCC2 C CO		FOP	

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.	X			DEPUTY ██████████ DOES THE AMOUNT OF WORK EXPECTED OF HIM.
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			HE COMPLETES HIS WORK IN AN ACCURATE AND THOROUGH MANNER.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			COMPLETES HIS WORK IN A TIMELY MANNER.
<b>PERSONAL APPEARANCE</b> Projects a professional image.	X			MAINTAINS A PROFESSIONAL IMAGE.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.			X	DEPUTY ██████████ IS VERY DEPENDABLE AND CAN ALWAYS BE COUNTED ON IF ANYTHING NEEDS TO BE DONE.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.			X	HE IS ALWAYS WILLING TO HELP OTHERS WHEN NEEDED. HE HAS A VERY POSITIVE WORKING RELATIONSHIP WITH OTHERS AND CONTRIBUTES TO THE GROUP EFFORT.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.			X	HE ENSURES THE WELL-BEING OF INDIVIDUALS WITHIN HIS SCOPE OF RESPONSIBILITY. HE MAKES SURE INMATES UNDER HIS DIRECTION CLEARLY UNDERSTAND HIS INSTRUCTIONS.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.	X			HE DEMONSTRATES GOOD SELF CONTROL IN TRYING SITUATIONS. HE ALSO DEMONSTRATES GOOD USE OF INTERPERSONAL COMMUNICATIONS.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			KNOWS THE RULES AND REGS AND FOLLOWS THEM WITHOUT BEING REMINDED.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.			X	DEPUTY ██████████ UNDERSTANDS INSTRUCTIONS AND COMMUNCIATES WELL WITH OTHERS.

I have prepared this performance review:  *8/1/13*

Rater Signature	
<i>CPI Sandra Gatz</i>	1-2-13

Reviewer Comments:  
*CONCISE W/ RATER MYSTERY M.B. 1/7/13*

Reviewer Signature	Date
<i>Sally Scott</i>	1-4-13
Appointing Authority	Date

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Employee Signature	
<i>Deputy ██████████</i>	██████████



# FRA. KLIN COUNTY SHERIFF'S OFFICE

*Handwritten signature/initials*

*Handwritten initials: EMO 1/4*

## LAW ENFORCEMENT

Evaluation Deadline	January 11, 2012		
Rating Period	From 1/11/2011 To 1/10/2012		
Classification Title	DEPUTY NON-POTC		
<input type="checkbox"/> Mid Probation	<input type="checkbox"/> Final Probation	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Special

### EMPLOYEE PERFORMANCE REVIEW

Name (Last)	(First)	(M.I.)	Soc. Sec.
[Redacted]	[Redacted]	[Redacted]	[Redacted]
Bureau/Assignment		Bargaining Unit	
FCCC II		FOP	

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.			X	Deputy [Redacted] completes all assigned work as required and expected. Deputy Nibert is self motivated.
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			Deputy [Redacted] is well organized on all paperwork ensuring all tasks are completed very thoroughly.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			Deputy [Redacted] completes all assignments on time and is conscious of time constraints.
<b>PERSONAL APPEARANCE</b> Projects a professional image.	X			Deputy [Redacted] always projects a professional appearance.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.			X	Deputy [Redacted] can be depended on to complete assignments without being supervised. Deputy Nibert is responsive to orders and directions.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.			X	Deputy [Redacted] works well with staff and supervisors. He contributes to a team atmosphere and maintains good working relationships with others.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			Deputy [Redacted] supervises inmates well and directs with confidence. Deputy Nibert makes his intentions very clear so there is no doubt as to what he is wanting done.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.	X			Deputy [Redacted] handles himself well and shows restraint and patience when needed.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			Deputy [Redacted] knows and understands the rules and regulations pertaining to his duties and seeks guidance as needed.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.			X	Deputy [Redacted] communicates well and understands both oral and written directives. Reports are concise and clear at all times.

I have prepared this performance review:

*Handwritten: SN 1/2012*

Rater Signature: *[Handwritten Signature]* C-19

Reviewer Comments:

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

[Redacted Employee Comments]

Reviewer Signature	Date
<i>[Handwritten Signature]</i>	1/3/12
Appointing Authority	Date
<i>[Handwritten Signature]</i>	1-9-12

Employee Signature: *[Handwritten Signature]*



**JIM KARNES**  
SHERIFF

*my B*  
*12/21*

RECOMMEND RETENTION  
*12/20*

**LAW ENFORCEMENT**

Evaluation Deadline \_\_\_\_\_  
 Rating Period  
 From 01/11/210 To 01/10/2011  
 Classification Title  
 Deputy (NON-POTC)  
 Mid Probation  Final Probation  Annual  Special

**EMPLOYEE PERFORMANCE REVIEW**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ Soc. Sec. \_\_\_\_\_  
 Bureau/Assignment: Corrections Division / FCCCII C Company Bargaining Unit: FOP

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS <small>Use spaces below for comments. Written comments MUST be provided for each performance dimension. Use additional sheets if necessary. USE INK PEN - PLEASE PRINT</small>
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.	X			Deputy [redacted] completes the amount of work expected of a Deputy with his level of experience.
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			Deputy [redacted] is thorough in completing his work assignments.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			Deputy [redacted] completes all job assignments in a timely manner.
<b>PERSONAL APPEARANCE</b> Projects a professional image.			X	Deputy [redacted] maintains a sharp uniform and presents a professional image.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.	X			Deputy [redacted] works well with supervision and is very reliable and responsive to the needs of the department. He is willing to take any assignment given to him.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.	X			Deputy [redacted] displays a good team effort and is always willing to assist others.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.			X	Deputy [redacted] is able to direct inmate movement in a safe and secure manner. Deputy works intake and directs inmates clearly.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.	X			Deputy [redacted] handles himself well and shows restraint and patience when needed.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			Deputy [redacted] complies with established rules and regulations. He will ask for assistance as needed.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			Deputy [redacted] is able to relay information well and understands written and oral directions.

RETENTION RECOMMENDED - S45

I have prepared this performance review: Job description reviewed: *SN*

Rater Signature: *[Signature]* Sgt Leif Bickel S45

Reviewer Comments: \_\_\_\_\_

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments: \_\_\_\_\_

*Recommend Retention*  
 Reviewer Signature: *[Signature]* Date: *11/4/10*  
 Appointing Authority: *[Signature]* Date: *12-28-10*

Employee Signature: *[Signature]*

7/13/10

9/13

# JIM KARNES

## SHERIFF

### EMPLOYEE PERFORMANCE REVIEW

#### LAW ENFORCEMENT

Evaluation Deadline

Rating Period  
From 1/11/2010 To 9/30/2010

Classification Title  
Deputy (Non-POTC)

Mid Probation  Final Probation  Annual  Special

Name (Last) (First) (M.I.) Soc. Sec.

Bureau/Assignment  
Corrections Division / FCCCII C Company

Bargaining Unit  
FOP

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS <small>Use spaces below for comments. Written comments MUST be provided for each performance dimension. Use additional sheets if necessary. USE INK PEN - PLEASE PRINT</small>
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.	X			Deputy [redacted] completes the amount of work expected of a Deputy with his level of experience. With his enthusiasm I expect this to greatly improve.
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			Deputy [redacted] completes all assignments in a well organized manner. He asks relevant questions at this point in her career.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			Deputy [redacted] completes required work on schedule.
<b>PERSONAL APPEARANCE</b> Projects a professional image.			X	Deputy [redacted] maintains a sharp uniform and presents a professional image.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.	X			Deputy [redacted] responds to any situation within the scope of his duties quickly and appropriately.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.			X	Deputy [redacted] works well with others. He contributes to the team effort. He has proven himself as a team player working in booking.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			Deputy [redacted] is able to direct inmate movement in a safe and secure manner.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.	X			Deputy [redacted] handles himself well and shows restraint and patience when needed. This will improve as he experiences more within the department.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			Deputy [redacted] complies with established rules and regulations. He will ask for assistance as needed.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			Deputy [redacted] is able to relay information well and understands written and oral directions.

I have prepared this performance review: Job description reviewed: SN#207

Rater Signature [Signature] Sgt Steven Dean S14

Reviewer Comments:

Concur. with Rose

Reviewer Signature [Signature] Date 8/21/10

Appointing Authority [Signature] Date 9-15-10

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Employee Signature [Signature]





JIM KARNES

SHERIFF

EMPLOYEE PERFORMANCE REVIEW

LAW ENFORCEMENT

Evaluation Deadline

Rating Period

From 1/11/2010

To 5/15/2010

Classification Title

Deputy (Non-POTC)

Name (Last)

(First)

(M.I.)

Soc. Sec.

Bureau/Assignment

Corrections Division / FCCCII C Company

Bargaining Unit

FOP

Mid

Probation

Final

Probation

Annual

Special

PERFORMANCE DIMENSIONS

EXPECTATION RATINGS

RATER COMMENTS

Use spaces below for comments. Written comments MUST be provided for each performance dimension. Use additional sheets if necessary. USE INK PEN -- PLEASE PRINT

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.	X			Deputy [redacted] completes the amount of work expected of a Deputy with his level of experience. With his enthusiasm I expect this to greatly improve.
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			Deputy [redacted] completes all assignments in a well organized manner. He asks relevant questions at this point in her career.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			Deputy [redacted] completes required work on schedule.
<b>PERSONAL APPEARANCE</b> Projects a professional image.	X			Deputy [redacted] maintains a sharp uniform and presents a professional image.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.	X			Deputy [redacted] responds to any situation within the scope of his duties quickly and appropriately.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.	X			Deputy [redacted] works well with others. He contributes to the team effort.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			Deputy [redacted] is able to direct inmate movement in a safe and secure manner.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.	X			Deputy [redacted] handles himself well and shows restraint and patience when needed. This will improve as he experiences more within the department.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			Deputy [redacted] complies with established rules and regulations. He will ask for assistance as needed.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			Deputy [redacted] is able to relay information well and understands written and oral directions.

I have prepared this performance review: Job description reviewed: *SN*

Rater Signature

*[Signature]*

Sgt. Steven Dean S14

Reviewer Comments:

*concur*

I have read the above: I have  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Reviewer Signature

Date

Appointing Authority

Date

Employee Signature:

TO: HUMAN RESOURCES

FROM: Sgt Steven Dean S14  
( RANK & NAME )

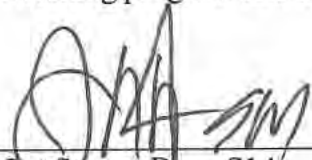
SUBJECT: COMPLETION OF ON-THE-JOB TRAINING FOR


Deputy [REDACTED]  
( RANK & NAME )

DATE: 4/15/2010

(PRINT or TYPE)

I, Sgt Steven Dean S14 , hereby certify that Deputy [REDACTED]  
(rank & name) (rank & name)  
has successfully completed the Corrections Division on-the-job training program and is now  
capable of performing all assigned duties.

  
\_\_\_\_\_  
Sgt Steven Dean S14

Major  4/16  
\_\_\_\_\_  
Major Douglas Edgington

Chief Deputy  4/16  
\_\_\_\_\_  
Chief Mark Barrett



### Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division. Return this form to the Special Deputation Unit at [spec.dep@usdoj.gov](mailto:spec.dep@usdoj.gov) after completion.

### OATH OF OFFICE

I, [REDACTED] (Use name as stated on application) do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4th day of March, 2021, at Columbus, Ohio  
City State

[REDACTED]  
Signature of Appointee

[Signature] #3359  
Signature of U.S. Marshal or Officer Administering Oath Charles H. Sanso Jr

03/31/2024  
Expiration Date

S-OH  
District or Division

### SPONSORING AGENCY INFORMATION

FRANKLIN COUNTY SHERIFF'S OFFICE  
Appointee's Employer  
900 N. HAGUE AVE., COLUMBUS, OH 43204  
Employer's Address

US MARSHALS SERVICE  
Sponsoring Agency  
BRADLEY K. STUART - 614-469-5540  
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

### TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact  
United States Marshals Service Comm Center  
(702) 307-9100.



### SPECIAL DEPUTATION APPOINTMENT



This certifies that

### S/OH FUGITIVE APPREHENSION STRIKE TEAM

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

- TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TP UNDER TITLE 18 AUTHORITY

This deputation has the following limitations:

- NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
- NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

[REDACTED] 03/31/2024  
Appointee Expiration Date

KAREN BROWN [Signature]  
Chief, Special Deputation Unit

03/01/2021 [Signature]  
Authorization Date U.S. Marshal or Designated Federal Official



### Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.  
**Return this form to the Special Deputation Unit at [spec.dep@usdoj.gov](mailto:spec.dep@usdoj.gov) after completion.**

#### OATH OF OFFICE

I, [REDACTED] (Use name as stated on application) do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 12th day of March, 2019, at Columbus, Ohio  
City State

[REDACTED]  
Signature of Appointee

[Signature]  
Signature of U.S. Marshal or Officer Administering Oath  
**Peter C. Tobin**

03/31/2021  
Expiration Date

S/OH  
District or Division

#### SPONSORING AGENCY INFORMATION

FRANKLIN COUNTY SHERIFF'S OFFICE  
Appointee's Employer  
900 N. HAGUE AVE., COLUMBUS, OH 43204  
Employer's Address

US MARSHALS SERVICE  
Sponsoring Agency  
BRADLEY K. STUART - 614-469-5540  
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

#### TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact  
United States Marshals Service Comm Center  
(202) 307-9100.



#### SPECIAL DEPUTATION APPOINTMENT



This certifies that

#### S/OH FUGITIVE APPREHENSION STRIKE TEAM

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

- \* TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

This deputation has the following limitations:

- \* NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
- \* NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL

[REDACTED] 03/31/2021  
Appointee Expiration Date

KAREN BROWN  
Chief, Special Deputation Unit

03/06/2019 [Signature]  
Authorization Date U.S. Marshal or Designated Federal Official

USM-3 ID: I73727





# ZACH SCOTT

FRANKLIN COUNTY SHERIFF

<http://sheriff.franklincountyohio.gov>

HUMAN RESOURCES

James A. Karnes Building • 410 South High Street, 2nd Floor • Columbus, Ohio 43215 • (614)525-3397



To: Dep. [REDACTED]  
From: Sheriff Zach Scott  
Date: December 13, 2013  
Subject: Transfer via job posting

Effective Monday, January 13, 2014, you are transferred to Warrants & Extraditions / SWAT.  
Contact Chief Minernd for your assignment and days off.

BY ORDER OF:

 by  12/13/13 ACTIVE ADMIN CII

Zach Scott  
Franklin County Sheriff

ZS/clf

cc: Chief Minernd  
Chief Stobart  
Major Perry  
Major Tucker

**ACKNOWLEDGEMENT OF RECEIPT OF AUDITOR OF STATE FRAUD REPORTING-SYSTEM INFORMATION**

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging **Franklin County Sheriff's Office** provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud reporting system.

I Deputy [redacted], have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned-signature acknowledges receipt of this information.

[redacted] Deputy, Franklin County Sheriff's Office  
PRINT NAME, TITLE, AND DEPARTMENT

[redacted signature]  
SIGN NAME

5-27-12  
DATE

**RETURN TO HUMAN RESOURCES**



OHIO PEACE OFFICER TRAINING COMMISSION  
AND  
THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that  
[REDACTED]

has completed the Ohio  
Peace Officer Basic Training Program  
Conducted by  
Clark State Community College

Awarded on  
November 22, 2011

*Mike DeWine*

Mike DeWine  
Attorney General

*Vernon P. Stanforth*

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



*Robert A. Fiala*

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

*William J. ...*

William J. ...  
School Commander  
BAS11-036 111155





# OHIO PEACE OFFICER TRAINING COMMISSION

AND

# THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



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Ohio Peace Officer Training Commission



*Robert A. Fiala*

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

*[Signature]*  
School Commander

BAS11-036 111155



# ZACH SCOTT

FRANKLIN COUNTY SHERIFF

www.sheriff.franklin.oh.us

HUMAN RESOURCES



James A. Karnes Building • 410 South High Street, 2nd Floor • Columbus, Ohio 43215 • (614)525-3397

To: Dep. [REDACTED]

From: Patrick F. Garrity  
Director, Management Services *Patrick F. Garrity*

Date: November 25, 2011

Subject: Re-classification to POTC

Due to your completion of the prescribed course work, and having your POTC certification, Sheriff Scott has authorized your request to be re-classified to POTC, effective December 5, 2011.

c: Chief Barrett  
Major Edgington  
Major Flynn  
Patrol  
Training



**MIKE DEWINE**  
 ★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
 Office 800-346-7682  
 Fax 740-845-2675

P.O. Box 309  
 London, OH 43140  
 www.OhioAttorneyGeneral.gov


**NOTICE OF PEACE OFFICER APPOINTMENT**

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 for a New Appointment. A new appointment occurs when an officer is first sworn into your agency, or has previously left the agency and returns.
4. Submit only page 1 for a Status Change. A status change occurs when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

<b>OFFICER INFORMATION</b>		1. Name (Last) (First) (Middle)	2. Social Security Number
3. Alias (Last) (First) (Middle)		4. Birth date (mm/dd/yyyy)	
5. Email Address		6. Phone Number	
7. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)		8. Basic Training Academy (Academy Name) (Academy Number) (Dates of Training)	
Clark State Community College		BAS 11-036	03/21/2011-08/03/2011

<b>AGENCY INFORMATION</b>		9. Agency Name	
Franklin County Sheriff's Office		11. Agency Phone Number	
10. Agency Email Address		614-525-3360	
zxcscott@Franklincountyohio.gov		12. Agency Mailing Address (#/Street/PO Box) (City) (Zip Code) (County Name)	
373 South High Street, Floor 2B		Columbus	Ohio Franklin

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. New Appointment Date	14. Status Change Date
		// 12/12/11	/ /
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal			
16. Select New ORC			
<input type="checkbox"/> City/Municipality Full-Time/Part-Time (737.02)	<input type="checkbox"/> City/Municipality Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City/Municipality Chief (737.02)	
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)	<input type="checkbox"/> Village Auxiliary/Reserve (737.161)	<input type="checkbox"/> Village Chief (737.15)	
<input type="checkbox"/> Township Police Officer (505.49)	<input type="checkbox"/> Township Constable (509.01)	<input type="checkbox"/> Other Chief - List ORC/Charter _____	
<input type="checkbox"/> Other - List ORC/Charter _____	<input checked="" type="checkbox"/> Deputy Sheriff (311.04)	<input type="checkbox"/> Sheriff (311)	

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority	18. Name and Title	19. Date	
<i>Zachary Scott</i>	Zachary Scott - Franklin County Sheriff	// 12/12/11	
<b>NOTARY</b>		Sworn to and subscribed before me this 22 <sup>nd</sup> day of November, 2011 in the County of Franklin, Ohio.	
<i>Melody E. Henkel</i>		My commission expires _____	
Signature of Notary			

Officer Name (Last)

(First)

(Middle)

Social Security Number

20. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Signature of Appointee

Signature of Appointing Authority

Zachary Scott

Name of Appointing Authority (Typed or Printed Legibly)

Franklin County Sheriff

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

21. Appointed By (Agency Name and County):	22. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
23. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

# Appointment of Deputy Sheriff

## COMMISSION

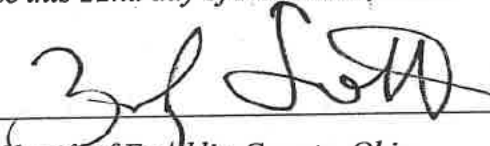
Revised Code, Secs. 311.04, 325.17

The State of Ohio, Franklin, County, ss.

To all to Whom these Presents Shall Come, Greeting

KNOW YOU, That by virtue of the authority vested in me by the Laws of the State of Ohio, and reposing special trust and confidence in [REDACTED] I do hereby appoint and commission him/her to be a Deputy Sheriff for said County for the term ending on the first Monday in January, 2013 (subject to removal,) hereby authorizing and empowering him to execute and discharge all and singular the duties appertaining to said office.

Witness my signature and seal of office this 22nd day of November, 2011.

  
\_\_\_\_\_  
Sheriff of Franklin County, Ohio

### OATH OF OFFICE

Revised Code, Secs. 3.22, 3.23

The State of Ohio, Franklin County, ss.

I, [REDACTED] do solemnly swear, that I will support the Constitution of the United States and the Constitution of the State of Ohio, and that I will faithfully discharge the duties of Deputy Sheriff of Franklin County, Ohio, during my continuance in office.

[REDACTED]

Sworn to before me and signed in my presence, this 22<sup>nd</sup> day of November, 2011,



  
\_\_\_\_\_  
MELODY E. HENKEL  
Notary Public, State of Ohio  
My Commission Expires 09-05-2016

FRANKLIN COUNTY SHERIFF'S OFFICE  
Inter-Divisional

To: Chief Deputy Mark Barrett

From: Deputy [REDACTED]

Subject: Request for LE-Status

Subject Matter Details:

Sir,

I recently completed Ohio Peace Officer Basic Training through Clark State Community College #BAS 11-036. Attached is a copy of the school certificate and the Ohio Attorney General's letter. I respectfully request to be placed in LE-Status.

Respectfully Submitted,

2011 AUG 13 PM 11:13

Deputy [REDACTED]

Signature

# [REDACTED]

Badge No.

08-13-2011

Date

FRAANKLIN COUNTY SHERIFF'S OFFICE  
Routing Sheet for Correspondence

To: Chief Deputy Mark Barrett  
Subject: Request For LE-Status

Report No.:

11/23/12

Originator: Deputy



Assignment:

FCCII C<sup>CO</sup>

Date: 08-13-2011

DEPUTY [REDACTED] REQUESTS LE-STATUS.

Corporal/Sergeant:

HE HAS RECENTLY COMPLETED OPOA. ATTACHED ARE COPIES OF OPOA CERTIFICATE & LETTER FROM ATT GENERAL'S OFFICE.

FWD FOR REVIEW & CONSIDERATION. - CAP MONTGOMERY 083 9-13-11

FORWARD FOR CONSIDERATION OF LE STATUS. CERTIFICATE IS ATTACHED SEE BY FAX 9-26

Lieutenant:

Major:

FORWARD FOR CONSIDERATION.

OP 8/15  
DENIED

Chief Deputy

[Signature] 8/16

To Sheriff Scott for review & consideration.

Sheriff:

APPROVED OCT 3 1 2011

[Signature] /ml

Follow Up Remarks:

Signature

Badge No.

Date

AUG 16 AM 8:15  
FRANKLIN COUNTY SHERIFF'S  
ADMINISTRATION

2011 AUG 14 AM 12:11  
FRANKLIN COUNTY SHERIFF'S  
ADMINISTRATION



Clark State Community College  
Springfield, Ohio

Awards this

*Certificate of Achievement*

To



For satisfactory completion of

*Ohio Peace Officer Training Commission  
Basic Training Curriculum BAS 11-036*

A handwritten signature in black ink, appearing to read 'Wesley E. Armstrong'.

Wesley E. Armstrong  
Academy Commander



July 13, 2011  
Date



**MIKE LEWINE**

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Academy  
Office 800-346-7682  
Fax 740-845-2675

P.O. Box 309  
London, Ohio 43140  
www.OhioAttorneyGeneral.gov

August 8, 2011



Re: Clark State Community College #BAS 11-036  
Date of Completion: 8/3/2011

Dear Mr. [REDACTED]

This letter is to verify that you have successfully completed peace officer basic training requirements and the peace officer certification examination. The date of completion of your basic academy is the date you passed the peace officer basic training examination.

If within one year of the date of completion you are appointed as a peace officer, a certificate of completion will be awarded provided no additional training requirements have been mandated by the legislature. If you receive an appointment more than one year but less than two years after the date of completion, you will be required to complete an OPOTC-approved refresher course and exam and any training requirements mandated by the legislature. If you receive an appointment more than two years after the date of completion, you must repeat the entire peace officer basic training course. **In all cases, you may not perform the functions of a peace officer until you have been awarded a certificate of completion.**

To obtain your peace officer basic training certificate, a notice of appointment must be submitted to this office by your first appointing agency. If the agency does not have this form, it is available from our office and website. Incomplete or improper appointment documents will not be processed and will be returned for correction.

If you or your prospective employer have further questions, please contact us at the number listed below for the London campus.

Sincerely,

Jill Gregory  
Certification Officer

cc: Wesley Armstrong, School Commander  
School File

JG/sls



FRANKLIN COUNTY  
**SHERIFF**

HUMAN RESOURCES  
410 South High Street • Columbus, Ohio 43215 • Human Resources (614) 462-3397

---

To: Dep. [REDACTED]  
From: Sheriff James A. Karnes  
Date: February 17, 2011  
Subject: Permanent Assignment

Effective Monday, March 7<sup>th</sup>, 2011, your permanent assignment will become FCCC 2 – 3<sup>rd</sup> shift. This is due to vacant positions being posted with no bids. Contact Lt. Hunt for your assignment and days off.

BY ORDER OF:

James A. Karnes  
Franklin County Sheriff

JAK/clf

cc: Chief Barrett  
Major Edgington  
Major Herrell

*From the desk of ...*

Chief Deputy Mark Barrett, JD  
mjbarret@franklincountyohio.gov

Franklin County Sheriff's Office  
Columbus, Ohio



MEMO

TO: DEPUTY VIRGAL NEAL ✓  
DEPUTY CURTIS HANDSHUG ✓  
DEPUTY DAVID WARD ✓  
DEPUTY DAVID WOOLARD ✓  
DEPUTY [REDACTED] ✓  
DEPUTY NICHOLAS BATES ✓  
DEPUTY NATHAN CHALFANT ✓

DEPUTY SHAWN PAK ✓  
DEPUTY JUSTIN SWICK ✓  
DEPUTY JARED WERNER ✓  
DEPUTY TYLER MCDOWELL ✓  
DEPUTY RYAN STIMPFLER ✓  
DEPUTY KEVIN CAMAC ✓  
DEPUTY STEPHEN GREENBERG ✓

FROM: CHIEF DEPUTY MARK J. BARRETT

SUBJECT: TRAINING ASSIGNMENT

DATE: FEBRUARY 9, 2010

Having successfully completed your Basic Corrections Training, effective Wednesday March 3, 2010, you are assigned to on-the-job training on 3rd shift (11:00 p.m. – 7:00 a.m.), at Franklin County Correction Center 2, 2460 Jackson Pike. You are to report to Lt. Boubary (462-7110) who will assign you to a coach. You will have the same days off as your coach.

By order of:

Handwritten signature of Mark J. Barrett.

Mark J. Barrett  
Chief Deputy

cc:  
Major Stobart  
Lt. Boubary  
Laura Mailloux, Roster Manager  
Human Resources ✓

9639





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

Employee Name [REDACTED]

Employee ID # [REDACTED]

Employer Name Franklin County  
Sheriff's Office

Employer ID# 2075

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

### Windfall Elimination Provision

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

### Government Pension Offset Provision

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

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

### For More Information

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

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

Signature of Employee [REDACTED]

Date 12/07/2009



FRANKLIN COUNTY SHERIFF'S OFFICE  
EMPLOYEE TRAINING FILE  
COVER PAGE  
(ALL INFORMATION IS TO BE TYPED)

DEPUTY

Name \_\_\_\_\_  
SSN \_\_\_\_\_  
DOB \_\_\_\_\_  
Date of Employment 1-11-10  
Breaks in Service \_\_\_\_\_  
Badge No. \_\_\_\_\_  
Serial No./Duty Weapon \_\_\_\_\_  
Serial No. Off Duty/  
2nd Weapon \_\_\_\_\_  
Handcuff/Name & Ser. No. \_\_\_\_\_  
Date of Expire./Chemical Mace \_\_\_\_\_

GENERAL EDUCATION

High School Name Madison Plains Date 2005  
G.E.D. (Institution) \_\_\_\_\_ Date \_\_\_\_\_  
College Hours 194 hours

DEGREES

NAME OF SCHOOL	YEAR GRADUATED	MAJOR	MINOR
Assoc.	/	/	
B.S. <u>Wright State University</u>	<u>2009</u>	<u>Criminal Justice</u>	<u>Sociology</u>
M.S.	/	/	
PHD.	/	/	

BASIC POLICE TRAINING

Name of Academy N/A Location \_\_\_\_\_  
Hours \_\_\_\_\_ Date of Certification \_\_\_\_\_  
By O.P.O.T.C. \_\_\_\_\_

SPECIALIZED TRAINING SCHOOLS AND DATES OF COMPLETION:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

PROMOTIONS AND JOB ASSIGNMENTS WITH THIS DEPARTMENT:

DATE	ASSIGNMENT	RANK
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

DATE	ASSIGNMENT	RANK
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____

IN-SERVICE TRAINING: Dates, times and subjects

ALL THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature

Badge #

12/07/2009  
Date

ATTACH ANOTHER SHEET IF NECESSARY

# Ohio New Hire Reporting

Ohio Revised Code section 3121.89 to 3121.8910 requires all Ohio employers, both public and private, to report all contractors and newly hired, rehired, or returning to work employees to the state of Ohio within 20 days of the contract, hire, or rehire date. Information about new hire reporting and online reporting is available on our website: [www.oh-newhire.com](http://www.oh-newhire.com)

**Send completed forms to:**  
 Ohio New Hire Reporting Center  
 PO Box 15309  
 Columbus, OH 43215-0309  
 Fax: (614) 221-7088 or toll-free fax (888) 872-1611

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C
---	---	---

1	2	3
---	---	---

## EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) (Please use the same FEIN as the listed employee's quarterly wages will be reported under):

31 6400067

Employer Name:

FR COUNTY SHERIFFS OFFICE

Employer Address (Please indicate the address where the Income Withholding Orders should be sent):

410 S HIGH ST 2ND FL

HUMAN RESOURCES OFFICE

Employer City:

COLUMBUS

Employer State: Zip Code (5 digit):

OH 43215

Employer Phone (optional):

462 3397

Extension:

Employer Fax (optional):

Email:

## EMPLOYEE OR CONTRACTOR INFORMATION

Social Security Number (SSN)

[Redacted]

(Check here if using FEIN for the Contractor)

State of Hire: OH

First Name:

[Redacted]

Middle Initial:

Last Name:

[Redacted]

Address:

[Redacted]

City:

[Redacted]

State:

Zip Code (5 digit):

Date of Hire:

01/11/10

Date of Birth:

[Redacted]

Is this a Contractor?

Yes  No

Date payments will begin for Contractor:

[Redacted]

Length of time the Contractor will be performing services:

[Redacted] months

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Department of Homeland Security  
U.S. Citizenship and Immigration Services

# Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last [Redacted]	First [Redacted]	Middle Initial [Redacted]	Maiden Name
Address (Street Name and Number) [Redacted]		Apt. #	Date of Birth (month/day/year) [Redacted]
City [Redacted]	State [Redacted]	Zip Code [Redacted]	Social Security # [Redacted]

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

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature: [Redacted] Date (month/day/year): 12/07/2009

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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

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

List A	OR	List B	AND	List C
Document title: _____		drivers license		SSN card
Issuing authority: _____		[Redacted]		_____
Document #: _____		[Redacted]		_____
Expiration Date (if any): _____		[Redacted]		_____
Document #: _____		[Redacted]		_____
Expiration Date (if any): _____		[Redacted]		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 1-11-10 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Cindy Flynn	Print Name Cindy Flynn	Title Personnel Officer
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) FCSO 410 S. HIGH ST COLS OH 43215		Date (month/day/year) 12-7-09

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
----------------------------------------------------	-----------------------



FRANKLIN COUNTY  
**SHERIFF**

FRANKLIN COUNTY HALL OF JUSTICE  
369 South High Street Columbus, Ohio 43215 (614) 462-3360

---

I HAVE RECEIVED THIS DATE A COPY OF THE FRANKLIN COUNTY SHERIFF'S  
OFFICE RULES AND REGULATIONS.

  
SIGNATURE

  
PRINT NAME

12/07/2009  
DATE



FRANKLIN COUNTY  
**SHERIFF**

FRANKLIN COUNTY HALL OF JUSTICE  
369 South High Street Columbus, Ohio 43215 (614) 462-3360

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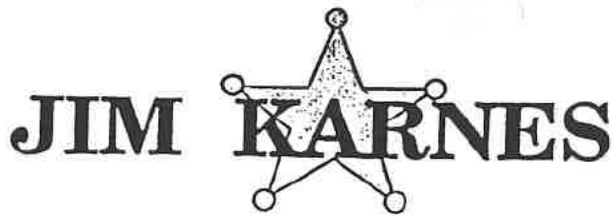
I HAVE RECEIVED THIS DATE A COPY OF THE AGREEMENT BETWEEN THE  
FRANKLIN COUNTY SHERIFF'S OFFICE AND THE FRATERNAL ORDER OF POLICE.

  
\_\_\_\_\_  
SIGNATURE

  
\_\_\_\_\_  
PRINT NAME

12/07/2009  
\_\_\_\_\_  
DATE





FRANKLIN COUNTY  
**SHERIFF**

FRANKLIN COUNTY HALL OF JUSTICE  
369 South High Street Columbus, Ohio 43215 (614) 462-3360

---

I HAVE RECEIVED THIS DATE A WORKERS' COMPENSATION MANAGED CARE CARD.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

12/07/2009  
DATE



FRANKLIN COUNTY  
**SHERIFF**

HUMAN RESOURCES  
410 South High Street • Columbus, Ohio 43215 • Human Resources (614) 462-3397

November 25, 2009

██████████  
  
Dear Mr. ██████████

I am pleased to extend to you an offer of employment as a Franklin County Deputy Sheriff, assigned to the Corrections Division. Your appointment date is **Monday, January 11, 2010**. On that date, you are to report to Lt. Tony Graves at the Franklin County Sheriff's Training Academy, 2460 Jackson Pike at 7:30 a.m. Your rate of pay will be \$19.17 per hour. If you have any questions, you can contact Lt. Graves at 462-3781.

Pursuant to the Immigration Reform and Control Act of 1986, employers must verify that every person hired is eligible to work in the U.S. and is not an illegal alien. Therefore, you have been scheduled to meet on **Monday, December 7, 2009 at 8:30 a.m.** with the Human Resources office staff to complete necessary paperwork. The Human Resources office is located in the Franklin County Court House Annex, 410 S. High Street, 2<sup>nd</sup> floor. You need to bring a valid driver's license and your social security card with you. This initial meeting will take about 4 hours.

Enclosed is an order form for your uniform items. You must take this form to Roy Tailors Uniforms so that you can be measured and your order can be placed. Roy Tailors is located at 3889 Business Park Drive, telephone number (614) 351-1566. Plan to do this as soon as possible.

I congratulate you on being selected to serve as a Deputy Sheriff and look forward to working with you.

Sincerely,

James A. Karnes  
Franklin County Sheriff

JAK/db

cc: Chief Barrett  
Major Stobart  
Lt. Graves

**FRANKLIN COUNTY SHERIFF'S OFFICE  
DEPUTY UNIFORM ORDER**

**ASSIGNMENT:** CORRECTIONS

**EMPLOYEE NAME:** [REDACTED]

**EMPLOYEE ID NUMBER:** \_\_\_\_\_

**EMPLOYEE CONTACT #:** \_\_\_\_\_

ITEM #	ITEM	QUANTITY	PRICE	TOTAL
301	Belt, Trouser	1	\$ 17.25	\$ 17.25
302	Handcuffs	1	\$ 25.50	\$ 25.50
303	Handcuff Case	1	\$ 18.50	\$ 18.50
304	Shirt, Corrections S/S Male	4	\$ 37.85	\$ 151.40
308	Shoes/Boots, Black, Male (Pay Up To)	1	\$ 147.95	\$ 147.95
310	Sweater	1	\$ 61.95	\$ 61.95
311	Trousers, Corrections Male	4	\$ 40.50	\$ 162.00
313	Glove Case	1	\$ 14.75	\$ 14.75
	<b>TOTAL</b>			<b>\$ 599.30</b>

**NOTES: DEPUTY**

- Complete the Employee contact telephone number and ID number.
- Take this form to Roy Tailor Uniform for fulfillment.

**ROY TAILOR -**

This deputy is in Customer Class 11.  
Invoice the Sheriff's Office for this purchase.

**FINANCE AUTHORIZATION:** Brad Priest

**Deputy Applicant Background Summary**



**Education:** Degree: B.S., Criminal Justice  
College/Tech School: Wright State, 6/09

**Employer:** BCI – Intern  
Musselman Acres – farm hand

**Interview Ratings:** Cochran: 9 Garity: 10 Neal: 9 Joint: 28

**Drug Test:** Date: 9/17/09 Passed

**Test Scores:** Video Reading Counting Written  
75 90.32 100 Passed

**Polygraph:** Examiner: Reeser Date: 10/1/09 Passed

**Driving Record:** 7/21/09 Okay

**Credit Check:** 8/31/09 Okay

**Background Questionnaire:** Okay

**Record Check:** 7/17/09 Okay

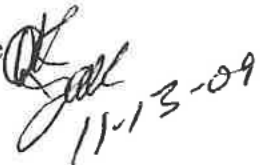
**Previous Employers:** Okay

**References:** Okay

**Mr. Garity:** Recommend

**Sheriff Karnes:** Approved for Conditional Offer – 10/6/09

**Pre-Employment Exams:** Psychological (10/28/09) - 2 Medical (10/28/09) - Passed

**Sheriff Karnes:** Approved for Hire 

## Deputy Applicant Background Summary

**Education:** Degree: B.S., Criminal Justice  
College/Tech School: Wright State, 6/09

**Employer:** BCI – intern  
Musselman Acres – farm hand

**Interview Ratings:** Cochran: 9 Garrity: 10 Neal: 9 Joint: 28

**Drug Test:** Date: 9/17/09 Passed

**Test Scores:** Video Reading Counting Written  
75 90.32 100 Passed

**Polygraph:** Examiner: Reeser Date: 10/1/09 Passed

**Driving Record:** 7/21/09 Okay

**Credit Check:** 8/31/09 Okay

**Background Questionnaire:** Okay

**Record Check:** 7/17/09 Okay

**Previous Employers:** Okay

**References:** Okay

**Mr. Garrity:** Recommend

**Sheriff Karnes:** Approved for Conditional Offer –

*[Handwritten Signature]*  
10.6.09

**REESER POLYGRAPH SERVICE**  
**Polygraph Report**

Subject: [REDACTED]

PF#: PF 0910013

Date: October 2, 2009

Requester: Franklin County Sheriff's Office - Pre-employment.

Purpose of Examination:

On October 1, 2009, at the Franklin County Sheriff's Office, pursuant to your request, a pre-employment examination was administered on [REDACTED] Mr. [REDACTED] is an applicant for employment with the Franklin County Sheriff's Office. The polygraph examination is an aid in the selection process and should not be used as the only selection tool. The examination consisted of the review of the release of liability, the pre-test interview, the collection of charts, the review of charts, and the post test interview.

Results:

No deception indicated.

Details:

[REDACTED] appeared for his polygraph examination at the Franklin County Sheriff's Office at approximately 12:30 PM. Mr. [REDACTED] completed the Franklin County Sheriff's Office Personal History Statement prior to entering the examination room. The pre-test interview consisted of the following: explanation of the polygraph, the physiology of lying, the review of the polygraph screening



booklet, and the development of test questions.

The following information was gathered during the PRE-TEST PHASE of the examination. Five major areas of inquiry were examined: employment related problems, the use of illegal drugs, application truthfulness, subversive activities, and criminal related background. The examinee had no pre-test confessions relating to the above mentioned subjects.

After reviewing the polygraph screening booklet, the following relevant questions were asked during Mr. [REDACTED] examination:

1) Have you lied or intentionally withheld information on your personal history statement?

2) Have you stolen or helped another steal cash, merchandise or property of another?

3) Have you used any illegal drugs in the last three years?

4) Have you bought, sold, traded, manufactured or transported any illegal drugs?

5) Have you failed to disclose any arrests, convictions or warrants for your arrest?

6) Have you struck or caused physical injury to a spouse, significant other, live-in or family member?

7) Have you committed rape, sex with a child, sex with an animal, sex for pay or any other illegal sex act?

8) Have you belonged to a group or gang that participated in illegal activities?

9) Have you committed any crime in which you have not disclosed?

10) Have you ever been fired or asked to leave a job?

The examinee answered no to all the relevant questions during the polygraph examination.

Description:

The subject received a polygraph examination on the date indicated above, resulting in the following **Final Call**: No Deception Indicated.

Comments:

Mr. [REDACTED] was very polite and cooperative throughout the examination process. This examination should be viewed as a favorable component of the application process for [REDACTED]

Signature of Examiner:

Rob Reilly

Time of Testing:

10/1/09



FRANKLIN COUNTY  
**SHERIFF**

FINANCE/HUMAN RESOURCES

410 South High Street • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

October 16, 2009

Dear Mr. [REDACTED]

Your appointment for your medical examination is **Monday, October 26, 2009** at 7:30 a.m. The physical should only take about ½ hour to complete. The exam will be conducted at WorkHealth, 223 East Town Street. A TB test will be given and you will need to return on **Wednesday, October 28, 2009**, between the hours of 7:30 a.m. and 4:30 p.m. for your TB test reading. **Note:** If you already had a TB test done in the last year, you will need to take a letter from your Doctor or work place showing the date that the test was administered with the results to be given to WorkHealth.

You need to complete the first page of the attached health evaluation form. Bring this form to WorkHealth for your medical exam. WorkHealth will not have these forms.

Your appointment for your psychological examination is, **Wednesday, October 28, 2009** at 8:00 a.m. The written examination takes about four to five hours to complete. The exam is conducted at the Association for Psychotherapy, Inc., 785 East Broad Street, Columbus, Ohio 43205. The phone number for the Association for Psychotherapy is 621-3673. An interview will be conducted on the same day following the test, at the Association for Psychotherapy, Inc.

If you have any questions, you can contact Donna Barrett at 462-3397.

Sincerely,

Patrick F. Garrity  
Director, Management Services

PFG/db



FRANKLIN COUNTY  
**SHERIFF**

FINANCE/HUMAN RESOURCES

410 South High Street • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

---

October 6, 2009

[REDACTED]

Dear Mr. [REDACTED]

I am pleased to extend a conditional offer of employment to you as a Franklin County Deputy Sheriff. My offer is conditioned upon your passing physical and psychological examinations to determine if you are both physically and psychologically capable of performing the duties of a deputy sheriff. You will be contacted in the mail regarding appointments for these examinations.

Contingent upon your passing the examinations, you will be given notice of the commencement of your employment as a Franklin County Deputy Sheriff, assigned to Corrections. Your rate of pay will be \$19.17 per hour.

Congratulations on your progress through our pre-employment process. I look forward to your successful completion and the opportunity to work together.

Sincerely,

James A. Karnes  
Franklin County Sheriff

JAK/db



FRANKLIN COUNTY  
**SHERIFF**

FINANCE/HUMAN RESOURCES

410 South High Street • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

September 4, 2009

Dear Mr. [REDACTED]

Congratulations on your progression through our pre-employment process. You have been scheduled for your drug test on **Wednesday, September 16, 2009 at 9:00 a.m.** Your polygraph examination has been scheduled for **Monday, September 28, 2009 at 4:30 p.m.**

The drug test and polygraph examination will be conducted at the Franklin County Court House Annex, 410 S. High Street. The drug test is located on the 1<sup>st</sup> floor Internal Affairs Office, and the polygraph examination is located on the 1st floor, conference training room opposite the security guard at the main entrance. Rob Reeser will be the polygraph examiner. When you enter the building, you will need to sign in with the security guard. In order to help you locate the Franklin County Court House Annex, I have enclosed a map.

You must bring this letter with you to the polygraph examination, along with a valid photo identification. If you have any questions, you can contact Donna Barrett at 462-3397.

Sincerely,

Patrick F. Garrity  
Director, Management Services

PFG/db

QUESTIONNAIRE TO  
RELATIVES, REFERENCES, AND ACQUAINTANCES

Reference Teresa Harsh  
Name

[REDACTED]  
Address

Name of Applicant [REDACTED]

\*\*\*\*\*

1. What is your relationship to the applicant? Supervisor and friend/co-worker

2. How many years have you known the applicant? Five years plus

3. Does the applicant have an interest in people? yes

4. Would you describe the applicant as having integrity? Yes  No   
Explain honest and dependable worker

5. How does the applicant confront problems? very mature, addresses people in a respectful manner

6. Is the applicant dependable? yes

7. Are you aware of any substance abuse (alcohol, drugs) by the applicant?  
Yes  No  Explain none

8. Has the applicant expressed or displayed any bias or prejudice toward others?  
Yes  No  Explain have not personally heard any comments

9. How does the applicant handle financial responsibilities? N/A

10. Are you aware of anything that might disqualify the applicant from serving as a Deputy Sheriff?  
Yes  No  Explain my experience with Seth has been positive

\*\*\*\*\*

[Signature]  
Signature

8/15/09  
Date



QUESTIONNAIRE TO  
RELATIVES, REFERENCES, AND ACQUAINTANCES

Reference Misty Waller [REDACTED]  
Name Address

Name of Applicant [REDACTED]  
\*\*\*\*\*

1. What is your relationship to the applicant? FRIEND

2. How many years have you known the applicant? 8 YRS

3. Does the applicant have an interest in people? OF COURSE

4. Would you describe the applicant as having integrity? Yes  No   
Explain [REDACTED] IS A GOOD SOLID PERSON OF CHARACTER

5. How does the applicant confront problems? [REDACTED] IS STRAIGHT FORWARD AND TACKLES ISSUES UPFRONT IN THE BEST WAY POSSIBLE

6. Is the applicant dependable? YES

7. Are you aware of any substance abuse (alcohol, drugs) by the applicant?  
Yes  No  Explain \_\_\_\_\_

8. Has the applicant expressed or displayed any bias or prejudice toward others?  
Yes  No  Explain \_\_\_\_\_

9. How does the applicant handle financial responsibilities? [REDACTED] HAS ALWAYS BEEN RESPONSIBLE WITH HIS MONEY AND WORKED IN ORDER TO HAVE HIS LIFE

10. Are you aware of anything that might disqualify the applicant from serving as a Deputy Sheriff?  
Yes  No  Explain \_\_\_\_\_

\*\*\*\*\*

[Signature]  
Signature

08/19/09  
Date

QUESTIONNAIRE TO

RELATIVES, REFERENCES, AND ACQUAINTANCES

Reference Doug Armfelt [Redacted]  
Name Address

Name of Applicant [Redacted]

\*\*\*\*\*

1. What is your relationship to the applicant? [Redacted] worked for me as a co-op during the summers while he was in college.

2. How many years have you known the applicant? 5 yrs

3. Does the applicant have an interest in people? yes, [Redacted] was always quick to help others while working for me.

4. Would you describe the applicant as having integrity? Yes  No   
Explain [Redacted] is an honest straight forward person in the work place, does not partake in rumors or gossip.

5. How does the applicant confront problems? He is very patient and diligent when finding a solution to a problem.

6. Is the applicant dependable? yes, [Redacted] was willing to work over if needed, was never late and only missed work when absolutely necessary.

7. Are you aware of any substance abuse (alcohol, drugs) by the applicant?  
Yes  No  Explain \_\_\_\_\_

8. Has the applicant expressed or displayed any bias or prejudice toward others?  
Yes  No  Explain \_\_\_\_\_

9. How does the applicant handle financial responsibilities? I do not know this aspect.

10. Are you aware of anything that might disqualify the applicant from serving as a Deputy Sheriff?  
Yes  No  Explain [Redacted] would prove to be a valuable asset to your community.

\*\*\*\*\*

Doug Armfelt  
Signature

8-24-09  
Date

QUESTIONNAIRE TO  
EMPLOYERS AND SUPERVISORS

Ohio BCI & I  
Name of Company

1560 St Rt. 56, London, Ohio 43140

Address

July 2008 to present  
Date

CONCERNING THE APPLICATION OF :

\*\*\*\*\*

1. Why was the applicant's employment terminated? ██████████ is currently working at BCI # 1.
2. Was the applicant punctual and dependable? ██████████ is punctual, dependable and willing to give 110%.
3. How did the applicant get along with other employees? ██████████ demonstrated that he could work well as a team member and independently.
4. How did the applicant confront problems? ██████████ does a good job at troubleshooting problems, and isn't afraid to ask questions.
5. Was the applicant honest and truthful? Yes. ██████████ conducted himself with integrity.
6. Do you have any record of salary garnishment or other financial problems of the applicant? None.
7. Did the applicant have any extended work absences? ██████████ did not have any extended absences, and always reported as scheduled.
8. Would you re-employ the applicant? Absolutely.
9. Can you think of any reason why the applicant might not be qualified to become a Deputy Sheriff? No. ██████████ is an excellent candidate.
10. What is the type of business or function of your agency? BCI # 1 is a law enforcement agency that provides support services to local, state and federal law enforcement agencies.

Name & title of person giving information

Deborah S. Gearhiser, Deputy Director

Signature

Deborah S. Gearhiser 8/19/09

Business telephone number

(740) 845-2110





INTERVIEWER'S REPORT (DEPUTY)

July 15, 2009

Date

Applicant

Patrick Garrity

Interviewer

Deputy

Position and Assignment

1. Interpersonal Communication Skills (manner, self-expression, responsiveness, maturity, initiative, judgment, etc.) circle one

1	2	3	4	5
extremely poor communicator, uses improper grammar	failed to adequately address questions weak responses	satisfactory expresses ideas adequately	speaks clearly, confident, good communicator	exceptional, articulate, ideas well thought out & expressed confidently

*good comm*

Comments:

2. Related Experience (relevance of work, sufficiency of work, skill and competence, adaptability, productivity, leadership, growth & development, etc.)

1	2	3	4	5
no experience, as it relates to this position	little related experience, will need considerable training	some experience, average skills	great deal of experience, will need very little training	currently or has performed similar duties: no training required

*educ + BCI interview*

Comments:

3. Education (relevance of schooling, sufficiency of schooling, depth of knowledge, level of accomplishment, etc.)

1	2	3	4	5
none as it relates to this position	little related training or knowledge of law enforcement	meets minimum qualifications	has had specific educational background and/or working knowledge of job	extremely well trained for the position-both educational background & working

knowledge

Comments:

*Wright State 6/09*

*even just Criminology*

4. Professional Characteristics (initiative, judgment, self-confidence, attitude, creative, motivated, ambitious, adaptability, leadership)

1	2	3	4	5
indifferent, apathetic	interest in position is unclear, lacking in several areas	satisfactory	ranks high in all skill areas	highly motivated, eager to work, asks many questions, excellent skills

Comments:

*impressive for  
age*

5. Overall Summary Of Strengths And/Or Shortcomings and Recommendation (Note: Give overall summary of applicant's qualifications for the position and your recommendation for or against hiring.)

Overall Rating    1    2    3    4    5    6    7    8    9    10

Recommendation:    Highly Recommend    Okay For Hire    Do Not Recommend

INTERVIEW QUESTIONS (DEPUTY)

TELL US A LITTLE ABOUT YOURSELF?

high school sports / good grades on h.s.

Wright State crimin just grad 6/09 BCI intern

WHAT INTERESTS YOU MOST ABOUT THIS JOB?

6 months on to lab

6 months on investigations

- has had a passion for corrections
- great city + place to work

WHAT HAVE YOU DONE TO PREPARE YOURSELF FOR A CAREER HERE?

- 4 yrs of college - stayed out of trouble
- worked hard

TELL US ABOUT THE DUTIES OF YOUR CURRENT POSITION?

- work admin for CALEA
- investigations inventory gear

WHAT ACCOMPLISHMENTS HAVE GIVEN YOU THE GREATEST SATISFACTION.

- completing tasks @ BCI is satisfying

GIVE US AN EXAMPLE OF HOW YOU PAY ATTENTION TO DETAIL?

- she (his super) will give her a lot of tasks + she satisfied

GIVE US AN EXAMPLE OF HOW YOU CAN WORK UNDER PRESSURE?

tasks have to be taken care of quickly

WHY DO YOU WANT TO LEAVE YOUR CURRENT POSITION?

DO YOU HAVE ANY PROBLEMS WORKING A 2<sup>ND</sup> OR 3<sup>RD</sup> SHIFT?

no

HAVE YOU APPLIED FOR A LAW ENFORCEMENT POSITION WITH ANY OTHER AGENCY OR DEPARTMENT?

Gran City, IA, Decblin

IF OFFERED A POSITION BY THE SHERIFF'S OFFICE AND THE OTHER LAW ENFORCEMENT AGENCY ON THE SAME DAY, WHICH WOULD YOU CHOOSE?



**INTERVIEWER'S REPORT (DEPUTY)**

July 15, 2009	Deputy Parrish Cochran
Date	Interviewer
[REDACTED]	Deputy
Applicant	Position and Assignment

1. Interpersonal Communication Skills (manner, self-expression, responsiveness, maturity, initiative, judgment, etc.) circle one

1	2	<u>3</u>	4	5
extremely poor communicator, uses improper grammar	failed to adequately address questions weak responses	satisfactory expresses ideas adequately	speaks clearly, confident, good communicator	exceptional, articulate, ideas well thought out & expressed confidently

Comments:

*Responded well to questions*

2. Related Experience (relevance of work, sufficiency of work, skill and competence, adaptability, productivity, leadership, growth & development, etc.)

1	<u>2</u>	3	4	5
no experience, as it relates to this position	little related experience, will need considerable training	some experience, average skills	great deal of experience, will need very little training	currently or has performed similar duties: no training required

Comments:

*No corrections exp*

3. Education (relevance of schooling, sufficiency of schooling, depth of knowledge, level of accomplishment, etc.)

1	2	<u>3</u>	4	5
none as it relates to this position	little related training or knowledge of law enforcement	meets minimum qualifications	has had specific educational background and/or working knowledge of job	extremely well trained for the position-both educational background & working

knowledge  
Comments:

*has degree in criminal justice  
Interns at BCI*

4. Professional Characteristics (initiative, judgment, self-confidence, attitude, creative, motivated, ambitious, adaptability, leadership)

1	2	3	4	5
indifferent, apathetic	interest in position is unclear, lacking in several areas	satisfactory	ranks high in all skill areas	highly motivated, eager to work, asks many questions, excellent skills

Comments:

*CONFIDENT AND MOTIVATED*

5. Overall Summary Of Strengths And/Or Shortcomings and Recommendation (Note: Give overall summary of applicant's qualifications for the position and your recommendation for or against hiring.)

*SEEMS PROFESSIONAL AND MOTIVATED ASKS good QUESTIONS  
WANTS to ADVANCE in CAREER*

Overall Rating 1 2 3 4 5 6 7 8 9 10

Recommendation: Highly Recommend Okay For Hire Do Not Recommend



**INTERVIEW QUESTIONS (DEPUTY)**

TELL US A LITTLE ABOUT YOURSELF?

22 yrs old. Played Sports. Very Athletic. Football, Baseball

MATL Degree in FFA. Wright State University Criminal Justice. Intern at BCI (1 yr)

WHAT INTERESTS YOU MOST ABOUT THIS JOB?

Always has Passion For Corrections

WHAT HAVE YOU DONE TO PREPARE YOURSELF FOR A CAREER HERE?

Obtained degree in Criminal Justice.

Stayed out of trouble.

TELL US ABOUT THE DUTIES OF YOUR CURRENT POSITION?

Investigations Intern. Does Paperwork, Credentials For Diff Depts

Inventory. Special Assets Gear

WHAT ACCOMPLISHMENTS HAVE GIVEN YOU THE GREATEST SATISFACTION.

Completing Tasks. At BCI

GIVE US AN EXAMPLE OF HOW YOU PAY ATTENTION TO DETAIL?

Supervisor gives a list of things to be done.

By the end of Day

GIVE US AN EXAMPLE OF HOW YOU CAN WORK UNDER PRESSURE?

Tries to Complete Tasks at hand. With

Minimal to zero mistakes.

WHY DO YOU WANT TO LEAVE YOUR CURRENT POSITION?

Intern

DO YOU HAVE ANY PROBLEMS WORKING A 2<sup>ND</sup> OR 3<sup>RD</sup> SHIFT?

No Problems

HAVE YOU APPLIED FOR A LAW ENFORCEMENT POSITION WITH ANY OTHER AGENCY OR DEPARTMENT?

GCPD, VAPD, DUPD None Active

IF OFFERED A POSITION BY THE SHERIFF'S OFFICE AND THE OTHER LAW ENFORCEMENT AGENCY ON THE SAME DAY, WHICH WOULD YOU CHOOSE?

MA

INTERVIEWER'S REPORT (DEPUTY)

July 15, 2009

Date



Applicant

Deputy Jean Neal

Interviewer

Deputy

Position and Assignment

1. Interpersonal Communication Skills (manner, self-expression, responsiveness, maturity, initiative, judgment, etc.) circle one

1	2	3	4	5
extremely poor communicator, uses improper grammar	failed to adequately address questions weak responses	satisfactory expresses ideas adequately	speaks clearly, confident, good communicator	exceptional, articulate, ideas well thought out & expressed confidently

Comments: *good*

2. Related Experience (relevance of work, sufficiency of work, skill and competence, adaptability, productivity, leadership, growth & development, etc.)

1	2	3	4	5
no experience, as it relates to this position	little related experience, will need considerable training	some experience, average skills	great deal of experience, will need very little training	currently or has performed similar duties: no training required

Comments: *Intern BCI*

3. Education (relevance of schooling, sufficiency of schooling, depth of knowledge, level of accomplishment, etc.)

1	2	3	4	5
none as it relates to this position	little related training or knowledge of law enforcement	meets minimum qualifications	has had specific educational background and/or working knowledge of job	extremely well trained for the position-both educational background & working

knowledge  
Comments: *degree*  
*Intern w/BCI*

4. Professional Characteristics (initiative, judgment, self-confidence, attitude, creative, motivated, ambitious, adaptability, leadership)

1	2	3	4	5
indifferent, apathetic	interest in position is unclear, lacking in several areas	satisfactory	ranks high in all skill areas	highly motivated, eager to work, asks many questions, excellent skills

Comments: *Good - Limited work history  
but seems very motivated*

5. Overall Summary Of Strengths And/Or Shortcomings and Recommendation (Note: Give overall summary of applicant's qualifications for the position and your recommendation for or against hiring.)

*Good - seems very trainable*

Overall Rating    1    2    3    4    5    6    7    8    9    10

Recommendation:

Highly Recommend

Okay For Hire

Do Not Recommend

INTERVIEW QUESTIONS (DEPUTY)

TELL US A LITTLE ABOUT YOURSELF?

Madison Plains / Sports / Football / Baseball / FFA - 4H  
College - Whittier St. / Libani Arts / BCI / intern 1yr.

WHAT INTERESTS YOU MOST ABOUT THIS JOB?

Corrections / interesting job (great city)

WHAT HAVE YOU DONE TO PREPARE YOURSELF FOR A CAREER HERE?

College - 4yrs  
steer clear of trouble

TELL US ABOUT THE DUTIES OF YOUR CURRENT POSITION?

Invest. BCI / Admin / Accreditation  
inventory / gear

WHAT ACCOMPLISHMENTS HAVE GIVEN YOU THE GREATEST SATISFACTION.

completing task

GIVE US AN EXAMPLE OF HOW YOU PAY ATTENTION TO DETAIL?

List / make sure all work completed

GIVE US AN EXAMPLE OF HOW YOU CAN WORK UNDER PRESSURE?

Things need to be completed time constraints

WHY DO YOU WANT TO LEAVE YOUR CURRENT POSITION?

internship

DO YOU HAVE ANY PROBLEMS WORKING A 2<sup>ND</sup> OR 3<sup>RD</sup> SHIFT?

No

HAVE YOU APPLIED FOR A LAW ENFORCEMENT POSITION WITH ANY OTHER AGENCY OR DEPARTMENT?

Upper A.B.T. — G.P.D.  
Dykon

IF OFFERED A POSITION BY THE SHERIFF'S OFFICE AND THE OTHER LAW ENFORCEMENT AGENCY ON THE SAME DAY, WHICH WOULD YOU CHOOSE?



**FRANKLIN COUNTY SHERIFF'S OFFICE**

**PERSONAL HISTORY STATEMENT  
FOR  
POLYGRAPH INTERVIEW**

**Rob Reeser**

**Member:** American Polygraph Association  
Ohio Association of Polygraph Examiners

---

**Examiner Use:** Department: \_\_\_\_\_ PF Number: \_\_\_\_\_ Video recorded: Yes \_\_\_ No \_\_\_  
Date: \_\_\_\_\_ Time: Arrived: \_\_\_\_\_ Departed: \_\_\_\_\_



## **PERSONAL HISTORY STATEMENT**

**AND**

## **PRE-EMPLOYMENT POLYGRAPH**

As an applicant for employment with the Franklin County Sheriff's Office, you are required to complete this PERSONAL HISTORY STATEMENT. It is important that your PERSONAL HISTORY STATEMENT be complete and accurate. In the event you progress to the polygraph examination, you will be asked whether or not you have intentionally lied to questions included in your PERSONAL HISTORY STATEMENT or intentionally omitted information in this statement. We are not expecting you to be perfect. We are expecting you to be truthful.

It is in your best interest to cooperate completely with the polygraph examiner. The examiner will explain the polygraph process to you in detail. If you do not understand any part of the polygraph process or any of the questions reviewed with you, you must ask the examiner to stop and explain the process or question so that you do understand. You will not be asked any questions on the test which have not been reviewed with you. You will have the opportunity to modify any questions which you feel do not fit your particular circumstance. During the actual test, you will not be asked any trick questions or questions not previously reviewed.

No one "passes" or "fails" a pre-employment polygraph interview. The polygraph examiner reports your statements and his opinion of your truthfulness to the Sheriff. He does not make any employment recommendation. Employment decisions rest solely with the Sheriff's Office.

Our objective is to get you through your polygraph interview. With your help and cooperation, together, we can accomplish that objective. Your first step in accomplishing that objective is to complete this PERSONAL HISTORY STATEMENT.

# PERSONAL HISTORY STATEMENT

The information you provide in this Personal History Statement will be used in the course of your polygraph examination. Fill out the statement completely and accurately. You will have the opportunity to discuss all of your answers.

**In the event that you progress to a polygraph interview, you will be asked if you have on purpose lied or withheld information on this Personal History Statement.**

Your name: [Redacted] [Redacted] [Redacted]  
Last First Middle

Other than a maiden name, have you ever used any other name? No

Social Security Number [Redacted] Date of Birth: [Redacted]  
Month Day Year

Present Address: Street: [Redacted] Apt No: [Redacted]  
City: [Redacted] State: [Redacted] Zip: [Redacted]

Phone Number: Home: [Redacted] Work: [Redacted]  
Area Code Area Code

## PERSONAL REFERENCES

Fill in three (3) names below of people whom you have known for a minimum of five (5) years, that are NOT former employers and that are NOT related to you.

1. Name: Misty Waller Phone: [Redacted]  
Address: [Redacted] Apt. [Redacted]  
City: [Redacted] State: [Redacted] Zip: [Redacted]

2. Name: Teresa Harsh Phone: [Redacted]  
Address: [Redacted] Apt. [Redacted]  
City: [Redacted] State: [Redacted] Zip: [Redacted]

3. Name: Doug Armfelt Phone: [Redacted]  
Address: [Redacted] Apt. [Redacted]  
City: [Redacted] State: [Redacted] Zip: [Redacted]

EMPLOYMENT HISTORY

Starting with your present or last employer, list the last four (4) places you have worked, either full-time or part-time. Do not omit any employer. Account for all periods of time. If unemployed for any period \*, so indicate.

1. Present or last employer: Musselman Acres Phone (614) 798-7055
Address 11230 Anderson-Antioch Rd.
City: Orient State: Ohio Zip 43146
Position held: Farm Hand From: 6/2000 To: Present
Are you presently employed by this company? Yes
If not presently employed, give a detailed reason for leaving:
Unemployed \* From: To: Are you eligible for re-hire?

2. Present or last employer: Ohio BCI+1 Phone (740) 845-2000
Address 1560 St. Rt 56 ATTN: DEB GEARHISER - DEPUTY
City: London State: Ohio Zip 43140
Position held: CALEA/Investigations Intern From: 2/2009 To: Present
Are you presently employed by this company? Yes
If not presently employed, give a detailed reason for leaving:
Unemployed \* From: To: Are you eligible for re-hire?

3. Present or last employer: Ohio BCI+1 Phone (740) 845-2000
Address 1560 St. Rt. 56
City: London State: Ohio Zip 43140
Position held: CODIS/Lab Intern From: 7/2008 To: 2/2009
Are you presently employed by this company? Yes
If not presently employed, give a detailed reason for leaving:
Unemployed \* From: To: Are you eligible for re-hire?

4. Present or last employer: Stanley Electric Phone (740) 852-5200
Address 420 East Main St.
City: London State: Ohio Zip 43140
Position held: Facility Engineer From: 6/2005 To: 6/2008
Are you presently employed by this company? NO
If not presently employed, give a detailed reason for leaving: Better job opportunity
Unemployed \* From: To: Are you eligible for re-hire? Yes

Yes Do you have the legal right to work in the United States?
NO Have you ever used a Social Security Number (SSN) other than your own?
NO Have you ever been employed under someone else's Social Security Number (SSN)?
NO Have you ever been employed outside the United States?

Many employees have taken something from an employer that they did not really have permission to take. This includes the actual taking, illegally giving away merchandise to friends, relatives or co-workers, borrowing without permission and failing to return merchandise company property or equipment. Please estimate the total dollar value of all such merchandise, company property or equipment you may have taken, if any, and write that amount here: \$ 2.00. *Office Supplies - Pens, highlighters, etc. left in pocket.*

Many people who have held jobs in which they handled money or had expense accounts have probably taken some cash without the permission of their employer. This includes the direct taking of cash, borrowing and not returning money or padding expense accounts. Please estimate the total amount of cash you may have taken from all employers and write that amount here: \$ 0.

Occasionally peer group pressure will force an employee to help another employee take things from an employer. Please estimate the total dollar amount of cash and merchandise you may have received from such acts and write that amount here: \$ 0.

Will any prior employer tell your background investigator you have stolen cash, merchandise or company property? NO If "yes", which employer(s)? \_\_\_\_\_

Answer all of the following questions by placing a "Y" (yes) or a "N" (no) on the line to the left of each question. If any question requires a "Y" (yes) answer, make your explanation on the lines to the right of the question.

- N Have you ever been accused of on-the-job misconduct? \_\_\_\_\_
- N Have you ever been fired from any job? \_\_\_\_\_
- N Have you ever left a job to avoid being fired? \_\_\_\_\_
- N Have you ever been formally disciplined by any employer? If so, for what reason(s)? \_\_\_\_\_
- Y Within the past year, have you called in sick when in fact you were not sick? Called in Sick to Study for college (1 time)
- N Have you ever consumed alcohol in violation of company policy? \_\_\_\_\_
- N Other than for medical reasons, have you been absent from work more than 3 times in the past year? \_\_\_\_\_
- N Other than for medical reasons, have you ever been disciplined for violation of any employer's attendance policy? \_\_\_\_\_
- N Will any employer or supervisor say you have lied to get out of trouble? \_\_\_\_\_
- N Will any of your references tell us you frequently lie to get out of trouble? \_\_\_\_\_
- N Will any prior employer give you a poor recommendation? \_\_\_\_\_
- N Would any previous employer not hire you back? If so, Which employer(s)? \_\_\_\_\_

EDUCATIONAL BACKGROUND

- N/A Do you have a GED?
- Y Have you graduated from any high school with a high school diploma? If "yes": What was the name of the high school Madison-Plains Where was the high school located? City: London State: Ohio County: Madison
- N Have you ever been expelled from any high school, community college, college or university for violation of law or school rules?

CRIMINAL HISTORY

Most people have committed "crimes" at some time in their life. Such behavior must be judged within the total circumstances that they occurred. It is important that you answer all of the following questions truthfully. You will be given the opportunity to explain any answer you may feel is a problem.

↓	Have you committed any of the following incidents <u>by yourself or with another</u> ? Answer <u>each</u> item "YES" or "NO"	If "YES", your age at the time ↓
<u>NO</u>	Arson (burning the property of another for money, sexual gratification, spite or malice)	_____
<u>NO</u>	Assaulted the person of another with any weapon or physical object	_____
<u>NO</u>	Auto theft (taking the vehicle of another without the owner's consent or knowledge)	_____
<u>NO</u>	Bought, sold, traded or taken pictures of nude children	_____
<u>NO</u>	Burglary (going into a home or place of business intending to steal or commit any crime)	_____
<u>NO</u>	Carried a concealed weapon without a permit	_____
<u>NO</u>	Committed any sex act in any place open to public view	_____
<u>NO</u>	Committed any physical sex act with any animal	_____
<u>NO</u>	Committed any illegal sex act with any member of your immediate family	_____
<u>NO</u>	Committed any physical sex act with any person under the age of sixteen (16)	_____
<u>NO</u>	Exposed yourself or masturbated in any public place	_____
<u>NO</u>	Filed a false worker's compensation insurance claim	_____
<u>NO</u>	Forgery (creating a false document or signing the name of another without consent)	_____
<u>NO</u>	Impersonated a police officer	_____
<u>NO</u>	Intentionally filed or falsified any tax return, state or federal	_____
<u>NO</u>	Intentionally filed or falsified any insurance claim	_____
<u>NO</u>	Intentionally issued checks knowing there were not sufficient funds in the bank	_____
<u>NO</u>	Kidnapping (taking any person from one place to another without his or her consent)	_____
<u>NO</u>	Knowingly received or sold stolen property	_____
<u>NO</u>	Made obscene or threatening phone calls	_____
<u>NO</u>	Murder (taking a human life by premeditation, lying in wait or torture)	_____
<u>NO</u>	Paid for the services of a prostitute (male or female)	_____
<u>NO</u>	Possessed or detonated any illegal explosive devise (bomb)	_____
<u>NO</u>	Rape (having sexual intercourse with one who expressly did not wish to do so)	_____
<u>NO</u>	Received payment for any physical sex act	_____
<u>NO</u>	Robbery (taking money or property from another by force or fear)	_____
<u>Yes</u>	Shoplifting (intentionally taking merchandise from a merchant without paying for it)	<u>15</u>
<u>NO</u>	Turned in a false fire alarm	<u>16</u>
<u>Yes</u>	Vandalism (destroying the property of another)	<u>16</u>
<u>NO</u>	Watched others undress or commit physical sex acts without their knowledge or consent	_____

NO Since your 18<sup>th</sup> birthday, have you been arrested for any of the above incidents?

NO Since your 18<sup>th</sup> birthday, has a warrant been issued for your arrest?

NO Are there any warrants out for your arrest at the present time?

NO Since your 18<sup>th</sup> birthday, have you been named as a *suspect* in any police report?

NO Since your 18<sup>th</sup> birthday, have you plead guilty to, been convicted of or plead No Contest to any felony crime(s)?

NO Since your 18<sup>th</sup> birthday, have you been arrested for any misdemeanor crime(s) which resulted in imprisonment?

NO Will any of your references tell us you have ever planned to commit a serious crime?

This is page 4 of 9 pages. Place your initials here: [REDACTED]

MILITARY HISTORY

Other than for medical reasons, have you ever applied for military service and had your application rejected? N/A

Have you ever served in any branch of the armed forces or national guard in either active duty or reserve status?

NO If "yes":

Branch: \_\_\_\_\_ From \_\_\_\_\_ 19\_\_\_\_ To \_\_\_\_\_ 19\_\_\_\_ ID# \_\_\_\_\_  
What was the highest rate/rank you attained? \_\_\_\_\_ E/O \_\_\_\_\_  
Were you ever reduced in rate/rank? \_\_\_\_\_ If so, why? \_\_\_\_\_  
Were you ever AWOL or did you ever miss movement? \_\_\_\_\_ If so, how many times? \_\_\_\_\_  
Have you been the subject of any non-judicial disciplinary action(s)? \_\_\_\_\_ If so, why? \_\_\_\_\_  
Have you been the subject of any court martial? If so, for what reason(s) \_\_\_\_\_  
What was your rate/rank upon discharge? \_\_\_\_\_ E/O \_\_\_\_\_

Have you ever served in any other branch(s) of the armed forces or national guard in either active duty or reserve status? \_\_\_\_\_ If "yes": What branch? \_\_\_\_\_ When? \_\_\_\_\_

What branch? \_\_\_\_\_ When? \_\_\_\_\_

LAW ENFORCEMENT HISTORY

Have you ever completed any law enforcement training academy or academies? NO If "yes", which?

Academy \_\_\_\_\_ Location \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been terminated, resigned from or failed to complete any law enforcement academy? \_\_\_\_\_ If "yes", which?

Academy \_\_\_\_\_ Location \_\_\_\_\_ When? \_\_\_\_\_

\_\_\_\_\_ Have you ever been employed as a full-time paid peace officer or reserve peace office in Ohio, any other state or territory of the United States or by any agency of the federal government? If "yes":

What Agency/Department \_\_\_\_\_ Where (City, State) \_\_\_\_\_ When? \_\_\_\_\_

\_\_\_\_\_ Has your employment or appointment as a peace office ever been terminated by any law enforcement agency or have you ever been asked to resign instead of termination. If "Yes":

What Agency/Department \_\_\_\_\_ Reason(s) for leaving \_\_\_\_\_ When? \_\_\_\_\_

*Other than for medical or psychological reasons*, have you ever been rejected for employment by any law enforcement agency \_\_\_\_\_? If "yes":

What Agency/Department \_\_\_\_\_ Reason(s) for rejection \_\_\_\_\_ When? \_\_\_\_\_

## SUBSTANCE EXPERIMENTATION HISTOR

Many people have experimented with marijuana and/or controlled substances in their early life. Such experimentation is generally not a problem. However, any use or experimentation with marijuana and/or controlled substances within the past three (3) years must be fully disclosed. **Note: Experimentation includes the ingestion into your body in any manner, including tasting, swallowing, inhaling or injecting.** Indicate the month and year within the past three (3) years that you may have experimented with or used any of the following:

<u>NO</u> Acid	<u>NO</u> Crosstops	<u>NO</u> Marijuana	<u>NO</u> Rock
<u>NO</u> Amphetamines	<u>NO</u> Crystals	<u>NO</u> Mescaline	<u>NO</u> Rush
<u>NO</u> Angel Dust	<u>NO</u> Downers	<u>NO</u> Methamphetamine	<u>NO</u> Sherm
<u>NO</u> Barbiturates	<u>NO</u> Ecstasy	<u>NO</u> Mopers	<u>NO</u> Speed
<u>NO</u> Bennies	<u>NO</u> Glue	<u>NO</u> Mushrooms	<u>NO</u> Steroids w/o prescription
<u>NO</u> Black Beauties	<u>NO</u> Hashish	<u>NO</u> Opium	<u>NO</u> Thai Stick
<u>NO</u> Bombers	<u>NO</u> Hashish Oil	<u>NO</u> PCP	<u>NO</u> Uppers
<u>NO</u> Cocaine	<u>NO</u> Heroin	<u>NO</u> Peyote	<u>NO</u> Whites
<u>NO</u> Crack	<u>NO</u> Ice	<u>NO</u> Quaaludes	<u>NO</u> Xenos
<u>NO</u> Crank	<u>NO</u> LSD	<u>NO</u> Reds	

NO Within the past three (3) years, have you experimented with or used any illegal drug(s) or controlled substances(s) not mentioned above? If so, what one(s)? \_\_\_\_\_

NO Have you ever cultivated or manufactured any illegal hard drug or controlled substance?

NO Have you ever sold, traded or transported for sale any illegal hard drug or controlled substance?

During your background investigation, is anyone likely to report that you have ever been involved in:

NO the cultivation of marijuana for any purpose? If so, who? \_\_\_\_\_

NO the manufacture of illegal hard drugs? If so, who? \_\_\_\_\_

NO the sale of marijuana or illegal hard drugs? If so, who? \_\_\_\_\_

NO the transportation of marijuana or illegal hard drugs? If so, who? \_\_\_\_\_

NO Have you ever personally held or stored marijuana, an illegal hard drug or controlled substance for a friend or co-worker? If for a co-worker, by whom were you employed at the time? \_\_\_\_\_

NO Have you ever used any prescription drug which was not prescribed for you? If so, what drug(s)? \_\_\_\_\_

NO Have you ever bought, sold or traded any prescription drug which was not prescribed for you? If so, what drug(s)? \_\_\_\_\_

NO Have you ever forged or altered a prescription to obtain any prescription drug(s)? If so, what drug(s)? \_\_\_\_\_

NO Have you been stopped (not arrested) by a police officer, either as a pedestrian or the driver of a vehicle, when the officer felt you were under the influence of alcohol, prescription drugs or a controlled substance(s)?

NO Have you ever been adjudged by any court to be in danger of or being addicted to dangerous drugs?

### DOMESTIC CONDUCT HISTORY

NO During your background investigation, is anyone likely to report that you have been involved in family fights?

NO Have the police ever come to your home to settle a domestic problem between you and any member of your family?

What police agency? \_\_\_\_\_ When? \_\_\_\_\_

What police agency? \_\_\_\_\_ When? \_\_\_\_\_

NO Have you ever caused physical injury to a spouse, ex-spouse, significant other, live-in relative or adult family member?

NO Have you ever caused physical injury to a child family member which required medial attention for the child?

NO Have you ever caused physical injury to an adult family member which required medical attention for the adult?

NO Has any court in any state ever issued a restraining order against you for any reason?

NO Are you now required to make child support payments? If "yes", are you current on those payments? \_\_\_\_\_



FINANCIAL HISTORY

Answer **all** of the following questions by placing a "Y" (yes) or a "N" (no) on the line to the left of each question. If any question requires a "Y" (yes) answer, make your explanation on the lines to the right of the question.

Have you ever:

- N   Been more than thirty (30) days late in making any mortgage or rent payment? \_\_\_\_\_
- N   Been more than thirty (30) days late in making any installment payment? \_\_\_\_\_
- N   Been more than thirty (30) days late in making any income tax payment? \_\_\_\_\_
- N   Had debt(s) turned over to a collection agency? If "yes", what agency and when. \_\_\_\_\_
- N   Filed for protection under the bankruptcy laws? \_\_\_\_\_
- N   Had your wages attached by a judgment? \_\_\_\_\_
- N   Had anything purchased on credit repossessed? \_\_\_\_\_
- N   Failed to make child support payments on time? \_\_\_\_\_
- N   Failed to make alimony payments on time? \_\_\_\_\_
- N   Used another person's credit card to pay a debt? \_\_\_\_\_
- N   Used another person's social security number to pay a debt? \_\_\_\_\_
- N   Lied to a credit agency for the purpose of obtaining credit? \_\_\_\_\_
- N   Failed to return a credit card after it was recalled? \_\_\_\_\_
- N   Has anybody ever sued you in Small Claims court? \_\_\_\_\_
- N   Are there any judgments pending against you now? \_\_\_\_\_
- N   During your background investigation, is anyone likely to report you have financial problems? If so, who? \_\_\_\_\_
- N   During your background investigation, will any credit reporting agency report you have poor credit? If so, which one(s)? \_\_\_\_\_

LICENSING HISTORY

**Other than a driver license**, have you ever held or been issued any license or licenses from the federal government or any state agency or any political subdivision thereof? If so, what license(s)?

  NO   \_\_\_\_\_

**Other than a driver license**, has any license issued to you, including those mentioned above, ever been suspended or revoked for any reason(s)? If so, what license(s)?

  NO   \_\_\_\_\_



DRIVING HISTORY

What is your present driver license number? \_\_\_\_\_

State or jurisdiction which issued the license: \_\_\_\_\_

Expiration Date \_\_\_\_\_  
Month Date Year

Answer all of the following questions by placing a "Y" (yes) or a "N" (no) on the line to the left of each question. If any question requires a "Yes" answer, make your explanation on the lines to the right of the question.

Have you ever:

N Been issued a driver license by any state or country other than your present driver license? If yes" what state or jurisdiction? \_\_\_\_\_ What is/was the number of that license? \_\_\_\_\_

N Failed to carry automobile insurance as required by state law or had your auto insurance canceled for reasons other than failure to pay the premium? \_\_\_\_\_

N Had your automobile placed with an assigned risk insurer? \_\_\_\_\_

N Been taken into custody or arrested after being stopped by a police officer while you were operating a motor vehicle? \_\_\_\_\_

N Left the scene of a motor vehicle collision, in which you were the driver of one of the involved vehicles, without exchanging information with other driver(s) or reporting it to a law enforcement agency? (Hit & Run) \_\_\_\_\_

N Had your driver license suspended? \_\_\_\_\_

N Had your driver license revoked? \_\_\_\_\_

N Driven a motor vehicle while under the influence of controlled substances or illegal hard drugs? \_\_\_\_\_

N Been the driver of a vehicle that caused personal injury to another person? \_\_\_\_\_

N Will any of your references tell us you have driven a motor vehicle while under the influence of marijuana or any illegal hard drug? If so, who? \_\_\_\_\_

How many traffic citations for moving violations have you received within the past three (3) years? NONE

Issuing Agency:	For what violation?	What year?

N Are there now (as of today) any traffic warrants out for your arrest?

N Will any law enforcement agency report you have been involved in a motor vehicle collision or received a traffic citation which you have not disclosed above? If so, what agency? \_\_\_\_\_



**PUBLIC EMPLOYMENT**  
In accordance with section 2909.34 of the Ohio Revised Code

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

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

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
[REDACTED]	[REDACTED]	[REDACTED]
HOME ADDRESS		
[REDACTED]		
CITY	STATE	ZIP
[REDACTED]	[REDACTED]	[REDACTED]
HOME PHONE	WORK PHONE	
[REDACTED]	[REDACTED]	

**DECLARATION**

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

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

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

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  
 Yes  No

5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  
 Yes  No

6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  
 Yes  No



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

**CERTIFICATION**

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

X



Signature

7/10/2009

Date

GROUP AFFILIATION HISTORY

Answer all of the following questions by placing a "Y" (yes) or a "N" (no) on the line to the left of each question.


- N Have you ever belonged to any group or gang which engages in unlawful activities?
- N Have you ever belonged to a street gang or taken part in street gang activities?
- N Do you have any gang related tattoos on your body?
- N Do you now or have you ever belonged to, worked with or for any group which advocates or advocated the violent overthrow of the United States government, any state government or any political subdivision thereof?
- N Do you now or have you ever belonged to, worked with or for any group which advocates or advocated acts of violence against persons because of their race, color, religious creed, sex, age, national origin, physical handicap or sexual preference?
- N During the course of your background investigation, will anybody say you belong or have belonged to any such group(s)? If so, who? \_\_\_\_\_
- N During your background investigation, is anyone likely to report you have prejudices which might affect either your on-the-job conduct or your off-the-job conduct? If so, who? \_\_\_\_\_
- N Within the past three (3) years, have you carried a concealed weapon without a permit?
- N During your background investigation, is anyone likely to report you have carried a concealed weapon without a permit? If so, who? \_\_\_\_\_
- N During your background investigation, is anyone likely to report you are unfit for the position for which you are applying? If so, who? \_\_\_\_\_

YOUR AREAS OF CONCERN

Answer each of the following two questions by placing a "Y" (yes) or a "N" (no) on the line to the left of each question.

- N Is there anything in your background that you have not been asked in this Personal History Statement that might adversely affect your application for employment? If so, what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- N Is there anything in your background that you have not been asked in this Personal History Statement that you would like to discuss with the polygraph examiner? If so, what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANY DELIBERATE INACCURACIES OR INCOMPLETE STATEMENTS ON THIS PERSONAL HISTORY STATEMENT MAY BAR YOU FROM EMPLOYMENT**

This is page 9 of 9 pages. Place your initials here: 

END OF PERSONAL HISTORY



FRANKLIN COUNTY  
**SHERIFF**

FINANCE/HUMAN RESOURCES  
410 South High Street • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

“AUTHORIZATION WAIVER FOR RELEASE OF CRIMINAL AND TRAFFIC RECORD”


Date 7/10/2009

I, hereby, give my permission for authorized agents of the Franklin County Sheriff's Office to conduct an investigation of my background, including education, employment, credit, reputation, military records, and any other factors which such agents may deem proper and necessary subjects of investigation, in order to properly assess my character and background in connection with my application for the position of **Deputy Sheriff** with the Franklin County Sheriff's Office.

I give my permission for any person, business, or institution contacted in the course of such investigation to release any and all information properly requested and photostats of same, if requested, and do hereby release such person, business, or institution from all liability for providing correct information.

I recognize the right of the Franklin County Sheriff's Office to treat, at its discretion, certain sources as confidential sources, and information obtained therefrom.

  
\_\_\_\_\_  
Signature of Applicant

  
\_\_\_\_\_  
Printed/Typed Name of Applicant

  
\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Investigating Officer

**CBC EMPLOYMENT SCREENING SERVICES**

Toledo Office/Operation Center

5555 Airport Highway, Suite 205 ♦ Toledo, OH 43615

419/861-7555 ♦ FAX 419/861-7565 ♦ 1/800/772-0130 ♦ FAX 1/800/772-0440

**REPORT REQUEST**

Franklin County Sheriff's Office  
 DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ESS SPECIALIST: TEAM #4/Karlene Iott  
 CUSTOMER #: 85ES61351 PERSON ORDERING REPORT: \_\_\_\_\_

**APPLICANT INFORMATION:** (Please print all information)

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ \*MAIDEN: N/A  
 CURRENT ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 SOCIAL SECURITY NO.: \_\_\_\_\_ \*MALE:  \*FEMALE: \_\_\_\_\_  
 DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE: OH DATE of BIRTH: \_\_\_\_\_

**APPLICANT AUTHORIZATION**

Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my credit, criminal, motor vehicle, and other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.

**FCRA DISCLOSURE**

This is to inform you that as part of processing your application, a consumer report may be obtained for employment purposes.

SIGNATURE: \_\_\_\_\_ TODAY'S DATE: 7/10/2009

\*This information is requested by CBC Employment Screening Services solely for purposes of ensuring accurate retrieval of records.

**FOR EMPLOYER USE ONLY**

Reports Requested: (Place checkmark next to report(s) requested and fill in appropriate information)

- Credit Report
  - Social Security Search
  - Motor Vehicle Report: State: \_\_\_\_\_ License No.: \_\_\_\_\_
  - Report (other): \_\_\_\_\_
- Available:  
 (Please fax a copy of the application if ordering)
- Education Verification
  - Current Employer Verification
  - Previous Employer Verification
  - Professional License Verification
  - Personal Reference Check


- Criminal Report, County: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_
- Felony
- Felony and misdemeanor
- Do you want the maiden name searched?  Yes  No  
 (Maiden name search will incur additional charges)
- State Criminal Report (list State): \_\_\_\_\_

**CUSTOMER CERTIFICATION**

I, \_\_\_\_\_, as an authorized representative of the above-mentioned Customer, do hereby certify that, in accordance with the ESS Customer Services Agreement, prior to ordering any report for employment purposes, the applicant, 1) authorized the procurement of the report(s), 2) received the FTC "Summary of Your Rights Under the Fair Credit Reporting Act," 3) received the FCRA Disclosure herein, and that 4) in the event any adverse action is to be taken which is based in whole or in part on the report(s), before taking such action, the applicant will be provided with a copy of the report(s) including a written summary of a consumer's rights under the FCRA, and 5) information from the report(s) will not be used in violation of any applicable federal or state equal opportunity law or regulation.

Signature of Customer: \_\_\_\_\_ Date: \_\_\_\_\_





July 25, 2009



Pat Garrity  
Human Resource Director  
Franklin County Sheriffs Office  
369 South High Street  
Columbus, Ohio 43215

Dear Mr. Garrity,

Thank you very much for taking time out of your busy schedule to talk with me about the corrections position with Franklin County Sheriffs Office. I appreciate your time and consideration in interviewing me for this position. I would also like to give thanks for allowing me to tour such a great facility.

After speaking with you I believe that I am a perfect candidate for the position. I am young and looking to start a career. I believe a career with Franklin County Sheriff's Office would be perfect. I am quick to adapt to any environment I am put in.

In addition to being an extremely hard worker, I would bring many great skills to get the job done. Having worked at the Ohio Bureau of Criminal Identification and Investigation I have passed an extensive background check and a polygraph exam. I have obtained a Bachelors degree in Criminal Justice as well as a minor in Sociology from Wright State University. I believe my skills learned from school and the Bureau makes me a great candidate for the position.

I am very interested in working for such a great department and look forward to hearing from you once the final decisions are made regarding this position. Please feel free to contact me at anytime if further information is needed. My cell phone number is   


Thank you again for your time and consideration.

Sincerely,  


[REDACTED]

July 25, 2009

Sheriff Jim Karnes  
Franklin County Sheriffs Office  
369 South High Street  
Columbus, Ohio 43215

Dear Sheriff Karnes,

Thank you very much for giving me the opportunity to interview for the corrections position with Franklin County Sheriffs Office. I appreciate the time and consideration giving to me. I would also like to give thanks for allowing me to tour such a great facility.

I believe that I am a perfect candidate for the position. I am young and looking to start a career. I believe a career with Franklin County Sheriff's Office would be perfect. I am quick to adapt to any environment I am put in.

In addition to being an extremely hard worker, I would bring many great skills to get the job done. Having worked at the Ohio Bureau of Criminal Identification and Investigation I have passed an extensive background check and a polygraph exam. I have obtained a Bachelors degree in Criminal Justice as well as a minor in Sociology from Wright State University. I believe my skills learned from school and the Bureau makes me a great candidate for the position.

I am very interested in working for such a great department and look forward to hearing from you once the final decisions are made regarding this position. Please feel free to contact me at anytime if further information is needed. My cell phone number is [REDACTED]

Thank you again for your time and consideration.

Sincerely,  
[REDACTED]

# Madison Plain High School



## Madison County Schools



Having satisfactorily completed a Course of Study prescribed by the Madison-Plains Local Board of Education for this high school is awarded this

# Diploma

Given under our hands this third day of June, 2005.

David C. Shall

Superintendent

R. M. Ke

Principal

Michael E. Brant

President, Board of Education

M. J. ...

Treasurer, Board of Education



**RICHARD CORDRAY**  
OHIO ATTORNEY GENERAL

May 21, 2009

Jim Karnes  
Franklin County Sheriff  
401 S. High Street  
Columbus, OH 43215

Dear Sheriff Karnes:

I write this letter in support of [REDACTED] who is a candidate for a Deputy Sheriff within your agency.

[REDACTED] has served as an intern at BCI for nearly a year and has proven himself to be highly reliable, courteous and hard working.

In June, [REDACTED] will be graduating from Wright State University receiving a Bachelors Degree with a major in Criminal Justice and a Minor in Sociology. In the Criminal Justice program he has studied Criminal Law, Criminal Procedures, Policing in our Society, Spanish, Psychology, Juvenile delinquency, Criminal Justice System and much more.

[REDACTED] will be a great asset for your agency. Thank you for your consideration.

Sincerely,

Peter C. Tobin  
Superintendent  
Bureau of Criminal Identification  
and Investigations

PT/lb

2-21-09  
SENT TO  
H.T.R.



















FRANKLIN COUNTY  
**SHERIFF**

FINANCE/HUMAN RESOURCES

410 South High Street • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

June 15, 2009

Dear Mr. [REDACTED]

Since you passed our pre-employment examination for a deputy sheriff position, you are now included in the first phase of our hiring/selection process. You will be interviewed, processed through Web Check, and given a tour of one of our corrections facilities. During this phase, we will conduct a thorough background check that includes a criminal record check, a report on your driving record, and a credit report.

For your convenience and to speed processing, scheduling has been arranged so that your interview, jail tour, and Web Check can be done on the same day, **Wednesday, July 15, 2009**. Your schedule is as follows:

11:00 am	Jail Tour	Corrections Center I	370 S. Front St. 1 <sup>st</sup> fl.
12:00 pm	Web Check	Concealed Carry Permit Office	410 S. High St. 1 <sup>st</sup> fl.
3:00 pm	Interview	Human Resources Office	410 S. High St. 2 <sup>nd</sup> fl.

Your attire should be appropriate for an interview. Bring the enclosed forms, "Authorization Waiver for Release of Criminal and Traffic Record", the "Report Request", and the "Ohio Department of Public Safety". **Have these forms completed.** Also bring copies (**NOT ORIGINALS**) of the following documents with you:

birth certificate,  
high school diploma or G.E.D. certificate,  
college or technical school degree, and  
certificates from any other applicable, formal training.

Attached you will find a pre-employment questionnaire which you are to complete and bring with you on the day of your interview. **You are to complete this questionnaire in its entirety, namely, fill in complete names, addresses, including zip codes, and telephone numbers, etc.** This will not be used in relation to your interview. This questionnaire relates to the polygraph examination which would be the next step for those who progress in the hiring process. It is essential that you file the questionnaire with us on the day of your interview in order that we speed the hiring process.

The Human Resources Office is located in the Franklin County Court House Annex, 410 S. High Street, 2<sup>nd</sup> floor. The Web Check is located at the Franklin County Court House Annex, Concealed Carry Permit Office, 410 S. High Street, 1<sup>st</sup> floor. The Jail Tour is located in the Franklin County Corrections Center I, 370 S. Front Street, 1<sup>st</sup> floor. A map showing the Franklin County Court House Annex, the Franklin County Corrections Center I, and surrounding parking is enclosed. If you have decided not to proceed with the pre-employment process, please notify our Human Resources Office at (614) 462-3397.

Sincerely,

Patrick F. Garrity  
Director, Management Services



FRANKLIN COUNTY  
**SHERIFF**

FINANCE/HUMAN RESOURCES

410 South High Street • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

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May 08, 2009

[REDACTED]  
Dear [REDACTED]

I am pleased to notify you that you have passed our deputy sheriff pre-employment examination. By passing the examination, you are one of many who may be considered for a position as a deputy sheriff. To qualify, applicants had to pass all four parts of our examination.

My goal has been to make and keep the hiring process as fair and objective as possible. Everyone who passed the pre-employment test will be contacted at a later date for an interview. However, since so many applicants have passed the test and there is a limited number of vacancies, not everyone who passes the test will be called for the later phases of the hiring process. After the interview, applicants will be contacted on an as needed basis.

I congratulate you on passing the test and appreciate your interest in serving as a deputy sheriff.

Sincerely,

James A. Karnes  
Franklin County Sheriff

Your Test Score:

Video:	75.00
Writing:	Passed
Reading:	90.32
Counting:	100.00

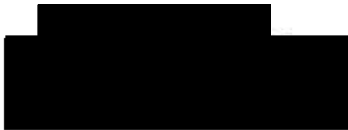


FRANKLIN COUNTY  
**SHERIFF**

HUMAN RESOURCES  
410 South High Street • Columbus, Ohio 43215 • Human Resources (614) 462-3397

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March 12, 2009



TEST NOTIFICATION

You have been scheduled to take the pre-employment examination for the position of Franklin County Sheriff's Deputy. The test will be conducted in the Auditorium on the first floor of the Franklin County Government Center, 373 S. High Street, Columbus, Ohio on **Thursday, April 16, 2009**. You must report to the Auditorium at **1:00 pm** to register.

On the day of the test, you must bring your state driver's license or state identification card. Without a valid photo identification, you will be ineligible for registration. We ask that you also bring two sharpened No.2 pencils. Do not bring any other items such as books, briefcases, or folders with you. Be prompt. The doors will be locked once the test begins. Entry will then be denied for any reason. The examination will conclude at approximately 4:30 pm.

There are two county parking garages at locations shown on the enclosed map. The fee for parking for four hours at either of these garages is \$5.00. You could also park at the City Center garage for four hours at a cost of \$5.00. The City Center garage is located between Rich and Main Streets off of South High Street.

A second map of downtown Columbus is also enclosed. The Franklin County Government Center is just north of Interstate 70 and 71 and identified by the number 27.

Sincerely,

Patrick F. Garrity  
Director, Management Services





HISTORY SHEET

FRA .KLIN COUNTY SHERIFF'S OFFIC...

DON: 1-11-10  
DEPUTY  
\$19.17 NR

FCCC 2  
TRAINING

(PLEASE PRINT)

NAME [REDACTED]

STREET ADDRESS [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

COUNTY [REDACTED] TELEPHONE NUMBER [REDACTED]

DATE OF BIRTH [REDACTED] BLOOD TYPE \_\_\_\_\_

MARITAL STATUS SINGLE SPOUSE 'S NAME \_\_\_\_\_

SOCIAL SECURITY # [REDACTED]

IN CASE OF EMERGENCY CONTACT:

NAME [REDACTED]

ADDRESS [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

PHONE NUMBER HOME [REDACTED] WORK [REDACTED]

RELATIONSHIP [REDACTED]

EDUCATION

TOTAL NUMBER OF YEARS EDUCATION INCLUDING PRIMARY 16

SCHOOL NAME/LOCATION	MAJOR AREA (S) OF STUDY	TYPE OF DEGREE
LIMA CENTRAL CATHOLIC LIMA, OH	BASIC	HS DIPLOMA
OHIO STATE COLUMBUS, OH	CRIMINOLOGY	B.A. CRIMINOLOGY

OTHER QUALIFICATIONS:

TYPING SPEED \_\_\_\_\_ SPECIAL SKILLS \_\_\_\_\_

MILITARY SERVICE

BRANCH \_\_\_\_\_

NUMBER OF YEARS \_\_\_\_\_ MOS \_\_\_\_\_

Badge #

[REDACTED]

### Section I - Personal Information

Date Submitted: 9/5/2008  
 Social Security No:  
 Last Name: Shine  
 First Name: Colin  
 Middle Initial: P  
 Home Address:  
 City:  
 State:  
 Zip Code:  
 County:  
 Home Phone:  
 Work Phone:  
 Applicant Email:

*Called 6-9-09*

---

Social Security Numbers (SSNs) are used to maintain a social security number is transmitted over a secure section S101-312 of the Revised Code and is mandatory. Your SSN may be used for the purpose of obligors under child support orders, detection information or gene



### Are you interested in:

- Full-Time Permanent
- Part-Time
- Temporary
- Intermittent
- Summer Only

If applying for a **VACANT POSITION**, fill in the information in the area below:

Job Title:

### Summary of Qualifications

In the area below, describe briefly the experience, education, training, and other factors that qualify you for the position or examination for which you are applying. Refer to the minimum qualification and any position specific qualifications for this position or examination.

B.A. in Criminology from the Ohio State University, OPOTA at Eastland Career Center (testing date 09/24/2008)

### Section II - Experience

In the areas below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. NOTE: in order to be considered for employment, you must fill in the information below, accurately and completely. You may email a resume in addition to completing this section.

**Present or Most Recent Job:**

Employers name : JC Penney  
 Employers Address: 2361 Park Crescent Dr Columbus, Ohio 43232  
 Length of employment: From: 1/5/2008  
 To  
 Currently Employed?  
 Phone: 6148680250  
 (Including Area Code)  
 Reason for leaving: currently still employed  
 Position (Job Title and Classification) Loss Prevention Officer  
 Salary: Beginning:20072  
 Ending: 21320  
 Duties Performed: Monitor shoppers and associates, ensure safety, reduce shrink

**Next Most Recent Job:**

Employers name : The Home Depot  
 Employers Address: 5858 Sawmill Rd Dublin, Ohio  
 Length of employment: From 7/1/2008  
 To 5/1/2008  
 Phone: 6147617770  
 (Including Area Code)  
 Reason for leaving: 6147617770  
 Position: Sales Specialist  
 (Job Title and Classification)  
 Salary: Beginning  
 Ending  
 Duties Performed: Selling store products, custom orders, and providing customer service

Employers name : The Home Depot  
 Employers Address: 2090 N Cable Rd Lima Ohio  
 Length of employment: From: 6/1/2005  
 To: 9/1/2005  
 Phone 419 2229457  
 (Including Area Code)  
 Reason for leaving: Moved back to Columbus for school  
 Position: Sales Specialist

(Job Title and Classification)

Salary: Beginning:  
Ending:

Duties Performed: Selling store products, custom orders, and providing customer service

---

Employers name: Hollister Co.  
Employers Address: 5043 Tuttle Crossing Blvd, Dublin Ohio  
Length of employment: From: 11/1/2004  
To: 5/1/2005  
Phone: (Including Area Code) 6147612588  
Reason for leaving: Moved home for summer, not enough hours  
Position: (Job Title and Classification) Sales associate  
Salary: Beginning  
Ending:  
Duties Performed: Selling store products, ringing the cash registers and providing customer service

---

Employers name: Dollar General  
Employers Address: 2170 Allentown Rd, Lima OH  
Length of employment: From: 6/1/2003  
To: 9/1/2003  
Phone: (Including Area Code) 4192248003  
Reason for leaving: Moved to Columbus  
Position: (Job Title and Classification) Cashier  
Salary: Beginning:  
Ending:  
Duties Performed: Ringing cash registers, stocking store products

---

**Section III - Education and Training**

High School Graduate: Yes  
High School Name: Lima Central Catholic  
City: Lima  
State: OH

GED Certificate Number

GED issued by:

Are you currently attending school (for College Intern and Student Help positions)?

No Level:

**Post - High School Education**

Including Technical School, Business School, Professional School, College and University

School Name:	The Ohio State University
School Location:	Columbus OH
Major Area(s) of Study:	Criminology, Business
Type of Degree or Certification:	B.A. Criminology
Degree Attained (Month / Year)	08/2007

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School Name:	Eastland Career Center
School Location:	Groveport OH
Major Area(s) of Study:	Police Training- OPOTA
Type of Degree or Certification:	OPOTA Certification
Degree Attained (Month / Year)	09/2008

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School Name:	CSCC
School Location:	Columbus OH
Major Area(s) of Study:	Spanish
Type of Degree or Certification:	none
Degree Attained (Month / Year)	

Please list below the specific course work areas at the high school level or beyond relevant to the position or examination 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, although you may be required to submit a transcript.

Course Work Area:Criminology	NO. of Courses:5
Course Work Area:Sociology	NO. of Courses:5
Course Work Area:Criminal Justice	NO. of Courses:1
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:
Course Work Area:	NO. of Courses:

**Training and other Qualification**

(Do not include coursework already described above)

Subject or Title of Training:

Organization:

Length of Training:

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Subject or Title of Training

Organization:

Length of Training

---

Subject or Title of Training

Organization:

Length of Training:

---

Subject or Title of Training

Organization:

Length of Training:

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List special equipment or machines you can operate:

List computer software in which you have skill, including word processing, spreadsheet, and database programs. Please indicate the name of the specific software:

Microsoft Word, Access, Exell, Powerpoint

List special clerical skills, including typing and shorthand:

Typing Speed:

List any additional relevant skills you have

---

### Section IV - Micellaneous

The following information will be used only if it is directly related to the position or examination for which you are applying:

- 1. Are you willing and able to secure an Ohio Driver's License. If a license is required? Yes
- 2. If the position requires travel, can you supply your own transportation? Yes
- 3. Have you ever been employed in the state or county service of Ohio? No
- 4. Have you been convicted of any felony? No

If you have answered "Yes" to question 3 or 4, 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:

Reference 1 Name:

Terry J. Perrigo

Address:

City:

State:

Zip Code:

Phone:

---



Reference 2 Name:

Denny Palmentera

Address:

City:

State:

Zip Code:

Phone:

---



Reference 3 Name:

Tim Samson

Address:

City:

State:

Zip Code:

Phone:

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### Previous Addresses

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

Address 1:

City:

State:

Zip Code:

Date of Residence:





---

Address 2:

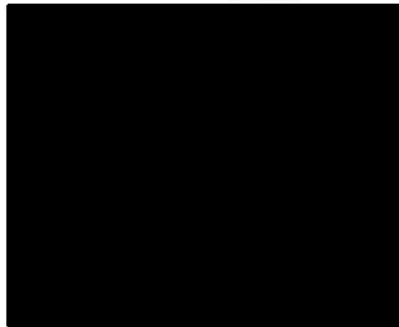
City:

State:

Zip Code:

Date of Residence

---

**Certification:**

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my attendance or employment. I consent that they may disclose such information to the Sheriff's Office. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act. All applications under final consideration for employment must also complete the Declaration Regarding Material Assistance/Nonassistance to a Terrorist Organization form.

By Clicking Submit you are acknowledging and agreeing to the Certification Statement.



# PERSONNEL ACTION

## Franklin County Sheriff's Office

### Franklin County, Ohio

<b>Name</b>				
<b>From:</b>	Last [REDACTED]	First [REDACTED]	M.I.	Sex
<b>To:</b>	Last	First	M.I.	Sex

<b>Address</b>				
<b>From:</b>	Street 373 S. HIGH ST	City COLUMBUS	State OH	Zip Code 43215
<b>To:</b>	Street	City	State	Zip Code County

<b>Effective Date</b>	<b>Payroll Number</b>	<b>Position Control No.</b>
MO DAY YR	[REDACTED]	
01 04 2021		

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY 2 POTC	02092		E	\$46.69					
TO: DEPUTY 2 POTC	02092		E	\$48.21					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: ___ CLASS: ___ RATE: ___ STEP: ___ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:

REMARKS: RATE INCREASE PER CONTRACT

Approved By: Dallas L. Baldwin 01/04/2021  
 Dallas L. Baldwin, Sheriff Date



# PERSONNEL ACTION

## Franklin County Sheriff's Office

### Franklin County, Ohio

<b>Name</b>				
<b>From:</b>	Last [REDACTED]	First [REDACTED]	M.I.	Sex
<b>To:</b>	Last	First	M.I.	Sex

<b>Address</b>				
<b>From:</b>	Street 373 S. HIGH ST	City COLUMBUS	State OH	Zip Code 43215
<b>To:</b>	Street	City	State	Zip Code

<b>Effective Date</b>	<b>Payroll Number</b>	<b>Position Control No.</b>
MO DAY YR	[REDACTED]	
01 06 2020		

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY POTC	02092		D	\$41.77					
TO: DEPUTY POTC	02092		D	\$43.13					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: ___ CLASS: ___ RATE: ___ STEP: ___ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <div style="text-align: center;"><b>REINSTATEMENT</b></div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:

REMARKS: RATE INCREASE PER CONTRACT

Approved By: Dallas L. Baldwin Date: 01/06/2020  
 Dallas L. Baldwin, Sheriff



**PERSONNEL ACTION**  
Franklin County Sheriff's Office  
Franklin County, Ohio

Name				
From:	Last	First	M.I.	Sex
To:	Last	First	M.I.	Sex

Address				
From:	Street	City	State	Zip Code
To:	Street	City	State	Zip Code

Effective Date			Payroll Number	Position Control No.
MO	DAY	YR		
01	07	2019		

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY POTC	02092		D	40.46					
TO: DEPUTY POTC	02092		D	41.77					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <p align="center"><b>REINSTATEMENT</b></p> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:

REMARKS: RATE INCREASE PER CONTRACT

Approved By: Dallas L. Baldwin 01/07/2019  
 Dallas L. Baldwin, Sheriff Date



# PERSONNEL ACTION

Franklin County Sheriff's Office  
Franklin County, Ohio

<b>Name</b>				
<b>From:</b>	Last [REDACTED]	First [REDACTED]	M.I. [REDACTED]	Sex
<b>To:</b>	Last	First	M.I.	Sex

<b>Address</b>					
<b>From:</b>	Street 373 S HIGH ST	City COLUMBUS	State OH	Zip Code 43215	County
<b>To:</b>	Street	City	State	Zip Code	County

<b>Effective Date</b>	<b>Payroll Number</b>	<b>Position Control No.</b>
MO DAY YR 01 08 2018	[REDACTED]	

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY POTC	02092		D	39.28					
TO:	02092		D	40.46					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <div style="text-align: center;"><b>REINSTATEMENT</b></div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: RATE INCREASE PER CONTRACT			<b>TIME STAMP</b>

Approved By: *Dallas L. Baldwin* 01/08/2018  
 Dallas L. Baldwin, Sheriff Date



**PERSONNEL ACTION**  
Franklin County Sheriff's Office  
Franklin County, Ohio

<b>Name</b>				
From:	Last	First	M.I.	Sex
To:	Last	First	M.I.	Sex
				M

<b>Address</b>				
From:	Street	City	State	Zip Code
	373 S HIGH ST	COLUMBUS	OH	43215
To:	Street	City	State	Zip Code

<b>Effective Date</b>			<b>Payroll Number</b>		<b>Position Control No.</b>
MO	DAY	YR			
01	09	2017			

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY POTC	02092		D	\$38.23					
TO: DEPUTY POTC	02092		D	\$39.28					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: ____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: ____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: ____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: ____ CLASS: ____ RATE: ____ STEP: ____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <hr/> <b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE: <hr/> <b>TIME STAMP</b>
REMARKS: RATE INCREASE PER CONTRACT			

Approved By: Dallas L. Baldwin Date: 01/09/2017  
 Dallas L. Baldwin, Sheriff



# PERSONNEL ACTION

## Franklin County Sheriff's Office

### Franklin County, Ohio

<b>Name</b>				
<b>From:</b>	Last [REDACTED]	First [REDACTED]	M.I.	Sex M
<b>To:</b>	Last	First	M.I.	Sex

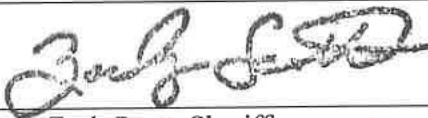
<b>Address</b>					
<b>From:</b>	Street 373 S. High Street	City Columbus	State OH	Zip Code 43215	County
<b>To:</b>	Street	City	State	Zip Code	County

<b>Effective Date</b>	<b>Payroll Number</b>	<b>Position Control No.</b>
MO DAY YR 01 11 16	[REDACTED]	

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY (POTC)	02092		D	37.21					
TO: DEPUTY (POTC)	02092		D	38.23					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <hr/> <p style="text-align: center;"><b>REINSTATEMENT</b></p> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:

REMARKS: RATE INCREASE PER CONTRACT.

Approved By:  Date: 7.26.16  
 Zach Scott, Sheriff



# PERSONNEL ACTION

## Franklin County Sheriff's Office

### Franklin County, Ohio

<b>Name</b>	<b>Last</b>	<b>First</b>	<b>M.I.</b>		<b>Sex</b>
<b>From:</b>					<b>M</b>
<b>To:</b>					<b>Sex</b>

<b>Address</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>From:</b>	373 S. High Street	Columbus	OH	43215	
<b>To:</b>					

<b>Effective Date</b>	<b>Payroll Number</b>	<b>Position Control No.</b>
MO DAY YR		
01 14 13		

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY (POTC)	02092		D	34.30					
TO:			D	35.16					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: ____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: ____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: ____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: ____ CLASS: ____ RATE: ____ STEP: ____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: CONTRACT INCREASE			<b>TIME STAMP</b>

Approved By: Zach Scott Date: 1-8-14

Zach Scott, Sheriff





# PERSONNEL ACTION

## Franklin County Sheriff's Office

### Franklin County, Ohio

<b>Name</b>	<b>Last</b>	<b>First</b>	<b>M.I.</b>	<b>Sex</b>
<b>From:</b>				<b>M</b>
<b>To:</b>				<b>Sex</b>

<b>Address</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>From:</b>	373 S HIGH ST	COLUMBUS	OH	43215	
<b>To:</b>					

<b>Effective Date</b>	<b>Payroll Number</b>	<b>Position Control No.</b>
MO DAY YR		
01 11 13		

<b>CLASS TITLE</b>	<b>CLASS NO.</b>	<b>RANGE</b>	<b>STEP</b>	<b>BASE RATE</b>	<b>LONG</b>	<b>SUPPL.</b>	<b>SUPPL.</b>	<b>TOTAL</b>	<b>STATUS</b>
<b>FROM:</b> DEPUTY POTC	02092		C	26.00					C
<b>TO:</b>			D	34.30					C

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <hr/> <b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: STEP INCREASE PER CONTRACT			<b>TIME STAMP</b>

Approved By: Zach Scott      1/30/13  
 Zach Scott, Sheriff      Date

**PERSONNEL ACTION**  
Franklin County Sheriff's Office  
Franklin County, Ohio

<b>Name</b>			
<b>From:</b>	<b>Last</b>	<b>First</b>	<b>M.I.</b>
	██████	██████	█
<b>To:</b>	<b>Last</b>	<b>First</b>	<b>M.I.</b>
			<b>Sex</b>
			M
			<b>Sex</b>

<b>Address</b>				
<b>From:</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
	373 South High Street	Columbus	Ohio	43215
<b>To:</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
				<b>County</b>

<b>Effective Date</b>			<b>Payroll Number</b>		<b>Position Control No.</b>
<b>MO</b>	<b>DAY</b>	<b>YR</b>	██████		
04	09	12			

<b>CLASS TITLE</b>	<b>CLASS NO.</b>	<b>RANGE</b>	<b>STEP</b>	<b>BASE RATE</b>	<b>LONG</b>	<b>SUPPL.</b>	<b>SUPPL.</b>	<b>TOTAL</b>	<b>STATUS</b>
FROM: Deputy (POTC)	02092		C	25.37					
TO: Deputy (POTC)	02092		C	26.00					

<b>APPOINTMENT</b>	<b>CHANGE</b>	<b>SEPARATION</b>	<b>INTERRUPTION</b>
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:

REMARKS: Rate increase per contract Effective April 9, 2012.

Approved By: Zach Scott      3/19/12  
 Zach Scott, Sheriff      Date



**PERSONNEL ACTION**  
 Franklin County Sheriff's Office  
 Franklin County, Ohio

Name					
From:	Last	First	M.I.	Sex	
To:	Last	First	M.I.	Sex	

Address					
From:	Street	City	State	Zip Code	County
To:	Street	City	State	Zip Code	County

Effective Date			Payroll Number		Position Control No.	
MO	DAY	YR				
01	11	12				

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPL.	SUPL.	TOTAL	STATUS
FROM: DEPUTY POTC	02092		B	22.39					C
TO:			C	25.37					C

<b>APPOINTMENT</b> <input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<b>CHANGE</b> <input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<b>SEPARATION</b> <input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<b>INTERRUPTION</b> <input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: STEP INCREASE PER CONTRACT			<b>TIME STAMP</b>

Approved By: Zach Scott      1/5/12  
 Zach Scott, Sheriff      Date

**PERSONNEL ACTION**  
 Franklin County Sheriff's Office  
 Franklin County, Ohio

<b>Name</b>				
<b>From:</b>	<b>Last</b> ██████████	<b>First</b> ██████████	<b>M.I.</b>	<b>Sex</b> M
<b>To:</b>	<b>Last</b>	<b>First</b>	<b>M.I.</b>	<b>Sex</b>

<b>Address</b>				
<b>From:</b>	<b>Street</b> 373 South High Street	<b>City</b> Columbus	<b>State</b> Ohio	<b>Zip Code</b> 43215
<b>To:</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Effective Date</b>			<b>Payroll Number</b>			<b>Position Control No.</b>		
MO	DAY	YR	██████████	██████████	██████████	██████████	██████████	██████████
04	11	11						

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY (POTC)	02092		B	21.90					
TO: DEPUTY (POTC)	02092		B	22.39					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <hr/> <p align="center"><b>REINSTATEMENT</b></p> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: Rate Increase per contract			<b>TIME STAMP</b>

Approved By: Zach Scott  
 Zach Scott, Sheriff

8/31/11  
 Date



**PERSONNEL ACTION**  
Franklin County Sheriff's Office  
Franklin County, Ohio

Name							
From:	Last	First	M.I.	Sex			
	██████████	██████████		M			
To:	Last	First	M.I.	Sex			

Address					
From:	Street	City	State	Zip Code	County
	373 South High Street	Columbus	Ohio	43215	
To:	Street	City	State	Zip Code	County

Effective Date			Payroll Number			Position Control No.		
MO	DAY	YR	██████████					
01	11	11						

CLASS TITLE	CLASS NO	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY (POTC)	02092		B	21.47					
TO: DEPUTY (POTC)	02092		B	21.90					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERIM <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:  <b>TIME STAMP</b>

REMARKS: Rate Increase per contract

Approved By: Zach Scott      8/31/11  
 Zach Scott, Sheriff      Date

**PERSONNEL ACTION**  
Franklin County Sheriff's Office  
Franklin County, Ohio

<b>Name</b>				
<b>From:</b>	Last	First	M.I.	Sex
	█	█		M
<b>To:</b>	Last	First	M.I.	Sex

<b>Address</b>				
<b>From:</b>	Street	City	State	Zip Code
	373 South High Street	Columbus	Ohio	43215
<b>To:</b>	Street	City	State	Zip Code

<b>Effective Date</b>			<b>Payroll Number</b>		<b>Position Control No.</b>
MO	DAY	YR	█		
04	12	10			

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY (POTC)	02092		A	19.17					
TO: DEPUTY (POTC)	02092		A	19.55					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: ____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: ____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: ____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: ____ CLASS: ____ RATE: ____ STEP: ____ <input type="checkbox"/> 14 - CANCEL INTERIM <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: Rate Increase per contract			<b>TIME STAMP</b>

Approved By: Zach Scott      8/31/11  
 Zach Scott, Sheriff      Date



# PERSONNEL ACTION

## Franklin County Sheriff's Office

### Franklin County, Ohio

<b>Name</b>	<b>Last</b>	<b>First</b>	<b>M.I.</b>	<b>Sex</b>
<b>From:</b>	██████████	██████████		M
<b>To:</b>	<b>Last</b>	<b>First</b>	<b>M.I.</b>	<b>Sex</b>

<b>Address</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>From:</b>	369 S HIGH ST	COLUMBUS	OH	43215	
<b>To:</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>

<b>Effective Date</b>	<b>Payroll Number</b>	<b>Position Control No.</b>
MO DAY YR	██████████	
01 11 11		

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY POTC	02092		A	19.17					C
TO:			B	21.47					C

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <div style="border: 1px solid black; padding: 2px;"><b>REINSTATEMENT</b></div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
<b>REMARKS: STEP INCREASE PER CONTRACT</b>			<b>TIME STAMP</b>

Approved By: James A. Karnes      1/14/11  
 James A. Karnes, Sheriff      Date



# PERSONNEL ACTION

## Franklin County Sheriff's Office

### Franklin County, Ohio

<b>Name</b>	<b>From:</b> Last [REDACTED] First [REDACTED] M.I. _____	<b>Sex</b>	<b>M</b>
	<b>To:</b> Last _____ First _____ M.I. _____	<b>Sex</b>	_____

<b>Address</b>	<b>From:</b> Street 369 S HIGH ST City COLUMBUS State OH Zip Code 43215 County _____
	<b>To:</b> Street _____ City _____ State _____ Zip Code _____ County _____

Effective Date	Payroll Number	Position Control No.
MO DAY YR 06 21 10	[REDACTED]	

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: DEPUTY NON POTC	02092		A	19.17					C
TO: DEPUTY POTC	02092		A	19.17					C

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input type="checkbox"/> 10 - RATE <input checked="" type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <div style="border: 1px solid black; padding: 2px; text-align: center;"><b>REINSTATEMENT</b></div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:

REMARKS: CHANGED TO POTC - LETTER, CERTIFICATE AND POSITION DESCRIPTION ATTACHED

Approved By: James A. Karnes      6/21/10  
 James A. Karnes, Sheriff      Date

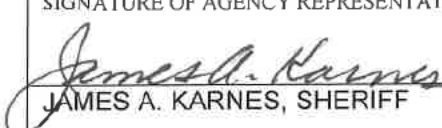


# POSITION DESCRIPTION

## OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES

### HUMAN RESOURCES DIVISION

AGENCY <b>FRANKLIN COUNTY</b>
DIVISION OR INSTITUTION <b>SHERIFF'S OFFICE</b>
UNIT OR OFFICE <b>CORRECTIONS</b>

POSITION CONTROL NUMBER <b>COLIN SHINE</b>	State Agency	<input checked="" type="checkbox"/>	County Agency	New Position	Change	COUNTY OF EMPLOYMENT <b>FRANKLIN</b>
	USUAL WORKING TITLE OF POSITION <b>DEPUTY (POTC)</b>				POSITION NO. AND TITLE OF IMMEDIATE SUPERVISOR <b>CORPORAL</b>	
	NORMAL WORKING HOURS (Explain unusual or rotating shift) FROM: <b>VARIES</b> TO: <b></b>					
	<b>JOB DESCRIPTION AND WORKER CHARACTERISTICS</b>					
CLASS TITLE <b>DEPUTY (POTC)</b>	<b>%</b>	<b>Job Duties in order of Importance</b>			<b>Minimum Acceptable Characteristics</b>	
	70	Protects property, maintains security and discipline of inmates in correctional facility. Watches security screens; patrols floor, dorm and recreation areas; counts and verifies inmates in area; monitors movement of inmates between areas of facility; searches incoming prisoners; receives and releases prisoners; monitors prisoner releases (e.g., assures that time has been served & no holders, detainers, &/or active warrants exist); transports inmates outside of jail facility. Responds to emergency situations.			Knowledge of supervision of inmates in controlled environment and related safety practices*, Sheriff's Office rules and regulations*, public relations, police methods and procedures. Ability to develop good rapport with inmates, define problems, collect data, establish facts and draw valid conclusions, add, subtract, multiply and divide whole numbers, communicate information both orally and in writing, run, walk, stand or sit for extended or intermittent periods of time, listen, comprehend and respond to discussions involving either one-on-one or group settings, remain alert and watchful during assigned duty hours, withstand extremes of climate exposure and potential exposure to health and safety hazards, transport individuals, paperwork or material which may involve climbing stairs, demonstrate strength, endurance and flexibility while wearing job-related equipment, physically restrain angry or violent people. Skill in operating police equipment and self defense.	
	25	Performs other related duties (e.g., answers telephone and questions of attorneys, parole & probation officers and law enforcement personnel; prepares reports of incidents; secures inmates personal effects; maintains records of inmates funds and releases property &/or funds with inmate authorization; issues visitation passes; performs additional duties at discretion of Sheriff when necessary.			Must have valid Ohio drivers license and valid Peace Officer Training Certificate with current firearms qualification.	
CLASS NUMBER <b>02092</b>	5	Serves individuals with summons, subpoenas, attachments, and legal notices issued by courts and makes arrests when necessary.			* developed after employment	
	List Position Numbers and Class Titles of positions directly supervised				SIGNATURE OF AGENCY REPRESENTATIVE  <b>JAMES A. KARNES, SHERIFF</b>	DATE <b>6/21/10</b>



# PERSONNEL ACTION

## Franklin County Sheriff's Office

### Franklin County, Ohio

<b>Name</b>				
<b>From:</b>	Last [REDACTED]	First [REDACTED]	M.I. [REDACTED]	Sex M
<b>To:</b>	Last	First	M.I.	Sex

<b>Address</b>					
<b>From:</b>	Street 369 S. High Street	City Columbus	State OH	Zip Code 43215	County
<b>To:</b>	Street	City	State	Zip Code	County

<b>Effective Date</b>	<b>Payroll Number</b>	<b>Position Control No.</b>
MO DAY YR	From:	
01 11 10	To:	

CLASS TITLE	CLASS NO	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: Deputy (Non-Pote)	02092		A	19.17					P
TO:									

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input checked="" type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION  <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"><b>REINSTATEMENT</b></div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT TYPE <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT TYPE  <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"><b>TIME STAMP</b></div>

REMARKS: Job position description attached.


Approved By: James A. Karnes      11/9/09  
 James A. Karnes, Sheriff      Date

# POSITION DESCRIPTION

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES

HUMAN RESOURCES DIVISION

AGENCY	FRANKLIN COUNTY
DIVISION OR INSTITUTION	SHERIFF'S OFFICE
UNIT OR OFFICE	CORRECTIONS

POSITION CONTROL NUMBER COLIN P. SHINE	State Agency	<input checked="" type="checkbox"/>	County Agency	<input type="checkbox"/>	New Position	<input type="checkbox"/>	Change	COUNTY OF EMPLOYMENT FRANKLIN	
	USUAL WORKING TITLE OF POSITION DEPUTY (NON-POTC)					POSITION NO. AND TITLE OF IMMEDIATE SUPERVISOR CORPORAL			
	NORMAL WORKING HOURS (Explain unusual or rotating shift) FROM: VARIES TO:								
CLASS TITLE DEPUTY (NON-POTC)	<b>JOB DESCRIPTION AND WORKER CHARACTERISTICS</b>								
	%	<b>Job Duties in order of Importance</b>				<b>Minimum Acceptable Characteristics</b>			
	75	Protects property, maintains security and discipline of inmates in correctional facility. Watches security screens; patrols floor, dorm and recreation areas; counts and verifies inmates in area; monitors movement of inmates between areas of facility; searches incoming prisoners; receives and releases prisoners; monitors prisoner releases (e.g., assures that time has been served & no holders, detainers, and/or active warrants exist); provide coverage in several areas of jail facility during single tour of duty at discretion of shift supervisor. Responds to emergency situations.				Knowledge of supervision of inmates in controlled environment & related safety practices*, Sheriff's Office rules and regulations*. Ability to apply principles to solve practical everyday problems, develop good rapport with inmates, add, subtract, multiply and divide whole numbers, maintain accurate records, communicate information both orally and in writing, run, walk, stand or sit for extended or intermittent periods of time, listen, comprehend and respond to discussions involving either one-on-one or group settings, remain alert and watchful during assigned duty hours, demonstrate physical fitness, physically restrain angry or violent people.			
25	Answers telephone and questions of attorneys, parole & probation officers and law enforcement personnel; prepares reports of incidents; secures inmates personal effects; maintains records of inmates funds and releases property &/or funds with inmate authorization; issues visitation passes; searches incoming property and mail. Other duties as assigned.				Must successfully complete approved correctional officers course within one year from date of hire.  Probationary period is one year.  *developed after employment.				
CLASS NUMBER 02092	List Position Numbers and Class Titles of positions directly supervised					SIGNATURE OF AGENCY REPRESENTATIVE  JAMES A. KARNES, SHERIFF			DATE 11/19/09



# FRANKLIN COUNTY SHERIFF'S OFFICE

## LAW ENFORCEMENT

### EMPLOYEE PERFORMANCE REVIEW

Evaluation Deadline

January 11, 2022

Rating Period

From 1/11/2021

To 1/10/2022

Name (Last)

(First)

(M.I.)

Soc. Sec.

Classification Title

Deputy (POTC)

Bureau/Assignment  
SWAT

Bargaining Unit  
FOP

Mid Probation

Final Probation

Annual  Special

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS <small>Use spaces below for comments. Written comments MUST be provided for each performance dimension. Use additional sheets if necessary. USE INK PEN - PLEASE PRINT</small>
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.			X	Deputy [redacted] generates the amount of work expected for a SWAT officer and has stepped up as a training and firearms instructor..
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.			X	Deputy [redacted] completes his work thoroughly and in an organized manner. He digs deep into training scenarios and passes them along to his teammates and improves performance.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			Deputy [redacted] completes his work daily without any issues and on time.
<b>PERSONAL APPEARANCE</b> Projects a professional image.			X	Deputy [redacted] maintains great physical fitness and makes a favorable appearance on the Franklin County Sheriff's Office.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.	X			Deputy [redacted] can be depended on in any demanding situation. He is always quick to come up with a safe plan when capturing wanted felons or dealing with combative mentally ill subjects.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.			X	Deputy [redacted] always contributes to the team effort and can be counted on to finish any task given to him.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.			X	Deputy [redacted] has stepped up as a SWAT training officer. He has competed personally in multiple National Tacticle Game competitions and has brought many of the professional techniques to the team and has improved performance greatly.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.			X	Deputy [redacted] is very calm and has a good demeanor even in the most stressful situations. He demonstrates great self control with every high risk situation he deals with.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			Deputy [redacted] knows the Sheriffs Office rules and regulations and teaches them to all new SWAT officers.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			Deputy [redacted] does a good job of communicating with everyone he comes into contact with. He does an excellent job of dealing with the public in all situations.

I have prepared this performance review:

Rater Signature

*Sgt. J. Bricker 554*

Reviewer Comments:

*Concur - Inator - G.M. [unclear] 17  
Cobler - Major Kelly Kay S  
[Signature] 1-27-22*

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Reviewer Signature	Date	Employee Signature
Appointing Authority	Date	

*[Handwritten Signature]* *[Handwritten Signature]*  
*[Handwritten Signature]* *[Handwritten Signature]* 1-31-22



SHR-AD-63

An Equal Opportunity Employer



# FRANKLIN COUNTY SHERIFF'S OFFICE

## LAW ENFORCEMENT

### EMPLOYEE PERFORMANCE REVIEW

Evaluation Deadline January 11, 2021	
Rating Period From 1/11/2020 To 1/10/2021	
Classification Title Deputy (POTC)	
<input type="checkbox"/> Mid Probation	<input type="checkbox"/> Final Probation
<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Special

Name (Last) ██████████	(First) ██████████	(M.I.) ██████████	Soc. Sec. ██████████
Bureau/Assignment SWAT		Bargaining Unit FOP	

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS <small>Use spaces below for comments. Written comments MUST be provided for each performance dimension. Use additional sheets if necessary. USE INK PEN - PLEASE PRINT</small>
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.			X	Deputy ██████ generates more than the amount of work expected of him. He has stepped up as a SWAT field training officer and does a great job of using social media to track down the most wanted felons in Franklin County.
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			Deputy ██████ completes his work on schedule and always in an organized manner.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			Deputy ██████ completes all of his work on time with no issues.
<b>PERSONAL APPEARANCE</b> Projects a professional image.			X	Deputy ██████ projects a very positive image on the Sheriff's Office. He works extremely hard on a daily basis with his physical fitness.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.	X			Deputy ██████ can be depended on in any demanding situation. He is always quick to come up with a safe plan when capturing wanted felons or dealing with combative mentally ill subjects.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.			X	Deputy ██████ has a good relationship with all members of the team. He has established many good relationships between the team and other divisions throughout the Sheriff's Office benefiting all involved.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.			X	Deputy ██████ has stepped up as a SWAT field training officer as well as a training officer. He does an excellent job explaining and instructing all people he comes in to contact with whether it's regular citizens or other Deputies.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.			X	Deputy ██████ continues to be a very good decision maker during high risk situations. He has been observed many times by his direct supervision and continues to excel.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			Deputy ██████ knows and follows the rules and regulations of the Franklin County Sheriff's Office.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.			X	Deputy ██████ is able to relay all information in a clear, concise, and accurate manner. He is always quick to relay important information when it's needed resulting in positive results.

I have prepared this performance review:

I have read the above. I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Ratee Signature  
*Sgt. John J. Snider S-54*

Reviewer Comments:  
*Concern w/ ratee - Lt. [unclear]  
Concern w/ ratee deputy shine is a motivated  
deputy that can be depended on. Excellent officer.*

Reviewer Signature  
*[Signature]* Date  
*1-6-21*

Appointing Authority  
*David Conley ADM CHIEF* Date  
*1/7/2021*

Employee Comments:  


Employee Signature

SHR-AD-63

An Equal Opportunity Employer





# FRANKLIN COUNTY SHERIFF'S OFFICE

## LAW ENFORCEMENT

### EMPLOYEE PERFORMANCE REVIEW

Evaluation Deadline	January 11, 2018		
Rating Period	From 1/11/2017 To 1/10/2018		
Classification Title	Deputy (POTC)		
<input type="checkbox"/> Mid Probation	<input type="checkbox"/> Final Probation	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Special

Name (Last)	(First)	(M.I.)	Soc. Sec.
[Redacted]	[Redacted]	[Redacted]	[Redacted]
Bureau/Assignment		Bargaining Unit	
SWAT		FOP	

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.			X	Deputy [Redacted] does a really good job of connecting wanted felons with family members via social media which leads to a large amount of apprehension and a very high work load.
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			Deputy [Redacted] completes his work on schedule in a neat and accurate manner. He is a great asset to the Franklin County Sheriffs Office.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			Deputy [Redacted] completes his work on schedule with no issues.
<b>PERSONAL APPEARANCE</b> Projects a professional image.			X	Deputy [Redacted] maintains a professional image and keeps physically fit. He does a very good job at projecting a positive image in the numerous interactions he has with the community.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.	X			Deputy [Redacted] is highly dependable and responsive to the needs of the shift. He is there for fellow officers and is quick to respond to their needs.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.	X			Deputy [Redacted] has established himself as being a very big asset to the SWAT Team. He has a very good relationship with all members as well as Deputies throughout the Sheriffs Office.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.			X	Deputy [Redacted] has no deficiencies when directing the behavior of suspects as well as the public. He does a great job of diffusing difficult high risk situations..
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.			X	Deputy [Redacted] has been observed numerous times in this area. He continues to exercise a high ammount of self control and is a very good decision maker during these high risk situations.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			Deputy [Redacted] follows the rules and regulations of the Sheriffs Office.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			Deputy [Redacted] is a good communicator whether it is with his fellow deputies or in dealing with the public. He is able to relay accurate information in a very quick and accurate manner.

I have prepared this performance review:

Rater Signature: *[Signature]*

Reviewer Comments: *Concur w/ rater - Lt. [Redacted]*

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments: [Redacted]



Reviewer Signature	Date	Employee Signature
Appointing Authority <i>David Conley</i> ADM CHIEF	Date <i>4/9/2018</i>	

SHR-AD-63

An Equal Opportunity Employer



# FRANKLIN COUNTY SHERIFF'S OFFICE

## LAW ENFORCEMENT

### EMPLOYEE PERFORMANCE REVIEW

Evaluation Deadline January 11, 2016	
Rating Period From 1/11/2015 To 1/10/2016	
Classification Title Deputy (POTC)	
<input type="checkbox"/> Mid Probation	<input type="checkbox"/> Final Probation
<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Special

Name (Last) [REDACTED]	(First) [REDACTED]	(M.I.)	Sec. Sec.
Bureau/Assignment SWAT		Bargaining Unit FOP	

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS <small>Use spaces below for comments. Written comments MUST be provided for each performance dimension. Use additional sheets if necessary. USE INK PEN - PLEASE PRINT</small>
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.			X	Deputy [REDACTED] generates a lot of quality work daily, and then some. He is very thorough in connecting various addresses and family members of wanted fugitives which leads to many apprehensions
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			Deputy [REDACTED] completes his work in a professional and well-organized manner every day.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			Deputy [REDACTED] completes his work on schedule with no issues. Our job is very unpredictable and on many occasions a set schedule does not exist. Deputy [REDACTED] adapts to this very well.
<b>PERSONAL APPEARANCE</b> Projects a professional image.			X	Deputy [REDACTED] projects a very favorable image on the Sheriff's Office by staying physically fit. He also maintains his uniform and equipment at a very high level.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.			X	Deputy [REDACTED] is dependable and responsive to the needs of the shift. He is always thinking about the next step.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.	X			Deputy [REDACTED] has established a positive working relationship with his fellow deputies and supervisors alike.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.			X	Deputy [REDACTED] is quick to advise his teammates, on and off duty, of where he is with an investigation. This attention to detail usually leads to a fugitive being taken into custody without incident.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.			X	Deputy [REDACTED] demonstrates excellent self control in dynamic situations. He is cool, calm and collected and responds well under pressure.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			Deputy [REDACTED] knows the policies and procedures and is able to follow them with little to know problems.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			Deputy [REDACTED] has no issues in communicating with others/ relaying information.

I have prepared this performance review:

Rater Signature: [Signature] C-29 J. Snider C-29

Reviewer Comments: Concur w/ rater - MR

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Reviewer Signature	<i>S. Turkin M-1</i>	Date	<i>2/1/16</i>	Employee Signature	
Appointing Authority	<i>Mr. R. Adams Ch</i>	Date	<i>2-1-16</i>		

SHR-AD-63

An Equal Opportunity Employer



# FRANKLIN COUNTY SHERIFF'S OFFICE

## LAW ENFORCEMENT

### EMPLOYEE PERFORMANCE REVIEW

Evaluation Deadline January 11, 2015
Rating Period From 1/11/2014 To 1/10/2015
Classification Title Deputy (POTC)
<input type="checkbox"/> Mid Probation <input type="checkbox"/> Final Probation <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special

Name (Last) ██████████	(First) ██████████	(M.I.) ██████████	Soc. Sec. ██████████
Bureau/Assignment SWAT		Bargaining Unit FOP	

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS <small>Use spaces below for comments. Written comments MUST be provided for each performance dimension. Use additional sheets if necessary. USE INK PEN - PLEASE PRINT</small>
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.			X	Deputy ██████ generates the amount of daily work and then some. He does not hesitate to help supervision and co-workers alike.
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			Deputy ██████ completes his work in a professional and well-organized fashion every day.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			Deputy ██████ completes his work on schedule with no issues.
<b>PERSONAL APPEARANCE</b> Projects a professional image.			X	Deputy ██████ maintains a professional image and keeps physically fit, projecting a favorable image on the office.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.			X	Deputy ██████ is dependable and responsive to the needs of the shift. He is always thinking about the next step.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.	X			Deputy ██████ has established a positive working relationship with his fellow deputies and supervisors alike.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			Deputy ██████ has no issues with the direction and coordination when dealing with others and their behavior.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.			X	Deputy ██████ demonstrates excellent self control in dynamic situations. He is cool, calm and collected and responds well under pressure.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			Deputy ██████ follows the rules and regulations as well as procedures.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			Deputy ██████ has no issues in communicating with others/ relaying information.

I have prepared this performance review:

Rater Signature: *[Handwritten Signature]* C-29

Reviewer Comments: *CONCUR WITH REVIEW*

Reviewer Signature: *S. Tucker M-1* Date: *1/21/2015*  
 Appointing Authority: \_\_\_\_\_ Date: \_\_\_\_\_

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments: \_\_\_\_\_

Employee Signature: \_\_\_\_\_



# FRANKLIN COUNTY SHERIFF'S OFFICE

M-3  
12/13  
*[Signature]*

## LAW ENFORCEMENT

Evaluation Deadline  
01/09/13

Rating Period  
From 01/11/12 To 01/10/13

Classification Title  
Deputy (POTC)

Mid Probation  Final Probation  Annual  Special

### EMPLOYEE PERFORMANCE REVIEW

Name (Last) [REDACTED] (First) [REDACTED] (M.I.) [REDACTED] Soc. Sec. [REDACTED]

Bureau/Assignment: Corrections / FCCCII Bargaining Unit: FOP

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS <small>Use spaces below for comments. Written comments MUST be provided for each performance dimension. Use additional sheets if necessary. USE INK PEN - PLEASE PRINT</small>
	Meets	Below	Above	
<b>QUANTITY</b> Generates amount of work expected.	X			Deputy generates the amount of work expected.
<b>QUALITY</b> Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			Deputy completes work in an accurate and well-organized manner.
<b>TIMELINESS</b> Accomplishes required work on schedule.	X			Deputy completes required work on schedule.
<b>PERSONAL APPEARANCE</b> Projects a professional image.			X	Deputy projects a professional appearance. Deputy maintains a high fitness level.
<b>DEPENDABILITY</b> Can be counted upon to be reliable and responsive.			X	Deputy can be counted on and is very reliable and responsive. Deputy <span style="background-color: black; color: black;">[REDACTED]</span> is above in this area.
<b>TEAM EFFORT/COOPERATION</b> Contributes to group effort. Establishes positive working relationships with others.			X	Deputy works well with others. Deputy <span style="background-color: black; color: black;">[REDACTED]</span> has established a positive working relationship with others.
<b>DIRECTING/COORDINATING BEHAVIOR OF OTHERS</b> Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			Deputy shows confidence in directing / coordinating the behavior of individuals to accomplish tasks.
<b>DEALING WITH DEMANDING SITUATIONS</b> Demonstrates control of self and others under trying circumstances.			X	Deputy is able to maintain control of self and others during trying circumstances. Deputy <span style="background-color: black; color: black;">[REDACTED]</span> can be counted on during a demanding situation.
<b>ADHERING TO PROCEDURES</b> Knows the rules and regulations and follows them without being reminded.	X			Deputy has a good working knowledge of the rules and regulations.
<b>COMMUNICATING</b> Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			Deputy does demonstrate good communication skills. He is able to relay information in a clear and concise manner.

I have prepared this performance review:  Job description reviewed:  *CS*

Rater Signature  
Sgt. M. Montrose S27 / Sst M. Montrose S27

Reviewer Comments:

Reviewer Signature: *[Signature]* Date: 12-29-12

Appointing Authority: *[Signature]* Date: 1-4-13

I have read the above: I have  have not  responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Employee Signature: [REDACTED]

[REDACTED]

[REDACTED]

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# FRANKLIN COUNTY SHERIFF'S OFFICE

**Sheriff Dallas Baldwin**

Support Services Division

TO: [REDACTED]

FROM: MAJOR KELLY KEYS

SUBJECT: LETTER OF COMMENDATION

DATE: SEPTEMBER 4, 2018

During the week of August 27, 2018, you attended the TYR Tactical Tracking School in Hocking County along with multiple other Sheriff Offices. During the week, you participated in training in an rural environment 24 hours a day for 5 days. You participated in training that lasted well into the night and continued for more than 12 hours some days. The weather conditions were not ideal with extreme heat reaching up to 100 degrees. Your professionalism, hard work and stamina to push through to complete the course was well noted by the Instructor. During a debrief with command staff it was passed on that your performance exceeded even some Military team and law enforcement teams. Your professionalism and composure during this training reflects favorably upon yourself and your agency. Your hard work and dedication is greatly appreciated.

Congratulations on a job well done!

Kelly Keys  
Major  
Franklin County Sheriff's Office

CC: Sheriff Baldwin  
Chief Smith  
HR



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]













[REDACTED]

[REDACTED]

[REDACTED]





██████████

████████████████████



[REDACTED]

[REDACTED]

[REDACTED]





PROMOTIONS AND JOB ASSIGNMENTS WITH THIS DEPARTMENT:

	DATE	ASSIGNMENT	RANK
1.			
2.			
3.			
4.			
5.			
6.			

	DATE	ASSIGNMENT	RANK
7.			
8.			
9.			
10.			
11.			
12.			

IN-SERVICE TRAINING: Dates, times and subjects

ALL THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE.

*[Signature]*  
Signature Badge #

12/07/09  
Date

ATTACH ANOTHER SHEET IF NECESSARY

[REDACTED]

[REDACTED]

[REDACTED]

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4. Professional Characteristics (initiative, judgment, self-confidence, attitude, creative, motivated, ambitious, adaptability, leadership)

1	2	3	④	5
indifferent, apathetic	interest in position is unclear, lacking in several areas	satisfactory	ranks high in all skill areas	highly motivated, eager to work, asks many questions, excellent skills

Comments:

*Confident, ambitious*

5. Overall Summary Of Strengths And/Or Shortcomings and Recommendation (Note: Give overall summary of applicant's qualifications for the position and your recommendation for or against hiring.)

*background, education & work experience +++  
- squared away too*

Overall Rating    1    2    3    4    5    6    7    8    ⑨    10

Recommendation:    Highly Recommend    Okay For Hire    Do Not Recommend

## INTERVIEW QUESTIONS (DEPUTY)

TELL US A LITTLE ABOUT YOURSELF?

OSU criminology grad '07

WHAT INTERESTS YOU MOST ABOUT THIS JOB?

great dept / large / opportunities / career employment

WHAT HAVE YOU DONE TO PREPARE YOURSELF FOR A CAREER HERE?

education / POTC / met deputies / Grant Med holds course.

TELL US ABOUT THE DUTIES OF YOUR CURRENT POSITION?

security checks / screen for weapons / patrol tabs

WHAT ACCOMPLISHMENTS HAVE GIVEN YOU THE GREATEST SATISFACTION.

likes hearing a thank you from public

GIVE US AN EXAMPLE OF HOW YOU PAY ATTENTION TO DETAIL?

JC Penney loss prevention / credit card fraud  
- caught someone who stole \$2,000+ exp theft

GIVE US AN EXAMPLE OF HOW YOU CAN WORK UNDER PRESSURE?

balancing priorities

WHY DO YOU WANT TO LEAVE YOUR CURRENT POSITION?

likes it / but not what he wants for a career

DO YOU HAVE ANY PROBLEMS WORKING A 2<sup>ND</sup> OR 3<sup>RD</sup> SHIFT?

no problem

HAVE YOU APPLIED FOR A LAW ENFORCEMENT POSITION WITH ANY OTHER AGENCY OR DEPARTMENT?

got conditional offer from CP last year

IF OFFERED A POSITION BY THE SHERIFF'S OFFICE AND THE OTHER LAW ENFORCEMENT AGENCY ON THE SAME DAY, WHICH WOULD YOU CHOOSE?



4. Professional Characteristics (initiative, judgment, self-confidence, attitude, creative, motivated, ambitious, adaptability, leadership)

1	2	3	4	5
indifferent, apathetic	interest in position is unclear, lacking in several areas	8	satisfactory ranks high in all skill areas	highly motivated, eager to work, asks many questions, excellent skills

Comments:

*Seems motivated, Professional*

5. Overall Summary Of Strengths And/Or Shortcomings and Recommendation (Note: Give overall summary of applicant's qualifications for the position and your recommendation for or against hiring.)

*Seems Professional. Shows Initiative By going to Police Academy Prior to Applying. Had Problems Answering Question About Choosing CPD over Sheriff's office. "Tough question" Needs to understand all Deputies Start off in Corrections*

Overall Rating    1    2    3    4    5    6    7    8    9    10

Recommendation:    Highly Recommend    Okay For Hire    Do Not Recommend

[REDACTED]

4. Professional Characteristics (initiative, judgment, self-confidence, attitude, creative, motivated, ambitious, adaptability, leadership)

1	2	3	4	5
indifferent, apathetic	interest in position is unclear, lacking in several areas	satisfactory	ranks high in all skill areas	highly motivated, eager to work, asks many questions, excellent skills

Comments: *seems ambitious - confident*

5. Overall Summary Of Strengths And/Or Shortcomings and Recommendation (Note: Give overall summary of applicant's qualifications for the position and your recommendation for or against hiring.) *seems good - HAS SOME VERY POSITIVE SKILLS*

Overall Rating    1    2    3    4    5    6    7    8    9    10

Recommendation:    Highly Recommend    Okay For Hire    Do Not Recommend





INTERVIEW QUESTIONS (DEPUTY)

TELL US A LITTLE ABOUT YOURSELF?

OSU - Business / Fisher - switched to Criminology

Martial Arts

WHAT INTERESTS YOU MOST ABOUT THIS JOB?

GREAT DEPT WANTS CAREER

Lot of opt.

WHAT HAVE YOU DONE TO PREPARE YOURSELF FOR A CAREER HERE?

School -

OPOTC -

TELL US ABOUT THE DUTIES OF YOUR CURRENT POSITION?

GRANT Hosp - Security checks - screen weapons  
patrol lots

WHAT ACCOMPLISHMENTS HAVE GIVEN YOU THE GREATEST SATISFACTION.

Helping people / enjoy thanks

GIVE US AN EXAMPLE OF HOW YOU PAY ATTENTION TO DETAIL?

J.C. Penny loss prevention monitor c.c.  
found stolen c.c. working there

GIVE US AN EXAMPLE OF HOW YOU CAN WORK UNDER PRESSURE?

Trauma / violent patient knowing priorities

WHY DO YOU WANT TO LEAVE YOUR CURRENT POSITION?

Likes position wants to work for  
A large division

DO YOU HAVE ANY PROBLEMS WORKING A 2<sup>ND</sup> OR 3<sup>RD</sup> SHIFT?

HAVE YOU APPLIED FOR A LAW ENFORCEMENT POSITION WITH ANY OTHER AGENCY OR DEPARTMENT?

CPP - conditional offer

IF OFFERED A POSITION BY THE SHERIFF'S OFFICE AND THE OTHER LAW ENFORCEMENT AGENCY ON THE SAME DAY, WHICH WOULD YOU CHOOSE?



## **PERSONAL HISTORY STATEMENT**

**AND**

## **PRE-EMPLOYMENT POLYGRAPH**

As an applicant for employment with the Franklin County Sheriff's Office, you are required to complete this PERSONAL HISTORY STATEMENT. It is important that your PERSONAL HISTORY STATEMENT be complete and accurate. In the event you progress to the polygraph examination, you will be asked whether or not you have intentionally lied to questions included in your PERSONAL HISTORY STATEMENT or intentionally omitted information in this statement. We are not expecting you to be perfect. We are expecting you to be truthful.

It is in your best interest to cooperate completely with the polygraph examiner. The examiner will explain the polygraph process to you in detail. If you do not understand any part of the polygraph process or any of the questions reviewed with you, you must ask the examiner to stop and explain the process or question so that you do understand. You will not be asked any questions on the test which have not been reviewed with you. You will have the opportunity to modify any questions which you feel do not fit your particular circumstance. During the actual test, you will not be asked any trick questions or questions not previously reviewed.

No one "passes" or "fails" a pre-employment polygraph interview. The polygraph examiner reports your statements and his opinion of your truthfulness to the Sheriff. He does not make any employment recommendation. Employment decisions rest solely with the Sheriff's Office.

Our objective is to get you through your polygraph interview. With your help and cooperation, together, we can accomplish that objective. Your first step in accomplishing that objective is to complete this PERSONAL HISTORY STATEMENT.





















[REDACTED]

[REDACTED]











[REDACTED]

[REDACTED]





