



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



2022-2813
Officer-Involved Critical Incident- 673 Slate Hollow, Powell

Investigative Activity: Records Received, Document Review
Involves: DCSO-Dep. Brandon Gaunt
Activity Date: 1/12/2023
Activity Location: BCI
Authoring Agent: SA Matt Collins, #151

Narrative:

On Wednesday, December 14, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Matt Collins (SA Collins) received training and personnel file records from the Delaware County Sheriff's Office (DCSO) Captain Kevin Savage for Dep. Brandon Gaunt. SA Collins reviewed the training and personnel file records and noted the following:

Personnel File

There were no records found where Dep Gaunt was disciplined for his use of force

Range Qualification Records

Records indicated Dep Gaunt qualified with the Sig Sauer M400 AR platform rifle on the following dates:

- February 2021
- April 2022

Subject Control Training

- 2019- DT and subject control (4-hours)
- 8/2022- Use of force/Use of deadly force

Crisis Intervention Training

- Received CIT Training in June 2017
- Suicide in Corrections Part1 and 2- 2019
- Supervising people with mental illness in corrections- 2019
- Overview of mental illness for public safety professionals- 2020
- Crisis management in adult correctional settings-2020
- Identifying risk and response to suicidal offenders; refresher course- 2020
- Adult Mental Health First Aid-2020

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2022-2813
Officer-Involved Critical Incident- 673 Slate Hollow, Powell

Ohio Peace Officer Training Academy/Commission Records

1. Basic Training
 - a. July 2017
2. Employment History
 - a. City of Columbus-Division of Police 2017-
3. Instructor Training
 - a. Field Training Officer (FTO)- 2020
4. Current Peace Officer Status

Based on the records received, it is noted that Dep Gaunt was a duly certified and sworn Ohio Peace Officer at the time of this incident.

The documents received from the DCSO were attached to this report. Please refer to the attachments for further details.

EMPLOYEE ACTION FORM

<input type="checkbox"/> New Hire *	<input type="checkbox"/> Supplemental Assignment	Termination Information	HR & Payroll sign off below
<input checked="" type="checkbox"/> Wage Change	<input type="checkbox"/> Dept Change	<input type="checkbox"/> Involuntary	<input checked="" type="checkbox"/> HR <u>AA</u>
<input checked="" type="checkbox"/> PCN Change *	<input checked="" type="checkbox"/> Org Key Change *	<input type="checkbox"/> Voluntary	Date <u>1/12/21</u>
<input type="checkbox"/> Address Change (home)	<input type="checkbox"/> Calendar Change	Last Day Paid _____	<input type="checkbox"/> PY _____
<input type="checkbox"/> Address Change (work)	<input type="checkbox"/> Other	Last Day Worked _____	Date _____

Employee Name Brandon Gaunt Effective Date 2/8/21

Primary Address _____

City _____ State _____ Zip Code _____ Phone _____

ID # [REDACTED] E-Mail Address _____

Type Status* FTPM - FT Permanent HR Status* AC - Active

Bargaining Unit NOPBASH - NOPBA Sheriff Deputies Classified

Calendar Non-Holiday Work Hours (Days/Week) 5 (Hours/Day) 8

Distribution 0026 Sheriff Department 0450 SHERIFF OFFICE Division 0131 Sheriff

Location # 0064 Sheriff LE -Jail Hire Date _____ Original Hire Date 2/25/2019

FLSA Non-Exempt EEO Code _____

Disabled _____ Reaction Type PM - Normal Pay Assignment

Veteran _____ Pay Class 420 - Sheriff Deputies Reason Code OC - Org Key Change

Job Code 14104 Position Deputy Sheriff PCN # 3130114113

Salary/Hourly Wage 27.28 Evaluation Score _____ Previous Wage _____ % Increase _____

Org Key (please list all) 10031301

Benefit Instruction _____

Additional Information _____

Employee Signature [Signature] Date 2/8/21

Supervisor Signature _____ Date _____

Payroll Administrator _____ Date _____

Appointing Authority [Signature] Date 1-14-2021

Make 3 Copies after final approval to be distributed to the following departments:

HR/Personnel File – Original

Auditor

HR/Benefits

Department

EMPLOYEE ACTION FORM

<input checked="" type="checkbox"/> HR * CLD
In
4-17-19
Date
<input type="checkbox"/> PY
In
Date

<input type="checkbox"/> New Hire *	<input type="checkbox"/> Address Change (home)	<input type="checkbox"/> Wage Change
<input type="checkbox"/> Calendar Change	<input type="checkbox"/> Address Change (work)	<input type="checkbox"/> PCN Change *
<input type="checkbox"/> Org Key Change *	<input type="checkbox"/> Supplemental Assignment	<input checked="" type="checkbox"/> Other <u>Service Time</u>
<input type="checkbox"/> Termination - Voluntary	<input type="checkbox"/> Termination - Involuntary	Last day worked: _____

Employee Name BRANDON GAUNT Action Date 04/17/2019

Primary Address _____

City _____ State _____ Zip Code _____ Phone _____

ID # [REDACTED] E-Mail Address _____

Type Status* _____ HR Status* _____

Bargaining Unit _____

Calendar _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Distribution # 0026 Department # _____ Division # _____

Location # _____ Hire Date _____ Original Hire Date _____

FLSA _____ EEO Code _____

Disabled _____ Reaction Type _____

Veteran _____ Pay Class _____ Reason Code _____

Job Code _____ Position _____ PCN # _____

Salary/Hourly Wage _____ Evaluation Score _____ Previous Wage _____ % Increase _____

Org Key (please list all) 1003130 3

Benefit Instruction _____

Additional Information Transfer 789 days of service from Columbus Division of Police; add 8 sick hours

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Payroll Administrator _____ Date _____

Appointing Authority Russell I Mart Date 4-14-19

Make 3 Copies after final approval to be distributed to the following departments:

HR/Personnel File - Original

Auditor

HR/Benefits

Department

EMPLOYEE ACTION FORM

<input checked="" type="checkbox"/> New Hire * <input type="checkbox"/> Calendar Change <input type="checkbox"/> Org Key Change * <input type="checkbox"/> Termination - Voluntary	<input type="checkbox"/> Address Change (home) <input type="checkbox"/> Address Change (work) <input type="checkbox"/> Supplemental Assignment <input type="checkbox"/> Termination – Involuntary Last day worked: _____	<input type="checkbox"/> Wage Change <input type="checkbox"/> PCN Change * <input type="checkbox"/> Other _____
---	--	---

<input checked="" type="checkbox"/> HR *	CLD _____
In	
01/21/2019	
Date	
<input type="checkbox"/> PY	_____
In	
Date	

Employee Name BRANDON GAUNT Action Date 02/25/2019

Primary Address [REDACTED]

City COLUMBUS State OH Zip Code 43235 Phone [REDACTED]

ID # [REDACTED] E-Mail Address BGAUNT@CO.DELAWARE.OH.US

Type Status* FTPM - FT Permanent HR Status* AC - Active

Bargaining Unit FOP CO - FOP CO Classified _____

Calendar Non-Holiday Work Hours (Days/Week) 5 (Hours/Day) 8

Distribution # 0026 Department # 045A Division # 0131

Location # 0049 Hire Date 2-25-19 Original Hire Date _____

Non-exempt _____ FLSA _____ EEO Code _____

Disabled _____ Reaction Type PM - Normal Pay Assignment

Veteran _____ Pay Class 400 - Corrections Officer Reason Code NH - New Hire

Job Code 22104 Position CORRECTIONS OFFICER PCN # 3130322126

Salary/Hourly Wage \$19.30 Evaluation Score _____ Previous Wage _____ % Increase _____

Org Key (please list all) 10031303

Benefit Instruction _____

Additional Information _____

Employee Signature <u><i>Brandon Gaunt</i></u>	Date <u>2/26/19</u>
Supervisor Signature _____	Date _____
Payroll Administrator _____	Date _____
Appointing Authority _____	Date _____


Make 3 Copies after final approval to be distributed to the following departments:

HR/Personnel File – Original	Auditor	HR/Benefits	Department
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DELAWARE COUNTY SHERIFF'S OFFICE
EMERGENCY CONTACT INFORMATION

In case of emergency notify:


Name JACKIE GAUNT

Address 


SUNBURY, OH 43074

Relationship SPOUSE

Phone: Home:  Work: _____

Cell:  Other: _____


Name MARY GAUNT

Address 

COLUMBUS, OH 43235

Relationship MOTHER

Phone: Home: _____ Work: _____

Cell:  Other: _____

Employee's name: BRANDON GAUNT

Employee's signature:  309

Date: 7/21/19

EMPLOYEE ACTION FORM

<input type="checkbox"/> New Hire * <input type="checkbox"/> Calendar Change <input type="checkbox"/> Org Key Change * <input type="checkbox"/> Termination - Voluntary	<input checked="" type="checkbox"/> Address Change (home) <input type="checkbox"/> Address Change (work) <input type="checkbox"/> Supplemental Assignment <input type="checkbox"/> Termination – Involuntary Last day worked: _____	<input type="checkbox"/> Wage Change <input type="checkbox"/> PCN Change * <input type="checkbox"/> Other _____
--	---	---

<input type="checkbox"/>	HR #	_____
	In	
		Date

<input type="checkbox"/>	PY	_____
	In	
		Date

Employee Name BRANDON GAUNT Action Date 7/21/19
 Primary Address _____
 City SUNBURY State OH Zip Code 43074 Phone _____
 ID # _____ E-Mail Address bgaunt@co.delaware.oh.us
 Type Status* _____ HR Status* _____
 Bargaining Unit _____
 Calendar _____ Work Hours (Days/Week) _____ (Hours/Day) _____
 Distribution # _____ Department # _____ Division # _____
 Location # _____ Hire Date _____ Original Hire Date _____
 _____ FLSA _____ EEO Code _____
 Disabled _____ Reaction Type _____
 Veteran _____ Pay Class _____ Reason Code _____
 Job Code _____ Position _____ PCN # _____
 Salary/Hourly Wage _____ Evaluation Score _____ Previous Wage _____ % Increase _____
 Org Key (please list all) _____
 Benefit Instruction _____
 Additional Information _____

Employee Signature	<u>Brandon Gaunt 309</u>	Date	<u>7/21/19</u>
Supervisor Signature	<u>SayBeck 308</u>	Date	<u>7.23.19</u>
Payroll Administrator	_____	Date	_____
Appointing Authority	_____	Date	_____

Make 3 Copies after final approval to be distributed to the following departments:

HR/Personnel File – Original	Auditor	HR/Benefits	Department
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EMPLOYEE ACTION FORM

<input type="checkbox"/> New Hire * <input type="checkbox"/> Calendar Change <input type="checkbox"/> Org Key Change * <input type="checkbox"/> Termination - Voluntary	<input type="checkbox"/> Address Change (home) <input type="checkbox"/> Address Change (work) <input type="checkbox"/> Supplemental Assignment <input type="checkbox"/> Termination – Involuntary Last day worked: _____	<input checked="" type="checkbox"/> Wage Change <input type="checkbox"/> PCN Change * <input type="checkbox"/> Other _____
--	--	--

<input checked="" type="checkbox"/> HR * <u>CLD</u> In <u>01/06/2020</u> _____ Date
<input type="checkbox"/> PY _____ In _____ Date

Employee Name GAUNT, BRANDON R Action Date 01/01/2020

Primary Address _____

City _____ State _____ Zip Code _____ Phone _____

ID # XXXXXXXXXX E-Mail Address _____

Type Status* _____ HR Status* _____

Bargaining Unit _____

Calendar _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Distribution # 0026 Department # _____ Division # _____

Location # _____ Hire Date _____ Original Hire Date _____

FLSA _____ EEO Code _____

Disabled _____ Reaction Type _____

Veteran _____ Pay Class _____ Reason Code _____

Job Code _____ Position _____ PCN # _____

Salary/Hourly Wage 21.09 Evaluation Score _____ Previous Wage 20.48 % Increase 3

Org Key (please list all) 10031303

Benefit Instruction _____

Additional Information 32 hours @ previous wage; 48 hours @ new wage _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Payroll Administrator _____ Date _____

Appointing Authority _____ Date _____

Make 3 Copies after final approval to be distributed to the following departments:

HR/Personnel File – Original

Auditor

HR/Benefits

Department

Mr. Brandon R Gaunt



Sunbury, OH 43074



Contents:

1. Online Application
2. Attachment: Cover Letter
3. Attachment: Resume

Prepared for: Matt Brown
Delaware County
May 28, 2020 2:20 PM

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Delaware County Online Application

Gaunt, Brandon - AppNo: 17462

Date Submitted: 3/10/2020

Internal Candidate

Personal Data

Name: Mr. Brandon R Gaunt
 (Title) (First) (Middle Initial) (Last)

Other name(s) under which transcripts, certificates, and former applications may be listed:

Other: (Title) (First) (Middle Initial) (Last)

Email Address: [REDACTED]

Postal Address

Permanent Address

Number & Street: [REDACTED]
 Apt. Number:
 City: Sunbury
 State/Province: OH
 Zip/Postal Code: 43074
 Country: United States of America
 Daytime Phone: [REDACTED]
 Home/Cell Phone: [REDACTED]

Present Address

Number & Street:
 Apt. Number:
 City:
 State/Province:
 Zip/Postal Code:
 Country:
 Phone Number:

Experience

Please list relevant work experience beginning with the most recent.

Current or Most Recent Position		Employer Contact Information		Supervisor/Reference Contact Information	
Delaware County Sheriff Office Corrections Officer		844 US Hwy 42 N Delaware, OH 43015 [REDACTED]		Sgt. Beck-Taylor [REDACTED] SBeck@co.delaware.oh.us	
Date From - Date To:	02/2019 - 03/2020	Full or Part Time:	Full	Last Annual Salary:	49,000
Reason for Leaving:	Current				
May we contact this employer?	Yes				
Responsibilities/Accomplishments at this Position	Responsible for the safety and well being of inmates in incarceration. Duties include booking new inmates into the jail, transportation of inmates, searches of inmates in the jail, report writing, fingerprinting, and handling court paperwork.				

Previous Position Held		Employer Contact Information		Supervisor/Reference Contact Information	
City of Columbus Division of Police Police Officer/Recruit, Management Analyst		120 Marconi Blvd Columbus, OH 43215 [REDACTED]		Amy Morris [REDACTED] amorris@columbuspolice.org	
Date From - Date To:	12/2016 - 02/2019	Full or Part Time:	Full	Last Annual Salary:	49,000
Reason for Leaving:	Employed by Delaware County				
May we contact this employer?	Yes				
Responsibilities/Accomplishments at this Position	Columbus Police Academy Recruit/ Patrol Officer. Body Camera Analyst/ Expert, assists detectives and prosecutors with body camera footage for investigation and/or prosecution. CIT certification.				

Delaware County Online Application

Gaunt, Brandon - AppNo: 17462

Date Submitted: 3/10/2020

Internal Candidate

Experience Continued

Previous Position Held		Employer Contact Information		Supervisor/Reference Contact Information	
Target Team Member		1 Walker Way West Jefferson, OH 43162 [REDACTED]			
Date From - Date To:	12/2015 - 12/2016	Full or Part Time:	Full	Last Annual Salary:	39,000
Reason for Leaving:	Left for public employment				
May we contact this employer?	Yes				
Responsibilities/Accomplishments at this Position	Warehouse Worker, Forklift driver				

Education

Please tell us about your educational background beginning with the most recent.

High School Attended: Dublin Scioto, Dublin OH
Location: Dublin, OH
Graduation Status: H.S. Diploma

Colleges, Universities and Technical Schools Attended:

Name and location	Major area of study	Degree	Graduated
Southern New Hampshire University, NH 30 Semester Hours	Business	Business Administration	Yes
Mount Vernon Nazarene University, OH 102 Semester Hours	Nursing	Nursing	No

Professional Licenses or Certificates

Professional License(s) or Certificate(s) or Other Credential(s).

Description:

Number:

By Whom Issued:

Date Awarded:

Expiration Date:

Peace Officer Basic Training Program

Columbus Police Academy

07/06/2017

Description:

Number:

By Whom Issued:

Date Awarded:

Expiration Date:

CIT Franklin County

Franklin County CIT Steering Committee

07/06/2017

Delaware County Online Application

Gaunt, Brandon - AppNo: 17462

Date Submitted: 3/10/2020

Internal Candidate

Professional Licenses or Certificates continued

Additional Education, Training and Computer Knowledge

Please list below the specific course work areas relevant to the position for which you are applying. Also, indicate the number of courses you have successfully completed in each area.

In the area below, please describe briefly any additional training, information or special qualifications you have for the position requested. Include special courses/seminars attended, machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

Typing Speed

Data Entry Speed

Computer Knowledge Hardware and Software Programs:

Language Skills

Do you know any language other than English? No

Professional References

	Reference 1	Reference 2
Name:	Sgt. Stacie Beck-Taylor	Mike Deaton
Employer:	Delaware County Sheriff Office	Hilliard Police
Contact Phone:	[REDACTED]	[REDACTED]
Email:	SBeck@co.delaware.oh.us	mdeaton77@gmail.com
Relationship Affiliation:	Supervisor	Boy Scout Troop Leader
Years Known:	1	16
	Reference 3	Reference 4
Name:	Gilbert Leffler	John Schirg
Employer:	City of Columbus Division of Police	City of Columbus Division of Police
Contact Phone:	[REDACTED]	[REDACTED]
Email:	gwleffler@columbuspolice.org	jschirg@columbuspolice.org
Relationship Affiliation:	Previous Coworker	Previous Supervisor
Years Known:	3	2

Delaware County Online Application

Gaunt, Brandon - AppNo: 17462

Date Submitted: 3/10/2020

Internal Candidate

Referrals

How did you hear about employment with us?

Current Employee

Additional Information

* Do you have a valid driver's license?

Yes

Answer only if you answered "NO" to above question. Are you willing and able to secure a valid driver's license?

* Do you have a Commercial Drivers License (CDL)?

No

CDL Class:

Answer only if you answered "NO" to above question. Are you willing and able to secure a Commercial Drivers License (CDL)?

Yes

* If necessary, can you supply your own transportation for work use?

Yes

* Do you currently work or have you previously worked in public employment in Ohio? (e.g. Prior public employers could include, but not limited to county, state, city, townships, villages, libraries, school districts)

Yes

If you have paid into or been a member of any of the following retirement systems, please indicate below. (e.g. Ohio Public Employees Retirement System (OPERS), State Teachers Retirement Systems (STRS), School Employees Retirement System (SERS), Ohio Police and Fire Pension Fund (OP&F), State Highway Patrol Retirement System (HPRS), or Cincinnati Retirement System (CRS)?)

OP&F

* Do you claim veterans service preference?

No

* Can you perform all the essential job function(s) of the position(s) for which you are applying, with or without reasonable accommodation?

Yes

* Do you have relatives employed by Delaware County?

No

If yes, please list:

From,

Brandon Gaunt

██████████, Sunbury, OH 43074

To,

Delaware County Sherriff's Department

Dear sir/madam,

I am applying for the position of Deputy Sheriff with Delaware County. I have currently been working for the Sheriff's Department in the County Jail for over a year. Previously I worked for over two years with the Columbus Division of Police in multiple capacities that are covered in my resume. I have my OPOTA certification received from the Columbus Police after completing their 29 week academy. I am also CIT trained through Franklin County. In my time with Columbus I have handled multiple arrests, prisoner transports, and other law enforcement duties.

I currently live in Delaware County and appreciated the people and small-town feel throughout the county. My purpose of applying for this position is to set myself up to work and live in Delaware County long-term as I believe there are many opportunities for advancement and self-improvement.

I believe that I have the relevant experience, training and skills that will enhance the function of your department. I look forward to speaking to you in person to discuss this opportunity further. Thank you in advance.

Sincerely,

Brandon Gaunt

DELAWARE COUNTY SHERIFF'S OFFICE
EMERGENCY CONTACT INFORMATION

In case of emergency notify:

Name MARY GAUNT

Address [REDACTED] COLUMBUS, OH 43235

Relationship MOTHER

Phone: Home: _____ Work: _____

Cell: [REDACTED] Other: _____

Name _____

Address _____

Relationship _____

Phone: Home: _____ Work: _____

Cell: _____ Other: _____

Employee's name: BRANDON GAUNT

Employee's signature: Brandon Gaunt

Date: 2/26/19



LOCAL INCOME TAX FORM

New Employee

Residence Change
(Replaces form on file)

Work Location Change
(Replaces form on file)

Please Complete the Entire Form

Employee ID # _____ Last Name GAUNT First Name BRANDON MI R

Address _____

City COLUMBUS State OH Zip Code 43235

Department Sheriff's Office If EMS Employee, Station Number N/A

Note: It is the employee's responsibility to notify the Payroll Department of their correct taxing district.

City income tax will be withheld unless your work location is outside the city limits.

City of Work Location Delaware

Exempt from Delaware City taxes (only employees who work outside Delaware City)

Supervisor's Initials (required)

School Tax will be withheld if applicable in your area.

School District of Residence Dublin CSD

Residential Tax will be withheld if applicable in your area.

City, Township, or Village of Residence Columbus

For assistance, please go to the following web page: https://thefinder.tax.ohio.gov/StreamlineSalesTaxWeb/default_taxdistrictsummary.aspx

Employee Signature Brandon Gaunt Date 2/26/19

This does not replace the EAF form for change of address.

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
2. You may file a new certificate at any time if the number of your exemptions **increases**.


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

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

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



Department of Taxation

Employee's Withholding Exemption Certificate

Print full name BRANDON R GAUNT Social Security number [REDACTED]

Home address and ZIP code [REDACTED], COLUMBUS, OH, 43235

Public school district of residence DUBLIN CITY SCHOOLS School district no. 2513
(See *The Finder* at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed 1
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) 1
3. Exemptions for dependents 0
4. Add the exemptions that you have claimed above and enter total 2
5. Additional withholding per pay period under agreement with employer \$

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature  Date 2/26/17

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial BRANDON R		Last name GAUNT		2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]			3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code COLUMBUS, OH, 43235			4 If your last name differs from that shown on your social security card, check here. You must call [REDACTED] for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5 2	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.					
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and					
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.					
If you meet both conditions, write "Exempt" here ▶ 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶ <i>Brandon R Gaunt</i>					
Date ▶ 02/26/19					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

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



Personal History Record

INSTRUCTIONS

1. As a public employee you are required to complete and file this Form within 30 days of commencing employment. Failure to do so may limit the options available to you as well as delay transactions. Please fill out the form in blue or black ink.
2. For elected officials: An elected official, or person appointed to a publicly elected position, who is not retired from an Ohio retirement system and does not have contributions on deposit with OPERS through previous elected service, has the option of contributing to OPERS or Social Security. Elected officials who choose OPERS membership are required to contribute to OPERS for all subsequent elected positions.
3. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
4. Sign the form in SECTION 4 - EMPLOYEE CERTIFICATION. DO NOT print or type.
5. The employer is required to complete SECTION 5 - EMPLOYER CERTIFICATION.
6. The employer is required to mail the *completed* form to OPERS at the above address immediately upon hire.

Section 1 - Personal Information

Social Security Number

[Redacted]

Last Name

GAUNT

First Name

BRANDON

MI

R

Street or Mailing Address

[Redacted]

Apt. Number

City

COLUMBUS

State

OH

ZIP Code

43235

Province

Country

Postal Code

Date Of Birth

08141993

Gender

Male

Female

Are you legally married?

Yes

No

Maiden Name

Work Phone Number

Home Phone Number

Cell Phone Number

[Redacted]

E-mail Address

bgaut@co.delaware.oh.us

Section 2 - Current Employment Information

Job Title

CORRECTIONS OFFICER

If this is an elected position or if you have been appointed to an elected position, provide date present elective service began.

Section 3 - Prior Service Information

1. Have you previously worked in public employment in Ohio? Yes No If "yes," give first date of public service: 12192016

If "yes," list employer(s)

CITY OF COLUMBUS

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

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

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

Section 4 - Employee Certification

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

[Handwritten Signature]

Employee Signature (Do not print or type.)

Today's Date

02/26/19

Section 5 - Employer Certification

Employer Code - Start Date

Is this an elected position? Yes No If "yes," provide Employer Code for elected position -

Elected Position Title

Is this a law enforcement position? Yes No Full-Time Part-Time

I hereby certify that _____ began earning salary from which OPERS retirement contributions are deducted with the above employer on the start date indicated above and the statements set forth are true and accurate as disclosed by the records of

Signature of Certifying Officer

Print Certifying Officer's Name

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

Employee Name BRANDON GAULT Employee ID# _____

Employer Name _____ Employer ID# _____

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

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

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

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

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-_____, or for the deaf or hard of hearing call the TTY number 1-_____, or contact your local Social Security office.

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

Signature of Employee  Date 02/26/19

Auditor's New Hire Form

Employee Name: Brandon Gaunt

Department: Sheriff's Office

I-9 Employment Eligibility Verification Form

Verification CD Location CD
 Department _____ Department _____

Human Resources _____ Human Resources _____

Auditor _____

Appoint Authority/ Designees Signature: Chelsea Dean
(I-9 reviewed and verified).

Auditor of State's Fraud Reporting Acknowledgement of Receipt Form completed CD
(Keep with Personnel File)

Required forms to Payroll Department

- SSA-1945 Form
- PERS Form
- W-4 Form
- Ohio Tax Form
- Local Income Tax Form
- Employee Action Form

Elective Forms to Payroll Department

- Direct Deposit Form, United Way, etc.

Suppress printing of EFT stub, please check box

- EFT stub will not be printed by payroll.

Federal and state laws mandate the above-required forms. Employees with missing or incomplete forms may have paychecks withheld until said forms are submitted in their entirety.

The payroll department makes every effort to ensure employees are paid correctly. However, inadvertent mistakes can happen. When mistakes do happen and are called to our attention, we will promptly make any necessary corrections.

All required forms are due to the payroll department by 12:00 PM the Friday before payday. Fulfillment of this and other payroll deadlines ensures the county payroll will be processed and distributed on time.

Revised 09/2012



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

January 21, 2019

Brandon Gaunt
[REDACTED]
Columbus, OH 43235

Dear Brandon Gaunt:

This letter is to confirm our offer and your acceptance of the position of Corrections Officer with the Delaware County Sheriff's Office. Your start date will be 2/25/2019. You will receive an hourly rate of \$19.30 per hour and upon successful completion of a one-year probationary period as a Corrections Officer you will be paid in accordance with the collective bargaining agreement.

The position of a probationary Corrections Officer is a Corrections Officer at will. You may be required to work various shifts with varying days off. As a condition of continued employment, you will be required to successfully complete the OPOTC Corrections Academy and subsequent examination. You will be provided one opportunity to participate in the Academy and testing. This position with the Delaware County Sheriff's Office will be your primary employment. You will be on recall for emergency purposes.

Please, sign this letter validating your acceptance of the job and terms stated above. Should you have any questions feel free to discuss them with me.

Sincerely,

Russell L. Martin

Sheriff Russell L. Martin, C.L.E.E

01/29/2019

Date

Brandon Gaunt

Brandon Gaunt

01/29/2019

Date

Cc: File

Legitimacy through protecting and serving with empathy, competency, and diligence. To be known as one of Ohio's finest by upholding the constitution and applying the rule of law.



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

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Sheriff Russell L. Martin, C.L.E.E

01/29/2019
Date

Brandon Gaunt

Date

Cc: File

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DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone () Fax ()

January 2, 2019

Dear Mr. Gaunt:

Congratulations on progressing to a point in the hiring process where we would like to extend a conditional job offer. This offer is for a Corrections Officer position with the Delaware County Sheriff's Office. Please read and sign the waiver below with regard to this offer.

Sincerely,

Sheriff Russell L. Martin
Delaware County

I, BRANDON GAUNT understand that to be employed by The Delaware County Sheriff's Office for the above mentioned position, I must be able to satisfactorily perform the physical aspects as well as possess the mental stability to perform the essential functions of the position.

Further, I understand that my employment date with The Delaware County Sheriff's Office will be determined following my successful completion of a qualifying medical examination, psychological evaluation and drug screening performed by a physician approved by the Sheriff's Office, at the Sheriff's Office expense.

Candidate Signature

Date 1/3/19

Cc: File



Administrative Services

Dawn E. Huston, Director

Human Resources

Records Center

Insurance/Risk

DELAWARE COUNTY

DRIVER'S LICENSE AND INSURANCE REQUIREMENTS AGREEMENT

I, the undersigned, agree, as a requirement for driving a county owned vehicle or personal vehicle during the course of employment, I will maintain a valid State of Ohio Driver's License. I also understand that a State of Ohio, Bureau of Motor Vehicles' report will be obtained by the Delaware County Safety Officer or Human Resources Department personnel to confirm a valid Ohio Driver's License and to review my driving records.

I, the undersigned, agree, as a requirement for using my personal vehicle during the course of my employment with Delaware County, will retain automobile liability insurance for bodily injury and property damage on the vehicle that I am driving for the following minimum amounts:

\$100,000 for bodily injury per person, \$300,000 for bodily injury per occurrence, and \$100,000 property damage per occurrence, or a combined single limit of \$300,000.

I, the undersigned, understand that if the above criteria are not met, Delaware County's insurance coverage will protect only its portion of any liability resulting from the use of personal vehicles.

I, the undersigned, further agree to maintain my vehicle in, to the best of my knowledge, a roadworthy condition.

Brandon Gaunt 2/27/19
Employee Signature Date

BRANDON GAUNT
Employee Name – PLEASE PRINT

SHERIFF OFFICE - JAIL
Department – PLEASE PRINT

Human Resources
10 Court Street, 2nd Floor
Delaware, Ohio 43015

or
Fax: _____

Records Center
2079 US 23 N. – Suite 5
Delaware, Ohio 43015

or
Fax: _____



Orientation Checklist

Required Employment Forms

- Emergency Notification Form
- Driver's License and Insurance Requirements Agreement

Employee Information

- County Map
- County Phone Directory
- Delaware County Organizational Chart
- Holiday Schedule
- Pay Date Calendar
- CCAO Deferred Compensation Program
- Prior Public Employment Service Time Form

Policies

- Unlawful Discrimination & Harassment
- Professional Conduct
- Drug Free Workplace Policy
- Delaware County Ethics Policy
- Public Records Policy
- Political Activity Policy
- Computer Use Policy
- Internet Use Policy & Cyber Security Presentation

We viewed the following videos:

- Professional Conduct
- A Clear Picture-Harassment in the Public Sector
- Prevent Accidents

Employee Name BRANDON GAUNT Date 2/27/19

Signature 

DELAWARE COUNTY

~ *Emergency Notification* ~

PLEASE FILL OUT IN CASE OF AN EMERGENCY

Today's Date: 2/27/19

Your Name: BRANDON GAUNT

Date of Birth: 08/14/1993

Home Address: [REDACTED] COLUMBUS, OH 43235

Home Phone Number: _____

Cell Phone Number: [REDACTED]

Name of Person to Contact: [REDACTED]

Relationship to you: SPOUSE

Employer: [REDACTED]

Work Phone Number: _____

Home Phone Number: [REDACTED]

Cell Phone Number: [REDACTED]

Additional contact if we are unable to speak with the above listed contact:

Name: MARY GAUNT

Relationship to you: MOTHER

Employer: [REDACTED]

Work Phone Number: (614)566-8504

Home Phone Number: _____

Cell Phone Number: [REDACTED]

Delaware County Sheriff's Office - Prior Service Certification

Instructions: The employee requesting prior service credit should complete Section 1 and forward to where previously employed. That agency must complete Section II and mail to the address provided at the bottom of the form. PLEASE NOTE: A separate form is needed from each agency for which the employee is requesting prior service credit.

Section 1 - To be completed by employee:

Employee Last Name: <u>GAUNT</u>	First Name: <u>BRANDON</u>	M.I.: <u>R</u>
Maiden Name: _____ (If applicable during previous employment)	Last Four Digits of Social Security Number <u> </u>	
Have you previously retired from employment covered by an Ohio Public Retirement System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, please identify the retirement system: _____		
<u>Brandon Gaunt</u> Employee Signature	<u>3/26/19</u> Date	
Previous Employer: Agency: <u>COLUMBUS DIVISION OF POLICE</u>		
Address: <u>120 MARCONI BLVD</u>		
City: <u>COLUMBUS</u>	State: <u>OH</u>	Zip Code: <u>43215</u>
Dates of employment: <u>12/19/16 - 2/15/19</u>		Job Title: <u>MANAGEMENT ANALYST</u>

Section II - To be completed by previous employer:

Please provide the following information on the above named employee:	
Date of Hire: <u>12-19-16</u>	Date of Separation: <u>2-15-19</u>
Employment Status: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (See note below for part-time & intermittent employees)	
Part-time/intermittent only: # of pay periods worked: _____ # of days worked: _____	
Is your agency a political subdivision of the State of Ohio? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was this employment covered under by an Ohio Public Retirement System (e.g., STRS, SERS)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please identify the retirement system: <u>OPERS</u>	
Sick Leave Balance: <u>0</u>	

789 days

Information in Section II has been verified by: Print Name: <u>LARRY WALTERMEIER</u>	
Title/Position: <u>OFFICE ASSISTANT II</u>	Phone Number: <u>614-645-4803</u>
<u>[Signature]</u> Signature	<u>4-1-19</u> Date

PLEASE NOTE: PART TIME AND INTERMITTENT EMPLOYEES ONLY

If the employee referenced in Section I worked every pay period, the dates of service will be used to calculate prior service credit. However, if he/she worked sporadic pay periods, please include the specific number of pay periods worked or if the employee was employed on an intermittent or "on call" status, please include the specific number of days worked.

Please return completed form to:

Delaware County Sheriff's Office
Office of Human Resources
149 N. Sandusky Street
Delaware, Oh 43015
[Redacted] (phone) [Redacted] (fax)

Delaware County Sheriff's Office
Sheriff Russell L. Martin

Employee Performance Evaluation

Employee Name: **Brandon Gaunt**

Reviewing Supervisor: **Sgt. Andrew M. Lee, Sgt. Chad Sloan**

Review Period: **February 8, 2021 - October 31, 2021**

Employee Title: **Deputy Sheriff**

Type of Review: Mid-Probation End of Probation Annual

Delaware County Sheriff's Office Vision Statement

Protecting People, Their Property, and Their Rights

Employee Performance Review Objectives:

This employee performance review should highlight the employee's strengths and successes and identify areas of growth, improvement and goal development.

This review is divided into the following sections:

1. Communication, Verbal & Written
2. Judgment, Decision Making and Reasoning
3. Knowledge & Competency
4. Productivity & Quantity of Work
5. Appearance & Professionalism

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

1. Communication, Verbal & Written

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

Communication, Verbal & Written	Rating
1. Exhibits tact and consideration with internal and external customers	3
2. Displays a positive outlook and pleasant manner	3
3. Offers assistance and support to co-workers	3
4. Written work product is thorough and needs little to no editing	2
5. Accepts and applies feedback given for improvement	3
Score	14

In the space below briefly write any facts regarding the employee's communication.

Sgt. Clarke referenced Deputy Gaunt having some report writing issues regarding poor narrative writing. However, he attributed it to Deputy Gaunt being new and it being a work in progress. On third shift, Deputy Gaunt has shown little concern for his report writing. His demeanor is pleasant but at times quiet.

Please explain applicable goals in this area.

As a new deputy, Deputy Gaunt should continue to learn and pick the brain of those around him to enhance his knowledge of the profession for their experiences. We hope to see Deputy Gaunt become more involved in open discussions with other deputies during roll call as he becomes more comfortable with the profession.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

2. Judgment, Decision Making & Reasoning

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1 Unsatisfactory	2 Needs Improvement	3 Performance is on Target	4 Exceeds Job Requirements	5 Outstanding

Judgment, Decision Making & Reasoning	Rating
1. Makes decisions quickly and appropriately	3
2. Includes appropriate people in decision-making process	3
3. Exhibits sound judgment when interacting with co-workers and Supervisors	3
4. Looks for opportunities to advance skill set and knowledge base	3
5. When making mistakes, holds self accountable and asks for assistance from Supervisors	3
6. Makes routine decisions without assistance.	3
7. Perceives situations accurately	3
8. Relates past solutions to present situations	3
Score	24

In the space below briefly write any facts regarding the employee's communication.

Deputy Gaunt started on patrol in February, so he is still learning and continues to ask for assistance. To his credit, the amount of assistance continues to diminish with more experience.

Please explain applicable goals in this area.

Continue asking questions and do not hesitate to ask for assistance from others around you.

Delaware County Sheriff's Office
Sheriff Russell L. Martin

3. Knowledge & Competence

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1 Unsatisfactory	2 Needs Improvement	3 Performance is on Target	4 Exceeds Job Requirements	5 Outstanding

Knowledge & Competence	Rating
1. Displays knowledge of Standard Operating Policies (SOP's)	3
2. Understands scope of position and duties	3
3. Demonstrates ability to apply current procedures to everyday job responsibilities	3
4. Is able to serve as a resource for newly hired employees	3
5. Handles confidential information professionally and appropriately	3
6. Work is neat, accurate and dependable	3
Score	18

In the space below briefly write any facts regarding the employee's communication.

Deputy Gaunt's knowledge and competence will continue to grow with experience. With less than a year of patrol experience, he still has plenty to learn.

Please explain applicable goals in this area.

Apply for core training to further your education in the field.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

4. Productivity and Quality of Work

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

Productivity & Quality of Work	Rating
1. Consistently meets or exceeds goals	3
2. Portrays flexibility on the job and adjusts to changing expectations or duties with ease.	3
3. Displays drive and energy in accomplishing tasks	3
4. Strives to improve overall performance	3
5. Work product requires little oversight	3
6. Applies feedback given for improvement	3
7. Follows instructions, responds to Supervisor direction	3
Score	21

In the space below briefly write any facts regarding the employee's communication.

Deputy Gaunt has changed shifts several times in his probationary year and has seemingly done so without a hiccup. He is proactive and speaks up for calls. He has the third most reports taken on the shift for the year.

Please explain applicable goals in this area.

The best way to learn is through experiencing calls for service and interacting the public. Continue to put yourself in situations that are uncomfortable so that you can learn every shift.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

5. Professionalism & Cooperation

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS				
Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

Appearance, Professionalism & Cooperation	Rating
1. Maintains professional appearance	3
2. Appearance enables successful completion of job duties	3
3. Sets good examples and high standards for peers	3
4. Leads and motivates co-workers	3
5. Offers assistance and support to others	3
6. Shares credit and opportunities when appropriate	3
Score	18

In the space below briefly write any facts regarding the employee's communication.

Deputy Gaunt's proactive policing is a good model for others around him to achieve. As a new deputy, his leadership and motivation will need to grow as he gains valuable experience.

Please explain applicable goals in this area.

Years of experience doesn't always equal leadership or being a role model. Don't let your lack of experience be a deterrent to leading others around you.

Delaware County Sheriff's Office
Sheriff Russell L. Martin

List any contributions the employee has made to the DCSO beyond normal requirements.

[Empty box for contributions]

Goals for the next measureable performance period.

Employee's goals for him/herself:

Current goals are to get off probation, learn the job, learn drug interdiction.

Supervisor's goals for employee:

Start to figure out what your career aspirations are and apply for relevant training. Keep working hard and gain that valuable experience.

Final Score

Section	Points Possible	Points Received
1. Communication, Verbal & Written	25	14
2. Judgment, Decision Making & Reasoning	40	24
3. Knowledge & Competency	30	18
4. Productivity & Quality of Work	35	21
5. Professionalism & Cooperation	30	18
TOTAL	160	95
Points Received / Number of Sections = Total Average Score		2.97

Delaware County Sheriff's Office
Sheriff Russell L. Martin

Signature Page

Employee: I have been presented with and have reviewed this evaluation. All items covered have been discussed fully with me and I have been encouraged to make comments. I realize that my signature does not imply that I am in agreement with the review. If I am not in agreement, I have seven (7) calendar days to notify my supervisor and provide remarks in the comments section below.

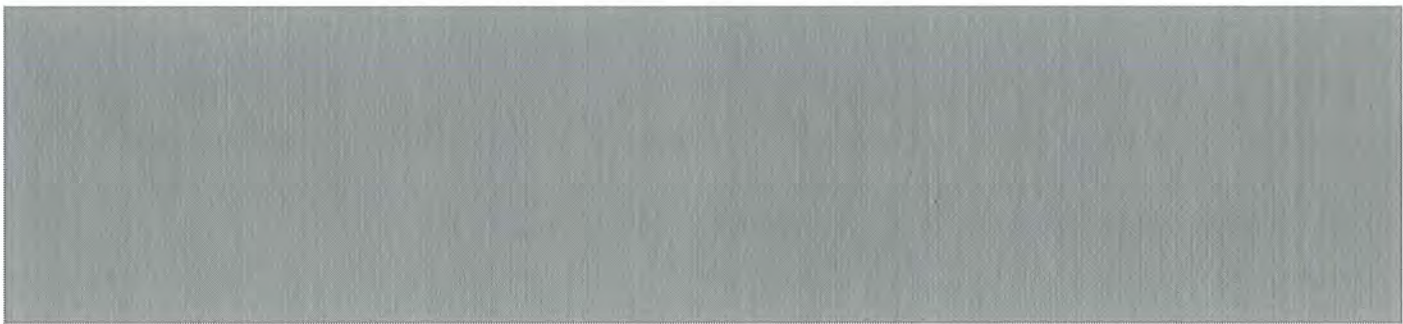
[Handwritten Signature] 56

Employee Signature

11/12/21

Date

Comments:



Reviewing Supervisor: I have discussed all items reviewed on this appraisal with the employee and have encouraged him/her to respond to any conclusions or recommendations made.

[Handwritten Signature] 108

Reviewing Supervisor Signature

11/12/21

Date

[Handwritten Signature]

Additional Command Staff Signature

11-12-2021

Date

[Handwritten Signature]

Additional Command Staff Signature

1-12-22

Date

[Handwritten Signature] CT. D. BOM

1-12-22

Delaware County Sheriff's Office
Sheriff Russell L. Martin

Employee Performance Evaluation

Employee Name: **Brandon Gaunt**

Reviewing Supervisor: **Sergeant Robinson, Sergeant Rhodes**

Review Period: **December 2019-November 2020**

Employee Title: **Corrections Officer**

Type of Review: Mid-Probation End of Probation Annual

Delaware County Sheriff's Office Vision Statement

Protecting People, Thier Property, and Their Rights

Employee Performance Review Objectives:

This employee performance review should highlight the employee's strengths and successes and identify areas of growth, improvement and goal development.

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1. Communication, Verbal & Written
2. Judgment, Decision Making and Reasoning
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4. Productivity & Quantity of Work
5. Appearance & Professionalism

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

1. Communication, Verbal & Written

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS				
Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

Communication, Verbal & Written	Rating
1. Exhibits tact and consideration with internal and external customers	4
2. Displays a positive outlook and pleasant manner	4
3. Offers assistance and support to co-workers	5
4. Written work product is thorough and needs little to no editing	3
5. Accepts and applies feedback given for improvement	4
Score	20

In the space below briefly write any facts regarding the employee's communication.

Officer Gaunt is always professional when dealing with the general public or officers from other agencies. He remains positive while on duty, even with all of the changes this year. He is always very polite and courteous when dealing with supervisors. He is always willing to lend a helping hand to his coworkers wherever needed without hesitation. His written reports contain the proper amount of information and need little to no editing. He willingly accepts constructive criticism and applies the feedback to his daily duties.

Please explain applicable goals in this area.

Maintain your positivity and pleasant manner. Continue to be someone others can look up to.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

2. Judgment, Decision Making & Reasoning

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS				
Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

Judgment, Decision Making & Reasoning	Rating
1. Makes decisions quickly and appropriately	4
2. Includes appropriate people in decision-making process	4
3. Exhibits sound judgment when interacting with co-workers and Supervisors	4
4. Looks for opportunities to advance skill set and knowledge base	3
5. When making mistakes, holds self accountable and asks for assistance from Supervisors	4
6. Makes routine decisions without assistance.	4
7. Perceives situations accurately	4
8. Relates past solutions to present situations	3
Score	30

In the space below briefly write any facts regarding the employee's communication.

Officer Gaunt has a clear understanding of his job responsibilities allowing him to make independent decisions without assistance. He understands when he can make a decisions on his own and when he should get a supervisor involved. I have every confidence in him to make the proper decisions. He uses good judgment when interacting with co-workers. He keeps out of other people's business and does not get involved in drama or gossip.

Please explain applicable goals in this area.

Look into and request more training opportunities to enhance the skill set he already has. Relias and NIC websites are good tools for online training.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

3. Knowledge & Competence

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS				
Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

Knowledge & Competence	Rating
1. Displays knowledge of Standard Operating Policies (SOP's)	4
2. Understands scope of position and duties	4
3. Demonstrates ability to apply current procedures to everyday job responsibilities	4
4. Is able to serve as a resource for newly hired employees	4
5. Handles confidential information professionally and appropriately	3
6. Work is neat, accurate and dependable	4
Score	23

In the space below briefly write any facts regarding the employee's communication.

Officer Gaunt has a good knowledge of the SOP's. He understands his position and is proficient in his duties. He properly applies procedures when completing tasks. As his supervisor, I know when he is assigned a task, he will complete it accurately. He can be used to train new officers, and he is always willing to answer any questions they may have.

Please explain applicable goals in this area.

Become a full time FTO and continue to share your knowledge with less experienced officers. You have a lot to offer them.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

4. Productivity and Quality of Work

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1 Unsatisfactory	2 Needs Improvement	3 Performance is on Target	4 Exceeds Job Requirements	5 Outstanding

Productivity & Quality of Work	Rating
1. Consistently meets or exceeds goals	4
2. Portrays flexibility on the job and adjusts to changing expectations or duties with ease.	4
3. Displays drive and energy in accomplishing tasks	5
4. Strives to improve overall performance	4
5. Work product requires little oversight	5
6. Applies feedback given for improvement	4
7. Follows instructions, responds to Supervisor direction	4
Score	30

In the space below briefly write any facts regarding the employee's communication.

Officer Gaunt is a highly driven officer. He takes a lot of pride in his work and strives to do his best every day. He consistently works at a high level and is able to adjust to sudden changes in procedure. He is able to follow instructions and is responsive to supervisor direction. His work requires little to no oversight from supervisors.

Please explain applicable goals in this area.

Strive to keep your work ethic. It is excellent.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

5. Appearance, Professionalism & Cooperation

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS				
Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

Appearance, Professionalism & Cooperation	Rating
1. Maintains professional appearance	4
2. Appearance enables successful completion of job duties	4
3. Sets good examples and high standards for peers	4
4. Leads and motivates co-workers	4
5. Offers assistance and support to others	5
6. Shares credit and opportunities when appropriate	3
Score	24

In the space below briefly write any facts regarding the employee's communication.

Officer Gaunt always arrives for duty in proper uniform attire. He has all necessary and required equipment to complete his duties. The professionalism he displays while on duty allows him to have a good rapport with co-workers and inmates. He is always willing to assist others, whether it is assisting with tasks or answering questions someone may have.

Please explain applicable goals in this area.

Continue to be someone others can feel comfortable coming to for assistance.

Delaware County Sheriff's Office
Sheriff Russell L. Martin

List any contributions the employee has made to the DCSO beyond normal requirements.

[Empty box for contributions]

Goals for the next measureable performance period.

Seek out training opportunities
Become full time Field Training Officer

Final Score

Section	Points Possible	Points Received
1. Communication, Verbal & Written	25	20
2. Judgment, Decision Making & Reasoning	40	30
3. Knowledge & Competency	30	23
4. Productivity & Quality of Work	35	30
5. Appearance & Professionalism	30	24
TOTAL	160	127
Points Received / Number of Sections = Total Average Score		3.97

Delaware County Sheriff's Office
Sheriff Russell L. Martin

Signature Page

Employee: I have been presented with and have reviewed this evaluation. All items covered have been discussed fully with me and I have been encouraged to make comments. I realize that my signature does not imply that I am in agreement with the review.

[Handwritten Signature]

Employee Signature

1/7/21

Date

Comments:



Reviewing Supervisor: I have discussed all items reviewed on this appraisal with the employee and have encouraged him/her to respond to any conclusions or recommendations made.

[Handwritten Signature]

Reviewing Supervisor Signature

11-26-20

Date

[Handwritten Signature]

Additional Command Staff Signature

11/30/2020

Date

Additional Command Staff Signature

Date

DELAWARE COUNTY SHERIFF'S OFFICE



Administration
149 N. Sandusky Street, 2nd Fl.
Delaware, Ohio 43015

Enforcement
844 US Highway 42 N
Delaware, Ohio 43015

Corrections
844 US Highway 42 N
Delaware, Ohio 43015

Telephone: [REDACTED] Website: www.delawarecountysheriff.com

RECORD OF COMMUNICATION

Counseling/Coaching
 Commendable/Meritorious Act
 Complaint (internal/external)

FORM INITIATED BY:

FULL NAME (Please print)
Mike Williams

HOME ADDRESS	APT #	CITY	STATE	ZIP
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CELL PHONE #	HOME PHONE #	BUSINESS #
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EMAIL ADDRESS
rivoli1635@comcast.net

LOCATION/EMPLOYEE INFORMATION

LOCATION OF INCIDENT 2nd Shift Patrol	DATE OF INCIDENT 8/24/21	TIME OF INCIDENT 1400-1800
--	-----------------------------	-------------------------------

EMPLOYEE NAME (if known) Brandon Gaunt	RANK/TITLE Deputy	UNIT # 56	VEHICLE # (if applicable)
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EMPLOYEE NAME (if known)	RANK/TITLE	UNIT #	VEHICLE # (if applicable)
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EMPLOYEE NAME (if known)	RANK/TITLE	UNIT #	VEHICLE # (if applicable)
--------------------------	------------	--------	---------------------------

DESCRIPTION OF CONDUCT

The following compliment was provided to Tracy Whited by Mike, who is a Community Engagement Volunteer for Policy and Training, and who did a ride-along with Deputy Gaunt:

"Dear Tracy
I wanted to provide some feedback on my ride along this past Tuesday with Deputy Brandon Gaunt.

I obviously had no idea as to what to expect but my experience was illuminating in being able to appreciate what a half shift of a Delaware County Deputy entails. Much of a police officer's workday is invisible but, based on my experiences, is essential in providing the necessary glue to hold our increasingly imperfect society together.

Growing up in London in the 1960s, the Metropolitan police were always a resource, someone you could turn to who would provide help if and when it was needed. My stories are many but perhaps the most often repeated was my mother having to pick me up from the local police station after I repeatedly got 'lost' when I found out that the police response was to provide free milk and cookies.

"

CONTINUE TO PAGE 2

CONDUCT CONTINUED

(cont'd) In driving around with Deputy Gaunt, I had much the same sense - that the police were there to help and improve society and to set an example of how to be a neighbor on a routine basis - which was derived not only from Deputy Gaunt's demeanor - which made the few stops that we made both non-confrontational and productive ending with 'thank you officer' - but also from the chatter on the radio.

Delaware County is not the City of Columbus, or Chicago where I previously lived and I hope that initiatives like the CEV can play a positive role, as the County grows, to make sure that our Sheriff's Department continues to get all the support and respect it requires and deserves and remains the glue for our community.

Again, I'd like to thank Brandon for his time, patience and good humor and for the DSCO for providing me with this opportunity.
 Best regards
 Mike"

For commendable/meritorious acts, **STOP HERE**. This form is separate from an Awards Nomination Form. To submit an Awards Nomination, see the Awards folder on the Public Drive.

If you are making a complaint against a sworn deputy, please read the following carefully:

By signing below, I am swearing that the facts listed above are true and accurate to the best of my knowledge. The Delaware County Sheriff's Office is committed to investigating employee misconduct. However, filing a false complaint is a crime (Ohio Revised Code 2921.15, a misdemeanor of the first degree). This information is given not to keep people from filing complaints but to inform them of the law.

_____ COMPLAINANT SIGNATURE

_____ DATE

OFFICE USE ONLY – FOR EXTERNAL COMPLAINTS

Information received by:

- Telephone*: Caller is advised of above statement when filing a complaint.
- Email/Social Media/Website submission
- In person

Any complaint received should be signed by the complainant.

CASE #	CITATION #	OTHER REF #
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Delaware County Sheriff's Office employee(s) that are the subject of this record are:

- Sworn Personnel
- Non-Sworn Personnel

NAME OF PERSON RECEIVING INFORMATION	UNIT #	DATE
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DELAWARE COUNTY SHERIFF'S OFFICE



Administration
149 N. Sandusky Street, 2nd Fl.
Delaware, Ohio 43015

Enforcement
844 US Highway 42 N
Delaware, Ohio 43015

Corrections
844 US Highway 42 N
Delaware, Ohio 43015

Telephone: [REDACTED] Website: www.delawarecountysheriff.com

RECORD OF COMMUNICATION

Counseling/Coaching
 Commendable/Meritorious Act
 Complaint (internal/external)

FORM INITIATED BY:

FULL NAME (Please print)
Doug Staysniak

HOME ADDRESS 7590 Plumb [REDACTED]	APT #	CITY Galena	STATE Ohio	ZIP 43021
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CELL PHONE # [REDACTED]	HOME PHONE #	BUSINESS #
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EMAIL ADDRESS

LOCATION/EMPLOYEE INFORMATION

LOCATION OF INCIDENT 7590 Plumb [REDACTED]	DATE OF INCIDENT 04/14/21	TIME OF INCIDENT
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EMPLOYEE NAME (if known) Andrew Lee	RANK/TITLE Deputy	UNIT # 108	VEHICLE # (if applicable)
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EMPLOYEE NAME (if known) Johnathan Hicks	RANK/TITLE Deputy	UNIT # 78	VEHICLE # (if applicable)
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EMPLOYEE NAME (if known) Brandon Gaunt	RANK/TITLE Deputy	UNIT # 56	VEHICLE # (if applicable)
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DESCRIPTION OF CONDUCT

Doug Staysniak called Chief Deputy Jon Scowden on 04/16/21 and advised him that there were three deputies sent to his residence on 04/14/21 to seize his guns per a court order. Mr. Staysniak was upset with this order but knew it was not the deputies fault. He called and wanted to pass on to DCSSO that these three deputies made a hard incident go very well. He advised that Deputy Andrew Lee did most of the talking and was very empathetic to him and his wife. Mr. Staysniak had a large amount of guns and the deputies allowed him to package them up properly so that they could be protected while being stored in the Property Room for safe keeping. Mr. Staysniak advised at all times he never felt looked down upon in any way by any of the deputies and only had good things to say about his interaction with them. Mr. Staysniak wanted them all commended and especially wanted to thank Deputy Lee for his kindness and empathy.

CONTINUE TO PAGE 2

CONDUCT CONTINUED

For commendable/meritorious acts, **STOP HERE**. This form is separate from an Awards Nomination Form. To submit an Awards Nomination, see the Awards folder on the Public Drive.

If you are making a complaint against a sworn deputy, please read the following carefully:

By signing below, I am swearing that the facts listed above are true and accurate to the best of my knowledge. The Delaware County Sheriff's Office is committed to investigating employee misconduct. However, filing a false complaint is a crime (Ohio Revised Code 2921.15, a misdemeanor of the first degree). This information is given not to keep people from filing complaints but to inform them of the law.

COMPLAINANT SIGNATURE

DATE

OFFICE USE ONLY – FOR EXTERNAL COMPLAINTS

Information received by:

- Telephone*: Caller is advised of above statement when filing a complaint.
- Email/Social Media/Website submission
- In person

Any complaint received should be signed by the complainant.

CASE #	CITATION #	OTHER REF #
--------	------------	-------------

Delaware County Sheriff's Office employee(s) that are the subject of this record are:

- Sworn Personnel
- Non-Sworn Personnel

NAME OF PERSON RECEIVING INFORMATION	UNIT #	DATE

Details of Conversation with Employee (for counseling/coaching and complaints):

Complaint is bias-based: Yes No

Formal Investigation Required: Yes No

Administrative Investigation Number Assigned (by Human Resources): _____

Select disposition below for complaints **NOT** progressing to an Administrative Investigation level.

Disposition:

Unfounded **Exonerated** **Not Sustained** **Sustained** **Sustained-Not Covered**

Unfounded - When the investigation discloses that the alleged acts did not occur or did not involve office members. Complaints that are determined to be frivolous will fall within the classification of unfounded.

Exonerated - When the investigation discloses that the alleged act occurred but that the act was justified, lawful and/or proper.

Not Sustained - When the investigation discloses that there is insufficient evidence to sustain the complaint or fully exonerate the member.

Sustained - When the investigation discloses sufficient evidence to establish that the act occurred and that it constituted misconduct.

Sustained - Not Covered - When the investigation discloses sufficient evidence to establish that the act occurred, but the act is not covered in current policy or training and therefore did not constitute misconduct.

*This form is to be completed by the employee's immediate supervisor. Originals of coaching/counseling shall be kept in the supervisor's working file. Electronic copies of complaints are to be provided to Human Resources for tracking purposes only. Commendable/Meritorious Acts shall be forwarded to Human Resources to be placed in the employee's personnel file. Complaints resulting in an Administrative Investigation shall be placed in the Administrative Investigations folder.

Certificate of Appointment

Revised Code, Sec. 311.04, 325.17

IN THE MATTER OF THE APPOINTMENT OF **BRANDON GAUNT**

AS A DEPUTY SHERIFF OF DELAWARE COUNTY, OHIO

February 8, 2021

I do hereby appoint Brandon Gaunt as a Deputy Sheriff of Delaware County, Ohio.

Said appointee is not a Judge of a County Court or Mayor.




Sheriff of Delaware County, Ohio

I solemnly swear that I will support the Constitution of the United States, and of the State of Ohio, and that I will faithfully discharge, according to law and to the best of my ability, the duties of Deputy Sheriff to which I have been appointed, so help me God.

x 

Sworn to before me by the said Brandon Gaunt and by him subscribed in my presence, this 8th day of February, 2021.



Judge - Clerk - Sheriff
Delaware County, Ohio



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642
1-800-222-PERS (7377) www.opers.org



Personal History Record

INSTRUCTIONS

1. As a public employee you are required to complete and file this Form within 30 days of commencing employment. Failure to do so may limit the options available to you as well as delay transactions. Please fill out the form in blue or black ink.
2. For elected officials: An elected official, or person appointed to a publicly elected position, who is not retired from an Ohio retirement system and does not have contributions on deposit with OPERS through previous elected service, has the option of contributing to OPERS or Social Security. Elected officials who choose OPERS membership are required to contribute to OPERS for all subsequent elected positions.
3. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
4. Sign the form in SECTION 4 - EMPLOYEE CERTIFICATION. DO NOT print or type.
5. The employer is required to complete SECTION 5 - EMPLOYER CERTIFICATION.
6. The employer is required to mail the *completed* form to OPERS at the above address immediately upon hire.

Section 1 - Personal Information

Social Security Number

Last Name

First Name

MI

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Province

Country

Postal Code

Date Of Birth

Gender

Male

Female

Are you legally married?

Yes

No

Maiden Name

Work Phone Number

Home Phone Number

Cell Phone Number

E-mail Address

Section 2 - Current Employment Information

Job Title

If this is an elected position or if you have been appointed to an elected position, provide date present elective service began.

Section 3 - Prior Service Information

1. Have you previously worked in public employment in Ohio? Yes No If "yes," give first date of public service: 12/19/2016

If "yes," list employer(s)

COLUMBUS DIVISION OF POLICE
DELAWARE COUNTY SHERIFF OFFICE

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

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

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

Section 4 - Employee Certification

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

Today's Date
2/8/21

Bryan L Smith

Employee Signature (Do not print or type.)

Section 5 - Employer Certification

Employer Code -

Start Date

Is this an elected position? Yes No If "yes," provide Employer Code for elected position -

Elected Position Title

Is this a law enforcement position? Yes No Full-Time Part-Time

I hereby certify that _____ began earning salary from which OPERS

Employee Name

retirement contributions are deducted with the above employer on the start date indicated above and the statements set forth are true and accurate as disclosed by the records of

Signature of Certifying Officer

Print Certifying Officer's Name



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office: [REDACTED]
Fax: [REDACTED]

NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: Correction to Record Name Change

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email ((SF400@ohioattorneygeneral.gov), fax or mail.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 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, or is promoted to Chief.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION			1. Name (Last) (First) (Middle)		2. Social Security Number
			GAUNT BRADDON RICHARD		[REDACTED]
3. Previous Name(s) or Alias (Last)			(First) (Middle)		
4. Birth date (mm/dd/yyyy)			5. Officer's Individual Email Address		6. Phone Number
08/14/1993			[REDACTED]		[REDACTED]
7. Home Mailing Address (#/Street/PO Box)			(City)	(State)	(Zip Code) (County Name)
[REDACTED]			SUNBURY	OH	43074 DELAWARE
8. Basic Training Academy (Academy Name)			(Academy Number)	(Dates of Training)	
(Only complete if this is the officer's first appointment or OSP)			COLUMBUS POLICE ACADEMY		

AGENCY INFORMATION		9. Agency Name	
		DELAWARE COUNTY SHERIFF'S OFFICE	
10. Reporting Authority's Email Address		11. Agency Phone Number	
CDEAN@CO.DELAWARE.OH.US		[REDACTED]	
12. Agency Mailing Address (#/Street/PO Box)		(City)	(Zip Code) (County Name)
149 N SANDUSKY ST		DELAWARE	43015 DELAWARE

APPOINTMENT INFORMATION (Complete Date, Status <u>and</u> ORC)			13. New Appointment Date	14. Status Change Date
			2/18/21	1/1
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				
For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.				
16. Select New ORC				
<input type="checkbox"/> City Full-Time/Part-Time (737.02)		<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)		<input type="checkbox"/> City 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 (311.01)

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority		18. Printed Name and Title	
[Signature]		RUSSELL L. MARTIN, SHERIFF	
19. Date		20. Signature of Witness	
2/18/2021		[Signature]	
21. Printed Name (First, Middle, Last)		22. Date	
CHELSEA LYNN DEAN		2/18/21	

Officer Name (Last)

GAUNT

(First)

BRANDON

(Middle)

RICHARD

Social Security Number



23. 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]
Signature of Appointee

[Signature]
Signature of Appointing Authority

RUSSELL L. MARTIN

Name of Appointing Authority (Typed or Printed Legibly)

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.

24. Appointed By (Agency Name and County): COLUMBUS DIVISION OF POLICE	25. From(mm/dd/yyyy): 07 / 07 / 2017	To(mm/dd/yyyy): 10 / 31 / 2017
26. Appointment Status (Check Appropriate Box) <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		

27. Appointed By (Agency Name and County): DELAWARE COUNTY SHERIFF OFFICE	28. From(mm/dd/yyyy): 06 / 20 / 2019	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input checked="" 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		

39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. 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		



**DELAWARE COUNTY
SHERIFF'S OFFICE**

**INTER OFFICE
COMMUNICATION**

CJ 318 1/16/21

To: Director Pfan, Acting Director Karafa, Assistant Director Jackson
CC: Sgt. Schultz #346, Sgt. Beck #328
From: CO Brandon Gaunt #309
Date: 1/15/2021
Subject: Letter of Resignation

Sir/ Ma'am,

I will be resigning from my position effective February 5th 2021 at 0700. Thank you for the opportunity to work here and for my time in this office.

Respectfully Submitted,

Brandon Gaunt #309

Brandon Gaunt #309


Certificate of Appointment

Revised Code, Sec. 311.04, 325.17

IN THE MATTER OF THE APPOINTMENT OF **BRANDON GAUNT**
AS A CORRECTIONS OFFICER OF DELAWARE COUNTY, OHIO

February 25, 2019

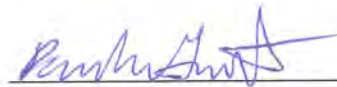
I do hereby appoint Brandon Gaunt as a Corrections Officer with the
Delaware County Sheriff's Office of Delaware County, Ohio.




Sheriff of Delaware County, Ohio
Chief Deputy

=====
=====

I solemnly swear that I will support the Constitution of the United States, and of the
State of Ohio, and that I will faithfully discharge, according to law and to the best of my
ability, the duties of Corrections Officer to which I have been appointed,
so help me God.



Sworn to before me by the said Brandon Gaunt and by him subscribed in my
presence, this 25th day of February, 2019.



Judge - Clerk - Sheriff
Delaware County, Ohio

Jeffrey C. Balzer
Chief Deputy
Delaware County Sheriff's Office

Officer Name (Last)

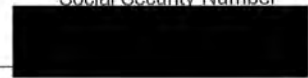
Gaunt

(First)

Brandon

(Middle)

Social Security Number



23. 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]

Signature of Appointee

Russell E. Martin

Signature of Appointing Authority

RUSSELL L. MARTIN

Name of Appointing Authority (Typed or Printed Legibly)

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.

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		
39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. 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		



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office: [REDACTED]
Fax: [REDACTED]

NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: Correction to Record Name Change

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email ((SF400@ohioattorneygeneral.gov), fax or mail.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 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, or is promoted to Chief.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION			1. Name (Last) <u>Gaunt</u> (First) <u>Brandon</u> (Middle)	2. Social Security Number [REDACTED]
3. Previous Name(s) or Alias (Last)			(First)	(Middle)
4. Birth date (mm/dd/yyyy) <u>08/14/1993</u>	5. Officer's Individual Email Address [REDACTED]		6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box) [REDACTED]			(City) <u>Columbus</u> (State) <u>OH</u> (Zip Code) <u>43235</u> (County Name) <u>Franklin</u>	
8. Basic Training Academy (Academy Name) (Only complete if this is the officer's first appointment or OSP)		(Academy Number)	(Dates of Training)	

AGENCY INFORMATION			9. Agency Name <u>DELAWARE COUNTY SHERIFF'S OFFICE</u>		
10. Reporting Authority's Email Address <u>CDEAN@CO.DELAWARE.OH.US</u>			11. Agency Phone Number [REDACTED]		
12. Agency Mailing Address (#/Street/PO Box) <u>149 N SANDUSKY ST</u>			(City) <u>DELAWARE</u> (Zip Code) <u>43015</u> (County Name) <u>DELAWARE</u>		

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date <u>06/26/2019</u>	14. Status Change Date <u>/ /</u>
15. Select New Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input checked="" type="checkbox"/> Special <input type="checkbox"/> Seasonal For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.			
16. Select New ORC			
<input type="checkbox"/> City Full-Time/Part-Time (737.02)	<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City 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 (311.01)	

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority <u>Russell L Martin</u>	18. Printed Name and Title RUSSELL L. MARTIN, SHERIFF	19. Date <u>07/03/2019</u>	
20. Signature of Witness <u>Chelsea Lynn Dean</u>	21. Printed Name (First, Middle, Last) CHELSEA LYNN DEAN	22. Date <u>07/03/2019</u>	



**DELAWARE COUNTY
SHERIFF'S OFFICE**

**INTER OFFICE
COMMUNICATION**

To: Sheriff Martin
Cc: Chief Deputy Balzer, Chief Deputy Wiseman, Jail Director Pfan,
Human Resources Manager Dean
From: Corrections Officer Brandon Gaunt
Date: June 20, 2019
Subject: OPOTA Certification

I am writing to formally request that the Delaware County Sheriff's Department hold my OPOTA Certification. I do not want to limit my future opportunities to advance and plan on making a career at the Sheriff Office. I was certified as a peace officer after graduating from the Columbus Division of Police Academy on July 7, 2017, as part of the 127th recruit class. I then completed their Field Training Officer program before resigning in good standing on October 31, 2017, due to personal family reasons.

Thank you in advance for your consideration.

*Approved
R. Martin #1
6-20-19*

Protecting People, Their Property, and Their Rights



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (██████████) Fax (██████████)


Training Acknowledgment

2019 In-Service

Sexual Harassment and Discrimination Standards of Conduct

I confirm that I attended the training class(s) listed above. I listened, read, and understood the definition of the terms, training, the conduct expectations, and how to report inappropriate conduct. I understand that as an employee, it is my responsibility to abide by policy and procedures, in accordance with the training.

I understand it is my responsibility to seek clarification from the Human Resources Department.

Printed Name:	<u>BRANDON GAUNT</u>
Signature:	<u></u>
Date of Attendance:	<u>10/24/19</u>
Department:	<u>CORRECTIONS</u>



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

I, BRANDON GAUNT have been provided with a copy of the current Collective Bargaining Agreement between the Delaware County Sheriff's Office and the Fraternal Order of Police/Ohio Labor Council. (Corrections Officers).

BRANDON GAUNT
Printed Name

02/26/19
Date

Brandon Gaunt
Signature

02/26/19
Date

Chelsea L. Bean
Witness

2-26-19
Date



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

Reimbursement Agreement

I, BRANDON GAUNT, understand and agree that if my employment with the Delaware County Sheriff's Office, Delaware County, Ohio should for any reason voluntarily terminate within one (1) years after my effective date of hire, I will reimburse the Delaware County Sheriff's Office for all or, as provided below, a portion of the costs and expenses incurred by the County for the following purposes.

- 1. Cost of psychological evaluation
- 2. Cost of physical

If I should terminate my employment with the County on or before one (1) year after my effective date of hire, I agree to reimburse the County for 75% of all the above described costs and expenses; My "effective date of hire" shall be the date on which I am first paid or entitled to payment for my services with the Delaware County Sheriff's Office.

THE AMOUNT, IF ANY, DUE TO THE COUNTY HEREUNDER SHALL BE PAID DIRECTLY TO THE SHERIFF'S OFFICE AT NO LESS THAN \$100 PER MONTH TO SATISFY THE REIMBURSEMENT.

BRANDON GAUNT
Name – please print

[Signature]
Signature

02/26/19
Date

II. RESPONSIBILITY

Supervisor provides general direction in following established practices and clear - cut policies. Incumbent makes decisions independently regarding day-to-day activities, following policy and procedures.

Errors in work are detected within the office in which they occur, possibly affecting the work of others, and requiring expenditure of time to correct. Errors in work can possibly result in a compromise of jail security, a threat to the safety of other residents and / or the general public and may result in a criminal committing additional offenses, serious injury and possible loss of life.

III. PERSONAL WORK RELATIONSHIPS

Incumbent has contact with supervisors, co-workers, and the residents of the County Jail. The purpose of these contacts is to oversee all activities of the residents and maintain control to ensure overall jail security. Contact with others is expected to be professional, respectful and in compliance with the DCSO SOP, Standards of Conduct.

Physical

Requirements: Incumbent performs light work which may require lifting up to twenty five (25) pounds occasionally and fifteen pounds (15) frequently. Must be able to physically restrain violent residents.

Physical Activity: Incumbent performs the following physical activities: balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing and repetitive motion.

Visual Activity: Incumbent performs work where the seeing job ranges from close to the eyes to beyond arms reach.

Job Location: Incumbent works inside with protection from weather conditions, but not necessarily from temperature changes or atmospheric conditions that affect the respiratory system. Incumbent is exposed to noise levels sufficient enough to cause the employee to shout in order to be heard. Work setting involves being in close proximity of threatening situations, violent criminals, disease and / or potentially hazardous bio - wastes.

Safety Equipment: Incumbent uses the following equipment: handcuffs, leg shackles, waist chains, padded restraint cuffs, restraining chair, noose cutter, flash light, rubber gloves, PR24 baton, chemical spray, riot shields, air packs, eye protection / face shields, hazard suit, oxygen tank, car masks, bio - hazard bags, and emergency medical kit.

ACKNOWLEDGMENT FOR RECEIPT OF JOB DESCRIPTION

I have received a copy of the Job Description and have read and understand its contents. I acknowledge that the above description is a representation of the major duties and responsibilities of this position.

Employee:	BRANDON GAUNT <i>Brandon Gaunt</i>	Date:	02/26/19

- Assembles residents for movement / transport, including attorney visits, court dates, medical room, recreation, library, church, visitation, mental health visits and probation visits;
- Prepares necessary forms / paperwork as requested by the Court;
- Free of alcohol and / or drug dependency.

NON-ESSENTIAL JOB FUNCTIONS:

- Participates and assists with a variety of special projects as requested;
- Performs related Essential and Non-Essential functions as needed.

JOB REQUIREMENTS

Equipment:

Incumbent operates the following equipment: automobile, fuel pump / system, phones (land lines and cell), computer and related equipment, time stamp, control panel for doors / building access, fire alarm, hand - held body scanner, breath analyzer, fingerprinting equipment, 35mm camera, two way radio (portable and vehicle), radio chargers, surveillance camera, fire extinguisher, calculator, typewriter, copy machine, facsimile machine, and small hand tools

Critical Skills/Expertise:

- Ability to be objective and handle stressful situations;
- Ability to communicate effectively, both orally and in writing;
- Ability to define and solve problems, collect data, establish facts, draw valid conclusions using judgment, and analytical skills;
- Ability to follow written and oral instructions.
- Ability to function in stressful situations;
- Ability to maintain confidentiality;
- Ability to manage time effectively;
- Ability to respond to crisis situations;
- Knowledge of Agency's Policy and Procedures Manual;
- Knowledge of arrest, search and restraint methods and procedures;
- Knowledge of behavior management skills;
- Knowledge of communication equipment, including two way radio and intercom system;
- Knowledge of computers and related equipment;
- Knowledge of counseling skills;
- Knowledge of Court procedures and documents;
- Knowledge of crisis intervention methods and techniques;
- Knowledge of drug and alcohol testing procedures and toxicology;
- Knowledge of first aid and CPR techniques;
- Knowledge of governmental policies and procedures, federal, state, and local safety rules and regulations;
- Knowledge of problem resolution skills;
- Knowledge of resident classification;
- Knowledge of restraint and search procedures;
- Knowledge of security and safety procedures;
- Knowledge of the Ohio Revised Code, Juvenile Laws, Civil Service Laws, and intake and release procedures;
- Knowledge of the State minimum standards as applied to the legal rights of institutional residents;
- Knowledge of Use of Force Guidelines;
- Specialized knowledge of self-defense techniques and related protection equipment / devices;
- Working knowledge of building floor plans and evacuation routes;
- Be in good physical and mental condition.



Delaware County Sheriff's Office

An Equal Opportunity Employer

Job Title:	Corrections Officer	Posting Dates:	N/A
Department/Address:	844 U.S. Highway 42 North Delaware, OH. 43015	Position Type:	Full-Time, Bargaining Unit
Typical Work Schedule:	8 hours per day, 5 days per week. Shifts vary by departmental need and subject to annual shift bidding	Pay Rate:	Per Collective Bargaining Agreement
Contact Information:	Human Resources	FLSA:	Non-Exempt
How to apply:	http://www.co.delaware.oh.us/hr/index.asp		

Objectives

Incumbent is responsible for managing, directing, and controlling the behavior of residents in compliance with work rules and guidelines. Incumbent reports to the Shift Sergeant.

Job Standards

Completion of a secondary education or equivalent. Must have a valid Ohio driver's license and a clean criminal record. Successful completion of the Ohio Peace Officers Training Academy in Corrections required, along with specialized training in self-defense and the use of safety / protective equipment. Must successfully complete certification course in first aid / CPR. Work consists of moderately, relatively standardized tasks and operations requiring application of prescribed procedures and routines. Incumbent is required to quickly react to potentially threatening situations on a regular basis.

Job Description

ESSENTIAL JOB FUNCTIONS:

- Supervises residents and controls behaviors in all areas of the jail, including booking, control room, security, housing and visitation;
- Processes individuals for incarceration, including search for contraband, evaluating status / prior offenses and outstanding warrants, determining if charges are bondable and calculating bond amount if applicable, determining classification of offense and assigning to appropriate areas / housing;
- Escorts residents to court and records activities and Court orders;
- Instructs, directs and orientates residents regarding Jail policies and procedures;
- Supervises personal hygiene and general housekeeping;
- Completes and maintains daily activity logs, reports of incidents and behavior management reports;
- Maintains accurate counts of all assigned residents;
- Investigates and reports findings of problems of residents to ensure the well-being and security of the residents;
- Performs inspections of the building such as safety, security, maintenance, and housekeeping are made, and reporting delinquencies to the proper authorities;
- Executes and enforces the policies and orders of the Jail;
- Provides protection and security for high risk situations;
- Files reports on residents for violations;
- Composes, reviews and files a variety of documentation;
- Assists the Shift Sergeant in the execution and jail duties and procedures;
- Serve meals and medication to residents;



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone ([REDACTED]) Fax ([REDACTED])

I, BRANDON GAUNT have been provided with a copy of the current Collective Bargaining Agreement between the Delaware County Sheriff's Office and the Ohio Patrolmen's Benevolent Association. (Deputies Unit)

BRANDON GAUNT
Printed Name

2/8/21
Date

[Signature]
Signature

2/8/21
Date

[Signature]
Witness

2/8/21
Date



Delaware County Sheriff's Office

An Equal Opportunity Employer

Job Title:	Deputy Sheriff	Posting Dates:	
Department/Address:	Delaware County Sheriff's Office	Position Type:	Full-Time
Typical Work Schedule:	8 hour shift work, subject to annual shift bid	Pay Range:	Per Collective Bargaining Agreement
Contact Information:	Human Resources: [REDACTED]	FLSA:	Non-Exempt, Bargaining Unit

Objectives

Incumbent is a Sworn and Certified Peace Officer. Incumbent performs a variety of duties and tasks related to the protection of life, limb and property. Incumbent reports to the Shift Sergeant and may function as Shift Sergeant in his or her absence.

Responsibilities

- Preserve the peace and enforce the laws of the state of Ohio.
- Protects the life and property of citizens as a sworn Peace Officer of Delaware County.
- Patrols assigned area
- Responds to criminal and civil calls as dispatched
- Apprehends violators of the law
- Performs vacant house and business checks
- Controls traffic
- Transports prisoners
- Provides county court and county building security as assigned
- Maintains assigned vehicle and other equipment
- Prepares accurate and complete reports relative to each situation
- Investigates criminal activity including performing full investigation of misdemeanors, felonies, and traffic offenses
- Evaluates reported felony and misdemeanor offenses in assigned area
- Takes statements from suspects, victims, and witnesses
- Contacts complainants and witnesses in follow-up investigations
- Interrogates suspects and makes arrests
- Provides surveillance of locations or persons as assigned
- Prepares criminal case files and develops probable cause of issuance of arrest or search warrants
- Appears in court as a witness when required
- Represents the Sheriff's Office in the community including organizing and conducting community meetings and crime prevention program
- Works closely with residents and community management to resolve problems in assigned area
- Speaks to community groups, schools, and other organizations on law enforcement issues
- Educates the public in law enforcement practices and application of the law
- Ensures the proper delivery of legal notices including executing warrants for arrest, search warrants, and probate court orders
- Serves individuals with summons, attachments, and other legal notices as issued by the court

- Receives and coordinates requests for process service
- Maintains complete and accurate records of time, place, and manner of serving legal notices and status of court orders
- Prepares reports required by courts in response to legal documents
- Submits reports to supervisor on daily activities and performs other related duties as assigned.

Critical Skills/Expertise:

- Valid driver's license
- Read Ohio Laws and apply laws
- Apply principles to solve practical problems
- Add, subtract, Multiple and divide
- Maintain accurate records
- Handle sensitive inquires
- Demonstrate physical fitness
- Prepare and deliver speeches

Job Standards: Completion of a secondary education or equivalent plus certification from the Ohio Peace Officers Training Council. Must be able to properly administer first aid / CPR. Must have a valid Ohio driver's license and a clean criminal record.

Work consists of complex, varied, non-standardized tasks requiring application of numerous laws, rules, regulations, and procedures. Incumbent is required to quickly react to potentially threatening situations on a regular basis.

II. RESPONSIBILITY

Supervisor provides general direction in following established practices and policies. Supervisor reviews work while in process. Incumbent makes decisions independently regarding day-to-day activities, following policy and procedures.

Errors are readily detected in the normal course of work by standard checking resulting in little or no difficulty in loss of time to correct. Errors in work may cause inaccuracies in reports, records, or technical data resulting in inaccurate or incomplete information.

III. PERSONAL RELATIONSHIPS

Incumbent has contact with supervisors, co-workers, public and private sector employees, other law enforcement personnel, and the general public. The purpose of these contacts is to gather information and to ensure safety in the community.

IV. PHYSICAL EFFORT AND WORK ENVIRONMENT

Physical

Requirements:

Incumbent performs heavy work, which may require lifting up to two hundred (200) pounds. Incumbent must be able to physically restrain violent suspects.

Physical Activity: Incumbent performs the following physical activities: climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, sitting, running for moderate distances, physical contact / confrontations and repetitive motion.

Visual Activity: Incumbent performs work where the seeing job ranges from close to the eyes to operating a vehicle. Incumbent must be able to discern, acquire and hit a moving target at moderate distance.

Job Location: Incumbent works both inside and outside and is exposed to temperatures below 32 degrees and above 100 degrees for periods of more than one hour. Incumbent is exposed to physical hazards and atmospheric conditions that can affect the respiratory system. Incumbent is required to wear a respirator occasionally. Work setting involves being in close proximity of threatening situations, disease and violent criminals.

Incumbent may be exposed to inclement weather and extremely rough terrain, acts of physical endurance including long distance walks, running through extremely rough terrain and subduing suspects, may be separated from vehicle by great distances for long periods of time and in general.

Safety Equipment: Incumbent uses the following equipment: firearms, handcuffs, bullet proof vest, flash light, baton, stop sticks, chemical spray, two -way radio, first aid kits, automated external defibrillator, eye / face protection, emergency flares, traffic safety vests, air / blood borne pathogen kit, blood borne pathogen kit, CPR mask, car seat for infants, 35mm camera, and rubber gloves.

ACKNOWLEDGMENT FOR RECEIPT OF JOB DESCRIPTION

I have received a copy of the Job Description and have read and understand its contents. I acknowledge that the above description is a representation of the major duties and responsibilities of this position.

Employee:		Date:	2/8/21

0-1708



DELAWARE COUNTY SHERIFF'S OFFICE PHYSICAL FITNESS ASSESSMENT FORM

Original Test
 Re-Test

Name: GAUNT (Last) BRANDON (First) R (M.I.)

Rank: DEPUTY Sex: X M F Date of Birth: 08/14/1993 Age: 27

Age and Sex Minimum Scores							Assessment
	Males (<29)			Females (<29)			
	40%	50%	75%	40%	50%	75%	
Sit-ups (1 min.)	38	40	46	32	35	42	<u>46</u> # Sit-ups Completed
Push-ups (1 min.)	29	33	44	15	18	27	
1.5 Mile Run	12:29	11:58	10:34	15:05	14:15	12:07	
	Males (30-39)			Females (30-39)			
	40%	50%	75%	40%	50%	75%	
Sit-ups (1 min.)	35	36	42	25	27	33	<u>70</u> # Push-ups completed
Push-ups (1 min.)	24	27	36	11	14	19	
1.5 Mile Run	12:53	12:25	10:59	15:56	15:14	13:08	
	Males (40-49)			Females (40-49)			
	40%	50%	75%	40%	50%	75%	
Sit-ups (1 min.)	29	31	37	20	22	28	<u>10:19</u> 1.5 Mile Time
Push-ups (1 min.)	18	21	29	9	11	15	
1.5 Mile Run	13:50	13:05	11:32	17:11	16:13	13:58	
	Males (50-59)			Females (50-59)			
	40%	50%	75%	40%	50%	75%	
Sit-ups (1 min.)	24	26	33	14	17	22	Overall (circle below) <39 - Attempted 40% - Passing 50% - Recommended <u>75% - Superior</u>
Push-ups (1 min.)	13	15	24	12*	13*	20*	
1.5 Mile Run	15:14	14:33	12:37	19:10	18:05	15:47	
	Males (60+)			Females (60+)			
	40%	50%	75%	40%	50%	75%	
Sit-ups (1 min.)	19	20	28	6	8	15	
Push-ups (1 min.)	10	15	22	5*	8*	15*	
1.5 Mile Run	17:19	16:19	13:58	20:55	20:08	17:34	

*Modified Push-Up

[Signature]
Fitness Specialist Signature

[Signature]
Employee Signature

9/26/21
Date

9/20/21
Date

Date/Time: Nov. 6. 2018 3:51PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
1255 Memory TX	716148795337	P. 2	OK	

Reason for error

1) Hang up or line fail	E. 2) Busy
2) No answer	E. 4) No facsimile connection
3) Exceeded max. E-mail size	E. 6) Destination does not support IP-Fax



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

FAX COVER SHEET

To: West Jefferson Police Department From: Detective Mike English
Attn: Records Department
Fax: [REDACTED] Date: November 6th, 2018
Re: Brandon R Gaunt Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon G Gaunt (SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of [REDACTED] LN Columbus OH 43235. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from him filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back this information to [REDACTED] or EMAIL the information to me at menglish@co.delaware.oh.us.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED AS RECIPIENT.

IF THE READER OF THIS COMMUNICATION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED.

- THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:
- ORDINARY MAIL
 - MESSENGER
 - OVERNIGHT DELIVERY SERVICE
 - THIS WILL BE THE ONLY FORM OF DELIVERY

IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR OR IF YOU HAVE ANY PROBLEMS RECEIVING THIS COMMUNICATION, PLEASE CALL [REDACTED] IMMEDIATELY.

VILLAGE OF WEST JEFFERSON

FAX COVER SHEET

POLICE DEPARTMENT

28 EAST MAIN STREET

WEST JEFFERSON, OHIO 43162-1295

██████████ OFFICE ██████████ FAX

CHIEF OF POLICE RICHARD HARDY

FROM:

CHIEF DISPATCHER SHANNON RUTHERFORD

TO:

DELAWARE CO. SHERIFF'S OFFICE

ATTN:

DETECTIVE MIKE INGLISH

FAX NUMBER

7	4	0	-	8	3	3	2	8	8	7
---	---	---	---	---	---	---	---	---	---	---

DATE: 11/07/18 TIME: _____

COMMENTS: NO RECORD ON BRANDON R GAUNT

NUMBER OF PAGES TO FOLLOW: 1

CONFIDENTIALITY NOTICE

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Date/Time: Nov. 6, 2018 4:17PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
1261 Memory TX	717408527125	P. 2	OK	

Reasons for error
 1) Hang up or line fail
 3) No answer
 5) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection
 E. 6) Destination does not support IP-Fax



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
 Phone [REDACTED] Fax [REDACTED]

FAX COVER SHEET

To: Madison County Sheriff's Office From: Detective Mike English
 Attn: Records Department
 Fax: [REDACTED] Date: November 6th, 2018
 Re: Brandon R Gaunt Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon G Gaunt (SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of [REDACTED] IN Columbus OH 43235. Mr. Gaunt was employed at the Target Distribution Center. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from him filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back the information to [REDACTED] or EMAIL the information to me at minglish@co.delaware.oh.us.

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 MESSENGER
 OVERNIGHT DELIVERY SERVICE
 THIS WILL BE THE ONLY FORM OF DELIVERY

IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR OR IF YOU HAVE ANY PROBLEMS RECEIVING THIS COMMUNICATION, PLEASE CALL [REDACTED] IMMEDIATELY.



Madison County Sheriff

James P. Sabin

Post Office Box 558
London, Ohio 43140

Emergency 911

Non-Emergency

Business

FAX

Fax Cover Sheet Administrative / Court Services / Investigation

DATE: 11/8/18

FAX TO #: [REDACTED]

TO: Detective Mike English

AGENCY: Delaware County Sheriff's Office

FROM: Madison County Sheriff's Office

RE: Brandon Gaunt

TOTAL PAGES INCLUDING THIS COVER PAGE: 2

NOTE:

Notice of confidentiality
The information in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, photocopy, or telecopy is prohibited. If you have received this message in error, please notify us immediately by telephone and return the facsimile to us via the United States Postal Service. *Thank You*



MADISON COUNTY SHERIFF'S OFFICE
LONDON, OHIO
COURT SERVICES DIVISION - RECORDS SECTION

NAME: Brandon Gaunt ALIAS: _____

DATE OF BIRTH: 8-14-93 ADDRESS: █████ Ln

CITY: Columbus STATE: Ohio ZIP: 43235

THIS IS A COPY OF THE ARREST - CONVICTION RECORD ON FILE AT THE MADISON COUNTY SHERIFF'S OFFICE, ON THE ABOVE NAMED PERSON. IT IS ONLY A CHECK BY NAME AND NOT BY FINGERPRINTS SO THEREFORE IT IS UNVERIFIED AS TO THE TRUE IDENTITY OF THE PERSON IN QUESTION. THIS RECORD CHECK WILL NOT CONTAIN ANY OTHER ARREST OR CONVICTION INFORMATION WHERE THE OFFENSE DOESN'T CARRY ANY CONFINEMENT / JAIL TIME. ALSO, THIS CHECK WILL NOT CONTAIN ARREST AND CONVICTION INFORMATION PAST DECEMBER 08, 2000 WHEN THE MADISON COUNTY JAIL WAS CLOSED. INQUIRIES PAST DECEMBER 08, 2000 SHOULD BE DIRECTED TO THE TRI-COUNTY JAIL AT ██████

AS OF DECEMBER 08, 2000, THERE ARE NO KNOWN ARREST/CONVICTION IN OUR FILES.

F - FELONY M - MISDEMEANOR MUNI - MUNICIPAL COURT CP - COMMON PLEAS COURT S - SENTENCES

BOOK - IN DATE	F	M	CHARGE (S)	COURT	BOOK - OUT DATE	S	DISPOSITION
			No Record Found				

THIS RECORD CHECK DOES NOT INCLUDE TRAFFIC (WHERE NOT INCARCERATED) OR JUVENILE RECORDS.
JAMES P. SABIN - SHERIFF

M

DEPUTY SHERIFF

DATE: November 08, 2018

Date/Time: Nov. 29, 2018 1:51PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
1357 Memory TX	714195622015	P. 2	OK	

Reason for error

E. 1) Hang up or line fail	E. 2) Busy
E. 3) No answer	E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size	E. 6) Destination does not support IP-Fax



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

FAX COVER SHEET

To: Ohio State Patrol Crawford County From: Detective Mike English
Attn: Records Department
Fax: 419-562-2015 Date: November 29th, 2018

Re: Brandon R Gaunt Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon R Gaunt (SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of [REDACTED] Bark Ln, Columbus OH, 43235. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from him filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back the information to [REDACTED] or EMAIL the information to me at mingfishy@co.delaware.oh.us.

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English, Michael

From: adpost17@dps.ohio.gov
Sent: Thursday, November 29, 2018 2:03 PM
To: English, Michael
Subject: Brandon R Gaunt records check.

CAUTION EXTERNAL EMAIL

DO NOT open attachments or click on links from unknown senders or unexpected emails

Detective Mike English,

We have no records for Brandon R Gaunt.

Brent Sigler
Dispatcher Bucyrus Dispatch Center
Ohio State Highway Patrol
Ohio Department of Public Safety
3665 State Route 4
Bucyrus, OH 44820
[REDACTED]

Date/Time: Nov. 29. 2018 3:10PM

File No.	Mode	Destination	Pg (s)	Result	Page Not Sent
1360	Memory TX	716148761507	P. 2	OK	

Reason for error
 1) Hang up or line fall
 2) No answer
 3) Exceeded max. E-mail size

4) Busy
 5) No facsimile connection
 6) Destination does not support IP-Fax



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
 Phone [REDACTED] Fax (740) 833-2887

FAX COVER SHEET

To: Hilliard Police Department From: Detective Mike English
 Attn: Records Department
 Fax: [REDACTED] Date: November 29th, 2018
 Re: Brandon R Gaunt Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon R Gaunt (SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of [REDACTED] Back Ln, Columbus OH, 43235. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from him filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back the information to [REDACTED] or EMAIL the information to me at mingleish@co.delaware.oh.us.

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DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

To whom it may concern:

I hereby authorize the release of information concerning any files on me to the Delaware County Sheriff's Office. This information will be used for purposes of employment.

10/8/18
Date

[Signature]
Signature

Brandon Gaunt
Print Name

[REDACTED]
Social Security Number

08/14/1993
Date of Birth

Sworn to and subscribed before me this 8 day of October, 2018.



[Signature]
Notary Public

My commission expires 10/31/21



DELAWARE COUNTY SHERIFF'S OFFICE SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

To whom it may concern:

I hereby authorize the release of information concerning any files on me to the Delaware County Sheriff's Office. This information will be used for purposes of employment.

10/8/18
Date

Brandon Gaunt
Signature

Brandon Gaunt
Print Name

[REDACTED]
Social Security Number

08/14/1993
Date of Birth

Sworn to and subscribed before me this 8 day of October, 2018.

11-7-18 - NO Record
Chief Dispatcher
S. Butchford



Denise Devenney
Notary Public
My commission expires 10/13/21

West Jefferson Police Dept.
28 East Main Street
West Jefferson, OH 43102-1295
614-878-7672 Office
879-5337 Fax

APP2B



DELAWARE COUNTY SHERIFF'S OFFICE SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015

Phone [REDACTED] Fax [REDACTED]

To whom it may concern:

I hereby authorize the release of information concerning any files on me to the Delaware County Sheriff's Office. This information will be used for purposes of employment.

10/8/18
Date

[Signature]
Signature

Brandon Gaunt
Print Name

[REDACTED]
Social Security Number

08/14/1993
Date of Birth

Sworn to and subscribed before me this 8 day of October, 2018.



[Signature]
Notary Public

My commission expires 10/3/21

APP2B

NO RECORD FOUND
FRANKLIN COUNTY
RECORDS BUREAU
NOV 06 2018 DP



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone ([REDACTED]) Fax ([REDACTED])

To whom it may concern:

I hereby authorize the release of information concerning any files on me to the Delaware County Sheriff's Office. This information will be used for purposes of employment.

10/8/18
Date

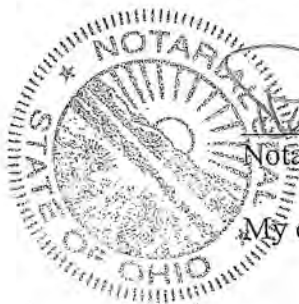
[Handwritten Signature]
Signature

Brandon Gault
Print Name

[REDACTED]
Social Security Number

08/14/1993
Date of Birth

Sworn to and subscribed before me this 8 day of October, 2018.



[Handwritten Signature]
Notary Public

My commission expires 10/13/21



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

FAX COVER SHEET

To: Hilliard Police Department
Attn: Records Department

From: Detective Mike English

Fax: [REDACTED]

Date: November 29th, 2018

Re: Brandon R Gaunt

Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon R Gaunt (SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of [REDACTED] Ln, Columbus OH, 43235. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from him filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back the information to [REDACTED] or EMAIL the information to me at minglish@co.delaware.oh.us.

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DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
Phone ([REDACTED]) Fax ([REDACTED])

FAX COVER SHEET

To: Ohio State Patrol Crawford County From: Detective Mike English
Attn: Records Department

Fax: [REDACTED] Date: November 29th, 2018

Re: Brandon R Gaunt Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon R Gaunt (SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of [REDACTED] Ln, Columbus OH, 43235. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from him filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back the information to [REDACTED] or EMAIL the information to me at minglish@co.delaware.oh.us.

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DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

FAX COVER SHEET

To: Madison County Sheriff's Office
Attn: Records Department

From: Detective Mike English

Fax: [REDACTED]

Date: November 6th, 2018

Re: Brandon R Gaunt

Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon G Gaunt

(SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of [REDACTED] LN Columbus OH 43235. Mr. Gaunt was employed at the Target Distribution Center. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from him filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back the information to [REDACTED] or EMAIL the information to me at minglish@co.delaware.oh.us.

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DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

FAX COVER SHEET

To: West Jefferson Police Department
Attn: Records Department

From: Detective Mike English

Fax: [REDACTED]

Date: November 6th, 2018

Re: Brandon R Gaunt

Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon G Gaunt

(SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of [REDACTED]
LN Columbus OH 43235. This request is being made for the purposes of a background
investigation for pre-employment consideration. Any and all information you have in reference to
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IMMEDIATELY.**



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

FAX COVER SHEET

To: Franklin County Sheriff's Office
Attn: Records Department

From: Detective Mike English

Fax: [REDACTED]

Date: November 6th, 2018

Re: Brandon Gaunt

Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon Gaunt (SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of [REDACTED] Ln Columbus OH 43235. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from him filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back the information to [REDACTED] or EMAIL the information to me at minglish@co.delaware.oh.us.

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DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

FAX COVER SHEET

To: Ohio State Highway Patrol
Attn: Records Department

From: Detective Mike English

Fax: [REDACTED]

Date: November 6th, 2018

Re: Brandon R Gaunt

Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon R Gaunt (SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of [REDACTED] LN Columbus OH 43235. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from her filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back the information to [REDACTED] or EMAIL the information to me at minglish@co.delaware.oh.us.

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DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

FAX COVER SHEET

To: Columbus Police Department
Attn: Records Department

From: Detective Mike English

Fax: [REDACTED]

Date: November 6th, 2018

Re: Brandon R Gaunt

Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon R Gaunt (SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of [REDACTED] LN Columbus, OH 43235. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from him filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back the information to [REDACTED] or EMAIL the information to me at minglish@co.delaware.oh.us.

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DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015

Phone ([REDACTED]) Fax ([REDACTED])

EMPLOYMENT
TRUTH VERIFICATION RELEASE FORM

I, Brandon Gaunt, do hereby voluntarily, without duress, coercion, promise, reward or immunity, submit to examination by the polygraph or voice stress analysis trust verification technique, do hereby release, absolve and forever hold harmless, the Delaware County Sheriff's Office, it's servants, agents and anyone acting in it's behalf, from any and all claims, demands, or other damages from any matter, act or thing arising out of aforesaid examination. I understand that this examination may be video taped and I release into the possession of the Delaware County Sheriff's Office all materials, recordings, and all other documents for the purpose of testimony and/or training.

I further attest that I have read the entire job description for the position I have applied for as a _____ with the Delaware County Sheriff's Office.

Brandon Gaunt
Signature

10/8/18
Date

Det CSC 09805
Witness

10-8-2018
Date

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

Employee Name _____ Employee ID# _____
 Employer Name _____ Employer ID# _____

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

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

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

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

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-_____, or for the deaf or hard of hearing call the TTY number 1-_____, 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 *[Handwritten Signature]* Date 10/8/18

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

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

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

Employers must:

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

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

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



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

Pre-Employment CVSA Questions

1. Is your name _____?
2. Is the color of the wall _____?
3. Are you sitting down?
4. Have you ever been fired or asked to leave a job that you have not disclosed?
5. Is today _____?
6. Have you ever stolen money from an employer?
7. Am I sitting down?
8. Have you ever driven over the posted speed limit?
9. Are the lights on in this room?
10. Have you stolen property valued over \$20 from anyone?
11. Are we currently in the state of Ohio?
12. Have you committed a crime so serious that, if known, would keep you from being hired by this office?
13. Are you wearing shoes?
14. Have you used illegal drugs that you have not disclosed?
15. Am I wearing a tie? / *Are we currently in the city of Delaware*
16. Did you intentionally withhold required information from your employment application?
17. Are we currently in Delaware County?
18. Is there anything in your past that would cause you worry or concern that you have not disclosed?
19. Is this the year of _____?

An office committed to protecting our homes, our schools and our community while providing the highest levels of integrity, accountability and professionalism to the people we serve.

CORRECTIONS WRITING

Please see the statement below. You will have 10 minutes to respond to the statement. At the end of the 10 minutes please, print your name at the bottom of your work.

Why should we choose you for this position?

I am a highly motivated individual that works very hard at whatever job I currently hold. I have previous law enforcement training that I have used and become proficient at. I graduated the 8-month Columbus Police Academy in July 2017 and still currently work for the department in a civilian role. I am CIT trained in Franklin County. I would like to work for the county due to its many opportunities and I believe my skills and abilities would be beneficial to the department. I am punctual, handworking, laid-back, yet stern and I know a good working relationship with the public is important so I am always ~~quite~~ polite, and conduct myself in a professional manner.

PRINT NAME Brandon Gaunt

PREA Compliance Questionnaire

These questions are mandatory pursuant to 28 CFR 115.17 (adult prisons and jails), 28 CFR 115.117 (lockups), 28 C.F.R. 115.217 (community confinement facilities – CBCF, halfway houses), and 28 CFR 115.317 (juvenile facilities)

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

Yes No

(Have you ever been civilly or administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?)

Yes No

Are you aware that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination?

Yes No



Signature of Applicant

9/26/18
Date

CORRECTIONS OFFICER INTERVIEWS

1. Why are you applying for this position and what are your ultimate goals with the Sheriff's office in the future?

Foot in door. Learn Corrections & IDONT areas

2. As a Corrections Officer, you will deal with people from all different races and backgrounds, people under the influence of drugs and/or alcohol, people with mental disabilities, and people charged with crimes against women, children, and the elderly. How do you think you will handle this?

no problem. Dealt w/ in the Bottoms / Franklin Hilltop.

3. What have you done to prepare yourself for this interview today?

Corrections in general
Delaware County
practice interview questions
HOUSE M/F inmates

4. When you need to make a decision and neither choice has a definite result, how do you choose?

weigh decisions & see which one is a more good outcome

5. What was the last decision you made that was wrong? Why was it wrong and what did you do about it?

details on a situation
Coach stepped in & helped out

6. Can you describe for us the best supervisor you have worked and what made them so good? **FOLLOWUP** – Can you describe the worst supervisor you've had to work with and why were they so bad? Did you ever attempt to suggest changes and if so how did you go about it?

PTD Sergeant - Also on top of things. Reasonable

- Impersonable, no compassion meet quotas req. inadequate training.
7. Can you provide an example of a time when you have dealt with an antagonistic individual and how you were able to resolve the situation?

Extremely belittled / D.V. / someone else's fault
Separate / talk calmly / talked off what happened once calm down

8. If a senior co-worker instructed you to do something that you felt uncomfortable doing or knew was shortcutting. What would you do?

Voice. Depends on what it is.
IF confident or NOT

9. Explain how you would handle witnessing a fellow officer either positively or negatively singling out a particular inmate? (i.e., gifts, sexual advances, harm, threat, etc.)

report to immediate supervisor.

10. Name of most influential person in your life. Why?

Father. Rock of family - Compassionate
Work hard.

Dogs
Soccer
Vidius

CORRECTIONS OFFICER INTERVIEWS

1. Why are you applying for this position and what are your ultimate goals with the Sheriff's office in the future?

Wants to see different area of L/E, gain experience
Move through different areas

2. As a Corrections Officer, you will deal with people from all different races and backgrounds, people under the influence of drugs and/or alcohol, people with mental disabilities, and people charged with crimes against women, children, and the elderly. How do you think you will handle this?

Has handle it, would do well no issues

3. What have you done to prepare yourself for this interview today?

Practice, looked up website

4. When you need to make a decision and neither choice has a definite result, how do you choose?

weigh out options, pick better outcome

5. What was the last decision you made that was wrong? Why was it wrong and what did you do about it?

Forgot to ask some details on call,
Replay and solve mistake

6. Can you describe for us the best supervisor you have worked and what made them so good? **FOLLOWUP** – Can you describe the worst supervisor you've had to work with and why were they so bad? Did you ever attempt to suggest changes and if so how did you go about it?

FTO Sgt, always on top of it, retrain, reasonable, accountable

Not reasonable, had to meet numbers, recommend training

7. Can you provide an example of a time when you have dealt with an antagonistic individual and how you were able to resolve the situation?

Beligared on DV, separate the two, calmed her down

8. If a senior co-worker instructed you to do something that you felt uncomfortable doing or knew was shortcutting. What would you do?

Voice it or do it when safe

9. Explain how you would handle witnessing a fellow officer either positively or negatively singling out a particular inmate? (i.e., gifts, sexual advances, harm, threat, etc.)

Stop it and Report it

10. Name of most influential person in your life. Why?

Father, Rock, Compassionate,

CORRECTIONS OFFICER INTERVIEWS

Columbus police academy
 Third phase issues
 Made it to 4th phase.
 Self selected out - did not feel ready

was recommended for different position

1. Why are you applying for this position and what are your ultimate goals with the Sheriff's office in the future?

- Get foot in door.
- Loves patrol
- Explore other areas
- Wants to learn more about corrections
- Good opportunities in Delco

2. As a Corrections Officer, you will deal with people from all different races and backgrounds, people under the influence of drugs and/or alcohol, people with mental disabilities, and people charged with crimes against women, children, and the elderly. How do you think you will handle this?

- No issue
- Dealt w/ in Columbus
- worked Hilltop area

3. What have you done to prepare yourself for this interview today?

- Looked up website about corrections + Delco
- Practice what your going to say
- House Males + Females
- Around 100 deputies in corrections

4. When you need to make a decision and neither choice has a definite result, how do you choose?

Weigh both choices and their consequences.

5. What was the last decision you made that was wrong? Why was it wrong and what did you do about it?

Coaching phase - called to study Motel
 Did not ask right questions in the morning
 Went back and asked
 - Replays mistakes to learn from it.

6. Can you describe for us the best supervisor you have worked and what made them so good? **FOLLOWUP** – Can you describe the worst supervisor you've had to work with and why were they so bad? Did you ever attempt to suggest changes and if so how did you go about it?

Best
- on top of things
- Personable

Worst
- impersonable
- excuses
- Quotes no matter what

7. Can you provide an example of a time when you have dealt with an antagonistic individual and how you were able to resolve the situation?

Attempted to resolve.
- Swearing at him.
- Domestic violence situation.
- Talk to them calmly
- calm him down

8. If a senior co-worker instructed you to do something that you felt uncomfortable doing or knew was shortcutting. What would you do?

- voice concern
- make sure no one gets hurt

9. Explain how you would handle witnessing a fellow officer either positively or negatively singling out a particular inmate? (i.e., gifts, sexual advances, harm, threat, etc.)

- Report to supervisor
- Stop it in the moment if possible

10. Name of most influential person in your life. Why?

Father
- Compassionate
- Pushed him to work
- Find something he loves



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

CVSA Overview Results
Detective Chadwick Sloan 098

Date: October 8, 2018

Subject: Brandon Gaunt

Purpose: Pre-Employment

Requesting Agency: Delaware County Sheriff's Office

CVSA Examiner: Detective Chadwick Sloan 098

On October 8, 2018 the Delaware County Sheriff's Office extended a Pre-Employment CVSA exam to Brandon Gaunt in reference to his interest in becoming a Correction's Officer. Brandon arrived at the Office early and he was dressed appropriately. During the pretest interview, we formulated nineteen questions to be used in the General Series sequence. I obtained the necessary release/rights form, conducted the interview, and hereby submit the results to you. The following relevant questions were interspersed with irrelevant questions:

4. Have you ever been fired or asked to leave a job that you have not disclosed? The subject responded no and no deception was indicated.

6. Have you ever stolen any currency from an employer? The subject responded no and no stress was indicated on the chart.

10. Have you stolen property valued over \$25 from anyone? The subject responded no and no deception was indicated.

12. Did you commit a crime so serious that, if known, would keep you from being hired by this agency? The subject responded no and no deception was indicated.

14. Have you used illegal drugs that you have not disclosed? The subject responded no and no deception was indicated.

16. Did you intentionally withhold required information from your employment application? The subject responded no and stress was indicated on the chart. In between the first chart and second chart I asked Brandon if he needed to clarify any responses now that he knew what I was asking him. Brandon wanted to make sure it was notated that he resigned as a Police Officer with CPD to accept the position of Analyst. It is my belief Brandon was thinking about this stress when he answered the question.

18. Is there anything in your past that would cause you worry or concern that you have not disclosed? The subject responded no and follow up stress was indicated on the chart. In between the first chart and second chart I asked Brandon if he needed to clarify any responses now that he knew what I was asking him. Brandon wanted to make sure it was notated that he resigned as a Police Officer with CPD to accept the position of Analyst. It is my belief Brandon was thinking about this stress when he answered the question.

Based on my training and experience, it is my opinion that the subject did respond truthfully to all of the relevant questions.

Pre-Interview Admissions/Areas of concern:

Undetected Crimes

- Brandon admitted to stealing a pair of headphones from Walmart valued at \$25.00 when he was in college.
- Brandon admitted to drinking a beer while in college, before he turned 21.

Drug Usage

- Brandon denied ever using drugs.

Theft

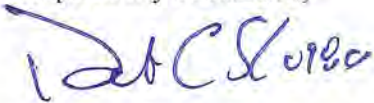
- (2013) Brandon stole a \$25.00 pair of headphones from Walmart.

Employment History

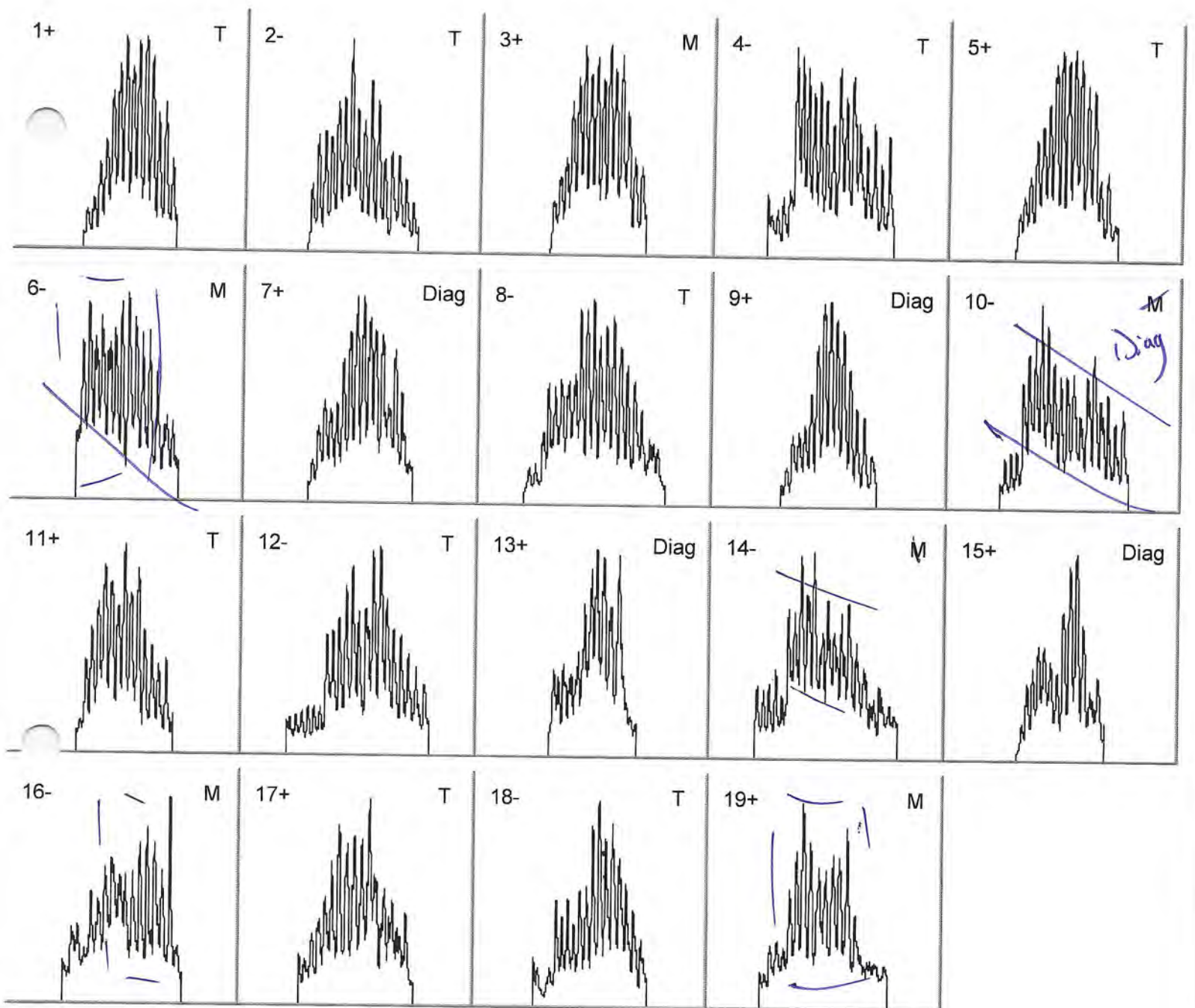
- Brandon wasn't sure if he listed his employment at Tim Horton's on his resume. Brandon worked there part-time from 2010-2012 at the Perimeter Loop location in Dublin, Ohio.
- Brandon wanted to make notation that he resigned as a Police Officer from CPD after 15 weeks to accept a position as an Analyst for CPD. I did not ask any questions regarding this decision but feel that the background investigator should look into this matter.

It is my belief that Brandon was honest during the pre-test interview which showed on the CVSA chart. It is my recommendation that Brandon continue into the next stage so that this background can be explored more in-depth.

Respectfully submitted,



Detective Chadwick Sloan
Certified Voice Stress Analyst



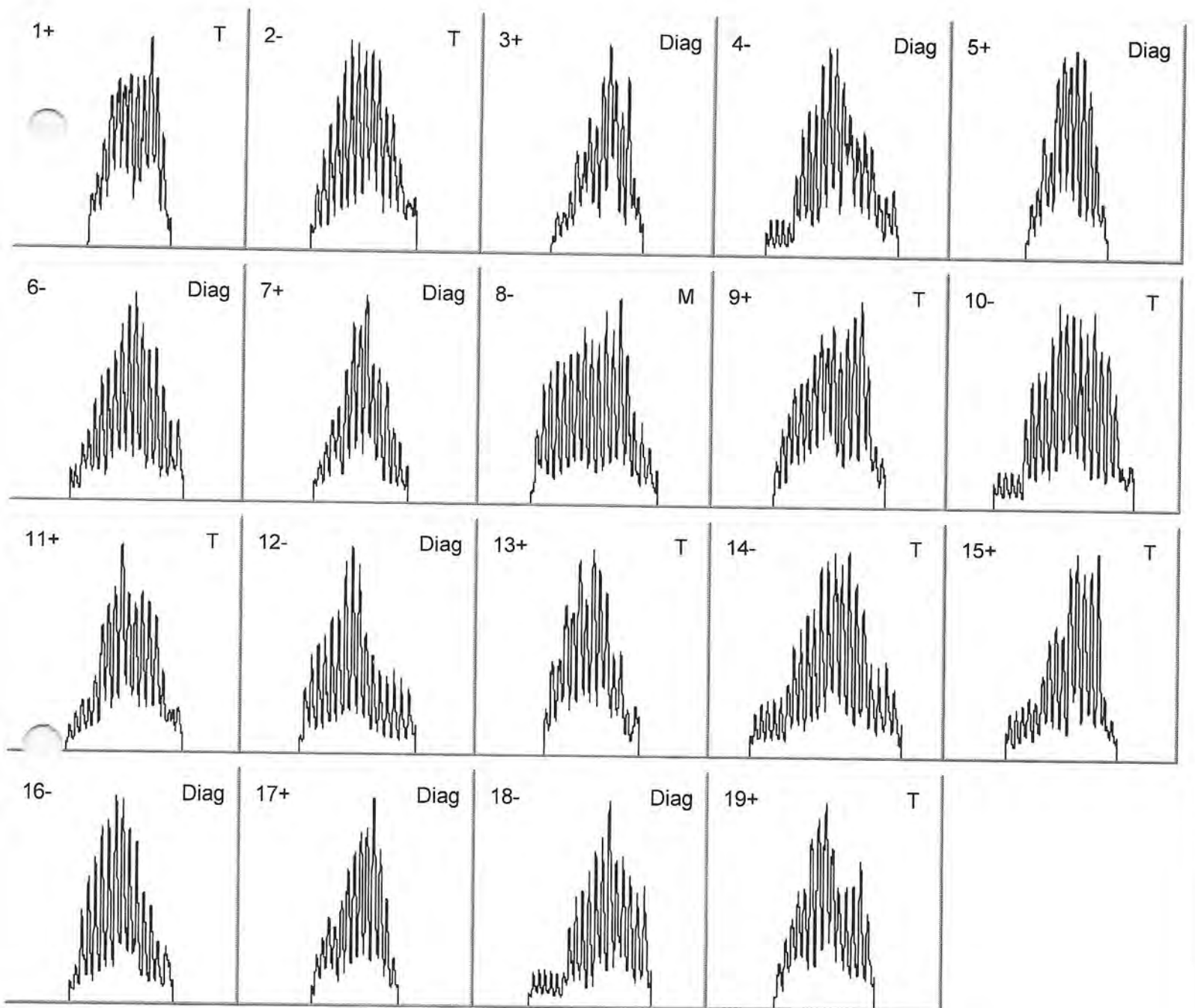
X Brandon 10/8/18

Det CS 09801
10-8-18

Date: 08 October 2018
Test Format: PRE-EMPLOYMENT
Test Medium: Manual
Time Began: 01:07:01 PM
Requested: DCSO HR
Case Number:
Verification:
Confession:
Time Ended: 01:07:01 PM

Examiner: Sloan, Chad
Type of Test: Pre-Employment
Offense:
Subject: Gaunt, Brandon
Outside Agency:
CVSA Unit Number:
Cold Call:
Deception: Indicated

-
1. (IR) Is your name Brandon Gaunt? YES
 2. (C) Is the color of the wall white? NO
 3. (IR) Are you sitting down? YES
 4. (R) Have you ever been fired or asked to leave a job that you have not disclosed? NO
 5. (IR) Is today Monday? YES
 6. (R) Have you ever stolen any currency from an employer? NO
 7. (IR) Am I wearing a watch? YES
 8. (C) Have you ever driven over the posted speed limit? NO
 9. (IR) Are the lights on in this office? YES
 10. (R) Have you stolen property valued over \$25.00 from anyone ? NO
 1. (IR) Are we in the city of Delaware? YES
 12. (R) Did you commit a crime so serious that, if known, would keep you from being hired by this agency? NO
 13. (IR) Are you wearing shoes? YES
 14. (R) Have you used illegal drugs that you have not disclosed? NO
 15. (IR) Am I wearing a tie? YES
 16. (R) Did you intentionally withhold required information from your employment application? NO
 17. (IR) Are we in the County of Delaware? YES
 18. (R) Is there anything in your past that would cause you worry or concern that you have not disclosed? NO
 19. (R) Is this the year of 2018? YES



Date: 08 October 2018
Test Format: PRE-EMPLOYMENT
Test Medium: Manual
Time Began: 01:07:01 PM
Requested: DCSO HR
Case Number:
Verification:
Confession:
Time Ended: 01:07:01 PM

Examiner: Sloan, Chad
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Offense:
Subject: Gaunt, Brandon
Outside Agency:
CVSA Unit Number:
Cold Call:
Deception: Indicated

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5. (IR) Is today Monday? YES
6. (R) Have you ever stolen any currency from an employer? NO
7. (IR) Am I wearing a watch? YES
8. (C) Have you ever driven over the posted speed limit? NO
9. (IR) Are the lights on in this office? YES
10. (R) Have you stolen property valued over \$25.00 from anyone ? NO
1. (IR) Are we in the city of Delaware? YES
12. (R) Did you commit a crime so serious that, if known, would keep you from being hired by this agency? NO
13. (IR) Are you wearing shoes? YES
14. (R) Have you used illegal drugs that you have not disclosed? NO
15. (IR) Am I wearing a tie? YES
16. (R) Did you intentionally withhold required information from your employment application? NO
17. (IR) Are we in the County of Delaware? YES
18. (R) Is there anything in your past that would cause you worry or concern that you have not disclosed? NO
19. (R) Is this the year of 2018? YES

Date: 08 October 2018
Test Format: PRE-EMPLOYMENT
Test Medium: Manual
Time Began: 01:07:01 PM
Requested: DCSO HR
Case Number:
Verification:
Confession:
Time Ended: 01:07:01 PM

Examiner: Sloan, Chad
Type of Test: Pre-Employment
Offense:
Subject: Gaunt, Brandon
Outside Agency:
CVSA Unit Number:
Cold Call:
Deception: Indicated

1. (IR) Is your name Brandon Gaunt? YES
2. (C) Is the color of the wall white? NO
3. (IR) Are you sitting down? YES
4. (R) Have you ever been fired or asked to leave a job that you have not disclosed? NO
5. (IR) Is today Monday? YES
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7. (IR) Am I wearing a watch? YES
8. (C) Have you ever driven over the posted speed limit? NO
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10. (R) Have you stolen property valued over \$25.00 from anyone ? NO
1. (IR) Are we in the city of Delaware? YES
12. (R) Did you commit a crime so serious that, if known, would keep you from being hired by this agency? NO
13. (IR) Are you wearing shoes? YES
14. (R) Have you used illegal drugs that you have not disclosed? NO
15. (IR) Am I wearing a tie? YES
16. (R) Did you intentionally withhold required information from your employment application? NO
17. (IR) Are we in the County of Delaware? YES
18. (R) Is there anything in your past that would cause you worry or concern that you have not disclosed? NO
19. (R) Is this the year of 2018? YES



DELAWARE COUNTY SHERIFF'S OFFICE

Neighbor Questionnaire

Applicant's Name: Brandon Gault

Position Applied For: Corrections officer

Neighbor's Name: ~~Debra~~ Jenny Sheeran

Neighbor's Address: [REDACTED] Col OH

Neighbor's Phone Number: [REDACTED]

Questions:

Are you related to the applicant? If yes, explain relationship.

no

How long have you or did you reside by the applicant?

Late 1999, known since he was 30 or so

How long have you known the applicant?

Since 1999

Do you or did you socialize with the applicant?

not really, talk to parents a lot
HAS put shit for them

Do you or did you consider him/her to be a good neighbor?

really good kid, responsible

Have you had any complaints about the applicant as a neighbor? If so, explain.

none, whole family is solid good family

Does the applicant keep his/her property clean and looking nice?

better than Jenny

Have you ever had any problems with the applicant? If so, explain.

None

What is the best thing about having the applicant as a neighbor?

really pleasant, kind, friendly, little introverted
little shy

Being a neighbor to the applicant, what is the most irritating thing that he/she does that bothers you?

NO, would move his car if asked

Is he/she a loud neighbor?

not at all

Do you feel that your neighbor (the applicant) would be a good employee for the Sheriff's Office?
Explain why.

yes!! disciplined, soccer player

Is there any other information about the applicant that you may want to talk about?



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Investigative Division
149 North Sandusky Street, Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

Completed Background Investigation

Applicant Name: Brandon R Gaunt

Position Applying For: Corrections Officer

Investigator: Det. M. English

Recommendation to Process Application to Next Stage: (Circle One)

Recommended / Not Recommended

Investigator's Signature: Det. M. English

Detective Sergeant Signature: Sgt. A. Kish

Investigative Division Commander Signature: [Signature]

Administrative Recommendation to Process Application to Next Stage: (Circle One)

Recommended / Not Recommended

Signature: [Signature] 12/24/18

Jeffrey C. Balzer
Chief Deputy
Delaware County Sheriff's Office

Delaware County Sheriff's Office Employment Background Checklist

	Item	Date Completed	Signature
1	BCI/CCH NCIC III Checks-Attach Documentation	10.16.2018	JPO
2	LEADS/NCIC inquiry for warrants and driving record-Attach Documentation	10.16.2018	JPO
3	Police records check conducted at where applicant lives and previously employed-Attach teletypes and other documentation	11/9/18	MR
4	Sheriff Office's and jail records check conducted where applicant lives and/or currently and formerly employed	11/9/18	MR
5	Verify attendance dates at all high schools, tech schools colleges. Verify level of completion of college and all degrees, graduation or G.E.D. Applicant must provide copies of diplomas.	11/19/18	MR
6	Social Media Check	11/20/18	MR
7	Conduct neighborhood interviews where subject has lived during the last 10 years. Two neighbors, none of which should be listed references, should be interviewed per residence.	12/7/18	MR
8	Reference Interviews: Listed references interviews will be conducted. These references should provide the name of one additional reference. School, employers, neighborhood references CANNOT serve as reference in two categories.	12/7/18	MR
9	Conduct credit check	10.16.2018	JPO
10	Conduct residential visit: A) Interview spouse (or significant other) as to their support for subject's future employment: shift work, working holidays, overtime requirements, etc B) Observe life style-(orderly, organized, family member demeanor, well-kept, vehicle reliability, etc.)	12/7/18	MR
11	Confirm drive time from residence to U.S. 42 office	10.16.2018	JPO
12	Verification of OPOTA Peace Officer or Corrections certification. Copy of certificate in the packet.	12/7/18	MR
13	CVSA results in packet	10.16.2018	JPO
14	Fingerprints and photograph of applicant. This will be completed during the initial interview of applicant.		
15	Employment verification: Interview current and/or ex co-workers for employers listed. Review records of sick leave, injury leave and any litigation pending and/or resolved.	12/3/18	MR
16	If any current or former employers are government agencies the records can be released under Ohio Public Records Act except medical records. Review all records and request copies of documents in the file pertaining to anything listed in #15	12/3/18	MR



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

FAX COVER SHEET

To: DCSO
Attn: Records Department

From: Detective Mike English

Fax:

Date: November 6th, 2018

Re: Brandon R Gaunt

Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon R Gaunt (SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a previous/current address of [REDACTED] Sunbury OH 43074. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from his filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back the information to [REDACTED] or EMAIL the information to me at minglish@co.delaware.oh.us.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED AS RECIPIENT.

IF THE READER OF THIS COMMUNICATION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED.

THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:

- ORDINARY MAIL
- MESSENGER
- OVERNIGHT DELIVERY SERVICE
- THIS WILL BE THE ONLY FORM OF DELIVERY

IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR OR IF YOU HAVE ANY PROBLEMS RECEIVING THIS COMMUNICATION, PLEASE CALL [REDACTED] IMMEDIATELY.

No record on this subject
at this department.
Delaware County Sheriffs Office

Jana Potemul
Deputy
Public Records

1)
2)

Date/Time: Nov. 6. 2018 3:59PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
1260	Memory TX	716146454001	P. 2	OK	

Reason for error

- m. 1) Hang up or line fail
- m. 3) No answer
- . 5) Exceeded max. E-mail size

- E. 2) Busy
- E. 4) No facsimile connection
- E. 6) Destination does not support IP-Fax



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St., Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

FAX COVER SHEET

To: Columbus Police Department From: Detective Mike English
Attn: Records Department
Fax: 614-645-4001 Date: November 6th, 2018

Re: Brandon R Gaunt Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon R Gaunt (SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of [REDACTED] LN Columbus, OH 43215. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from him filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back the information to [REDACTED] or EMAIL the information to me at mingleish@co.delaware.oh.us.

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City of Columbus Division of Police

120 Marconi Boulevard
Columbus, Ohio 43215-0009



Chief of Police • Kim Jacobs

To: DET. MIKE INGLISH

Organization: DELAWARE CO SO

FAX number: ()

Comments/instructions:

From: SANDY EWING

Unit/Section: RECORDS

FAX number: () (unit or area FAX)

Email Address: _____

Number of pages to follow: 1

.....

If you need additional information or had problems receiving this transmission, please call as soon as possible:

.....

The contents of this telecopy transmission may contain privileged, confidential information belonging to the sender which is exempt from disclosure under state and/or federal law. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone to arrange for the return of the original documents.



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

FAX COVER SHEET

To: Columbus Police Department
Attn: Records Department

From: Detective Mike English

Fax: [REDACTED]

Date: November 6th, 2018

Re: Brandon R Gaunt

Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon R Gaunt (SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of [REDACTED] LN Columbus, OH 43235. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from him filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back the information to [REDACTED] or EMAIL the information to me at minglish@co.delaware.oh.us.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED AS RECIPIENT.

IF THE READER OF THIS COMMUNICATION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED.

THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:

- ORDINARY MAIL
- MESSENGER
- OVERNIGHT DELIVERY SERVICE
- THIS WILL BE THE ONLY FORM OF DELIVERY

NO NARRATIVE OF ARREST ON FILE BY [REDACTED] 5E24 11/6/18

IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR OR IF YOU HAVE ANY PROBLEMS RECEIVING THIS COMMUNICATION PLEASE CALL [REDACTED] IMMEDIATELY.

No REPORTS On FILE

SANDRA EWING
POLICE RECORDS TECH

1)
2)

Date/Time: Nov. 6. 2018 3:56PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
1258	Memory TX	716146449749	P. 2	OK	

Reason for error
 1) Hang up or line fail
 2) No answer
 3) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection
 E. 6) Destination does not support IP-Fax



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
 Phone [REDACTED] Fax [REDACTED]

FAX COVER SHEET

To: Ohio State Highway Patrol
 Attn: Records Department
 Fax: 614-644-9749

From: Detective Mike English
 Date: November 6th, 2018

Re: Brandon R Gaunt

Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon R Gaunt (SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of [REDACTED] One [REDACTED] LN Columbus OH 43235. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from her filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back the information to [REDACTED] or EMAIL the information to me at menglish@co.delaware.oh.us.

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minglish@co.delaware.oh.us

Received: Nov 8, 2018 10:02 AM
Expires: Nov 22, 2018 10:02 AM
From: caross@dps.ohio.gov
To: minglish@co.delaware.oh.us
Cc:
Subject: Brandon Gaunt

Attachments: English Response 110818.pdf, image003.jpg

This message was sent securely using ZixCorp.

Good Morning,

In reference to your request, I conducted a search referencing **Brandon R Gaunt, DOB: 08/14/1993,** and **NO RECORDS** were found on our database matching the description of your request.

If you have questions or require additional assistance, please contact OSHP Central Records at [REDACTED], Monday – Friday between 8:00 a.m. - 5:00 p.m. You may also send an e-mail to our office at ADCentralRecords@dps.ohio.gov.

Thank you.

Cynthia Ross

Customer Service Representative 2

Ohio State Highway Patrol

Central Records

P.O. Box 182074

Columbus, OH 43218-2074

[REDACTED] - Office

[REDACTED] - Fax

ADCentralRecords@dps.ohio.gov

This message was secured by ZixCorp[®].

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Date/Time: Nov. 6. 2018 3:52PM

File No.	Mode	Destination	Pg (s)	Result	Page Not Sent
1256	Memory TX	716142211378	P. 2	OK	

Reason for error

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- (2) No answer
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DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Detective Division 149 N. Sandusky St. Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

FAX COVER SHEET

To: Franklin County Sheriff's Office From: Detective Mike English
 Attn: Records Department
 Fax: [REDACTED] Date: November 6th, 2018
 Re: Brandon Gaunt Pages (including cover sheet): 2

MESSAGE: Request any and all information in reference to Brandon Gaunt (SSN: [REDACTED] and DOB: 08-14-1993). Mr. Gaunt has a current address of 6872 [REDACTED] Ln Columbus OH 43235. This request is being made for the purposes of a background investigation for pre-employment consideration. Any and all information you have in reference to Mr. Gaunt, either from him filing a report, being a suspect in a report, or any traffic violations would be greatly appreciated. Thank you in advance for your cooperation in this matter. If you have any questions please feel free to contact me at [REDACTED] or FAX back the information to [REDACTED] or EMAIL the information to me at mingleish@co.delaware.oh.us.

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Mr. Brandon R Gaunt

■■■■ Ln
Columbus, OH 43235

■■■■■■■■■■ - ■■■■■■■■■■

Contents:

1. Online Application
2. Attachment: Cover Letter
3. Attachment: Resume

Prepared for: Chelsea Dean
Delaware County
Sep 26, 2018 10:36 AM

Delaware County Online Application

Gaunt, Brandon - AppNo: 17462

Date Submitted: 7/25/2018

Personal Data

Name: Mr. Brandon R Gaunt
 (Title) (First) (Middle Initial) (Last)

Other name(s) under which transcripts, certificates, and former applications may be listed:

Other: (Title) (First) (Middle Initial) (Last)

Email Address: [REDACTED]

Postal Address

Permanent Address

Number & Street: [REDACTED] Ln
 Apt. Number:
 City: Columbus
 State/Province: OH
 Zip/Postal Code: 43235
 Country: United States of America
 Daytime Phone:
 Home/Cell Phone: [REDACTED]

Present Address

Number & Street:
 Apt. Number:
 City:
 State/Province:
 Zip/Postal Code:
 Country:
 Phone Number:

Experience

Please list relevant work experience beginning with the most recent.

Current or Most Recent Position		Employer Contact Information		Supervisor/Reference Contact Information	
City of Columbus Division of Police Management Analyst		120 Marconi Blvd Columbus, OH 43215 [REDACTED]		Amy Morris [REDACTED] amorris@columbuspolice.org	
Date From - Date To:	01/2018 - 07/2018	Full or Part Time:	Full	Last Annual Salary:	49,000
Reason for Leaving:	Current				
May we contact this employer?	Yes				
Responsibilities/Accomplishments at this Position	Body Camera Analyst/ Expert, assists detectives and prosecutors with body camera footage for investigation and/or prosecution				

Previous Position Held		Employer Contact Information		Supervisor/Reference Contact Information	
City of Columbus Division of Police Police Officer/Recruit		120 Marconi Blvd Columbus, OH 43215 [REDACTED]			
Date From - Date To:	12/2016 - 10/2017	Full or Part Time:	Full	Last Annual Salary:	49,000
Reason for Leaving:	Accepted Position at Headquarters				
May we contact this employer?	Yes				
Responsibilities/Accomplishments at this Position	Columbus Police Academy Recruit/ Patrol Officer				

Delaware County Online Application

Gaunt, Brandon - AppNo: 17462

Date Submitted: 7/25/2018

Experience Continued

Previous Position Held		Employer Contact Information		Supervisor/Reference Contact Information	
Target Team Member		1 Walker Way West Jefferson, OH 43162 [REDACTED]			
Date From - Date To:	12/2015 - 12/2016	Full or Part Time:	Full	Last Annual Salary:	39,000
Reason for Leaving:	Left for public employment				
May we contact this employer?	Yes				
Responsibilities/Accomplishments at this Position	Warehouse Worker, Forklift driver				

Education

Please tell us about your educational background beginning with the most recent.

High School Attended: Dublin Scioto, Dublin OH
 Location: Dublin, OH
 Graduation Status: H.S. Diploma

Colleges, Universities and Technical Schools Attended:

Name and location	Major area of study	Degree	Graduated
Southern New Hampshire University, NH 30 Semester Hours	Business	Business Administration	Yes
Mount Vernon Nazarene University, OH 102 Semester Hours	Nursing	Nursing	No

Professional Licenses or Certificates

Professional License(s) or Certificate(s) or Other Credential(s).

Description:	Peace Officer Basic Training Program
Number:	
By Whom Issued:	Columbus Police Academy
Date Awarded:	07/06/2017
Expiration Date:	07/06/2020

Description:	CIT Franklin County
Number:	
By Whom Issued:	Franklin County CIT Steering Committee
Date Awarded:	07/06/2017
Expiration Date:	

Delaware County Online Application

Gaunt, Brandon - AppNo: 17462

Date Submitted: 7/25/2018

Professional Licenses or Certificates continued

Additional Education, Training and Computer Knowledge

Please list below the specific course work areas relevant to the position for which you are applying. Also, indicate the number of courses you have successfully completed in each area.

In the area below, please describe briefly any additional training, information or special qualifications you have for the position requested. Include special courses/seminars attended, machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

Typing Speed

Data Entry Speed

Computer Knowledge Hardware and Software Programs:

Language Skills

Do you know any language other than English? No

Professional References

	Reference 1 of 3	Reference 2 of 3
Name:	Mike Deaton	Tom Reynolds
Employer:	Hilliard Police	OSU University Medical
Contact Phone:	[REDACTED]	[REDACTED]
Email:	mdeaton77@gmail.com	nreynold@columbus.rr.com
Relationship Affiliation:	Boy Scout Troop Leader	Boy Scout Troop Leader
Years Known:	14	14
	Reference 3 of 3	
Name:	John	
Employer:	City of Columbus Division of Police	
Contact Phone:	[REDACTED]	
Email:	jschirg@columbuspolice.org	
Relationship Affiliation:	Current Supervisor	
Years Known:	1	

Delaware County Online Application

Gaunt, Brandon - AppNo: 17462

Date Submitted: 7/25/2018

Errors

How did you hear about employment with us?

Delaware County Web Site

Additional Information

* Do you have a valid driver's license?

Answer only if you answered "NO" to above question. Are you willing and able to secure a valid driver's license?

* Do you have a Commercial Drivers License (CDL)?

CDL Class:

Answer only if you answered "NO" to above question. Are you willing and able to secure a Commercial Drivers License (CDL)?

* If necessary, can you supply your own transportation for work use?

* Do you currently work or have you previously worked in public employment in Ohio? (e.g. Prior public employers could include, but not limited to county, state, city, townships, villages, libraries, school districts)

If you have paid into or been a member of any of the following retirement systems, please indicate below. (e.g. Ohio Public Employees Retirement System (OPERS), State Teachers Retirement Systems (STRS), School Employees Retirement System (SERS), Ohio Police and Fire Pension Fund (OP&F), State Highway Patrol Retirement System (HPRS), or Cincinnati Retirement System (CRS)?)

* Do you claim veterans service preference?

* Can you perform all the essential job function(s) of the position(s) for which you are applying, with or without reasonable accommodation?

* Do you have relatives employed by Delaware County?

If yes, please list:

Legal Information

* Are you eligible to work in the United States?

Yes

Equal Opportunity Employer

Delaware County is an Equal Opportunity Employer. Delaware County ensures equal employment opportunities regardless of race, color, national origin, religion, age, sex, disability, military status, genetic testing or other unlawful bias except when such a factor constitutes a bona fide occupational qualification (BFOQ). All personnel decisions and practices including, but not limited to, hiring, suspensions, terminations, layoffs, demotions, promotions, transfers, and evaluations, shall be made without regard to the above listed categories. The County intends for all of its policies to comply with federal and state equal employment opportunity principles and other related laws.

The County condemns and will not tolerate any conduct that intimidates, harasses, or otherwise discriminates against any employee or

Delaware County Online Application

Gaunt, Brandon - AppNo: 17462

Date Submitted: 7/25/2018

applicant for employment on the grounds listed above. Anyone who feels that their rights have been violated under this policy should submit a written complaint of discrimination to the department supervisor or office Director, Appointing Authority or Human Resources.

Any individual needing assistance in making application for any opening should contact the Department of Human Resources.

Applicants are hereby advised that state or federal law may disqualify an individual with a particular criminal history from employment in certain positions.

By typing my name in the following box I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information.

Name

X	Signed: Brandon Gaunt <small>Stamped: 7/25/2018 8:01:54 AM; 66.194.242.87; Applicant - #17462 - Brandon Gaunt;</small>
----------	--

From,
Brandon Gaunt
[REDACTED] Ln
Columbus, OH 43235

To,
Delaware County Sherriff's Department

Dear sir/madam,

I am applying for the position of Corrections Officer with Delaware County. I have currently been working for almost two years with the Columbus Division of Police in multiple capacities that are covered in my resume. I have my OPOTA certification received from the Columbus Police after completing their 29 week academy. I am also CIT trained through Franklin County. In my time with Columbus I have handled multiple arrests, prisoner transports, and other law enforcement duties. I believe I have reached the ceiling on opportunities in Columbus and it is time to look for opportunities elsewhere.

I have lived in Delaware County previously and appreciated the people and small-town feel throughout the county. My purpose of applying for this position is to set myself up to work and live in Delaware County long-term as I believe there are many opportunities for advancement and self-improvement.

I believe that I have the relevant experience, training and skills that will enhance the function of your department. I look forward to speaking to you in person to discuss this opportunity further. Thank you in advance.

Sincerely,

Brandon Gaunt

Brandon Gaunt

Ln
Columbus, OH 43235

Skills

- People Skills/Communication
- Multi-Tasking
- Public Interaction
- Physical Conditioning
- Note Taking/Report Writing
- Professionalism/ Punctual
- Hard Working

Experience

JAN. 2018- CURRENT

Management Analyst / City of Columbus Division of Police

Body camera Analyst/Expert, Assist Prosecutors and Detectives in the Division with body camera footage for prosecution/ investigation

DEC. 2016 – OCT. 2017

Police Recruit-Officer / City of Columbus Division of Police

OPOTA Certification, Columbus Police Academy, CPR Certification, CIT Certification, Radar/Lidar Certification, Basic Firearms, Taser/Mace Trained

DEC. 2015 – DEC. 2016

Target Distribution / Target, West Jefferson

Warehouse Worker, Heavy Machinery Operator, Manual Picker

Education

DEC. 2016

Bachelor's Degree-Business Administration / Southern New Hampshire University/ Manchester New Hampshire

3.7 GPA

AUG. 2012-MAY 2015

Subject of Study- Nursing / Mount Vernon Nazarene University

120 Credit Hours, Topics Studied-Pharmacology, Human Anatomy, Physiology, Maternity, Paternity

Activities

DELAWARE COUNTY SHERIFF'S OFFICE

Authorization Waiver for Release of Employment Information

To:	From: Delaware County Sheriff's Office 149 North Sandusky Street Delaware, Ohio 43015
-----	---

Employed by you as:	From:	To:
---------------------	-------	-----

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Delaware County Sheriff's Office. The Sheriff's Office needs to thoroughly investigate my employment and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Delaware County Sheriff's Office.

I hereby authorize any representative of the Delaware County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Delaware County Sheriff's Office, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Delaware County Sheriff's Office to consider in determining my suitability for employment in that office. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I release you to speak with any member of the Delaware County Sheriff's Office background investigation unit regarding any public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____ organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Delaware County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.


For and in consideration of the Delaware County Sheriff's Office's acceptance and processing of my application for employment, I agree to hold the _____, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Delaware County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclose of records, and I waive those rights with the understanding that information furnished will be used by the Delaware County Sheriff's Office in conjunction with employment procedures.


A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of 90 days from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant's Signature: 	Applicant's Name (Printed): Brandon Gaunt
--	--

Date of Birth: 08/14/1993	Social Security Number: [REDACTED]
------------------------------	---------------------------------------

In presence of witness (signature): 	Witness name and title (printed): Detective Chad Slon 098
--	--

Applicant's Name: Brandon Gaunt
 Address: [REDACTED]
Columbus, OH 43235
 Phone: [REDACTED]
 Date: 10/8/18

Sworn to and subscribed before me this 8th
 day of October, 2018

 Notary Public
 My commission expires: 10/13/21

EMPLOYMENT / PERSONNEL RETURN

Employment Dates	Part/Full Time	Title or Duty	Weekly Salary

If not presently employed by you, indicate manner of leaving your employ. (Check one)

- Resigned voluntarily (state reason cited) _____
- Requested to resign (state reason) _____
- Discharged (state reason) _____
- Laid off / Other (state reason) _____

Residence While in your Employment			
Name and Address of previous Employers	Name of Firm/Agency	Address (Street, City, State)	Dates of Employment

EMPLOYEE PERFORMANCE

Note: If your firm utilizes a formal employee rating system, please attach a copy of this applicant's most recent performance evaluation. If not, please complete the below questionnaire.

Quality of Work

(accuracy, neatness, thoroughness)

- Inferior work
- Rather careless
- Meets Requirements
- Highly accurate
- Exceptional

Cooperation

(working with other employees)

- Trouble maker
- Has difficulty
- Generally cooperative
- Gets along well
- Excellent relations

Dependability

(reliability)

- Needs constant Supervision
- Needs frequent checking
- Usually dependable
- Seldom needs checking
- Highly reliable

Quantity of Work

(volume, amount, speed)

- Very slow
- Insufficient work
- Moderate
- Rapid worker
- Highly productive

Judgment

(ability to make decisions, plan)

- Disorganized & illogical
- Limited judgment
- Plans well
- Logical thinker
- Creative

Initiative

(interest in work, motivation)

- Lazy, indifferent
- Needs pushing
- Adequate
- Considerable
- Highly motivated

Problems with absenteeism: Yes ___ No ___ Average annual absences: ___ Average annual tardiness ___

Any disciplinary actions on file: Yes ___ No ___ Explain: _____

Ability to follow orders: Good ___ Fair ___ Poor ___

Applicant's Personality: ___ Rude, slovenly ___ Indifferent ___ Adequate for job ___ Polite, Courteous ___ Exceptional

Job related accidents or injuries on file: Yes ___ No ___ Unemployment claims: Yes ___ No ___

Polygraph administered: Yes ___ No ___ *If yes, please enclose.* Is applicant eligible for re-hire: Yes ___ No ___

Would you prefer a personal interview? Yes ___ No ___

Name of Firm or Agency	Type of Business	Your business telephone number
Title of your Position	Date	Signature

Brandon Gavitt
10-8-18
Det C. Stone 98



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Law Enforcement Experience Questionnaire

If you answer "yes" to any of the following questions, please explain and provide details to include where you were employed at the time and the date of the occurrence. Use additional paper or back of this questionnaire if necessary.

1. Have you ever accepted a cash bribe or gratuity?

- No
 Yes, Explain

Free coffee

2. Have you ever taken (stolen) anything from an investigative site?

- No
 Yes, Explain

3. Have you ever stolen from a prisoner or detainee?

- No
 Yes, Explain

4. Have you ever been investigated or accused of using excessive force?

- No
 Yes, Explain

Law Enforcement Experience Questionnaire

5. Have you ever used more force than was necessary to subdue another person or have you ever witnessed an excessive force situation?

- No
 Yes, Explain

6. Have you ever struck a handcuffed or restrained prisoner?

- No
 Yes, Explain

7. Have you ever handled evidence in an illegal manner?

- No
 Yes, Explain

8. Have you ever falsified any type of official report?

- No
 Yes, Explain

9. Have you ever used your position as a law enforcement officer for personal gain?

- No
 Yes, Explain

Law Enforcement Experience Questionnaire

10. Have you ever been the subject of an internal investigation? If yes, list in chronological order, a short synopsis and outcome to include discipline received. PLEASE BE SPECIFIC.

- No
- Yes, Explain

11. Do you have any active or pending internal investigations or discipline?

- No
- Yes, Explain

12. As a law enforcement officer, have you ever been disciplined? Please include oral and written reprimands, suspensions, and anything that would have been purged from your personnel file.

- No
- Yes, Explain

13. Have you ever taken anything from a place that had already been burglarized? Please give dollar amount and list items.

- No
- Yes, Explain

14. Have you ever taken cash, property, or valuables from a dead body?

- No
- Yes, Explain

Law Enforcement Experience Questionnaire

15. Have you ever taken property, cash, or valuables from an intoxicated person?

- No
 Yes, Explain

16. Have you ever lied to a police supervisor?

- No
 Yes, Explain

17. Have you ever told a friend, acquaintance, or relative about an investigation involving them?

- No
 Yes, Explain

18. Have you ever provided or been paid to provide confidential information to an unauthorized person?

- No
 Yes, Explain

19. Have you ever removed, destroyed, or altered police records or files?

- No
 Yes, Explain

Law Enforcement Experience Questionnaire

20. Have you ever disclosed the identity of a confidential informant to an unauthorized person?

- No
 Yes, Explain

21. Have you ever disclosed the identity of an undercover law enforcement officer to an unauthorized person?

- No
 Yes, Explain

22. Have you ever lied under oath?

- No
 Yes, Explain

23. Since becoming a police officer, have you ever committed a felony crime?

- No
 Yes, Explain

24. Have you ever used your position as a law enforcement officer to take sexual advantage of anyone?

- No
 Yes, Explain

Law Enforcement Experience Questionnaire

25. As a law enforcement officer, have you ever engaged in a sexual act on duty?

- No
 Yes, Explain

26. Have you ever been involved in any shooting incident?

- No
 Yes, Explain

27. Have you ever been the subject of a grand jury investigation?

- No
 Yes, Explain

28. Have you ever been the subject of any civil lawsuit, prior or pending?

- No
 Yes, Explain

29. Have you ever been involved in any on-duty motor vehicle accident? Please list each one and include who was at fault?

- No
 Yes, Explain

Law Enforcement Experience Questionnaire

30. Have you ever had any sexual involvement with a juvenile?

- No
 Yes, Explain

31. Since becoming a law enforcement officer, have you used any illegal drugs?

- No
 Yes, Explain

32. Have you ever used alcohol or illegal drugs on duty? (Other than sanctioned law enforcement operations.)

- No
 Yes, Explain

33. Explain any circumstances or incident which you have been involved in as a law enforcement officer that could have a negative impact on your employment with the Delaware County Sheriff's Office?

- No

Explain: _____

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS TRUE AND CORRECT.
I HAVE BEEN COMPLETELY TRUTHFUL IN MY ANSWERS TO THESE QUESTIONS.

Signature: *Pawel J. [Signature]*

Date: 10/8/18

CANDIDATES NAME: CAUNT ASSESSOR: FRAN DATE: 9/26/18 TOTAL SCORE: 83

CORRECTIONS OFFICER RATING METHODS
Skills, Abilities and Character Traits

Communication Skills/Oral	Communication Written	Resiliency	Diligence	Presence
Active Listening-listens to questions	Clear and Concise text	Handles conflict appropriately	Motivated to work/dedicated	Projects self confidence
Comprehends verbal message	Appropriate use of grammar and punctuation	Has dealt with disappointment effectively	Completes tasks	Neat appearance
Articulates their response clearly	Easy to read/ appeals to reader	Healthy support system family/friends	Attention to detail/duty	Positive physical appearance
Appropriate non-verbal gestures			Takes Responsibility	<u>Grey suit</u> <u>white shirt</u> <u>multi colored tie</u>
Spoken response effectiveness				
Comments	Comments	Comments	Comments	Comments
Level	Level	Level	Level	Level
Low Average High	Low Average High	Low Average High	Low Average High	Low Average High
5 6 7 8 9 10	5 6 7 8 9 10	5 6 7 8 9 10	5 6 7 8 9 10	5 6 7 8 9 10

The above skills, abilities and character traits will be evaluated during the interview process. Raters will then be solicited for their observations and a vetting process will occur to compare observations. A written exercise will also be provided to the candidate.

articulate

FRAN

Honesty/ Trustworthiness	Empathy	Aptitude	Maturity	Problem Solving
Reliable	Humility	Appropriate use of language	Appropriate during the interview	Understands scope of problem
Consistent/Integrity	Genuine Concern	Complex issue prior success	Mature answers given	Prioritizes and sorts information
Demonstrates appropriate ethical decision making	Can relate to people	Interests outside of work	Disciplined	Uses all "tools" available
			Prioritizes life decisions	
Comments	Comments	Comments	Comments	Comments
Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10

CANDIDATE Brandon Gaunt

ASSESSOR Jackson

CORRECTIONS OFFICER INTERVIEWS

1. Why are you applying for this position and what are your ultimate goals with the Sheriff's office in the future?

foot in the door
love all aspects of LE. - love Delaware.
Don't know enough about corrections

2. As a Corrections Officer, you will deal with people from all different races and backgrounds, people under the influence of drugs and/or alcohol, people with mental disabilities, and people charged with crimes against women, children, and the elderly. How do you think you will handle this?

No Problem.
in Columbus, Dealt with this.

3. What have you done to prepare yourself for this interview today?

looked up as much on the website as I can.
- Couldn't remember the Sheriff

4. When you need to make a decision and neither choice has a definite result, how do you choose?

Weigh Both decisions
every decision has course of
action.

5. What was the last decision you made that was wrong? Why was it wrong and what did you do about it?

at APP academy
Coaching Phase - disagreement at hotel
didn't get all the
information

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

Frank Dogs, Soccer, Violin

6. Can you describe for us the best supervisor you have worked and what made them so good? **FOLLOWUP** – Can you describe the worst supervisor you've had to work with and why were they so bad? Did you ever attempt to suggest changes and if so how did you go about it?

Best → ETO Sgt. → Always on top of things, always reviewing things, train us, Personable

Worst → no compassion, not Personable
Did speak to them, not sure if it worked

7. Can you provide an example of a time when you have dealt with an antagonistic individual and how you were able to resolve the situation?

During coaching - CPD
DV situation - Separating situation
talking calm
Came to compromise

8. If a senior co-worker instructed you to do something that you felt uncomfortable doing or knew was shortcutting. What would you do?

Voice that, if not competent then wouldn't do it.

9. Explain how you would handle witnessing a fellow officer either positively or negatively singling out a particular inmate? (i.e., gifts, sexual advances, harm, threat, etc.)

Reporting to immediate supervisor
if able to stop it, stop it.

10. Name of most influential person in your life. Why?

Father - The Rock of our family
Pushed me to work
& work hard & love what
I do.

The following information was obtained from the records of the
 City of San Francisco, Department of Public Works, Bureau of
 Street Cleaning, regarding the street cleaning activities
 performed on the streets of San Francisco during the
 period from January 1, 2017, to December 31, 2017.
 The information is presented in the following table:
 Street Name, Street Number, Date of Cleaning, and
 Name of Street Cleaner.

The following information was obtained from the records of the
 City of San Francisco, Department of Public Works, Bureau of
 Street Cleaning, regarding the street cleaning activities
 performed on the streets of San Francisco during the
 period from January 1, 2017, to December 31, 2017.
 The information is presented in the following table:
 Street Name, Street Number, Date of Cleaning, and
 Name of Street Cleaner.

The following information was obtained from the records of the
 City of San Francisco, Department of Public Works, Bureau of
 Street Cleaning, regarding the street cleaning activities
 performed on the streets of San Francisco during the
 period from January 1, 2017, to December 31, 2017.
 The information is presented in the following table:
 Street Name, Street Number, Date of Cleaning, and
 Name of Street Cleaner.

CANDIDATES NAME: Brandon ASSESSOR: Jackson DATE: 9/24/18 TOTAL SCORE: 89
Saint

CORRECTIONS OFFICER RATING METHODS
 Skills, Abilities and Character Traits

Communication Skills/Oral	Communication Written	Resiliency	Diligence	Presence
Active Listening-listens to questions	Clear and Concise text	Handles conflict appropriately	Motivated to work/dedicated	Projects self confidence
Comprehends verbal message	Appropriate use of grammar and punctuation	Has dealt with disappointment effectively	Completes tasks	Neat appearance
Articulates their response clearly	Easy to read/ appeals to reader	Healthy support system family/friends	Attention to detail/duty	Positive physical appearance
Appropriate non-verbal gestures			Takes Responsibility	
Spoken response effectiveness				
Comments	Comments	Comments	Comments	Comments
Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10

The above skills, abilities and character traits will be evaluated during the interview process. ~~Raters will~~ then be solicited for their observations and a vetting process will occur to compare observations. A written exercise will also be provided to the candidate.

J. Jackson

Honesty/ Trustworthiness	Empathy	Aptitude	Maturity	Problem Solving
Reliable	Humility	Appropriate use of language	Appropriate during the interview	Understands scope of problem
Consistent/Integrity	Genuine Concern	Complex issue prior success	Mature answers given	Prioritizes and sorts information
Demonstrates appropriate ethical decision making	Can relate to people	Interests outside of work	Disciplined	Uses all "tools" available
			Prioritizes life decisions	
Comments	Comments	Comments	Comments	Comments
Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10

Handwritten signature

CANDIDATES NAME: Gwyn + ASSESSOR: Foso DATE: 9-2-18 TOTAL SCORE: 90

CORRECTIONS OFFICER RATING METHODS
Skills, Abilities and Character Traits

Communication Skills/Oral	Communication Written	Resiliency	Diligence	Presence
Active Listening-listens to questions	Clear and Concise text	Handles conflict appropriately	Motivated to work/dedicated	Projects self confidence
Comprehends verbal message	Appropriate use of grammar and punctuation	Has dealt with disappointment effectively	Completes tasks	Neat appearance
Articulates their response clearly	Easy to read/ appeals to reader	Healthy support system family/friends	Attention to detail/duty	Positive physical appearance
Appropriate non-verbal gestures			Takes Responsibility	
Spoken response effectiveness				
Comments	Comments	Comments	Comments	Comments
Level Low Average High 5 6 7 8 9 <u>10</u>	Level Low Average High 5 6 7 8 <u>9</u> 10	Level Low Average High 5 6 7 8 9 <u>10</u>	Level Low Average High 5 6 7 8 <u>9</u> 10	Level Low Average High 5 6 7 8 9 <u>10</u>

The above skills, abilities and character traits will be evaluated during the interview process. Raters will then be solicited for their observations and a vetting process will occur to compare observations. A written exercise will also be provided to the candidate.

42
48
90

Honesty/ Trustworthiness	Empathy	Aptitude	Maturity	Problem Solving
Reliable	Humility	Appropriate use of language	Appropriate during the interview	Understands scope of problem
Consistent/Integrity	Genuine Concern	Complex issue prior success	Mature answers given	Prioritizes and sorts information
Demonstrates appropriate ethical decision making	Can relate to people	Interests outside of work	Disciplined	Uses all "tools" available
			Prioritizes life decisions	
Comments	Comments	Comments	Comments	Comments
Level Low Average High 5 6 7 8 <u>9</u> 10	Level Low Average High 5 6 7 8 <u>9</u> 10	Level Low Average High 5 6 7 <u>8</u> 9 10	Level Low Average High 5 6 7 <u>8</u> 9 10	Level Low Average High 5 6 7 <u>8</u> 9 10

24
18
42

CANDIDATES NAME: Brandon Guant ASSESSOR: Holt Brown DATE: 9/26/18 TOTAL SCORE: 80

CORRECTIONS OFFICER RATING METHODS
Skills, Abilities and Character Traits

Communication Skills/Oral	Communication Written	Resiliency	Diligence	Presence
Active Listening-listens to questions	Clear and Concise text	Handles conflict appropriately	Motivated to work/dedicated	Projects self confidence
Comprehends verbal message	Appropriate use of grammar and punctuation	Has dealt with disappointment effectively	Completes tasks	Neat appearance
Articulates their response clearly	Easy to read/ appeals to reader	Healthy support system family/friends	Attention to detail/duty	Positive physical appearance
Appropriate non-verbal gestures			Takes Responsibility	
Spoken response effectiveness				
Comments	Comments	Comments	Comments	Comments
Level Low Average High 5 6 7 <u>8</u> 9 10	Level Low Average High 5 6 7 8 <u>9</u> 10	Level Low Average High 5 6 7 <u>8</u> 9 10	Level Low Average High 5 6 7 <u>8</u> 9 10	Level Low Average High 5 6 <u>7</u> 8 9 10

The above skills, abilities and character traits will be evaluated during the interview process. Raters will then be solicited for their observations and a vetting process will occur to compare observations. A written exercise will also be provided to the candidate.

Honesty/ Trustworthiness	Empathy	Aptitude	Maturity	Problem Solving
Reliable	Humility	Appropriate use of language	Appropriate during the interview	Understands scope of problem
Consistent/Integrity	Genuine Concern	Complex issue prior success	Mature answers given	Prioritizes and sorts information
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Comments	Comments	Comments	Comments	Comments
Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10

Brandon Gault
10-8-18
Det C. Sloan 98



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Background Questionnaire

Please answer the following questions. You may use the back page of this questionnaire to further explain your answers if necessary. If you have any questions concerning your background or truth verification testing, write them on the back of the last page.

(Note: This is your opportunity to fully explain your history. Please take full advantage of this and be as specific and detailed as possible. If you are not completely honest and up front with your answers, or you intend to be intentionally vague with your responses, the result will be termination from the employment process.)

UNDETECTED CRIMES

1. Have you ever committed an act that you were not caught doing, but if caught, you would have been arrested.

- No
- Yes, Explain

- Stole a pair of headphones in college.

- Had a beer in college before turning 21.

2. Have you ever been involved in any of the following? (If yes to any, please include when, where, and value on the back of this page.)

- | | | |
|---|------------------------------|--|
| A. Switching price tags | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| B. Car theft | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| C. Theft of car parts | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| D. Robbery | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| E. Burglary (home/business) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| F. Embezzlement | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| G. Carrying concealed weapon | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| H. Intentionally started a fire | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| I. Con games | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| J. Leaving the scene of an accident | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| K. Counterfeiting | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| L. Fire bombing | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| M. Mugging | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| N. Assault | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| O. Buy, sell, or possess stolen property | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| P. Using stolen credit cards | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Q. Failure to pay alimony or child support | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| R. Illegally obtaining public assistance, workers | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

compensation or unemployment by fraud.

Yes

No

UNDETECTED CRIMES

3. Have you ever filed an insurance claim that was not accurate (over-estimating losses)?

No

Yes, Explain

4. Has a law enforcement agency ever been called because of something that you were involved in?

No

Yes, Explain

5. Were you ever in a fight in which a weapon was used?

No

Yes, Explain

6. Have you ever injured or caused the death of another person?

No

Yes, Explain

7. Have you ever physically abused a spouse, girlfriend, boyfriend, or child?

No

Yes, Explain

UNDETECTED CRIMES

8. Have you ever intentionally damaged property belonging to another person?

- No
- Yes, Explain

9. Have you ever filed a false police report?

- No
- Yes, Explain

10. Have you ever participated in a riot or disturbance?

- No
- Yes, Explain

11. Since you have been an adult (18 years old), have you ever had any sexual involvement with someone under 18 years old?

- No
- Yes, Explain

No -

12. Have you ever disclosed information indicated as confidential by any employer?

- No
- Yes, Explain

UNDETECTED CRIMES

13. Have you ever sexually assaulted anyone?

- No
- Yes, Explain

14. Have you ever engaged in prostitution or used the services of a prostitute?

- No
- Yes, Explain

15. Have you ever been accused of any sexual misconduct?

- No
- Yes, Explain

16. Have you ever been questioned by a law enforcement agency as a suspect in an investigation? (Do not include situations in which you were a victim or witness to a crime.)

- No
- Yes, Explain

17. Other than what has already been covered, have you been involved in anything that you could have been arrested for?

- No
- Yes, Explain

UNDETECTED CRIMES

18. Have you ever belonged to, or associated with anyone belonging to any organization, past or present, that would place the integrity of the Sheriff's Office in question (e.g. KKK, NAZI organization, gang member, organized crime)

No
 Yes, Explain

19. Do you now or have you ever had regular associations with persons whom you knew or should have known, were under criminal investigation, or who had a reputation in the community or with law enforcement agencies for involvement in criminal behavior?

No
 Yes, Explain

MILITARY

1. Have you ever served in any military organization of the United States?

No

If Yes, complete questions 2 through 5.

2. What type of discharge did you receive?

Honorable Dishonorable Honorable Conditions Administrative Other

3. List dates of Active duty?

4. Have you ever received a court martial, been tried on charges, were the subject of a summary court, deck court, Captain's Mast, company punishment, or any other type of disciplinary action while a member of the armed forces?

No

Yes, Explain

5. Are there any incidents concerning your military career that could possibly affect this examination?

No

Yes, Explain

ARREST RECORD

1. Have you ever been arrested, charged, or detained by a law enforcement agency, including military apprehensions? (Include any arrests in which the charges were dropped, reduced, found not guilty, or in which the records were sealed or expunged.) Failure to do so could result in termination of the application process. A Notice to Appear is considered an arrest and must also be listed.

- No
- Yes, Explain details to include the charge, arresting agency, date and final disposition of the case.

2. Have you ever served probation, parole, community control, or community service?

- No
- Yes, Explain

3. What fines have you been required to pay, and were they paid on time? (Other than traffic)

- None -

4. Have you ever been fingerprinted by a law enforcement agency?

- No
- Yes, Include agency, date, and reason.

CPID - Employment

DCSO - Traffic - Jail

DRUG USAGE

1. How many times in your life have you used marijuana? (Please include approximate dates and how many times weekly or monthly.)

Never

2. When was the last time that you used marijuana?

Never

3. Have you used any of the following drugs? (If yes, include total number of times and dates last used.)

- | | |
|---|----------------------------|
| <u>No</u> Speed | <u>No</u> Steroids |
| <u>No</u> Barbiturates (downers) | <u>No</u> PCP (Angel Dust) |
| <u>No</u> Amphetamines (uppers) | <u>No</u> Crack |
| <u>No</u> Rush | <u>No</u> Cocaine |
| <u>No</u> Quaaludes | <u>No</u> Heroin |
| <u>No</u> LSD | <u>No</u> Ecstasy |
| <u>No</u> Hash | <u>No</u> Designer Drugs |
| <u>No</u> Ice or Methamphetamine | <u>No</u> Peyote |
| <u>No</u> Mushrooms | <u>No</u> Mescaline |
| <u>No</u> Another Person's Prescription | <u>No</u> Other |

4. Have you ever used inhalants, or any other legal substance, to get high?

- No
 Yes, Explain

5. Have you ever been involved in the purchase of any illegal drug? (Any amount from a joint to a kilo or more)?

- No
 Yes, Include type of drug, the amount, the circumstances, and the last time.

DRUG USAGE

6. Have you ever been involved in the sale of illegal drugs, either directly or indirectly?

No

Yes, Include the type of drug, the amount, the circumstances and the last time.

7. Have you ever benefited from the sale of illegal drugs, to include money, free drugs or sexual favors? (Note if you received any money from a friend or a family member involved in drug sales indirectly, list here and give details.)

No

Yes, Explain

8. Have you ever set up a drug deal?

No

Yes, Explain

9. Have you ever been in the company of people using illegal drugs?

No

Yes, Explain details and the last time.

High School, Senior year, two friends were smoking marijuana

10. What is the total amount of money you have spent on illegal drugs in your lifetime?

0

11. Have you ever stolen money or drugs from a drug dealer?

No

Yes, Explain

DRUG USAGE

12. Have you ever driven a motor vehicle under the influence of illegal drugs?

- No
- Yes, Explain

13. Have you ever tried to grow or cultivate any illegal drugs? (Include the amount from one seed and up.)

- No
- Yes, Explain

14. Explain, in detail, any other information relating to illegal drug use or involvement which has not been covered, to include transportation, manufacturing, etc.?

Nothing

THEFT

5/10/13

1. Estimate the total amount of merchandise, tools or equipment that you have ~~taken~~:

- | | | | |
|-----------------------------------|----------------------------------|--------------------------------|--|
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$75 |
| <input type="checkbox"/> \$40,000 | <input type="checkbox"/> \$4,000 | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$30,000 | <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$300 | <input checked="" type="checkbox"/> \$25 |
| <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$10 |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$5 |

2. Name the single most expensive item that you have ever taken?

Item: *Headphones*

Amount: \$ *25.00* Date: *2013*

3. Have you ever taken anything or shoplifted anything from a business? (Include personal and employee theft.)

- No
 Yes, Explain

(2013) Took Headphones from Walmart.

4. Have you ever been with anyone who was stealing merchandise or equipment?

- No
 Yes, Explain

5. Have you ever taken anything from a current or former employer?

- No
 Yes, Explain

THEFT

6. Have you ever stolen cash? If yes, explain each incident and how much money was taken. (Include cash thefts from family, friends, employers and any other incidents.)

No

Yes, Explain

7. Have you ever purchased, pawned, or sold an item in which you knew or should have known it to have been stolen?

No

Yes, Explain

8. Have you ever illegally obtained services (e.g. utilities, cable, etc.) that should have been paid for?

No

Yes, Explain

EMPLOYMENT HISTORY

1. Have you ever been terminated or asked to resign from a job?

- No
- Yes, Explain

2. Have you ever been disciplined by your current or previous employers? (If discipline was by a law enforcement agency, refer to law enforcement experience questions.)

- No
- Yes, Explain

3. Have you ever resigned or been given the opportunity to resign from a job in which you were under investigation for a policy violation or misconduct?

- No
- Yes, Explain

4. Did you list ALL of your jobs for the past ten years on your employment application, to include part-time and temporary jobs?

- No, Explain
- Yes

*- Tim Horton's -> Perimeter Loop, Dublin, OH
Part-time From 2010-2012*

DRIVING HISTORY

1. Has your driver's license ever been suspended or revoked?

No
 Yes, Explain

2. What states, other than Ohio, have you had a driver's license issued? (List all states and include temporary and learning permits.)

None

3. Have you ever received a traffic citation?

No
 Yes, Explain

• (2014) Speed, Local Sheriff by Sandusky, Ohio.

4. Have you ever been involved in a traffic accident that was your fault?

No
 Yes, Explain

5. Has your auto insurance ever lapsed?

No
 Yes, Explain

6. How many times have you driven a vehicle while under the influence of alcohol, when if stopped, you could have been arrested? ~~0~~ When was the last time? _____

7. Has your driver's license ever been suspended or revoked?

No
 Yes, Explain

FINANCIAL HISTORY

1. Have you ever filed for bankruptcy?

- No
 Yes, Explain

2. Have you ever had anything repossessed?

- No
 Yes, Explain

3. Have you ever been involved in any civil actions (past or present)?

- No
 Yes, Explain

4. Are you currently more than three months behind on any bills?

- No
 Yes, Explain

5. Are any creditors pursuing you for outstanding debts?

- No
 Yes, Explain

FINANCIAL HISTORY

6. Are there any financial obligations or bills that you have refused to pay or feel that you are not responsible to pay?

No
 Yes, Explain

7. Have you ever been or are you currently responsible for any child support payments?

No
 Yes, Explain

8. Estimate the amount of debt you owe, not including mortgage or car loans.

Student Loans \$18,000

9. When did you last write a check that bounced or when you knew that there were no funds to cover the value of the check? Never

How many times? _____

Have you ever written a check using another person's name?

No
 Yes, Explain

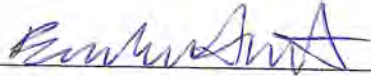
10. Have you ever used a fraudulent document to obtain money?

No
 Yes, Explain

ALIASES

1. List ALL NAMES that you have ever used, to include maiden, nick names, married, and legal name changes, and dates used.

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS TRUE AND CORRECT.
I HAVE BEEN COMPLETELY TRUTHFUL IN MY ANSWERS TO THESE QUESTIONS.

Signature: 

Date: 10/8/18

of all the things that you have ever seen, to which I have had a look in the past
I am sure you will find it interesting

It is a very interesting book, and I am sure you will find it interesting
I am sure you will find it interesting

It is a very interesting book, and I am sure you will find it interesting
I am sure you will find it interesting

Yours truly,
John F. Kennedy

John F. Kennedy

Certificate of Completion

Franklin County CIT Steering Committee

This is to certify that

Brandon Gaunt

has successfully completed the Forty (40) Hour
Crisis Intervention Team Core Training Course

May 31 - June 7, 2017



A handwritten signature in blue ink, appearing to read 'Dennis J. Jeffrey', is written over a horizontal line.

Lt. Dennis J. Jeffrey
CIT Coordinator
Columbus Division of Police

A handwritten signature in blue ink, appearing to read 'Jennifer Martinez', is written over a horizontal line.

Jennifer Martinez MSW, LISW-S
Franklin County CIT Coordinator
Franklin County ADAMH Board



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

This is to certify that

Brandon Richard Gaunt

has completed the Ohio
Peace Officer Basic Training Program

Conducted by
Columbus Police Academy

Awarded on
July 06, 2017

Mike DeWine
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Mary E. Davis, Executive Director
Ohio Peace Officer Training Commission
School Commander

BAS16-096 170743

Graduation Certificate

The
Columbus Police Academy

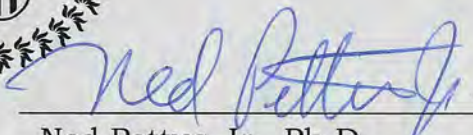
The Columbus, Ohio, Division of Police awards this certificate to

Brandon R. Gaunt

for satisfactorily completing the Police Recruit Training Course
as conducted by the Training Bureau of the
Columbus Division of Police.

Presented this 7th day of July 2017




Ned Pettus Jr., Ph.D.
Director of Public Safety


Kimberley K. Jacobs
Chief of Police



Delaware County Sheriff's Office In-Service Training Sign In Roster

Course(s): CPR / First Aid / AED
 Instructor: Sgt. Stacie Beck-Taylor
 Date(s): April 23, 2019
 Location: J-Dorm Training Room

8 hours.

Print Name and Unit #	Signature
K. Wotzel 310	<i>K. Wotzel</i> 310
Brandon Gaunt 309	<i>Brandon Gaunt</i> 309
Nick Frangy 350	<i>Nick Frangy</i> 350
Edwin Schreiber 355	<i>Edwin Schreiber</i> 355
Mitchell Presley 311	<i>Mitchell Presley</i> 311
Tyson Layne 386	<i>Tyson Layne</i> 386
Logan Perry 347	<i>Logan Perry</i> 347
Zachary Rushin 351	<i>Zachary Rushin</i> 351
Mike A Taylor 371	<i>Mike A Taylor</i> 371

Delaware County Sheriff's Office In-Service Training Sign-In Roster

Date(s): 5/14/19
 Time/Course Hours: 2 HRS
 Course Title(s): DV & SEX OFFENDER PRESENTATION
 Location: JAIL
 Instructor(s): HOOPER

Date(s): 5/14/19
 Time/Course Hours: 6 HRS
 Course Title(s): SCREENING & HANDLING SOCIAL INMATES
 Location: JAIL
 Instructor(s): KARAFIA

Print Name and Unit #	Signature
Robert Blankenship 323	<i>Robert Blankenship</i>
BRANDON GAUNT 309	<i>Brandon Gaunt</i>
SHANE HALL 325	<i>Shane Hall</i>
Clarence Stone 356	<i>Clarence Stone</i>
Tyler Stewart 370	<i>Tyler Stewart</i>
Connor Shroyer #361	<i>C Shroyer #361</i>

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

BRANDON R GAUNT

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00100.c

Introduction to Incident Command System, ICS-100

Issued this 24th Day of April, 2019



A handwritten signature in black ink, appearing to read "Michael J. Sharon".

Michael J. Sharon
Deputy Superintendent
Emergency Management Institute
Federal Emergency Management Agency

0.2 IACET CEU

BCI_000599

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

BRANDON R GAUNT

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00700.b

**An Introduction to the National Incident
Management System**

Issued this 29th Day of April, 2019



A handwritten signature in black ink, appearing to read "Michael J. Sharon".

Michael J. Sharon
Deputy Superintendent
Emergency Management Institute
Federal Emergency Management Agency

0.4 IACET CEU

BCI_000600

Delaware County Sheriff's Office In-Service Training Sign-In Roster

Course(s): DEFENSIVE TACTICS AND SUBJECT CONTROL
 Instructor(s): MICHAEL S. TAYLOR
 Date(s): 10-24-19
 Training Location: 4 HOURS SOUTH SUB STATION
 Total Hours: 4 HOURS 0800-1200

Print Name and Unit #	Signature
Jordan George 314	<i>Jordan George</i>
Kyle L. Wetzel 310	<i>Kyle L. Wetzel</i>
BRANDON GAUNT 309	<i>Brandon Gaunt</i>
Amethyst Frost 362	<i>Amethyst Frost</i>
Kelly Floridi 366	<i>Kelly Floridi</i>
ALEX DURBIN 338	<i>Alex Durbin</i>
Daniel Black 345	<i>Daniel Black</i>
Kimberly Castellano 372	<i>Kimberly Castellano</i>
VITO REA 359	<i>Vito Rea</i>

Delaware County Sheriff's Office In-Service Training Sign-In Roster

Course(s): NON DISCRIMINATION AND HARASSMENT
 Instructor(s): CHELSEA DEAN
 Date(s): 10-24-19
 Training Location: 1 HOUR SOUTH SUB STATION
 Total Hours: 1 HOUR 1300-1400

Print Name and Unit #	Signature
Jordan George 344	<i>Jordan George</i>
Kyle L. Wetzell 310	<i>Kyle L. Wetzell</i>
BRANDON GAUNT 309	<i>Brandon Gaunt</i>
Amythyst Frost 362	<i>Amythyst Frost</i>
Alex Durbin 338	<i>Alex Durbin</i>
Daniel Black 345	<i>Daniel Black</i>
Kimberly Castellano 372	<i>Kimberly Castellano</i>
VITO REA 369	<i>Vito Rea</i>

Delaware County Sheriff's Office In-Service Training Sign-In Roster

Course(s): JAIL STANDARDS
 Instructor(s): NICK KARAFIA
 Date(s): 10-24-19
 Training Location: 1 HOUR SOUTH SUB STATION
 Total Hours: 1 HOUR 1500-1600

Print Name and Unit #	Signature
Jordan George 344	<i>Jordan George</i>
Nick Z. Wofford 310	<i>Nick Z. Wofford</i>
BRANDON GAUNT 309	<i>Brandon Gaunt</i>
Amethyst Frost 362	<i>Amethyst Frost</i>
Kelli Flanagan 310	<i>Kelli Flanagan</i>
Alex Dumbini 338	<i>Alex Dumbini 338</i>
Kimberly Castellano 372	<i>Kimberly Castellano</i>
UITO Ilea 357	<i>UITO Ilea</i>

Delaware County Sheriff's Office In-Service Training Sign-In Roster

Course(s): REPORT WRITING
 Instructor(s): MICHAEL S. TAYLOR
 Date(s): 10-24-19
 Training Location: 1 HOUR SOUTH SUB STATION
 Total Hours: 1 HOUR 1400-1500

Print Name and Unit #	Signature
Jordan George 344	<i>Jordan George</i>
Kyle L. Wetzell 310	<i>Kyle L. Wetzell 310</i>
Kelly Florio 346	<i>Kelly Florio 346</i>
BRANDON GAUNT 309	<i>Brandon Gaunt 309</i>
Amythyst Frost 362	<i>Amythyst Frost</i>
Daniel Black 345	<i>Daniel Black</i>
Alex Durbin	<i>Alex Durbin</i>
UITO REA 359	<i>UITO REA</i>
Kimberly Castellano 372	<i>Kimberly Castellano</i>

RELIAS

Certificate of Completion

This certifies that

Brandon Gaunt

has successfully completed

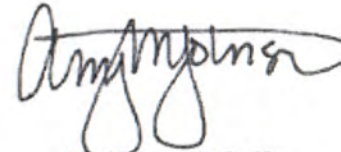
Recognizing and Responding to Intoxication and Withdrawal in Corrections

on

4/24/2019

Training Hours: 1.00

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



Amy M Johnson MSN, RN, CPH
Accreditations Manager
1010 Sync Street, Suite 100
Morrisville, North Carolina 27560
www.relias.com

RELIAS

Certificate of Completion

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Brandon Gaunt

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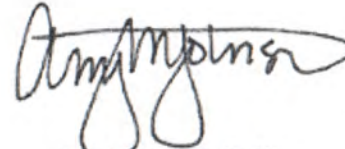
Conducting Effective Security Rounds

on

4/24/2019

Training Hours: 1.25

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



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www.relias.com

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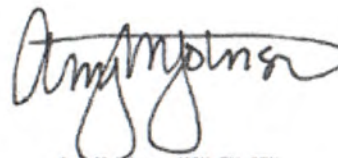
Employee Wellness - Stress Management

on

4/24/2019

Training Hours: 0.25

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



Amy M Johnson MSN, RN, CPH
Accreditations Manager
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Morrisville, North Carolina 27560
www.relias.com

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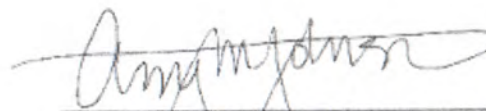
Controlling Contraband

on

3/1/2019

Training Hours: 2.25

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



**Amy M Johnson MSN, RN
Manager of Accreditations
111 Corning Road, Suite 250
Cary, North Carolina 27518**

RELIAS

Certificate of Completion

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Brandon Gaunt

has successfully completed

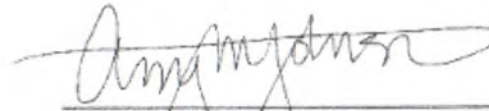
Cultural Awareness in Corrections

on

2/26/2019

Training Hours: 1.50

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



**Amy M Johnson MSN, RN
Manager of Accreditations
111 Corning Road, Suite 250
Cary, North Carolina 27518**

RELIAS

Certificate of Completion

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Brandon Gaunt

has successfully completed

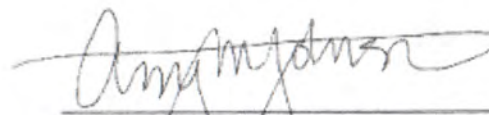
***Safe Management of Lesbian, Gay, Bisexual, Transgender,
Queer/Questioning, and Intersex Populations***

on

2/26/2019

Training Hours: 2.00

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



**Amy M Johnson MSN, RN
Manager of Accreditations
111 Corning Road, Suite 250
Cary, North Carolina 27518**

RELIAS

Certificate of Completion

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Brandon Gaunt

has successfully completed

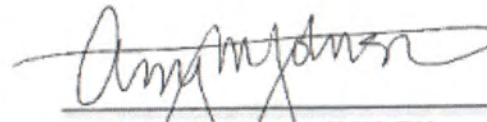
Roles of the Correctional Officer

on

2/25/2019

Training Hours: 1.50

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



**Amy M Johnson MSN, RN
Manager of Accreditations
111 Corning Road, Suite 250
Cary, North Carolina 27518**

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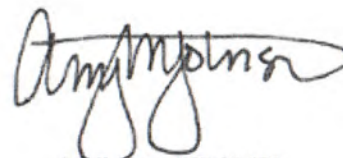
Employee Wellness - Emotional Intelligence: Awareness

on

4/24/2019

Training Hours: 0.25

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



Amy M Johnson MSN, RN, CPN
Accreditations Manager
1010 Sync Street, Suite 100
Morrisville, North Carolina 27560
www.relias.com

RELIAS

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Brandon Gaunt

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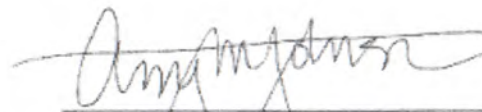
Suicide in Corrections Part 1: Overview of the Problem

on

2/27/2019

Training Hours: 1.25

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



**Amy M Johnson MSN, RN
Manager of Accreditations
111 Corning Road, Suite 250
Cary, North Carolina 27518**

RELIAS

Certificate of Completion

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Brandon Gaunt

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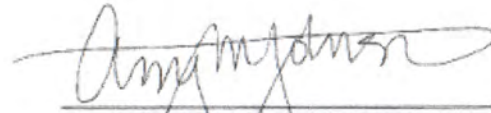
Suicide in Corrections Part 2: Identifying Suicide Risk

on

2/27/2019

Training Hours: 1.25

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



**Amy M Johnson MSN, RN
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111 Corning Road, Suite 250
Cary, North Carolina 27518**

RELIAS

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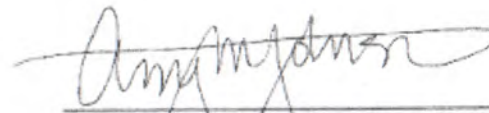
Supervising People with Mental Illness in Correctional Facilities

on

2/27/2019

Training Hours: 2.00

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



**Amy M Johnson MSN, RN
Manager of Accreditations
111 Corning Road, Suite 250
Cary, North Carolina 27518**

RELIAS

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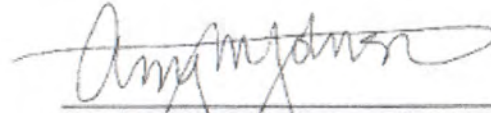
Welcome to Relias

on

2/25/2019

Training Hours: 0.00

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.

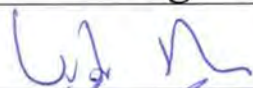



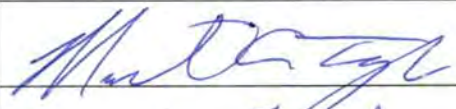




**Amy M Johnson MSN, RN
Manager of Accreditations
111 Corning Road, Suite 250
Cary, North Carolina 27518**

Delaware County Sheriff's Office In-Service Training Sign-In Roster

Date(s): 6-6-19
 Time/Course Hours: 8 - 4 → 8 HOURS
 Course Title(s): RTR - SUBJECT CONTROL
 Location: SOUTH SUBSTATION
 Instructor(s): MICHAEL S. TAYLOR

Date(s): 6-7-19
 Time/Course Hours: 8-4 → 8 HOURS
 Course Title(s): RESTRAINT CHAIR / SUBJECT CONTROL
 Location: SOUTH SUBSTATION
 Instructor(s): MICHAEL S. TAYLOR

Print Name and Unit #	Signature
VITO REA 359	
Zachary Rushin 351	
Michael Taylor #371	
Brandon Gaunt #309	
Michael Taylor #371	
Brandon Gaunt #309	
Zachary Rushin 351	




Delaware County Sheriff's Office In-Service Training Sign-In Roster

Course(s): SAP and Fire Extinguisher Training
 Instructor(s): Delaware City Fire Department
 Date(s): June 14, 2019 (AM Session)
 Training Location: Jail
 Total Hours: 1

Print Name and Unit #	Signature
Kelly Coontz #317	<i>[Signature]</i>
Sgt. Beck 308	Sgt Beck 308
Tyson Layne 326	<i>[Signature]</i> 326
Nathan Deskins	<i>[Signature]</i> 308
Troy Staffler	TST 330
Brandon Gaunt 309	Brandon Gaunt 309
Megan Fogie #326	M-J #326

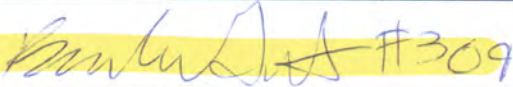
Delaware County Sheriff's Office In-Service Training Sign-In Roster

Course(s): SAP and Fire Extinguisher Training
 Instructor(s): Delaware City Fire Department
 Date(s): June 14, 2019 (AM Session)
 Training Location: Jail
 Total Hours: 1

Print Name and Unit #	Signature
Kelly Coontz #317	
Sgt. Beck 308	Sgt Beck 308
Tyson Layne 326	
Nathan Deskins	
Troy Staffire	T Staffire 330
Brandon Gaunt 309	Brandon Gaunt 309
meagan fogle #326	M-J #326

Delaware County Sheriff's Office In-Service Training Sign In Roster

Course(s): Scott Air Pack
Instructor(s): Brandon Ford
Date: May 2, 2019
Location: Delaware County Jail

Print Name and Unit #	Signature
Gaunt, Brandon 309	 #309

RELIAS

Certificate of Completion

This certifies that

Brandon Gaunt

has successfully completed

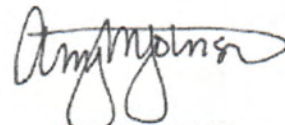
An Overview of Mental Illness for Public Safety Professionals

on

3/5/2020

Training Hours: 1.75

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



Amy M. Johnson MSN, RN, CPN
Accreditations Manager
1010 Sync Street, Suite 100
Morrisville, North Carolina 27560
www.relias.com

CERTIFICATE OF COMPLETION

AWARDED TO

BRANDON GAUNT

OF DELAWARE COUNTY (CORSA)
IN RECOGNITION OF YOUR SUCCESSFUL COMPLETION OF
ANTI-BIAS TRAINING FOR LAW ENFORCEMENT (1 HOUR)

COURSE # 18132-1811

1 HOUR OF TRAINING

CERTIFICATE ISSUED SEP 25, 2020



Starlet Franz
Training Coordinator



RELIAS

Certificate of Completion

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Brandon Gaunt

has successfully completed

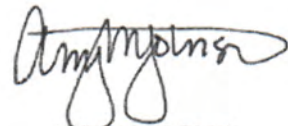
Crisis Management in Adult Correctional Settings

on

3/5/2020

Training Hours: 1.25

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



Amy M. Johnson MSN, RN, CPH
Accreditation Manager
1010 Sync Street, Suite 100
Morrisville, North Carolina 27560
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OHIO PEACE OFFICER TRAINING COMMISSION
&
THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

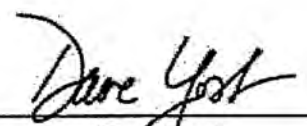
Brandon Richard Gaunt

has successfully completed the advanced training course

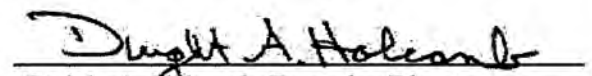
05-485-20-02 : Field Training Officer (FTO) Program (Ohio Model)

at the Ohio Peace Officer Training Academy given

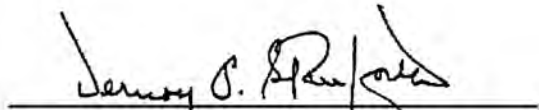
December 7 - 9, 2020



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

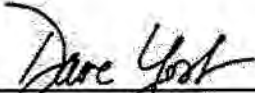
Duplicate Certificate



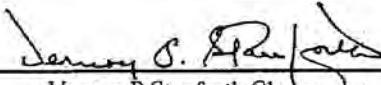
OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that
Brandon Richard Gaunt
has completed the Ohio
Full-Service Facility Corrections Officer Basic Training Program
Conducted by
Delaware County Sheriff's Corrections Academy

Awarded On
March 13, 2020




Dave Yost
Attorney General



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission





Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



School Commander

CBT20-005 643300

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Certificate of Completion

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Brandon Gaunt

has successfully completed

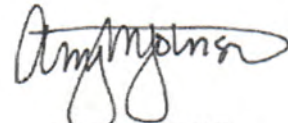
Identifying Risk and Response to Suicidal Offenders: Refresher Course

on

3/5/2020

Training Hours: 2.00

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



Amy M. Johnson MSN, RN, CPN
Accreditations Manager
1010 Spyc Street, Suite 100
Morrisville, North Carolina 27560
www.relias.com

Mental Health First Aid USA



**MENTAL
HEALTH
FIRST AID®**

Brandon Gaunt

Has completed the 8-hour course and is now certified in

Adult

Mental Health First Aid USA

And has been trained to provide initial help to people experiencing problems such as depression, anxiety disorders, psychosis, and substance use disorders.

This certificate became effective on: 01/27/2020

Date

This certificate expires on: 01/27/2023

Date

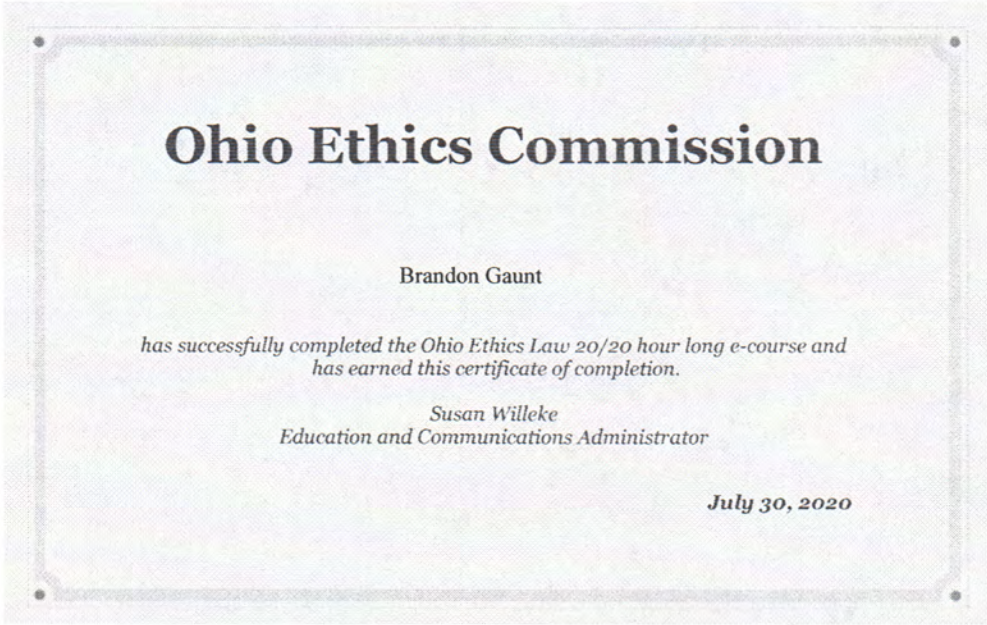
Stacie Beck-Taylor

Instructor

Instructor

**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.


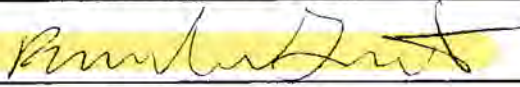
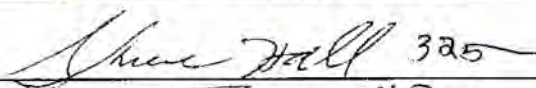



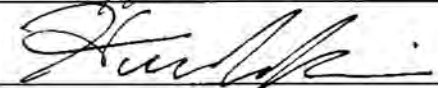
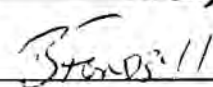
National Council for Behavioral Health operates Mental Health First Aid in the USA. The National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health founded Mental Health First Aid USA.



PRINT

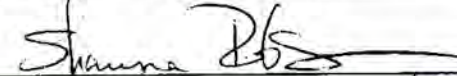

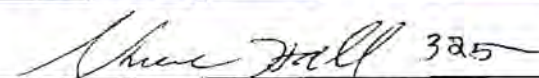


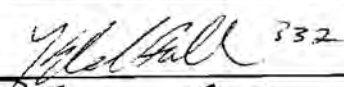

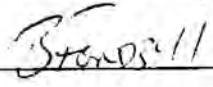
Delaware County Sheriff's Office In-Service Training Sign-In Roster

Course(s): PDE
 Instructor(s): SHANE BARBER, BURDEN
 Date(s): 5/13/2020
 Training Location: J DUM TRAINING ROOM
 Total Hours: 1

Print Name and Unit #	Signature
Shauna Robinson 365	
Brandon Gaunt 309	
SHANE HALL 325	
Christopher Fawn 350	
Jared Andolsek 308	
Kyle Hall	
Hunter Rennie 336	
Ford 341 →	

Delaware County Sheriff's Office In-Service Training Sign-In Roster

Course(s): PPE
 Instructor(s): Shane Barber, Borden
 Date(s): 5/13/2020
 Training Location: J Duim Training Room
 Total Hours: 1

Print Name and Unit #	Signature
Shauna Robinson 365	
Brandon Gaunt 309	
Shane Hall 325	
Christopher Fawn 380	
Jared Andolsek 308	
Kyle Hall	
Hunter Rennie 336	
Ford 341 →	

RELIAS

Certificate of Completion

This certifies that

Brandon Gaunt

has successfully completed

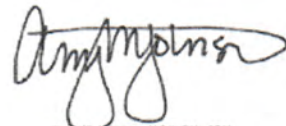
Professional Ethics in Corrections

on

3/5/2020

Training Hours: 2.50

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



Amy M. Johnson MSH, RH, CPN
Accreditations Manager
1010 Syc Street, Suite 100
Morrisville, North Carolina 27560
www.relias.com



Transcript For Gaunt, Brandon

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Basic Communication and Conflict Management Skills	8/29/2020	1.75	93	Relias Learning	Delaware County Sheriff's Office
Bloodborne Pathogens and Standard Precautions	8/29/2020	1.00	90	Relias Learning	Delaware County Sheriff's Office
Confidentiality of Health Information in Correctional Facilities	8/29/2020	1.00	100	Relias Learning	Delaware County Sheriff's Office
Cultural Awareness in Corrections	8/29/2020	1.50	100	Relias Learning	Delaware County Sheriff's Office
Employee Wellness - Alcohol Use: How Much Is Too Much?	8/29/2020	0.25	100	Relias Learning	Delaware County Sheriff's Office
Employee Wellness - Diabetes Prevention	8/29/2020	0.25	100	Relias Learning	Delaware County Sheriff's Office
Employee Wellness - Heart Disease Prevention	7/19/2020	0.25	100	Relias Learning	Delaware County Sheriff's Office
Fire Safety	7/19/2020	0.50	80	Relias Learning	Delaware County Sheriff's Office
Sexual Harassment for Employees	7/19/2020	0.50	100	Relias Learning	Delaware County Sheriff's Office
Understanding and Addressing Criminal Thinking Among Individuals in Custody	8/29/2020	2.00	94	Relias Learning	Delaware County Sheriff's Office

Total Hours: 9.00

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Support by calling 1-██████████ or emailing support@reliaslearning.com.

Delaware County Sheriff's Office In-Service Training Sign In Roster

Course(s): Tek 84 body scanner
 Instructor(s): Michael Taylor
 Date: 7-1-2020
 Location: Jail multi purpose room 2.5 hours

Print Name and Unit #	Signature
Daquan Flemister	<i>Daquan Flemister</i>
Jacqueline Dains	<i>Jacqueline Dains</i>
Brandon Gaunt	<i>Brandon Gaunt 309</i>

Tek84 User course checklist

Viewed power point slide show to include:

Types of radiation

BA Sources and magnitude of common exposures

BA Radiation units

BA Time, Distance, and Shielding

BA Concept of ALARA

BA Biological effects of radiation

BA Radiation risks

BA Operating and emergency procedures

BA Other safety hazards

BA Physical security procedures

BA Operator awareness


BA How to survey equipment/dosimetry

BA Rights of declared pregnant workers

BA Regulatory requirements

BA Supervised practical operations:

BA Review Policy:

Name BRANDON GAUNT Signature 

Unit # 309 Date 7/1/2020 Location DELAWARE COUNTY MULTI-PURPOSE HRS 2.5

Instructor Michael S. Taylor Signature 

*****INTERCEPT TRAINING*****

RADIATION SAFETY

- (✓) Types of Radiation
- (✓) ALARA
- (✓) ANSI Regulations
- (✓) Information for Subjects

READING THE SCAN

- (✓) Symmetry
- (✓) Gas/Densities
- (✓) Anterior/Posterior
- (✓) Comparing Images

POWER UP

- (✓) Key Switch
- (✓) Login
- (✓) Prepare Scan

THE SCAN

- (✓) Normal
- (✓) Mark As Suspect/Log Book
- (✓) Find Subject/Last Scan/ID

PERFORMING A SCAN

- (✓) Subject ID/Add New/No ID
- (✓) Dose Level/Take photo
- (✓) Scan/Stop Scan
- (✓) Scan Results/Subject Info

SYSTEM SHUT DOWN

- (✓) Logging Off
- (✓) Key Switch

REVIEWING THE SCAN

- (✓) HiRes / 3D
- (✓) Contrast/Brightness
- (✓) Zoom
- (✓) Invert/Reset

MANAGEMENT/SUPERUSER

- () Users/Passwords/PINs
- () Editing Subjects
- () Library/Export Images
- () System Reports
- () Perform Upgrade/USB

I have received complete instruction on the above checked items, understand them to the best of my ability and all of my questions have been answered to my satisfaction.

BRANDON GAUNT () Management () SuperUser
Printed Name


Signed Name

7/1/2020
Date

MIKE TAYLOR
Trainer

VirTra Simulator Training Log

Trainee	Unit #	Training Hours	Instructor	Date	Safety Weapon(s) Check	Instructor Initials
N. GOLDEN	119	1	SCALLEY	10/1/21	✓	110MS
M. JARVI	125	1	HECKS	10/6/21	✓	0785U
B. Richardson	126	1	HECKS	10/6/21	✓	0785U
B. Hunter	095	1	HICKS	10/6/21	✓	0785U
J. Hicks	074	1	HICKS	10/6/21	✓	0785U
T. Bryant	115	.50	HICKS	10/7/21	✓	0785U
R. Martin	102	1	Scalley	10/7/21	✓	110MS
B. Gount	56	1	Pate	10-15-21	✓	127MP
D. Doudna	26	1	Pate	10-15-21	✓	127MP
A. Jenkins	45	1	Pate	10-15-21	✓	127MP
J. MOX	81	1	KIRBY	10-15-21	✓	028L
E. BIRCHIE	631	3	PATIE	10-21-21	✓	028L
C. STAYIR	58	3	PATIE	10-21-21	✓	028L



D.C.S.O. In-Service Participant Sign-In Sheet

DATE 05/10/2021

TOPIC & TITLE	Vehicle Pursuits / Push Bumpers	FROM	7am	TO	9am	HOURS	2	INSTRUCTORS (CIRCLE)
TOPIC & TITLE	HR/Discrimination/FMLA Paperwork	FROM	9am	TO	10am	HOURS	1	INSTRUCTORS (CIRCLE)
TOPIC & TITLE	Sheriff or Designee	FROM	10am	TO	11am	HOURS	1	INSTRUCTORS (CIRCLE)
TOPIC & TITLE	Lunch	FROM	11am	TO	12pm	HOURS	1	INSTRUCTORS (CIRCLE)
TOPIC & TITLE	Public Records	FROM	12pm	TO	1pm	HOURS	1	INSTRUCTORS (CIRCLE)
TOPIC & TITLE	Deferred Compensation (webex)	FROM	1pm	TO	1:30pm	HOURS	1.5	INSTRUCTORS (CIRCLE)
TOPIC & TITLE	Bias Based Policing	FROM	1:30pm	TO	3pm	HOURS	1.5	INSTRUCTORS (CIRCLE)

A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H

TOTAL HOURS FOR THE DAY: 8

STUDENT NAME (ALPHABETICAL)	SIGNATURE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS ABSENT	HOURS PRESENT
1. Cox, Keith	<i>[Signature]</i>	0700	1000	1200			1500		8
2. Csizmadia, Jacob	<i>[Signature]</i>	0700							
3. Daniels, Jack	<i>[Signature]</i>	0700							
4. Gaunt, Brandon	<i>[Signature]</i>	0700							
5. Gaunt, Jacqueline	<i>[Signature]</i>	0700							
6. Jenkins, Joe	<i>[Signature]</i>	0700							
7. Kisner, Kaitlyne	<i>[Signature]</i>	0700							
8. Rospert, Marc	<i>[Signature]</i>	0700							
9. Siegel, Aaron	<i>[Signature]</i>	0700							
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[Signature]
INSTRUCTOR "A" SIGNATURE
Deputy Fletcher

[Signature]
INSTRUCTOR "B" SIGNATURE
Dean

[Signature]
INSTRUCTOR "C" SIGNATURE
Sheriff Martin

[Signature]
INSTRUCTOR "D" SIGNATURE
Burns

N/A
INSTRUCTOR "E" SIGNATURE
Facilitator (Stockton)

[Signature]
INSTRUCTOR "F" SIGNATURE
Deputy Woolum

INSTRUCTOR "G" SIGNATURE

INSTRUCTOR "H" SIGNATURE

CHIEF'S SIGNATURE
Delaware County Sheriff's Office
Training Division

COMMENTS _____



D.C.S.O. In-Service Participant Sign-In Sheet

DATE 05/11/2021

TOPIC & TITLE	<u>Firearms Re-Qualifications</u>	FROM	<u>7am</u>	TO	<u>11am</u>	HOURS	<u>4</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Lunch</u>	FROM	<u>11am</u>	TO	<u>12pm</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Push Bumper Practical / Simulator</u>	FROM	<u>12pm</u>	TO	<u>3pm</u>	HOURS	<u>3</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE		FROM		TO		HOURS		INSTRUCTORS	(CIRCLE)
TOPIC & TITLE		FROM		TO		HOURS		INSTRUCTORS	(CIRCLE)
TOPIC & TITLE		FROM		TO		HOURS		INSTRUCTORS	(CIRCLE)
TOPIC & TITLE		FROM		TO		HOURS		INSTRUCTORS	(CIRCLE)

A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H

TOTAL HOURS FOR THE DAY: 8

STUDENT NAME (ALPHABETICAL)	SIGNATURE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS ABSENT	HOURS PRESENT
1. Cox, Keith	<i>[Signature]</i>	0700					1500		0
2. Csizmadia, Jacob	<i>[Signature]</i>	0700							
3. Daniels, Jack	<i>[Signature]</i>	0700							
4. Gaunt, Brandon	<i>[Signature]</i>	0700							
5. Gaunt, Jacqueline	<i>[Signature]</i>	0700							
6. Jenkins, Joe	<i>[Signature]</i>	0700							
7. Kester, Art	<i>[Signature]</i>	0700							
8. Kisner, Kaitlyne	<i>[Signature]</i>	0700							
9. Rospert, Marc	<i>[Signature]</i>	0700							
10. Siegel, Aaron	<i>[Signature]</i>	0700							
11. Ullom, Kevin	<i>[Signature]</i>	0700							
12. Vance, Scott	<i>[Signature]</i>	0700							
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[Signature]
INSTRUCTOR "A" SIGNATURE
Deputy Fletcher

[Signature]
INSTRUCTOR "B" SIGNATURE
Deputy Kern

[Signature]
INSTRUCTOR "C" SIGNATURE
Sargent Scalley

INSTRUCTOR "D" SIGNATURE

INSTRUCTOR "E" SIGNATURE

INSTRUCTOR "F" SIGNATURE

INSTRUCTOR "G" SIGNATURE

INSTRUCTOR "H" SIGNATURE

CHIEF'S SIGNATURE

Delaware County Sheriff's Office
Training Division

COMMENTS _____



D.C.S.O. In-Service Participant Sign-In Sheet

DATE 05/12/2021

TOPIC & TITLE First / Medical / Buddy Aide, Communicable Diseases FROM 7am TO 11am HOURS 4 INSTRUCTORS (CIRCLE)
TOPIC & TITLE Lunch FROM 11am TO 12pm HOURS 1 INSTRUCTORS (CIRCLE)
TOPIC & TITLE First / Medical/ Buddy Aide, Narcan FROM 12pm TO 3pm HOURS 3 INSTRUCTORS (CIRCLE)
TOPIC & TITLE FROM TO HOURS INSTRUCTORS (CIRCLE)
TOPIC & TITLE FROM TO HOURS INSTRUCTORS (CIRCLE)
TOPIC & TITLE FROM TO HOURS INSTRUCTORS (CIRCLE)
TOPIC & TITLE FROM TO HOURS INSTRUCTORS (CIRCLE)

Grid with columns A-H for instructor tracking

TOTAL HOURS FOR THE DAY: 8

Main sign-in table with columns: STUDENT NAME (ALPHABETICAL), SIGNATURE, TIME IN, TIME OUT, HOURS ABSENT, HOURS PRESENT. Includes handwritten entries for students like Cox, Keith and Gaunt, Brandon.

Handwritten signature of Dan Jividen

INSTRUCTOR "A" SIGNATURE Lieutenant Jividen

INSTRUCTOR "B" SIGNATURE Chief Gano

INSTRUCTOR "C" SIGNATURE

INSTRUCTOR "D" SIGNATURE

INSTRUCTOR "E" SIGNATURE

INSTRUCTOR "F" SIGNATURE

INSTRUCTOR "G" SIGNATURE

INSTRUCTOR "H" SIGNATURE

CHIEF'S SIGNATURE Delaware County Sheriff's Office Training Division

COMMENTS



D.C.S.O. In-Service Participant Sign-In Sheet

DATE 05/13/2021

TOPIC & TITLE	<u>Firearms / PPE (Masks) / Buddy Aide</u>	FROM	<u>7am</u>	TO	<u>12pm</u>	HOURS	<u>5</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Lunch</u>	FROM	<u>12pm</u>	TO	<u>1pm</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Missing Persons / CART</u>	FROM	<u>1pm</u>	TO	<u>2pm</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>1st Amendment Assemblies</u>	FROM	<u>2pm</u>	TO	<u>3pm</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE		FROM		TO		HOURS		INSTRUCTORS	(CIRCLE)
TOPIC & TITLE		FROM		TO		HOURS		INSTRUCTORS	(CIRCLE)
TOPIC & TITLE		FROM		TO		HOURS		INSTRUCTORS	(CIRCLE)

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A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H

TOTAL HOURS FOR THE DAY: 8

STUDENT NAME (ALPHABETICAL)	SIGNATURE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS ABSENT	HOURS PRESENT
1. Cox, Keith	<i>[Signature]</i>	700					1500		0
2. Csizmadia, Jacob	<i>[Signature]</i>	0700							
3. Daniels, Jack	<i>[Signature]</i>	0700							
4. Gaunt, Brandon	<i>[Signature]</i>	0700							
5. Gaunt, Jacqueline	<i>[Signature]</i>	0700							
6. Jenkins, Joe	<i>[Signature]</i>	0700							
7. Kisner, Kaitlyne	<i>[Signature]</i>	0700							
8. Rospert, Marc	<i>[Signature]</i>	0700							
9. Ullom, Kevin	<i>[Signature]</i>	700							
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[Signature]
INSTRUCTOR "A" SIGNATURE
Deputy Fletcher

[Signature]
INSTRUCTOR "B" SIGNATURE
Deputy Kern

[Signature]
INSTRUCTOR "C" SIGNATURE
R. BARON Lieutenant Buttler

[Signature]
INSTRUCTOR "D" SIGNATURE
Deputy Kern

INSTRUCTOR "E" SIGNATURE

INSTRUCTOR "F" SIGNATURE

INSTRUCTOR "G" SIGNATURE

INSTRUCTOR "H" SIGNATURE

CHIEF'S SIGNATURE
Delaware County Sheriff's Office
Training Division

COMMENTS _____



D.C.S.O. In-Service Participant Sign-In Sheet

DATE 05/14/2021

TOPIC & TITLE	<u>E Citations</u>	FROM	<u>7am</u>	TO	<u>8am</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Social Media</u>	FROM	<u>8am</u>	TO	<u>9am</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>DV Update / Strangulation / Protection Orders</u>	FROM	<u>9am</u>	TO	<u>11am</u>	HOURS	<u>2</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Lunch</u>	FROM	<u>11am</u>	TO	<u>12pm</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Taser</u>	FROM	<u>12pm</u>	TO	<u>3pm</u>	HOURS	<u>3</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	_____	FROM	_____	TO	_____	HOURS	_____	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	_____	FROM	_____	TO	_____	HOURS	_____	INSTRUCTORS	(CIRCLE)

A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H

TOTAL HOURS FOR THE DAY: 8

STUDENT NAME (ALPHABETICAL)	SIGNATURE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS ABSENT	HOURS PRESENT
1. Cox, Keith	<i>[Signature]</i>	0700					1500		0
2. Csizmadia, Jacob	<i>[Signature]</i>	0700							
3. Daniels, Jack	<i>[Signature]</i>	0700							
4. Gaunt, Brandon	<i>[Signature]</i>	0700							
5. Gaunt, Jacqueline	<i>[Signature]</i>	0700							
6. Jenkins, Joe	<i>[Signature]</i>	0700							
7. Kester, Art	_____								
8. Kisner, Kaitlyne	<i>[Signature]</i>	0700							
9. Overly, Erik	_____								
10. Rospert, Marc	<i>[Signature]</i>	0700							
11. Siegel, Aaron	<i>[Signature]</i>	0700							
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[Signature]
INSTRUCTOR "A" SIGNATURE
I.T. Dept. Farrow

[Signature]
INSTRUCTOR "B" SIGNATURE
Tracy Whited

[Signature]
INSTRUCTOR "C" SIGNATURE
Val Hooper

[Signature]
INSTRUCTOR "D" SIGNATURE
Sargent Scalley

[Signature]
INSTRUCTOR "E" SIGNATURE
Sargent Keller

INSTRUCTOR "F" SIGNATURE

INSTRUCTOR "G" SIGNATURE

INSTRUCTOR "H" SIGNATURE

CHIEF'S SIGNATURE
Delaware County Sheriff's Office
Training Division

COMMENTS _____



D.C.S.O. In-Service Participant Sign-In Sheet

DATE 02/24/2021

TOPIC & TITLE # Taser X26P User Course FROM 0800 TO 1200 HOURS 4 INSTRUCTORS (CIRCLE)

TOPIC & TITLE # Lunch FROM 1200 TO 1300 HOURS 1 INSTRUCTORS (CIRCLE)

TOPIC & TITLE # Simulator Training FROM 1300 TO 1600 HOURS 3 INSTRUCTORS (CIRCLE)

TOPIC & TITLE # Taser X26P User Course (on line course) FROM - TO - HOURS 2 INSTRUCTORS (CIRCLE)

TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE)

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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TOTAL HOURS FOR THE DAY: B

STUDENT NAME (ALPHABETICAL)	SIGNATURE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS ABSENT	HOURS PRESENT
1. Tyler A. Carey <u>52</u>	<i>[Signature]</i>	<u>0800</u>	<u>1200</u>	<u>1300</u>	<u>1600</u>				
2. Brandon R. Gaunt <u>56</u>	<i>[Signature]</i>	<u>0800</u>	<u>1200</u>	<u>1300</u>	<u>1600</u>				
3. <u>██████</u> N. Gaunt	<i>[Signature]</i>	<u>0800</u>	<u>1200</u>	<u>1300</u>	<u>1600</u>				
4. Matthew S Jarvi	<i>[Signature]</i>	<u>0800</u>	<u>1200</u>	<u>1300</u>	<u>1600</u>				
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[Signature] #110
 INSTRUCTOR "A" SIGNATURE
 Sergeant Scalley

[Signature] #028
 INSTRUCTOR "B" SIGNATURE
 Deputy Kern

INSTRUCTOR "C" SIGNATURE

INSTRUCTOR "D" SIGNATURE

INSTRUCTOR "E" SIGNATURE

INSTRUCTOR "F" SIGNATURE

INSTRUCTOR "G" SIGNATURE

INSTRUCTOR "H" SIGNATURE

CHIEF'S SIGNATURE
 Delaware County Sheriff's Office
 Training Division

COMMENTS _____

The Delaware County Sheriff's Office

CERTIFICATE OF COMPLETION

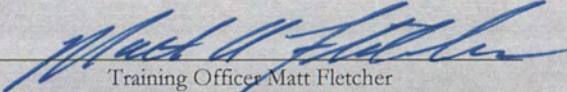
PRESENTED TO

Deputy B. Gaunt

For successfully completing

Baton Recertification Course
(2.5 hrs.)

Presented this 25th day of August 2022


Training Officer Matt Fletcher
Impact Weapon (M.E.B.) Instructor





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

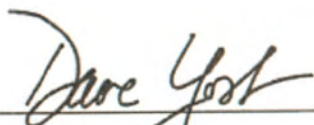
This is to certify that

Brandon Gaunt

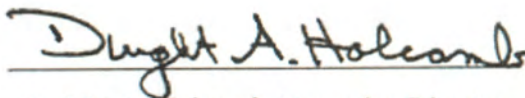
has successfully met the prescribed program requirements for

**Communication
Disabilities**

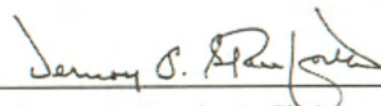
Date: July 23, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

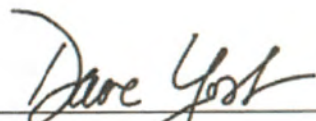
This is to certify that

Brandon Gaunt

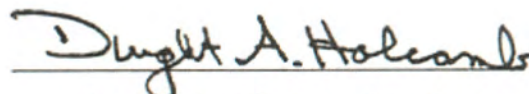
has successfully met the prescribed program requirements for

**Community Diversity
and Procedural Justice**

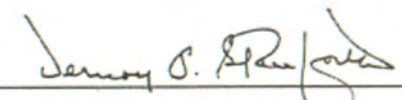
Date: July 23, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

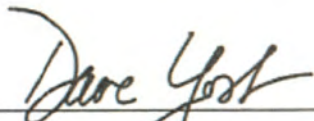
This is to certify that

Brandon Gaunt

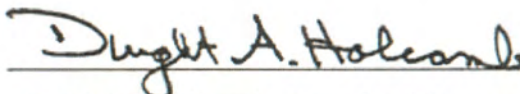
has successfully met the prescribed program requirements for

**Concealed Firearm Carry
Changes**

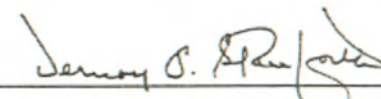
Date: August 08, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

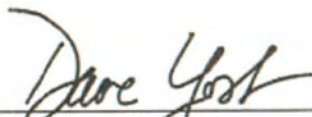
This is to certify that

Brandon Gaunt

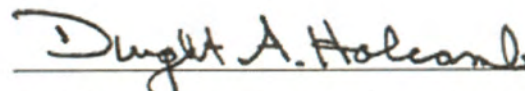
has successfully met the prescribed program requirements for

**Ethics and
Professionalism**

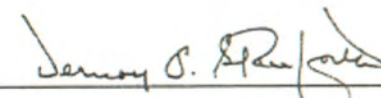
Date: July 23, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

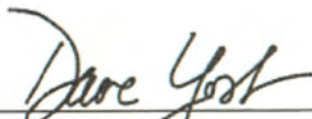
This is to certify that

Brandon Gaunt

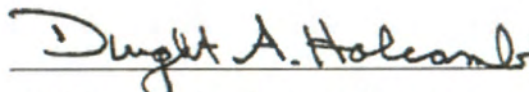
has successfully met the prescribed program requirements for

Hate Crimes

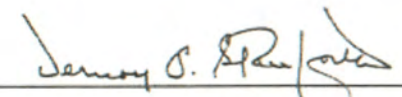
Date: August 08, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

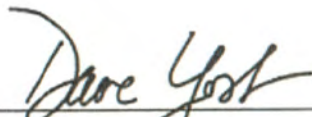
This is to certify that

Brandon Gaunt

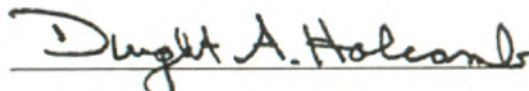
has successfully met the prescribed program requirements for

Hazing

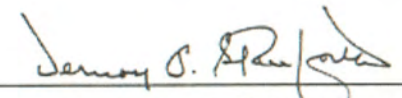
Date: August 08, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



D.C.S.O. In-Service Participant Sign-In Sheet

DATE 08/22/2022

TOPIC & TITLE	<u>Community Engagement (Car Seats)</u>	FROM	<u>0700</u>	TO	<u>0800</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Community Engagement (Youth Contacts)</u>	FROM	<u>0800</u>	TO	<u>0900</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Community Engagement (Community Relations)</u>	FROM	<u>0900</u>	TO	<u>1000</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Community Engagement (K-9's)</u>	FROM	<u>1000</u>	TO	<u>1130</u>	HOURS	<u>1.5</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Lunch</u>	FROM	<u>1130</u>	TO	<u>1230</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Tyler New World (I.T.)</u>	FROM	<u>1230</u>	TO	<u>1330</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Lexipol - Sheriff's Informational Address</u>	FROM	<u>1330</u>	TO	<u>1500</u>	HOURS	<u>1.5</u>	INSTRUCTORS	(CIRCLE)

TOTAL HOURS FOR THE DAY: 8

A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I

STUDENT NAME (ALPHABETICAL)	SIGNATURE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS ABSENT	HOURS PRESENT
1. Bessinger, Jeff		0628	1500						8
2. Curren, Robert		0650	1500						8
3. Doudna, Devin		0650	1500						8
4. Gaunt, Brandon		0650	1500						8
5. Jenkins, Joe		0655	1500						8
6. Jorgensen, Randall		0655	1500						8
7. Karbler, Darin		0700	1500						8
8. Lupu, Mark		0650	1500						8
9. Overly, Erik		0642	1500						8
10. Palmer, Ryan		0700	1500						8
11. Swick, Zach		X	X						X
12. Swope, Derek		0645	1500						8
13. Vogel, Ron		0630	1500						8
14. [REDACTED], Jason		0630	1500						8
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									

INSTRUCTOR "A" SIGNATURE
Deputy S. Herrington

INSTRUCTOR "B" SIGNATURE
S.R.O. Peterson

INSTRUCTOR "C" SIGNATURE
Deputy Martin

INSTRUCTOR "D" SIGNATURE
~~DISCUSS~~ Deputy Fletcher

INSTRUCTOR "E" SIGNATURE
I.T. Department
Lydia Spaulding

INSTRUCTOR "F" SIGNATURE
Mrs. Kelsey

INSTRUCTOR "G" SIGNATURE
Sheriff or Designee

INSTRUCTOR "H" SIGNATURE

INSTRUCTOR "I" SIGNATURE

COMMENTS 4.5 Hours - Continuing Police Training - Community Engagement



D.C.S.O. In-Service Participant Sign-In Sheet

DATE 08/23/2022

TOPIC & TITLE	<u>Responding to Sexual Assaults</u>	FROM	<u>0700</u>	TO	<u>0800</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Responding to Sexual Assaults</u>	FROM	<u>0800</u>	TO	<u>0900</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Responding to Sexual Assaults</u>	FROM	<u>0900</u>	TO	<u>1000</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Responding to Sexual Assaults</u>	FROM	<u>1000</u>	TO	<u>1100</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Lunch</u>	FROM	<u>1100</u>	TO	<u>1200</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Vehicle Pursuit Update / Stop Stick Review</u>	FROM	<u>1200</u>	TO	<u>1300</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>OVI Updates / Report Writing / S.F.S.T.'s</u>	FROM	<u>1300</u>	TO	<u>1500</u>	HOURS	<u>2</u>	INSTRUCTORS	(CIRCLE)

A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I

TOTAL HOURS FOR THE DAY: 8

STUDENT NAME (ALPHABETICAL)	SIGNATURE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS ABSENT	HOURS PRESENT
1. Bessinger, Jeff	<i>Jeff Bessinger</i>	0645	1500						8
2. Curren, Robert	<i>Robert Curren</i>	0645	1500						8
3. Doudna, Devin	<i>Devin Doudna</i>	0650	1500						8
4. Gaunt, Brandon	<i>Brandon Gaunt</i>	0700	1500						8
5. Jorgensen, Randall	<i>Randall Jorgensen</i>	0650	1500						8
6. Karbler, Darin	<i>Darin Karbler</i>	0700	1500						8
7. Lupu, Mark	<i>Mark Lupu</i>	0645	1500						8
8. Overly, Erik	<i>Erik Overly</i>	0650	1500						8
9. Palmer, Ryan	<i>Ryan Palmer</i>	0657	1500						8
10. Swick, Zach	X	X	X						X
11. Swope, Derek	<i>Derek Swope</i>	0650	1500						8
12. Vogel, Ron	<i>Ron Vogel</i>	0630	1500						8
13. [REDACTED], Jason	<i>Jason Wilson</i>	630	1500						8
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									

T. WRIGHT
INSTRUCTOR "A" SIGNATURE
Trisha Wright

[Signature]
INSTRUCTOR "B" SIGNATURE
Cpt. Savage

[Signature]
INSTRUCTOR "C" SIGNATURE
Prosecutors Office

[Signature]
INSTRUCTOR "D" SIGNATURE
Deputy Fletcher

INSTRUCTOR "E" SIGNATURE

INSTRUCTOR "F" SIGNATURE

INSTRUCTOR "G" SIGNATURE

INSTRUCTOR "H" SIGNATURE

INSTRUCTOR "I" SIGNATURE

COMMENTS 4 Hours - Continuing Police Training - Responding to Sexual Assaults



D.C.S.O. In-Service Participant Sign-In Sheet

DATE 08/24/2022

Table with 6 columns: TOPIC & TITLE, FROM, TO, HOURS, INSTRUCTORS (CIRCLE)

Grid with 10 columns (A-I) for instructor tracking

TOTAL HOURS FOR THE DAY: 8

Main sign-in table with columns: STUDENT NAME (ALPHABETICAL), SIGNATURE, TIME IN, TIME OUT, HOURS ABSENT, HOURS PRESENT

INSTRUCTOR "A" SIGNATURE Deputy Fletcher
INSTRUCTOR "B" SIGNATURE
INSTRUCTOR "C" SIGNATURE
INSTRUCTOR "D" SIGNATURE
INSTRUCTOR "E" SIGNATURE
INSTRUCTOR "F" SIGNATURE
INSTRUCTOR "G" SIGNATURE
INSTRUCTOR "H" SIGNATURE
INSTRUCTOR "I" SIGNATURE

COMMENTS 4 Hours - Continuing Police Training - Use of Force
3 Hours - Continuing Police Training - Use or Deadly Force



D.C.S.O. In-Service Participant Sign-In Sheet

DATE 08/25/2022

TOPIC & TITLE Oleoresin Capsicum (OC) FROM 0700 TO 0800 HOURS 1 INSTRUCTORS (CIRCLE)

TOPIC & TITLE Baton / Impact Weapons FROM 0800 TO 0900 HOURS 1 INSTRUCTORS (CIRCLE)

TOPIC & TITLE Baton / Impact Weapons (Practice Techniques) FROM 0900 TO 1000 HOURS 1 INSTRUCTORS (CIRCLE)

TOPIC & TITLE Taser FROM 1000 TO 1100 HOURS 1 INSTRUCTORS (CIRCLE)

TOPIC & TITLE Lunch FROM 1100 TO 1200 HOURS 1 INSTRUCTORS (CIRCLE)

TOPIC & TITLE Baton / OC /D.T. (Combined Techniques) FROM 1200 TO 1300 HOURS 1 INSTRUCTORS (CIRCLE)

TOPIC & TITLE Force on Force - Use of Deadly Force (Exercises) FROM 1300 TO 1500 HOURS 2 INSTRUCTORS (CIRCLE)

A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I

TOTAL HOURS FOR THE DAY: 8

STUDENT NAME (ALPHABETICAL)	SIGNATURE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS ABSENT	HOURS PRESENT
1. Bessinger, Jeff		0645	1500						
2. Curren, Robert		0650	1500						
3. Doudna, Devin		0645	1500						
4. Gannon, Chuck	-N/A-	X	X						
5. Gaunt, Brandon		0650	1500						
6. Jenkins, Joe		0655	1500						
7. Jorgensen, Randall		0650	1500						
8. Lupu, Mark		0650	1500						
9. Overly, Erik		0650	1500						
10. Palmer, Ryan		0700	1500						
11. Swick, Zach	-N/A-	X	X						
12. [REDACTED], Jason		0645	1500						
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									

INSTRUCTOR "A" SIGNATURE
Deputy Fletcher

INSTRUCTOR "B" SIGNATURE
Deputy Kern

INSTRUCTOR "C" SIGNATURE
Sgt. Scalley

INSTRUCTOR "D" SIGNATURE
Lt. Curren

INSTRUCTOR "E" SIGNATURE

INSTRUCTOR "F" SIGNATURE

INSTRUCTOR "G" SIGNATURE

INSTRUCTOR "H" SIGNATURE

INSTRUCTOR "I" SIGNATURE

COMMENTS 1 Hour - Continuing Police Training - Use of Deadly Force



D.C.S.O. In-Service Participant Sign-In Sheet

DATE 08/26/2022

TOPIC & TITLE	<u>Basic First Aide / Trauma Aide</u>	FROM	<u>0700</u>	TO	<u>0800</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>PPE – Gas Mask Effectiveness</u>	FROM	<u>0800</u>	TO	<u>0830</u>	HOURS	<u>.5</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Into to Firearms (safety brief / set up)</u>	FROM	<u>0830</u>	TO	<u>0900</u>	HOURS	<u>.5</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>IPS Close Quarter Drills / Moving Around Targets</u>	FROM	<u>0900</u>	TO	<u>1100</u>	HOURS	<u>2</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Lunch</u>	FROM	<u>1100</u>	TO	<u>1200</u>	HOURS	<u>1</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Working In and Around Vehicles</u>	FROM	<u>1200</u>	TO	<u>1330</u>	HOURS	<u>1.5</u>	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE	<u>Working With Partners</u>	FROM	<u>1330</u>	TO	<u>1500</u>	HOURS	<u>1.5</u>	INSTRUCTORS	(CIRCLE)

A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I
A	B	C	D	E	F	G	H	I

TOTAL HOURS FOR THE DAY: 8

STUDENT NAME (ALPHABETICAL)	SIGNATURE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS ABSENT	HOURS PRESENT
1. Bessinger, Jeff		0645	1500						8
2. Curren, Robert		0645	1500						8
3. Doudna, Devin		0658	1500						8
4. Gaunt, Brandon		0650	1500						8
5. Jorgensen, Randall		0700	1500						8
6. Karbler, Darin		700	1500						8
7. Lupu, Mark	-N/A-	X	X						X
8. Overly, Erik		0645	1500						8
9. Palmer, Ryan		0645	1500						8
10. Swick, Zach	-N/A-	X	X						X
11. [REDACTED], Jason		0645	1500						8
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									

INSTRUCTOR "A" SIGNATURE
Deputy Fletcher

INSTRUCTOR "B" SIGNATURE
Deputy Kern

INSTRUCTOR "C" SIGNATURE
Sgt. Scalley

INSTRUCTOR "D" SIGNATURE
Lt. Curren

INSTRUCTOR "E" SIGNATURE

INSTRUCTOR "F" SIGNATURE

INSTRUCTOR "G" SIGNATURE

INSTRUCTOR "H" SIGNATURE

INSTRUCTOR "I" SIGNATURE

COMMENTS _____



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

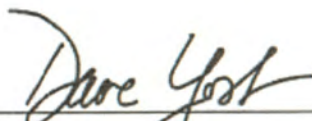
This is to certify that

Brandon Gaunt

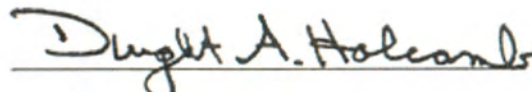
has successfully met the prescribed program requirements for

Medical Marijuana

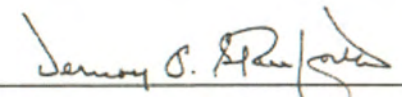
Date: August 08, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

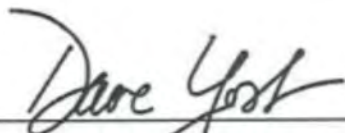
This is to certify that

Brandon Gaunt

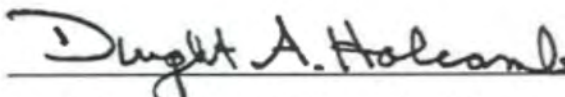
has successfully met the prescribed program requirements for

New and Updated Criminal
Charges

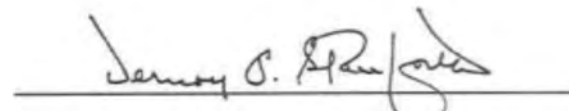
Date: October 09, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

The Delaware County Sheriff's Office

CERTIFICATE OF COMPLETION

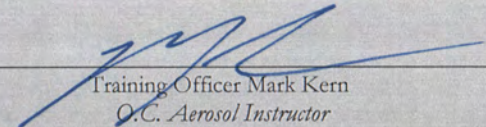
PRESENTED TO

Deputy B. Gaunt

For successfully completing

O.C. Aerosol Recertification Course
(1.5 hrs.)

Presented this 25th day of August 2022


Training Officer Mark Kern
O.C. Aerosol Instructor





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

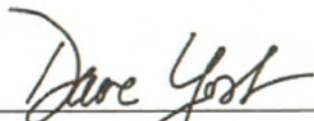
This is to certify that

Brandon Gaunt

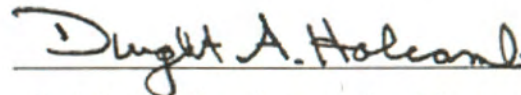
has successfully met the prescribed program requirements for

Ohio Public Records Law

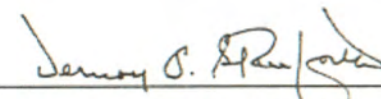
Date: August 08, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

2022 Quarterly Simulator Training Log #1

Topic - EDP

Student Name	Signature	Date	Instructor	Training Hours	Safety Weapons Check
Dep. Nicholas Emmert	<i>Nicholas Emmert</i>	3/28/22	Sgt Kelly	1	OK
Dep. Keith Cox	<i>Keith Cox</i>	4/13/22	Dep J. Hicks	1	OK
Dep. Colton Lybarger	<i>Colton Lybarger</i>	2/15/22	DEA. KERN	1	OK
Dep. Jacob Cszimadra	<i>Jacob Cszimadra</i>				
Dep. Ryan Parsons	<i>Ryan Parsons</i>	2/28/22	DEP R. Jorgensen	1	1125
Dep. Christian Howard	<i>Christian Howard</i>	2/10/22	John Hicks OFE	1	OK
Dep. Mathew Pate	<i>Mathew Pate</i>	SPOKE VIA PHONE	WENT THROUGH IT	1	OK
Dep. Nickolas Golden	<i>Nickolas Golden</i>	2/25/2022	R. Jorgensen	1	1125
Dep. Chandler Jenkins	<i>Chandler Jenkins</i>	2/27/22	J. Hicks	1	OK
Dep. Bryce Richardson	<i>Bryce Richardson</i>	2/24/22	DEA. KERN	1	OK
Dep. Ryan Palmer	<i>Ryan Palmer</i>	3/31/22	M. AMBROZICH	1	113NA
Dep. Robert Blankenship	<i>Robert Blankenship</i>				
Dep. [REDACTED] Gaunt	<i>[REDACTED] Gaunt</i>	2-22-22	Jorgensen 117	1	11725
Dep. Matthew Jarvi	<i>Matthew Jarvi</i>	3-23-2022	Dep J Hicks	1	OK
Dep. Andrew Ritter	<i>Andrew Ritter</i>	02/23/22	AMBROZICH 113	1	113NA
Dep. Ashley Jenkins	<i>Ashley Jenkins</i>	2/9/22	DEA. KERN	1	OK
Dep. Tyler Carey	<i>Tyler Carey</i>	4-14-22	DEP M. AMBROZICH	1	113NA
Dep. Brandon Gaunt	<i>Brandon Gaunt</i>	3/31/22	DEP M. AMBROZICH	1	113NA
Dep. Emily Williams	<i>Emily Williams</i>	2/23/22	DEP R. Jorgensen	1	1125
Dep. Zack Swick	<i>Zack Swick</i>	3/2/22	DEP Zack Swick	1	

2022 Quarterly Simulator Training Log

Topic - SESSION 2 / UNIFORMS

Student Name	Signature	Date	Instructor	Training Hours	Safety Weapons Check
Dep. Nicholas Emmert	<i>[Signature]</i>	9/6/22	<i>[Signature]</i>	1	0222
Dep. Keith Cox	<i>[Signature]</i>	7/27/22	AMBROZICH 113	1	113NA
Dep. Colton Lybarger	<i>[Signature]</i>	9/19/22	KREIN/SIGWIC	1	0222
Dep. D. Johnson #49	<i>[Signature]</i>	5-22-22	M. Pate #127	1	127002
Dep. Ryan Parsons	<i>[Signature]</i>	7-24-22	M. Pate #127	1	✓
Dep. Christian Howard					
Dep. Mathew Pate	<i>[Signature]</i>	5-12-22	AMBROZICH	1	113NA
Dep. Nickolas Golden					
Dep. Chandler Jenkins					
Dep. Bryce Richardson					
Dep. Ryan Palmer	<i>[Signature]</i>	7.27.22	AMBROZICH 113	1	113NA
Dep. Robert Blankenship					
Dep. [REDACTED] Gaunt	<i>[Signature]</i>	7-27-22	Hastler	75	118CD
Dep. Matthew Jarvi					
Dep. Andrew Ritter	<i>[Signature]</i>	07/20/22	Ambrozich 113NA	1	113NA
Dep. Ashley Jenkins	<i>[Signature]</i>	8/31/22	127002	1.5	0222
Dep. Tyler Carey	<i>[Signature]</i>	7/7/22	J. HICKS 078	1	078JH
Dep. Brandon Gaunt	<i>[Signature]</i>	7/7/22	J. HICKS 078	1	078JH
Dep. Emily Williams	<i>[Signature]</i>	7/20/22	H. AMBROZICH 113	1	113NA
Dep. Zack Swick	<i>[Signature]</i>	7/14/22	Z. Swick <i>[Signature]</i>	1	0222

Date	Training	Instructor(s)	Time (hours)	Kyle Griffith	Taylor Close	Nick Golden	Jackie Gaunt	Randy Jorgensen	Steve Ridenour	John Mielke	Emily Williams	Matt Pate	Ryan Parsons	Chris Hartzler	Devin Doudna	Sean Bobb	Dave Johnson	Ralph Thorington	Luke Leatherman	Cody Rodgers	Andrew Lee	Kevin Turner	Brandon Gaunt	Colton Lybarger	Ron Vogel
1/4/2022	DV Presentation	Asst. Pros. Beth Matune	1				X	X	X	X			X							X	X	X	X	X	
1/6/2022	DV Presentation	Asst. Pros. Beth Matune	1						X	X	X				X					X	X		X	X	
1/9/2022	Stops & Approaches	Deps. Ridenour/Hartzler	1		X		X	X			X		X												
1/11/2022	Stops & Approaches	Deps. Ridenour/Hartzler	1	X				X	X			X		X											
1/20/2022	Drug Impairment	Sgt. Lee	1		X	X						X		X						X					
1/25/2022	Drug Impairment	Sgt. Lee	1				X	X												X					
1/26/2022	Drug Impairment	Sgt. Lee	1	X				X	X	X										X					
1/27/2022	Building Searches	Deps. D. Johnson/Pate	1						X	X	X			X	X	X	X	X							
1/28/2022	Building Searches	Deps. D. Johnson/Pate	1		X							X			X										
2/15/2022	SFST's	Sgt. Lee	1	X				X					X			X	X			X					
2/16/2022	SFST's	Sgt. Lee	1	X	X			X		X									X	X					
2/17/2022	SFST's	Sgt. Lee	1								X			X			X			X					
2/20/2022	SFST's	Sgt. Lee	1			X						X			X		X			X					
2/21/2022	Simulator	Dep. Jorgensen	0.75			X	X	X	X				X				X	X							
2/22/2022	Simulator	Dep. Jorgensen	0.75	X	X		X			X			X	X		X				X	X				
2/28/2022	Simulator	Dep. Jorgensen	0.75		X						X														



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

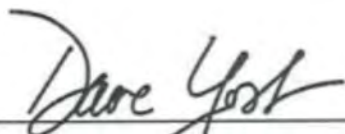
This is to certify that

Brandon Gaunt

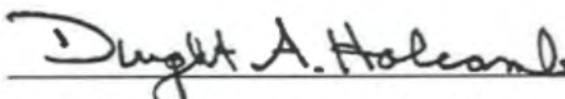
has successfully met the prescribed program requirements for

Use of Restraints

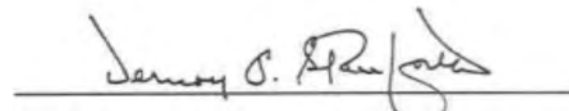
Date: October 09, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Transcript For Gaunt, Brandon

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Conducting Effective Security Rounds	4/24/2019	1.25	100	Relias Learning	Delaware County Sheriff's Office
Controlling Contraband	3/1/2019	2.25	100	Relias Learning	Delaware County Sheriff's Office
Cultural Awareness in Corrections	2/26/2019	1.50	92	Relias Learning	Delaware County Sheriff's Office
Employee Wellness - Emotional Intelligence: Awareness	4/24/2019	0.25	100	Relias Learning	Delaware County Sheriff's Office
Employee Wellness - Stress Management	4/24/2019	0.25	100	Relias Learning	Delaware County Sheriff's Office
PREA Investigations: What Happens After an Allegation	10/21/2019	1.50	100	Relias Learning	Delaware County Sheriff's Office
PREA: An Introduction and Overview	7/3/2019	1.25	82	Relias Learning	Delaware County Sheriff's Office
PREA: Dynamics of Sexual Abuse in Correctional Systems	7/21/2019	2.00	93	Relias Learning	Delaware County Sheriff's Office
PREA: Reporting Obligations and Retaliation Protections	10/21/2019	1.00	100	Relias Learning	Delaware County Sheriff's Office
Recognizing and Responding to Intoxication and Withdrawal in Corrections	4/24/2019	1.00	100	Relias Learning	Delaware County Sheriff's Office
Roles of the Correctional Officer	2/25/2019	1.50	100	Relias Learning	Delaware County Sheriff's Office
Safe Management of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex Populations	2/26/2019	2.00	86	Relias Learning	Delaware County Sheriff's Office
Suicide in Corrections Part 1: Overview of the Problem	2/27/2019	1.25	100	Relias Learning	Delaware County Sheriff's Office
Suicide in Corrections Part 2: Identifying Suicide Risk	2/27/2019	1.25	91	Relias Learning	Delaware County Sheriff's Office
Supervising Inmates: Nonverbal Communication Skills	10/21/2019	1.25	82	Relias Learning	Delaware County Sheriff's Office
Supervising Offenders: Verbal Communication Skills	7/21/2019	1.50	100	Relias Learning	Delaware County Sheriff's Office
Supervising People with Mental Illness in Correctional Facilities	2/27/2019	2.00	93	Relias Learning	Delaware County Sheriff's Office
Testifying in Court: What Corrections Officers Need to Know	7/21/2019	1.25	92	Relias Learning	Delaware County Sheriff's Office



Transcript For Gaunt, Brandon

Course Name	Completed	Hours	Final Exam Score	Instructor Name	Organization
Welcome to Relias	2/25/2019	0.00	100	Relias Learning	Delaware County Sheriff's Office

Total Hours: 24.25

I certify that the trainings listed above were completed by me.

Staff Name

Staff Signature

Job Title

If you require assistance that is related to this transcript, please contact Relias Support by calling 1-██████████ or emailing support@reliaslearning.com.

Delaware County Sheriff's Office Duty Pistol Score Sheet

NAME: BRANDON GAUNT Date 10/28/2020

WEAPON MAKE: Glock MODEL: GLOCK 22

SERIAL #: [REDACTED]

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: 3 NPA: NF: MISS: OT: ERF:

STAGE 2 2 HITS IN THE PREFERRED AREA, ONE HIT IN THE HEAD OR HIP

PA: 3 NPA: NF: MISS: OT: ERF:

STAGE 3A PA: 4 NPA: NF: MISS: OT: ERF:

STAGE 3B PA: 4 NPA: NF: MISS: OT: ERF:

STAGE 4 PA: 6 NPA: NF: MISS: OT: ERF:

STAGE 5 PA: 3 NPA: NF: MISS: OT: ERF:

STAGE 6 PA: 2 NPA: NF: MISS: OT: ERF:

SUB TOTALS: 25 MISS: OT: ERF:

TOTAL: 25 (PASSING IS A MINIMUM OF 20 OUT OF 25)

PASSED: X FAILED: TESTED BY: DEP KIERN

IS THIS A RESHOOT? YES NO X REQ # & EXP: REQ # - REQ07927
EXP. - 08/16/2021

Please Initial:

RA: I acknowledge taking part and understand the primary firearms rules and the safety rules presented on date of this qualification.

BA: I acknowledge receiving supplemental instruction on DCSO's Use of Force policy on this qualification date, I further understand, that I am required to read and review the entire DCSO Use of Force Policy and seek any clarification needed through my chain of command.

Delaware County Sheriff's Office Duty Pistol Score Sheet

NAME: BRANDON R GAUNT Date 02-23-2021

WEAPON MAKE: Glock MODEL: 22

SERIAL #: [REDACTED]

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-), EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: 3 NPA: NF: MISS: OT: ERF:

STAGE 2 2 HITS IN THE PREFERRED AREA, ONE HIT IN THE HEAD OR HIP

PA: 3 NPA: NF: MISS: OT: ERF:

STAGE 3A PA: 4 NPA: NF: MISS: OT: ERF:

STAGE 3B PA: 4 NPA: NF: MISS: OT: ERF:

STAGE 4 PA: 6 NPA: NF: MISS: OT: ERF:

STAGE 5 PA: 3 NPA: NF: MISS: OT: ERF:

STAGE 6 PA: 2 NPA: NF: MISS: OT: ERF:

SUB TOTALS: 25 MISS: OT: ERF:

TOTAL: 25 (PASSING IS A MINIMUM OF 20 OUT OF 25)

PASSED: X FAILED: TESTED BY: [Signature]

IS THIS A RESHOOT? YES NO X REQ # & EXP: 06389 11-01-2022

Please Initial:

RG: I acknowledge taking part and understand the primary firearms rules and the safety rules presented on date of this qualification.

RG: I acknowledge receiving supplemental instruction on DCSO's Use of Force policy on this qualification date, I further understand, that I am required to read and review the entire DCSO Use of Force Policy and seek any clarification needed through my chain of command.

Delaware County Sheriff's Office Duty Shotgun Score Sheet

NAME: Brandon R. Gaunt Date 02 / 23 / 2021

WEAPON MAKE: Remington MODEL: 870

SERIAL #: -NA-

HITS IN THE PREFERRED AREA (**PA**) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (**NPA**), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (**NF**) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (**MISS**), OFF OF THE TARGET (**MISS**), OR FIRED OVER THE TIME LIMIT (**OT**) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (**ERF**) ARE MINUS 1 (-1).

STAGE 1 PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 2 PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 3 PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 4 PA: 2 NPA: NF: MISS: OT: ERF:

SUB TOTALS: 8 MISS: OT: ERF:

TOTAL: 8 (PASSING IS 100% or 8 out of 8)

PASSED: X FAILED:

IS THIS A RESHOOT? YES NO X

TESTED BY:  REQ Number: 06389 Exp. Date: 11/01/2022

Matt A Fletcher

Delaware County Sheriff's Office Duty Police Carbine Score Sheet

NAME: BRANDON R GAUNT Date 02-23-2021

WEAPON MAKE: Sig Sauer/ Windham MODEL: M400/ R16A4

SERIAL #: -NA-

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: 3 NPA: NF: MISS: OT: ERF:

STAGE 2 PA: 3 NPA: NF: MISS: OT: ERF:

STAGE 3 PA: 3 NPA: NF: MISS: OT: ERF:

STAGE 4 PA: 1 NPA: 1 NF: MISS: OT: ERF:

STAGE 5 PA: 1 NPA: NF: MISS: OT: ERF:

STAGE 6 PA: 5 NPA: NF: MISS: OT: ERF:

STAGE 7 PA: 3 NPA: NF: MISS: OT: ERF:

SUB TOTALS: 19 MISS: OT: ERF:

TOTAL: 19 (PASSING IS 80% or 16 out of 20)

PASSED: X FAILED: TESTED BY: *[Signature]*

IS THIS A RESHOOT? YES NO X REQ # & EXP: 01389 11-01-2022

Please Initial:

RG: I acknowledge taking part and understand the primary firearms rules and the safety rules presented on date of this qualification.

RG: I acknowledge receiving supplemental instruction on DCSO's Use of Force policy on this qualification date, I further understand, that I am required to read and review the entire DCSO Use of Force Policy and seek any clarification needed through my chain of command.

Delaware County Sheriff's Office Low Capacity/ Sub Caliber Backup Score Sheet

NAME: BRANDON R GAUNT Date 2/23/21
WEAPON MAKE: GLOCK MODEL: 43
SERIAL #: [REDACTED] CALIBER 9mm

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 2A PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 2B PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 3 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

SUB TOTALS: 8 MISS: _____ OT: _____ ERF: _____

TOTAL: 8 (PASSING IS 100% or 8 Rounds)

PASSED: X FAILED: _____

TESTED BY: DEP. KERN

REQ # & EXP: REQ07927, EXP-08-16-21

IS THIS A RESHOOT? YES _____ NO e

Delaware County Sheriff's Office Low Capacity/ Sub Caliber Backup Score Sheet

NAME: BRANDON R GAUNT Date 2/23/21

WEAPON MAKE: GLOCK MODEL: 19

SERIAL #: [REDACTED] CALIBER 9mm

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 2A PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 2B PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 3 PA: 2 NPA: NF: MISS: OT: ERF:

SUB TOTALS: 8 MISS: OT: ERF:

TOTAL: 8 (PASSING IS 100% or 8 Rounds)

PASSED: X FAILED:

TESTED BY: DEP. KEN

REQ # & EXP: REQ07927 EXP. 08/16/21

IS THIS A RESHOOT? YES NO X

Delaware County Sheriff's Office Duty Pistol Score Sheet

NAME: BRAUDON GAUNT Date 5/11/21

WEAPON MAKE: Glock MODEL: 22

SERIAL #: [REDACTED]

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: 3 NPA: NF: MISS: OT: ERF:

STAGE 2 2 HITS IN THE PREFERRED AREA, ONE HIT IN THE HEAD OR HIP

PA: 3 NPA: NF: MISS: OT: ERF:

STAGE 3A PA: 4 NPA: NF: MISS: OT: ERF:

STAGE 3B PA: 4 NPA: NF: MISS: OT: ERF:

STAGE 4 PA: 6 NPA: NF: MISS: OT: ERF:

STAGE 5 PA: 3 NPA: NF: MISS: OT: ERF:

STAGE 6 PA: 2 NPA: NF: MISS: OT: ERF:

SUB TOTALS: 25 MISS: OT: ERF:

TOTAL: 25 (PASSING IS A MINIMUM OF 20)

PASSED: FAILED:

IS THIS A RESHOOT? YES NO

TESTED BY: [Signature] REQ Number: 08023 Exp. Date: 11/05/2021

Keith Cox

Delaware County Sheriff's Office Duty Shotgun Score Sheet

NAME: BRANDON GAVINT Date 5/11/21

WEAPON MAKE: Remington MODEL: 870

SERIAL #: -NA-

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 2 PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 3 PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 4 PA: 2 NPA: NF: MISS: OT: ERF:

SUB TOTALS: 8 MISS: OT: ERF:

TOTAL: 3 (PASSING IS 100% or 8 out of 8)

PASSED: ✓ FAILED:

IS THIS A RESHOOT? YES NO ✓

TESTED BY:  REQ Number: 08023 Exp. Date: 11/05/2021

Keith Cox

Delaware County Sheriff's Office Duty Police Carbine Score Sheet

NAME: Brandon Gaunt Date 05-11-2021

WEAPON MAKE: Sig Sauer / Windham MODEL: M400 / R16A4

SERIAL #: -NA-

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1	PA: <u>3</u>	NPA: _____	NF: _____	MISS: _____	OT: _____	ERF: _____
STAGE 2	PA: <u>3</u>	NPA: _____	NF: _____	MISS: _____	OT: _____	ERF: _____
STAGE 3	PA: <u>3</u>	NPA: _____	NF: _____	MISS: _____	OT: _____	ERF: _____
STAGE 4	PA: <u>2</u>	NPA: _____	NF: _____	MISS: _____	OT: _____	ERF: _____
STAGE 5	PA: <u>1</u>	NPA: _____	NF: _____	MISS: _____	OT: _____	ERF: _____
STAGE 6	PA: <u>5</u>	NPA: _____	NF: _____	MISS: _____	OT: _____	ERF: _____
STAGE 7	PA: <u>3</u>	NPA: _____	NF: _____	MISS: _____	OT: _____	ERF: _____
SUB TOTALS:	<u>20</u>			MISS: _____	OT: _____	ERF: _____

TOTAL: 20 (PASSING IS 100% or 16 out of 20)

PASSED: X FAILED: _____

IS THIS A RESHOOT? YES _____ NO X

TESTED BY: Matt A Fletcher REQ Number: 06389 Exp. Date: 11/01/2022

Matt A Fletcher

Delaware County Sheriff's Office Duty Pistol Score Sheet

NAME: BRANDON GAUNT Date 4/11/22

WEAPON MAKE: Glock MODEL: 22

SERIAL #: BGK0497

Weapon was found to be in working order as designed by the manufacture.

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: 3 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 2 2 HITS IN THE PREFERRED AREA, ONE HIT IN THE HEAD OR HIP

PA: 3 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 3A PA: 4 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 3B PA: 4 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 4 PA: 6 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 5 PA: 2 NPA: 1 NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 6 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

SUB TOTALS: 24 MISS: _____ OT: _____ ERF: _____

TOTAL: 24 (PASSING IS A MINIMUM OF 20)

PASSED: FAILED: _____

IS THIS A RESHOOT? YES _____ NO

TESTED BY: DET. D. M. KELLER REQ Number: 08535 Exp. Date: 11/13/2023

Dereck Keller

Delaware County Sheriff's Office Duty Shotgun Score Sheet

NAME: BRANDON GAUNT Date 04/11/22

WEAPON MAKE: Mossberg MODEL: 590A1

SERIAL #: -NA-

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 2 PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 3 PA: 2 NPA: NF: MISS: OT: ERF:

STAGE 4 PA: 2 NPA: NF: MISS: OT: ERF:

SUB TOTALS: 8 MISS: OT: ERF:

TOTAL: 8 (PASSING IS 100% or 8 out of 8)

PASSED: X FAILED:

IS THIS A RESHOOT? YES NO X

TESTED BY: SGT. D.M. Keller REQ Number: 08535 Exp. Date: 11/13/2023

Dereck Keller

Delaware County Sheriff's Office Duty Police Carbine Score Sheet

NAME: BRANDON GAUNT Date 4/11/22

WEAPON MAKE: Sig Sauer / Windham MODEL: M400 / R16A4

SERIAL #: -NA-

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: 3 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 2 PA: 3 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 3 PA: 3 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 4 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 5 PA: 1 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 6 PA: 5 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 7 PA: 2 NPA: 1 NF: _____ MISS: _____ OT: _____ ERF: _____

SUB TOTALS: 19 MISS: _____ OT: _____ ERF: _____

TOTAL: 19 (PASSING IS 100% or 16 out of 20)

PASSED: X FAILED: _____

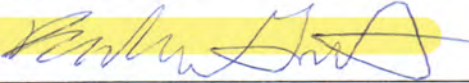


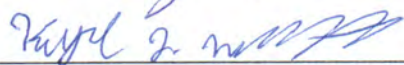


IS THIS A RESHOOT? YES _____ NO X

TESTED BY: Sgt. D.M. Keller REQ Number: 08535 Exp. Date: 11/13/2023

Dereck Keller

Delaware County Sheriff's Office In-Service Training Sign In Roster

Course(s): New User Taser X26/X26P 8 hours 0700-1500
 Instructor(s): Brandon Ford
 Date: 3-22-19
 Location: Delaware County Jail Training Room

Print Name and Unit #	Signature
Brandon Gaunt 309	
Tyson Layne 386	
Kennell Cartwright 317	
KYLE L. WITZEL 310	
Nick Frary	 350
Jordan George	

TASER Training Version 21

This document is not needed if class registered in Axon Academy (email training@taser.com for details)


TASER® CEW User Applicant Certification Form New User Certification

PRINT LEGIBLY AND CLEARLY PLEASE!

Which CEWs were you certified on (Check all that apply): M26 X26 X26P X2 X3

Name: Brandon Gaunt Agency: Delaware County Sheriff
Email: bgaunt@co.delaware.de.us Phone: (740) 833-2841
Address/State/Zip: _____

By signing below, I hereby acknowledge receipt of TASER's Product Warnings. I understand that I must Read and understand these warnings PRIOR to participating in any hands-on CEW drills required by this certification Course.


Student Signature: (Required) 

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification requirements.

- Test must be completed with score of 100% (remediate as needed)
 N/A Completed TASER CEW online course
- Review entire Version 21 User Certification Course PowerPoint Presentation(s) & training bulletins
(if applicable) N/A Completed TASER CEW online course
- Demonstrate safe handling of CEW to include: proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
- Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in preferred target zones
- Perform a proper warning ARC (Safety warning: remove cartridge from X26P before conducting Arc warning)
- (X2 & X3) Utilize the ARC switch to re-energize deployed probes

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER User Certification training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: BRANDON FORD 
(Print Name) (Signature)
Date: 3-22-19 Location of Training: DCS

**Do not Send this Form to TASER Training
Keep this Form for Department Training Records**

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Version 21

TASER® Conducted Energy Weapons (CEWs)
Part 1: User Certification Test

PRINT LEGIBLY AND CLEARLY PLEASE!

Name: Brandon Gaunt New Certification / Recertification

Agency: Delaware County Sheriff

Training Date: 3/22/19 Location: Delaware County Jail

1. The Nervous System consists of the following:
 - a) Central Nervous System - Command Center (brain and spinal cord)
 - b) Motor Nervous System - Carries commands from the brain to muscles (NMI systems affect BOTH the Sensory and Motor Nerves)
 - c) Sensory Nervous System - Brings information into the brain (affected by stun systems)
 - d) All of the above
2. In considering the use of a CEW:
 - a) Do not use for verbal defiance
 - b) Do not use for belligerence
 - c) Do not use for punishment
 - d) Do not use for horse play
 - e) All of the above
3. The preferred target areas for CEW exposure are:
 - a) Lower center mass (below chest or area of the heart) and legs for front exposure
 - b) Below the neck area for back exposures
 - c) Anywhere on the person's body
 - d) a and b
 - e) a and b (with the back being the most preferred area)
4. As with any use of force, the longer the CEW exposure the greater the risk of potential cumulative physiologic, metabolic, and other effects.
 - a) True
 - b) False
5. The officer should avoid intentionally targeting the CEW on sensitive areas of the body such as the head, throat, breast, chest (area of the heart), genitals, or known pre-existing injury areas without legal justification.
 - a) True
 - b) False
6. Probe deployments are more desirable/effective than drive stuns (other than 3-point deployments).
 - a) True
 - b) False
7. The further a CEW exposure is away from the heart and the fewer CEW cycles applied the greater the safety margin for the CEW affecting the heart.
 - a) True
 - b) False

8. Controlling/Cuffing under power during the "window of opportunity" can reduce the need for repeated or extended CEW exposures.
- a) True
 - b) False
9. TASER CEWs are serious weapons and are to be treated as such at all times.
- a) True
 - b) False
10. When deploying probes to the front of a person's body, the CEW should generally be aimed:
- a) At the face
 - b) At the chest or area of the heart
 - c) At the waist area to split the beltline
 - d) At the throat
 - e) At the head
11. The risk of a CEW causing or contributing to a person's cardiac arrest is:
- a) Zero
 - b) Very high
 - c) High
 - d) Higher than the risk of death or serious injury from a firearm
 - e) Very low
12. An officer's use of force must be objectively reasonable under the totality of circumstances as reasonably perceived by the officer at the moment the force is used.
- a) True
 - b) False
13. When reasonable, Smart Use Considerations include:
- a) Use the minimum force necessary to accomplish lawful objectives
 - b) Use force only on those "actively resisting" or higher
 - c) Give a verbal warning before the use of force
 - d) Give subjects a reasonable opportunity to comply before force is used or repeated
 - e) Immediately cease any force once a subject is under control
 - f) All of the above
14. Experts have identified the following key factors related to CEW cardiac risks:
- a) Dart-to-heart distances
 - b) Amount of delivered electrical charge
 - c) Dart anywhere on a person's body
 - d) A and B
15. The term currently used by TASER Training to describe the incapacitating effects of a CEW is:
- a) Electro-muscular disruption (EMD)
 - b) Neuro-muscular incapacitation (NMI)
 - c) Neuro-muscular disruption (NMD)
 - d) Electro-muscular incapacitation (EMI)

16. When using the CEW in Drive-Stun Mode:
- a) Follow agency policy
 - b) Use care when applying the drive stun to the neck or groin
 - c) Stay away from the trachea, the back of the neck, and the genitals
 - d) All of the above
17. During CEW voluntary exposures which of the following are required safety rules?
- a) Always use two spotters when volunteer is standing
 - b) Spotters must hold volunteers closely under the armpit to stabilize the shoulder and upper arm
 - c) The volunteer should be safely supported and carefully lowered to the ground
 - d) All of the above
18. The handheld electronic weapons manufactured by Axon (formerly TASER) are referred to as:
- a) Electronic Control Weapons
 - b) Shock devices
 - c) Conducted Energy Weapons
 - d) Conducted Energy Devices
19. A single CEW trigger pull and release discharges an electrical charge for a:
- a) 10 second cycle
 - b) 5 second cycle
 - c) 4 second cycle
 - d) The cycle always stops as soon as the trigger is released
20. A pre-shift 5-second CEW spark/functionality test is recommended to:
- a) Ensure the CEW is sparking and functioning properly
 - b) Create muscle memory
 - c) Practice drawing and holstering the CEW
 - d) Teach proper CEW safety
21. TASER Training does not set use-of-force policies, general orders, or procedures
- a) True
 - b) False
22. Activated CEWs can ignite:
- a) Gasoline and gasoline vapors
 - b) Butane
 - c) Some personal defense sprays
 - d) Some hair sprays or gels
 - e) All of the above
23. A CEW application on a person can cause physiologic or metabolic effects, including, but not limited to, changes in:
- a) Blood Chemistry
 - b) Heart rate, and rhythm
 - c) Blood pressure
 - d) Respiration
 - e) Adrenaline and Stress hormones
 - f) All of the above

24. Some examples of persons who are at an elevated risk of secondary effects from a CEW exposure include:
- a) Running persons
 - b) Persons in elevated positions
 - c) Persons in a flammable environment
 - d) All of the above
25. When considering the use of force, when reasonable:
- a) Give subjects a reasonable opportunity to comply before force is used or repeated
 - b) Use pain compliance even if pain is reasonably foreseeably ineffective
 - c) Immediately cease any force once a subject is under control
 - d) Continue to use force once a subject has surrendered or is captured, handcuffed, and controlled
 - e) A & C
26. An officer should avoid repeated or continuous CEW exposures unless necessary to counter immediate threat
- a) True
 - b) False
27. Post CEW use, as with all force options, officers should monitor the subject and initiate EMS/CPR protocol if subject becomes unresponsive.
- a) True
 - b) False
28. TASER does **NOT** require a CEW exposure for instructor or user certification.
- a) True
 - b) False
29. Axon Evidence (Evidence.com) is a program offered by Axon that allows agencies:
- a) Access CEW firing records
 - b) Cloud storage solution
 - c) Assign CEWs to individual users
 - d) All of the above
30. Use the shortest duration of CEW exposure objectively reasonable to accomplish lawful objectives, and reassess the subject's behavior before repeating or continuing the exposure.
- a) True
 - b) False

Version 21

**TASER® Conducted Energy Weapons (CEWs)
Part 2: X26P Certification Test**

PRINT LEGIBLY AND CLEARLY PLEASE!

Name: Brandon Gaunt New Certification / Recertification

Agency: Delaware county sheriff

Training Date: 3/22/19 Location: Delaware county jail

1. The X26P power source is called a Performance Power Magazine or PPM. There are several versions of the PPM available.
 - a. True
 - b. False
2. The Automatic-Shutdown Performance Power Magazine (APPM) automatically stops the TASER cycle after 5 seconds even if the trigger is held down.
 - a. True
 - b. False
3. When the X26P CID displays a Critical Fault icon, the X26P must be removed from service immediately and returned to TASER for repair.
 - a. True
 - b. False
4. The X26P constantly measures its output, pulse-by-pulse, to optimize the delivered charge and increase the likelihood of Neuro Muscular Incapacitation (NMI).
 - a. True
 - b. False
5. If the safety switch of the X26P is put in the down (SAFE) position during the discharge cycle:
 - a. The cycle will continue indefinitely
 - b. The cycle will stop immediately
 - c. None of the above
 - d. All of the above
6. When conducting a daily spark/functionality test, in addition to visually inspecting the arc you should:
 - a. Check the CID for any fault icons
 - b. Remove and reinsert the PPM
 - c. None of the above
 - d. All of the above
7. The program required to download the firing records from the X26P is called:
 - a. SkyNet
 - b. The X26P download software
 - c. EVIDENCE Sync
 - d. iTunes

8. The X26P uses TASER cartridges.

- a. True
- b. False

9. If an X26P has a PPM, TPPM, or TASER Cam (without auto-shutdown) for a power source, and the trigger is held down beyond the 5-second cycle, the X26P will continue to cycle until the trigger is released or the batteries drain.

- a. True
- b. False

10. Performance Power Magazine D

11. Central Information Display A

12. LED Flashlight K

13. Trigger H

14. Safety Switch B

15. Fixed Sights E

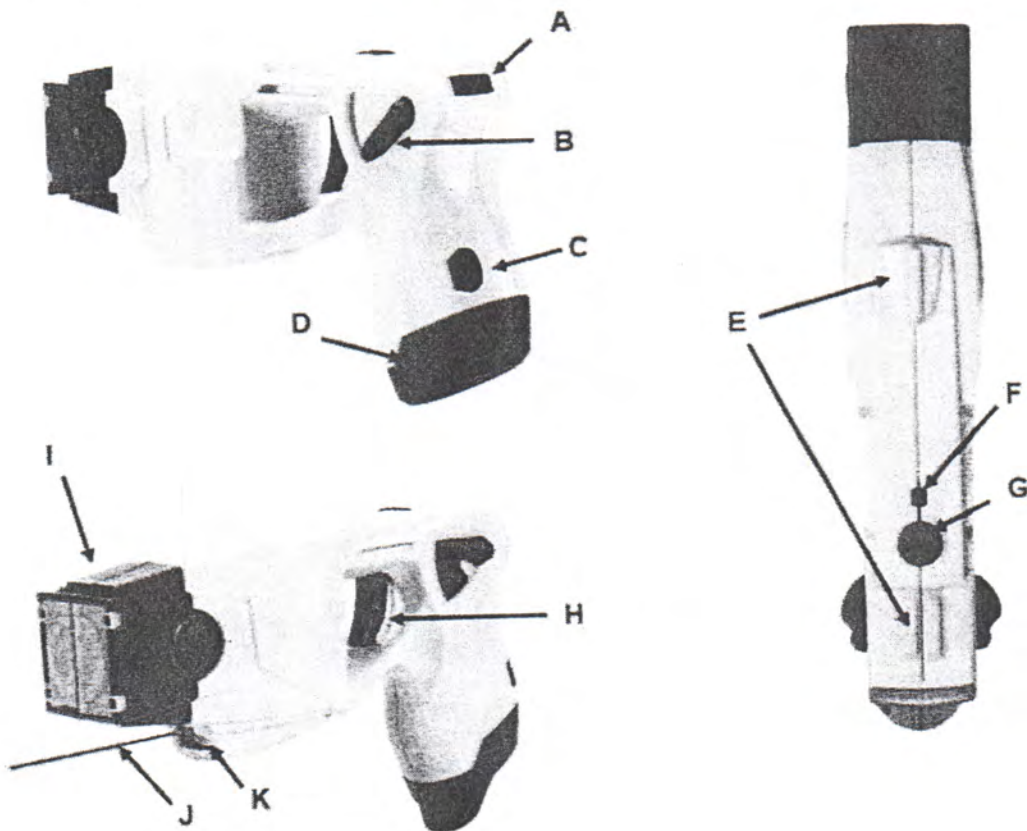
16. PPM Release Button C

17. Selector Switch G

18. Cartridge I

19. LASER (pointing to beam) J

20. Power Accessory Interface F



Instructor and User: Warnings, Risks & Release Agreement

(For Use with Any TASER CEW Training and TASER CEW Exposure)



Axon Enterprise, Inc. (Axon) TASER conducted energy weapon (CEW) training courses are physically strenuous and there is a risk of personal injury. BEFORE participating in any TASER CEW training or voluntary exposure, each participant MUST read the most current TASER CEW warnings and read and sign this form. This document incorporates all current TASER CEW warnings by reference. This document is effective **December 20, 2018**, and supersedes all prior revisions.

IMPORTANT SAFETY AND HEALTH INFORMATION

Read, understand, and follow all current instructions, warnings, and relevant TASER training materials before participating in TASER CEW training or experiencing a CEW exposure. Failure to do so could increase the risk of death or serious injury to the trainee, user, force recipient, instructor, participants or others. Always follow all current instructions, warnings, and TASER training materials to minimize CEW risks.

TRAINING CEW EXPOSURES

Voluntary. Axon does not require a CEW exposure as a condition for Instructor or User Certification. It is up to each agency to determine whether its instructors and users experience a CEW exposure as part of training. If CEW exposures are performed, they must be limited to a single exposure not exceeding 5 seconds and performed in accordance with Axon's guidelines and by a Certified TASER Instructor.¹ **Probe Deployments to Back Only.** Cartridge deployed probes must be to the back of the torso or back of the legs only.

Spotters. All persons taking a CEW exposure must be properly supported by spotters to prevent falls unless lying down on a mat. Each spotter must hold the person and support the arm under the armpit to prevent arm or shoulder injuries.

Eye Protection. Eye protection is required for the CEW operator, observers, spotters and the person being exposed to any probe deployment during ALL times.

SAFETY INFORMATION: CEW RISKS AND RISK AVOIDANCE

WARNING Muscle Contraction or Strain-Related Injury. CEWs in probe-deployment mode can cause muscle contractions that may result in injury, including bone fractures. CEWs in probe-deployment mode can cause muscle contractions resulting in injuries similar to those from physical exertion, athletics, or sports, including hernia rupture, dislocation, tear, or other injury to soft tissue, organ, muscle, tendon, ligament, cartilage, disc, nerve, bone, or joint, or injury or damage associated with or to orthopedic or other hardware. Fractures to bone, including compression fracture to vertebrae, may occur. These injuries may be more serious and more likely to occur in people with pre-existing injuries, orthopedic hardware, conditions or special susceptibilities, including pregnancy; low bone density; spinal injury; or previous muscle, disc, ligament, joint, bone, or tendon damage or surgery. Such injuries may also occur in drive-stun applications or when a person reacts to the CEW deployment by making a rapid or unexpected movement.

WARNING Secondary Injury. The loss of control resulting from a CEW exposure may result in injuries due to a fall or other uncontrolled movement. When possible, avoid using a CEW when secondary injuries are likely.

Seizure. Repetitive stimuli (e.g., flashing light or electrical stimuli) can induce seizure in some people, which may result in death or serious injury. This risk may be increased in a person with epilepsy, a seizure history, or if electrical stimuli pass through the head. Emotional stress and physical exertion, both likely in incidents involving CEW and other uses of force, are reported as seizure-precipitating factors.

Fainting. A person may experience an exaggerated response to a CEW exposure, or threatened exposure, which may result in fainting or falling.

Muscle contraction, incapacitation, or startle response. CEW use may cause loss of control from muscle contraction, incapacitation, or startle response.

WARNING Cumulative Effects. CEW exposure causes certain effects, including physiologic and metabolic changes, stress, and pain. In some individuals, the risk of death or serious injury may increase with cumulative CEW exposure. Repeated, prolonged, or continuous CEW applications may contribute to cumulative exhaustion, stress, cardiac, physiologic, metabolic, respiratory, and associated medical risks which could increase the risk of death or serious injury. Minimize repeated, continuous, or simultaneous exposures.

Physiologic and Metabolic Effects. CEW use causes physiologic and/or metabolic effects that may increase the risk of death or serious injury. These effects include changes in blood chemistry, blood pressure, respiration, heart rate and rhythm, and adrenaline and stress hormones, among others. In human studies of electrical discharge from a single CEW of up to 15 seconds, the effects on acid/base balance, creatine kinase, electrolytes, stress hormones, and vital signs were comparable to or less than changes expected from physical exertion similar to struggling, resistance, fighting, fleeing, or from the application of some other force tools or techniques. Some individuals may be particularly susceptible to the effects of CEW use. These susceptible individuals include the elderly, those with heart conditions, asthma or other pulmonary conditions, and people suffering from excited delirium, profound agitation, severe exhaustion, drug intoxication or chronic drug abuse, and/or over-exertion from physical struggle. In a physiologically or metabolically compromised person, any physiologic or metabolic change may cause or contribute to sudden death.

Stress and Pain. CEW use, anticipation of use, or response to use can cause startle, panic, fear, anger, rage, temporary discomfort, pain, or stress which may be injurious or fatal to some people.

Minimize the number and duration of CEW exposures. Most human CEW lab testing has not exceeded 15 seconds of CEW application, and none has exceeded 45 seconds. Use the shortest duration of CEW exposure objectively reasonable to accomplish lawful objectives, and reassess the subject's behavior, reaction, and resistance before initiating or continuing the exposure. If a CEW deployment is ineffective in incapacitating a subject or achieving compliance, consider alternative control measures in conjunction with or separate from the CEW.

Avoid simultaneous CEW exposures. Do not use multiple CEWs or multiple completed circuits at the same time without justification. Multiple CEWs or multiple completed circuits at the same time could have cumulative effects and result in increased risks.

Control and restrain immediately. Begin control and restraint procedures, including during CEW exposure (cuffing under power), as soon as reasonably safe and practical to minimize CEW cumulative effects and the total duration of exertion and stress experienced by the subject.

Avoid touching probes/wires during CEW discharge. Controlling and restraining a subject during CEW exposure may put the CEW user and those assisting at risk of accidental or unintended shock. Avoid touching the probes and wires and the areas between the probes during the electrical discharge.

WARNING Cardiac Capture. CEW exposure in the chest area near the heart has a low probability of inducing extra heart beats (cardiac capture). In rare circumstances, cardiac capture could lead to cardiac arrest. When possible, avoid targeting the frontal chest area near the heart to reduce the risk of potential serious injury or death.

Cardiac capture may be more likely in children and thin adults because the heart is usually closer to the CEW-delivered discharge (the dart-to-heart distance). Serious complications could also arise in those with impaired heart function or in those with an implanted cardiac pacemaker or defibrillator.

Use preferred target areas. The preferred target areas are below the neck area for back shots and the lower center mass (below chest) for front shots. The preferred target areas increase dart-to-heart distance and reduce cardiac risks. Back shots are preferable to front shots when practicable.

Avoid sensitive areas. When practicable, avoid intentionally targeting the CEW on sensitive areas of the body such as the face, eyes, head, throat, chest area (area of the heart), breast, groin, genitals, or known pre-existing injury areas.

SAFETY INFORMATION: INJURY OR INFECTION

WARNING Eye Injury Hazard. A TASER probe, electrode, or electrical discharge that contacts or comes close to an eye can result in serious injury, including permanent vision loss. DO NOT intentionally aim a CEW, including the LASER, at the eye of a person or animal without justification.

WARNING Probe or Electrode Injury, Puncture, Scarring, or Infection Hazard. CEW use may cause a permanent mark, burn, scar, puncture, or other skin or tissue damage. Infection could result in death or serious injury. Scarring risk may be

¹ A Certified TASER Instructor is not an Axon agent, but maintains a current TASER instructor certification and

complies with Axon's most current training requirements, materials and license agreement. Representations inconsistent with this document made by any Certified TASER Instructor are expressly disclaimed.



**Instructor and User:
Warnings, Risks & Release Agreement**
(For Use with Any TASER CEW Training and TASER CEW Exposure)



increased when using a CEW in drive-stun mode. Increased skin irritation, abrasion, mark, burning, or scarring may occur with a CEW with multiple cartridge bays when used in drive-stun or three-point deployment modes.

WARNING Penetration Injury. The TASER probe has a small dart point which may cause a penetration injury to a blood vessel or internal organ, including lung, bone, or nerve. The probe or dart point (which may detach or break) can puncture or become embedded into a bone, organ, or tissue, which may require immediate medical care, surgical removal, or may result in scarring, infection, or other serious injury.

SAFETY INFORMATION: CEW DEPLOYMENT AND USE

WARNING CEWs and cartridges are weapons, and as with any weapon, follow safe weapon-handling practices and store your CEW securely. Significant differences exist between different TASER CEW models. Before using any CEW, including a multi-shot CEW, ensure you understand the functioning and effects of that model. Follow practices in Axon's TASER warnings and training materials and any additional requirements in your agency's Guidance. Failure to follow the warnings may result in death or serious injury to the user or others.

WARNING Confusing Handgun with CEW. Confusing a handgun with a CEW could result in death or serious injury. Learn the differences in the physical feel and holstering characteristics between your CEW and your handgun to help avoid confusion. Always follow your agency's Guidance and training.

WARNING Trigger Hold-Back Model Differences. If the trigger is held back, most CEWs will continue to discharge until the trigger is released or the power source is expended. With an APPM installed, the X2 and X26P can be programmed to stop a CEW discharge at 5 seconds *even if the user continues to hold back the trigger*, requiring a deliberate action to re-energize the deployed cartridge. The TASER 7 offers similar options incorporated into the device (independent of the battery pack). Know your model and how it works. Avoid repeated, prolonged, or continuous CEW applications when practicable.

SAFETY INFORMATION: CEW EFFECTIVENESS

WARNING Subject Not Incapacitated. An ineffective CEW application could increase the risk of death or serious injury to the user, the subject, or others. If a CEW does not operate as intended or if subject is not incapacitated, disengage, redeploy the CEW, or use other force options in accordance with agency Guidance. A CEW's effects may be limited by many factors, including absence of delivered electrical charge due to misses, clothing disconnect, intermittent connection, or wire breakage; probe locations or spread; subject's muscle mass; or movement. Some of the factors that may influence the effectiveness of CEW use in effecting or achieving control of a subject include:

Subject may not be fully incapacitated. Even though a subject may be affected by a CEW in one part of his body, the subject may maintain full muscle control of other portions of his body. Control and restrain a subject as soon as possible, and be prepared in case the subject is not fully incapacitated.

Subject may recover immediately. A subject receiving a CEW discharge may immediately regain physical or cognitive abilities upon cessation of the delivered CEW discharge. Control and restrain a subject as soon as possible, and be prepared in case the subject immediately recovers.

Drive-stun mode is for pain compliance only. The use of a handheld CEW in drive-stun mode is painful, but generally does not cause incapacitation. Drive-stun use may not be effective on emotionally disturbed persons or others who may not respond to pain due to a mind-body disconnect. Avoid using repeated drive-stuns on such individuals if compliance is not achieved.

SAFETY INFORMATION: GENERAL PRECAUTIONS

WARNING Unintentional CEW Deployment or Discharge Hazard. Unintentional CEW activation or unexpected cartridge discharge could result in death or serious injury to the user, subject, or others.

Avoid static electricity. Keep cartridge away from sources of static electricity. Static electricity can cause a CEW or X26, X26P, or M26 cartridge to discharge unexpectedly, possibly resulting in serious injury.

Keep body parts away from front of CEW or cartridge. Always keep your hands and body parts away from the front of the CEW and cartridge. If the CEW discharges unexpectedly you could be injured.

IF YOU HAVE A CONDITION OR PRE-EXISTING INJURY THAT COULD BE AGGRAVATED BY PARTICIPATING IN TASER TRAINING OR RECEIVING A TASER CEW EXPOSURE, NOTIFY YOUR INSTRUCTOR.

Please check the appropriate boxes:

- I am currently deemed fit for duty by my agency.
- I want to receive a voluntary TASER CEW exposure.
 - I do NOT have any pre-existing injuries or conditions that could be aggravated by a voluntary exposure.
 - I understand the risks associated with receiving a voluntary exposure and fully assume all risks.

LIABILITY RELEASE AGREEMENT

I acknowledge and agree as follows:

I have read, fully understand and accept the risks. I have read, fully understand, and accept the risks as stated in this document and Axon's current warnings ("Risks") and that these Risks exist whether or not I have pre-existing injuries. With full knowledge of the Risks, I voluntarily agree to participating in TASER CEW training.

Axon does not require a CEW Exposure. I understand that Axon does not require a CEW exposure as part of Instructor or User training. It is up to each agency to determine whether its instructors and users experience a CEW exposure as part of training and it is exclusively my decision to voluntarily experience a CEW exposure.

I accept the Risks. Understanding the Risks, I assume all Risks inherent in TASER CEW training and, if applicable, voluntary CEW exposures, whether known or unknown, foreseen or unforeseen.

Release and hold harmless. I release and hold harmless Axon, its agents, officers, directors, employees, and distributors, my instructor, my law enforcement agency, and the host agency (collectively "Released Parties"), from any and all claims, including but not limited to, claims for strict liability, breach of warranty, failure to warn, or any other theory of liability whatsoever even if due to the NEGLIGENCE or GROSS NEGLIGENCE of the Released Parties. I specifically waive any statutory rights I may have regarding the release of unknown claims.

I agree no one will sue Released Parties. I promise that neither I nor anyone on my behalf will ever sue or bring any other legal action or claim against the Released Parties for anything related to my TASER CEW training or, if applicable, voluntary exposure.

Workers' Compensation Rights. This release does not waive any rights I may have under Workers' Compensation Laws. I agree that any recovery under Workers' Compensation Laws does not change, extend or enlarge the waivers and protections inherent in this agreement.

This agreement supersedes any other representation. This release supersedes any other statement, agreement or representation, written or oral, concerning my TASER CEW training and/or exposure. I affirm that this is my entire agreement with Axon and I am not relying on any representation by my instructor or agency inconsistent with Axon's TASER warnings and the Risks set forth in this document or in Axon's TASER training materials.

This agreement is a binding contract. I intend this form be legally binding upon me, my heirs, executors, administrators, attorneys and assigns. This agreement is contractual and not a mere recital. If any part of this agreement is held vague, invalid, or otherwise unenforceable, the rest of the agreement will continue in full force and effect.

I am competent to be bound by this agreement. I affirm that I am competent to enter into and be bound by this agreement; that I have read and understand this Liability Release Agreement in its entirety; that I have not been induced to sign this agreement by any promise or representation; and that I sign it voluntarily and of my own free will. By signing below I understand that I am giving up certain legal rights, including the right to recover damages in case of injury.

Date 3/22/19 Signed Brandon Gaunt
Printed Name Brandon Gaunt
Agency Delaware county Sheriff Office

This signed, completed form shall be retained by the agency or employer for the duration of the student's employment or longer as deemed necessary. Questions should be directed to legal@axon.com

TASER Training Version 22

This document is not needed if class registered in Axon Academy (email training@taser.com for details)

**TASER® Conducted Energy Weapon (CEW)
CEW User Applicant Certification Form
Annual Recertification**

Effective: June 22, 2020

Which CEWs were you certified on (Check all that apply): M26 X26 X26P X2 X3

Name: BRANDON GAUNT Agency: DELAWARE COUNTY SHERIFF OFFICE
 Email: bgaunt@co.delaware.oh.us Phone: 740-833-2800
 Address/State/Zip: 844 US 412 N, DELAWARE OH 43015

By signing below, I hereby acknowledge receipt of TASER's Product Warnings. I understand that I must Read and understand these warnings PRIOR to participating in any hands-on CEW drills required by the certification Course.

Student Signature: (Required) 

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements.

- Review current Annual User Recertification Course PowerPoint Presentation(s) & training bulletins (if applicable)
- Demonstrate safe handling of CEW to include:
proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
- Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in preferred target zones
- Perform a proper warning ARC (Safety warning: remove cartridge from X26P before conducting Arc warning)
- (X2 & X3) Utilize the ARC switch to re-energize deployed probes

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: MARK HILSON 
 (Print Name) (Signature)

Date: 5/14/21 Location of Training: D.C.S.O. SOUTH SUB

***This form is for internal use only
Please do not send to the TASER Training Department***

C410972M3
C41097365



CERTIFICATE OF
COMPLETION

AWARDED TO

Brandon R. Gaunt

OF Delaware County Sheriff's Office

IN RECOGNITION OF YOUR SUCCESSFUL COMPLETION OF
TASER X26P CEW V.22 USER
CERTIFICATION COURSE

TRAINING CERTIFICATE

ISSUED February 24, 2021



TASER Training Version 22

This document is not needed if class registered in Axon Academy (email training@taser.com for details)

**TASER® Conducted Energy Weapon (CEW)
New User Applicant Certification Form**

Effective Date: June 22, 2020

Which CEWs were you certified on (Check all that apply): M26 X26 X26P X2 X3

Name: BRANDON R GAUNT Agency: DELAWARE COUNTY SHERIFF
 Email: bgaunt@co.delaware,oh.us Phone: 614-822-6402
 Address/State/Zip: 844 U.S. 42ND, DELAWARE, OH 43015

By signing below, I hereby acknowledge receipt of TASER's Product Warnings. I understand that I must read and understand these warnings PRIOR to participating in any hands-on CEW drills required by this certification Course.

Student Signature: (Required) *Brandon Gaunt*

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification requirements.

- MS Test must be completed with score of 90% (remediate as needed)
 N/A Completed TASER CEW online course
- MS Review entire Version 22 User Certification Course PowerPoint Presentation(s) & training bulletins
 (if applicable) N/A Completed TASER CEW online course
- MS Demonstrate safe handling of CEW to include: proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
- MS Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in preferred target zones
- MS Perform a proper warning ARC (Safety warning: remove cartridge from X26P before conducting Arc warning)
- N/A (X2 & X3) Utilize the ARC switch to re-energize deployed probes

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER User Certification training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: Michael Scalley *A.M. Alley #110*
 (Print Name) (Signature)
 Date: Feb. 24, 2021 Location of Training: DCSO South Substation

***This form is for internal use only
Please do not send to the TASER Training Department***

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D.C.S.O. In-Service Participant Sign-In Sheet

DATE 02/24/2021

TOPIC & TITLE #	Taser X26P User Course	FROM	0800	TO	1200	HOURS	4	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE #	Lunch	FROM	1200	TO	1300	HOURS	1	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE #	Simulator Training	FROM	1300	TO	1600	HOURS	3	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE #	Taser X26P User Course (on line course)	FROM	-	TO	-	HOURS	2	INSTRUCTORS	(CIRCLE)
TOPIC & TITLE #		FROM		TO		HOURS		INSTRUCTORS	(CIRCLE)

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TOTAL HOURS FOR THE DAY: 8

STUDENT NAME (ALPHABETICAL)	SIGNATURE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS ABSENT	HOURS PRESENT
1. Tyler A. Carey 52	<i>Tyler Carey</i>	0800	1200	1300	1600				
2. Brandon R. Gaunt 56	<i>Brandon Gaunt</i>	0800	1200	1300	1600				
3. [REDACTED] N. Gaunt	<i>Jackie Gaunt</i>	0800	1200	1300	1600				
4. Matthew S Jarvi	<i>Matthew Jarvi</i>	0800	1200	1300	1600				
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Sgt M. Scalley #110
 INSTRUCTOR "A" SIGNATURE
 Sergeant Scalley

[Signature] #028
 INSTRUCTOR "B" SIGNATURE
 Deputy Kern

INSTRUCTOR "C" SIGNATURE

INSTRUCTOR "D" SIGNATURE

INSTRUCTOR "E" SIGNATURE

INSTRUCTOR "F" SIGNATURE

INSTRUCTOR "G" SIGNATURE

INSTRUCTOR "H" SIGNATURE

CHIEF'S SIGNATURE
 Delaware County Sheriff's Office
 Training Division

COMMENTS _____

TASER Training Version 22

This document is not needed if class registered in Axon Academy (email training@taser.com for details)

**TASER® Conducted Energy Weapon (CEW)
CEW User Applicant Certification Form
Annual Recertification**

Effective: June 22, 2020

Which CEWs were you certified on (Check all that apply): M26 X26 X26P X2 X3

Name: BRANDON GAUNT Agency: Delaware County Sheriff's Office
Email: bgaunt@co.delaware.oh.us Phone: [REDACTED]
Address/State/Zip: 844 US Highway 42 North Delaware, Ohio 43015

By signing below, I hereby acknowledge receipt of TASER's Product Warnings. I understand that I must Read and understand these warnings PRIOR to participating in any hands-on CEW drills required by the certification Course.

Student Signature: (Required) [Signature]

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements.

- Review current Annual User Recertification Course PowerPoint Presentation(s) & training bulletins (if applicable)
- Demonstrate safe handling of CEW to include:
proper finger positioning, aiming and deploying at preferred target area and while loading / unloading
- Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in preferred target zones
- Perform a proper warning ARC (Safety warning: remove cartridge from X26P before conducting Arc warning)
- (X2 & X3) Utilize the ARC switch to re-energize deployed probes

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: MARK KISBY (Print Name) [Signature] (Signature)

Date: 8/25/2022 Location of Training: D.C.S.O. SOUTH OFFICE

**This form is for internal use only
Please do not send to the TASER Training Department**

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DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Investigative Division
149 North Sandusky Street, Delaware, OH 43015
Phone [REDACTED] Fax [REDACTED]

Completed Background Investigation

Applicant Name: Brandon Gaunt

Position Applying For: Deputy Sheriff

Investigator: DEP. N. EVANS #041NE

Recommendation to Process Application to Next Stage: (Circle One)

Recommended / Not Recommended

Investigator's Signature: DEP. [Signature] 041NE

Detective Sergeant Signature: SST A. [Signature] #12

Investigative Division Commander Signature: _____

Administrative Recommendation to Process Application to Next Stage: (Circle One)

Recommended / Not Recommended

Signature: CHIEF DEPUTY P. J. [Signature]



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans

149 North Sandusky Street, Delaware, OH 43015

Phone [REDACTED] ext. 3805 Fax [REDACTED]
nevans@co.delaware.oh.us

October 29, 2020

Mr. Gaunt,

Your application with the Delaware County Sheriff's Office has now been forwarded to the Detective Bureau. I have been assigned to complete your background investigation. During this process, I will be contacting your present and past employers, as well as your listed references. Also, neighborhood interviews will be conducted at current and past residences. I will be calling you at a later date to schedule an interview with you, at my office, to go over my investigation.

In order to assist me with this process, please provide the below information as soon as possible:

- Complete address and dates of residency for each location you have lived, within the past 10 years. Please advise if the resume submitted has this information completed.
- Copy of your high school and college transcripts, including copies of any diplomas.
- Copies of any training certificates or other documentation pertinent to the position in which you are being considered.
- Complete list of every name you have used, including any maiden name and dates names were used.
- Copy of your DD214 form (if applicable)

Please forward this information to: (or fax/email)

Delaware County Sheriff's Office
Attn: Deputy Nate Evans
149 North Sandusky St.
Delaware, Ohio 43015

The sooner this information is received, the sooner I will be able to complete your background investigation and forward your file. Communication will predominately be via email so please check it daily. Thank you for your assistance in this matter.

Respectfully,

DEP. [Signature] OYUNE

Deputy Nate Evans



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans

149 North Sandusky Street, Delaware, OH 43015
Phone [REDACTED] ext. 3805 Fax [REDACTED]
nevans@co.delaware.oh.us

Background Investigation Summary Update

Applicant:

- Brandon R. Gaunt

Position Applying For:

- Deputy Sheriff

Personal History:

- Det. English completed personal history summary (see attached).

Criminal/Traffic History Update:

- No Record BCI
- Speed 2013, Crawford Municipal Court (No Change)
- Columbus Police Department Crash Report 190296194, Not At Fault

Law Enforcement Agency Records History Update:

- Ohio State Highway Patrol—No Record
- Hilliard Police Department—No Record
- Madison County Sheriff's Office—No Record
- West Jefferson Police Department—No Record
- Franklin County Sheriff's Office—No Record
- Columbus Police Department—No Record

Employment History Update:

- New History—Delaware County Sheriff's Office (Jail)—Brandon was hired as a corrections officer for the Delaware County Sheriff's Office on February 25th, 2019 and remains there currently. Sgt. Frost and Sgt. Robinson from the Delaware County Jail are his direct supervisors. They both advised:
 - Quality of Work—Highly Accurate
 - Quantity of Work—Highly Productive
 - Cooperation—Excellent Relations
 - Judgment—Logical Thinker
 - Dependability—Highly Reliable
 - Initiative—Highly Motivated/Considerable

He was listed as having no issues with absenteeism with an annual total of 2 absences. He has no disciplinary action on file. He was listed as being polite and courteous, no injuries and no unemployment claims. In reviewing his personnel file, no discipline was found.

Education:

- No New Listed Education

Training & Certificates:

- No New Training or Certificates Listed in Personnel File

Drive Time/Distance Update:

- [REDACTED], Sunbury, OH 43074 to 844 US 42 N., Delaware, OH 43015 is 16 minutes and 12.1 miles at fastest to 21 minutes and 15.3 miles at slowest.

Residential Visit/Observations:

- I met with Brandon at his residence of [REDACTED], Sunbury, OH 43074. The property was hard to see as there was heavy snow on the ground and it was snowing heavily as well but it appeared to be in good order for an older home. The residence was clean and neat. Brandon has several dogs and they were put away prior to us speaking. We went to the kitchen table and spoke there. As Detective English had done the first background, I wished to refresh the formal interview as there was some measure of a time frame difference. Having read Det. English's summary and investigation, I wished to address several things with Brandon.

Brandon advised Det. English during his interview for his corrections officer position that he had previously been a police officer for the Columbus Police Department. Due to some issues in his marriage, he left that position. I spoke to Brandon about this incident. He disclosed that he was newly married and he and his wife began to have issues early in their relationship. He went through the police academy through Columbus Police Department, graduated and went through his FTO period. He spoke to the FTO Sergeant at length about the problems and it was determined that it would be best for him to resign. He was offered a position with Columbus Police Department as a civilian after that, which he was working at the time that he applied to the Delaware County Sheriff's Office. Brandon advised that after he and his wife mended their marriage, he realized that the job/career itself was not the problem and he regretted having left it. He stated that he believed that had he stayed at the Columbus Police Department as a police officer, he would have been able to heal his marriage. He stated, "Regardless, I made my choice and I have to live with it." He advised that he and his wife have a strong marriage now and that there would be no issue with a road position whatsoever. It should be noted that his wife, Jacqueline is currently a Delaware County Sheriff's Office employee going through the Columbus Police Academy for this office as a deputy sheriff. Brandon's wife was not available for the interview as she had to be at the police academy. At the conclusion of the interview, I attempted to make contact with neighbors. Due to the snow, vehicle tracks were seen in the area across from Brandon's property. There was no answer at the residence. No other residences were in close proximity.

Credit Check History:

- An Equifax report was pulled to check Brandon's current credit. There are a total of 11 accounts showing with 2 REVOLVING credits and 9 INSTALLMENTS. The two revolving accounts show a balance of \$399 and a credit limit of \$14,500, leaving an available credit of \$14,101.

The 9 installment accounts show a balance of \$51,692 and a credit limit of \$76,491, leaving an available credit of \$24,799. 8 accounts are installment education loans. 1 account is for an auto loan. Brandon believes his credit score is in the 780 range.

Personal Reference Interviews:

- Reference interviews completed by Det. English.

Recommendation:

- In completing the background for Brandon, I updated the previous background completed by Det. English for his employment as a corrections officer for the Delaware County Sheriff's Office. The summary of this is included after my summary. Most related papers for the Corrections Officer position have been removed but are included in a folder with this file. These papers include, but are not limited to the Corrections Application, Release Forms, Law Enforcement Checks, Corrections CVSA, and Corrections Panel Interview Papers.

Upon reviewing the entire file, there were questions formulated for Brandon to answer in reference to him possibly becoming a deputy sheriff. In reviewing the file, it was determined that his references found him to be quiet. Upon meeting Brandon, this was also noted but it was also noticed that Brandon is quiet so as to listen, take in information and formulate a response. This appeared to be similar to what references also noted. In my interview with Brandon, he appeared to be mature and his responses were measured and well thought out.

Brandon was asked about why he left Columbus Police Department. He stated that he was married in 2016. In December of 2016 he was hired by the Columbus Police Department as a police officer and he attended their academy. He completed his academy training and went through his Field Training Officer period. During this time, he and his wife Jacqueline (██████) developed issues within their marriage. Brandon spoke to several people at the Columbus Police Department as well as his FTO Sergeant and he decided that he would resign as a police officer in order to focus on his wife and marriage. Brandon stated that he was offered a position as a Management Analyst as an alternative to his former position, which he accepted. Brandon advised that in retrospect, the issues in the marriage had nothing to do with the job and he regrets having resigned. He advised that he and ██████ now have a strong marriage. ██████ is currently employed with the Delaware County Sheriff's Office and is in the academy for training for her position as a deputy-sheriff. It should be noted that the Delaware County Sheriff's Office is holding Brandon's Commission as a Special Deputy.

Based on Brandon's previous background completed by Det. English as well as his performance as a Corrections Officer, he appears to be an appropriate candidate to become a deputy sheriff.


Deputy Nate Evans

DELAWARE COUNTY SHERIFF'S OFFICE

BACKGROUND INVESTIGATION

APPLICANT: Brandon R Gaunt

INVESTIGATOR: Detective Mike English

DATE: December 7th, 2018

Personal History:

Brandon was born August 14th, 1993 at Riverside Hospital in Columbus to Rick and Mary Gaunt. Brandon is the second of four brothers, Brian, Jonathan and Joseph. Brandon is a graduate of Dublin Scioto High School and graduated in 2012. Brandon played soccer for Dublin and continued to play when he went to Mount Vernon Nazarene College. Brandon spent three years in college and finished his education with Southern New Hampshire University online. While at Mount Vernon Nazarene he met his wife [REDACTED] Mourne. Brandon and [REDACTED] married on June 25th, 2016. Brandon and [REDACTED] do not have any kids together and currently live with Brandon's parents at [REDACTED], Columbus OH, 43235. The home is very well kept and his parents are very nice people. Brandon is currently employed with Columbus Police as a Management Analyst. Brandon advised that he is responsible for cruiser cameras and body worn cameras. Brandon advised that he is the one to give the videos to prosecutors, attorneys and public records requests. Brandon makes \$22.50 an hour and works Monday-Friday 7-330Pm. I asked Brandon how he feels about working different shifts, nights, weekends, holidays and he advised that he was fine with that. Brandon advised that he and his wife worked with the shift work while he was a Columbus Police Officer. [REDACTED] advised that her father is a retired Columbus Police Sergeant, Mike Mourne. [REDACTED] advised that she is used to shift work from watching her father and mother. Brandon was asked why he resigned from being a Police Officer with Columbus. Brandon advised that he completed the academy and through is FTO process. He advised that towards the end he was having marital issues which was causing him some depression. Brandon advised that the marital issues along with the depression was causing his work product to decline. Brandon advised that he had conversations with his FTO supervisor Sergeant Suber and it was recommended that he resign. Brandon advises that he misses it, but his marriage and health came first. Brandon did advise that Sergeant Suber did put a word in and supported him with getting his current position. I asked Brandon why he wanted to come to the Delaware County Sheriff's Office to be a corrections officer and he advised that there are more opportunities for him here. Brandon advised that in his current position there is nowhere for him to go. Brandon is OPOTA certified and advised that he would like to come to the patrol division someday. Brandon was in Boy Scouts since he was six years old. Brandon advised that he made it to and Eagle

Scout before turning eighteen. Brandon and his father Rick were both very proud of this accomplishment. In speaking with Brandon's parents, Mary and Rick they both advise that Brandon has never been in trouble and is a straight and narrow son. Rick advised that Brandon's strong suits are being a hard worker and has integrity. Brandon has never done any drugs and only drinks socially. Brandon appears to have a strong family support system with his parents, wife and brothers.

Education:

Brandon is a 2012 High School Graduate from Dublin Scioto High School. Brandon graduated with a cumulative GPA of 3.606. In reviewing Brandon's high school transcripts it does not appear that Brandon had any problems with absences, but was tardy 15 days in 2010 and 17 days in 2011. Dublin City Schools do not report class rank.

Brandon then continued his education at Mount Vernon Nazarene University. Brandon spent three years there and finished his degree with Southern New Hampshire University. Brandon graduated with a Bachelor of Science, Business Studies in Business Administration in 2017. Brandon graduated with a cumulative GPA 3.667

References:

Brandon's references include his current manager for the division that he works in, Jonathan Schirg. Jonathan advises that he has worked with Brandon since January 2018 and speaks to him every day. Jonathan describes Brandon as an even-keeled, mature person who learns fast and is not afraid to ask questions when new issues arrive. Jonathan feels that Brandon is a soft spoken individual and may appear to lack in self-confidence, but after getting to know him does not believe this to be the case. Jonathan feels Brandon is very likable, level headed, humble and respectful. Jonathan states that Brandon can carry on an appropriate conversation in terms of topic and time spent while at work. Jonathan believes Brandon to be an introvert, but is cordial with others and holds a conversation well. Jonathan advises Brandon is always professionally dressed and appears to take pride in his appearance. Jonathan does not know much about his private life, but appears to be healthy and stable. Jonathan states Brandon has been a great employee in the analyst division and has no issues with him.

Brandon also included in his references Maldon E (Gene) Belew. Gene advises he has known Brandon for the last seven years. Gene stated that he and Brandon attend Dublin Baptist Church. Brandon is a member of the men's bible study that Gene leads. Gene see's Brandon about once a week and considers him reliable. Gene advises that Brandon will sometimes lead their small study group and is always prepared and on time. Gene was asked about Brandon's temperament and

he advised the following: Quiet, detailed listener. In a group of older men about four years ago, he thought Brandon was not paying attention due to him being quiet. Brandon was asked what he thought and how the discussion applied to him. Gene advised he was wowed by Brandon's response as it was a well-organized summary and even worked in some difference of opinion. A comment from the group was "still water runs deep". A quality trait that Gene describes as Brandon's best is, Observe, collect and organizes information. Gene describes Brandon's worst trait as society would put it as patients. Gene advises though that he has seen Brandon work in a relationship issue that most people would have walked away from, yet he stayed positive. Gene advised to his knowledge that Brandon does not drink nor does he gamble. Gene advised that Brandon has never used any type of drugs or hallucinogens. Gene was asked if Brandon was loud, brags, argumentative or any other irritating traits and Gene advised he has never seen any of those. Gene advised that Brandon seems to have friends and mixes well at church and in their group setting. Gene describes Brandon as being middle of the road when it comes to being an extrovert or introvert. Gene explains that he has seen Brandon caring on a conversation and sometimes doesn't say anything at all. Gene advises Brandon is always well kept, but doesn't try and win a fashion show. Gene states that Brandon has a close relationship with all his family members. Gene feels that Brandon would be a good fit in this position, he would not be proactive, but would be calm and clear. Gene did not give any additional references.

Another of Brandon's listed references include longtime acquaintance, Mike Deaton. Mike has known Brandon for about 15 years and attends church with him and his family. Mike was also Brandon's Boy Scout leader. Mike advised that he last spoke with Brandon back in the spring. Mike considers Brandon reliable and conscientious. Mike has never seen Brandon lose his temper and believes his best quality trait is his desire to help. Mike does not know of a bad quality trait and does not drink to his knowledge. Mike does not believe Brandon gambles or has ever done any addictive or hallucinogenic drugs. Mike advised that he does not know of any irritating traits. Mike feels that Brandon makes friends easily and converses freely with others and a group. Mike feels Brandon is an extrovert. Mike advised Brandon takes pride in his appearance and with his home. Mike states Brandon has a close relationship with all of his family. Mike does not know of anything in Brandon's history that would keep him from being suitable for this position. Mike believes Brandon is a great young man, well-mannered and respectful.

Employment History:

Brandon's employment history consists of working at Tim Horton's on Hospital Drive, Dublin OH, 43016 from 2010-2012. I made contact with the assistant manager, Steven and advised of why I was calling. I advised I was looking for employee records for a previous employee from 2010-2012. I was advised by Steven that they would not have those records for that long ago.

Brandon listed W.G. Grinders at 1925 Hard Rd, Columbus OH, 43235. Brandon worked during the summer from May 2013-August 2013, May 2014- August 2014 and May 2015-August 2015. Brandon advised he left for college and the owner he worked for sold the business. I was unable to make contact with anyone that knew Brandon.

Brandon worked as a waiter for Mia Cucina at 230 W Olentangy St, Powell OH, 43064 from August 2016-December 2016. He left due to the business being closed. This information was checked and the business was found to be permanently closed.

Brandon then went to the Target Distribution Center located at 42 Commerce Way, West Jefferson OH, 43162. Brandon worked here from December 1, 2015 to December 14, 2016. I attempted to make contact with Target Human Resources, but I was unable to get any information from them. They sent me the Work Number and a fee had to be paid to obtain information.

Brandon left Target for a job with Columbus Police Department/Police Academy. Brandon went through Columbus Police Academy from December 19, 2016-October 27, 2017 where he resigned for personal and family reasons.

On January 16, 2018 Brandon accepted a position with the Columbus Police Department as a Management analyst. Brandon is still employed by Columbus Police in this capacity currently. I reviewed Brandon's performance appraisal that was conducted on him 9/28/18. The review was completed by his immediate supervisor Amy Morris. The review listed him as exceeding expectations on his quality of work, customer/employee relations, adaptability to change, Initiative, quantity of work, acceptance of responsibility and economy of work performance. I also reviewed his performance appraisal from 5/25/18 and it mirrored his most current appraisal except he was fully competent in customer/employee relations instead of exceeds expectations. This review was also completed by Amy Morris. While in email correspondence with Amy she advised that she hates to lose Brandon, but he would be an excellent hire for us. Brandon's reviews and personal file from Columbus Police was obtained and included.

Criminal/ Traffic Records:

Criminal history and traffic records were checked with the following agencies: Delaware County Sheriff's Office, Columbus Police Department, Ohio State Highway Patrol, Franklin County Sheriff's Office, West Jefferson Police Department, Madison County Sheriff's Office, Hilliard Police Department and Ohio State Highway Patrol Crawford County. Leads, CCH and BCI checks were also completed and no criminal history was found. Brandon disclosed that he did have a speeding ticket in 2013. Brandon's OHLEG did show this conviction and was confirmed by checking Crawford County Municipal Court website. Brandon was

issued a speeding citation on May 24th, 2013 by Ohio State Patrol Crawford County Post. Brandon was issued a citation for 68 mph in a 55 mph. Brandon did pay his fine on 6/12/13. While completing the checks it was also found that Brandon has an active Concealed Handgun License through Franklin County.

Financial History:

A personal credit check was completed for Brandon. In review it was found that Brandon has nine education loans with a total balance of \$24,687. Brandon's education loans are up to date with no past due amounts. Brandon has an auto loan with a balance of \$15,044 with a monthly payment of \$271.00. This auto loan was opened on 4/16/18 for a 72 month term. Brandon has four open credit card/charge accounts that have no balance and no past due amounts. After review it appears that Brandon does manage his finances and pays his bills on time.

Additional:

I was able to make contact with two of Brandon's neighbors. Jenny Sheeran at [REDACTED] [REDACTED] [REDACTED] Columbus OH, 43235 and Molly Purcell at [REDACTED] [REDACTED] [REDACTED] Columbus OH, 43235. Both neighbors advised that Brandon is a great young man. Jenny has known Brandon since he was about three or four years old. Molly has known him for five years. Both advised that Brandon has a great family and all Brandon's siblings are very well behaved. Both neighbors advised that there have never been any issues with the family or Brandon since they have lived there. Both advised that Brandon is an introvert, but does speak well when a conversation is started. I did find Brandon to be on the introverted side, but was easy to speak with while carrying on a conversation. Both neighbors had nothing, but nice things to say about Brandon. Both neighbors advised they didn't know of any reason that Brandon should not work for this office. Brandon has no social media accounts.

Detective Mike English
Delaware County Sheriffs Office



Delaware County Sheriff's Office

Background Investigation

Applicant Questionnaire

Applicant: **Brandon Gaunt**

Investigator: **Deputy Nate Evans**

Section I.

Personal History

1. What is the applicant's date of birth?—August 14th, 1993
2. In which city, county, and state was the applicant born?—Columbus, Franklin, Ohio
3. What is the applicant's father's name?—Richard Gaunt
4. What is the applicant's mother's name?—Mary Gaunt
5. Where was the applicant raised?—Columbus, Ohio
6. Who raised the applicant?—Richard and Mary Gaunt Relationship—
Father and Mother
7. Are the applicant's parent's still living?--Yes If not, when did the
applicant's mother pass away?—N/A When did the applicant's
father pass away?—N/A If applicant's parents are still
living, where does the mother reside?—Columbus, Ohio Where
does the father reside?—Columbus, Ohio
8. Are the applicant's parents married to one another?--Yes If not, has
the applicant's mother remarried and, if so, to whom is the applicant's
mother married to?—N/A If the applicant's father has
remarried, whom is he married to?—N/A
9. How many brothers does the applicant have?--3 What are their names
and ages?—Brian (30), Jonathan (23) and Joseph (21)
10. How many sisters does the applicant have?--None What are their
names and ages?—N/A
11. How does the applicant describe the family relationships?—Good with both
parents and siblings.
12. As a youth, was the applicant active in any community or school
activities?—Soccer, Boy Scouts
13. As an adult, is the applicant involved in any civic or volunteer
organizations?—Not currently
14. As an adult, what are the applicant's current hobbies or recreational
activities?—Plays indoor and outdoor soccer year round.

15. Does the applicant have any specific goals in relation to a career in law enforcement?—Trying to get hired first, but eventually canine and/or supervisor position should the opportunity arise.

16. Has the applicant ever been in negative contact with any law enforcement agency?—Yes If so, what were the circumstances?—Speeding ticket in 2013 while in Crawford County, Ohio.

17. Does the applicant know any current employees of the Delaware County Sheriff's Office?—Yes If so, who?—Is a current Corrections Officer so all corrections staff and several deputies.

Other Personal History Notes:

Section IA: Personal History – Education

1. What high school did the applicant attend?—Dublin Scioto High School
2. Where is the high school located?—Dublin, Ohio
3. Did the applicant graduate from high school?—Yes If so when?—2012
4. If the applicant did not graduate, was a G.E.D obtained?—N/A
5. Did the applicant attend a vocational school?—No If so where?—N/A
6. Did the applicant attend college?—Yes If so where?—Mt. Vernon Nazarene University (physical attendance) and Southern New Hampshire University (online).

7. Did the applicant graduate from college?—Yes BS in Business Administration.

Section II. Military

1. Did the applicant serve in any branch of the military?—No If so which branch?—N/A What time frame?—N/A
 2. Is the applicant currently an active member of a military branch?--No
 3. If the applicant is no longer serving, what type of discharge was received?—N/A
-

Section III. Family/ Marital History

1. Is the applicant currently married?—Yes If so, to whom?—[REDACTED]
Gaunt
2. Date of current marriage?--2016
3. Are there any children from this marriage?—No If so, names and date of births—N/A
4. How does the applicant's spouse describe the marriage?--N/A
5. What does the applicant's spouse say the applicant's best quality trait is?—N/A
6. What does the applicant's spouse say the applicant's worst quality trait is?—N/A
7. Is the applicant's spouse currently employed?—Yes If so, where?—Delaware County Sheriff's Office as a deputy sheriff. Currently in the Columbus Police Academy course.

8. Does the applicant or their spouse have any concern over finances due to the expected pay they will receive from the Sheriff's Office?--No
9. Does the applicant's spouse have any concerns about the scheduling requirements for a member of the Sheriff's Office?—No. Have been a corrections officer and have had mandatory overtime and various shifts so it could not be any worse than that. If so, what are the concerns?—N/A
10. How does the applicant describe the marriage?—Good and strong.
11. Have there been any concerns with abuse in the marriage?—No If so, what type of abuse?—N/A
12. How does the applicant describe his/her relationship with their in laws?—Very good with father in law. Mother in law divorced father in law 2 years prior and she "disowned" everyone, including [REDACTED] Advised that mother in law appears to have "gone off the deep end."
13. Has the applicant had any previous marriages?—No If so, how many and what were the previous spouses names and dates of marriages?—N/A
14. Does the applicant have children from any previous marriages?—No If so what are the children's names and date of birth's?—N/A
15. Does the applicant provide court ordered financial responsibility for any children?—No If so, is the applicant current on the order?—N/A
16. Does the applicant receive court ordered financial responsibility for any children?—No If so, are the order's current?—N/A

Section V. Financial History

1. Does the applicant rent?—Yes If so, from whom?—Michael Mourne
2. Does the applicant own a home?—Not currently but looking to purchase father in law's residence next month. If so, how long?—N/A
3. Has the applicant ever been evicted or forced out of a residence?—No If so, where and what were the circumstances?—N/A

4. Does the applicant own a vehicle(s)?—Yes If so, what type of vehicle(s) does the applicant own?—2019 Dodge Ram 1500 and 2020 Chevy Equinox
5. Does the applicant carry insurance on their vehicle(s)?—Yes If so, who is the insurance provider?—State Farm
6. If the applicant has vehicle troubles, what would be their back up plan so that they won't miss any work?—Wife's vehicle, parents vehicle or a vehicle of father in law.
7. How many credit cards does the applicant have?—2 What are the credit cards for?—Personal checking
8. Does the applicant currently have any past due loans?—No If so, explain—N/A
9. Has the applicant ever filed for bankruptcy?—No If so, when?—N/A
10. Will the applicant need any outside employment to meet their current financial needs with their expected pay from the Sheriff's Office?—No If so, what would the outside employment be?—N/A

Section VI: Criminal History

1. Has the applicant ever been arrested or convicted of a misdemeanor or a felony?—No If so, explain—N/A
2. Has the applicant ever stolen anything or bought, sold, or received stolen property?—Yes If yes, when?—Stole headphones worth approximately \$15.00 from Walmart.
3. Has the applicant ever used any type of illegal street drug?—No If yes, what street drug and when?—N/A
4. Has the applicant ever used a prescription that was not prescribed to them?—No If yes, what kind and when?—N/A

5. When was the last time that the applicant had non work related law enforcement contact?--2013 What were the circumstances of the contact?—Speeding ticket

Section VII: Additional Facts



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

To whom it may concern:

I hereby authorize the release of information concerning any files on me to the Delaware County Sheriff's Office. This information will be used for purposes of employment.

10/8/18
Date

Brandon Gaunt
Signature

Brandon Gaunt
Print Name

[REDACTED]
Social Security Number

08/14/1993
Date of Birth

Sworn to and subscribed before me this 8 day of October, 2018.



Perry Perennery
Notary Public

My commission expires 10/3/21



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

EMPLOYMENT
TRUTH VERIFICATION RELEASE FORM

I, BRANDON GAUNT, do hereby voluntarily, without duress, coercion, promise, reward or immunity, submit to examination by the polygraph or voice stress analysis trust verification technique, do hereby release, absolve and forever hold harmless, the Delaware County Sheriff's Office, it's servants, agents and anyone acting in it's behalf, from any and all claims, demands, or other damages from any matter, act or thing arising out of aforesaid examination. I understand that this examination may be video taped and I release into the possession of the Delaware County Sheriff's Office all materials, recordings, and all other documents for the purpose of testimony and/or training.

I further attest that I have read the entire job description for the position I have applied for as a DEPUTY SHERIFF with the Delaware County Sheriff's Office.

Brandon Gaunt
Signature

10/26/2020
Date

Det Susan Leonard #011
Witness

10/26/2020
Date

DELAWARE COUNTY SHERIFF'S OFFICE

Authorization Waiver for Release of Employment Information

To:	From: Delaware County Sheriff's Office 149 North Sandusky Street Delaware, Ohio 43015
Employed by you as:	From:
	To:

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Delaware County Sheriff's Office. The Sheriff's Office needs to thoroughly investigate my employment and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Delaware County Sheriff's Office.

I hereby authorize any representative of the Delaware County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Delaware County Sheriff's Office, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Delaware County Sheriff's Office to consider in determining my suitability for employment in that office. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____ organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Delaware County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

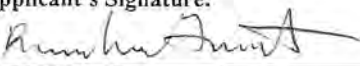
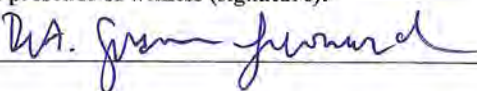
For and in consideration of the Delaware County Sheriff's Office's acceptance and processing of my application for employment, I agree to hold the _____, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Delaware County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclose of records, and I waive those rights with the understanding that information furnished will be used by the Delaware County Sheriff's Office in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of 90 days from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant's Signature: 	Applicant's Name (Printed): BRANDON GAUNT
Date of Birth: 08/14/1993	Social Security Number: [REDACTED]
In presence of witness (signature): 	Witness name and title (printed): Det. Susanna Leonard - Detective # 811

Applicant's Name: BRANDON GAUNT
Address: [REDACTED] RD, SUNBURY
 OH, 43074
Phone: 614-822-6402
Date: 10/26/2020

Sworn to and subscribed before me this 26th
 day of October, 2020.
Lauren A Fisher
 Notary Public
 My commission expires: 09/22/2023



EMPLOYER/PERSONNEL RETURN

Employment Dates	Part/Full Time	Title or Duty	Weekly Salary

If not presently employed by you, Indicate manner of leaving your employ. (Check one)

- Resigned Voluntarily (state reason cited) _____
- Requested to Resign (state reason) _____
- Discharged (state reason) _____
- Laid Off/ Other (state reason) _____

Residence While in your Employment			
Name and Address of previous Employers	Name of Firm/Agency	Address (Street, City, State)	Dates of Employment

EMPLOYEE PERFORMANCE

Note: If your firm utilizes a formal employee rating system, please attach a copy of this applicant's most recent performance evaluation. If not, please complete the below questionnaire.

Quality of Work
(accuracy, neatness, thoroughness)

- Inferior work
- Rather careless
- Meets requirements
- Highly accurate
- Exceptional

Cooperation
(working with other employees)

- Trouble maker
- Has difficulty
- Generally cooperative
- Gets along well
- Excellent relations

Dependability
(reliability)

- Needs constant Supervision
- Needs frequent checking
- Usually dependable
- Seldom needs checking
- Highly reliable

Quantity of Work
(volume, amount, speed)

- Very slow
- Insufficient work
- Moderate
- Rapid worker
- Highly productive

Judgment
(ability to make decisions, plan work)

- Disorganized & illogical
- Limited judgment
- Plans well
- Logical thinker
- Creative

Initiative
(interest in work, motivation)

- Lazy, indifferent
- Needs pushing
- Adequate
- Considerable
- Highly motivated

Problems with absenteeism: Yes _____ No _____ Average annual absences: _____ Average annual tardinesses _____
 Any disciplinary actions on file: Yes _____ No _____ For what: _____
 Ability to follow orders: Good _____ Fair _____ Poor _____

Applicant's Personality: Rude, slovenly Indifferent Adequate for job Polite, courteous Exceptional
 Job related accidents or injuries on file: Yes _____ No _____ Unemployment claims: Yes _____ No _____
 Polygraph administered: Yes _____ No _____ *If yes, please enclose.* Is applicant eligible for re-hire: Yes _____ No _____
 Would you prefer a personal interview? Yes _____ No _____

Name of Firm or Agency	Type of Business or function of Agency	Your Business telephone number
Title of your Position	Date	Signature

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

Employee Name BRANDON GAUNT Employee ID# _____
Employer Name _____ Employer ID# _____

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

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

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

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

For More Information

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

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

Signature of Employee  Date 10/26/2020

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

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

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

Employers must:

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

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

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



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans

149 North Sandusky Street, Delaware, OH 43015

Phone (740) 833-2896 Fax (740) 833-2887

nevans@co.delaware.oh.us

FAX COVER SHEET

TO: Ohio State Highway Patrol

FROM: Deputy Nate Evans

FAX: 614-644-9749

DATE: October 30, 2020

RE: Records Check

PAGES (including cover sheet): 2

MESSAGE:

I am conducting a pre-employment background investigation on an applicant named **Brandon R. Gaunt**, with Social Security Number of [REDACTED] and Date of Birth of **08/14/1993**.

Would you please perform an internal check of this person to determine if you have them listed as an actor or suspect in any criminal investigations or traffic violations?

Any information regarding this person would be appreciated. The information can be faxed (740-833-2887) or forwarded to my attention.

Thank you for your assistance with this matter.

Deputy N. Evans

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED AS RECIPIENT.

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An office committed to protecting our homes, our schools and our community while providing the highest levels of integrity, accountability and professionalism to the people we serve.

Zix Message Center



Records Check

nevans@co.delaware.oh.us

Records Check

Received:	Oct 30, 2020 9:33 AM
Expires:	Nov 13, 2020 10:33 AM
From:	adcentralrecords@dps.ohio.gov
To:	nevans@co.delaware.oh.us
Cc:	
Subject:	Records Check

Attachments: Evans Request 103020.pdf

This message was sent securely using Zix

Good Morning,

In reference to your request, I conducted a search referencing **Brandon R. Gaunt DOB: 8/14/1993** and **NO RECORDS** were found on our database matching the description of your request.

If you have questions or require additional assistance, please contact OSHP Central Records at (614) 466-3536, Monday - Friday between 8:00 a.m. - 5:00 p.m. You may also send an e-mail to our office at ADCentralRecords@dps.ohio.gov.

Thank you!

Tricia Washington

Ohio State Highway Patrol

Central Records

614-466-3536 office

614-644-9749 fax

ADCentralRecords@dps.ohio.gov

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DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans
149 North Sandusky Street, Delaware, OH 43015
Phone (740) 833-2896 Fax (740) 833-2887
nevans@co.delaware.oh.us

FAX COVER SHEET

TO: Hilliard Police Department **FROM: Deputy Nate Evans**
FAX: 614-876-1507 **DATE: October 30, 2020**
RE: Records Check **PAGES (including cover sheet): 2**

MESSAGE:

I am conducting a pre-employment background investigation on an applicant named **Brandon R. Gaunt**, with Social Security Number of [REDACTED] and Date of Birth of **08/14/1993**.

Would you please perform an internal check of this person to determine if you have them listed as an actor or suspect in any criminal investigations or traffic violations?

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Thank you for your assistance with this matter.


Deputy N. Evans

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DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans
149 North Sandusky Street, Delaware, OH 43015
Phone (740) 833-2896 Fax (740) 833-2887
nevans@co.delaware.oh.us

FAX COVER SHEET

TO: Hilliard Police Department	FROM: Deputy Nate Evans
FAX: 614-876-1507	DATE: October 30, 2020
RE: Records Check	PAGES (including cover sheet): 2

MESSAGE:

I am conducting a pre-employment background investigation on an applicant named **Brandon R. Gaunt**, with Social Security Number of [REDACTED] and Date of Birth of **08/14/1993**.

Would you please perform an internal check of this person to determine if you have them listed as an actor or suspect in any criminal investigations or traffic violations?

Any information regarding this person would be appreciated. The information can be faxed (740-833-2887) or forwarded to my attention.

Thank you for your assistance with this matter.

Deputy N. Evans
Deputy N. Evans

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Hilliard Division of Police
5171 Northwest Parkway, Hilliard, OH 43026
Phone: [REDACTED] Email: hilliardpolice@hilliardohio.gov

FAX COVERSHEET

Recipient	Sender
To: Deputy N. Evans	From: Hilliard Police Dept.
Company: Delaware CO SO	Phone: (614) 876-2429
Fax: (740) 833-2887	Date: 11/08/20
Phone: (740) 833-2896	FAX# (614)876-1507

Comments:

Please see the attachment in reference of Brandon R. Gaunt DOB: 08/14/1993

Thanks,

N. Gore 6C21

of Pages, Including This Page: 3

Confidentiality Statement

The documents accompanying this telecopy transmission may contain confidential information belonging to the sender, which is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking any action in reliance on the contents of this telecopy information is strictly prohibited. If you have received this telecopy in error, please notify us by telephone to arrange for the return of the documents.



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

To whom it may concern:

I hereby authorize the release of information concerning any files on me to the Delaware County Sheriff's Office. This information will be used for purposes of employment.

10/8/18
Date

Brandon Gaunt
Signature

Brandon Gaunt
Print Name

[REDACTED]
Social Security Number

08/14/1993
Date of Birth

NO RECORD FOUND
HILLIARD POLICE DEPARTMENT
5171 NORTHWEST PKWY. HILLIARD OH 43028

(614) 876-2429
VERIFIED BY V. N. Gore 10/21
DATE 11/8/20

Sworn to and subscribed before me this 8 day of October, 2018



Randy Denny
Notary Public

My commission expires 10/3/21



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans
149 North Sandusky Street, Delaware, OH 43015
Phone (740) 833-2896 Fax [REDACTED]
nevans@co.delaware.oh.us

FAX COVER SHEET

TO: Madison County Sheriff's Office FROM: Deputy Nate Evans

FAX: 740-852-7125 DATE: October 30, 2020

RE: Records Check PAGES (including cover sheet): 2

MESSAGE:

I am conducting a pre-employment background investigation on an applicant named **Brandon R. Gaunt**, with Social Security Number of [REDACTED] and Date of Birth of **08/14/1993**.

Would you please perform an internal check of this person to determine if you have them listed as an actor or suspect in any criminal investigations or traffic violations?

Any information regarding this person would be appreciated. The information can be faxed (740-833-2887) or forwarded to my attention.

Thank you for your assistance with this matter.

[Handwritten Signature]

Deputy N. Evans

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An office committed to protecting our homes, our schools and our community while providing the highest levels of integrity, accountability and professionalism to the people we serve.



Madison County Sheriff

John R. Swaney
Post Office Box 558
London, Ohio 43140

Emergency 911 Non-Emergency 740-852-1212 Business 740-852-1332 FAX 740-852-7125

Fax Cover Sheet Administrative / Court Services / Investigation

DATE: November 9, 2020 FAX TO #: 740-833-2887

TO: Deputy Nate Evans

AGENCY: Delaware County Sheriff's Office

FROM: Madison County Sheriff's Office - Sgt. Anna Bingman

RE: Record Check - Brandon R. Gaunt

TOTAL PAGES INCLUDING THIS COVER PAGE: 2

NOTE: _____

Notice of confidentiality

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MADISON COUNTY SHERIFF'S OFFICE
LONDON, OHIO
COURT SERVICES DIVISION - RECORDS SECTION

NAME: Brandon R. Gaunt **ALIAS:** _____

DATE OF BIRTH: 8/14/93 **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

THIS IS A COPY OF THE ARREST - CONVICTION RECORD ON FILE AT THE MADISON COUNTY SHERIFF'S OFFICE, ON THE ABOVE NAMED PERSON. IT IS ONLY A CHECK BY NAME AND NOT BY FINGERPRINTS SO THEREFORE IT IS UNVERIFIED AS TO THE TRUE IDENTITY OF THE PERSON IN QUESTION. THIS RECORD CHECK WILL NOT CONTAIN ANY OTHER ARREST OR CONVICTION INFORMATION WHERE THE OFFENSE DOESN'T CARRY ANY CONFINEMENT / JAIL TIME. ALSO, **THIS CHECK WILL NOT CONTAIN ARREST AND CONVICTION INFORMATION PAST DECEMBER 08, 2000 WHEN THE MADISON COUNTY JAIL WAS CLOSED.** INQUIRIES PAST DECEMBER 08, 2000 SHOULD BE DIRECTED TO THE TRI-COUNTY JAIL AT (937) 834-5000.

AS OF DECEMBER 08, 2000, THERE ARE NO KNOWN ARREST/CONVICTION IN OUR FILES.

F - FELONY M - MISDEMEANOR MUNI - MUNICIPAL COURT CP - COMMON PLEAS COURT S - SENTENCES

BOOK - IN DATE	F	M	CHARGE (S)	COURT	BOOK - OUT DATE	S	DISPOSITION
			No Record Found				

THIS RECORD CHECK DOES NOT INCLUDE TRAFFIC (WHERE NOT INCARCERATED) OR JUVENILE RECORDS.

JOHN R. SWANEY - SHERIFF

Det. Anna Buehner
DEPUTY SHERIFF

DATE: November 09, 2020



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans
149 North Sandusky Street, Delaware, OH 43015
Phone (740) 833-2896 Fax (740) 833-2887
nevans@co.delaware.oh.us

FAX COVER SHEET

TO: West Jefferson Police Department **FROM:** Deputy Nate Evans

FAX: 614-879-5337 **DATE:** October 30, 2020

RE: Records Check **PAGES (including cover sheet):** 2

MESSAGE:

I am conducting a pre-employment background investigation on an applicant named **Brandon R. Gaunt**, with Social Security Number of [REDACTED] and Date of Birth of **08/14/1993**.

Would you please perform an internal check of this person to determine if you have them listed as an actor or suspect in any criminal investigations or traffic violations?

Any information regarding this person would be appreciated. The information can be faxed (740-833-2887) or forwarded to my attention.

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Deputy N. Evans

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VILLAGE OF WEST JEFFERSON

FAX COVER SHEET

POLICE DEPARTMENT
28 EAST MAIN STREET

WEST JEFFERSON, OHIO 43162-1295

614 879-7672 OFFICE

614 879-5337 FAX

CHIEF OF POLICE CHRISTOPHER FLOYD

FROM:

CHIEF DISPATCHER SHANNON RUTHERFORD

TO:

DELAWARE CO SO

ATTN:

DEPUTY N. EVANS

FAX NUMBER

7	4	0
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 -

8	3	3	2	8	8	7
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DATE: 10/30/20

TIME: _____

COMMENTS: _____

NUMBER OF PAGES TO FOLLOW: 1

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DELAWARE COUNTY SHERIFF'S OFFICE SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

To whom it may concern:

I hereby authorize the release of information concerning any files on me to the Delaware County Sheriff's Office. This information will be used for purposes of employment.

10-30-20

No Record,
Chief Dispatches
D. Rutherford

West Jefferson Police Dept.
28 East Main Street
West Jefferson, OH 43162-1296
614-879-7672 Office
614-879-5337 Fax

10/8/18
Date

Brandon Gaunt
Signature

Brandon Gaunt
Print Name

[Redacted]
Social Security Number

08/14/1993
Date of Birth

Sworn to and subscribed before me this 8 day of October, 2018.



Rory Penney
Notary Public

My commission expires 10/13/21



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans

149 North Sandusky Street, Delaware, OH 43015

Phone (740) 833-2896 Fax (740) 833-2887

nevans@co.delaware.oh.us

FAX COVER SHEET

TO: Franklin County Sheriff's Office **FROM:** Deputy Nate Evans

FAX: 614-221-1378 **DATE:** October 30, 2020

RE: Records Check **PAGES (including cover sheet):** 2


MESSAGE:

I am conducting a pre-employment background investigation on an applicant named **Brandon R. Gaunt**, with Social Security Number of [REDACTED] and Date of Birth of **08/14/1993**.

Would you please perform an internal check of this person to determine if you have them listed as an actor or suspect in any criminal investigations or traffic violations?

Any information regarding this person would be appreciated. The information can be faxed (740-833-2887) or forwarded to my attention.

Thank you for your assistance with this matter.


Deputy N. Evans

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED AS RECIPIENT.

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An office committed to protecting our homes, our schools and our community while providing the highest levels of integrity, accountability and professionalism to the people we serve.



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[Signature]
Deputy N. Evans

OCT 30 2020 *EN*

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NO RECORD FOUND
FRANKLIN COUNTY
RECORDS BUREAU

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DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans
149 North Sandusky Street, Delaware, OH 43015
Phone (740) 833-2896 Fax (740) 833-2887
nevans@co.delaware.oh.us

FAX COVER SHEET

TO: Columbus Police Department

FROM: Deputy Nate Evans

FAX: 614-645-4001

DATE: October 30, 2020

RE: Records Check

PAGES (including cover sheet): 2

MESSAGE:

I am conducting a pre-employment background investigation on an applicant named **Brandon R. Gaunt**, with Social Security Number of [REDACTED] and Date of Birth of **08/14/1993**.

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Deputy N. Evans

Deputy N. Evans

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City of Columbus



DIVISION OF POLICE

120 Marconi Boulevard
Columbus, Ohio 43215-0009
614/645-4545
FAX-645-4551

Chief of Police • Thomas Quinlan

To: DEPUTY NATE EVANS
For: DELAWARE COUNTY SHERIFF'S OFFICE
FAX number: 740 833 2887

Comments / Instructions: One accident report is attached that your subject is NOT at fault. For traffic violation history, please submit your request to the BMV as we do not house those records here.

From: DAS38
Unit / Section: Records Division
FAX number (614) 614 645-4001
Number of pages to follow: 7

If you need additional information or had problems receiving this transmission, please call as soon as possible: (614) 645 4747

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A 20.104 Fax Form Deskjet (1)



DELAWARE COUNTY SHERIFF'S OFFICE SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans
149 North Sandusky Street, Delaware, OH 43015
Phone (740) 833-2896 Fax (740) 833-2887
nevans@ca.delaware.oh.us

FAX COVER SHEET

TO: Columbus Police Department	FROM: Deputy Nate Evans
FAX: 614-645-4001	DATE: October 30, 2020
RE: Records Check	PAGES (including cover sheet): 2

20 OCT 30 4:17:05

MESSAGE:

I am conducting a pre-employment background investigation on an applicant named **Brandon R. Gaunt**, with Social Security Number of [REDACTED] and Date of Birth of 08/14/1993.

Would you please perform an internal check of this person to determine if you have them listed as an actor or suspect in any criminal investigations or traffic violations?

Any information regarding this person would be appreciated. The information can be faxed (740-833-2887) or forwarded to my attention.

**NO NARRATIVE OF
ARREST ON FILE**

Thank you for your assistance with this matter.

BY Debbie Spence 10/30/20
Police Records Tech

Deputy N. Evans
Deputy N. Evans

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TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER		LOCAL INFORMATION 171		LOCAL REPORT NUMBER * 190296194	
COUNTY * 25		LOCALITY * 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP * Columbus		HIT/SKIP 1 - SOLVED 2 - UNSOLVED 2	
REPORTING AGENCY NAME * Columbus Police Department				NCIC * COP00		NUMBER OF UNITS 2	
UNIT IN ERROR 1 - ANIMAL 29 - UNKNOWN 1				CRASH DATE / TIME * 04/15/2019 16:27		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5	
ROUTE TYPE 1 ROUTE NUMBER 1		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		LOCATION ROAD NAME Sawmill		ROAD TYPE RD	
ROUTE TYPE 1 ROUTE NUMBER 1		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Snouffer		ROAD TYPE RD	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		ROUTE TYPE 1 - INTERSTATE ROUTE (I*) 2 - FEDERAL HIGHWAY (R) 3 - STATE ROUTE 4 - COUNTY ROUTE 5 - TOWNSHIP ROUTE		ROAD TYPE HW - HIGHWAY SB - ROAD AV - AVENUE LA - LANE BO - BOULEVARD MI - MILEPOST ST - STREET CO - COVE DR - DRIVE DR - DRIVE DR - DRIVE DR - DRIVE DR - DRIVE DR - DRIVE	
DISTANCE FROM REFERENCE 300.00		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES		ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 1		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 6		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN 4	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN 2	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 2		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN 2	
NARRATIVE The accident occurred on Sawmill Rd north of Snouffer Rd. Unit 1 was traveling s/b on Sawmill Rd in the left travel lane approaching Snouffer Rd. Unit 2 was traveling s/b on Sawmill Rd in the left turn lane. The driver of Unit 1 changed lanes without safety and collided with Unit 2. No injuries were reported. The driver of Unit 1 was issued a citation for changing lanes w/ out safety, CTC 2131.08A1.							
CRASH REPORTED DATE / TIME 04/15/2019 16:27		DISPATCH DATE / TIME 04/15/2019 17:20		ARRIVAL DATE / TIME 04/15/2019 17:56		SCENE CLEARED DATE / TIME 04/15/2019 18:30	
TOTAL TIME .DRWAY CLOSED OTHER INVESTIGATION TIME 70		OFFICER'S NAME * CAZAN, CHAD		CHECKED BY OFFICER'S NAME * TOLMAN, NEAL		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
		OFFICER'S BADGE NUMBER * 2638		CHECKED BY OFFICER'S BADGE NUMBER * 5284		<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	



UNIT

UNIT # **1** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
SCHMIDT, ADALIE, ROSE OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)
6 FALL CREEK LN, COLUMBUS, OH, 43235

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE **OH** LICENSE PLATE # **HME4700** VEHICLE IDENTIFICATION # **3HGGK5H86FM751045** VEHICLE YEAR **2015** VEHICLE MAKE **HONDA**

INSURANCE VERIFIED INSURANCE COMPANY **PROGRESSIVE** INSURANCE POLICY # **917724613** COLOR **PLE** VEHICLE MODEL **FIT**

TYPE OF USE
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # **1** TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS **1** VEHICLE WEIGHT GVWR/GCWR
 1 - 510K LBS.
 2 - 10,001 - 26K LBS.
 3 - > 26K LBS.

HAZARDOUS MATERIAL
 MATERIAL RELEASED PLACARD CLASS # PLACARD ID #

UNIT TYPE
 1 - PASSENGER CAR
 2 - PASSENGER VAN (MINIVAN)
 3 - SPORT UTILITY VEHICLE
 4 - PICK UP
 5 - CARGO VAN
 6 - VAN (9-15 SEATS)
 7 - MOTORCYCLE 2-WHEELED
 8 - MOTORCYCLE 3-WHEELED
 9 - AUTOCYCLE
 10 - MOPED OR MOTORIZED BICYCLE
 11 - ALL TERRAIN VEHICLE (ATV/UTV)
 12 - GOLF CART
 13 - SNOWMOBILE
 14 - SINGLE UNIT TRUCK
 15 - SEMI-TRACTOR
 16 - FARM EQUIPMENT
 17 - MOTORHOME
 18 - LIMO (LIVERY VEHICLE)
 19 - BUS (16+ PASSENGERS)
 20 - OTHER VEHICLE
 21 - HEAVY EQUIPMENT
 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE
 23 - PEDESTRIAN/SKATER
 24 - WHEELCHAIR (ANY TYPE)
 25 - OTHER NON-MOTORIST
 26 - BICYCLE
 27 - TRAIN
 99 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
 1 - YES 2 - NO 3 - OTHER / UNKNOWN **0** AUTONOMOUS MODE LEVEL
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION
 1 - NONE 2 - TAXI 3 - ELECTRONIC WIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER
 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE
 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP.
 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL
 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

CARGO BODY TYPE
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE
 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN / ENCLOSED BOX
 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED
 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE
 99 - OTHER / UNKNOWN

VEHICLE DEFECTS
 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS
 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT
 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT
 99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION
 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER
 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE
 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE
 99 - OTHER / UNKNOWN

ACTION
 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN
 PRE-CRASH ACTIONS
 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE
 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPOOLED LOCATION
 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST
 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES
 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER
 8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING
 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION
 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE
 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS
 1 **20** 1 - OVERTURN/ROLL-OVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE
 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER
 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECTS STRUCK
 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE
 31 - GUARDRAIL END 32 - PORTABLE BARRIER 22 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST
 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL

FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT **1**

LOCAL REPORT NUMBER
190296194

DAMAGE
 DAMAGE SCALE
 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
2

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

NO DAMAGE [0] UNDERCARRIAGE [14]
 TOP [13] ALL AREAS [15]
 UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT
 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
7 13 - TOP

TRAFFIC

TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 1	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL 6
# OF THROUGH LANES ON ROAD 3	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 15	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED 1
POSTED SPEED	



UNIT # 2 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER)
GAUNT, BRANDON, R
OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
 2 [REDACTED] LN, COLUMBUS, OH, 43235
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE: OH **LICENSE PLATE #:** HKB5084 **VEHICLE IDENTIFICATION #:** TC4PJMCSSSEW243968 **VEHICLE YEAR:** 2014 **VEHICLE MAKE:** JEEP
INSURANCE COMPANY: GIECO **INSURANCE POLICY #:** 4419579 **COLOR:** DGR **VEHICLE MODEL:** CHEROKEE
TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT **# OCCUPANTS:** [REDACTED] **VEHICLE WEIGHT GVWR/GCWR:** [REDACTED]
US DOT #: [REDACTED] **TOWED BY:** COMPANY NAME
 HAZARDOUS MATERIAL **CLASS #:** **PLACARD ID #:**

UNIT TYPE: 3 - SPORT UTILITY VEHICLE
 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER
 2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
 3 - MOTORCYCLE 3-WHEELED TRUCK 14 - SINGLE UNIT 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
 4 - PICK UP 5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 21 - HEAVY EQUIPMENT 26 - BICYCLE
 11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 29 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 - YES 1 - NO 9 - OTHER / UNKNOWN
AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION: 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER
 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE
 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP.
 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

CARGO BODY TYPE: 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE
 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN / ENCLOSED BOX
 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED
 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - OTHER / UNKNOWN

VEHICLE DEFECTS: 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT
 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER / UNKNOWN

NON-MOTORIST LOCATION: 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER
 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE
 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - OTHER / UNKNOWN

ACTION: 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING TRUCK 4 - STRUCK BY TRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN
 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE
 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

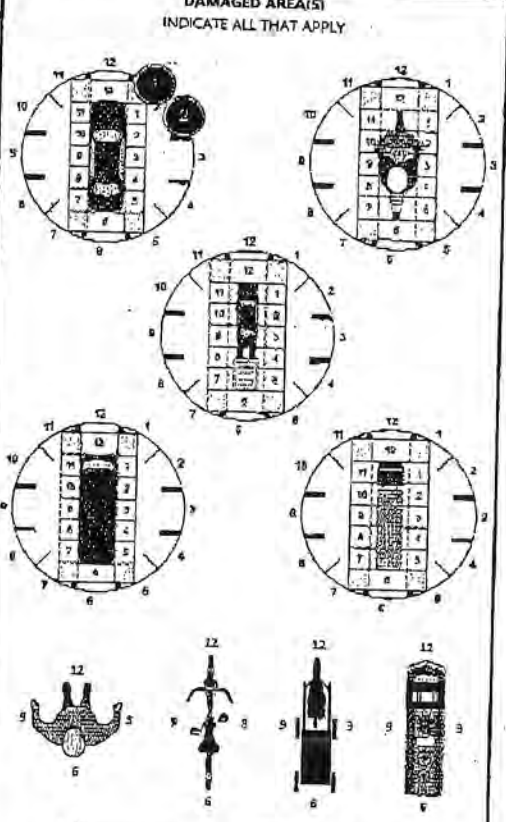
CONTRIBUTING CIRCUMSTANCES: 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER
 8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING
 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS: 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE
 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
EVENTS: 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT, STRUCTURE: 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST
 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT: 1 **MOST HARMFUL EVENT:** 1

LOCAL REPORT NUMBER: 190296194
DAMAGE: 2 - MINOR DAMAGE
DAMAGE SCALE: 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN



NO DAMAGE [0] UNDERCARRIAGE [14]
 TOP [13] ALL AREAS [15]
 UNIT NOT AT SCENE [16]

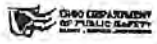
INITIAL POINT OF CONTACT: 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

TRAFFIC: **TRAFFICWAY FLOW:** 1 - ONE-WAY 2 - TWO-WAY
TRAFFIC CONTROL: 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 5 - NO CONTROL

OF THROUGH LANES ON ROAD: 3 **RAIL GRADE CROSSING:** 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION: FROM 1 TO 2
 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED: 20 **POSTED SPEED:** [REDACTED]
DETECTED SPEED: 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / BDR 3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
190296194

UNIT # 1 NAME LAST, FIRST, MIDDLE
SCHMIDT, ADALIE, ROSE

ADDRESS: STREET, CITY, STATE, ZIP
.66 FALL CREEK LN, COLUMBUS, OH, 43235

DATE OF BIRTH 04/28/1998 AGE 20 GENDER F

CONTACT PHONE - INCLUDE AREA CODE

INJURIES INJURED TAKEN BY 1 EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME CITY) SAFETY EQUIPMENT USED 4

DOT-COMPLIANT MC HELMET SEATING POSITION 1 AIR BAG USAGE 1 EJECTION 1 TRAPPED 1

OL STATE OH OPERATOR LICENSE NUMBER OFFENSE CHARGED 2131.08A LOCAL CODE OFFENSE DESCRIPTION DRIVING WITHIN LANES OR CONTINU CITATION NUMBER 1749255

OL CLASS 4 ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY 1 ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG CONDITION 1 ALCOHOL TEST STATUS 1 TYPE 1 VALUE DRUG TEST(S) RESULTS SELECT UP TO 4

UNIT # 2 NAME LAST, FIRST, MIDDLE
GAUNT, BRANDON, R

ADDRESS: STREET, CITY, STATE, ZIP
LN, COLUMBUS, OH, 43235

DATE OF BIRTH 08/14/1993 AGE 25 GENDER M

CONTACT PHONE - INCLUDE AREA CODE

INJURIES INJURED TAKEN BY 1 EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME CITY) SAFETY EQUIPMENT USED 4

DOT-COMPLIANT MC HELMET SEATING POSITION 1 AIR BAG USAGE 1 EJECTION 1 TRAPPED 1

OL STATE OH OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE OFFENSE DESCRIPTION CITATION NUMBER

OL CLASS 4 ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY 1 ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG CONDITION 1 ALCOHOL TEST STATUS 1 TYPE 1 VALUE DRUG TEST(S) RESULTS SELECT UP TO 4

UNIT # NAME LAST, FIRST, MIDDLE

ADDRESS: STREET, CITY, STATE, ZIP

DATE OF BIRTH AGE GENDER

CONTACT PHONE - INCLUDE AREA CODE

INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME CITY) SAFETY EQUIPMENT USED

DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED

OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE OFFENSE DESCRIPTION CITATION NUMBER

OL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTED BY ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG CONDITION ALCOHOL TEST STATUS TYPE VALUE DRUG TEST(S) RESULTS SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS 3 - INJURY 4 - SUSPECTED MINOR 5 - NO INJURY 6 - POSSIBLE INJURY 7 - NO APPARENT INJURY	1 - FRONT - VERGIVE 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE 5 - MOTORCYCLE PASSENGER 6 - SECOND - MIDDLE 7 - SECOND - RIGHT SIDE 8 - THIRD - LEFT SIDE 9 - MOTORCYCLE SIDE CAR 10 - THIRD - MIDDLE 11 - THIRD - RIGHT SIDE 12 - SLEEPER SECTION 13 - PASSENGER IN 14 - PASSENGER IN 15 - PASSENGER IN 16 - PASSENGER IN 17 - PASSENGER IN 18 - PASSENGER IN 19 - PASSENGER IN 20 - PASSENGER IN 21 - PASSENGER IN 22 - PASSENGER IN 23 - PASSENGER IN 24 - PASSENGER IN 25 - PASSENGER IN 26 - PASSENGER IN 27 - PASSENGER IN 28 - PASSENGER IN 29 - PASSENGER IN 30 - PASSENGER IN 31 - PASSENGER IN 32 - PASSENGER IN 33 - PASSENGER IN 34 - PASSENGER IN 35 - PASSENGER IN 36 - PASSENGER IN 37 - PASSENGER IN 38 - PASSENGER IN 39 - PASSENGER IN 40 - PASSENGER IN 41 - PASSENGER IN 42 - PASSENGER IN 43 - PASSENGER IN 44 - PASSENGER IN 45 - PASSENGER IN 46 - PASSENGER IN 47 - PASSENGER IN 48 - PASSENGER IN 49 - PASSENGER IN 50 - PASSENGER IN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 6 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS 5 - M/C MOPED ONLY 6 - TWO WHEEL	1 - ALCOHOL INTERLOCK DEVICE 2 - ALCOHOL STATE FINE 3 - CORRECTIVE LENSES 4 - FARM VEHICLE 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A 7 - EXCEPT CLASS A BUS 8 - EXCEPT TRACTOR-TRAILER 9 - INTERMEDIATE LICENSE RESTRICT 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES 14 - SPECIAL BRAKES - HAND CONTROLS OR OTHER 15 - ADAPTIVE DEVICES 16 - MOTOR VEHICLES ONLY 17 - MOTOR VEHICLES 18 - MOTOR VEHICLES 19 - MOTOR VEHICLES 20 - MOTOR VEHICLES 21 - MOTOR VEHICLES 22 - MOTOR VEHICLES 23 - MOTOR VEHICLES 24 - MOTOR VEHICLES 25 - MOTOR VEHICLES 26 - MOTOR VEHICLES 27 - MOTOR VEHICLES 28 - MOTOR VEHICLES 29 - MOTOR VEHICLES 30 - MOTOR VEHICLES 31 - MOTOR VEHICLES 32 - MOTOR VEHICLES 33 - MOTOR VEHICLES 34 - MOTOR VEHICLES 35 - MOTOR VEHICLES 36 - MOTOR VEHICLES 37 - MOTOR VEHICLES 38 - MOTOR VEHICLES 39 - MOTOR VEHICLES 40 - MOTOR VEHICLES 41 - MOTOR VEHICLES 42 - MOTOR VEHICLES 43 - MOTOR VEHICLES 44 - MOTOR VEHICLES 45 - MOTOR VEHICLES 46 - MOTOR VEHICLES 47 - MOTOR VEHICLES 48 - MOTOR VEHICLES 49 - MOTOR VEHICLES 50 - MOTOR VEHICLES	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN OFF-VEHICLE 3 - COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 4 - TAKING OR HANDLING PHONE 5 - COMMUNICATION DEVICE TAKING OR HANDLING 6 - COMMUNICATION DEVICE TAKING OR HANDLING 7 - ELECTRONIC DEVICE 8 - PASSENGER 9 - OTHER DISTRACTION INSIDE THE VEHICLE 10 - OTHER DISTRACTION OUTSIDE THE VEHICLE 11 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST GIVEN 3 - TEST GIVEN 4 - TEST GIVEN 5 - TEST GIVEN 6 - TEST GIVEN 7 - TEST GIVEN 8 - TEST GIVEN 9 - TEST GIVEN 10 - TEST GIVEN 11 - TEST GIVEN 12 - TEST GIVEN 13 - TEST GIVEN 14 - TEST GIVEN 15 - TEST GIVEN 16 - TEST GIVEN 17 - TEST GIVEN 18 - TEST GIVEN 19 - TEST GIVEN 20 - TEST GIVEN 21 - TEST GIVEN 22 - TEST GIVEN 23 - TEST GIVEN 24 - TEST GIVEN 25 - TEST GIVEN 26 - TEST GIVEN 27 - TEST GIVEN 28 - TEST GIVEN 29 - TEST GIVEN 30 - TEST GIVEN 31 - TEST GIVEN 32 - TEST GIVEN 33 - TEST GIVEN 34 - TEST GIVEN 35 - TEST GIVEN 36 - TEST GIVEN 37 - TEST GIVEN 38 - TEST GIVEN 39 - TEST GIVEN 40 - TEST GIVEN 41 - TEST GIVEN 42 - TEST GIVEN 43 - TEST GIVEN 44 - TEST GIVEN 45 - TEST GIVEN 46 - TEST GIVEN 47 - TEST GIVEN 48 - TEST GIVEN 49 - TEST GIVEN 50 - TEST GIVEN
INJURIES TAKEN BY		EJECTION	OL ENDORSEMENT		CONDITION	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED 2 - TREATED AT SCENE 3 - EMS 4 - POLICE 5 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	1 - HAZARD 2 - MOTORCYCLE 3 - PASSENGER 4 - TANKER 5 - MOTOR SCOOTER 6 - THREE WHEEL MOTORCYCLE 7 - SCOOTER BUS 8 - GO-KART & TRAMPOLINE 9 - TRAILER 10 - TRAILER / HAZMAT		1 - LIMITED TO DAYLIGHT ONLY 2 - LIMITED TO EMPLOYMENT 3 - LIMITED - OTHER 4 - MECHANICAL DEVICES 5 - SPECIAL BRAKES - HAND CONTROLS OR OTHER 6 - ADAPTIVE DEVICES 7 - MOTOR VEHICLES ONLY 8 - MOTOR VEHICLES 9 - MOTOR VEHICLES 10 - MOTOR VEHICLES 11 - MOTOR VEHICLES 12 - MOTOR VEHICLES 13 - MOTOR VEHICLES 14 - MOTOR VEHICLES 15 - MOTOR VEHICLES 16 - MOTOR VEHICLES 17 - MOTOR VEHICLES 18 - MOTOR VEHICLES 19 - MOTOR VEHICLES 20 - MOTOR VEHICLES 21 - MOTOR VEHICLES 22 - MOTOR VEHICLES 23 - MOTOR VEHICLES 24 - MOTOR VEHICLES 25 - MOTOR VEHICLES 26 - MOTOR VEHICLES 27 - MOTOR VEHICLES 28 - MOTOR VEHICLES 29 - MOTOR VEHICLES 30 - MOTOR VEHICLES 31 - MOTOR VEHICLES 32 - MOTOR VEHICLES 33 - MOTOR VEHICLES 34 - MOTOR VEHICLES 35 - MOTOR VEHICLES 36 - MOTOR VEHICLES 37 - MOTOR VEHICLES 38 - MOTOR VEHICLES 39 - MOTOR VEHICLES 40 - MOTOR VEHICLES 41 - MOTOR VEHICLES 42 - MOTOR VEHICLES 43 - MOTOR VEHICLES 44 - MOTOR VEHICLES 45 - MOTOR VEHICLES 46 - MOTOR VEHICLES 47 - MOTOR VEHICLES 48 - MOTOR VEHICLES 49 - MOTOR VEHICLES 50 - MOTOR VEHICLES	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT		TRAPPED	GENDER		CONDITION	DRUG TEST TYPE
1 - NONE USED 2 - SHOULD BE BELT ONLY USED 3 - SHOULD BE ONLY USED 4 - SHOULD BE SEAT BELT USED 5 - CHILD RESTRAINT SYSTEM USED 6 - CHILD RESTRAINT SYSTEM USED 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED 10 - BOOTS / SHOES, ETC. 11 - ELECTRICAL CLOTHING 12 - ELECTRICAL - PEDESTRIAN 13 - BICYCLE ONLY 14 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	1 - FEMALE 2 - MALE 3 - OTHER / UNKNOWN		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL/ANGRY 4 - DEPRESSED/ANGRY 5 - DISTURBED 6 - ILLNESS 7 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 8 - UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER 6 - ALPHETAMINES 7 - BARBITURATE 8 - BENZODIAZEPINES 9 - CANNABINOIDS 10 - COCAINE 11 - GABA/AMINOACIDS 12 - HEROIN 13 - MARIJUANA 14 - OTHER
					CONDITION	DRUG TEST RESULT(S)
					1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL/ANGRY 4 - DEPRESSED/ANGRY 5 - DISTURBED 6 - ILLNESS 7 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 8 - UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 9 - OTHER / UNKNOWN	1 - ALPHETAMINES 2 - BARBITURATE 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - GABA/AMINOACIDS 7 - HEROIN 8 - MARIJUANA 9 - OTHER

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER		
190296194		
DATE OF BIRTH	AGE	GENDER
CONTACT PHONE - INCLUDE AREA CODE		

UNIT #	NAME: LAST, FIRST, MIDDLE
ADDRESS: STREET, CITY, STATE, ZIP	

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT #	NAME: LAST, FIRST, MIDDLE
ADDRESS: STREET, CITY, STATE, ZIP	

DATE OF BIRTH	AGE	GENDER
CONTACT PHONE - INCLUDE AREA CODE		

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT #	NAME: LAST, FIRST, MIDDLE
ADDRESS: STREET, CITY, STATE, ZIP	

DATE OF BIRTH	AGE	GENDER
CONTACT PHONE - INCLUDE AREA CODE		

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT #	NAME: LAST, FIRST, MIDDLE
ADDRESS: STREET, CITY, STATE, ZIP	

DATE OF BIRTH	AGE	GENDER
CONTACT PHONE - INCLUDE AREA CODE		

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (NON-MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

NAME: LAST, FIRST, MIDDLE	
ADDRESS: STREET, CITY, STATE, ZIP	

DATE OF BIRTH	AGE	GENDER
CONTACT PHONE - INCLUDE AREA CODE		

NAME: LAST, FIRST, MIDDLE	
ADDRESS: STREET, CITY, STATE, ZIP	

DATE OF BIRTH	AGE	GENDER
CONTACT PHONE - INCLUDE AREA CODE		

NAME: LAST, FIRST, MIDDLE	
ADDRESS: STREET, CITY, STATE, ZIP	

DATE OF BIRTH	AGE	GENDER
CONTACT PHONE - INCLUDE AREA CODE		

Brandon Richard Gaunt

Residences:

- 1) [REDACTED] Ln, Columbus OH 43235 01/01/2018-Present
- 2) [REDACTED] Sunbury, OH 43074 08/14/2017-01/01/2018
- 3) [REDACTED] Hilliard, OH 43026 07/17/2016-08/13/2017
- 4) [REDACTED] Ln, Columbus, OH 43235 07/16/2016

Employers:

- 1) Columbus Division of Police
120 Marconi Blvd, Columbus OH 43215
(614)645-4545
1/16/18-Present
Management Analyst
Supervisor: Amy Morris
- 2) Columbus Division of Police
120 Marconi Blvd, Columbus OH 43215
(614)645-4545
12/19/16-10/27/17
Police Officer
Supervisor: Sgt. Reardon
Resigned in Good Standing: Personal and Family Reasons
- 3) Target Distribution
42 Commerce Way, West Jefferson OH 43162
(614)801-6700
12/1/15-12/14/16
Team Member
Supervisor: Tom Evers
Left for City Employment and Police Academy
- 4) Mia Cucina
230 W Olentangy St, Powell OH 43065
(614)547-1543
8/16-12/16
Waiter
Supervisor: NA
Left due to Business Closing
- 5) W.G. Grinders
1925 Hard Rd, Columbus OH 43235
(614)792-1163

5/15-8/15, 5/14-8/14, 5/13/8/13 (Summer Work)
Manager
Supervisor: Keith Hadley
Left for College, Owner sold the business

- 6) Tim Hortons
6850 Hopsital Dr, Dublin OH 43016
(614)717-0570
6/10-6/12
Team Member
Supervisor: Shannon Hetledge
Left for College

Names:

Brandon Richard Gaunt (birth-present)

Emails:

[REDACTED] (Personal)

brgaunt@columbuspolice.org (Work)

Social Media:

No Social Media Accounts

Crawford County Municipal Court
Judge Shane M. Leuthold
Colleen M. Roseberry, Clerk
Timothy T. O'Leary, Magistrate
[Home Page](#) [Location Maps](#) [Record Search](#) [Online Payments](#) [Probationer Search](#)
[Sign In](#)

Case Information: TRD1302736

Defendant

Name: Gaunt, Brandon R **Date of Birth:** 08/14/1993
A.K.A.:
Address: [REDACTED]
City/State/Zip: Columbus, OH 43235

Complainant/Officer

Name:
Agency: State Of Ohio (Osp)

Violation Information

File Date: 05/29/2013 **Section #:** 4511.21D1
Ticket Number: Z822397 **Degree:** MM
Date: 05/24/2013 **Points:** 2
Time: **BMV Offense Code:** 24
Description: 68/55 SPEED

Hearing Information

Date: 06/05/2013 **Mandatory:** No
Time: 09:00 AM **Attorney Name:**
Type: ARR

Miscellaneous Information

Summons Issued: 05/24/2013 **Status Date:** 06/12/2013
Status Code: WAIVED
ITN Number:
Time On Probation: **Ins. Proof Shown:** Yes
Haz. Material: 2 **OL State:** OH
Comm. Violation: No **OL Type:**
DUI Test Refused: **Plate Number:** FAV6646
DUI Test Type:
DUI Blood Test:

Disposition Information

Disposition Date: 06/12/2013 **Fine Amount:** \$ 34.00
Defendant's Plea: Guilty **Fine Suspended:** \$ 0.00
Defendant Found: G **Costs Amount:** \$ 91.00
OL Susp. From: **Costs Suspended:** \$ 0.00
OL Susp. To: **Jail Time:**
Jail Suspended:

Disposition: CASE WAS WAIVED BY DEFENDANT

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Crawford County Municipal Court

Judge Shane M. Leuthold

Colleen M. Roseberry, Clerk

Timothy T. O'Leary, Magistrate

[Home Page](#) [Location Maps](#) [Record Search](#) [Online Payments](#) [Probationer Search](#)

[Sign In](#)

Journal Entries: TRD1302736

06/12/2013

- DEFENDANT FAILED TO APPEAR @ ARRAIGNMENT
- FINE AMOUNT \$34.00
- MOVING VIOLATION COSTS \$89.00
EFFECTIVE OCT 16, 2009
SP 10.00/PROB 10.00 EFFECTIVE 3/8/12
- LATE FEE \$5.00
- LATE FEE \$-3.00
- PAYMENT - RECEIPT NO. 270428 IN THE AMOUNT OF \$ 125.00
- DEFENDANT WAIVED - FINE \$ 34.00 COSTS \$ 91.00
- REPORT TO BUREAU OF MOTOR VEHICLES

06/05/2013

- PERSONAL CHECK RETURNED
- DEFENDANT FAILED TO APPEAR @ ARRAIGNMENT

05/29/2013

- CASE WAS FILED WITH COURT
- CASE SET FOR A ARRAIGNMENT ON 06/05/2013 AT 9:00 AM
- TICKET FILED

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DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

CVSA Overview Results
Detective Susanna Leonard

Date: October 26, 2020
Subject: Brandon Gaunt
Purpose: Pre-Employment
Requesting Agency: Delaware County Sheriff's Office
CVSA Examiner: Detective Susanna Leonard

On October 26, 2020, the Delaware County Sheriff's Office extended a Pre-Employment CVSA exam to Brandon Gaunt in reference to his interest in becoming a Deputy Sheriff. Brandon arrived ten minutes before his scheduled appointment time and was dressed in a long sleeve shirt and dress pants. During the pretest interview, we formulated nineteen questions to be used in the General Series sequence. I obtained the necessary release/rights form, conducted the interview, and hereby submit the results to you. The following relevant questions were interspersed with irrelevant questions:

4. Have you ever been fired or asked to leave a job that you have not disclosed? The subject responded no and no deception was indicated.
6. Have you ever stolen any money from an employer that you have not disclosed? The subject responded no and no deception was indicated.
10. Have you stolen property valued over \$25.00 from anyone that you have not disclosed? The subject responded no and no deception was indicated.
12. Have you committed a crime so serious that, if known, would keep you from being hired by this office? The subject responded no and no deception was indicated.
14. Have you used illegal drugs that you have not disclosed? The subject responded no and no deception was indicated.
16. Did you intentionally withhold required information from your employment application? The subject answered no and no deception was indicated.
18. Is there anything in your past that would cause you worry or concern that you have not disclosed? The subject responded no and no deception was indicated.

Based on my training and experience, it is my opinion that the subject did respond truthfully to all of the relevant questions.

Pre-Interview admissions/area of concern that need to be considered prior to moving on in our background process:

Arrest Record

- Brandon disclosed that he has been fingerprinted by three different agencies for employment at the following locations: Columbus Police Department 2015, Franklin County Sheriff's Office 2018, and Delaware County Sheriff's Office 2018.

Drug Usage

- Brandon disclosed that in 2012 he was in the company of his friends that were smoking marijuana at a park in Columbus. Brandon stated he was there for a few minutes and then left.

Theft

- Brandon disclosed that he stole a pair of Apple ear buds from the Mt. Vernon, Ohio Walmart in 2013 and they were valued at \$15.00-\$20.00.

Employment History

- Brandon disclosed that he received a verbal at the Delaware County Jail for not handcuffing a mentally ill inmate who made a movement towards another inmate when walking by each other. Brandon stated he corrected the inmate and he was told he should have handcuffed him after he made those movements.
- Brandon stated he forgot to put his manager position at WG Grinder's on his application. Brandon stated he worked there full time from 2013-2014 and then left for his job at Target for better pay.

Driving History

- Brandon disclosed that he received a speeding ticket in 2013 in which he believes it was Crawford County Sheriff's Office that issued the citation. Brandon does not remember the speed and knows that he was cited somewhere between Columbus and Sandusky, Ohio.

Financial History

- Brandon stated that amount of debt that he owes without mortgage and auto loans is \$20,000.00 in federal student loans.

Aliases

- Brandon has used the following names:
 - Brandon Gaunt
 - Brandon Richard Gaunt

It is my belief that Brandon did respond truthfully to all question during the pre-test interview which showed on the CVSA chart.

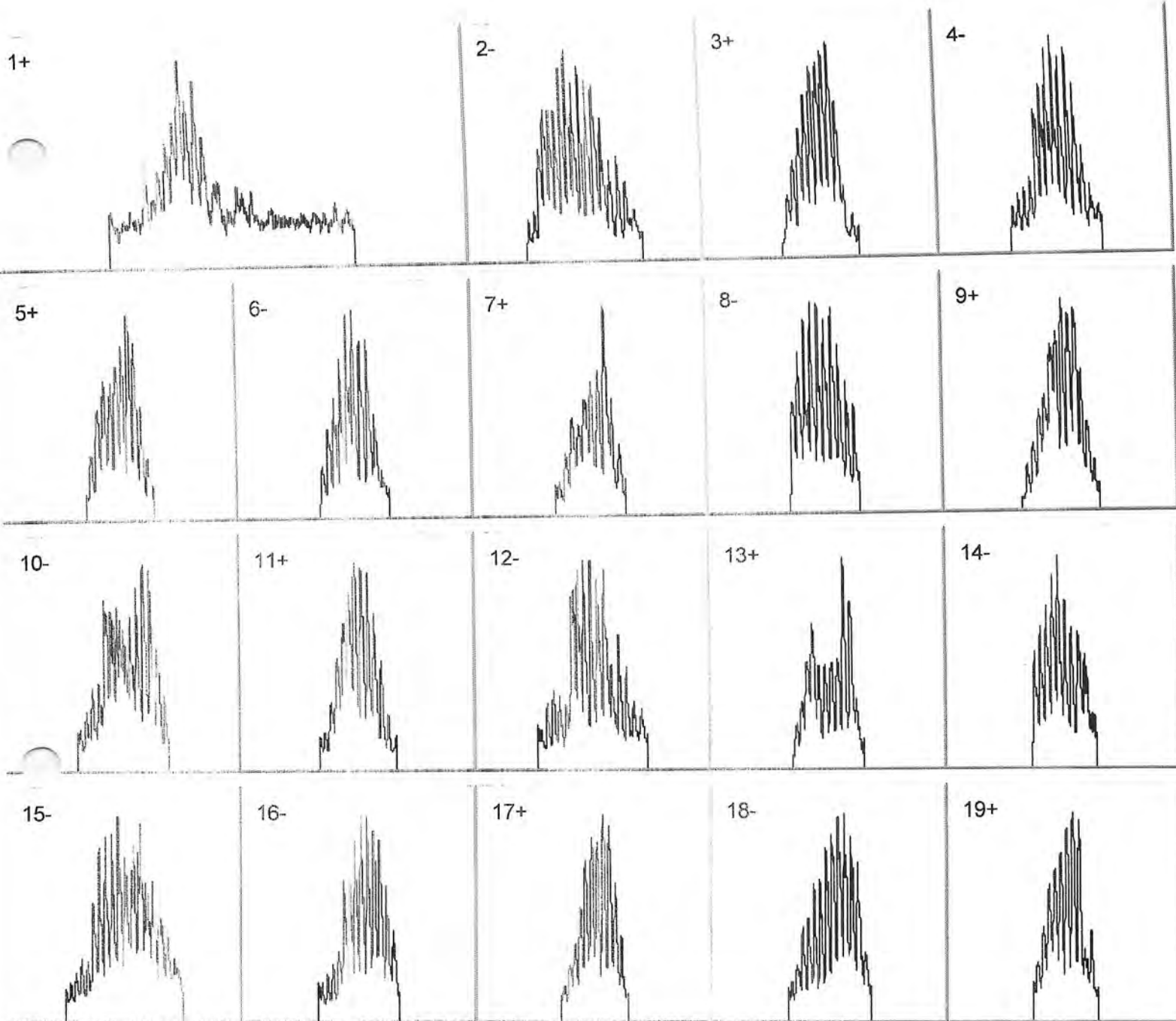
Respectfully submitted,

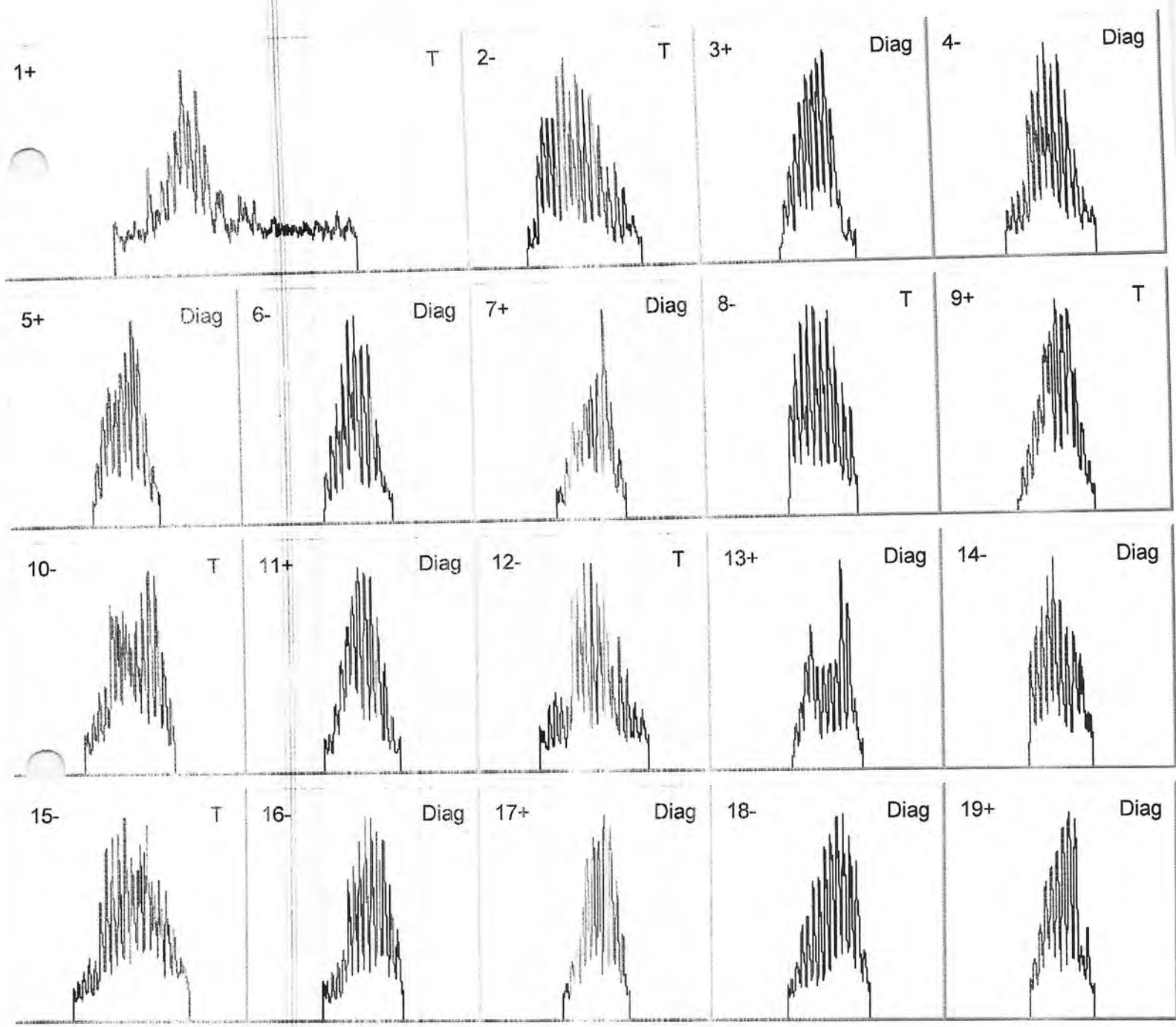
Detective Susanna Leonard
Certified Voice Stress Analyst

Date: 26 October 2020
Test Format: PRE-EMPLOYMENT
Test Medium: Manual
Time Began: 10:12:41 AM
Requested: Human Resources
Case Number
Verification:
Confession:
Time Ended: 10:12:41 AM

Examiner: Det. Susanna Leonard
Type of Test: Pre-Employment
Offense:
Subject: Brandon Gaunt
Outside Agency:
CVSA Unit Number: 2
Cold Call:
Deception:

1. (IR) Is your name Brandon Gaunt? YES
2. (C) Is the color of the wall white? NO
3. (IR) Are you sitting down? YES
4. (R) Have you ever been fired or asked to leave a job that you have not disclosed? NO
5. (IR) Is today Monday? YES
6. (R) Have you ever stolen any currency from an employer? NO
7. (IR) Am I wearing a watch? YES
8. (C) Have you ever driven over the posted speed limit? NO
9. (IR) Are the lights on in this office? YES
10. (R) Have you stolen property valued over \$25.00 from anyone? NO
11. (IR) Are we in the city of Delaware? YES
12. (R) Did you commit a crime so serious that, if known, would keep you from being hired by this agency? NO
13. (IR) Are you wearing shoes? YES
14. (R) Have you used illegal drugs that you have not disclosed? NO
15. (IR) Am I wearing a tie? YES
16. (R) Did you intentionally withhold required information from your employment application? NO
17. (IR) Are we in the County of Delaware? YES
18. (R) Is there anything in your past that would cause you worry or concern that you have not disclosed? NO
19. (R) Is this the year of 2020? YES

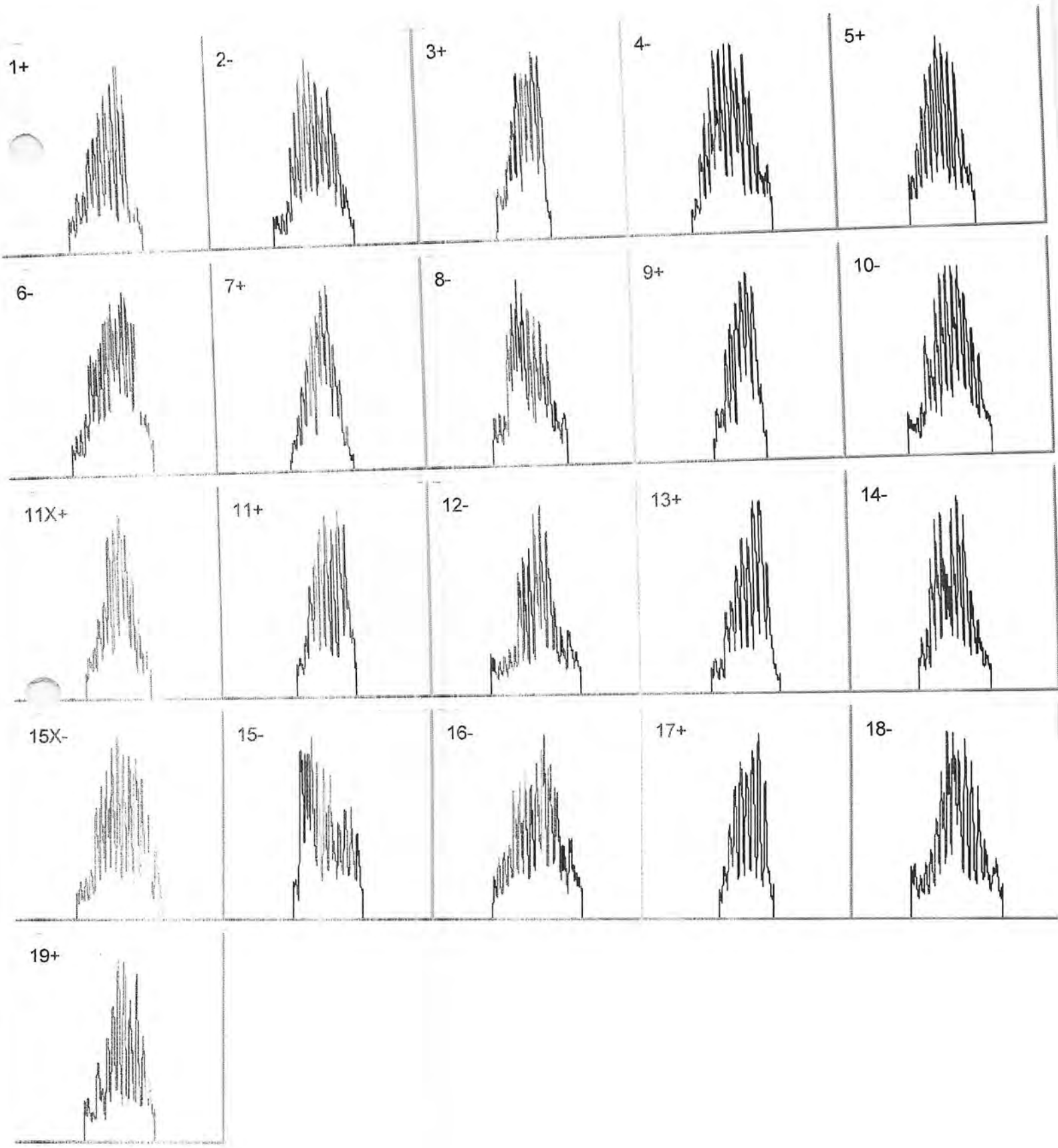


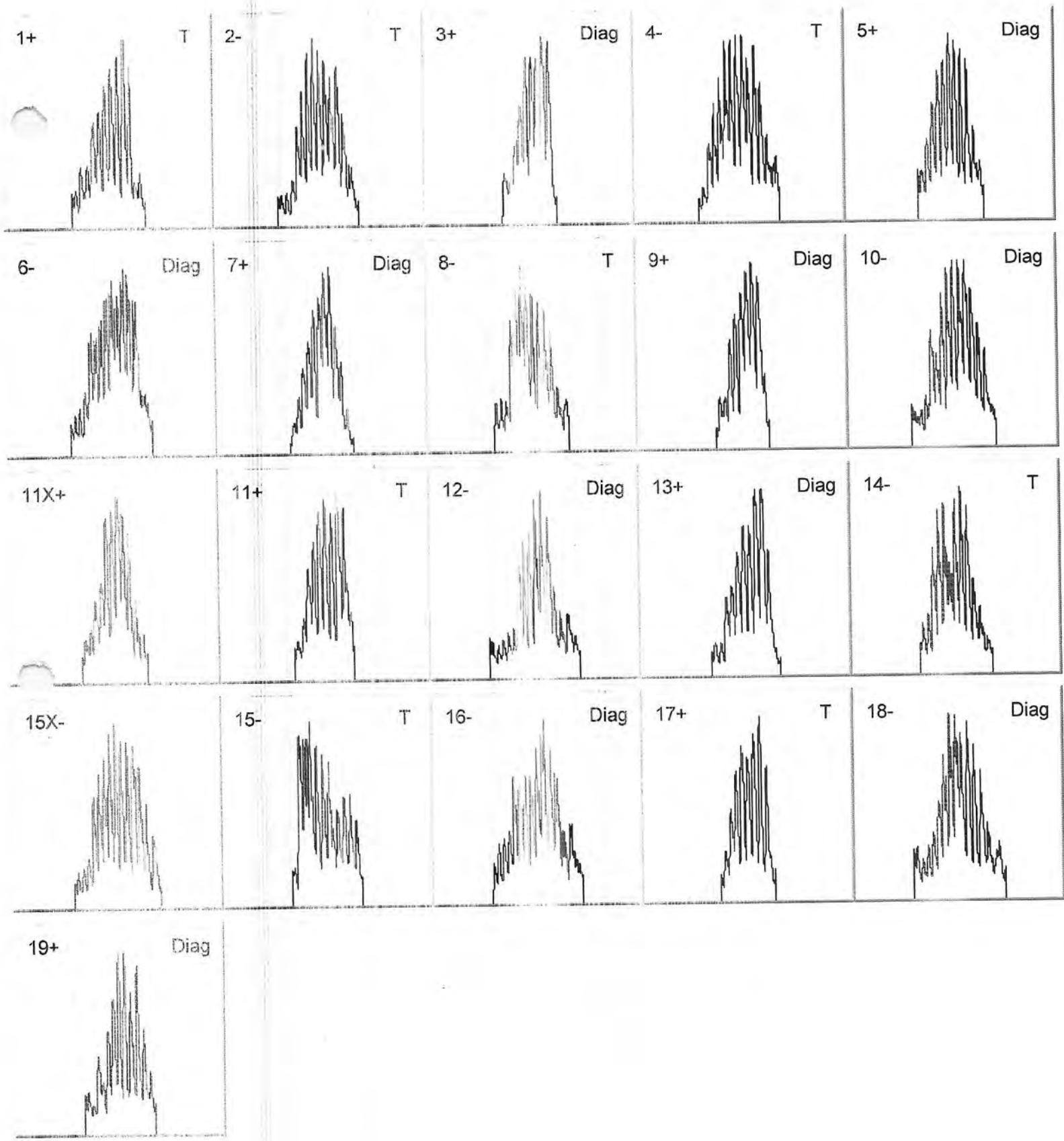


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14. (R) Have you used illegal drugs that you have not disclosed? NO
15. (IR) Am I wearing a tie? YES
16. (R) Did you intentionally withhold required information from your employment application? NO
17. (IR) Are we in the County of Delaware? YES
18. (R) Is there anything in your past that would cause you worry or concern that you have not disclosed? NO
19. (R) Is this the year of 2020? YES





DELAWARE COUNTY SHERIFF'S OFFICE
DEPUTY SHERIFF INTERVIEWS 2020

Applicant: ~~Brandon Gaunt~~ Brandon Gaunt

Time: 9:30a

Interviewer: Ashley Andolsek

Date: 10/13/20

CPD - awhile ago - taking PT next

1. Tell me about your experience, training or education you have received that is relevant to the position of deputy. ^{month}
2017/2018- 127 recruit class CPD - FTO
Civilian job
Current CO @ DCSO
holding commission
Where does this position fit into your career path and goals? ^{stepped back due to family}
Everything. Very thankful for current tactical or K9 - trained current dog, working w/ dogs. Find retirement job.
2. Tell me about your experience: (wait for each answer then proceed to the next bullet)

	No Knowledge	Beginner/Intermediate	Expert
• Crisis Intervention Training ^{1 week} Certified CIT w/ Academy	0	1 (1.5)	2
• Verbal De-escalation Techniques	0	1 (1.5)	2
• Taking initiative for projects/tasks during down time	0	1	2

Strengths - Sup would agree picking up tasks as I see them, Sups don't worry about me

4. Please tell the panel about your major accomplishments in your current or previous positions.

Graduating academy
FTO in current job - asked @ 3 months of starting here. Going to FTO program next month

5. What characteristics do you think are important for a Deputy Sheriff to possess?
 Patience
 Sense of urgency
 Communicate well - Spectrum of backgrounds
 & get on their levels
 task oriented
 honesty
6. What steps have you taken to prepare yourself for the position of Deputy Sheriff?
 Academy training - refresher here
 Wife in academy - helping her study so I stay fresh.
 communicate
7. What do you know about Delaware County that you think may help you provide law enforcement services to our citizens?
 Current job @ jail - multitasking, being able to relate
 Grew up in CBUS
 Loves county - very diverse - lives in Sunbury
 Constantly changing
8. What would your current and previous Supervisors tell us about your ability to accept constructive criticism?
 Supportive Community for LE.
 Never had a problem - Open to learning new things. Always learning.
9. Have you ever been provided feedback or criticism that was not helpful or productive in your opinion?
 Not in LE.
 Target + distribution - feedback for production or stacking - doing better than others nit picky
10. In general, how do you believe the citizens of Delaware County view our deputies?
 Positive light - Very Supportive in Sunbury. No breach in trust

11. As it relates to media coverage of Law Enforcement events over the past few years, how does a Law Enforcement Agency generate and maintain community trust?

Social media & internet - good presence
info & fun stuff
getting into community

12. You are running speed enforcement on a busy road in the county. You stop a citizen for going 20 mph over the speed limit. During conversation with the citizen he discloses that he is a Police Officer. What do you do?

Have conversation w/ him like anyone else.
SWAT call etc. wife pregnant would not
write. Depends on convo w/ civilian.

13. Tell the panel about something you have witnessed while at work you believe to be unethical and how you responded.

Younger people in corrections not having
communication skills. Not approaching inmate
conversations correctly - aggressive not taking
seriously.

14. What would you consider your biggest disappointment and how did you get through it?

Leave CPD. Had a lot going on in personal
life. Immature @ time. Grew up & work hard
@ marriage & matured.

15. Please share with us who the most influential person in your life is and why.

Father - sense of work ethic, honesty, right
& wrong.

16. What have we not asked you today that you believe we should know?

Hard worker, trust to do job right -
doesn't take shortcuts, takes feedback
well. Respect for profession, wants to
work in Del CO. Loves county - friendly
opportunities here - supportive LE

11. As it relates to media coverage of Law Enforcement events over the past few years, how does a Law Enforcement Agency generate and maintain community trust?

SOCIAL MEDIA & INTERNET HAVE A GOOD PRESENCE
GETTING GOOD TIPS OUT TO THE PUBLIC, GET OUT IN COMMUNITY
BUILDING TRUST.

12. You are running speed enforcement on a busy road in the county. You stop a citizen for going 20 mph over the speed limit. During conversation with the citizen he discloses that he is a Police Officer. What do you do?

I WOULD ASK WHY HE WAS SPEEDING THERE MAY BE A REASON THAT IS WORK
RELATED. GENERAL RULE PROBABLY WOULD NOT WRITE. DEPENDS ON CONVERSATION

13. Tell the panel about something you have witnessed while at work you believe to be unethical and how you responded.

A LOT OF YOUNGER PEOPLE DON'T HAVE THE COMMUNICATION SKILLS &
MAY COME AT PRISONERS HARSH I TREAT IT DIFFERENTLY & REASON WITH
THEM

14. What would you consider your biggest disappointment and how did you get through it?

WHEN I LEFT COLUMBUS HAD A LOT GOING ON YOUNG IMMATURE
HAD TO GROW UP, WORK ON MARRIAGE, WORK ON PRIORITIES.

15. Please share with us who the most influential person in your life is and why.

FATHER, DRIVING FORCE, HONESTY, WORK ETHIC, DON'T TAKE
SHORT CUTS, HONESTY.

16. What have we not asked you today that you believe we should know?

HARD WORKER, TRUSTWORTHY, DON'T TAKE SHORT CUTS, HONEST
TAKE FEEDBACK WELL, UTMOST RESPECT FOR PROFESSION.



DELAWARE COUNTY SHERIFF'S OFFICE

SHERIFF RUSSELL L. MARTIN

Background Questionnaire

Please answer the following questions. You may use the back page of this questionnaire to further explain your answers if necessary. If you have any questions concerning your background or truth verification testing, write them on the back of the last page.

(Note: This is your opportunity to fully explain your history. Please take full advantage of this and be as specific and detailed as possible. If you are not completely honest and up front with your answers, or you intend to be intentionally vague with your responses, the result will be termination from the employment process.)

UNDETECTED CRIMES

1. Have you ever committed an act that you were not caught doing, but if caught, you would have been arrested.
- No
 Yes, Explain

2. Have you ever been involved in any of the following? (If yes to any, please include when, where, and value in space provided, or continue on the back of this page.)

- | | | |
|---------------------------------|---|-------|
| A. Switching price tags | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | _____ |
| B. Car theft | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | _____ |
| C. Theft of car parts | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | _____ |
| D. Robbery | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | _____ |
| E. Burglary (home/business) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | _____ |
| F. Embezzlement | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | _____ |
| G. Carrying concealed weapon | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | _____ |
| H. Intentionally started a fire | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | _____ |
| I. Con games | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | _____ |

Background Questionnaire

UNDETECTED CRIMES (continued)

- J. Leaving the scene of an accident Yes No
- K. Counterfeiting Yes No
- L. Fire bombing Yes No
- M. Mugging Yes No
- N. Assault Yes No
- O. Buy, sell, or possess stolen property Yes No
- P. Using stolen credit cards Yes No
- Q. Failure to pay alimony or child support Yes No
- R. Illegally obtaining public assistance, workers
 comp or unemployment by fraud. Yes No

3. Have you ever filed an insurance claim that was not accurate (over-estimating losses)?
 No
 Yes, Explain

4. Has a law enforcement agency ever been called because of something that you were involved in?
 No
 Yes, Explain

5. Were you ever in a fight in which a weapon was used?
 No
 Yes, Explain

Background Questionnaire

UNDETECTED CRIMES (continued)

6. Have you ever injured or caused the death of another person?

- No
 Yes, Explain

7. Have you ever physically abused a spouse, girlfriend, boyfriend, or child?

- No
 Yes, Explain

8. Have you ever intentionally damaged property belonging to another person?

- No
 Yes, Explain

9. Have you ever filed a false police report?

- No
 Yes, Explain

10. Have you ever participated in a riot or disturbance?

- No
 Yes, Explain

Background Questionnaire

UNDETECTED CRIMES (continued)

11. Since you have been an adult (18 years old), have you ever had any sexual involvement with someone under 18 years old?

- No
 Yes, Explain

12. Have you ever disclosed information indicated as confidential by any employer?

- No
 Yes, Explain

13. Have you ever sexually assaulted anyone?

- No
 Yes, Explain

14. Have you ever engaged in prostitution or used the services of a prostitute?

- No
 Yes, Explain

15. Have you ever been accused of any sexual misconduct?

- No
 Yes, Explain

Background Questionnaire

UNDETECTED CRIMES (continued)

16. Have you ever been questioned by a law enforcement agency as a suspect in an investigation? (Do not include situations in which you were a victim or witness to a crime.)

- No
- Yes, Explain

17. Other than what has already been covered, have you been involved in anything that you could have been arrested for?

- No
- Yes, Explain

18. Have you ever belonged to, or associated with anyone belonging to any organization, past or present, that would place the integrity of the Sheriff's Office in question (e.g. KKK, NAZI organization, gang member, organized crime)

- No
- Yes, Explain

19. Do you now or have you ever had regular associations with persons whom you knew or should have known, were under criminal investigation, or who had a reputation in the community or with law enforcement agencies for involvement in criminal behavior?

- No
- Yes, Explain

Background Questionnaire

MILITARY

1. Have you ever served in any military organization of the United States?
 No
 If Yes, complete questions 2 through 5.

2. What type of discharge did you receive?
Honorable Dishonorable Honorable Conditions Administrative Other

N/A

3. List dates of Active duty?

N/A

4. Have you ever received a court martial, been tried on charges, were the subject of a summary court, deck court, Captain's Mast, company punishment, or any other type of disciplinary action while a member of the armed forces?
 No
 Yes, Explain

N/A

5. Are there any incidents concerning your military career that could possibly affect this examination?
 No
 Yes, Explain

N/A

Background Questionnaire

ARREST RECORD

1. Have you ever been arrested, charged, or detained by a law enforcement agency, including military apprehensions? (Include any arrests in which the charges were dropped, reduced, found not guilty, or in which the records were sealed or expunged.) Failure to do so could result in termination of the application process. A Notice to Appear is considered an arrest and must also be listed.
- No
 Yes, Explain details to include the charge, arresting agency, date and final disposition of the case.

2. Have you ever served probation, parole, community control, or community service?
- No
 Yes, Explain

3. What fines have you been required to pay, and were they paid on time? (Other than traffic)

N/A

4. Have you ever been fingerprinted by a law enforcement agency?

- No
 Yes, Include agency, date, and reason.

Columbus Police 2015

Franklin Co. S.O. 2018

Delaware Co. S.O. 2018

Background Questionnaire

DRUG USAGE

1. How many times in your life have you used marijuana? (Please include approximate dates and how many times weekly or monthly.)

Never

2. When was the last time that you used marijuana?

N/A

3. Have you used any of the following drugs? (If yes, include total number of times and dates last used.)

A. Speed

Yes No

B. Barbituates (downers)

Yes No

C. Amphetamines (uppers)

Yes No

D. Rush

Yes No

E. Bath Salts

Yes No

F. LSD

Yes No

G. Hash

Yes No

H. Ice or Methamphetamine

Yes No

I. Mushrooms

Yes No

J. Steroids

Yes No

K. Another Person's Prescription

Yes No

L. PCP (Angel Dust)

Yes No

M. Crack

Yes No

N. Cocaine

Yes No

O. Heroin

Yes No

P. Ecstasy

Yes No

Q. Designer Drugs

Yes No

Background Questionnaire

DRUG USAGE (continued)

R. Mescaline

Yes No

S. Other

Yes No

4. Have you ever used inhalants, or any other legal substance, to get high?

No

Yes, Explain

5. Have you ever been involved in the purchase of any illegal drug? (Any amount from a joint to a kilo or more)?

No

Yes, Include type of drug, the amount, the circumstances, and the last time.

6. Have you ever been involved in the sale of illegal drugs, either directly or indirectly?

No

Yes, Include the type of drug, the amount, the circumstances and the last time.

7. Have you ever benefited from the sale of illegal drugs, to include money, free drugs or sexual favors? (Note if you received any money from a friend or a family member involved in drug sales indirectly, list here and give details.)

No

Yes, Explain

8. Have you ever set up a drug deal?

No

Yes, Explain

Background Questionnaire

DRUG USAGE (continued)

9. Have you ever been in the company of people using illegal drugs?

- No
- Yes, Explain details and the last time.

2012 - friends were getting high on marijuana in a park, I was there a few minutes & left

10. What is the total amount of money you have spent on illegal drugs in your lifetime?

0

11. Have you ever stolen money or drugs from a drug dealer?

- No
- Yes, Explain

12. Have you ever driven a motor vehicle under the influence of illegal drugs?

- No
- Yes, Explain

13. Have you ever tried to grow or cultivate any illegal drugs? (Include the amount from one seed and up.)

- No
- Yes, Explain

14. Explain, in detail, any other information relating to illegal drug use or involvement which has not been covered, to include transportation, manufacturing, etc.?

N/A

Background Questionnaire

THEFT

1. Estimate the total amount of merchandise, tools or equipment that you have taken:

- | | | | |
|-----------------------------------|----------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$75 |
| <input type="checkbox"/> \$40,000 | <input type="checkbox"/> \$4,000 | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$30,000 | <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$25 |
| <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$10 |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$5 |

2. Name the single most expensive item that you have ever taken?

Item: Apple car buds
Amount: \$ 15.70 Date: 2013

3. Have you ever taken anything or shoplifted anything from a business? (Include personal and employee theft.)

- No
 Yes, Explain

* apple car buds - walmart Mt. Vernon, OH

4. Have you ever been with anyone who was stealing merchandise or equipment?

- No
 Yes, Explain

5. Have you ever taken anything from a current or former employer?

- No
 Yes, Explain

Background Questionnaire

THEFT (continued)

6. Have you ever stolen cash? If yes, explain each incident and how much money was taken. (Include cash thefts from family, friends, employers and any other incidents.)

No
 Yes, Explain

7. Have you ever purchased, pawned, or sold an item in which you knew or should have known it to have been stolen?

No
 Yes, Explain

8. Have you ever illegally obtained services (e.g. utilities, cable, etc.) that should have been paid for?

No
 Yes, Explain

Background Questionnaire

EMPLOYMENT HISTORY

1. Have you ever been terminated or asked to resign from a job?

- No
- Yes, Explain

2. Have you ever been disciplined by your current or previous employers? (If discipline was by a law enforcement agency, refer to law enforcement experience questions.)

- No
- Yes, Explain

verbal Delaware Co jail for not handcuffing a
mentally ill inmate who made a movement towards
another inmate when walking by each other - corrected him +

3. Have you ever resigned or been given the opportunity to resign from a job in which you were under investigation for a policy violation or misconduct?

- No
- Yes, Explain

told he should
have
wuffed
him

4. Did you list ALL of your jobs for the past ten years on your employment application, to include part-time and temporary jobs?

- No, Explain
- Yes

W6 Grinders - Manager - full time - 2013 thru 2014 -
Left for job @ Target - paid better

Background Questionnaire

DRIVING HISTORY

1. Has your driver's license ever been suspended or revoked?
 No
 Yes, Explain

2. What states, other than Ohio, have you had a driver's license issued? (List all states and include temporary and learning permits.)

NONE

3. Have you ever received a traffic citation?

- No
 Yes, Explain

2013 - SPEED - somewhere between Columbus + Sandusky -
possibly Crawford Co. S.O. - speed unknown

4. Have you ever been involved in a traffic accident that was your fault?

- No
 Yes, Explain

5. Has your auto insurance ever lapsed?

- No
 Yes, Explain

6. How many times have you driven a vehicle while under the influence of alcohol, when if stopped, you could have been arrested? 0 When was the last time? never

Background Questionnaire

FINANCIAL HISTORY

1. ~~Have~~ you ever filed for bankruptcy?

- No
 Yes, Explain

2. ~~Have~~ you ever had anything repossessed?

- No
 Yes, Explain

3. ~~Have~~ you ever been involved in any civil actions (past or present)?

- No
 Yes, Explain

4. ~~Are~~ you currently more than three months behind on any bills?

- No
 Yes, Explain

5. ~~Are~~ any creditors pursuing you for outstanding debts?

- No
 Yes, Explain

Background Questionnaire

FINANCIAL HISTORY (continued)

6. Are there any financial obligations or bills that you have refused to pay or feel that you are not responsible to pay?

No
 Yes, Explain

7. Have you ever been or are you currently responsible for any child support payments?

No
 Yes, Explain

8. Estimate the amount of debt you owe, not including mortgage or car loans.

federal student loans - \$20,000

9. When did you last write a check that bounced or when you knew that there were no funds to cover the value of the check? never

How many times? 0

Have you ever written a check using another person's name?

No
 Yes, Explain

10. Have you ever used a fraudulent document to obtain money?

No
 Yes, Explain


Background Questionnaire

ALIASES

1. List ALL NAMES that you have ever used, to include maiden, nick names, married, and legal name changes, and dates used.

BRANDON GAUNT , BRANDON RICHARD GAUNT

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS TRUE AND CORRECT. I HAVE BEEN COMPLETELY TRUTHFUL IN MY ANSWERS TO THESE QUESTIONS. I ACKNOWLEDGE AND UNDERSTAND THAT PROVIDING UNTRUTHFUL ANSWERS TO ANY OF THE ABOVE QUESTIONS WILL AUTOMATICALLY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT. I FURTHER CERTIFY THAT IF I AM HIRED AND IF IT IS LATER DETERMINED THAT I PROVIDED UNTRUTHFUL ANSWERS TO ANY OF THE ABOVE QUESTIONS, I AGREE THAT THIS WILL CONSISTITUE "JUST CAUSE" FOR IMMEDIATE TERMINATION OF MY EMPLOYMENT AND I VOLUNTARILY WAIVE ANY AND ALL PROPERTY OR OTHER RIGHTS IN CONTINUED EMPLOYMENT WITH THE DELAWARE COUNTY SHERIFF'S OFFICE.

Signature:  Date: 10/26/2020

Interviewer: Det. Susan Jermal #011



DELAWARE COUNTY SHERIFF'S OFFICE

SHERIFF RUSSELL L. MARTIN

Law Enforcement & Corrections Experience Questionnaire

If you answer "yes" to any of the following questions; please explain and provide details to include where you were employed at the time and the date of the occurrence. Use additional paper or back of this questionnaire if necessary.

1. Have you ever accepted a cash bribe or gratuity?

No
 Yes, Explain

2. Have you ever taken (stolen) anything from an investigative site?

No
 Yes, Explain

3. Have you ever stolen from a prisoner or detainee?

No
 Yes, Explain

4. Have you ever been investigated or accused of using excessive force?

No
 Yes, Explain

Law Enforcement & Corrections Experience Questionnaire

5. Have you ever used more force than was necessary to subdue another person or have you ever witnessed an excessive force situation?

No
 Yes, Explain

6. Have you ever struck a handcuffed or restrained prisoner?

No
 Yes, Explain

7. Have you ever handled evidence in an illegal manner?

No
 Yes, Explain

8. Have you ever falsified any type of official report?

No
 Yes, Explain

9. Have you ever used your position as a law enforcement or corrections officer for personal gain?

No
 Yes, Explain

Law Enforcement & Corrections Experience Questionnaire

10. Have you ever been the subject of an internal investigation? If yes, list in chronological order, a short synopsis and outcome to include discipline received.

PLEASE BE SPECIFIC

- No
 Yes, Explain

11. Do you have any active or pending internal investigations or discipline?

- No
 Yes, Explain

12. As a law enforcement or corrections officer, have you ever been disciplined? Please include oral and written reprimands, suspensions, and anything that would have been purged from your personnel file.

- No
 Yes, Explain

ORAL REPRIMANDS - FAILING TO HANDCUFF UNRULLY INMATE

13. Have you ever taken anything from a place that had already been burglarized? Please give dollar amount and list items.

- No
 Yes, Explain

14. Have you ever taken cash, property, or valuables from a dead body?

- No
 Yes, Explain

Law Enforcement & Corrections Experience Questionnaire

15. Have you ever taken property, cash, or valuables from an intoxicated person?

- No
 Yes, Explain

16. Have you ever lied to a law enforcement or corrections supervisor?

- No
 Yes, Explain

17. Have you ever told a friend, acquaintance, or relative about an investigation involving them?

- No
 Yes, Explain

18. Have you ever provided or been paid to provide confidential information to an unauthorized person?

- No
 Yes, Explain

19. Have you ever removed, destroyed, or altered police records or files?

- No
 If Yes, Explain

Law Enforcement & Corrections Experience Questionnaire

20. Have you ever disclosed the identity of a confidential informant to an unauthorized person?

- No
 Yes, Explain

21. Have you ever disclosed the identity of an undercover law enforcement officer to an unauthorized person?

- No
 Yes, Explain

22. Have you ever lied under oath?

- No
 Yes, Explain

23. Since becoming a corrections or law enforcement officer, have you ever committed a felony crime?

- No
 Yes, Explain

24. Have you ever used your position as a corrections or law enforcement officer to take sexual advantage of anyone?

- No
 Yes, Explain

Law Enforcement & Corrections Experience Questionnaire

25. As a law enforcement or corrections officer, have you ever engaged in a sexual act on duty?

- No
 Yes, Explain

26. Have you ever been involved in a shooting incident?

- No
 Yes, Explain

27. Have you ever been the subject of a grand jury investigation?

- No
 Yes, Explain

28. Have you ever been the subject of any civil lawsuit, prior or pending?

- No
 Yes, Explain

29. Have you ever been involved in any on-duty motor vehicle accident? Please list each one and include who was at fault?

- No
 Yes, Explain

Law Enforcement & Corrections Experience Questionnaire

30. Have you ever had any sexual involvement with a juvenile?

- No
 Yes, Explain details and the last time.

31. Since becoming a law enforcement or corrections officer have you had any sexual involvement with an inmate or another officer on duty?

- No
 Yes, Explain details and the last time.

32. Since becoming a law enforcement or corrections officer, have you used any illegal drugs?

- No
 Yes, Explain

33. Have you ever used alcohol or illegal drugs on duty? (Other than sanctioned law enforcement operations.)

- No
 Yes, Explain

34. Have you ever introduced contraband into a correctional facility for an inmate or another officer?

- No
 Yes, Explain

Law Enforcement & Corrections Experience Questionnaire

35. Have you ever had or maintained a friendship with an inmate after they were released?
 No
 Yes, Explain

36. Have you ever given away an inmates property?
 No
 Yes, Explain

37. Explain any circumstances or incident which you have been involved in as a law enforcement or corrections officer that could have a negative impact on your employment with the Delaware County Sheriff's Office?
 No
 Yes, Explain

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS TRUE AND CORRECT. I HAVE BEEN COMPLETELY TRUTHFUL IN MY ANSWERS TO THESE QUESTIONS. I ACKNOWLEDGE AND UNDERSTAND THAT PROVIDING UNTRUTHFUL ANSWERS TO ANY OF THE ABOVE QUESTIONS WILL AUTOMATICALLY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT. I FURTHER CERTIFY THAT IF I AM HIRED AND IF IT IS LATER DETERMINED THAT I PROVIDED UNTRUTHFUL ANSWERS TO ANY OF THE ABOVE QUESTIONS, I AGREE THAT THIS WILL CONSISTITUE "JUST CAUSE" FOR IMMEDIATE TERMINATION OF MY EMPLOYMENT AND I VOLUNTARILY WAIVE ANY AND ALL PROPERTY OR OTHER RIGHTS IN CONTINUED EMPLOYMENT WITH THE DELAWARE COUNTY SHERIFF'S OFFICE.

Signature: 

Date: 10/26/2020

Interviewer: Det. Susan Leonard #011

DELAWARE COUNTY SHERIFF'S OFFICE
DEPUTY SHERIFF INTERVIEWS 2020

Applicant: BRANDON GAUNT

Time: 0930

Interviewer: SCOWDEN

Date: 10/13/2020

1. Tell me about your experience, training or education you have received that is relevant to the position of deputy.

2017-18 GRADUATED CPD 123 GOT THROUGH FTO WORKED FOR BODY CAMERA
GOT HIRED BY DCSO CORRECTIONS. CPD TAKE PHYSICAL NEXT MONTH
DCSO HOLDING COMMISSION

2. Where does this position fit into your career path and goals?

THANKFUL FOR JOB IN JAIL, WANT TO BE DCSO DEPUTY, WOULD LOVE TO
BE K9 + SWAT + SUPERVISOR. WOULD LOVE TO WORK HERE

3. Tell me about your experience: (wait for each answer then proceed to the next bullet)

	No Knowledge	Beginner/ Intermediate	Expert
• Crisis Intervention Training	0	1	2
• Verbal De-escalation Techniques	0	1	2
• Taking initiative for projects/tasks during down time	0	1	2

CIT THROUGH ACADEMY ONE WEEK, GOTTEN TO USE IN JAIL SEVERAL TIMES
STRENGTH I LIKE PICKING UP TASKS FEEL SUPERVISORS WOULD SAY THE SAME

4. Please tell the panel about your major accomplishments in your current or previous positions.

GRADUATING ACADEMY WAS HIGHLIGHT
CURRENTLY I FTO AFTER ONLY 3 MONTHS
GOING TO FTO TRAINING SOON

5. What characteristics do you think are important for a Deputy Sheriff to possess?

PATIENCE WITH A SENSE OF URGENCY
COMMUNICATE WELL 90% TALKING, 10% PAPER, 1% DOING OTHER THINGS
TASK ORIENTED,
HONESTY,

6. What steps have you taken to prepare yourself for the position of Deputy Sheriff?

ACADEMY, REENTRY COURSE, WIFE IS GOING THROUGH ACADEMY & HELP HER
STUDY, TALKING W/ OTHERS COMMUNICATION & MULTITASKING IN CURRENT JOB

7. What do you know about Delaware County that you think may help you provide law enforcement services to our citizens?

GREW UP IN COLUMBUS, MOVING HERE IT'S VERY DIVERSE POPULATION & AREA
CONSTANT CHANGE, POPULATION IS PROUD OF LAW ENFORCEMENT

8. What would your current and previous Supervisors tell us about your ability to accept constructive criticism?

IT IS A STRENGTH I'M ALWAYS OPEN TO DOING NEW THINGS & NEW WAYS
CONSTANTLY WANT TO LEARN NO ONE EVER MASTERS ANYTHING

9. Have you ever been provided feedback or criticism that was not helpful or productive in your opinion?

NOT IN L.E. I LIKE ALL MY SUPERVISORS, IN TARGET I GOT FEEDBACK
THAT SEEMED TO BE NIT PICKING

10. In general, how do you believe the citizens of Delaware County view our deputies?

POSITIVE LIGHT WHERE I LIVE IT IS NOTHING BUT SUPPORT
SEE FLAGST LIGHTS. I FEEL WE ARE VERY SUPPORTED



DELAWARE COUNTY SHERIFF'S OFFICE

SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

Disclosure Statement

Deputy Sheriff Candidates

Pursuant to Ohio Revised Code §311.04, the Sheriff's Office is prohibited from hiring any applicant for the position of deputy sheriff who has been convicted of a felony or has pled guilty to a felony.

Prior to hiring, you will be required to complete a criminal records background check through the bureau of criminal identification and investigation. You will be required to complete the prescribed forms and provide a set of fingerprint impressions.

I have not been convicted of or plead guilty to a felony. I agree to fully comply with the Delaware County Sheriff's Office background check procedures and requirement to provide my fingerprints impressions.

I have been convicted of or plead guilty to a felony. Please list date of occurrence, violation and details: _____

BRANDON GAUNT
Candidate Printed Name

Candidate Signature

10/13/2020
Date

*Legitimacy through protecting and serving with **empathy, competency, and diligence.** To be known as one of Ohio's finest by upholding the **constitution and applying the rule of law.***



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I have been convicted of or plead guilty to a felony. Please list date of occurrence, violation and details: _____

BRANDON GAUNT
Candidate Printed Name

Brandon Gaunt
Candidate Signature

10/13/2020
Date

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DELAWARE COUNTY SHERIFF'S OFFICE
DEPUTY SHERIFF INTERVIEWS 2020

Applicant: Brandon R. Gaunt

Time: 9:30 Am

Interviewer: Tekya Woods

Date: 10/13/2020

1. Tell me about your experience, training or education you have received that is relevant to the position of deputy. 2017-2018 OLOTA - CPD, Body camera unit.

2019 14R - DCSO - Correctional officer.

Applied with CPD - Take test for physical Oct-2020

2. Where does this position fit into your career path and goals?

Delaware tactical team - Goal to be K-9 unit

Long term - Promotion - Wants to work for DCSO.

3. Tell me about your experience: (wait for each answer then proceed to the next bullet)

	No Knowledge	Beginner/Intermediate	Expert
• Crisis Intervention Training - <u>certified</u> ^{Basic} <u>OT-Academy</u>	0	①	2
• Verbal De-escalation Techniques - <u>In-l encounters</u>	0	①	2
• Taking initiative for projects/tasks during down time <u>work</u>	0	①	2

If something needs done he gets it done. Take initiative to complete tasks.

4. Please tell the panel about your major accomplishments in your current or previous positions.

OLOTA - graduated

CO - current job - FTO, going to FTO program next month from this date.

5. What characteristics do you think are important for a Deputy Sheriff to possess?
Patience, urgency, communicate well.
Task oriented
Honesty
6. What steps have you taken to prepare yourself for the position of Deputy Sheriff?
Academy, refresher course.
cont. working on communication, and other things while being
a CO.
7. What do you know about Delaware County that you think may help you provide law enforcement services to our citizens?
Diverse population, diverse area, citizens proud of community
Support LE.
8. What would your current and previous Supervisors tell us about your ability to accept constructive criticism?
Never had an issue when need to get better at. Supervisors
would agree that he takes it well.
9. Have you ever been provided feedback or criticism that was not helpful or productive in your opinion?
Target distribution-feedback about production, felt like
job was picking at him.
10. In general, how do you believe the citizens of Delaware County view our deputies?
positive, support, blue flags in community.

11. As it relates to media coverage of Law Enforcement events over the past few years, how does a Law Enforcement Agency generate and maintain community trust?
Social media, Internet. Having good presence. Giving out info about crimes. Make it fun, getting out in community, building trust.
12. You are running speed enforcement on a busy road in the county. You stop a citizen for going 20 mph over the speed limit. During conversation with the citizen he discloses that he is a Police Officer. What do you do?
Would figure out why speeding first, but then not give ticket.
13. Tell the panel about something you have witnessed while at work you believe to be unethical and how you responded. Multiple people not responding to inmates ~~appropriately~~ appropriate. He explain to inmates why he could not fulfill their needs.
14. What would you consider your biggest disappointment and how did you get through it?
Not making it CPD. Had to mature, work on marriage.
15. Please share with us who the most influential person in your life is and why.
His father instilled work ethics, right from wrong.
16. What have we not asked you today that you believe we should know?
Hard worker, trust to go out and get work done.
Take feedback well, utmost respect for the profession



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Disclosure Statement

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Prior to hiring, you will be required to complete a criminal records background check through the bureau of criminal identification and investigation. You will be required to complete the prescribed forms and provide a set of fingerprint impressions.

I have not been convicted of or plead guilty to a felony. I agree to fully comply with the Delaware County Sheriff's Office background check procedures and requirement to provide my fingerprints impressions.

I have been convicted of or plead guilty to a felony. Please list date of occurrence, violation and details: _____

BRANDON GAUNT
Candidate Printed Name

Brandon Gaunt
Candidate Signature

10/13/2020
Date

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DELAWARE COUNTY SHERIFF'S OFFICE
DEPUTY SHERIFF INTERVIEWS 2020

Applicant: Brandon Graunt

Time: 9:30

Interviewer: LT Robert Curren

Date: 10/13/2020

1. Tell me about your experience, training or education you have received that is relevant to the position of deputy.

2017-2018 - 129 CLASS AT CPD

TOOK A STEP BACK FOR FAMILY ISSUE WHILE DURING THE FTO PERIOD.
WORKED IN THE OMC DIVISION AT CPD

2. Where does this position fit into your career path and goals?

WANTS TO BE ON DTU

WANTS TO BE A K-9 HANDLER

SEEK SUPERVISOR.

WIFE WORKS HERE AND HE WANTS TO STAY IN DELAWARE.

3. Tell me about your experience: (wait for each answer then proceed to the next bullet)

	USED TRAINING IN JAIL	No Knowledge	Beginner/Intermediate	Expert
• Crisis Intervention Training	CERTIFIED AT CPD	0	1	2
• Verbal De-escalation Techniques	USED IN JAIL. TALK PEOPLE DOWN	0	1	2
• Taking initiative for projects/tasks during down time		0	1	2

ONE OF HIS STRENGTHS - IF HE SEE SOMETHING NEEDS TAKEN CARE
HE JUST DOES IT.

4. Please tell the panel about your major accomplishments in your current or previous positions.

STARTED FTOING WITH IN 3 MONTHS AFTER STARTING AT THE JAIL

GOING THROUGH ACADEMY (CPD)

5. What characteristics do you think are important for a Deputy Sheriff to possess?
 Communicate well - with different people of All Back grounds
 Honesty - you are the face of LE

6. What steps have you taken to prepare yourself for the position of Deputy Sheriff?
 Academy with CPD - went through refresher course.
 - Helping his wife who is currently in the Academy

7. What do you know about Delaware County that you think may help you provide law enforcement services to our citizens?
 Grew up in Columbus - Delaware very diverse Area and people
 People are very supportive of Law enforcement and of their
 Community

8. What would your current and previous Supervisors tell us about your ability to accept constructive criticism?
 Straight - Always open to learn new ways of doing things
 - Always learning from others.

9. Have you ever been provided feedback or criticism that was not helpful or productive in your opinion?
 not in LE
 At Target - feed back on production, when he would be better
 than others not picky

10. In general, how do you believe the citizens of Delaware County view our deputies?
 Very Support they understand what the Department is
 trying to do.

11. As it relates to media coverage of Law Enforcement events over the past few years, how does a Law Enforcement Agency generate and maintain community trust?

Social Media - good presence, Activities, Fun Events.
Greeting out in the Community.

12. You are running speed enforcement on a busy road in the county. You stop a citizen for going 20 mph over the speed limit. During conversation with the citizen he discloses that he is a Police Officer. What do you do?

Why were you speeding - just to make sure they aren't responding to work. As a general rule I would not write.
Several citizens would depend on the reason for speed.

13. Tell the panel about something you have witnessed while at work you believe to be unethical and how you responded.

Saw coworkers respond very aggressive and not provide input with why they can't do something.

14. What would you consider your biggest disappointment and how did you get through it?

When he had to leave Columbus. Needs to grow up, work on his marriage.

15. Please share with us who the most influential person in your life is and why.

Father - driving force - work ethic, not take easy way out.
if father messed up he would take responsibility for it.

16. What have we not asked you today that you believe we should know?

Hard worker - trusted to do what's right. Doesn't take thing personally. Really wants to work in Delaware Co.
Love the County, the people, the size of the office.



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Prior to hiring, you will be required to complete a criminal records background check through the bureau of criminal identification and investigation. You will be required to complete the prescribed forms and provide a set of fingerprint impressions.

I have not been convicted of or plead guilty to a felony. I agree to fully comply with the Delaware County Sheriff's Office background check procedures and requirement to provide my fingerprints impressions.

I have been convicted of or plead guilty to a felony. Please list date of occurrence, violation and details: _____

BRANDON GAUNT
Candidate Printed Name

Brandon Gaunt
Candidate Signature

10/13/2020
Date

Legitimacy through protecting and serving with empathy, competency, and diligence. To be known as one of Ohio's finest by upholding the constitution and applying the rule of law.



DELAWARE COUNTY SHERIFF'S OFFICE

Employer/Personnel Return Form

Employment Dates	Part/Full Time	Title or Duty	Weekly Salary
2/25/19	Full	Corrections Officer	929.20

If not presently employed by you, indicate manner of leaving your employ. (Check one)

- Resigned Voluntarily (state reason) _____
- Requested to Resign (state reason) _____
- Discharged (state reason) _____
- Laid Off / Other (state reason) _____

Residence While in your Employment	[Redacted] Sunbury Ohio 43074		
Name and Address of previous Employers	Name of Firm/Agency	Address (Street, City, State)	Dates of Employment

EMPLOYEE PERFORMANCE

Note: If your firm utilizes a formal employee rating system, please attach a copy of this applicant's most recent performance evaluation. If not, please complete the below questionnaire. (Please choose the most applicable for each category.)

Quality of Work
(accuracy, neatness, thoroughness)

- Inferior work
- Rather careless
- Meets requirements
- Highly accurate
- Exceptional

Cooperation
(working with other employees)

- Trouble maker
- Has difficulty
- Generally cooperative
- Gets along well
- Excellent relations

Dependability
(reliability)

- Needs constant Supervision
- Needs frequent checking
- Usually dependable
- Seldom needs checking
- Highly reliable

Quantity of Work
(volume, amount, speed)

- Very slow
- Insufficient work
- Moderate
- Rapid worker
- Highly productive

Judgment
(ability to make decisions, plan work)

- Disorganized & illogical
- Limited judgment
- Plans well
- Logical thinker
- Creative

Initiative
(interest in work, motivation)

- Lazy, indifferent
- Needs pushing
- Adequate
- Considerable
- Highly motivated

Problems with absenteeism: Yes _____ No Average annual absences: 2 Average annual tardiness: 0
 Any disciplinary actions on file: Yes _____ No For what: _____
 Ability to follow orders: Good Fair _____ Poor _____
 Applicant's Personality: Rude, careless Indifferent Adequate for job Polite, courteous Exceptional
 Job related accidents or injuries on file: Yes _____ No
 Polygraph administered: Yes _____ No If yes, please enclose. Unemployment claims: Yes _____ No
 Would you prefer a personal interview? Yes _____ No _____ Is applicant eligible for re-hire: Yes No _____

Name of Firm or Agency DCSO	Type of Business or function of Agency Jail	Your Business telephone number 740-833-2841 extension 3880
Title of your Position Sergeant	Date 11/11/2020	Signature A. Hook 382



DELAWARE COUNTY SHERIFF'S OFFICE

Employer/Personnel Return Form

Employment Dates	Part/Full Time	Title or Duty	Weekly Salary
2-25-19 to Present	Full	Corrections Officer	927.20

If not presently employed by you, indicate manner of leaving your employ. (Check one)

- Resigned Voluntarily (state reason) _____
- Requested to Resign (state reason) _____
- Discharged (state reason) _____
- Laid Off / Other (state reason) _____

Residence While in your Employment	[REDACTED]		
	Sunbury, Oh 43074		
Name and Address of previous Employers	Name of Firm/Agency	Address (Street, City, State)	Dates of Employment

EMPLOYEE PERFORMANCE

Note: If your firm utilizes a formal employee rating system, please attach a copy of this applicant's most recent performance evaluation. If not, please complete the below questionnaire. (Please choose the most applicable for each category.)

Quality of Work
(accuracy, neatness, thoroughness)

- Inferior work
- Rather careless
- Meets requirements
- Highly accurate
- Exceptional

Cooperation
(working with other employees)

- Trouble maker
- Has difficulty
- Generally cooperative
- Gets along well
- Excellent relations

Dependability
(reliability)

- Needs constant Supervision
- Needs frequent checking
- Usually dependable
- Seldom needs checking
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(volume, amount, speed)

- Very slow
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- Rapid worker
- Highly productive

Judgment
(ability to make decisions, plan work)

- Disorganized & illogical
- Limited judgment
- Plans well
- Logical thinker
- Creative

Initiative
(interest in work, motivation)

- Lazy, indifferent
- Needs pushing
- Adequate
- Considerable
- Highly motivated

Problems with absenteeism: Yes _____ No Average annual absences: 2 DAYS Average annual tardiness: 0
 Any disciplinary actions on file: Yes _____ No For what: _____
 Ability to follow orders: Good Fair _____ Poor _____
 Applicant's Personality: Rude, careless Indifferent Adequate for job Polite, courteous Exceptional
 Job related accidents or injuries on file: Yes _____ No Unemployment claims: Yes _____ No
 Polygraph administered: Yes _____ No If yes, please enclose. Is applicant eligible for re-hire: Yes No _____
 Would you prefer a personal interview? Yes _____ No

Name of Firm or Agency	Type of Business or function of Agency	Your Business telephone number
DELAWARE COUNTY	JAIL	740-833-2841
Title of your Position	Date	Signature
SERGEANT	11-11-20	Sgt S. [Signature]

Alerts Summary

Address Discrepancy

NO SUBSTANTIAL DIFFERENCE OCCURRED

DCSO Personnel File

EMPLOYEE ACTION FORM

<input type="checkbox"/> New Hire * <input type="checkbox"/> Calendar Change <input type="checkbox"/> Org Key Change * <input type="checkbox"/> Termination - Voluntary	<input checked="" type="checkbox"/> Address Change (home) <input type="checkbox"/> Address Change (work) <input type="checkbox"/> Supplemental Assignment <input type="checkbox"/> Termination - Involuntary Last day worked: _____	<input type="checkbox"/> Wage Change <input type="checkbox"/> PCN Change * <input type="checkbox"/> Other _____
--	---	---

<input type="checkbox"/>	HR *	_____
	In	
		Date
<input type="checkbox"/>	PY	_____
	In	
		Date

Employee Name BRANDON GAUNT Action Date 7/21/19

Primary Address [REDACTED]

City SUNBURY State OH Zip Code 43074 Phone [REDACTED]

ID # [REDACTED] E-Mail Address bgaunt@co.delaware.oh.us

Type Status* _____ HR Status* _____

Bargaining Unit _____

Calendar _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Distribution # _____ Department # _____ Division # _____

Location # _____ Hire Date _____ Original Hire Date _____

_____ FLSA _____ EEO Code _____

Disabled _____ Reaction Type _____

Veteran _____ Pay Class _____ Reason Code _____

Job Code _____ Position _____ PCN # _____

Salary/Hourly Wage _____ Evaluation Score _____ Previous Wage _____ % Increase _____

Org Key (please list all) _____

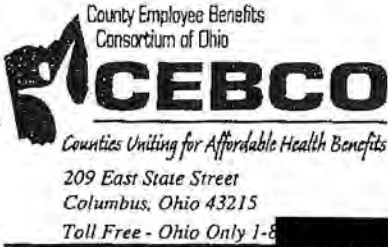
Benefit Instruction _____

Additional Information _____

Employee Signature <u><i>Brandon Gaunt</i> 309</u>	Date <u>7/21/19</u>
Supervisor Signature <u><i>Sally Beck</i> 308</u>	Date <u>7-23-19</u>
Payroll Administrator _____	Date _____
Appointing Authority _____	Date _____

Make 3 Copies after final approval to be distributed to the following departments:

HR/Personnel File - Original	Auditor	HR/Benefits	Department
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WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements is guilty of insurance or health care fraud under state and/or federal law.

CHANGE REQUEST FORM

Send To: HR Department

County: Delaware County

Location / Dept #: _____

FOR OFFICE USE ONLY

CHANGE EFFECTIVE: _____ EXCLUSIONS: _____
 DATE PROCESSED: _____ ISSUED: _____

PLEASE READ CAREFULLY AND *PRINT* IN INK TO PREVENT YOUR COVERAGE FROM BEING DELAYED.

Employer DELAWARE COUNTY SHERIFF Employee BRANDON GAUNT
 Account No. 10270 Social Security Number [REDACTED] Telephone [REDACTED]

Name _____ Date of Birth _____

Date of Marriage _____ Spouse employed Yes No Spouse's S.S. No. _____

Employed By _____
Company Name City, State of Employment

Is your spouse covered or insured under any other medical coverage (including Medicare and other government plans)?

No Yes If yes, indicate who the carrier is: _____

Full Name (Please Print Clearly)	SSN	Date of Birth	Natural Child	Adopted Child*	Step-Child	Legal Guardian	Main (M) Female (F)	Over-Age Dependent (Y/N)**	AGE

*Please attach copies of the court orders or legal documents creating this relationship.

If dependent is 26 or older, AFFADAVIT FOR DEPENDENCY FOR OHIO GROUP COVERAGE must be attached.

Spouse employed No Yes Employed By _____ Date of Marriage _____

Are children covered or insured under any other medical coverage (including Medicare and other government plans)?

No Yes If yes, indicate who is covered under this other coverage, and who the carrier is: _____

Are any of the other Dependents listed above in the legal custody of another Person? No Yes If Yes (See Box Below)

Dependent	Person with Legal Custody	Relationship	Address of Custodian

CHANGE MARITAL STATUS
 From: Single Divorced Married
 Separated Widowed
 To: Married Divorced
 Separated Widowed

NAME CHANGE
 Employee Name Dependent's Name _____
 By marriage Other, describe _____
 Change Name to _____

CHANGE ADDRESS
 New Address [REDACTED] SUNBURY, OH 43074

DELETE COVERAGE
 Delete Spouse Name _____ As of _____
 Delete Child(ren) Name _____ As of _____
 Delete Employee Name _____ As of _____

TYPE OF COVERAGE TO BE DELETED
 Delete All Coverage As of (indicate last day of work) _____
 Delete Medical As of _____
 Delete Dental As of _____
 Delete Vision/Other As of _____

- Add Spouse
- Add Spouse
- Add Children
- Add Children
- Add Children
- Add Children
- Add Children
- Add Children
- Add Children
- Add Children

DELAWARE COUNTY SHERIFF'S OFFICE
EMERGENCY CONTACT INFORMATION

In case of emergency notify:

Name [REDACTED] GAUNT

Address [REDACTED]

SUNBURY, OH 43074

Relationship SPOUSE

Phone: Home: [REDACTED] Work: _____

Cell: [REDACTED] Other: _____

Name MARY GAUNT

Address [REDACTED]

COLUMBUS, OH 43235

Relationship MOTHER

Phone: Home: _____ Work: _____

Cell: [REDACTED] Other: _____

Employee's name: BRANDON GAUNT

Employee's signature: *Brandon Gaunt* 309

Date: 7/21/19

EMPLOYEE ACTION FORM

<input checked="" type="checkbox"/> New Hire * <input type="checkbox"/> Calendar Change <input type="checkbox"/> Org Key Change * <input type="checkbox"/> Termination - Voluntary	<input type="checkbox"/> Address Change (home) <input type="checkbox"/> Address Change (work) <input type="checkbox"/> Supplemental Assignment <input type="checkbox"/> Termination - Involuntary Last day worked: _____	<input type="checkbox"/> Wage Change <input type="checkbox"/> PCN Change * <input type="checkbox"/> Other _____
--	--	---

<input checked="" type="checkbox"/>	HR *	CLD
	In	01/21/2019
	Date	_____
<input type="checkbox"/>	PY	_____
	In	_____
	Date	_____

Employee Name BRANDON GAUNT Action Date 02/25/2019

Primary Address ██████████

City COLUMBUS State OH Zip Code 43235 Phone ██████████

ID # ██████████ E-Mail Address BGAUNT@CO.DELAWARE.OH.US

Type Status* FTPM - FT Permanent HR Status* AC - Active

Bargaining Unit FOP CO - FOP CO Classified _____

Calendar Non-Holiday Work Hours (Days/Week) 5 (Hours/Day) 8

Distribution # 0026 Department # 045A Division # 0131

Location # 0049 Hire Date 2-25-19 Original Hire Date _____

Non-exempt _____ FLSA _____ EEO Code _____

Disabled _____ Reaction Type PM - Normal Pay Assignment

Veteran _____ Pay Class 400 - Corrections Officer Reason Code NH - New Hire

Job Code 22104 Position CORRECTIONS OFFICER PCN # 3130322126

Salary/Hourly Wage \$19.30 Evaluation Score _____ Previous Wage _____ % Increase _____

Org Key (please list all) 10031303

Benefit Instruction _____

Additional Information _____

Employee Signature <u><i>Brandon Gaunt</i></u>	Date <u>2/26/19</u>
Supervisor Signature _____	Date _____
Payroll Administrator _____	Date _____
Appointing Authority _____	Date _____

Make 3 Copies after final approval to be distributed to the following departments:

HR/Personnel File - Original	Auditor	HR/Benefits	Department
------------------------------	---------	-------------	------------

EMPLOYEE ACTION FORM

<input type="checkbox"/> New Hire *	<input type="checkbox"/> Address Change (home)	<input type="checkbox"/> Wage Change
<input type="checkbox"/> Calendar Change	<input type="checkbox"/> Address Change (work)	<input type="checkbox"/> PCN Change *
<input type="checkbox"/> Org Key Change *	<input type="checkbox"/> Supplemental Assignment	<input checked="" type="checkbox"/> Other <u>Service Time</u>
<input type="checkbox"/> Termination - Voluntary	<input type="checkbox"/> Termination - Involuntary	
	Last day worked: _____	

<input checked="" type="checkbox"/> HR * <u>CLD</u>
In <u>4-17-19</u>
Date _____
<input type="checkbox"/> PY _____
In _____
Date _____

Employee Name BRANDON GAUNT Action Date 04/17/2019

Primary Address _____

City _____ State _____ Zip Code _____ Phone _____

ID # [REDACTED] E-Mail Address _____

Type Status* _____ HR Status* _____

Bargaining Unit _____

Calendar _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Distribution # 0026 Department # _____ Division # _____

Location # _____ Hire Date _____ Original Hire Date _____

FLSA _____ EEO Code _____

Disabled _____ Reaction Type _____

Veteran _____ Pay Class _____ Reason Code _____

Job Code _____ Position _____ PCN # _____

Salary/Hourly Wage _____ Evaluation Score _____ Previous Wage _____ % Increase _____

Org Key (please list all) 10031303

Benefit Instruction _____

Additional Information Transfer 789 days of service from Columbus
Division of Police; add 0 sick hours

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Payroll Administrator _____ Date _____

Appointing Authority Russell L Mart Date 4-14-19

Make 3 Copies after final approval to be distributed to the following departments:

HR/Personnel File - Original

Auditor

HR/Benefits

Department

Delaware County Sheriff's Office - Prior Service Certification

Instructions: The employee requesting prior service credit should complete Section I and forward to where previously employed. That agency must complete Section II and mail to the address provided at the bottom of the form. PLEASE NOTE: A separate form is needed from each agency for which the employee is requesting prior service credit.

Section I - To be completed by employee:

Employee Last Name: <u>GAUNT</u>	First Name: <u>BRANDON</u>	M.I.: <u>R</u>
Maiden Name: _____ <small>(if applicable during previous employment)</small>	Last Four Digits of Social Security Number: [REDACTED]	
Have you previously retired from employment covered by an Ohio Public Retirement System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, please identify the retirement system: _____		
<u>[Signature]</u> Employee Signature	<u>3/26/19</u> Date	
Previous Employer: Agency: <u>COLUMBUS DIVISION OF POLICE</u>		
Address: <u>120 MARCONI BLVD</u>		
City: <u>COLUMBUS</u>	State: <u>OH</u>	Zip Code: <u>43215</u>
Dates of employment: <u>12/19/16 - 2/15/19</u>	Job Title: <u>MANAGEMENT ANALYST</u>	

Section II - To be completed by previous employer:

Please provide the following information on the above named employee:

Date of Hire: <u>12-19-16</u>	Date of Separation: <u>2-15-19</u>
Employment Status: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (See note below for part-time & intermittent employees)	
Part-time/intermittent only: # of pay periods worked: _____	# of days worked: _____
Is your agency a political subdivision of the State of Ohio? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was this employment covered under by an Ohio Public Retirement System (e.g., STRS, SERS)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please identify the retirement system: <u>OPEZS</u>	
Sick Leave Balance: <u>0</u>	

789 days

Information in Section II has been verified by: Print Name: <u>LARRY WALTERS</u>	
Title/Position: <u>OFFICE ASSISTANT II</u>	Phone Number: <u>614-645-4803</u>
<u>[Signature]</u> Signature	<u>4-1-19</u> Date

PLEASE NOTE: PART TIME AND INTERMITTENT EMPLOYEES ONLY

If the employee referenced in Section I worked every pay period, the dates of service will be used to calculate prior service credit. However, if he/she worked sporadic pay periods, please include the specific number of pay periods worked or if the employee was employed on an intermittent or "on call" status, please include the specific number of days worked.

Please return completed form to:

Delaware County Sheriff's Office
Office of Human Resources
149 N. Sandusky Street
Delaware, Oh 43015
740-833-2885 (phone) 740-833-2809 (fax)

DELAWARE COUNTY

~ *Emergency Notification* ~

PLEASE FILL OUT IN CASE OF AN EMERGENCY

Today's Date: 2/27/19

Your Name: BRANDON GAUNT

Date of Birth: 08/14/1993

Home Address:  COLUMBUS OH 43235

Home Phone Number: _____

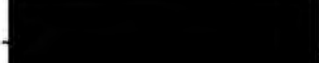
Cell Phone Number:  _____

Name of Person to Contact:  _____

Relationship to you: SPOUSE

Employer:  _____

Work Phone Number: _____

Home Phone Number:  _____

Cell Phone Number:  _____

Additional contact if we are unable to speak with the above listed contact:

Name: MARY GAUNT

Relationship to you: MOTHER

Employer: OHIO HEALTH (GRANT HOSPITAL)

Work Phone Number: (614)566-8504

Home Phone Number: _____

Cell Phone Number:  _____



Orientation Checklist

Required Employment Forms

- Emergency Notification Form
- Driver's License and Insurance Requirements Agreement

Employee Information

- County Map
- County Phone Directory
- Delaware County Organizational Chart
- Holiday Schedule
- Pay Date Calendar
- CCAO Deferred Compensation Program
- Prior Public Employment Service Time Form

Policies

- Unlawful Discrimination & Harassment
- Professional Conduct
- Drug Free Workplace Policy
- Delaware County Ethics Policy
- Public Records Policy
- Political Activity Policy
- Computer Use Policy
- Internet Use Policy & Cyber Security Presentation

We viewed the following videos:

- Professional Conduct
- A Clear Picture-Harassment in the Public Sector
- Prevent Accidents

Employee Name BRANDON GAUNT Date 2/27/19

Signature 



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

January 2, 2019

Dear Mr. Gaunt:

Congratulations on progressing to a point in the hiring process where we would like to extend a conditional job offer. This offer is for a Corrections Officer position with the Delaware County Sheriff's Office. Please read and sign the waiver below with regard to this offer.

Sincerely,

Sheriff Russell L. Martin
Delaware County

I, BRANDON GAUNT understand that to be employed by The Delaware County Sheriff's Office for the above mentioned position, I must be able to satisfactorily perform the physical aspects as well as possess the mental stability to perform the essential functions of the position.

Further, I understand that my employment date with The Delaware County Sheriff's Office will be determined following my successful completion of a qualifying medical examination, psychological evaluation and drug screening performed by a physician approved by the Sheriff's Office, at the Sheriff's Office expense.

Candidate Signature

A handwritten signature in black ink, appearing to read "Brandon Gaunt".

Date 1/3/19

Cc: File



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax [REDACTED]

January 21, 2019

Brandon Gaunt
[REDACTED]
Columbus, OH 43235

Dear Brandon Gaunt:

This letter is to confirm our offer and your acceptance of the position of Corrections Officer with the Delaware County Sheriff's Office. Your start date will be 2/25/2019. You will receive an hourly rate of \$19.30 per hour and upon successful completion of a one-year probationary period as a Corrections Officer you will be paid in accordance with the collective bargaining agreement.

The position of a probationary Corrections Officer is a Corrections Officer at will. You may be required to work various shifts with varying days off. As a condition of continued employment, you will be required to successfully complete the OPOTC Corrections Academy and subsequent examination. You will be provided one opportunity to participate in the Academy and testing. This position with the Delaware County Sheriff's Office will be your primary employment. You will be on recall for emergency purposes.

Please, sign this letter validating your acceptance of the job and terms stated above. Should you have any questions feel free to discuss them with me.

Sincerely,

Russell L. Martin, C.L.E.E.
Sheriff Russell L. Martin, C.L.E.E

01/29/2019
Date

Brandon Gaunt

Date

Cc: File

Legitimacy through protecting and serving with empathy, competency, and diligence. To be known as one of Ohio's finest by upholding the constitution and applying the rule of law.



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

January 21, 2019

Brandon Gaunt
[Redacted]
Columbus, OH 43235

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Sincerely,

Russell L. Martin

Sheriff Russell L. Martin, C.L.E.E

01/29/2019

Date

Brandon Gaunt

Brandon Gaunt

01/29/2019

Date

Cc: File

Legitimacy through protecting and serving with empathy, competency, and diligence. To be known as one of Ohio's finest by upholding the constitution and applying the rule of law.

Auditor's New Hire Form

Employee Name: Brandon Gaunt

Department: Sheriff's Office

I-9 Employment Eligibility Verification Form

<u>Verification</u>		<u>Location</u>	
<input checked="" type="checkbox"/> Department	<u>CD</u>	<input checked="" type="checkbox"/> Department	<u>CD</u>
<input type="checkbox"/> Human Resources	_____	<input type="checkbox"/> Human Resources	_____
		<input type="checkbox"/> Auditor	_____

Appoint Authority/ Designees Signature: Chelsea Dean
(I-9 reviewed and verified).

Auditor of State's Fraud Reporting Acknowledgement of Receipt Form completed CD
(Keep with Personnel File)

Required forms to Payroll Department

- SSA-1945 Form
- PERS Form
- W-4 Form
- Ohio Tax Form
- Local Income Tax Form
- Employee Action Form

Elective Forms to Payroll Department

- Direct Deposit Form, United Way, etc.

Suppress printing of EFT stub, please check box

- EFT stub will not be printed by payroll.

Federal and state laws mandate the above-required forms. Employees with missing or incomplete forms may have paychecks withheld until said forms are submitted in their entirety.

The payroll department makes every effort to ensure employees are paid correctly. However, inadvertent mistakes can happen. When mistakes do happen and are called to our attention, we will promptly make any necessary corrections.

All required forms are due to the payroll department by 12:00 PM the Friday before payday. Fulfillment of this and other payroll deadlines ensures the county payroll will be processed and distributed on time.

Revised 09/2012

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

Employee Name BRANDON GAUNT Employee ID# _____

Employer Name _____ Employer ID# _____

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

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

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

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

For More Information

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

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

Signature of Employee  Date 02/26/19



Personal History Record

INSTRUCTIONS

1. As a public employee you are required to complete and file this Form within 30 days of commencing employment. Failure to do so may limit the options available to you as well as delay transactions. Please fill out the form in blue or black ink.
2. For elected officials: An elected official, or person appointed to a publicly elected position, who is not retired from an Ohio retirement system and does not have contributions on deposit with OPERS through previous elected service, has the option of contributing to OPERS or Social Security. Elected officials who choose OPERS membership are required to contribute to OPERS for all subsequent elected positions.
3. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
4. Sign the form in SECTION 4 - EMPLOYEE CERTIFICATION. DO NOT print or type.
5. The employer is required to complete SECTION 5 - EMPLOYER CERTIFICATION.
6. The employer is required to mail the *completed* form to OPERS at the above address immediately upon hire.



Social Security Number



Last Name: GAUNT First Name: BRANDON MI: R

Street or Mailing Address: [Redacted] Apt. Number: [Redacted]

City: COLUMBUS State: OH ZIP Code: 43235

Province: [Redacted] Country: [Redacted] Postal Code: [Redacted]

Date Of Birth: 08141993 Gender: Male Female

Are you legally married? Yes No Maiden Name: [Redacted]

Work Phone Number: [Redacted] Home Phone Number: [Redacted] Cell Phone Number: [Redacted]

E-mail Address: bgaunt@co.delaware.oh.us



Job Title: CORRECTIONS OFFICER

If this is an elected position or if you have been appointed to an elected position, provide date present elective service began.

[Redacted date field]

Section 2 - Public Service Information

1. Have you previously worked in public employment in Ohio?

Yes

No

If "yes," give first date of public service:

12192016

If "yes," list employer(s)

CITY OF COLUMBUS

2. Do you have previous public service for which OPERS contributions were not submitted? Yes No

If "Yes" and you wish to request a determination relative to your non-contributing service, please provide OPERS with a completed Certification of Unreported Public Service (Form AA).

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

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

Section 3 - Employee Certification

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

[Handwritten Signature]

Employee Signature (Do not print or type.)

Today's Date

02/26/19

Section 4 - Employer Certification

Employer Code

[Employer Code Boxes]

Start Date

[Start Date Boxes]

Is this an elected position? Yes No

If "yes," provide Employer Code for elected position

[Employer Code Boxes]

Elected Position Title

[Elected Position Title Boxes]

Is this a law enforcement position? Yes No

Full-Time

Part-Time

I hereby certify that

[Employee Name]

began earning salary from which OPERS

retirement contributions are deducted with the above employer on the start date indicated above and the statements set forth are true and accurate as disclosed by the records of

Signature of Certifying Officer

Print Certifying Officer's Name

[Print Certifying Officer's Name Boxes]

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no tax liability, and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no tax liability.**

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents.

When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial BRANDON R		Last name GAUNT		2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]			3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code COLUMBUS, OH, 43235			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5 2	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ [REDACTED]	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 					
If you meet both conditions, write "Exempt" here ▶ 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶ <i>Brandon Gaunt</i>					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	
				Date ▶ 02/26/19	

Notice to Employee

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

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

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


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

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here

Ohio | Department of Taxation | **Employee's Withholding Exemption Certificate**

Print full name BRANDON R GAUNT Social Security number [REDACTED]

Home address and ZIP code [REDACTED] COLUMBUS, OH, 43235

Public school district of residence DUBLIN CITY SCHOOLS School district no. 2513
(See *The Finder* at tax.ohio.gov.)

- 1. Personal exemption for yourself, enter "1" if claimed 1
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) 1
- 3. Exemptions for dependents _____
- 4. Add the exemptions that you have claimed above and enter total 2
- 5. Additional withholding per pay period under agreement with employer \$ _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature  Date 2/26/17



LOCAL INCOME TAX FORM

New Employee

Residence Change
(Replaces form on file)

Work Location Change
(Replaces form on file)

Please Complete the Entire Form

Employee ID # _____ Last Name GAUNT First Name BRANDON MI R

Address [REDACTED]

City COLUMBUS State OH Zip Code 43235

Department Sheriff's Office If EMS Employee, Station Number N/A

Note: It is the employee's responsibility to notify the Payroll Department of their correct taxing district.

City income tax will be withheld unless your work location is outside the city limits.

City of Work Location Delaware

Exempt from Delaware City taxes (only employees who work outside Delaware City)

Supervisor's Initials (required)

School Tax will be withheld if applicable in your area.

School District of Residence Dublin CSD

Residential Tax will be withheld if applicable in your area.

City, Township, or Village of Residence Columbus

For assistance, please go to the following web

page: https://thefinder.tax.ohio.gov/StreamlineSalesTaxWeb/default_taxdistrictsummary.aspx

Employee Signature Brandon Gaunt Date 2/26/19

This does not replace the EAF form for change of address.

Revised 08/2015

DELAWARE COUNTY SHERIFF'S OFFICE
EMERGENCY CONTACT INFORMATION

In case of emergency notify:

Name MARY GAUNT

Address [REDACTED], COLUMBUS, OH 43235

Relationship MOTHER

Phone: Home: _____ Work: _____

Cell: [REDACTED] Other: _____

Name _____

Address _____

Relationship _____

Phone: Home: _____ Work: _____

Cell: _____ Other: _____

Employee's name: BRANDON GAUNT

Employee's signature: [Signature]

Date: 2/26/19



Delaware County Sheriff's Office

An Equal Opportunity Employer

Job Title:	Corrections Officer	Posting Dates:	N/A
Department/Address:	844 U.S. Highway 42 North Delaware, OH. 43015	Position Type:	Full-Time, Bargaining Unit
Typical Work Schedule:	8 hours per day, 5 days per week. Shifts vary by departmental need and subject to annual shift bidding	Pay Rate:	Per Collective Bargaining Agreement
Contact Information:	Human Resources	FLSA:	Non-Exempt
How to apply:	http://www.co.delaware.oh.us/hr/index.asp		

Objectives

Incumbent is responsible for managing, directing, and controlling the behavior of residents in compliance with work rules and guidelines. Incumbent reports to the Shift Sergeant.

Job Standards

Completion of a secondary education or equivalent. Must have a valid Ohio driver's license and a clean criminal record. Successful completion of the Ohio Peace Officers Training Academy in Corrections required, along with specialized training in self-defense and the use of safety / protective equipment. Must successfully complete certification course in first aid / CPR. Work consists of moderately, relatively standardized tasks and operations requiring application of prescribed procedures and routines. Incumbent is required to quickly react to potentially threatening situations on a regular basis.

Job Description

ESSENTIAL JOB FUNCTIONS:

- Supervises residents and controls behaviors in all areas of the jail, including booking, control room, security, housing and visitation;
- Processes individuals for incarceration, including search for contraband, evaluating status / prior offenses and outstanding warrants, determining if charges are bondable and calculating bond amount if applicable, determining classification of offense and assigning to appropriate areas / housing;
- Escorts residents to court and records activities and Court orders;
- Instructs, directs and orientates residents regarding Jail policies and procedures;
- Supervises personal hygiene and general housekeeping;
- Completes and maintains daily activity logs, reports of incidents and behavior management reports;
- Maintains accurate counts of all assigned residents;
- Investigates and reports findings of problems of residents to ensure the well-being and security of the residents;
- Performs inspections of the building such as safety, security, maintenance, and housekeeping are made, and reporting delinquencies to the proper authorities;
- Executes and enforces the policies and orders of the Jail;
- Provides protection and security for high risk situations;
- Files reports on residents for violations;
- Composes, reviews and files a variety of documentation;
- Assists the Shift Sergeant in the execution and jail duties and procedures;
- Serve meals and medication to residents;

- Assembles residents for movement / transport, including attorney visits, court dates, medical room, recreation, library, church, visitation, mental health visits and probation visits;
- Prepares necessary forms / paperwork as requested by the Court;
- Free of alcohol and / or drug dependency.

NON-ESSENTIAL JOB FUNCTIONS:

- Participates and assists with a variety of special projects as requested;
- Performs related Essential and Non-Essential functions as needed.

JOB REQUIREMENTS

Equipment:

Incumbent operates the following equipment: automobile, fuel pump / system, phones (land lines and cell), computer and related equipment, time stamp, control panel for doors / building access, fire alarm, hand - held body scanner, breath analyzer, fingerprinting equipment, 35mm camera, two way radio (portable and vehicle), radio chargers, surveillance camera, fire extinguisher, calculator, typewriter, copy machine, facsimile machine, and small hand tools

Critical Skills/Expertise:

- Ability to be objective and handle stressful situations;
- Ability to communicate effectively, both orally and in writing;
- Ability to define and solve problems, collect data, establish facts, draw valid conclusions using judgment, and analytical skills;
- Ability to follow written and oral instructions.
- Ability to function in stressful situations;
- Ability to maintain confidentiality;
- Ability to manage time effectively;
- Ability to respond to crisis situations;
- Knowledge of Agency's Policy and Procedures Manual;
- Knowledge of arrest, search and restraint methods and procedures;
- Knowledge of behavior management skills;
- Knowledge of communication equipment, including two way radio and intercom system;
- Knowledge of computers and related equipment;
- Knowledge of counseling skills;
- Knowledge of Court procedures and documents;
- Knowledge of crisis intervention methods and techniques;
- Knowledge of drug and alcohol testing procedures and toxicology;
- Knowledge of first aid and CPR techniques;
- Knowledge of governmental policies and procedures, federal, state, and local safety rules and regulations;
- Knowledge of problem resolution skills;
- Knowledge of resident classification;
- Knowledge of restraint and search procedures;
- Knowledge of security and safety procedures;
- Knowledge of the Ohio Revised Code, Juvenile Laws, Civil Service Laws, and intake and release procedures;
- Knowledge of the State minimum standards as applied to the legal rights of institutional residents;
- Knowledge of Use of Force Guidelines;
- Specialized knowledge of self-defense techniques and related protection equipment / devices;
- Working knowledge of building floor plans and evacuation routes;
- Be in good physical and mental condition.

II. RESPONSIBILITY

Supervisor provides general direction in following established practices and clear - cut policies. Incumbent makes decisions independently regarding day-to-day activities, following policy and procedures.

Errors in work are detected within the office in which they occur, possibly affecting the work of others, and requiring expenditure of time to correct. Errors in work can possibly result in a compromise of jail security, a threat to the safety of other residents and / or the general public and may result in a criminal committing additional offenses, serious injury and possible loss of life.

III. PERSONAL WORK RELATIONSHIPS

Incumbent has contact with supervisors, co-workers, and the residents of the County Jail. The purpose of these contacts is to oversee all activities of the residents and maintain control to ensure overall jail security. Contact with others is expected to be professional, respectful and in compliance with the DCSO SOP, Standards of Conduct.

Physical

Requirements: Incumbent performs light work which may require lifting up to twenty five (25) pounds occasionally and fifteen pounds (15) frequently. Must be able to physically restrain violent residents.

Physical Activity: Incumbent performs the following physical activities: balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing and repetitive motion.

Visual Activity: Incumbent performs work where the seeing job ranges from close to the eyes to beyond arms reach.

Job Location: Incumbent works inside with protection from weather conditions, but not necessarily from temperature changes or atmospheric conditions that affect the respiratory system. Incumbent is exposed to noise levels sufficient enough to cause the employee to shout in order to be heard. Work setting involves being in close proximity of threatening situations, violent criminals, disease and / or potentially hazardous bio - wastes.

Safety Equipment: Incumbent uses the following equipment: handcuffs, leg shackles, waist chains, padded restraint cuffs, restraining chair, noose cutter, flash light, rubber gloves, PR24 baton, chemical spray, riot shields, air packs, eye protection / face shields, hazard suit, oxygen tank, car masks, bio - hazard bags, and emergency medical kit.

ACKNOWLEDGMENT FOR RECEIPT OF JOB DESCRIPTION

I have received a copy of the Job Description and have read and understand its contents. I acknowledge that the above description is a representation of the major duties and responsibilities of this position.

Employee:	BRANDON GAUNT <i>Brandon Gaunt</i>	Date:	02/26/19



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

Reimbursement Agreement


I, BRANDON GAUNT, understand and agree that if my employment with the Delaware County Sheriff's Office, Delaware County, Ohio should for any reason voluntarily terminate within one (1) years after my effective date of hire, I will reimburse the Delaware County Sheriff's Office for all or, as provided below, a portion of the costs and expenses incurred by the County for the following purposes.

1. Cost of psychological evaluation
2. Cost of physical

If I should terminate my employment with the County on or before one (1) year after my effective date of hire, I agree to reimburse the County for 75% of all the above described costs and expenses; My "effective date of hire" shall be the date on which I am first paid or entitled to payment for my services with the Delaware County Sheriff's Office.

THE AMOUNT, IF ANY, DUE TO THE COUNTY HEREUNDER SHALL BE PAID DIRECTLY TO THE SHERIFF'S OFFICE AT NO LESS THAN \$100 PER MONTH TO SATISFY THE REIMBURSEMENT.

BRANDON GAUNT
Name - please print


Signature

02/26/19
Date



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

I, BRANDON GAUNT have been provided with a copy of the current Collective Bargaining Agreement between the Delaware County Sheriff's Office and the Fraternal Order of Police/Ohio Labor Council. (Corrections Officers).

BRANDON GAUNT
Printed Name

02/26/19
Date

Brandon Gaunt
Signature

02/26/19
Date

Chelsea Liscan
Witness

2-26-19
Date



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809


Training Acknowledgment

2019 In-Service

Sexual Harassment and Discrimination Standards of Conduct

I confirm that I attended the training class(s) listed above. I listened, read, and understood the definition of the terms, training, the conduct expectations, and how to report inappropriate conduct. I understand that as an employee, it is my responsibility to abide by policy and procedures, in accordance with the training.

I understand it is my responsibility to seek clarification from the Human Resources Department.

Printed Name:	<u>BRANDON GAUNT</u>
Signature:	<u></u>
Date of Attendance:	<u>10/24/19</u>
Department:	<u>CORRECTIONS</u>



**DELAWARE COUNTY
SHERIFF'S OFFICE**

**INTER OFFICE
COMMUNICATION**

To: Sheriff Martin
Cc: Chief Deputy Balzer, Chief Deputy Wiseman, Jail Director Pfan,
Human Resources Manager Dean
From: Corrections Officer Brandon Gaunt
Date: June 20, 2019
Subject: OPOTA Certification

I am writing to formally request that the Delaware County Sheriff's Department hold my OPOTA Certification. I do not want to limit my future opportunities to advance and plan on making a career at the Sheriff Office. I was certified as a peace officer after graduating from the Columbus Division of Police Academy on July 7, 2017, as part of the 127th recruit class. I then completed their Field Training Officer program before resigning in good standing on October 31, 2017, due to personal family reasons.

Thank you in advance for your consideration.

*Approved
Rimat #1
6-20-19*

Protecting People, Their Property, and Their Rights



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office [REDACTED]
Fax [REDACTED]

NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: Correction to Record Name Change

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email ((SF400@ohioattorneygeneral.gov), fax or mail.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 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, or is promoted to Chief.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION		1. Name (Last) <u>Gaunt</u> (First) <u>Brandon</u> (Middle)	2. Social Security Number [REDACTED]
3. Previous Name(s) or Alias (Last) (First) (Middle)			
4. Birth date (mm/dd/yyyy) <u>08/14/1993</u>	5. Officer's Individual Email Address [REDACTED]		6. Phone Number [REDACTED]
7. Home Mailing Address (#/Street/PO Box) [REDACTED] (City) <u>Columbus</u> (State) <u>OH</u> (Zip Code) <u>43235</u> (County Name) <u>Franklin</u>			
8. Basic Training Academy (Academy Name) (Academy Number) (Dates of Training)			

AGENCY INFORMATION		9. Agency Name <u>DELAWARE COUNTY SHERIFF'S OFFICE</u>	
10. Reporting Authority's Email Address <u>CDEAN@CO.DELAWARE.OH.US</u>		11. Agency Phone Number <u>740-833-2867</u>	
12. Agency Mailing Address (#/Street/PO Box) <u>149 N SANDUSKY ST</u> (City) <u>DELAWARE</u> (Zip Code) <u>43015</u> (County Name) <u>DELAWARE</u>			

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date <u>06/26/2019</u>	14. Status Change Date <u>1/1</u>
15. Select New Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input checked="" type="checkbox"/> Special <input type="checkbox"/> Seasonal			
For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.			
16. Select New ORC			
<input type="checkbox"/> City Full-Time/Part-Time (737.02)	<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City 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 (311.01)	

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority <u>Russell L Martin</u>	18. Printed Name and Title <u>RUSSELL L. MARTIN, SHERIFF</u>	19. Date <u>07/03/2019</u>	
20. Signature of Witness <u>Chelsea Lynn Dean</u>	21. Printed Name (First, Middle, Last) <u>CHELSEA LYNN DEAN</u>	22. Date <u>07/03/2019</u>	

Officer Name (Last)

Gaunt

(First)

Brandon

(Middle)

Social Security Number



23. 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]
Signature of Appointee

Russell L. Martin
Signature of Appointing Authority

RUSSELL L. MARTIN

Name of Appointing Authority (Typed or Printed Legibly)

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.

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		

39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. 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		

Certificate of Appointment

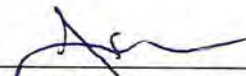
Revised Code, Sec. 311.04, 325.17

IN THE MATTER OF THE APPOINTMENT OF **BRANDON GAUNT**

AS A CORRECTIONS OFFICER OF DELAWARE COUNTY, OHIO

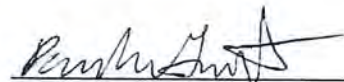
February 25, 2019

I do hereby appoint Brandon Gaunt as a Corrections Officer with the
Delaware County Sheriff's Office of Delaware County, Ohio.




Sheriff of Delaware County, Ohio
Chief Deputy

I solemnly swear that I will support the Constitution of the United States, and of the
State of Ohio, and that I will faithfully discharge, according to law and to the best of my
ability, the duties of Corrections Officer to which I have been appointed,
so help me God.



Sworn to before me by the said Brandon Gaunt and by him subscribed in my

presence, this 25th day of February, 2019.



Judge Clerk - Sheriff
Delaware County, Ohio

Jeffrey C. Balzer
Chief Deputy
Delaware County Sheriff's Office

APPOINTMENT

Of **Brandon Gaunt**

As: **Corrections Officer**

IN THE OFFICE OF THE

SHERIFF

Delaware County, OH

Filed _____, 2019

Clerk of Courts

By _____
Deputy

*Entered on the Journal of
the Common Pleas Court*

Vol. _____ Page _____

**Columbus
Police
Department**



DELAWARE COUNTY SHERIFF'S OFFICE

Employer/Personnel Return Form

Employment Dates	Part/Full Time	Title or Duty	Weekly Salary
1-16-18 to Present	Full	MANAGEMENT ANALYST I	22.40 HR.

If not presently employed by you, indicate manner of leaving your employ. (Check one)

- Resigned Voluntarily (state reason) _____
 Requested to Resign (state reason) _____
 Discharged (state reason) _____
 Laid Off/ Other (state reason) _____

Residence While in your Employment			
	COLUMBUS, OHIO 43235		
Name and Address of previous Employers	Name of Firm/Agency	Address (Street, City, State)	Dates of Employment
	CONTACT PERSONNEL OFFICE		

EMPLOYEE PERFORMANCE

Note: If your firm utilizes a formal employee rating system, please attach a copy of this applicant's most recent performance evaluation. If not, please complete the below questionnaire. (Please choose the most applicable for each category.)

Quality of Work
(accuracy, neatness, thoroughness)

Inferior work
 Rather careless
 Meets requirements
 Highly accurate
 Exceptional

Cooperation
(working with other employees)

Trouble maker
 Has difficulty
 Generally cooperative
 Gets along well
 Excellent relations

Dependability
(reliability)

Needs constant Supervision
 Needs frequent checking
 Usually dependable
 Seldom needs checking
 Highly reliable

Quantity of Work
(volume, amount, speed)

Very slow
 Insufficient work
 Moderate
 Rapid worker
 Highly productive

Judgment
(ability to make decisions, plan work)

Disorganized & illogical
 Limited judgment
 Plans well
 Logical thinker
 Creative

Initiative
(interest in work, motivation)

Lazy, indifferent
 Needs pushing
 Adequate
 Considerable
 Highly motivated

Problems with absenteeism: Yes _____ No Average annual absences: _____ Average annual tardinesses: _____
 Any disciplinary actions on file: Yes _____ No For what: _____
 Ability to follow orders: Good Fair _____ Poor _____
 Applicant's Personality: Rude, careless _____ Indifferent _____ Adequate for job Polite, courteous _____ Exceptional _____
 Job related accidents or injuries on file: Yes _____ No Unemployment claims: Yes _____ No
 Polygraph administered: Yes _____ No _____ If yes, please enclose. Is applicant eligible for re-hire: Yes No _____
 Would you prefer a personal interview? Yes _____ No

Name of Firm or Agency	Type of Business or function of Agency	Your Business telephone number
COLUMBUS POLICE		614-645-4989
Title of your Position	Date	Signature
PUB. SAFETY ANALYST	11-16-18	<i>[Signature]</i>



City of Columbus
/Original Employment Information

Gaunt, Brandon R
Employee Name: Last, First, Middle Initial

IPP01 Employee Name & Address

Department: 30
Division: 03
Last Name: Gaunt
First Name, Middle Initial: Brandon R
Badge #: [REDACTED]
MST Status: Y
Employee Profile: Y
Alternate Name: [REDACTED]
Address 1 (Number & Street): [REDACTED]
Address 2 (Additional): [REDACTED]
Address 4 (City): COLUMBUS
State: OH
Zip Code: 43235
School District Code: 25
Home Phone: [REDACTED]
City Phone: (614) 645-4545

IPP20 Position/Classification Information

Social Security Number: [REDACTED]
Action Code: NEW
Effective Date: 1/16/2018
Department: 30
Division: 03
Position Number: 04034
Job-Class Code: 0779
Bargaining Unit: D
Pay Range: E4
Step: 0
Increment: \$1.69
Hourly Pay Rate: \$22.00

IPP02 EEO Information

Sex: M
Birthdate: 8/14/1993
EEO Code: WH
Primary Disability:
Secondary Disability:

Appointment Information

Appointment Type: O
CSC Code: CG
Employment Type: FTR
Certification Number: 17-01408

Paycost & Assignment Information

System Status: A1
Payroll Number: 227
Base Index: 300815
CSC Verified: O

IPP06 Emergency Contact Information

Contact Name (Last, First, M.I.): Gaunt, [REDACTED]
Contact Address 1: [REDACTED]
Contact Address 2: [REDACTED]
Contact Address 3: Sunbury
State: OH
Zip Code: 43074
Home Phone: [REDACTED]
Work Phone: [REDACTED]
Relation Code: 02

IPP21 Additional Paycost Assignment Information

Action Code: CCA
Effective Date:
Index/OCA 2:
Index/OCA 3:
Index/OCA 4:
Index/OCA 4 %:
Assignment Code:
Scheduled Days Off:
Work Location: I01
Pay Location: I12
Shift:
Basic Work Week

IPP19 Taxes

Federal Exempt:	Allowance:	Excess:
State Exempt:	Allowance:	Excess:
Local Columbus:	1 st Local:	2 nd Local:
Marital Status:	EIC:	

IPP23 Primary Probation

Effective Date:
Action Code: LTD
Ends On or Before:
CSC Verified: O

vComments:
Management Analyst I

vSignatures

I hereby certify that the facts stated above are correct.

Entered

Employee Signature: *Brandon Gaunt* Date: 12/29/19
Division Head Signature: *Chief Kim Jacobs* Date: 12/29/17
Appointing Authority Signature: *Mr. P. H. ...* Date: 1/4/17

■ Civil Service Commission
 Approved Disapproved By: _____ Date: _____



City of Columbus
 Department of Human Resources
 77 North Front Street, 1st Floor
 Columbus, Ohio 43215

Pay Rate Worksheet

Date Prepared: 12/28/17 Effective Date: 1/16/18
 Employee ID: [REDACTED] Employee Name: Brandon R. Gaunt
 Job Code: 0779 Class Title: Management Analyst I
 Department: 30 Division: 03
 EPC Number: 300304034 Position(s) Type: FT PT / R L S
 Appointment To / Adjustment For: CWA HACP MCP

Please indicate below the category associated with the appointment or change as reflected on the form PP20, and provide the following information regarding the intended pay rate for the employee: 1) Justification memorandum from appointing authority; 2) Employee resume, where applicable; 3) This form with original signature (not scanned or copied) of appointing authority.

New COC Employee

The pay grade for this classification is 54, with a minimum pay rate of 20.31/hour and a maximum pay rate of \$30.47/hour. The proposed hire rate of pay for this employee is \$22.00/hour. This hire rate of pay falls within the:
 1st Quartile 2nd Quartile Above Market *(Proposed hire pay rates falling in the 2nd quartile or higher must be reviewed and approved by the Department of Human Resources.)*

Promotion (Current COC employee new to this pay plan or moving within the pay plan)

The pay grade for this new, higher classification is , with a minimum pay rate of \$ /hour and a maximum pay rate of \$ /hour. The proposed hire rate of pay for this employee is \$ /hour. This represents a % increase in pay for the employee. *(Increases of less than 5% or greater than 10% must be reviewed and approved by the Department of Human Resources.)*

Adjustment or Transfer – Same or Lateral Class (Adjustments are MCP increases or CWA Sec. 17.9 wage rate adjustments)

The employee's previous rate of pay was \$ /hour and, with this adjustment or transfer, the new rate will be \$ /hour, reflecting a % increase in pay. *(Any change in pay must be reviewed and approved by the Department of Human Resources.)*

Demotion

The pay grade for this new, lower classification is , with a minimum pay rate of \$ /hour and a maximum pay rate of \$ /hour. The proposed hire rate of pay for this employee is \$ /hour. This represents a % decrease in pay for the employee. *(Decreases of less than 5% or greater than 10% must be reviewed and approved by the Department of Human Resources.)*

Interim Limited Appointment

This employee will be receiving a limited appointment to this higher classification beginning , with an estimated ending date of . The pay grade for this new, higher classification is , with a minimum pay rate of \$ /hour and a maximum pay rate of \$ /hour. The proposed hire rate of pay for this employee is \$ /hour. This represents a % increase in pay for the employee. *(Increases of less than 5% or greater than 10% must be reviewed and approved by the Department of Human Resources.)*

Brandon R. Gaunt
 Appointing Authority Signature

Date

HR Department Approval

Date



Columbus Civil Service Commission
 77 N. Front Street, 3rd Floor, Room 330
 Columbus, Ohio 43215

**New Position Overview Packet:
 HR Certification Form**

Please provide the following appointment summary information. Once completed, this form, along with all other appointment paperwork, must be submitted to the Civil Service Commission no later than the Monday one week prior to the proposed effective date of the appointment. Questions regarding this process can be directed to the Commission's **Applicant & Employee Services Unit** at extension 5-8369.

Department: 30
 Division: 03
 SSN: [REDACTED] Start Date: 01/16/2018
 Name: Gaunt, Brandon R
(Last, First, Middle Initial)

Class Code: 0779 Class Title: Management Analyst I

Class Type: Competitive Noncompetitive Unclassified

Appointment Type: Original (O) Noncompetitive (W) Provisional (P)
 Promotional (M) Unclassified (U) Temporary (T)

Employment Type: Full-time Part-time / Regular Limited Seasonal

Length of Probationary Period: 365 Probationary Period Ending Date: 01/15/2019

Probationary Period Hours: 0

Employee has a relationship as defined in the City's Nepotism Policy? Yes No

With my signature below, I am certifying that:

1. I have shown the above named employee the CSC *New Position Overview* PowerPoint presentation;
2. I have discussed and answered all questions regarding residency, appointment, ethics, and the I-9 form.
3. I have verified that the employee does/does not have a relationship as defined in the City's Nepotism Policy with an individual currently working for the City of Columbus, and have obtained the appropriate signature on the P-20.
4. I have provided a copy of all appointment-related paperwork to the employee.

HR Staff Member Signature: *Mike Leschly* Date: 12/29/17

HR Staff Member Phone #: 5-4986



Columbus Civil Service Commission
77 N. Front Street, 3rd Floor, Room 330
Columbus, Ohio 43215

New Position Overview Packet: Appointment Information

Name: Gaunt, Brandon R
 Social Security Number: [REDACTED] Effective Date: 01/16/2018
 Classification: Management Analyst I

You have received a(n):

- Noncompetitive Appointment (W)** to the noncompetitive classification identified above. A person who has been selected by an appointing authority from a noncompetitive certification list, certified in accordance with the provisions of Civil Service Commission Rule IX(E), is said to have received a noncompetitive appointment. Those persons receiving noncompetitive appointments do not become permanent employees until they have satisfied the applicable probationary period set forth in Civil Service Commission Rule XI.
- Original Appointment (O)** to the competitive classification identified above. A person who has been selected by an appointing authority from an open competitive eligible list, certified in accordance with the provisions of Civil Service Commission Rule IX, is said to have received an original appointment. Those persons receiving original appointments do not become permanent employees until they have satisfied the applicable probationary period set forth in Civil Service Commission Rule XI.

Probationary Period

- You have received a **FULL-TIME** employment type (40 hours per week, 52 weeks per year). The probationary period for your classification is 365 days and will be completed on 01/15/2019 unless extended by your department in accordance with Civil Service Commission Rule XI(D)(1-2).
- You have received a **PART-TIME** employment type (fewer than 40 hours per week OR fewer than 52 weeks per year). The probationary period for your classification is 365 days and will be completed when you have accumulated 0 worked hours in the classification.

All probationary employees are subject to probationary termination for any lawful reason identified by the appointing authority. Probationary terminations are not appealable to the Civil Service Commission.

- Promotional Appointment (M)** to the competitive classification identified above. A person who has been selected by an appointing authority from a promotional competitive eligible list, certified in accordance with the provisions of Civil Service Commission Rule IX, is said to have received a promotional appointment. Employees who receive promotional appointments have permanent status without serving a probationary period.
- Unclassified Appointment (U)** to the position identified above. A person who has been selected by an appointing authority in accordance with the Columbus City Charter, Section 148(1) is said to have received an unclassified appointment. Those individuals receiving unclassified appointments serve at the pleasure of their appointing authority and may be terminated from employment at any time.
- Temporary Appointment (T)** to the classification identified above. A Temporary appointment, as defined by the Columbus City Charter, Section 149(h) and Civil Service Rule X(E), is an appointment to a City position for (480) or fewer work hours during any consecutive twelve-month period. Those individuals receiving temporary appointments serve at the pleasure of their appointing authority and may be terminated from employment at any time. Additionally, temporary employees are not eligible for benefits and will not receive credit for time served as a temporary if ever appointed to another city position.

With my signature below, I am certifying that I have read, understand and have had explained to me the information marked above. I am also certifying that I have been given a copy of the specification for my classification and I understand that any significant difference in duties assigned by my supervisor and those identified on the specification for my classification should be reported to my divisional human resources representative.

Employee Signature

12/29/17

Date

Name: Brandon Gaunt

Department: Public Safety

Division: Police

Bargaining Unit: CWA

C I T Y O F C O L U M B U S

performance appraisal



CITY OF COLUMBUS
Andrew J. Ginther, Mayor
Revised 2/16

CITY OF COLUMBUS PERFORMANCE APPRAISAL

NAME: Brandon R. Gaunt	
CLASSIFICATION: Management Analyst I	DATE OF RANK: 12-19-16
DEPARTMENT: Public Safety	DIVISION: Police

TYPE OF APPRAISAL

Probationary <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input checked="" type="checkbox"/> #3 <input type="checkbox"/> Annual <input type="checkbox"/> Special	DATE OF PERFORMANCE INTERVIEW:
If special, please give reason:	9-28-2018
LENGTH OF PROBATIONARY PERIOD: <input type="checkbox"/> 180 <input type="checkbox"/> 270 <input checked="" type="checkbox"/> 365	REPORTING PERIOD: 5-18 to 9-18

SECTION I is to be completed for ALL employees.

SECTION I and SECTION II are to be completed for employees who have supervisory or program management responsibilities.

SECTION I

	UNACCEPTABLE	DEVELOPMENT NEEDED	FULLY COMPETENT	EXCEEDS EXPECTATION	COMMENTS
1. QUALITY OF WORK Accurate; Complete, Exercises good judgment; Requires minimum of checking; Careful about details; Work output is neat, legible, concise; Plans, organizes, makes logical decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provide examples of the employee's strengths and improvement opportunities which correspond to the performance categories and specific job duties (use additional page if necessary). Mr. Gaunt takes care on all requests to get a complete and accurate version and have it finished in a timely manner.
2. CUSTOMER/EMPLOYEE RELATIONS Treats customers/staff with respect and courtesy; Projects a positive image as a professional, competent person; Willingly assists public/staff without "transferring" the problem to others; Uses appropriate verbal and non-verbal communication indicative of a pleasant place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mr. Gaunt is respectful and professional in his limited contact with the public and with co-workers.
3. ADAPTABILITY TO CHANGING CONDITIONS Accepts changes in workload, priorities, or procedures; Responds to instructions/directions; Handles difficult situations without stress; Carries out changes in policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mr. Gaunt knows the Public Record Unit procedures well and can handle any size workload. He also has taken on extra duties from a branch of public records that was overflow from co-workers.
4. INITIATIVE Does not wait to be told or for others to take lead; Makes extra efforts to improve performance work methods, procedures; Does not need to be shown every detail; Completes all assignments; Seeks extra work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mr. Gaunt will investigate and find answers to questions on requests or areas of law. He is very proficient on new equipment and keeps his work in a very organized manner.
5. QUANTITY OF WORK Produces acceptable volume of work; Requires minimum supervision; Completes work in reasonable time; Quantity of work does not diminish under adverse conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mr. Gaunt needs little to no supervision and completes all of his work in a timely manner. His workload remains high and he is able to handle it without assistance.
6. ACCEPTS RESPONSIBILITY Follows directives and procedures; Strives to improve knowledge of unit operation; Accepts responsibility as required; Responsible and accountable for errors made; Accepts constructive criticism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mr. Gaunt follows Unit procedures and quickly adapted to new equipment and is using it to improve his work and his timetable.
7. ECONOMY OF WORK PERFORMANCE Pre-plans work; Conserves time, materials, supplies and accounts for tools, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mr. Gaunt works very efficiently with equipment and plans his work each day.

SECTION I and SECTION II are to be completed for employees who have supervisory or program management responsibilities.

SECTION II

	UNACCEPTABLE	DEVELOPMENT NEEDED	FULLY COMPETENT	EXCEEDS EXPECTATIONS	COMMENTS
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Provide examples of the employee's strengths and improvement opportunities which correspond to the performance categories and specific job duties (use additional page if necessary).

8. EFFECTIVENESS OF UNIT
 Ensures that unit staff promotes good customer/employee relations and is responsive to changing conditions in workloads, priorities and policies; Accomplishes tasks within prescribed deadlines and within the proper authority.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9. PLANNING AND ORGANIZING
 Efficiently assigns work to subordinates to accomplish unit objectives; Keeps supervisor informed of problems or delays; Pre-plans work; Stays on established schedules; Coordinates work within the unit; Coordinates work between other sections or divisions; Anticipates scheduling problems.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. LEADERSHIP
 Provides motivation to the work unit; Sets a good example for other employees; Achieves willing cooperation and teamwork; Accepts responsibility for subordinates' actions; Carries out instructions from higher authority willingly and promptly; Actively supports new programs and procedures.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11. JUDGMENTS AND DECISIONS
 Makes objective and practical decisions on a timely basis; Limits decision-making to areas within assigned authority; Exhibits firmness and fairness in judgments affecting subordinates; Equally enforces work rules.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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12. SUPERVISORY CONTROL
 Maintains control of the work unit's performance and behavior; Delegates authority and responsibility effectively; Promotes a professional atmosphere in all areas of supervisory jurisdiction; Ensures employees have a good understanding of behavior and performance expected.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13. REVIEWING SUBORDINATES' PERFORMANCE
 Uses the performance appraisals as a tool to identify and discuss the strengths and weaknesses of the employee; Reviews performance of employees in a fair, accurate, honest and timely manner; Informs employees of the potential consequences of their actions.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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14. OPERATING ECONOMY
 Continually evaluates procedures and work methods and makes necessary revisions/recommendations to save time and money; Utilizes staff, material and supplies efficiently; Takes necessary precautions to secure materials and supplies from loss or theft; Ensures equipment is not abused.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

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CITY OF COLUMBUS PERFORMANCE APPRAISAL COMMENT PAGE

EMPLOYEE NAME: Brandon R. Gaunt

Recommend Continued employment?
(Probationary appraisals only)

YES NO

IMMEDIATE SUPERVISOR

Amy L. Morris

Supervisor's Name (Please Type or Print)

Amy L. Morris

Supervisor's Signature

PUB. SAFETY ANALYST

Supervisor's Classification

9-28-18

Date

EMPLOYEE

Brandon R. Gaunt

Employee's Signature

9/28/18

Date

Recommend Continued employment?
(Probationary appraisals only)

YES / NO

REVIEWER

Reviewer's Name (Please Type or Print)

Reviewer's Signature

Reviewer's Classification

Date

ADMINISTRATOR

Recommend Continued employment?
(Probationary appraisals only)

YES / NO

Administrator's Signature

Date

APPOINTING AUTHORITY

Continued employment?
(Probationary appraisals only)

YES / NO

Appointing Authority's Signature

Date

Brandon Richard Gaunt

Residences:

- 1) [REDACTED] Ln, Columbus OH 43235 01/01/2018-Present
- 2) [REDACTED], Sunbury, OH 43074 08/14/2017-01/01/2018
- 3) [REDACTED] Hilliard, OH 43026 07/17/2016-08/13/2017
- 4) [REDACTED] Ln, Columbus, OH 43235 07/16/2016

Employers:

- 1) Columbus Division of Police
120 Marconi Blvd, Columbus OH 43215
(614)645-4545
1/16/18-Present
Management Analyst
Supervisor: Amy Morris
- 2) Columbus Division of Police
120 Marconi Blvd, Columbus OH 43215
(614)645-4545
12/19/16-10/27/17
Police Officer
Supervisor: Sgt. Reardon
Resigned in Good Standing: Personal and Family Reasons
- 3) Target Distribution
42 Commerce Way, West Jefferson OH 43162
(614)801-6700
12/1/15-12/14/16
Team Member
Supervisor: Tom Evers
Left for City Employment and Police Academy
- 4) Mia Cucina
230 W Olentangy St, Powell OH 43065
(614)547-1543
8/16-12/16
Waiter
Supervisor: NA
Left due to Business Closing
- 5) W.G. Grinders
1925 Hard Rd, Columbus OH 43235
(614)792-1163

5/15-8/15, 5/14-8/14, 5/13/8/13 (Summer Work)

Manager

Supervisor: Keith Hadley

Left for College, Owner sold the business

6) Tim Hortons

6850 Hopsital Dr, Dublin OH 43016

(614)717-0570

6/10-6/12

Team Member

Supervisor: Shannon Hetledge

Left for College

Names:

Brandon Richard Gaunt (birth-present)

Emails:

[REDACTED] (Personal)

brgaunt@columbuspolice.org (Work)

Social Media:

No Social Media Accounts

COLUMBUS DIVISION OF POLICE....ROUTING SHEET FOR CORRESPONDENCE

SUBJECT: Probationary Appraisal - Brandon Gaunt, MAI

ORIGINATOR: Amy Morris, Public Safety Analyst ASSIGNMENT Public Records Unit DATE: 9/28/2018

FORWARD TO: <u>Jonathan Schirg, Management Analyst II</u>	ASSIGNMENT <u>Records Section</u>
REMARKS: <u>Reviewed and forwarded.</u>	
SIGNATURE: <u>[Signature]</u>	DATE REC'D <u>9-28-18</u> FORWARDED <u>9-28-18</u> <input type="checkbox"/> Cont'd on back
FORWARD TO: <u>Susan Deskins, Public Safety Manager</u>	ASSIGNMENT <u>Records Management Bureau</u>
REMARKS: <u>Reviewed - employee doing very well</u>	
SIGNATURE: <u>[Signature]</u>	DATE REC'D <u>10/5/18</u> FORWARDED <u>10/5/18</u> <input type="checkbox"/> Cont'd on back
FORWARD TO: <u>Deputy Chief Gary Duniap #5004</u>	ASSIGNMENT <u>Support Services Subdivision</u>
REMARKS: <u>REVIEWED.</u>	
SIGNATURE: <u>[Signature]</u>	DATE REC'D _____ FORWARDED <u>10/9/18</u> <input type="checkbox"/> Cont'd on back
FORWARD TO: <u>MIRANDA VOLLMEER</u>	ASSIGNMENT <u>HR Mgr.</u>
REMARKS: _____	
SIGNATURE: _____	DATE REC'D _____ FORWARDED _____ <input type="checkbox"/> Cont'd on back
FORWARD TO: <u>Amy VanPelt</u>	ASSIGNMENT <u>HR</u>
REMARKS: <u>Resume Process</u>	
SIGNATURE: <u>[Signature]</u>	DATE REC'D <u>10/11/18</u> FORWARDED <u>10/12/18</u> <input type="checkbox"/> Cont'd on back
FORWARD TO: <u>Mike Rushtsky</u>	ASSIGNMENT <u>Personnel</u>
REMARKS: <u>Forward to Director for review signature. - Probationary -</u>	
SIGNATURE: <u>[Signature]</u>	DATE REC'D <u>10/12/18</u> FORWARDED <u>10/19/18</u> <input type="checkbox"/> Cont'd on back
FINAL DISPOSITION: <u>Return</u> <u>10/28/18</u>	
ORIGINATING PERSON ADVISED BY: _____	
NAME	NOTIFIED VIA
DATE	

RECEIVED BY POLICE EBU
2018 OCT 2 PM 3:56

CD/DVD (#) ATTACHMENTS

Name: Brandon Gaunt

Department: Public Safety

Division: Police

Bargaining Unit: CWA

CITY OF COLUMBUS

performance appraisal



CITY OF COLUMBUS
Andrew J. Ginther, Mayor
Revised 2/16

CITY OF COLUMBUS PERFORMANCE APPRAISAL

NAME: Brandon R. Gaunt	
CLASSIFICATION: Management Analyst I	DATE OF RANK: 12-19-16
DEPARTMENT: Public Safety	DIVISION: Police

TYPE OF APPRAISAL

Probationary <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input checked="" type="checkbox"/> #3 <input type="checkbox"/> Annual <input type="checkbox"/> Special	DATE OF PERFORMANCE INTERVIEW:
If special, please give reason:	9-28-2018
LENGTH OF PROBATIONARY PERIOD: <input type="checkbox"/> 180 <input type="checkbox"/> 270 <input checked="" type="checkbox"/> 365	REPORTING PERIOD: 5-18 to 9-18

SECTION I is to be completed for ALL employees.

SECTION I and SECTION II are to be completed for employees who have supervisory or program management responsibilities.

SECTION I

UNACCEPTABLE
 DEVELOPMENT NEEDED
 FULLY COMPETENT
 EXCEEDS EXPECTATION

COMMENTS

Provide examples of the employee's strengths and improvement opportunities which correspond to the performance categories and specific job duties (use additional page if necessary).

- | | UNACCEPTABLE | DEVELOPMENT NEEDED | FULLY COMPETENT | EXCEEDS EXPECTATION | |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|---|
| 1. QUALITY OF WORK
Accurate; Complete, Exercises good judgment; Requires minimum of checking; Careful about details; Work output is neat, legible, concise; Plans, organizes, makes logical decisions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mr. Gaunt takes care on all requests to get a complete and accurate version and have it finished in a timely manner. |
| 2. CUSTOMER/EMPLOYEE RELATIONS
Treats customers/staff with respect and courtesy; Projects a positive image as a professional, competent person; Willingly assists public/staff without "transferring" the problem to others; Uses appropriate verbal and non-verbal communication indicative of a pleasant place. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mr. Gaunt is respectful and professional in his limited contact with the public and with co-workers. |
| 3. ADAPTABILITY TO CHANGING CONDITIONS
Accepts changes in workload, priorities, or procedures; Responds to instructions/directions; Handles difficult situations without stress; Carries out changes in policies and procedures. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mr. Gaunt knows the Public Record Unit procedures well and can handle any size workload. He also has taken on extra duties from a branch of public records that was overflow from co-workers. |
| 4. INITIATIVE
Does not wait to be told or for others to take lead; Makes extra efforts to improve performance work methods, procedures; Does not need to be shown every detail; Completes all assignments; Seeks extra work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mr. Gaunt will investigate and find answers to questions on requests or areas of law. He is very proficient on new equipment and keeps his work in a very organized manner. |
| 5. QUANTITY OF WORK
Produces acceptable volume of work; Requires minimum supervision; Completes work in reasonable time; Quantity of work does not diminish under adverse conditions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mr. Gaunt needs little to no supervision and completes all of his work in a timely manner. His workload remains high and he is able to handle it without assistance. |
| 6. ACCEPTS RESPONSIBILITY
Follows directives and procedures; Strives to improve knowledge of unit operation; Accepts responsibility as required; Responsible and accountable for errors made; Accepts constructive criticism. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mr. Gaunt follows Unit procedures and quickly adapted to new equipment and is using it to improve his work and his timetable. |
| 7. ECONOMY OF WORK PERFORMANCE
Pre-plans work; Conserves time, materials, supplies and accounts for tools, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mr. Gaunt works very efficiently with equipment and plans his work each day. |

SECTION I and SECTION II are to be completed for employees who have supervisory or program management responsibilities.

SECTION II

UNACCEPTABLE
DEVELOPMENT NEEDED
FULLY COMPETENT
EXCEEDS EXPECTATIONS

COMMENTS

Provide examples of the employee's strengths and improvement opportunities which correspond to the performance categories and specific job duties (use additional page if necessary).

<p>8. EFFECTIVENESS OF UNIT Ensures that unit staff promotes good customer/employee relations and is responsive to changing conditions in workloads, priorities and policies; Accomplishes tasks within prescribed deadlines and within the proper authority.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. PLANNING AND ORGANIZING Efficiently assigns work to subordinates to accomplish unit objectives; Keeps supervisor informed of problems or delays; Pre-plans work; Stays on established schedules; Coordinates work within the unit; Coordinates work between other sections or divisions; Anticipates scheduling problems.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. LEADERSHIP Provides motivation to the work unit; Sets a good example for other employees; Achieves willing cooperation and teamwork; Accepts responsibility for subordinates' actions; Carries out instructions from higher authority willingly and promptly; Actively supports new programs and procedures.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. JUDGMENTS AND DECISIONS Makes objective and practical decisions on a timely basis; Limits decision-making to areas within assigned authority; Exhibits firmness and fairness in judgments affecting subordinates; Equally enforces work rules.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. SUPERVISORY CONTROL Maintains control of the work unit's performance and behavior; Delegates authority and responsibility effectively; Promotes a professional atmosphere in all areas of supervisory jurisdiction; Ensures employees have a good understanding of behavior and performance expected.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13. REVIEWING SUBORDINATES' PERFORMANCE Uses the performance appraisals as a tool to identify and discuss the strengths and weaknesses of the employee; Reviews performance of employees in a fair, accurate, honest and timely manner; Informs employees of the potential consequences of their actions.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>14. OPERATING ECONOMY Continually evaluates procedures and work methods and makes necessary revisions/recommendations to save time and money; Utilizes staff, material and supplies efficiently; Takes necessary precautions to secure materials and supplies from loss or theft; Ensures equipment is not abused.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CITY OF COLUMBUS PERFORMANCE APPRAISAL COMMENT PAGE

EMPLOYEE NAME: Brandon R. Gaunt

IMMEDIATE SUPERVISOR

BRANDON IS DOING A GREAT JOB
IN PUBLIC RECORDS.

Recommend Continued employment?
(Probationary appraisals only)

YES / NO

Amy L. Morris

Amy L. Morris

PUB. SAFETY ANALYST

9-28-18

Supervisor's Name (Please Type or Print)

Supervisor's Signature

Supervisor's Classification

Date

EMPLOYEE

Brandon Gaunt

9/28/18

Employee's Signature

Date

REVIEWER

Recommend Continued employment?
(Probationary appraisals only)

YES / NO

Jonathan Selig

Jonathan Selig

MA II

Reviewer's Name (Please Type or Print)

Reviewer's Signature

Reviewer's Classification

Date

ADMINISTRATOR

Recommend Continued employment?
(Probationary appraisals only)

YES / NO

[Signature]

10/12/18

Administrator's Signature

Date

APPOINTING AUTHORITY

Continued employment?
(Probationary appraisals only)

YES / NO

oned petter, per/ r mach

10/27/18

Appointing Authority's Signature

Date



City of Columbus
/Original Employment Information

Gaunt, Brandon R
Employee Name: Last, First, Middle Initial

/PP01 Employee Name & Address

Department: 30
Division: 03
Last Name: Gaunt
First Name, Middle Initial: Brandon R
Badge #:
MST Status: Y
Employee Profile: Y
Alternate Name:
Address 1 (Number & Street):
Address 2 (Additional):
Address 4 (City): COLUMBUS
State: OH
Zip Code: 43235
School District Code: 2513
Home Phone:
City Phone: (614) 645-4545

/PP20 Position/Classification Information

Social Security Number:
Action Code: NEW
Effective Date: 1/16/2018
Department: 30
Division: 03
Position Number: 04034
Job Class Code: 0779
Bargaining Unit: D
Pay Range: 54
Step: 0
Increment: \$1.69
Hourly Pay Rate: \$22.00

/PP02 EEO Information

Sex: M
Birthdate: 8/14/1993
EEO Code: WH
Primary Disability:
Secondary Disability:

/Appointment Information

Appointment Type: O
CSC Code: CG
Employment Type: PTR
Certification Number: 17-01408

/PP06 Emergency Contact Information

Contact Name (Last, First, M.I.): Gaunt,
Contact Address 1:
Contact Address 2:
Contact Address 3: Sunbury
State: OH
Zip Code: 43074
Home Phone:
Work Phone:
Relation Code: 02

/Paycost & Assignment Information

System Status: A1
Payroll Number: 227
Base Index: 300815
CSC Verified: O

/PP21 Additional Paycost Assignment Information

Action Code: CCA
Effective Date:
Index/OCA 2:
Index/OCA 2 %:
Index/OCA 3:
Index/OCA 3%:
Index/OCA 4:
Index/OCA 4 %:
Assignment Code:
Scheduled Days Off:
Work Location: I01
Pay Location: I12
Shift:
Basic Work Week:

/PP19 Taxes

Federal Exempt:	Allowance:	Excess:
State Exempt:	Allowance:	Excess:
Local Columbus:	1 st Local:	2 nd Local:
Marital Status:	EIC:	

/PP23 Primary Probation

Effective Date:
Action Code: LTD
Ends On or Before:
CSC Verified: O

vComments:

Management Analyst I

vSignatures

Entered

I hereby certify that the facts stated above are correct.

Employee Signature: [Signature] Date: 12/29/19
Division Head Signature: [Signature] Date: 12/29/17
Appointing Authority Signature: [Signature] Date: 1/4/17

■ Civil Service Commission

Approved Disapproved By: _____ Date: _____

Printed: 12/28/17 12:21 PM



City of Columbus
 Department of Human Resources
 77 North Front Street, 1st Floor
 Columbus, Ohio 43215

Pay Rate Worksheet

Date Prepared: 12/28/17 Effective Date: 1/16/18
 Employee ID: [REDACTED] Employee Name: Brandon R. Gaunt
 Job Code: 0779 Class Title: Management Analyst I
 Department: 30 Division: 03
 EPC Number: 300304034 Position(s) Type: FT PT / R L S
 Appointment To / Adjustment For: CWA HACP MCP

Please indicate below the category associated with the appointment or change as reflected on the form PP20, and provide the following information regarding the intended pay rate for the employee: 1) Justification memorandum from appointing authority; 2) Employee resume, where applicable; 3) This form with original signature (not scanned or copied) of appointing authority.

New COC Employee

The pay grade for this classification is 54, with a minimum pay rate of 20.31/hour and a maximum pay rate of \$30.47/hour. The proposed hire rate of pay for this employee is \$22.00/hour. This hire rate of pay falls within the:
 1st Quartile 2nd Quartile Above Market *(Proposed hire pay rates falling in the 2nd quartile or higher must be reviewed and approved by the Department of Human Resources.)*

Promotion (Current COC employee new to this pay plan or moving within the pay plan)

The pay grade for this new, higher classification is , with a minimum pay rate of \$ /hour and a maximum pay rate of \$ /hour. The proposed hire rate of pay for this employee is \$ /hour. This represents a % increase in pay for the employee. *(Increases of less than 5% or greater than 10% must be reviewed and approved by the Department of Human Resources.)*

Adjustment or Transfer – Same or Lateral Class (Adjustments are MCP increases or CWA Sec. 17.9 wage rate adjustments)

The employee's previous rate of pay was \$ /hour and, with this adjustment or transfer, the new rate will be \$ /hour, reflecting a % increase in pay. *(Any change in pay must be reviewed and approved by the Department of Human Resources.)*

Demotion

The pay grade for this new, lower classification is , with a minimum pay rate of \$ /hour and a maximum pay rate of \$ /hour. The proposed hire rate of pay for this employee is \$ /hour. This represents a % decrease in pay for the employee. *(Decreases of less than 5% or greater than 10% must be reviewed and approved by the Department of Human Resources.)*

Interim Limited Appointment

This employee will be receiving a limited appointment to this higher classification beginning , with an estimated ending date of . The pay grade for this new, higher classification is , with a minimum pay rate of \$ /hour and a maximum pay rate of \$ /hour. The proposed hire rate of pay for this employee is \$ /hour. This represents a % increase in pay for the employee. *(Increases of less than 5% or greater than 10% must be reviewed and approved by the Department of Human Resources.)*

Brandon R. Gaunt
 Appointing Authority Signature

Date

HR Department Approval

Date



Columbus Civil Service Commission
 77 N. Front Street, 3rd Floor, Room 330
 Columbus, Ohio 43215

**New Position Overview Packet:
 HR Certification Form**

Please provide the following appointment summary information. Once completed, this form, along with all other appointment paperwork, must be submitted to the Civil Service Commission no later than the Monday one week prior to the proposed effective date of the appointment. Questions regarding this process can be directed to the Commission's **Applicant & Employee Services Unit** at extension 5-8369.

Department: 30

Division: 03

SSN: [REDACTED] Start Date: 01/16/2018

Name: Gaunt, Brandon R
 (Last, First, Middle Initial)

Class Code: 0779 Class Title: Management Analyst I

Class Type: Competitive Noncompetitive Unclassified

Appointment Type: Original (O) Noncompetitive (W) Provisional (P)
 Promotional (M) Unclassified (U) Temporary (T)

Employment Type: Full-time Part-time / Regular Limited Seasonal

Length of Probationary Period: 365 Probationary Period Ending Date: 01/15/2019

Probationary Period Hours: 0

Employee has a relationship as defined in the City's Nepotism Policy? Yes No

With my signature below, I am certifying that:

1. I have shown the above named employee the CSC *New Position Overview* PowerPoint presentation;
2. I have discussed and answered all questions regarding residency, appointment, ethics, and the I-9 form.
3. I have verified that the employee does/does not have a relationship as defined in the City's Nepotism Policy with an individual currently working for the City of Columbus, and have obtained the appropriate signature on the P-20.
4. I have provided a copy of all appointment-related paperwork to the employee.

HR Staff Member Signature: *Michelle Deschler* Date: 12/29/17

HR Staff Member Phone #: 5-4986



Columbus Civil Service Commission
77 N. Front Street, 3rd Floor, Room 330
Columbus, Ohio 43215

New Position Overview Packet: Appointment Information

Name: Gaunt, Brandon R
 Social Security Number: ██████████ Effective Date: 01/16/2018
 Classification: Management Analyst I

You have received a(n):

Noncompetitive Appointment (W) to the noncompetitive classification identified above. A person who has been selected by an appointing authority from a noncompetitive certification list, certified in accordance with the provisions of Civil Service Commission Rule IX(E), is said to have received a noncompetitive appointment. Those persons receiving noncompetitive appointments do not become permanent employees until they have satisfied the applicable probationary period set forth in Civil Service Commission Rule XI.

Original Appointment (O) to the competitive classification identified above. A person who has been selected by an appointing authority from an open competitive eligible list, certified in accordance with the provisions of Civil Service Commission Rule IX, is said to have received an original appointment. Those persons receiving original appointments do not become permanent employees until they have satisfied the applicable probationary period set forth in Civil Service Commission Rule XI.

Probationary Period

You have received a **FULL-TIME** employment type (40 hours per week, 52 weeks per year). The probationary period for your classification is 365 days and will be completed on 01/15/2019 unless extended by your department in accordance with Civil Service Commission Rule XI(D)(1-2).

You have received a **PART-TIME** employment type (fewer than 40 hours per week OR fewer than 52 weeks per year). The probationary period for your classification is 365 days and will be completed when you have accumulated 0 worked hours in the classification.

All probationary employees are subject to probationary termination for any lawful reason identified by the appointing authority. Probationary terminations are not appealable to the Civil Service Commission.

Promotional Appointment (M) to the competitive classification identified above. A person who has been selected by an appointing authority from a promotional competitive eligible list, certified in accordance with the provisions of Civil Service Commission Rule IX, is said to have received a promotional appointment. Employees who receive promotional appointments have permanent status without serving a probationary period.

Unclassified Appointment (U) to the position identified above. A person who has been selected by an appointing authority in accordance with the Columbus City Charter, Section 148(1) is said to have received an unclassified appointment. Those individuals receiving unclassified appointments serve at the pleasure of their appointing authority and may be terminated from employment at any time.

Temporary Appointment (T) to the classification identified above. A Temporary appointment, as defined by the Columbus City Charter, Section 149(h) and Civil Service Rule X(E), is an appointment to a City position for (480) or fewer work hours during any consecutive twelve-month period. Those individuals receiving temporary appointments serve at the pleasure of their appointing authority and may be terminated from employment at any time. Additionally, temporary employees are not eligible for benefits and will not receive credit for time served as a temporary if ever appointed to another city position.

With my signature below, I am certifying that I have read, understand and have had explained to me the information marked above. I am also certifying that I have been given a copy of the specification for my classification and I understand that any significant difference in duties assigned by my supervisor and those identified on the specification for my classification should be reported to my divisional human resources representative.

Employee Signature

12/29/17

Date



City of Columbus
 Department of Human Resources
 90 West Broad Street, Room 311
 Columbus, Ohio 43215

Acknowledgement of Receipt: Auditor of State Fraud-Reporting System Info

Pursuant to Ohio Revised Code Section 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 that the City of Columbus provided you information about the fraud-reporting system as described in Section 117.103(A) of the Revised Code, and that you read and understand the information provided.

I, Brandon Gaunt, 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.

Printed Name: Brandon Gaunt

Department: Safety

Signature: Brandon Gaunt

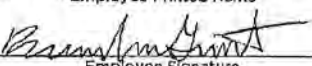
Date: 12/29/17

PLEDGE OF ETHICAL CONDUCT

In consideration of my appointment as a public official or employee of the City of Columbus, Ohio, I hereby pledge to be familiarized and conduct myself in accordance with the current ethics policy, laws, related statutes, and administrative code, copies of which have been provided to me upon employment. Specifically, I pledge that I shall not engage in prohibited conduct which includes, but is not limited to, the following:

- (1) **Gifts:** Solicitation or acceptance of anything of value from an improper source, including, but not limited to, any person, corporation, or other party that is doing, or seeking to do business with, regulated by, or has interests before, the City of Columbus;
- (2) **Outside Employment:** Solicitation or acceptance of employment from an improper source, unless the official or employee completely withdraws from City of Columbus activity regarding the party offering employment, and the appointing authority approves the withdrawal;
- (3) **Conflict of Interest:** Use of one's public position to obtain benefits for an official or employee, a family member, household member, or anyone with whom the official or employee has a business or employment relationship;
- (4) **Supplemental Compensation:** Payment or acceptance of any form of compensation for personal services rendered on a matter before any board, commission, or other body of the City of Columbus, unless the official or employee qualifies for the exception, and files the statement, as described in section 102.04(D) of the Revised Code;
- (5) **Public Contracts:** Holding or benefitting from a contract with, authorized by, or approved by, the City of Columbus, unless otherwise permitted through a statutory exception; the Ethics Laws except certain limited stockholdings and contracts objectively shown as the lowest cost services, if all criteria under Revised Code 2921.42 are met;
- (6) **Nepotism or Influence Peddling:** Voting, authorizing, recommending, or in any way using one's position to secure approval of a City of Columbus contract including employment or personal services in which an official or employee, a family member, or anyone with whom an official or employee has a business or employment relationship, has an interest;
- (7) **Honoraria:** Solicitation or acceptance of honoraria, pursuant to sections 102.01(H) and 102.03(H) of the Revised Code;
- (8) **Revolving Door or Post-Employment:** During public service, and for one year after leaving public service, representing any person or entity, in any manner, before any City of Columbus body, with respect to a matter in which an official or employee personally participated while serving with the City of Columbus;
- (9) **Confidential Information:** Using or disclosing confidential information protected by law, unless appropriately authorized;
- (10) **Use of City of Columbus Brand:** Using, or authorizing the use of, one's title, the City of Columbus, or the city's acronym or logo in any way that suggests endorsement of a product or business, favoritism, bias, or impropriety by a City of Columbus official or employee; and,
- (11) **Political Activity:** Public officials and employees shall not engage in political activity that is prohibited by law.

Public officials or employees designated by the Office of the Mayor, with positions that involve significant administrative, financial, policy, and related matters, will be required to complete and timely file a financial disclosure statement with the City Clerk and attend ethics education and training on an annual basis. Mandatory ethics education and training will be required for all new City of Columbus employees.

<u>Brandon Gaunt</u> Employee Printed Name	<u>MA1</u> Classification
<u></u> Employee Signature	<u>12/29/17</u> Date



City of Columbus
 Office of the Mayor
 90 West Broad Street
 Columbus, Ohio 43215

*Records Policy
 Acknowledgement of Receipt*

With my signature below, I am acknowledging receipt of the Records Policy for the City of Columbus as well as the appropriate retention schedule for my department. I understand that it is my responsibility to read this policy, and to be familiar with its contents.

I am also acknowledging my understanding that this policy and all other Citywide policies, executive orders and procedures currently in effect and for which I am responsible, are available on the Department of Human Resources intranet site or through my human resources representative.

Please sign and return to your Division Human Resources Representative.

Brandon Gaunt
 Employee Signature

Brandon Gaunt
 Printed Name

12/29/17
 Date

30
 Department

03
 Division

227
 Section

City-wide Policies & Executive Orders Acknowledgement of Receipts

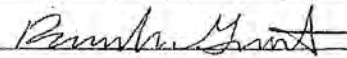
With my signature below, I am acknowledging receipt of the following listed City of Columbus policies, Executive Order, and procedures contained herein;

- City of Columbus Central Work Rules
- City of Columbus Policy Regarding Workplace Violence
- Sexual Harassment Policy
- Policy on Equal Employment Opportunity
- Policy Against Discrimination of Persons with Disabilities (7/1/2003)
- Comprehensive Electronic Communications Policy (8/31/2003 revised 2/1/2006)
- Privacy Policy (4/14/2003)
- City-wide Office of Training and Development (2/1/2003)
- Reporting Fatalities and Multiple Hospitalization Incidents (6/3/2003 revised 4/14/2009)

I am also acknowledging my understanding that all other City-wide policies, executive orders and procedures currently in effect and for which I am responsible, are available on the Department of Human Resources intranet site for through my human resources representative.

Please sign and return to your Division Human Resources representative.

Name Brandon Gaunt

Signature 

Date 12/29/17

**COMPREHENSIVE ELECTRONIC COMMUNICATIONS POLICY
REVIEW AND ACCEPTANCE FORM**

By my signature below, I hereby certify that I have read and reviewed the Electronic Communications Policy of the City of Columbus. By signing this form, I agree to abide by the Electronic Communications Policy I also agree to review it periodically for any changes or modifications. I consent to the monitoring of City-owned electronic communications services. I understand that violations of the Electronic Communications Policy may subject me to disciplinary action up to and including termination in accordance with applicable City of Columbus work rules and collective bargaining agreements.

Print Name: Brandon Gaunt

Signature: 

Date: 12/29/17

Instructions

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

Employee name (please print or type) Brandon Gaunt	Date 12/29/17
Employer name	Risk number

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

Recreational activities/Fitness programs

Use of Fitness Centers

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

Brandon Gaunt
Employee signature

12/29/17
Date signed



**Columbus Division of Police
Fitness Centers
Release of Liability**



In consideration of the use of the property and facilities of the Columbus Division of Police Fitness Centers (Fitness Centers), the undersigned agrees to and accepts the following conditions:

1. The use of the equipment and facilities provided by the Columbus Division of Police (weight and cardiovascular equipment, self-defense equipment, swimming pool, and gymnasium) involves exposure to potential risk of harm, including, but not limited to property damage, bodily injury, temporary or permanent disability, paralysis, and death. These risks may result from the use of the equipment or emergency medical care. The Columbus Division of Police does not carry participant insurance and will not incur any liability or assume any responsibility for any medical, health, or personal injury costs relating to the undersigned's use of the Fitness Centers. The undersigned voluntarily assumes all risks that may arise out of or result from the use of the equipment or facilities of the Fitness Centers.
2. The undersigned hereby agrees to indemnify and hold harmless the City of Columbus, Ohio, all of its departments and divisions, and all of its employees, agents or other representatives against any monetary award, both compensatory and punitive, or equitable relief by a judge or jury that may result from damages or loss to persons or property sustained while using the Fitness Centers.
3. In no event shall the undersigned or any of his or her heirs, assigns, agents or any other individual or entity acting on behalf of the undersigned be considered an officer, employee, agent, or other representative of the City of Columbus, Ohio, while using the Fitness Centers in an off-duty status.
4. The undersigned acknowledges reading and understanding all policies relating to the activities, facilities, and/or equipment; acknowledges that the safe and proper use of facilities and equipment is dependent upon carefully following such policies and procedures; and further agrees to comply with all rules and regulations of the Columbus Division of Police Fitness Centers. The undersigned agrees and understands that use of the Fitness Centers is conditioned upon full compliance with the aforementioned policies, procedures, rules, regulations, and that access to the Fitness Centers may be revoked immediately at the discretion of the Columbus Division of Police for failure to comply with any of the policies, rules, or regulations of the Fitness Centers (see rules on page 2).
- ~~5. The undersigned hereby consents to medical treatment in a medical emergency whereby the undersigned lacks the capacity to consent.~~
6. The undersigned accepts that the off-duty use of the facilities and equipment at the Fitness Centers is not considered work activity, and therefore injuries sustained during such use shall not constitute a proper basis for a Worker's Compensation claim.
7. The undersigned certifies that his or her present physical condition will permit participation in physical fitness activities offered at the Columbus Division of Police Fitness Centers.
8. Access cards issued for access to the Fitness Centers are the property of the Columbus Division of Police. Immediately report a lost or stolen access card to the Division of Police Personnel Section at 614-645-4803.

- I have read, understand, and agree to the terms and stipulations of this waiver and release of liability.
- I do not intend to use the Fitness Centers and understand that until I execute this release, I will not be permitted to do so.

Name of Participant (printed): Brandon Gaunt

Participant Signature: *Brandon Gaunt* Date: 12/29/17

Relationship: _____ Officer/Witness Signature: _____

For Retirees Only:	
<input type="checkbox"/> Employee Left in Good Standing	
Signature of Human Resources Manager: _____	Date: _____



Columbus Division of Police

CHANGE OF PERSONAL INFORMATION

Date 9/11/18

Complete and forward this form to the Personnel Unit (Room 733) within 48 hours of changing address, name, or telephone number.

Name: Gaunt Brandon R [REDACTED]
Last First M. I. Badge/BM# SSN

Address: _____
Number Street City Zip Code

Prior name if changed: _____

Home Phone: [REDACTED] School District: _____

Check here if you have a Savings Bond deduction

All forms must include School District Code. See Reverse side for School District Codes.

Emergency Contact #1

Name: _____
Last First Relationship

Address: _____
Street City State Zip Code

Home Phone: () Work Phone: ()

Emergency Contact #2

Name: _____
Last First Relationship

Address: _____
Street City State Zip Code

Home Phone: () Work Phone: ()

RECEIVED BY POLICE EBU
2018 SEP 11 AM 9:39

COLUMBUS DIVISION OF POLICE....ROUTING SHEET FOR CORRESPONDENCE

SUBJECT: Probationary Appraisal - MAI Brandon Gaunt

ORIGINATOR: Amy Morris, Public Safety Analyst ASSIGNMENT Public Records Unit DATE: 5/25/2018

FORWARD TO: Jonathan Schirg, Management Analyst II ASSIGNMENT Records Section
 REMARKS: Reviewed and Forwarded Cont'd on back
 SIGNATURE: [Signature] DATE REC'D 5-28-18 FORWARDED 5-29-18

FORWARD TO: Susan Deskins, Public Safety Manager ASSIGNMENT Records Management Bureau
 REMARKS: Mr. Gaunt is progressing as expected in his new position in Public Records. Cont'd on back
 SIGNATURE: [Signature] DATE REC'D 5/31/18 FORWARDED 6/1/18

FORWARD TO: Deputy Chief Gary Dunlap #5004 ASSIGNMENT Support Services Subdivision
 REMARKS: Reviewed Cont'd on back
 SIGNATURE: [Signature] DATE REC'D _____ FORWARDED 6/1/18

FORWARD TO: Miranda Vollmer ASSIGNMENT HR MGR
 REMARKS: Process Cont'd on back
 SIGNATURE: [Signature] DATE REC'D _____ FORWARDED 6/1/18

FORWARD TO: Amy VanDelt ASSIGNMENT HR
 REMARKS: Process Cont'd on back
 SIGNATURE: [Signature] DATE REC'D 6/1/18 FORWARDED 6/1/18

FORWARD TO: Mme Rusetsky ASSIGNMENT Personnel
 REMARKS: Forward to Director for review + signature - Probationary - Cont'd on back
 SIGNATURE: [Signature] DATE REC'D 6/1/18 FORWARDED 6/26/18

FINAL DISPOSITION: _____
 ORIGINATING PERSON ADVISED BY: _____ NAME _____ NOTIFIED VIA _____ DATE _____

RECEIVED BY PERSONNEL
 JUN - 11 PM 1:35
 EBU

Name: **Brandon Gaunt**

Department: **Public Safety**

Division: **Police**

Bargaining Unit: **CWA**

C I T Y O F C O L U M B U S

performance appraisal



CITY OF COLUMBUS
Andrew J. Ginther, Mayor
Revised 2/16

CITY OF COLUMBUS PERFORMANCE APPRAISAL

NAME: Brandon Gaunt	
CLASSIFICATION: Management Analyst I	DATE OF RANK: 1-16-18
DEPARTMENT: Public Safety	DIVISION: Police

TYPE OF APPRAISAL

Probationary <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> Annual <input type="checkbox"/> Special	DATE OF PERFORMANCE INTERVIEW:
If special, please give reason:	5-25-2018
LENGTH OF PROBATIONARY PERIOD: <input type="checkbox"/> 180 <input type="checkbox"/> 270 <input checked="" type="checkbox"/> 365	REPORTING PERIOD: 2-2018 to 5-2018

SECTION I is to be completed for ALL employees.
SECTION I and SECTION II are to be completed for employees who have supervisory or program management responsibilities.

SECTION I

	UNACCEPTABLE	DEVELOPMENT NEEDED	FULLY COMPETENT	EXCEEDS EXPECTATION	COMMENTS
1. QUALITY OF WORK Accurate; Complete, Exercises good judgment; Requires minimum of checking; Careful about details; Work output is neat, legible, concise; Plans, organizes, makes logical decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provide examples of the employee's strengths and improvement opportunities which correspond to the performance categories and specific job duties (use additional page if necessary). Mr. Gaunt is detail oriented and careful about his work. He checks all possibilities to prevent any missed videos and is careful to get his work completed on time.
2. CUSTOMER/EMPLOYEE RELATIONS Treats customers/staff with respect and courtesy; Projects a positive image as a professional, competent person; Willingly assists public/staff without "transferring" the problem to others; Uses appropriate verbal and non-verbal communication indicative of a pleasant place.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Although Mr. Gaunt does not deal directly with the public, he does speak with prosecutors and detectives and is always willing to accommodate their requests, even if they are a last minute request.
3. ADAPTABILITY TO CHANGING CONDITIONS Accepts changes in workload, priorities, or procedures; Responds to instructions/directions; Handles difficult situations without stress; Carries out changes in policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mr. Gaunt responds well to any changes/new instructions without complaint. He understands any changes and will even suggest some if he believes they are appropriate.
4. INITIATIVE Does not wait to be told or for others to take lead; Makes extra efforts to improve performance work methods, procedures; Does not need to be shown every detail; Completes all assignments; Seeks extra work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mr. Gaunt does work on his own and is relatively unsupervised. He produces his work efficiently and will ask questions if needed.
5. QUANTITY OF WORK Produces acceptable volume of work; Requires minimum supervision; Completes work in reasonable time; Quantity of work does not diminish under adverse conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mr. Gaunt finishes all work assigned to him and has even picked up overflow from public records. He can complete work that comes to him last minute if needed.
6. ACCEPTS RESPONSIBILITY Follows directives and procedures; Strives to improve knowledge of unit operation; Accepts responsibility as required; Responsible and accountable for errors made; Accepts constructive criticism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mr. Gaunt follows all procedures and is willing to learn new techniques and upgrades. He accepts any criticisms and always corrects any mistakes without question.
7. ECONOMY OF WORK PERFORMANCE Pre-plans work; Conserves time, materials, supplies and accounts for tools, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mr. Gaunt is excellent on organization and has any materials he needs close at hand.

SECTION I and SECTION II are to be completed for employees who have supervisory or program management responsibilities.

SECTION II

UNACCEPTABLE

DEVELOPMENT NEEDED

FULLY COMPETENT

EXCEEDS EXPECTATIONS

COMMENTS

Provide examples of the employee's strengths and improvement opportunities which correspond to the performance categories and specific job duties (use additional page if necessary).

8. EFFECTIVENESS OF UNIT

Ensures that unit staff promotes good customer/employee relations and is responsive to changing conditions in workloads, priorities and policies; Accomplishes tasks within prescribed deadlines and within the proper authority.

9. PLANNING AND ORGANIZING

Efficiently assigns work to subordinates to accomplish unit objectives; Keeps supervisor informed of problems or delays; Pre-plans work; Stays on established schedules; Coordinates work within the unit; Coordinates work between other sections or divisions; Anticipates scheduling problems.

10. LEADERSHIP

Provides motivation to the work unit; Sets a good example for other employees; Achieves willing cooperation and teamwork; Accepts responsibility for subordinates' actions; Carries out instructions from higher authority willingly and promptly; Actively supports new programs and procedures.

11. JUDGMENTS AND DECISIONS

Makes objective and practical decisions on a timely basis; Limits decision-making to areas within assigned authority; Exhibits firmness and fairness in judgments affecting subordinates; Equally enforces work rules.

12. SUPERVISORY CONTROL

Maintains control of the work unit's performance and behavior; Delegates authority and responsibility effectively; Promotes a professional atmosphere in all areas of supervisory jurisdiction; Ensures employees have a good understanding of behavior and performance expected.

13. REVIEWING SUBORDINATES' PERFORMANCE

Uses the performance appraisals as a tool to identify and discuss the strengths and weaknesses of the employee; Reviews performance of employees in a fair, accurate, honest and timely manner; Informs employees of the potential consequences of their actions.

14. OPERATING ECONOMY

Continually evaluates procedures and work methods and makes necessary revisions/recommendations to save time and money; Utilizes staff, material and supplies efficiently; Takes necessary precautions to secure materials and supplies from loss or theft; Ensures equipment is not abused.

CITY OF COLUMBUS PERFORMANCE APPRAISAL COMMENT PAGE

EMPLOYEE NAME: Brandon Gaunt

IMMEDIATE SUPERVISOR				Recommend Continued employment? (Probationary appraisals only)
				YES / NO
	<u>Amy L. Morris</u>	<u>Amy L. Morris</u>	<u>PUBLIC SAFETY ANALYST</u>	<u>5-25-18</u>
	Supervisor's Name (Please Type or Print)	Supervisor's Signature	Supervisor's Classification	Date

EMPLOYEE				Recommend Continued employment? (Probationary appraisals only)
				YES / NO
	<u>Brandon Gaunt</u>			<u>5/25/18</u>
	Employee's Signature	Date		

REVIEWER				Recommend Continued employment? (Probationary appraisals only)
				YES / NO
	<u>Jonathan Schig</u>	<u>Jonathan Schig</u>	<u>MAT II</u>	<u>5-25-18</u>
	Reviewer's Name (Please Type or Print)	Reviewer's Signature	Reviewer's Classification	Date

ADMINISTRATOR				Recommend Continued employment? (Probationary appraisals only)
				YES / NO
	<u>[Signature]</u>			<u>6/1/18</u>
	Administrator's Signature	Date		

APPOINTING AUTHORITY				Continued employment? (Probationary appraisals only)
				YES / NO
	<u>Paul DeHaven, M/S-Admin</u>			<u>7/2/18</u>
	Appointing Authority's Signature	Date		

COLUMBUS DIVISION OF POLICE...ROUTING SHEET FOR CORRESPONDENCE

SUBJECT: Brandon Gaunt - 30 Day Oral Probationary Appraisal

ORIGINATOR: Amy Morris, Public Safety Analyst ASSIGNMENT Public Records Unit DATE: 2/22/2018

FORWARD TO: <u>Jonathan Schirg, Management Analyst II</u>	ASSIGNMENT <u>Records Section</u>
REMARKS: <u>I concur that MAI Gaunt is progressing well in his position.</u>	
<input type="checkbox"/> Cont'd on back	
SIGNATURE: <u>[Signature]</u>	DATE REC'D <u>2-22-18</u> FORWARDED <u>2-22-18</u>
FORWARD TO: <u>Susan Deskins, Public Safety Manager</u>	ASSIGNMENT <u>Records Management Bureau</u>
REMARKS: <u>No concerns at this time</u>	
<input type="checkbox"/> Cont'd on back	
SIGNATURE: <u>[Signature]</u>	DATE REC'D <u>2/22/18</u> FORWARDED <u>2/23/18</u>
FORWARD TO: <u>Deputy Chief Gary Dunlap #5004</u>	ASSIGNMENT <u>Support Services Subdivision</u>
REMARKS: <u>Reviewed</u>	
<input type="checkbox"/> Cont'd on back	
SIGNATURE: <u>[Signature]</u>	DATE REC'D _____ FORWARDED <u>2/23/18</u>
FORWARD TO: <u>MIRANDA HOLMETER M.R.</u>	ASSIGNMENT <u>HR mgr.</u>
REMARKS: <u>Filing probationary appraisal in personnel file. - Probationary -</u>	
<input type="checkbox"/> Cont'd on back	
SIGNATURE: <u>[Signature]</u>	DATE REC'D <u>3/1/18</u> FORWARDED _____
FORWARD TO: _____	ASSIGNMENT _____
REMARKS: _____	
<input type="checkbox"/> Cont'd on back	
SIGNATURE: _____	DATE REC'D _____ FORWARDED _____
FORWARD TO: _____	ASSIGNMENT _____
REMARKS: _____	
<input type="checkbox"/> Cont'd on back	
SIGNATURE: _____	DATE REC'D _____ FORWARDED _____
FINAL DISPOSITION: _____	
ORIGINATING PERSON ADVISED BY: _____	
NAME	NOTIFIED VIA
DATE	DATE

RECEIVED BY POLICE EBU
2018 MAR -1 AM 9:17

CD/DVD (#) ATTACHMENTS

A-10 (02/09)

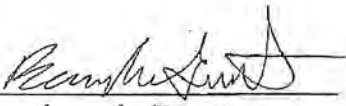
DIVISION OF POLICE

Intra-Divisional

February 15, 2018

TO: Susan Deskins, Records Management Bureau
FROM: Amy Morris, Public Records Unit
SUBJECT: Brandon Gaunt – 30 Day Oral Probationary Appraisal

MAI Brandon Gaunt began working in his current position in the Public Records Unit on January 16, 2018. Mr. Gaunt's prior experiences in the Division's Training Academy and as an Officer have allowed him to smoothly transition into his current position, as he possesses a base of knowledge regarding Division procedures. He has displayed an attention to detail and ability to quickly learn new procedure. This has allowed him to immediately assist with the Unit's workload. In addition, he seeks out information and performs research before acting, which is a great way to learn and grow. He continues to ask questions and seek out new information, so I expect his growth to continue.


Employee's Signature


Supervisor's Signature



City of Columbus
/PP53 Termination/Layoff

Gaunt, Brandon
 Employee Name: Last, First, Middle Initial

This transaction is a: Termination Layoff

Termination/Layoff Information

Social Security Number: [REDACTED]
 Transaction Type: 3
 Action Code: TER
 Department: 30
 Division: 03
 Position Number: 01019
 Effective Date: 10/27/17
 Reason Code: TR
 Date Last Worked: 10/27/2017
 Date Last Paid: 10/27/2017

Separation Status

Is the action voluntary? Yes No
 Is the employee in "Good Standing"? Yes No
 Would you re-employ? Yes No

Insurance cancellation effective date: /01/

vComments:

Resignation

vSignatures

Entered

I hereby certify that the facts stated above are correct.

Employee Signature: See attached Date: _____

Division Head Signature: Chief Kim Jacobs Date: 11/13/17

Appointing Authority Signature: Med Petter, TOR / [unclear] Date: 11/14/17

Civil Service Commission

Approved Disapproved _____ By: _____ Date: _____

CSC Verified

COLUMBUS DIVISION OF POLICE...ROUTING SHEET FOR CORRESPONDENCE

SUBJECT: Resignation Letter- Probationary Officer

RECEIVED BY POLICE EBU

ORIGINATOR: Probationary Officer Brandon Gaunt #2949 ASSIGNMENT: 2017 NTP-3 AM 9:14 DATE: 10/28/2017

FORWARD TO:	Sergeant Laura Suber #5333	ASSIGNMENT	F.T.O.
REMARKS:	Probationary Officer Brandon Gaunt did not perform at an acceptable level during field training and he was relieved of assignment on 10-19-17 and reassigned to the Patrol Administration Section pending a recommendation of termination from the <input checked="" type="checkbox"/> Cont'd on back		
SIGNATURE:		DATE REC'D	FORWARDED
		<u>10/27/2017</u>	<u>10/28/17</u>
FORWARD TO:	Lieutenant Timothy Sansbury #5098	ASSIGNMENT	Training Lieutenant
REMARKS:	<u>I CONCUR WITH SGT. SUBER AND RECOMMEND ACCEPTANCE OF PO GAUNT'S RESIGNATION. I ALSO RECOMMEND WAIVING REQUIRED 2 WEEK NOTICE</u> <input type="checkbox"/> Cont'd on back		
SIGNATURE:		DATE REC'D	FORWARDED
		<u>10-30-17</u>	<u>10-30-17</u>
FORWARD TO:	Commander Robert Meader #5031	ASSIGNMENT	Training Bureau
REMARKS:	<u>RECOMMEND RESIGNATION IS IN GOOD STANDING, BUT NOT ELIGIBLE FOR RETIREMENT AS A POLICE OFFICER.</u> <input type="checkbox"/> Cont'd on back		
SIGNATURE:		DATE REC'D	FORWARDED
		<u>10 30 17</u>	<u>10 30 17</u>
FORWARD TO:	<u>DC Tim Beckel</u>	ASSIGNMENT	
REMARKS:	<u>SWORN AS ACTING DEPUTY CHIEF ASST. CONCER</u> <input type="checkbox"/> Cont'd on back		
SIGNATURE:		DATE REC'D	FORWARDED
		<u>11/1/17</u>	<u>11/2/17</u>
FORWARD TO:	<u>Human Resources</u>	ASSIGNMENT	
REMARKS:			
SIGNATURE:		DATE REC'D	FORWARDED
FORWARD TO:		ASSIGNMENT	
REMARKS:			
SIGNATURE:		DATE REC'D	FORWARDED
FINAL DISPOSITION:			
ORIGINATING PERSON ADVISED BY:			
	NAME	NOTIFIED VIA	DATE

RECEIVED BY POLICE EBU
 2017 NOV - 5 PM 4:38

CD/DVD (#) ATTACHMENTS

A-10 (02/09)

Division of Police

Intra-Divisional

October, 27, 2017

TO: Kimberley Jacobs #5000, Chief of Police

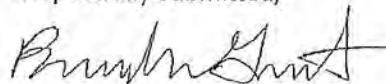
FROM: Brandon Gaunt #2949
Probationary Officer

SUBJECT: Letter of Resignation

Ma'am,

I regret due to recent events and due to the advice given to me, I have decided to voluntarily end my employment with the division. I will be waiving my 2 weeks' notice and wish this to take effect starting Friday, 10/27/17 at 2:00 p.m. after completion of my tour of duty for the day.

Respectfully Submitted,



Brandon Gaunt #2949

Separation Checklist

This form must be signed in the designated areas and returned to the Personnel Office in order for you to receive your final check.
****No Direct Deposits on the Final Paycheck****

EMPLOYEE INFORMATION

NAME: Brandon R. Gaunt BADGE/IBM#: 2949
ADDRESS: [REDACTED] Sunbury, Ohio 43074
HOME NUMBER: [REDACTED] EFFECTIVE DATE: _____

SECTION I - ORDNANCE

Items are to be turned in between the hours of 6AM to 2PM, Monday-Friday, or 6PM to 12AM, Monday-Thursday

- Ammunition
- Automatic
- Revolver
- Gas Mask
- Covert Weapon (if applicable)
- Second City Gun
- Gun Case

* Service weapon cannot be issued without gun contract*

10-27-17
Date

[Signature]
Signature and badge/IBM# of Ordnance Staff

SECTION II - FACILITIES

- Identification Cards (2) /
- Substation Key(s)
- Parking Decal

10-27-17
Date

[Signature]
Signature of Facilities Staff

SECTION III - PERSONNEL

- Items to be turned in between 8AM to 4:30PM, Monday-Friday
- Badge Set /
- Second Badge or Set (if applicable)

10-27-17
Date

[Signature]
Signature of Personnel Staff

Final Check (Mail) YES NO

/ /
Date

Signature of Check Recipient

Signature of Personnel Staff

Badge (Mail) YES NO

/ /
Date

Signature of Badge Recipient

Signature of Personnel Staff

SECTION IV - BUREAU EQUIPMENT

- Turn in assigned bureau equipment during your regular duty hours
- Keys
- Cellular Phone
- Blackberry
- Pager

/ /
Date

Not applicable

Signature of Bureau Supervisor

SECTION V - PROPERTY ROOM

A computer check will be completed to determine property still being held for evidence.

/ /
Date

Not applicable

Signature of Property Room Staff

Separation Checklist – Side Two

NAME: Brandon R Gaunt

SSN#: [REDACTED]

DATE: 10-20-17

SECTION VI – UNIFORMS

UNIFORM ITEM:	NUMBER RETURNED:
Ammunition Carrier (Leather / Web)	/
Gunbelt (Leather / Web)	/
Belt Keepers (Leather / Web)	3
Handcuffs / Case / Keys (Leather / Web)	/
Holster (Leather / Web)	/
Baton / Baton Holder	/
Mace / Mace Holder	/
Glove Pouch	/
Shoulder Strap	
Sliding D Rings	
Body Armor / Outershells	/
Riot Helmet / Jacket/Riot Gear & Bag	/
Traffic Vest	/
Blouse	
Light Weight Jacket & Liner	/
Top Coat (Rank of Lieutenant and above)	
Winter Coat	
Raincoat / Jacket / Pants	
Coveralls	/
Sweater	
Jumpsuit	
Mounted / Motorcycle Boots	
Uniform Shoes / Boots	
Hat / Winter Hat / Ball Cap	/
Short Sleeve Shirt	4
Long Sleeve Shirt	4
Trousers	4
Summer Breeches	
Winter Breeches	
Traffic Box Key	/
Tie	/
Trouser Belt	/
Division Books-Red, Blue & Grey	/
PPE Gear with Bag	/

10-27-17

Date

Sergeant Laura Suber #5333, FTO

Signature of Uniform Office Staff

SECTION VII – COMMUNICATIONS EQUIPMENT

- Portable Radio
- Batteries (2) 1

- Charger
- Belt Holder

10-27-17

Date

Sergeant Laura Suber #5333, FTO

Signature of Communications Staff

Relieved from Assignment Notification



Amendment to Previous Order

Date: 10-19-17

To:	PO	Brandon R Gaunt	2949	FTO (9C8)	S/M	10p-6a
	Rank	Name	Badge/IBM	Assignment	Days Off	Duty Hours

From:	Sergeant	Laura Suber	5333	FTO Sergeant		
	Rank	Supervisor	IBM	Assignment		

Subject: Relieved from Assignment Notification

Effective on 10-19-17 at 530am, you are hereby ordered as follows:
Date Time

Check only those that apply

Section I - Assignment Information

You are relieved from your regular assignment and shall report as follows on your next shift:

- Patrol Administration Section
- Your residence and be available by phone
- Other: _____
Location/Assignment Supervisor

Your duty hours shall be:

- Your regular assigned hours and days off 10/19/17 - 10/21/17 10PM-6AM
- Other: 6a-2p 10-23-17 S/S
Hours Days Off

You shall relinquish the following Division-issued equipment/property:

- | | |
|---|---|
| <input checked="" type="checkbox"/> All firearms and ammunition | <input checked="" type="checkbox"/> Hand-held police radio |
| <input checked="" type="checkbox"/> All breast and hat badges | <input checked="" type="checkbox"/> Keys/electronic keys (specify): _____ |
| <input checked="" type="checkbox"/> ID card | <input checked="" type="checkbox"/> Other (specify): <u>All issued Division equipment & items</u> |
| <input type="checkbox"/> Matrix Access ID card | |

You shall not access the following Division computer systems and records:

- Personnel database
- Electronic reporting system
- Any law enforcement database
- Any investigative files
- Other (specify): _____

- You shall not perform any police duties, actions, or activities, either on or off duty
- You shall not wear any Division of Police uniform
- You shall not operate any City-owned vehicle
- You shall not carry a firearm or weapon in the course of your employment
- You shall dress in a manner suitable for a business office environment

Section II - Cause for Relief of Assignment

You are being relieved of assignment due to:

- Firearms qualification failure (next qualification date: _____)
- Ongoing investigation (date initiated: _____)
 - Administrative Criminal Other (specify): _____

Notes/Comments: _____

- Believed to be:
 - Physically, mentally, or emotionally unable to perform duties
 - Under the influence of drugs and/or alcohol
 - Abusing drugs and/or alcohol
 - Other (specify): _____

- Medical condition
- Other (specify): Deficient Field Training performance- Did not successfully complete 15 weeks of training
- The following additional restrictions or instructions apply: _____

Section III - Order Acknowledgment

This order is in effect until rescinded or modified by your commander, deputy chief, or the Chief of Police.

I understand the orders as given and received notification of the these orders on 10-19-17 at 530am.
Date Time

[Signature] 2949 [Redacted]
Employee Signature Badge/IBM Employee Phone Number (as applicable)

This order was served by Sergeant Laura Suber 5333 on 10-19-17 at 530am
Supervisor Name/Rank IBM Date Time

at the 9th precinct substation 3022 Winchester Pike

[Signature] 5333 [Signature] [Signature] *1779
Supervisor Signature IBM Witness Name Signature Badge/IBM

Section IV - Supervisory Comments

Form Distribution

- Relieving Supervisor:
 - Forward the original and all supporting documents to the requesting/ordering supervisor
 - Provide a copy to the involved employee
- Requesting/Ordering Supervisor:
 - Complete Section IV and forward the original and all supporting documents to the HR Manager
 - Email a copy to the employee's chain of command
- HR Manager:
 - For sworn employee, forward one copy each to the FOP, Patrol Administration Section, and Discipline-Grievance Section



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 SEPARATION FROM SERVICE

Complete all blanks. Type or print legibly. Enter N/A if not applicable.
Please email (SF400@ohioattorneygeneral.gov), fax, or mail this document within ten days of the separation.

OFFICER INFORMATION	1. Name (Last) GAUNT	(First) BRANDON	(Middle) R	2. Social Security Number [REDACTED]
3. Previous Name(s) or Alias (Last)	(First)		(Middle)	
4. Birth date (mm/dd/yyyy) 08/14/1993	5. Email Address			
6. Home Mailing Address (#/Street/PO Box) [REDACTED]	(City) SUNBURY	(State) OH	(Zip Code) 43074	(County Name)

AGENCY INFORMATION	7. Agency Name Columbus Division of Police			
8. Agency Email Address	9. Agency Phone Number 6146454545			
10. Agency Mailing Address (#/Street/PO Box) 120 Marconi Blvd	(City) Columbus	(State) OH	(Zip Code) 43215	(County Name)

SEPARATION INFORMATION	11. Appointment Date (mm/dd/yyyy) 12/19/2016	12. Separation Date (mm/dd/yyyy) 10/27/2017
13. Reason for Separation (check appropriate box)		
<input checked="" type="checkbox"/> Resignation <input type="checkbox"/> Death <input type="checkbox"/> Felony Conviction (please explain below)		
<input type="checkbox"/> Misdemeanor guilty plea with a surrender of peace officer certificate (please explain below) <input type="checkbox"/> Separation from service, retirement, or termination for any other reason		

ATTESTATION OF LAW ENFORCEMENT AGENCY ADMINISTRATOR		
I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.		
14. Signature of Law Enforcement Agency Administrator 	15. Name and Title Peyton O'Dell, HR Representative	16. Date 11/27/17



Columbus Division of Police

CHANGE OF PERSONAL INFORMATION

RECEIVED BY POLICE FBI
2017 AUG 14 AM 8:24

Date 8/10/17

Complete and forward this form to the Personnel Unit (Room 733) within 48 hours of changing address, name, or telephone number. Employees are also advised to contact the Employee Benefits Unit (Room 324) as soon as practical, with any change of personal information to ensure continued insurance coverage and up-to-date beneficiary information.

Name: GAUNT BRANDON R 2949 [REDACTED]
Last First M. I. Badge/ID# SSN

✓ Address: [REDACTED] SUNBURY 43074
Number Street City Zip Code

Prior name if changed: _____

Home Phone: [REDACTED] ✓ School District: 2101

Check here if you have a Savings Bond deduction

All forms must include School District Code. See Reverse side for School District Codes.

Emergency Contact #1

✓ Name: [REDACTED] [REDACTED] SPOUSE
Last First Relationship

✓ Address: [REDACTED] SUNBURY OH 43074
Street City State Zip Code

✓ Home Phone: [REDACTED] Work Phone: (740) 815-8009

Emergency Contact #2

Name: GAUNT MARY MOTHER
Last First Relationship

Address: [REDACTED] COLUMBUS OH 43235
City State Zip Code

Home Phone: [REDACTED] Work Phone: ()

NED PETTUS JR.
Director

THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

November 8, 2016

Brandon Gaunt

██████████ Ln
Columbus, OH 43235

Dear Brandon Gaunt:

You have successfully completed all phases of the Police Officer hiring process. I am pleased to advise that I am granting you a final offer of employment to the position of Police Officer with the Division of Police, Department of Public Safety, effective Monday, December 19, 2016, at a rate of \$25.93 per hour. This appointment is made in accordance with Civil Service Certification No. REQ#16-00702.

A member of the Police Recruit Training staff will contact you with further details regarding the upcoming recruit class. If you have any questions for the training staff, please call 645-4800. If you have any questions regarding your appointment to the position of Police Officer, please contact Mark Gramlich at 614-645-6347.

Sincerely,



Ned Pettus, Jr., Ph.D
Director

NP:ksb

c: Chief Kim Jacobs, Division of Police



Director's Office | 77 North Front Street | Fifth Floor | Columbus OH 43215 | T (614) 645.8210 | F (614) 645.8268
Division of Fire | 3675 Parsons Avenue | Columbus OH 43207 | T (614) 645.8308 | F (614) 645.3040
Division of Police | 120 Marconi Avenue | Columbus OH 43215 | T (614) 645.4545 | F (614) 645.4551
Division of Support Services | 4211 Groves Road | Columbus OH 43232 | T (614) 645.7710 | F (614) 645.4819

BCI_000901



City of Columbus
Original Employment Information

Gaunt, Brandon
Employee Name: Last, First, Middle Initial

PP01 Employee Name & Address

Department: 30
Division: 03
Last Name: Gaunt
First Name, Middle Initial: Brandon
Badge #:
MST Status: Y
Employee Profile: Y
Alternate Name:
Address 1 (Number & Street):
Address 2 (Additional):
Address 4 (City): Columbus Hilliard
State: OH
Zip Code: 43026
School District Code: 2510
Home Phone: () - -
City Phone: (614) 645-4800

PP20 Position/Classification Information

Social Security Number:
Action Code: NEW
Effective Date: 12/19/2016
Department: 30
Division: 03
Position Number: 01019
Job Class Code: 3064
Bargaining Unit: P
Pay Range: 1P
Step: A
Increment: \$0.00
Hourly Pay Rate: 25.93

Appointment Information

Appointment Type: O
CSC Code: CP
Employment Type: PTR
Certification Number:

PP02 EEO Information

Sex: M
Birthdate: 08/14/1993
EEO Code: WH
Primary Disability:
Secondary Disability:

Paycost & Assignment Information

System Status: A1
Payroll Number: 119
Base Index: 301572
CSC Verified: O

PP06 Emergency Contact Information

Contact Name (Last, First, M.I.):
Contact Address 1:
Contact Address 2: Hilliard
Contact Address 3:
State: Hilliard OH
Zip Code: 43026
Home Phone:
Work Phone:
Relation Code: Spouse 02

PP24 Additional Paycost Assignment Information

Action Code: CCA
Effective Date:
Index/OCA 2:
Index/OCA 2 %:
Index/OCA 3:
Index/OCA 3 %:
Index/OCA 4:
Index/OCA 4 %:
Assignment Code:
Scheduled Days Off:
Work Location:
Pay Location:
Shift:
Basic Work Week

PP19 Taxes

Federal Exempt:	Allowance:	Excess:
State Exempt:	Allowance:	Excess:
Local Columbus:	1 st Local:	2 nd Local:
Marital Status:	EIC:	

PP26 Primary Probation

Effective Date:
Action Code: LTD
Ends On or Before:
CSC Verified: O

vComments:

Appointment to Police Officer

vSignatures

I hereby certify that the facts stated above are correct.

Entered

Employee Signature: *Brandon Gaunt* Date: 11/14/16
Division Head Signature: *Chief Kim Jants* Date: 11/14/16
Appointing Authority Signature: *Red [Signature]* Date: 12/15/2016

Civil Service Commission

Approved Disapproved By: _____ Date: _____

Section 2: Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the Lists of Acceptable Documents on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title: US Passport		Document Title:		Document Title:
Issuing Authority: US Dept. of State		Issuing Authority:		Issuing Authority:
Document Number: [REDACTED]		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 02/10/2026		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write In This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 12/19/2016 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>[Signature]</i>		Date (mm/dd/yyyy) 12/14/2016	Title of Employer or Authorized Representative HR Analyst	
Last Name (Family Name) Van Pelt		First Name (Given Name) Amy	Employer's Business or Organization Name City of Columbus, Ohio	
Employer's Business or Organization Address (Street Number and Name) 90 W. Broad Street		City or Town Columbus	State OH	Zip Code 43215

Section 3: Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--



Columbus Civil Service Commission
50 West Gay Street, Room 600
Columbus, Ohio 43215

**New Position Overview Packet:
HR Certification Form**

Please provide the following appointment summary information. Once completed, this form, along with all other appointment paperwork, must be submitted to the Civil Service Commission no later than the Monday one week prior to the proposed effective date of the appointment. Questions regarding this process can be directed to the Commission's *Applicant & Employee Services Unit* at extension 5-8369.

Department: 30 Public Safety

Division: 03 Police

SSN: [REDACTED] Start Date: 12-19-16

Name: Boavnt, Brandon
(Last, First, Middle Initial)

Class Code: 3064 Class Title: Police Officer

Class Type: Competitive Noncompetitive Unclassified

Appointment Type: Original (O) Noncompetitive (W) Provisional (P)

Promotional (M) Unclassified (U) Temporary (T)

Employment Type: Full-time Part-time / Regular Limited Seasonal

Length of Probationary Period: 365 Probationary Period Ending Date: 12-18-17

Probationary Period Hours: 0

Employee has a relationship as defined in the City's Nepotism Policy? Yes No

With my signature below, I am certifying that:

1. I have shown the above named employee the CSC *New Position Overview* PowerPoint presentation;
2. I have discussed and answered all questions regarding residency, appointment, ethics, and the I-9 form.
3. I have verified that the employee does/does not have a relationship as defined in the City's Nepotism Policy with an individual currently working for the City of Columbus, and have obtained the appropriate signature on the P-20.
4. I have provided a copy of all appointment-related paperwork to the employee.

HR Staff Member Signature: [Signature] Date: 11/24/16

HR Staff Member Phone #: 514201



Columbus Civil Service Commission
50 West Gay Street, Room 600
Columbus, Ohio 43215

**New Position Overview Packet:
Appointment Information**

Name: Brandon Gaunt
Social Security Number: [REDACTED] Effective Date: 12-19-16
Classification: PO

You have received a(n):

- Noncompetitive Appointment (W)** to the noncompetitive classification identified above. A person who has been selected by an appointing authority from a noncompetitive certification list, certified in accordance with the provisions of Civil Service Commission Rule IX(E), is said to have received a noncompetitive appointment. Those persons receiving noncompetitive appointments do not become permanent employees until they have satisfied the applicable probationary period set forth in Civil Service Commission Rule XI.
- Original Appointment (O)** to the competitive classification identified above. A person who has been selected by an appointing authority from an open competitive eligible list, certified in accordance with the provisions of Civil Service Commission Rule IX, is said to have received an original appointment. Those persons receiving original appointments do not become permanent employees until they have satisfied the applicable probationary period set forth in Civil Service Commission Rule XI.

Probationary Period

- You have received a **FULL-TIME** employment type (40 hours per week, 52 weeks per year). The probationary period for your classification is 365 days and will be completed on 12-18-17 unless extended by your department in accordance with Civil Service Commission Rule XI(D)(1-2).
- You have received a **PART-TIME** employment type (fewer than 40 hours per week OR fewer than 52 weeks per year). The probationary period for your classification is 365 days and will be completed when you have accumulated 0 worked hours in the classification.

All probationary employees are subject to probationary termination for any lawful reason identified by the appointing authority. Probationary terminations are not appealable to the Civil Service Commission.

- Promotional Appointment (M)** to the competitive classification identified above. A person who has been selected by an appointing authority from a promotional competitive eligible list, certified in accordance with the provisions of Civil Service Commission Rule IX, is said to have received a promotional appointment. Employees who receive promotional appointments have permanent status without serving a probationary period.
- Unclassified Appointment (U)** to the position identified above. A person who has been selected by an appointing authority in accordance with the Columbus City Charter, Section 148(1) is said to have received an unclassified appointment. Those individuals receiving unclassified appointments serve at the pleasure of their appointing authority and may be terminated from employment at any time.
- Temporary Appointment (T)** to the classification identified above. A Temporary appointment, as defined by the Columbus City Charter, Section 149(h) and Civil Service Rule X(E), is an appointment to a City position for (480) or fewer work hours during any consecutive twelve-month period. Those individuals receiving temporary appointments serve at the pleasure of their appointing authority and may be terminated from employment at any time. Additionally, temporary employees are not eligible for benefits and will not receive credit for time served as a temporary if ever appointed to another city position.

With my signature below, I am certifying that I have read, understand and have had explained to me the information marked above. I am also certifying that I have been given a copy of the specification for my classification and I understand that any significant difference in duties assigned by my supervisor and those identified on the specification for my classification should be reported to my divisional human resources representative.

Brandon Gaunt

Employee Signature

11-14-16

Date



City of Columbus
Department of Human Resources
90 West Broad Street, Room 311
Columbus, Ohio 43215

Acknowledgement of Receipt: Auditor of State Fraud-Reporting System Info

Pursuant to Ohio Revised Code Section 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 that the City of Columbus provided you information about the fraud-reporting system as described in Section 117.103(A) of the Revised Code, and that you read and understand the information provided.

I, Brandon Gaunt, 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.

Printed Name: Brandon Gaunt

Department: Public Safety

Signature: Brandon Gaunt

Date: 11-14-16

Department of Public Safety
Personnel Hiring Form

The Department of Public Safety in order to ensure that hiring and supervision of employees in the City of Columbus is conducted in a manner that enhances public confidence in government and prevents situations which give the appearance of partiality, preferential treatment, improper influence, or a conflict of interest provides the information listed below:

Date: 11-14-16

Division: Police

Personal Data

Name: Brandon Gaunt

Address: [REDACTED]

City: Hilliard State: OH Zip: 43026

County: Franklin

Classification Information

Job Classification: Police Officer

PCN: _____ Bargaining Unit: FOP

Pay Range: 1P Step: A Rate: 25.93

Appointment Type: Original Hire Date: 12/19/16

Has the candidate ever been employed by the City of Columbus? YES / NO

Is the candidate currently employed by the City of Columbus? YES / NO

Current Classification: _____

Department/Division: _____

Pay Range / Step: _____

Considering the relationship definitions below; is the candidate related to a current City of Columbus employee? YES / NO

Family Member	Family member includes: spouse, child, sibling, parent, grandparent, grandchild, uncle, aunt, nephew, niece, father or mother-in-law, son or daughter, half-brother or sister and legal guardian or other person who stands in the place of a parent.
Household Member	Household member includes people living in the same household who are not legally married or related.
Business Associate	Business associate includes individuals who are joined together in a relationship for business purposes or acting together to pursue a common business purpose or enterprise.

Employee(s) Name: Michael Mournie Classification: Police Officer

Department/Division: _____ Relationship: Father-in-Law

Employee(s) Name: _____ Classification: _____

Department/Division: _____ Relationship: _____

Employee(s) Name: _____ Classification: _____

Department/Division: _____ Relationship: _____

Employee(s) Name: _____ Classification: _____

Department/Division: _____ Relationship: _____

With my signature below, I certify that I have indicated above any and all current City employees with whom I have a relationship as defined by the City of Columbus. I understand and acknowledge that any intentional misrepresentation or omission of pertinent information requested via this form may lead to withdrawal of an offer of employment or to termination from employment with the City of Columbus, Ohio.

Employee Signature: Bruce Smith Date: 11-14-16

Division Verification: Chief Kim Jones Date: 11/14/16

Appointing Authority Approval: Ned [Signature] Date: 12/13/2016



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** 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 documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) GAUNT		First Name (Given Name) Brandon		Middle Initial R	Other Names Used (if any)	
Address (Street Number and Name) [REDACTED]			Apt. Number	City or Town Hilliard	State OH	Zip Code 43026
Date of Birth (mm/dd/yyyy) 08/14/1993	U.S. Social Security Number [REDACTED]		E-mail Address [REDACTED]		Telephone Number [REDACTED]	

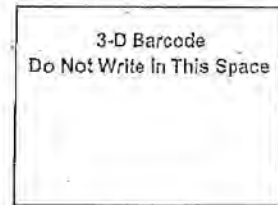
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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 Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____
- OR**
2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <i>Brandon Gaunt</i>	Date (mm/dd/yyyy): 01/14/2016
---	--------------------------------------

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.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)			City or Town	State	Zip Code





Office of the Mayor
City of Columbus
Ohio

PLEDGE OF ETHICAL CONDUCT

In consideration of my appointment as a public official or employee of the City of Columbus, Ohio, I hereby pledge to familiarize myself with and conduct myself in accordance with State and City statutes, laws, or codes, copies of which have been provided to me. Specifically, I pledge the following:

1. **Disclosure:** If I am an elected official of the City of Columbus, I will complete all disclosure statements with the Ohio Ethics Commission as required by law and maintain a copy on file in my office.
2. **Conflict of Interest:** I will not use my public office or employment for my own personal benefit or for the benefit of my family, household member, or business associates.
3. **Influence Peddling:** I will not receive compensation from any source but my own department for personal services rendered on a matter before any City agency, unless I am eligible for a legal exemption and file the statement required by law.
4. **Gift:** I will not solicit or accept any thing of value if the thing of value has a substantial and improper influence upon me and the performance of my position with the City.
5. **Revolving Door:** I will not represent a private client before any City department, including my former department, on any matter which I personally participated in my official capacity.
6. **Confidential Information:** I will not disclose or use without proper authorization any information designated as confidential during my tenure with the City and post-employment with the City.
7. **Outside Compensation:** I will not solicit or accept any additional compensation, directly or indirectly for the performance of my public duties other than allowed by law.
8. **Interest in Public Contracts with the City of Columbus:** I will not have any beneficial interest, which interest accrues to me by virtue of my office or employment, in any contract with the City, or in the sale to the City of any supplies, material, service or land, except on behalf of the City as an officer or employee.
9. **Authorization of Public Contracts:** I will not vote, authorize, or otherwise use the authority or influence of my office to secure approval of a public contract in which a family member, household member, business associate or I have an interest, whether fiduciary or pecuniary.
10. **Preferment:** I will not solicit or accept for my personal or business use any thing of value in consideration of appointing, securing, preferring, or maintaining any person for public office, employment, or agency, or any benefits thereof.
11. **Political Activity:** I will not hold an office in any political organization or participate in any political activity prohibited by State and City statutes, laws, or codes.

Employee Printed Name:	Brandon Gaunt	Classification:	Police Officer
Employee Signature:	<i>Brandon Gaunt</i>	Date:	11-14-16



Office of the Mayor
City of Columbus
Ohio

ETHICS POLICY

Because public office or employment is a public trust, and representatives of government have an obligation to revere the laws, promote the public wellbeing, and set a positive example of good citizenship by scrupulously observing the letter and spirit of all laws and administrative rules, this policy is being set forth to ensure public officials and employees of the City of Columbus are fully informed of their accountability to the public in all matters relating to the operation of government in accordance with State and City statutes, laws, or codes.

In an effort to ensure public officials and employees of the City of Columbus are duly informed of their responsibility and public accountability, the following requirements are set forth:

1. All individuals being appointed to any City position will be provided with a copy of current ethics laws, related statutes, and administrative code.
2. All individuals being appointed as directors, deputy directors, or division administrators in any City department will agree to and sign a Pledge of Ethical Conduct to be kept on file in the Mayor's Office and in their department personnel files.
3. All directors, deputy directors, and division administrators will report to the Ohio Ethics Commission anything of significant value that is of such a character as to manifest a substantial and improper influence upon the public official or employee with respect to that person's duties.
4. Directors, deputy directors, and division administrators will periodically arrange for and attend briefings on ethics sponsored by the Ohio Ethics Commission. Any new employees in these policy-making roles will attend an ethics training session as part of their orientation to the City.
5. With respect to all other employees of the City of Columbus who are not directors, deputy directors, or division administrators, these ethical requirements will also apply to the extent required by law. While such employees may not be required to file financial disclosure statements with the Ohio Ethics Commission, all City employees will at all times conduct any business on behalf of the City ethically and in conformity with any and all Ohio ethics laws, avoiding even the appearance of impropriety. These employees shall also be required to sign a Pledge of Ethical Conduct that will be maintained in their department personnel file.

Questions regarding this policy should be directed to the Human Resources Manager of an employee's department or to the City's Department of Human Resources at extension 5-7206.



City of Columbus
Office of the Mayor
90 West Broad Street
Columbus, Ohio 43215

Records Policy Acknowledgement of Receipt

With my signature below, I am acknowledging receipt of the Records Policy for the City of Columbus as well as the appropriate retention schedule for my department. I understand that it is my responsibility to read this policy, and to be familiar with its contents.

I am also acknowledging my understanding that this policy and all other Citywide policies, executive orders and procedures currently in effect and for which I am responsible, are available on the Department of Human Resources intranet site or through my human resources representative.

Please sign and return to your Division Human Resources Representative.

Brandon Gaunt
Employee Signature

Brandon Gaunt
Printed Name

11-14-16
Date

Public Safety
Department

Police
Division

Academy
Section

Instructions

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

Employee name (please print or type)	Date
Employer name	Risk number

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

Recreational activities/Fitness programs

Use of Fitness Centers

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

[Handwritten Signature]
Employee signature

11-14-16
Date signed



**Columbus Division of Police
Fitness Centers
Release of Liability**



In consideration of the use of the property and facilities of the Columbus Division of Police Fitness Centers (Fitness Centers), the undersigned agrees to and accepts the following conditions:

1. The use of the equipment and facilities provided by the Columbus Division of Police (weight and cardiovascular equipment, self-defense equipment, swimming pool, and gymnasium) involves exposure to potential risk of harm, including, but not limited to property damage, bodily injury, temporary or permanent disability, paralysis, and death. These risks may result from the use of the equipment or emergency medical care. The Columbus Division of Police does not carry participant insurance and will not incur any liability or assume any responsibility for any medical, health, or personal injury costs relating to the undersigned's use of the Fitness Centers. The undersigned voluntarily assumes all risks that may arise out of or result from the use of the equipment or facilities of the Fitness Centers.
2. The undersigned hereby agrees to indemnify and hold harmless the City of Columbus, Ohio, all of its departments and divisions, and all of its employees, agents or other representatives against any monetary award, both compensatory and punitive, or equitable relief by a judge or jury that may result from damages or loss to persons or property sustained while using the Fitness Centers.
3. In no event shall the undersigned or any of his or her heirs, assigns, agents or any other individual or entity acting on behalf of the undersigned be considered an officer, employee, agent, or other representative of the City of Columbus, Ohio, while using the Fitness Centers in an off-duty status.
4. The undersigned acknowledges reading and understanding all policies relating to the activities, facilities, and/or equipment; acknowledges that the safe and proper use of facilities and equipment is dependent upon carefully following such policies and procedures; and further agrees to comply with all rules and regulations of the Columbus Division of Police Fitness Centers. The undersigned agrees and understands that use of the Fitness Centers is conditioned upon full compliance with the aforementioned policies, procedures, rules, regulations, and that access to the Fitness Centers may be revoked immediately at the discretion of the Columbus Division of Police for failure to comply with any of the policies, rules, or regulations of the Fitness Centers (see rules on page 2).
5. The undersigned hereby consents to medical treatment in a medical emergency whereby the undersigned lacks capacity to consent.
6. The undersigned accepts that the off-duty use of the facilities and equipment at the Fitness Centers is not considered work activity, and therefore injuries sustained during such use shall not constitute a proper basis for a Worker's Compensation claim.
7. The undersigned certifies that his or her present physical condition will permit participation in physical fitness activities offered at the Columbus Division of Police Fitness Centers.
8. Access cards issued for access to the Fitness Centers are the property of the Columbus Division of Police. Immediately report a lost or stolen access card to the Division of Police Personnel Section at 614-645-4803.

- I have read, understand, and agree to the terms and stipulations of this waiver and release of liability.
- I do not intend to use the Fitness Centers and understand that until I execute this release, I will not be permitted to do so.

Name of Participant (printed): Brandon Gaunt

Participant Signature: *Brandon Gaunt* Date: 11-14-16

Relationship: _____ Officer/Witness Signature: _____

For Retirees Only:	
<input type="checkbox"/> Employee Left in Good Standing	
Signature of Human Resources Manager: _____	Date: _____

City-wide Policies & Executive Orders Acknowledgement of Receipts

With my signature below, I am acknowledging receipt of the following listed City of Columbus policies, Executive Order, and procedures contained herein;

- City of Columbus Central Work Rules
- City of Columbus Policy Regarding Workplace Violence
- Sexual Harassment Policy
- Policy on Equal Employment Opportunity
- Policy Against Discrimination of Persons with Disabilities (7/1/2003)
- Comprehensive Electronic Communications Policy (8/31/2003 revised 2/1/2006)
- Privacy Policy (4/14/2003)
- City-wide Office of Training and Development (2/1/2003)
- Reporting Fatalities and Multiple Hospitalization Incidents (6/3/2003 revised 4/14/2009)

I am also acknowledging my understanding that all other City-wide policies, executive orders and procedures currently in effect and for which I am responsible, are available on the Department of Human Resources intranet site for through my human resources representative.

Please sign and return to your Division Human Resources representative.

Name Brandon Gaunt

Signature Brandon Gaunt

Date 11-14-16



City of Columbus
 Department of Human Resources
 90 West Broad Street, Room 211
 Columbus, Ohio 43215

RECEIVED BY POLICE EBU

Disciplinary Reprimand Form

2018 MAR 27 PM 12:00

Notice to: AFSCME 1632 AFSCME 2191 CMAGE/CWA 4502 Discipline Tracking # 2018-3038

Oral Reprimand Written Reprimand

Employee Name: Brandon Gaunt EE ID# 2016110
 Job Class: Management Analyst I
 Department: Public Safety
 Division: Police

Violation of Central Work Rule # 5
 Violation of Dept./Division Polices (if applicable): DD 8.01

On 2/9/18 (date of occurrence), this employee engaged in conduct which violated the above listed rules and/or Polices. The following is a brief explanation of the violation:
 Mr. Gaunt took 8 hours of compensatory leave and did not have sufficient leave time in his bank.

Amy L. Morris

Appointing Authority or Designee

3-16-18

Date

On this date, 3-16-18, I issued and reviewed the contents of this document with the named employee.

Amy L. Morris

Supervisor Signature

3-16-18

Date

Brandon Gaunt

Employee Signature

3-16-18

Date

Distribution:
 Original to Human Resources Unit
 Copy to Employee

Delaware County Sheriff's Office

**Reference
Questionnaire**

Applicant's Name: Brandon R Gaunt
Position Applied For: Correction Officer

How long have you personally known applicant, what capacity?

(A) Since January 2018. I manage the Section of the Division of Police that Mr. Gaunt works in.

When is the last time you saw or spoke to applicant?

(A) Today. I see and speak with Mr. Gaunt every work day.

Do you consider the applicant reliable?

(A) Yes, he is relied upon to process requests for Division records from internal personnel and the public. I can trust him to complete his assigned work and do it accurately.

Do you consider the applicant conscientious?

(A) Yes. I have observed his dedication to ensuring that he is doing his work correctly. He will ask questions when a new issue arises.

How would you describe the applicant's temperament?

(A) I feel he is mature, even-keeled, a bit soft spoken, consistent.

What would you identify as the best quality trait of the applicant?

(A) He is a fast learner and has picked up internal processes and public records laws quickly.

What would you identify as the worst quality trait?

(A) I cannot identify any negative quality traits. Mr. Gaunt meshes well with his co-workers and has done all that is asked of him.

Does the applicant drink? ___ Light ___ Moderate ___ Heavy ___ Alone ___ with friends
___ At social events ___ Does not drink to my knowledge

I do not know.

Does the applicant gamble?

(A) I do not know.

To your knowledge, has the applicant ever used any type of addictive or any of the hallucinogenic drugs?

If so, what type?

(A) I do not know.

What irritating traits, if any, are you familiar with?

(A) None.

Is the applicant loud?

(A) No. He is a bit soft spoken. May initially appear to lack self-confidence, but I do not believe he does after getting to know him.

Does the applicant brag?

(A) No. He is humble and respectful.

Is the applicant argumentative?

(A) No, he has been very receptive to procedure and changes in procedure.

Has the applicant ever over-reacted to minor problems?

(A) No. He is level-headed and consistent.

Does the applicant make friends easy?

(A) Yes, he is someone that gets along with everyone. No dislikeable traits.

Does the applicant keep to his/her self?

(A) To some extent, however, this is likely due to the nature of the work he is performing (reviewing records, watching video, etc.).

Does the applicant converse freely with others?

(A) Yes, appropriately in terms of topic and time spent conversing at work.

Does the applicant blend well with a group?

(A) Yes, see above.

How would you describe the applicant's overall personality profile, i.e., is the applicant an extrovert or an introvert?

EXTROVERT- outgoing INTROVERT- self-focus

(A) I would say he leans toward the introvert side, but is cordial with others, holds conversation well, etc.

How would you describe the applicant's self-pride in relation to the applicant's personal appearance?

(A) He is always professionally dressed and appears to take pride in appearance.

How would you describe the applicant's self-pride in relation to his/her home, children or property?

(A) I do not know much about his private life, but appears to be healthy and stable.

Does the applicant exhibit close family relationships?

(A) I do not know much but he discusses family relationships, so I believe so.

Do you know anything in the applicant's background, which could prevent the applicant from functioning in a fair or impartial manner?

(A) No.

Is there anything you may want to add concerning observations about the applicant's overall character, friendships, suitability or non-suitability for the position

(A) Mr. Gaunt has been a great employee for the Division and I've had no issues concerning him.

Name of person completing form: Jonathan Schirg

Date: 11/27/18

Would you prefer an investigator contact you concerning other information?

(A) N/A

Please list three (3) friends that you know the applicant has associated with, either past or present, which may be able to provide additional information.

NAME: ADDRESS CITY-STATE-ZIP

I do not know any of Mr. Gaunt's personal friends.

ASSIGNED INVESTIGATOR

Detective Mike English #027MI

Delaware County Sheriff's Office

**Reference
Questionnaire**

Applicant's Name: Brandon Gaunt
Position Applied For: *Corrections Officer*

How long have you personally known applicant, what capacity?

(A) Known for about seven years. We attend the Dublin Baptist Church and Brandon is in a men's Bible study small group that I lead.

When is the last time you saw or spoke to applicant?

(A) I see and talk with him about once a week.

Do you consider the applicant reliable?

(A) Yes

Do you consider the applicant conscientious?

(A) Yes, if he has an assignment or commitment to prepare and lead our small group he is always prepared and on time.

How would you describe the applicant's temperament?

(A) Quiet, detailed listener. In a group with older men about four years ago, I thought he was not paying any attention because he was quiet. I ask him during our discussion what he thought and how this discussion applied to him. Wow, he responded with a well organized summary even weaving in some difference of opinion. A comment from the group said, "still water runs deep".

What would you identify as the best quality trait of the applicant?

(A) Observe, collect and organize information.

What would you identify as the worst quality trait?

(A) Society would probably say "patients". I watched he work in a relationship issue that most people would have walked away from, yet he stays positive.

Does the applicant drink? ___ Light ___ Moderate ___ Heavy ___ Alone ___ with friends
___ At social events * ___ Does not drink to my knowledge

Does the applicant gamble?

(A) Not to my knowledge

To your knowledge, has the applicant ever used any type of addictive or any of the hallucinogenic drugs?

If so, what type?

(A) no

What irritating traits, if any, are you familiar with?

(A) I have not found one. He will talk but sometimes you have to engage him - but he is always listening.

Is the applicant loud? No

(A)

Does the applicant brag? No

(A)

Is the applicant argumentative? Never seen that!

(A)

Has the applicant ever over-reacted to minor problems?

(A) nope

Does the applicant make friends easy?

(A) He mentions friends, but I think he screens them well.

Does the applicant keep to his/her self?

(A). He appears to mix ok at church

Does the applicant converse freely with others?

(A) good in our group setting

Does the applicant blend well with a group?

(A). Yes

How would you describe the applicant's overall personality profile, i.e., is the applicant an extrovert or an introvert?

EXTROVERT- outgoing INTROVERT- self-focus

(A) **To me he is in the middle. I've seen a know-it-all talking all the time and I've never not say anything. He talks comfortably when leading our class.**

How would you describe the applicant's self-pride in relation to the applicant's personal appearance?

(A) **Blends in, always looks neat and will kept but not trying to win the fashion show.**

How would you describe the applicant's self-pride in relation to his/her home, children or property?

(A) **I'm limited in this area. He was in parents home setting when I visited a couple times. After he married I have not been in his home.**

Does the applicant exhibit close family relationships?

(A) **Yes, close with parents, brothers and grandparents.**

Do you know anything in the applicant's background, which could prevent the applicant from functioning in a fair or impartial manner?

(A) **No**

Is there anything you may want to add concerning observations about the applicant's overall character, friendships, suitability or non-suitability for the position

(A) **Personally, I think he would make a good one. He would not be provocative but would be calm a clear.**

Name of person completing form: Maldon E. (Gene) Belew
12/5/2018

Date:

Would you prefer an investigator contact you concerning other information?

(A) **Not unless there is another question or I was not clear with my answers.**

Please list three (3) friends that you know the applicant has associated with, either past or

present, which may be able to provide additional information.

NAME: **ADDRESS** **CITY-STATE-ZIP**

ASSIGNED INVESTIGATOR

Delaware County Sheriff's Office

**Reference
Questionnaire**

Applicant's Name: Brandon R Gaunt
Position Applied For: Correction Officer

How long have you personally known applicant, what capacity?

(A) About 15 years. His family attended our church and I was one of his boy scout leaders.

When is the last time you saw or spoke to applicant?

(A) I spoke to him back in the spring.

Do you consider the applicant reliable?

(A) I do consider him reliable.

Do you consider the applicant conscientious?

(A) Yes

How would you describe the applicant's temperament?

(A) I never saw him lose his temper. He kept it controlled

What would you identify as the best quality trait of the applicant?

(A) I think his desire to help. He also worked well with younger children.

What would you identify as the worst quality trait?

(A) I really don't have an answer. He was always doing his best with me around.

Does the applicant drink? ___ Light ___ Moderate ___ Heavy ___ Alone ___ with friends
___ At social events x Does not drink to my knowledge

Does the applicant gamble?

(A) I have never seen him do this or hear that he has from others.

To your knowledge, has the applicant ever used any type of addictive or any of the hallucinogenic drugs?
If so, what type?

(A) No

What irritating traits, if any, are you familiar with?

(A) None

Is the applicant loud?

(A) No

Does the applicant brag?

(A) No

Is the applicant argumentative?

(A) Never in my presence

Has the applicant ever over-reacted to minor problems?

(A) NO

Does the applicant make friends easy?

(A) Yes

Does the applicant keep to his/her self?

(A) Not when I had interaction with him.

Does the applicant converse freely with others?

(A) Yes

Does the applicant blend well with a group?

(A) Absolutely

How would you describe the applicant's overall personality profile, i.e., is the applicant an extrovert or an introvert?
EXTROVERT- outgoing INTROVERT- self-focus

(A) I would say Extrovert

How would you describe the applicant's self-pride in relation to the applicant's personal appearance?

(A) High expectation on how he is seen

How would you describe the applicant's self-pride in relation to his/her home, children or property?

(A) same as previous answer

Does the applicant exhibit close family relationships?

(A) He does

Do you know anything in the applicant's background, which could prevent the applicant from functioning in a fair or impartial manner?

(A) There is nothing that I know in his background from my contact with him.

Is there anything you may want to add concerning observations about the applicant's overall character, friendships, suitability or non-suitability for the position as Deputy Sheriff?

(A) He was a great young man, well mannered and respectful.

Name of person completing form: Michael Deaton Date: 11/30/18

Would you prefer an investigator contact you concerning other information?

(A) No really, but if you feel the need please call me.

Please list three (3) friends that you know the applicant has associated with, either past or present, which may be able to provide additional information.

NAME: ADDRESS CITY-STATE-ZIP

ASSIGNED INVESTIGATOR

Detective Mike English #027MI



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Background Investigation
Home Interview Questionnaire

Brandon Gaunt / Correction's Officer

- Where were you born?
Riverside Hospital
- Are your parents still alive?
yes Mary + Rick
- Do you have any siblings?
yes 4 Brothers, Brian, Jonathan, Joseph
- Describe your childhood.
- Describe your family relationships
- Jackie, Older 26, 6/25/16
- Do you have a significant other?
- Do you have any children?
NO.
- Where did you go to High School?
Dublin suoto
- Did you go to College?
MT Vernon Nazarine, Played soccer
- Discuss work history.
- Do you Drink Alcohol?
Socially

- Have you ever used illegal drugs?
no
- Have you ever been convicted or investigated for a crime?
no
- Do you gamble?
no
- How much are your monthly expenses?
500-600 month
- How much do you currently make?
\$22.50 per hour
- Do you have reliable transportation?
yes 2014 jeep cherokee
- Social media?
none
- Are you able/willing to work nights, weekends and holidays?
yes
- Why do you want to be a Correction's Officer?
more opp to do different things
- What are your long term goals? Where do you see yourself in five years?
love to be back on patrol
- What additional skills do you possess that would make you an asset to the Delaware County Sheriff's Office?
demeanor, personality,



DELAWARE COUNTY SHERIFF'S OFFICE

Neighbor Questionnaire

Applicant's Name: Brandon Gaunt

Position Applied For: Corrections Officer

Neighbor's Name: Molly Purcell

Neighbor's Address: [REDACTED]

Neighbor's Phone Number: 614-316-1259

Questions:

Are you related to the applicant? If yes, explain relationship.

NO.

How long have you or did you reside by the applicant?

Five years

How long have you known the applicant?

for the 5 years

Do you or did you socialize with the applicant?

if you see each other outside

Do you or did you consider him/her to be a good neighbor?

yes

Have you had any complaints about the applicant as a neighbor? If so, explain.

nothing really good people

Does the applicant keep his/her property clean and looking nice?

Always helps keep property clean

Have you ever had any problems with the applicant? If so, explain.

not at all

What is the best thing about having the applicant as a neighbor?

nice and quiet, christian, introvert
super nice, new german shephard

Being a neighbor to the applicant, what is the most irritating thing that he/she does that bothers you?

no

Is he/she a loud neighbor?

no

Do you feel that your neighbor (the applicant) would be a good employee for the Sheriff's Office?
Explain why.

Thinks so, even filed, likes to run, works out
played soccer at MT version NAE

Is there any other information about the applicant that you may want to talk about?

good down to earth people, involved in church



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

This is to certify that

Brandon Richard Gaunt

has completed the Ohio
Peace Officer Basic Training Program
Conducted by
Columbus Police Academy

Awarded on
July 06, 2017

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



M. E. Davis

Mary E. Davis, Executive Director
Ohio Peace Officer Training Commission

T. P. Seaman

School Commander

BAS16-096 170743

Southern New Hampshire University

We it known that the Board of Trustees, by the authority vested in it under the laws of the State of New Hampshire and upon recommendation of the faculty does hereby confer upon

Brandon Gault

the degree of

**Bachelor of Science
Business Studies Business Administration**

in recognition of fulfillment of the requirements for that degree with all the Rights, Honors and Privileges pertaining thereto.

Given at Manchester, New Hampshire this first day of January, two thousand and seventeen.

Chairman of the Board of Trustees

Patricia A. Spalding
President



Paul D. Gane
President

Dublin Scioto High School



Dublin



Ohio

This certifies that

Brandon Richard Gaunt

has completed the Course of Study prescribed for Graduation by the State of Ohio and approved by the Dublin City Schools Board of Education and is therefore entitled to receive this

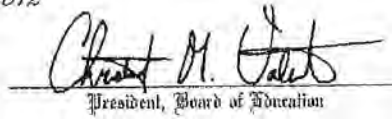
Diploma

In Witness Whereof, we have affixed our signatures at Dublin, Ohio,

June, 2012




Superintendent


President, Board of Education




Principal


Treasurer, Board of Education

Date/Time: Oct. 30. 2020 7:15AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
5987	Memory TX	716146454001	P. 2	OK	

Reason for error

Mmm. 1) Hang up or line fail	E. 2) Busy
W) No answer	E. 4) No facsimile connection
9) Exceeded max. E-mail size	E. 6) Destination does not support JP-Fax



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans
140 North Sandusky Street, Delaware, OH 43013
Phone (740) 833-2896 Fax (740) 833-2887
nevans@dcso.delaware.oh.us

FAX COVER SHEET

TO: Columbus Police Department **FROM:** Deputy Nate Evans
FAX: 614-645-4001 **DATE:** October 30, 2020
RE: Records Check **PAGES (including cover sheet):** 2

MESSAGE:

I am conducting a pre-employment background investigation on an applicant named **Brandon R. Gant**, with Social Security Number of [REDACTED] and Date of Birth of 08/14/1993.

Would you please perform an internal check of this person to determine if you have them listed as an actor or suspect in any criminal investigations or traffic violations?

Any information regarding this person would be appreciated. The information can be faxed (740-833-2887) or forwarded to my attention.

Thank you for your assistance with this matter.

Nate Evans
Deputy N. Evans

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED AS RECIPIENT.

IF THE READER OF THIS COMMUNICATION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED.

THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:

- ORDINARY MAIL
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- OVERNIGHT DELIVERY SERVICE
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IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR OR IF YOU HAVE ANY PROBLEMS RECEIVING THIS COMMUNICATION, PLEASE CALL (740) 833-2890 IMMEDIATELY.

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Date/Time: Oct. 30, 2020 7:14AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
5986	Memory TX	716142211378	P. 2	OK	

Reason for error

E. 1)	Hang up or line fall	E. 2)	Busy
E. 3)	No answer	E. 4)	No facsimile connection
E. 5)	Exceeded max. E-mail size	E. 6)	Destination does not support IP-Fax



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans
 149 North Sandusky Street, Delaware, OH 43015
 Phone (740) 833-2896 Fax (740) 833-3887
 nevans@co.delaware.oh.us

FAX COVER SHEET

TO: Franklin County Sheriff's Office **FROM:** Deputy Nate Evans
FAX: 614-221-1376 **DATE:** October 30, 2020
RE: Records Check **PAGES (including cover sheet):** 2

MESSAGE:

I am conducting a pre-employment background investigation on an applicant named **Brandon R. Gaunt**, with Social Security Number of [REDACTED] and Date of Birth of **08/14/1993**.

Would you please perform an internal check of this person to determine if you have them listed as an actor or suspect in any criminal investigations or traffic violations?

Any information regarding this person would be appreciated. The information can be faxed (740-833-2887) or forwarded to my attention.

Thank you for your assistance with this matter.

[Signature]
 Deputy N. Evans

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1)
2)

Date/Time: Oct. 30. 2020 7:14AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
5985 Memory TX	716148795337	P. 2	OK	

Reason for error
 1) Hang up or line fail
 2) No answer
 3) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection
 E. 6) Destination does not support iP-Fax



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans
 149 North Sandusky Street, Delaware, OH 43015
 Phone (740) 833-2896 Fax (740) 833-2887
 nevans@dcosheriffs.com

FAX COVER SHEET

TO: West Jefferson Police Department **FROM:** Deputy Nate Evans
FAX: 614-879-5337 **DATE:** October 30, 2020
RE: Records Check **PAGES (including cover sheet):** 2

MESSAGE:

I am conducting a pre-employment background investigation on an applicant named **Brandon R. Gaunt**, with Social Security Number of [REDACTED] and Date of Birth of **08/14/1993**.

Would you please perform an internal check of this person to determine if you have them listed as an actor or suspect in any criminal investigations or traffic violations?

Any information regarding this person would be appreciated. The information can be faxed (740-833-2887) or forwarded to my attention.

Thank you for your assistance with this matter.

Nate Evans
 Deputy N. Evans

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Date/Time: Oct. 30. 2020 7:11AM

File No.	Mode	Destination	Pg (s)	Result	Page Not Sent
5982	Memory TX	716146449749	P. 2	OK	

Reason for error

- 1) Hang up or line fail
- 2) No answer
- 3) Exceeded max. E-mail size
- E. 2) Busy
- E. 4) No facsimile connection
- E. 6) Destination does not support IP-Fax



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans
149 North Sandusky Street, Delaware, OH 43015
Phone (740) 833-2896 Fax (740) 833-2887
nevans@dcso.delaware.oh.us

FAX COVER SHEET

TO: Ohio State Highway Patrol FROM: Deputy Nate Evans
 FAX: 614-644-9749 DATE: October 30, 2020
 RE: Records Check PAGES (including cover sheet): 2

MESSAGE:

I am conducting a pre-employment background investigation on an applicant named Brandon R. Gaunt, with Social Security Number [REDACTED] and Date of Birth of 08/14/1993.

Would you please perform an internal check of this person to determine if you have them listed as an actor or suspect in any criminal investigations or traffic violations?

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Thank you for your assistance with this matter.

Deputy N. Evans

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Date/Time: Oct. 30, 2020 7:13AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
5983	Memory TX	716148761507	P. 2	OK	

Reason for error

- (M) 1) Hang up or line fail
- (M) 3) No answer
- (M) 5) Exceeded max. E-mail size

- E. 2) Busy
- E. 4) No facsimile connection
- E. 6) Destination does not support IP-Fax



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans
149 North Sandusky Street, Delaware, OH 43015
Phone (740) 833-2896 Fax (740) 833-2687
nevans@dc.delaware.oh.us

FAX COVER SHEET

TO: Hilliard Police Department **FROM:** Deputy Nate Evans

FAX: 614-876-1507 **DATE:** October 30, 2020

RE: Records Check **PAGES (including cover sheet):** 2

MESSAGE:

I am conducting a pre-employment background investigation on an applicant named **Brandon R. Gaunt**, with Social Security Number of [REDACTED] and Date of Birth of **08/14/1993**.

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Thank you for your assistance with this matter.

[Signature]
Deputy N. Evans

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Date/Time: Oct. 30, 2020 7:13AM

File No.	Mode	Destination	Pg (s)	Result	Page Not Sent
5984	Memory TX	717408527125	P. 2	OK	

Reason for error

M: 1) Hang up or line fail	E: 2) Busy
M: 3) No answer	E: 4) No facsimile connection
M: 5) Exceeded max. E-mail size	E: 6) Destination does not support IP-Fax



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Deputy Nate Evans
 149 North Sandusky Street, Delaware, OH 43015
 Phone (740) 833-2896 Fax (740) 833-2887
 nevans@dcso.delaware.oh.us


FAX COVER SHEET

TO: Madison County Sheriff's Office **FROM:** Deputy Nate Evans
FAX: 740-852-7125 **DATE:** October 30, 2020
RE: Records Check **PAGES (including cover sheet):** 2

MESSAGE:
 I am conducting a pre-employment background investigation on an applicant named **Brandon R. Gant**, with Social Security Number of [REDACTED] and Date of Birth of **08/14/1993**.

Would you please perform an internal check of this person to determine if you have them listed as an actor or suspect in any criminal investigations or traffic violations?

Any information regarding this person would be appreciated. The information can be faxed (740-833-2887) or forwarded to my attention.

Thank you for your assistance with this matter.

 Deputy N. Evans

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DELAWARE COUNTY SHERIFF'S OFFICE
DEPUTY SHERIFF INTERVIEWS 2020



Applicant: GAUNT

Time: 11:00

Interviewer: SCOWDEN

Date: 12/22/2020

COLUMBUS, LIVED MVNU-NURSING, ^{NEW}SOUTHERN HAMPSHIRE BUSINESS DEGREE
SOCCER EAGLES SCOUT

127 CPD ENDOFF TO PERSONAL ISSUES 23 YO. WORKED CIVILIAN JOB

1 1/2 YRS, CAME TO DC SO IN CORRECTIONS 2 YRS,

CORRECTIONS - SIMILAR BUT VERY DIFFERENT,

ULTIMATE GOAL IS K9 LOVE WORKING W/ DOGS, 4 YRS

- GOOD ON CRITICAL INCIDENTS + UOF

DEPENDABLE DON'T HAVE TO WORRY ABOUT ME.

- AREA TO WORK ON WAS COMMUNICATION BEING IN JAIL HAS HELPED REMEDIOUSLY W/ THIS

- NO ISSUE W/ FITNESS TEST

- IN CPD ~~IN~~ PROCESS W/ DROPOUT IF OFFERED JOB

- APPROACHABLE,

DELAWARE COUNTY SHERIFF'S OFFICE
DEPUTY SHERIFF INTERVIEWS 2020

Applicant: Brandon Caunt

Time: 11:00 a

Interviewer: Asnely Andolsek

Date: 12/22/20

Columbus, OH CPD - Background
played soccer would drop out if hired
Mount Vernon - nursing wife grew up in Del CO.
Southern New Hampshire. business

CPD - got out of FTO, personal issues

Civilian job - year & a half

Corrections - shy of 2 years
good experience

K9 - train dogs work w/ former CPD

no issues w/ working w/ wife - leave
problems @ door. trainer

Can trust & complete tasks - don't worry
about me.

Communication - learned to talk ~~to~~ people from jail to CPD
know how to communicate across spectrum

DELAWARE COUNTY SHERIFF'S OFFICE
DEPUTY SHERIFF INTERVIEWS 2020

Applicant: Bronson Grant

Time: 11:00 AM.

Interviewer: Kevin Sample

Date: 12/22/2020

Bronson Grant

Columbus, Ohio Riverside High School

Durbin School

- Soccer -

Elite Scout

- Merit Paper -

Columbus Police - FTO
↳ Partner

Husband / Wife →

Bronson Police → Supervisor Question

Aspiration To Be A K-9 Officer

- Trustworthiness

- Dependable

- Professional

- Communication -
↳ weakness
working on it -
especially the past 2 years
at the Jail



DELAWARE COUNTY SHERIFF'S OFFICE
DEPUTY SHERIFF INTERVIEWS 2020

Applicant: Brandon Grant

Time: 11 AM

Interviewer: David Wiseman

Date: 12 22 - 2020

- Columbus, Ohio
- Dublin Scioto HS.
- Mt. Vernon college - nursing
- Transit Warehouse
- CPD - 12th class
- Personal Staff - 23 years -
- Left CPD - civilian jobs
- 60 DCSO - 2 years -
- K-9 goal
- NOT A CONCERN Both working at same place,
- nepotism - Discussed -
- understand -
- ^{at} EPD - call - on fto - medic
- USE OF FORCE - 5 DCSO -
- Do the task right -
- Improve communication -
- wife grew up here -
- Columbus Half-way through process -

DELAWARE COUNTY SHERIFF'S OFFICE
DEPUTY SHERIFF INTERVIEWS 2020

Applicant: Gant, Brandon

Time: 11:00

Interviewer: Blazer, Jeffrey C.

Date: 12/22/2020

Colo, OH -> Dublin 9000, Egg Scout, Nursing 3yrs.
JNHU. Dominican

Musicians, CPD # 27, CAD civilian, DCS corrections,
enjoyed working in the jail.

K-9 German shepherd, malinois,

Discussions w/ spouse about working together
Nepotism

"I would never want to supervise my wife"

Trust w/ get job done, professional, dependable

Improvement in communication skills -> Jail / hospital.

Wife grew up in Delaware County / Career progression

Physical fitness

CAD process ^{currently} / will drop if hired by DCSO



more forward

Jan #3

Score Report for **BRANDON GAUNT** - FrontLine Natio

PHQ Personal Information **Test Scores** Candidate Documents

Test Date: 2020-03-10

Test	Explanation	Score	Result
Video Score	Minimum passing score: 65	68.48	PASS
Writing Score	Minimum passing score: 70	100.00	PASS
Reading Score	Minimum passing score: 70	100.00	PASS
Weighted Score		68.48	

Work Attitude Questionnaire**Result**

PASS

Dimensional Ratings *

Show Dimensional Ratings

* Dimensional scores are based on the number of right and wrong answers chosen by the candidate relating to each particular dimension. Dimensional scores show performance relative to national norms.

P.A.T. Scores**Scheduled Exams**

FrontLine National A Date Completed: 03/10/2020
 Test Location: Columbus - Franklin University Phillips Hall

STANDARD OPERATING PROCEDURE

1. Purpose: This document defines the standard operating procedure for the [unclear] process.

2. Scope: This procedure applies to all [unclear] personnel.

3. Responsibilities: [unclear] is responsible for the implementation and maintenance of this procedure.

4. Procedure: The following steps should be followed to ensure compliance with this procedure.

5. References: This procedure is based on the following standards and regulations.

6. Revision History:

7. Approval:

8. Date:

9. Additional Information: [unclear] should be consulted for further details regarding this procedure.

10. Contact:

11. Distribution:

12. Revision:

13. Comments: [unclear]

Score Report for **BRANDON GAUNT** - FrontLine Natio

PHQ **Personal Information** Test Scores Candidate Documents

Category	Details	Additional Information
Contact Information		
SSN	[REDACTED]	
Address	[REDACTED] SUNBURY OH, 43074	
Email	[REDACTED]	
Phone	[REDACTED]	
Application Last Updated	2017-10-19 10:49:54	
Short Application Form		
Background		
Date of Birth	08/14/1993	
Veteran Status	No	
Languages other than English	No	
Disclosure of Arrests and Convictions	No	
Education		
High School	Dublin Scioto, OH	Yes
School	Mount Vernon Nazarene University	Major: Nursing Degree:
School	Southern New Hampshire University	Major: Business Administration Degree: Bachelors
Work History		
	Delaware County Sheriff Delaware, OH 43015	Duties and Responsibilities Corrections Officer

Corrections Officer	740 833-2800	Reason for Leaving
Dates: 02/25/2019	OK to Contact? Yes	Current
- 02/27/2020		
Management Analyst	Columbus Division Of Police	Duties and Responsibilities
Dates: 01/16/2018	Columbus, OH 43215	Police Body Camera Analyst/ Expert
- 10/01/2018	6146454989	Reason for Leaving
Recruit/Officer	Columbus Division Of Police	Duties and Responsibilities
Dates: 12/19/2016	Columbus, OH 43215	Reason for Leaving
- 10/27/2017	6146452154	Left for Police Academy
		Duties and Responsibilities
Staff Member	Target Food Distribution	Warehouse Worker, Heavy Machinery
Dates: 12/01/2015	West Jefferson, OH 43162	Management and Driver, Manual Picker
- 12/14/2016		Reason for Leaving
		Left For Police Academy
		Duties and Responsibilities
Dates: -		Reason for Leaving

Skills and Certifications

Law Enforcement Academy Certification

State Issued:
Year Issued:

References

Reference 1	Tom Reynolds 7195 Durness Pl 6142967975	Boy Scout Troop Leader
Reference 2	Mike Deaton 4912 Baldwin Rd 6145636732	Boy Scout Troop Leader
Reference 3	James Davis 5747 Rushwood Dr 93122447702	Pastor

Score Report for **BRANDON GAUNT** - FrontLine Natio

PHQ

Personal Information Test Scores Candidate Documents

Category	Details	Additional Information
----------	---------	------------------------

Contact Information

SSN	[REDACTED]
Address	SUNBURY OH, 43074
Email	[REDACTED]
Phone	[REDACTED]
Application Last Updated	2017-10-19 10:49:54

Scheduled Exams

FrontLine National
A

Date Completed: 03/10/2020
Test Location: Columbus - Franklin
University Phillips Hall

Personal History Questionnaire

This is the candidate's Personal History Questionnaire. Candidate answers that have been changed over time will have a red " (Changed) " next to them. The Change Report at the end will show the original entry and the revision, with dates for both.

Printing Tools

Show Empty Rows

Show Change Report

Potential Red Flags

This is a summary of issues pulled from the PHQ that you may wish to investigate further. Please review the entire questionnaire results carefully.

875

Issues in Experience and Employment

IF YES, INDICATE HOW MANY SICK DAYS USED **1 day in 2018 at Columbus Police.**
IN PAST 5 YEARS NOT DUE TO ILLNESS AND
EXPLAIN WHEN, WHERE, AND CIRCUMSTANCES

Personal Information (Completed)

1. Your Full Name

LAST	Gaunt
FIRST	Brandon
MIDDLE	Richard
OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY	Brandon

2. ADDRESS WHERE YOU RESIDE

NUMBER/STREET	[REDACTED] - (Changed)
CITY	Sunbury - (Changed)
STATE	OH
ZIP	43074 - (Changed)

3. CONTACT NUMBERS

HOME	[REDACTED] - (Changed)
WORK	[REDACTED] - (Changed)
CELL	[REDACTED] - (Changed)

4. Birthplace & SSN

BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)	Columbus, Franklin, Ohio, United Stated of America
BIRTHDATE	08/14/1993
SOCIAL SECURITY NUMBER	[REDACTED]

5. DRIVER'S LICENSE

NUMBER	[REDACTED]
STATE	OH
EXPIRES	08/14/2022 - (Changed)

6. EMAIL ADDRESS

HOME	[REDACTED]
WORK	bgaunt@co.delaware.oh.us - (Changed)

7. PHYSICAL DESCRIPTION

HEIGHT	6'
WEIGHT	160
HAIR COLOR	Black
EYE COLOR	Brown

8. Citizenship

9. Extra Space

Please provide any additional personal information details below.

Relatives (Completed)

2. Father

FATHER'S NAME	Richard Gaunt
EMAIL	rmgaunt4@aol.com
CELL PHONE	[REDACTED]
HOME - NUMBER/STREET	[REDACTED] Ln
CITY	Columbus
STATE	OH
ZIP	43235

3. Mother

MOTHER'S NAME	Mary Gaunt
EMAIL	gauntm04@gmail.com
CELL PHONE	[REDACTED]
HOME - NUMBER/STREET	[REDACTED] Ln
CITY	Columbus
STATE	OH
ZIP	43235

4. Stepfather

5. Stepmother

6. Spouse/ Registered Domestic Partner

SPOUSE'S / DOMESTIC PARTNER'S NAME

EMAIL

HOME PHONE

CELL PHONE

HOME - NUMBER/STREET

CITY

STATE

ZIP

WORK - NUMBER/STREET

CITY

STATE

ZIP

YEARS OF MARRIAGE

IS THERE, OR HAS THERE BEEN, A
RESTRAINING OR STAY-AWAY ORDER FOR
THIS INDIVIDUAL?



Sunbury

OH

43074

4105 Leap

Hilliard

OH

43026

1

No

7. Father-in-Law

FATHER-IN-LAW'S NAME

HOME PHONE

CELL PHONE

HOME - NUMBER/STREET

CITY

STATE

ZIP

WORK - NUMBER/STREET

CITY

STATE

ZIP

Mike Mourné



Sunbury

OH

43074

Retired-Columbus Police

Columbus

OH

43215

8. Mother-in-Law

9. Former Spouses

Former Spouse #1

Former Spouse #2

11. Siblings

Brother or Sister #1

BROTHER'S OR SISTER'S NAME

Jonathan Gaunt

GENDER M
 CELL PHONE 6145980014
 HOME - NUMBER/STREET [REDACTED] Ln
 CITY Columbus
 STATE OH
 ZIP 43235

Brother or Sister #2

BROTHER'S OR SISTER'S NAME Bryan Gaunt
 GENDER M
 CELL PHONE 6143785740
 HOME - NUMBER/STREET [REDACTED] Ln
 CITY Columbus
 STATE OH
 ZIP 43235

Brother or Sister #3

BROTHER'S OR SISTER'S NAME Joseph Gaunt
 UNDER AGE 18
 GENDER M
 CELL PHONE 6147873429
 HOME - NUMBER/STREET [REDACTED] Ln
 CITY Columbus
 STATE OH
 ZIP 43235

Brother or Sister #4

Brother or Sister #5

Brother or Sister #6

17. Children

Child #1

Child #2

Child #3

Child #4

Child #5

Child #6

23. EXTRA SPACE

Please provide any additional family details below.

References (Completed)**1. References****Reference #1**

NAME	Tom Reynolds
EMAIL	nreynold@columbus.rr.com
HOME PHONE	6142967975
WORK PHONE	6142967975
CELL PHONE	6142967975
HOME ADDRESS - NUMBER/STREET	7195 Durness Pl
CITY	Columbus
STATE	OH
ZIP	43235
WORK ADDRESS - NUMBER/STREET	6001 E Broad St, Columbus
CITY	Columbus
STATE	OH
ZIP	43213
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)	Boy Scout Troop Leader
HOW LONG HAVE YOU KNOWN THIS PERSON?	14 Years

Reference #2

NAME	Mike Deaton
EMAIL	mdeaton77@gmail.com
HOME PHONE	6145636732
WORK PHONE	6145636732
CELL PHONE	6145636732
HOME ADDRESS - NUMBER/STREET	4912 Baldwin Rd
CITY	Hilliard
STATE	OH
ZIP	43026
WORK ADDRESS - NUMBER/STREET	171 Northwest Pkwy
CITY	Hilliard
STATE	OH
ZIP	43026
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)	Boy Scout Troop Leader

HOW LONG HAVE YOU KNOWN THIS PERSON? **14 Years**

Reference #3

NAME **James Davis**
 EMAIL **jddavis@dublinbaptist.com**
 HOME PHONE **93122447702**
 WORK PHONE **93122447702**
 CELL PHONE **93122447702**
 HOME ADDRESS - NUMBER/STREET **5747 Rushwood Dr**
 CITY **Dublin**
 STATE **OH**
 ZIP **43017**
 WORK ADDRESS - NUMBER/STREET **7195 Coffman Rd**
 CITY **Dublin**
 STATE **OH**
 ZIP **43017**
 HOW DO YOU KNOW THIS PERSON? (FOR
 EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND,
 CO-WORKER) **Pastor**
 HOW LONG HAVE YOU KNOWN THIS PERSON? **2 Years**

Reference #4

NAME **Jim Faehnle**
 EMAIL **jim@faehnle.com**
 HOME PHONE **6145724594**
 WORK PHONE **6145724594**
 CELL PHONE **6145724594**
 HOME ADDRESS - NUMBER/STREET **3752 Seattle Slew Dr**
 CITY **Columbus**
 STATE **OH**
 ZIP **43221**
 WORK ADDRESS - NUMBER/STREET **Retired**
 CITY **Columbus**
 STATE **OH**
 ZIP **43221**
 HOW DO YOU KNOW THIS PERSON? (FOR
 EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND,
 CO-WORKER) **Family Friend**
 HOW LONG HAVE YOU KNOWN THIS PERSON? **5 Years**

Reference #5

NAME **Gene Belew**
 EMAIL **mebelew@columbus.rr.com**
 HOME PHONE **7408810970**
 WORK PHONE **7408810970**

CELL PHONE	6145195865
HOME ADDRESS - NUMBER/STREET	4986 Tempe Rd
CITY	Powell
STATE	OH
ZIP	43065
WORK ADDRESS - NUMBER/STREET	Retired
CITY	Powell
STATE	OH
ZIP	43065
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)	Family Friend
HOW LONG HAVE YOU KNOWN THIS PERSON?	5 Years

Reference #6

NAME	Kim Deaton
EMAIL	mdeaton77@gmail.com
HOME PHONE	6145636734
WORK PHONE	6145636734
CELL PHONE	6145636734
HOME ADDRESS - NUMBER/STREET	4912 Baldwin Rd
CITY	Hilliard
STATE	OH
ZIP	43026
WORK ADDRESS - NUMBER/STREET	Retired
CITY	Hilliard
STATE	OH
ZIP	43026
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)	Family Friend
HOW LONG HAVE YOU KNOWN THIS PERSON?	14 Years

Reference #7

NAME	- (Changed)
EMAIL	- (Changed)
HOME PHONE	- (Changed)
WORK PHONE	- (Changed)
CELL PHONE	- (Changed)
HOME ADDRESS - NUMBER/STREET	- (Changed)
CITY	- (Changed)
STATE	- (Changed)
ZIP	- (Changed)
WORK ADDRESS - NUMBER/STREET	- (Changed)
CITY	- (Changed)

STATE	OH
ZIP	- (Changed)
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)	- (Changed)
HOW LONG HAVE YOU KNOWN THIS PERSON?	- (Changed)

Reference #8

NAME	- (Changed)
HOME PHONE	- (Changed)
WORK PHONE	- (Changed)
CELL PHONE	- (Changed)
HOME ADDRESS - NUMBER/STREET	- (Changed)
CITY	- (Changed)
STATE	- (Changed)
ZIP	- (Changed)
WORK ADDRESS - NUMBER/STREET	
CITY	
STATE	
ZIP	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)	- (Changed)
HOW LONG HAVE YOU KNOWN THIS PERSON?	- (Changed)

Reference #9**Reference #10****11. Extra Space**

Please provide any additional reference details below.

Education (Completed)**1. High School****High School #1**

SCHOOL NAME	Dublin Scioto
CITY	Dublin
STATE	OH
FROM	09/02/2008
TO	06/09/2012
DID YOU GRADUATE?	Yes
WHAT TYPE OF HS DEGREE	

**High School Diploma from an accredited
U.S. Institution**

High School #2

3. Post-Secondary Education

College or University #1

SCHOOL NAME	Mount Vernon Nazarene University
CITY	Mount Vernon
STATE	OH
FROM	08/20/2012
TO	05/22/2015
TOTAL UNITS EARNED	125
MAJOR	Nursing

College or University #2

SCHOOL NAME	Southern New Hampshire University
CITY	Manchester
STATE	NH
FROM	07/06/2015
TO	12/21/2016
TOTAL UNITS EARNED	36
TYPE OF DEGREE EARNED	Bachelors
MAJOR	Business Administration

College or University #3

6. Trade, Vocational, or Business Schools

Trade, Vocational, or Business Schools #1

Trade, Vocational, or Business Schools #2

Trade, Vocational, or Business Schools #3

9. Police Officer Academy

Police Officer Academy #1

HAVE YOU EVER ATTENDED A POLICE OFFICER BASIC TRAINING ACADEMY OR POST ACADEMY NAME	Yes Columbus Police Academy
CITY	Columbus
STATE	OH
FROM	12/19/2016

TO	07/07/2017
DID YOU GRADUATE	Yes
NAME OF TRAINING OFFICER/ACADEMY COORDINATOR	Sergeant Suber
CONTACT PHONE	6146452154

Academy #2**11. Educational Problems**

HAVE YOU EVER BEEN PLACED ON ACADEMIC DISCIPLINE, SUSPENDED, OR EXPELLED FROM ANY HIGH SCHOOL, COLLEGE/UNIVERSITY, BUSINESS OR TRADE SCHOOL?	No
--	-----------

12. Extra Space

Please provide any additional educational details below.

Residence (Completed)**1. Residences****Current Residence**

CURRENT ADDRESS: (NUMBER/STREET/APT)	■■■■■■■■■■ - (Changed)
CITY	Sunbury - (Changed)
STATE	OH - (Changed)
ZIP	43074 - (Changed)
FROM	04/01/2019 - (Changed)
TO	- (Changed)
NAMES OF THOSE WITH WHOM YOU LIVED	■■■■■■■■■■ Jennifer Mourné, Nick Mourné - (Changed)
PROPERTY MANAGER OR OWNER'S NAME	- (Changed)
MANAGER ADDRESS (NUMBER/STREET/APT)	- (Changed)
MANAGER CITY	- (Changed)
MANAGER STATE	- (Changed)
MANAGER ZIP	- (Changed)

Prior Residence #1

ADDRESS: (NUMBER/STREET/APT)	■■■■■■■■■■ Ln - (Changed)
CITY	Columbus - (Changed)
STATE	OH - (Changed)
ZIP	43235 - (Changed)
FROM	01/01/2018 - (Changed)

TO
 REASON FOR MOVING
 NAMES OF THOSE WITH WHOM YOU LIVED

 PROPERTY MANAGER OR OWNER
 MANAGER ADDRESS (NUMBER/STREET/APT)
 MANAGER CITY
 MANAGER STATE
 MANAGER ZIP

- (Changed)
 - (Changed)
Richard, Mary, Bryan, Jonathan, Joseph Gaunt - (Changed)
 - (Changed)
 - (Changed)
 - (Changed)
 - (Changed)
 - (Changed)

Prior Residence #2

ADDRESS: (NUMBER/STREET/APT)
 CITY
 STATE
 ZIP
 FROM
 TO
 REASON FOR MOVING
 NAMES OF THOSE WITH WHOM YOU LIVED
 PROPERTY MANAGER OR OWNER
 MANAGER ADDRESS (NUMBER/STREET/APT)
 MANAGER CITY
 MANAGER STATE
 MANAGER ZIP

██████████ - (Changed)
Sunbury - (Changed)
OH - (Changed)
43074 - (Changed)
08/14/2017 - (Changed)
01/01/2018 - (Changed)
Low Rent - (Changed)
██████████ **Mike Mourné** - (Changed)
- (Changed)
- (Changed)
- (Changed)
OH - (Changed)
- (Changed)

Prior Residence #3

ADDRESS: (NUMBER/STREET/APT)
 CITY
 STATE
 ZIP
 FROM
 TO
 REASON FOR MOVING
 NAMES OF THOSE WITH WHOM YOU LIVED
 PROPERTY MANAGER OR OWNER
 MANAGER ADDRESS (NUMBER/STREET/APT)
 MANAGER CITY
 MANAGER STATE
 MANAGER ZIP

██████████ - (Changed)
Hilliard - (Changed)
OH - (Changed)
43026 - (Changed)
07/17/2016 - (Changed)
08/13/2017 - (Changed)
Closer to Family - (Changed)
██████████ - (Changed)
LC Brooklands - (Changed)
4115 Britton Pkwy - (Changed)
Hilliard - (Changed)
OH - (Changed)
43026 - (Changed)

Prior Residence #4

ADDRESS: (NUMBER/STREET/APT)
 CITY
 STATE

██████████ Ln - (Changed)
Columbus - (Changed)
OH - (Changed)

ZIP	43235 - (Changed)
FROM	- (Changed)
TO	07/16/2016 - (Changed)
REASON FOR MOVING	Got Married - (Changed)
NAMES OF THOSE WITH WHOM YOU LIVED	Richard, Mary, Bryan, Jonathan, Joseph Gaunt - (Changed)
PROPERTY MANAGER OR OWNER	- (Changed)
ADDRESS (NUMBER/STREET/APT)MANAGER	- (Changed)
MANAGER CITY	- (Changed)
MANAGER STATE	- (Changed)
MANAGER ZIP	- (Changed)

Prior Residence #5

ADDRESS: (NUMBER/STREET/APT)	- (Changed)
CITY	- (Changed)
STATE	- (Changed)
ZIP	- (Changed)
FROM	- (Changed)
TO	- (Changed)
REASON FOR MOVING	- (Changed)
NAMES OF THOSE WITH WHOM YOU LIVED	- (Changed)
PROPERTY MANAGER OR OWNER	- (Changed)
MANAGER ADDRESS (NUMBER/STREET/APT)	- (Changed)
MANAGER CITY	- (Changed)
MANAGER STATE	- (Changed)
MANAGER ZIP	- (Changed)

Prior Residence #6

ADDRESS: (NUMBER/STREET/APT)	- (Changed)
CITY	- (Changed)
STATE	- (Changed)
ZIP	- (Changed)
FROM	- (Changed)
TO	- (Changed)
REASON FOR MOVING	- (Changed)
NAMES OF THOSE WITH WHOM YOU LIVED	- (Changed)
PROPERTY MANAGER OR OWNER	- (Changed)
MANAGER ADDRESS (NUMBER/STREET/APT)	- (Changed)
MANAGER CITY	- (Changed)
MANAGER STATE	- (Changed)
MANAGER ZIP	- (Changed)

8. Housemates

Housemate #1**Housemate #2****Housemate #3****Housemate #4****Housemate #5****Housemate #6****14. Problems****Housing Problems**

HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A RESIDENCE? **No**

HAVE YOU EVER LEFT A RESIDENCE OWING RENT? **No**

15. Extra Space

Please provide any additional residential details below.

Employment Pt 1 (Completed)**1. Experience and Employment****Experience and Employment - Most Recent**

NAME OF EMPLOYER OR MILITARY UNIT	Delaware County Sheriff - (Changed)
POSITION NAME:	Corrections Officer - (Changed)
FROM	02/25/2019 - (Changed)
TO	02/27/2020 - (Changed)
ADDRESS: (NUMBER/STREET/APT)	844 US 42 N - (Changed)
CITY	Delaware - (Changed)
STATE	OH
ZIP	43015 - (Changed)
SUPERVISOR'S NAME	Sgt. Beck - (Changed)
CONTACT PHONE	740 833-2800 - (Changed)
EMAIL	sbeck@co.delaware.oh.us - (Changed)
NAME OF A CO-WORKER	Tyson Layne - (Changed)
NAME OF ANOTHER CO-WORKER	John Ketteman - (Changed)
REASON TO LEAVE EMPLOYMENT OR MILITARY	Current - (Changed)
OK TO CONTACT EMPLOYER?	Yes
TYPE OF EMPLOYMENT	Full time

DUTIES/ASSIGNMENTS

Corrections Officer - (Changed)

Period of Unemployment (More than 30 days) 2

FROM

- (Changed)

TO

- (Changed)

PRIMARY REASON

Between Jobs - (Changed)**Experience and Employment - Job #2**

NAME OF EMPLOYER OR MILITARY UNIT

Columbus Division Of Police - (Changed)

POSITION NAME:

Management Analyst - (Changed)

FROM

01/16/2018 - (Changed)

TO

10/01/2018 - (Changed)

ADDRESS: (NUMBER/STREET/APT)

120 Marconi Blvd - (Changed)

CITY

Columbus - (Changed)

STATE

OH

ZIP

43215 - (Changed)

SUPERVISOR'S NAME

Amy Morris - (Changed)

CONTACT PHONE

6146454989 - (Changed)

EMAIL

AMorris@columbuspolice.org - (Changed)

NAME OF A CO-WORKER

Tim Seymour - (Changed)

NAME OF ANOTHER CO-WORKER

Kathryn Bowling - (Changed)

TYPE OF EMPLOYMENT

Full time

DUTIES/ASSIGNMENTS

Police Body Camera Analyst/ Expert - (Changed)**Period of Unemployment (More than 30 days) 3**

FROM

10/28/2017 - (Changed)

TO

01/15/2018 - (Changed)

PRIMARY REASON

Between Jobs - (Changed)**Experience and Employment - Job #3**

NAME OF EMPLOYER OR MILITARY UNIT

Columbus Division Of Police - (Changed)

POSITION NAME:

Recruit/Officer - (Changed)

FROM

12/19/2016 - (Changed)

TO

10/27/2017 - (Changed)

ADDRESS: (NUMBER/STREET/APT)

120 Marconi Blvd - (Changed)

CITY

Columbus - (Changed)

STATE

OH - (Changed)

ZIP

43215 - (Changed)

SUPERVISOR'S NAME

Sergeant Suber - (Changed)

CONTACT PHONE

6146452154 - (Changed)

EMAIL

lsuber@columbuspolice.org - (Changed)

NAME OF A CO-WORKER

James Walker - (Changed)

NAME OF ANOTHER CO-WORKER

Jesse Smith - (Changed)

REASON LEFT

Left for Police Academy - (Changed)

TYPE OF EMPLOYMENT
DUTIES/ASSIGNMENTS

Full time - (Changed)
- (Changed)

Period of Unemployment (More than 30 days) 4

Experience and Employment - Job #4

NAME OF EMPLOYER OR MILITARY UNIT
POSITION NAME:
FROM
TO
ADDRESS: (NUMBER/STREET/APT)
CITY
STATE
ZIP
REASON LEFT
TYPE OF EMPLOYMENT
DUTIES/ASSIGNMENTS

Target Food Distribution - (Changed)
Staff Member - (Changed)
12/01/2015 - (Changed)
12/14/2016 - (Changed)
42 Commerce Way - (Changed)
West Jefferson - (Changed)
OH - (Changed)
43162 - (Changed)
Left For Police Academy - (Changed)
Full time - (Changed)
**Warehouse Worker, Heavy Machinery
Management and Driver, Manual Picker -
(Changed)**

Period of Unemployment (More than 30 days) 5

Experience and Employment - Job #5

Period of Unemployment (More than 30 days) 6

Experience and Employment - Job #6

Period of Unemployment (More than 30 days) 7

Experience and Employment - Job #7

Period of Unemployment (More than 30 days) 8

Experience and Employment - Job #8

Period of Unemployment (More than 30 days) 9

Experience and Employment - Job #9

18. Employment Extra Space

Please provide any additional employment details below.

OPOTA Certified, CIT Trained

Employment Pt 2 (Completed)

1. Issues in Experience and Employment

- HAVE YOU EVER BEEN DISCIPLINED AT WORK?
(THIS INCLUDES WRITTEN WARNINGS, FORMAL LETTERS OF COUNSELING, REPRIMANDS, SUSPENSIONS, REDUCTIONS IN PAY, REASSIGNMENTS OR DEMOTIONS) **No - (Changed)**
- IF YES, EXPLAIN WHEN, WHERE, AND CIRCUMSTANCES - (Changed)
- HAVE YOU EVER BEEN FIRED, RELEASED FROM PROBATION, OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT? **No - (Changed)**
- IF YES, EXPLAIN WHEN, WHERE, AND CIRCUMSTANCES - (Changed)
- WERE YOU EVER INVOLVED IN A PHYSICAL/VERBAL ALTERCATION WITH A SUPERVISOR, CO-WORKER, OR CUSTOMER? **No**
- HAVE YOU EVER QUIT WITHOUT GIVING PROPER NOTICE? **No**
- HAVE YOU EVER RESIGNED IN LIEU OF TERMINATION? **No - (Changed)**
- IF YES, EXPLAIN WHEN, WHERE, AND CIRCUMSTANCES - (Changed)
- HAVE YOU EVER BEEN ACCUSED OF DISCRIMINATION (SUCH AS SEXUAL HARASSMENT, RACIAL BIAS, SEXUAL ORIENTATION HARASSMENT, ETC.) BY A CO-WORKER, SUPERIOR, SUBORDINATE OR CUSTOMER? **No**
- WERE YOU EVER THE SUBJECT OF A WRITTEN COMPLAINT AT WORK? **No**
- HAVE YOU EVER BEEN COUNSELED AT WORK DUE TO LATENESS OR ABSENCES? **No**
- DID YOU EVER RECEIVE AN UNSATISFACTORY PERFORMANCE REVIEW? **No**
- IF YES, EXPLAIN WHEN, WHERE, AND CIRCUMSTANCES
- HAVE YOU EVER SOLD, RELEASED, OR GIVEN AWAY LEGALLY CONFIDENTIAL INFORMATION? **No**
- HAVE YOU EVER CALLED IN SICK WHEN YOU WERE NEITHER SICK NOR CARING FOR A SICK FAMILY MEMBER? **No - (Changed)**
- IF YES, INDICATE HOW MANY SICK DAYS USED IN PAST 5 YEARS NOT DUE TO ILLNESS AND EXPLAIN WHEN, WHERE, AND CIRCUMSTANCES - (Changed)
- IN THE PAST THREE YEARS, HAVE YOU MISSED DAYS OR BEEN LATE TO WORK DUE TO DRUG OR ALCOHOL CONSUMPTION? **No**
- No**

HAS YOUR WORK PERFORMANCE EVER BEEN AFFECTED BY YOUR USE OF ALCOHOL OR DRUGS?

IN THE PAST THREE YEARS, HAVE YOU BEEN WARNED BY AN EMPLOYER ABOUT YOUR DRINKING OR DRUG HABITS AND THEIR IMPACT ON YOUR PERFORMANCE? **No**

2. Other Law Enforcement Applications

HAVE YOU **EVER** APPLIED TO ANY OTHER LAW ENFORCEMENT AGENCY (CITY, COUNTY, STATE OR FEDERAL)? **Yes**

Application #1

NAME OF AGENCY	Columbus Division Of Police
POSITION APPLIED FOR	Officer
ADDRESS: (NUMBER/STREET)	120 Marconi Blvd
CITY	Columbus
STATE	OH
ZIP	43215
CHECK YOUR APPLICATION STATUS	Hired

Application #2

NAME OF AGENCY	Dublin Police - (Changed)
POSITION APPLIED FOR	Officer - (Changed)
DATE APPLIED	01/22/2018 - (Changed)
ADDRESS: (NUMBER/STREET)	6565 Commerce Pkwy - (Changed)
CITY	Dublin - (Changed)
STATE	OH - (Changed)
ZIP	43017 - (Changed)
CONTACT PHONE	(614) 889-1112 - (Changed)
CHECK YOUR APPLICATION STATUS	On List - (Changed)

Application #3

NAME OF AGENCY	Hilliard Police - (Changed)
POSITION APPLIED FOR	Officer - (Changed)
DATE APPLIED	03/12/2018 - (Changed)
ADDRESS: (NUMBER/STREET)	5171 Northwest Pkwy - (Changed)
CITY	Hilliard - (Changed)
STATE	OH - (Changed)
ZIP	43026 - (Changed)
CONTACT PHONE	(614) 876-7321 - (Changed)
CHECK YOUR APPLICATION STATUS	On List - (Changed)

6. EXTRA SPACE

Please provide any additional employment details below.

Military Experience (Completed)**1. Military Experience**

ARE YOU REQUIRED TO REGISTER FOR THE SELECTIVE SERVICE **Yes**

I HAVE FAILED TO REGISTER, EVEN THOUGH REQUIRED. **No**

2. Extra Space

Please provide any additional military experience details below.

Financial Information (Completed)**1. Financial Issues**

HAVE YOU EVER FILED FOR OR DECLARED BANKRUPTCY (CHAPTER 7, 11 OR 13)? **No**

HAVE ANY OF YOUR BILLS EVER BEEN TURNED OVER TO A COLLECTION AGENCY? **No**

HAVE YOU EVER HAD PURCHASED GOODS REPOSSESSED? **No**

HAVE YOUR WAGES EVER BEEN GARNISHED? **No**

HAVE YOU EVER BEEN DELINQUENT ON INCOME OR OTHER TAX PAYMENTS? **No**

HAVE YOU EVER FAILED TO FILE INCOME TAX OR CHEATED/LIED ON AN INCOME TAX FORM? **No**

HAVE YOU EVER HAD AN EMPLOYMENT BOND REFUSED? **No**

HAVE YOU EVER AVOIDED PAYING ANY LAWFUL DEBT BY MOVING AWAY? **No**

HAVE YOU EVER DEFAULTED ON (FAILED TO PAY) A LOAN? **No**

HAVE YOU EVER BORROWED MONEY TO PAY FOR A GAMBLING DEBT? **No**

DO YOU CURRENTLY HAVE ANY OUTSTANDING DEBTS AS A RESULT OF GAMBLING? **No**

HAVE YOU EVER SPENT MONEY FOR ILLEGAL PURPOSES (E.G., ILLEGAL DRUGS, PROSTITUTION, PURCHASE OF FRAUDULENT DOCUMENTS, ETC.)? **No**

HAVE YOU EVER FAILED TO MAKE OR BEEN LATE ON A COURT-ORDERED PAYMENT (E.G., CHILD SUPPORT, ALIMONY, RESTITUTION, ETC.)? **No**

HAVE YOU WRITTEN THREE OR MORE BAD CHECKS IN A ONE-YEAR PERIOD? **No**

HAVE YOU EVER FRAUDULENTLY RECEIVED WELFARE, UNEMPLOYMENT COMPENSATION, WORKERS' COMPENSATION, OR OTHER STATE OR FEDERAL ASSISTANCE? **No**

HAVE YOU EVER FILED A FALSE INSURANCE OR WORKERS' COMPENSATION CLAIM? **No**

2. Income

FROM YOUR EMPLOYER(S), WHAT IS YOUR TAKE-HOME MONTHLY INCOME? **2734**

DO YOU HAVE INCOME OTHER THAN FROM YOUR SALARY OR WAGES? **No - (Changed)**

IF YES, WHAT IS THE MONTHLY AMOUNT? **- (Changed)**

EXPLAIN THE SOURCE OF INCOME OTHER THAN SALARY OR WAGES **- (Changed)**

3. Expenses

HOW MUCH DO YOU SPEND EACH MONTH? **2000**

4. Extra Space

Please provide any additional financial details below.

Legal Pt 1 (Completed)

1. Involvement with Legal Justice System

HAVE YOU EVER BEEN PLACED ON COURT PROBATION AS AN ADULT? **No**

WERE YOU EVER REQUIRED TO APPEAR BEFORE A JUVENILE COURT FOR AN ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED AS AN ADULT? **No**

HAVE YOU EVER BEEN A PARTY IN A CIVIL LAWSUIT (E.G., SMALL CLAIMS ACTIONS, DISSOLUTIONS, CHILD CUSTODY, PATERNITY, SUPPORT, ETC.)? **No**

No

- HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON? **No**
- HAVE YOU OR YOUR SPOUSE/PARTNER EVER BEEN REFERRED TO CHILD PROTECTIVE SERVICES? **No**
- HAVE YOU EVER BEEN THE SUBJECT OF AN EMERGENCY PROTECTIVE ORDER/RESTRAINING ORDER/STAY-AWAY ORDER? **No**
- HAVE YOU SETTLED ANY CIVIL SUIT IN WHICH YOU, YOUR INSURANCE COMPANY, OR ANYONE ELSE ON YOUR BEHALF WAS REQUIRED TO MAKE PAYMENT TO THE OTHER PARTY? **No**

2. Disclosure of Arrests and Convictions

- EITHER AS AN ADULT OR A JUVENILE, HAVE YOU EVER BEEN DETAINED FOR INVESTIGATION, HELD ON SUSPICION, QUESTIONED, FINGERPRINTED, ARRESTED, INDICTED, CRIMINALLY CHARGED, OR CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSE IN ANY STATE? **No**

Arrest Event #1

Arrest Event #2

Arrest Event #3

6. Extra Space

Please provide any additional arrest details below.

Legal Pt 2 (Completed)

1. Involvement in Felony Acts

- ARSON (INTENTIONALLY DESTROYING PROPERTY BY SETTING A FIRE) **No**
- ASSAULT WITH A DEADLY WEAPON **No**
- THEFT OF A VEHICLE AND/OR VEHICLE PARTS **No**
- BURGLARY (ENTERING A STRUCTURE OR VEHICLE TO COMMIT THEFT OR OTHER CRIME) **No**
- CHILD MOLESTATION (PERFORMING UNLAWFUL ACTS WITH A CHILD) **No**
- No**

ACCESSING AND/OR POSSESSING CHILD PORNOGRAPHY	No
ELDER ABUSE/NEGLECT	No
EMBEZZLEMENT (THEFT OF MONEY OR OTHER VALUABLES ENTRUSTED TO YOU)	No
FELONY DRUNK DRIVING (INVOLVING INJURIES)	No
FORCIBLE RAPE OR OTHER ACT OF UNLAWFUL INTERCOURSE	No
FORGERY (FALSIFYING ANY TYPE OF DOCUMENT, CHECK CERTIFICATE, LICENSE, CURRENCY, ETC)	No
HIT & RUN (WITH INJURIES)	No
HATE CRIME	No
INSURANCE FRAUD	No
GRAND THEFT (VALUE OF OVER \$400, OR ANY FIREARM)	No
MURDER, HOMICIDE, OR ATTEMPTED MURDER	No
PERJURY (LYING UNDER OATH)	No
POSSESSION OF AN EXPLOSIVE/DESTRUCTIVE DEVICE	No
ROBBERY (THEFT FROM ANOTHER PERSON USING A WEAPON, FORCE, OR FEAR)	No
STALKING	No
BLACKMAIL OR EXTORTION	No
ANY OTHER ACT AMOUNTING TO A FELONY	No

2. Involvement in Misdemeanors

ANNOYING / OBSCENE PHONE CALLS	No
BATTERY (USE OF FORCE OR VIOLENCE UPON ANOTHER)	No
BRANDISHING A WEAPON (ANY TYPE OF WEAPON)	No
CARRYING A CONCEALED WEAPON WITHOUT A PERMIT	No
CONTRIBUTING TO THE DELINQUENCY OF A MINOR	No
DEFRAUDING AN INNKEEPER (NOT PAYING FOR FOOD OR ROOM AT A HOTEL/MOTEL)	No
DRIVING UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS	No
DRUNK IN PUBLIC (BEING SO INTOXICATED IN A PUBLIC PLACE THAT YOU'RE NOT ABLE TO CARE FOR YOURSELF)	No
HIT & RUN COLLISION (NO INJURIES)	No
HUNTING/FISHING WITHOUT A LICENSE	No

ILLEGAL GAMBLING	No
IMPERSONATING A PEACE OFFICER (PRETENDING TO BE A POLICE OFFICER)	No
INDECENT EXPOSURE (INCLUDING FLASHING OR MOONING)	No
JOYRIDING (USING A CAR OR OTHER VEHICLE WITHOUT OWNER'S PERMISSION)	No
PETTY THEFT (VALUE UP TO \$400, INCLUDING SHOPLIFTING/SWITCHING PRICE TAGS)	No
POSSESSION OF ALCOHOL AS A MINOR	No
POSSESSION OF FALSIFIED OR ALTERED IDENTIFICATION, INCLUDING USE OF ANOTHER PERSON'S ID (FOR ANY REASON)	No
POSSESSION OF STOLEN PROPERTY (INCLUDING VEHICLES)	No
PROSTITUTION OR SOLICITING A PROSTITUTE	No
RESISTING ARREST (INCLUDING RUNNING FROM THE POLICE)	No
TRESPASSING	No
VANDALISM (INCLUDING "TAGGING," MALICIOUS MISCHIEF AND/OR PROPERTY DAMAGE)	No
INTENTIONALLY WRITING A BAD CHECK	No
FILING A FALSE POLICE REPORT	No
ANY OTHER ACT AMOUNTING TO A MISDEMEANOR WITHIN THE PAST SEVEN YEARS	No

3. Extra Space

Please provide any additional legal details below.

Drug Use (Completed)

1. Drug Use

WITHIN THE PAST SIX MONTHS, HAVE YOU
USED ANY DRUG(S) AS INDICATED ABOVE? No

2. Extra Space

Please provide any additional drug use details below.

Driving (Completed)

1. Current Liability Insurance on your vehicle(s)**Current Liability Insurance on your vehicle - Vehicle #1**

VEHICLE MAKE	Chevy
YEAR	Malibu
VEHICLE LICENSE	HCH8578
INSURANCE COMPANY	Geico
POLICY NUMBER	4419579869
EXPIRES	12/08/17
INS. CO. PHONE	18008413000
INS. CO. ADDRESS: (NUMBER/STREET)	One Geico Center
CITY	Macon
STATE	GA
ZIP	31295
TYPE OF COVERAGE	Insured

Current Liability Insurance on your vehicle - Vehicle #2**Current Liability Insurance on your vehicle - Vehicle #3****Current Liability Insurance on your vehicle - Vehicle #4****6. Traffic Accidents**

HAVE YOU EVER BEEN INVOLVED AS THE DRIVER IN A MOTOR VEHICLE ACCIDENT WITHIN THE PAST SEVEN YEARS? **No**

Accident #1**Accident #2****Accident #3****10. Moving Violations****Ticket #1**

NATURE OF VIOLATION	Speed
STATE	OH
ACTION TAKEN	Fined

Ticket #2**Ticket #3****Ticket #4**

14. Traffic Citations**15. Other Driving Issues**

HAVE YOU EVER DRIVEN A VEHICLE WITHOUT AUTO INSURANCE, AS REQUIRED BY LAW? **No**

HAVE YOU EVER BEEN REFUSED AUTOMOBILE LIABILITY INSURANCE OR A BOND, OR HAD THEM CANCELLED? **No**

16. EXTRA SPACE

Please provide any additional driving details below.

Miscellaneous (Completed)**1. Other Topics**

HAVE YOU EVER BEEN REFUSED A PERMIT TO CARRY A CONCEALED WEAPON? **No**

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OR ASSOCIATE OF A CRIMINAL ENTERPRISE, STREET GANG, OR ANY OTHER GROUP THAT ADVOCATES VIOLENCE AGAINST INDIVIDUALS BECAUSE OF THEIR RACE, RELIGION, POLITICAL AFFILIATION, ETHNIC ORIGIN, NATIONALITY, GENDER, SEXUAL PREFERENCE, OR DISABILITY? **No**

DO YOU HAVE, OR HAVE YOU EVER HAD, A TATTOO SIGNIFYING MEMBERSHIP IN, OR AFFILIATION WITH, A CRIMINAL ENTERPRISE, STREET GANG, OR ANY OTHER GROUP THAT ADVOCATES VIOLENCE AGAINST INDIVIDUALS BECAUSE OF THEIR RACE, RELIGION, POLITICAL AFFILIATION, ETHNIC ORIGIN, NATIONALITY, GENDER, SEXUAL PREFERENCE, OR DISABILITY? **No**

SINCE THE AGE OF 16, HAVE YOU EVER BEEN INVOLVED IN AN ANGER-PROVOKED PHYSICAL FIGHT, CONFRONTATION OR OTHER VIOLENT ACT? **No**

HAVE YOU EVER HIT OR PHYSICALLY OVERPOWERED A SPOUSE OR ROMANTIC PARTNER? **No**

2. Extra Space

Please provide any additional miscellaneous details below.

Boy Scouts of America- Eagle Scout

Sunday school teacher

Score Report for **BRANDON GAUNT - REACT C**

PHQ Personal Information **Test Scores** Candidate Documents

Test Date: 2018-07-28

Test	Explanation	Score	Result
Video Score	Minimum acceptable score = 80	86.82	N/A
Count Score	Pass / Fail. Minimum acceptable score = 70	100	PASS
Reading Score	Pass / Fail. Minimum acceptable score = 80	100	PASS

Dimensional Ratings *

Show Dimensional Ratings

* Dimensional scores are based on the number of right and wrong answers chosen by the candidate relating to each particular dimension. Dimensional scores show performance relative to national norms.

P.A.T. Scores

PENDING

Writing Test Scores

GRAMMAR CONTENT
EXCELLENT EXCELLENT

Score Report for **BRANDON GAUNT** - REACT C

PHQ **Personal Information** Test Scores Candidate Documents

Category	Details	Additional Information
Contact Information		
SSN	[REDACTED]	
Address	SUNBURY OH, 43074	
Email	[REDACTED]	
Phone	[REDACTED]	
Application Last Updated	2017-10-19 10:49:54	
Available Test Information		
	REACT C	Date Completed: 2018-07-28 Test Location: Columbus - Franklin University Phillips Hall
Short Application Form		
Background		
Date of Birth	08/14/1993	
Veteran Status	No	
Languages other than English	No	
Disclosure of Arrests and Convictions	No	
Education		
High School	Dublin Scioto, OH	Yes
School	Mount Vernon Nazarene University	Major: Nursing Degree:

School Southern New Hampshire University

Major: Business Administration
Degree: Bachelors

Work History

<p>Management Analyst Dates: 01/16/2018 - 04/28/2018</p>	<p>Columbus Division Of Police Columbus, OH 43215 6146454989 OK to Contact? Yes</p>	<p>Duties and Responsibilities Police Body Camera Analyst/ Expert Reason for Leaving Current</p>
<p>Recruit/Officer Dates: 12/19/2016 - 10/27/2017</p>	<p>Columbus Division Of Police Columbus, OH 43215 6146452154</p>	<p>Duties and Responsibilities Reason for Leaving</p>
<p>Staff Member Dates: 12/01/2015 - 12/14/2016</p>	<p>Target Food Distribution West Jefferson, OH 43162</p>	<p>Duties and Responsibilities Warehouse Worker, Heavy Machinery Management and Driver, Manual Picker Reason for Leaving Left for Police Academy</p>
<p>Dates: -</p>		<p>Duties and Responsibilities Reason for Leaving</p>
<p>Dates: -</p>		<p>Duties and Responsibilities Reason for Leaving</p>

Skills and Certifications

Law Enforcement Academy Certification
State Issued:
Year Issued:

References

Reference 1	Tom Reynolds 7195 Durness Pl 6142967975	Boy Scout Troop Leader
Reference 2	Mike Deaton 4912 Baldwin Rd 6145636732	Boy Scout Troop Leader
Reference 3	James Davis 5747 Rushwood Dr 93122447702	Pastor

Score Report for **BRANDON GAUNT - REACT C**

PHQ

Personal Information Test Scores Candidate Documents

Category

Details

Additional Information

Contact Information

SSN

[REDACTED]

Address SUNBURY
OH, 43074

Email

[REDACTED]

Phone

[REDACTED]

Application Last Updated 2017-10-19 10:49:54

Available Test Information

REACT C

Date Completed: 2018-07-28
Test Location: Columbus - Franklin
University Phillips Hall**Personal History Questionnaire**

This is the candidate's Personal History Questionnaire. Candidate answers that have been changed over time will have a red " (Changed) " next to them. The Change Report at the end will show the original entry and the revision, with dates for both.

Printing Tools[Show Empty Rows](#)[Show Change Report](#)**Potential Red Flags**

This is a summary of issues pulled from the PHQ that you may wish to investigate further. Please review the entire questionnaire results carefully.

Issues in Experience and Employment

IF YES, INDICATE HOW MANY SICK DAYS USED **1 day in 2018 at Columbus Police.**
IN PAST 5 YEARS NOT DUE TO ILLNESS AND
EXPLAIN WHEN, WHERE, AND CIRCUMSTANCES

Personal Information (Completed)

1. Your Full Name

LAST	Gaunt
FIRST	Brandon
MIDDLE	Richard
OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY	Brandon

2. ADDRESS WHERE YOU RESIDE

NUMBER/STREET	██████████ Ln - (Changed)
CITY	Columbus - (Changed)
STATE	OH
ZIP	43235 - (Changed)

3. CONTACT NUMBERS

HOME	██████████ - (Changed)
WORK	██████████ - (Changed)
CELL	██████████ - (Changed)

4. Birthplace & SSN

BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)	Columbus, Franklin, Ohio, United States of America
BIRTHDATE	08/14/1993
SOCIAL SECURITY NUMBER	██████████

5. DRIVER'S LICENSE

NUMBER	██████████
STATE	OH
EXPIRES	08/14/2018

6. EMAIL ADDRESS

HOME	██████████
WORK	brgaunt@columbuspolice.org - (Changed)

7. PHYSICAL DESCRIPTION

HEIGHT	6'
WEIGHT	160
HAIR COLOR	Black
EYE COLOR	Brown

8. Citizenship

I WAS BORN IN THE UNITED STATES AND AM A US CITIZEN. **Yes**

9. Extra Space

Please provide any additional personal information details below.

Relatives (Completed)

2. Father

FATHER'S NAME	Richard Gaunt
EMAIL	rmgaunt4@aol.com
CELL PHONE	[REDACTED]
HOME - NUMBER/STREET	[REDACTED] Ln
CITY	Columbus
STATE	OH
ZIP	43235

3. Mother

MOTHER'S NAME	Mary Gaunt
EMAIL	gauntm04@gmail.com
CELL PHONE	[REDACTED]
HOME - NUMBER/STREET	[REDACTED] Ln
CITY	Columbus
STATE	OH
ZIP	43235

4. Stepfather

5. Stepmother

6. Spouse/ Registered Domestic Partner

SPOUSE'S / DOMESTIC PARTNER'S NAME
EMAIL
HOME PHONE
CELL PHONE
HOME - NUMBER/STREET
CITY
STATE
ZIP
WORK - NUMBER/STREET
CITY
STATE
ZIP
YEARS OF MARRIAGE
IS THERE, OR HAS THERE BEEN, A
RESTRAINING OR STAY-AWAY ORDER FOR
THIS INDIVIDUAL?

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
Sunbury
OH
43074
4105 Leap Rd
Hilliard
OH
43026
1
No

7. Father-in-Law

FATHER-IN-LAW'S NAME
HOME PHONE
CELL PHONE
HOME - NUMBER/STREET
CITY
STATE
ZIP
WORK - NUMBER/STREET
CITY
STATE
ZIP

Mike Mourne
[REDACTED]
[REDACTED]
Sunbury
OH
43074
Retired-Columbus Police
Columbus
OH
43215

8. Mother-in-Law

9. Former Spouses

Former Spouse #1

Former Spouse #2

11. Siblings

Brother or Sister #1

BROTHER'S OR SISTER'S NAME
GENDER
CELL PHONE
HOME - NUMBER/STREET
CITY
STATE
ZIP

Jonathan Gaunt
M
6145980014
[REDACTED] Ln
Columbus
OH
43235

Brother or Sister #2

BROTHER'S OR SISTER'S NAME
GENDER
CELL PHONE
HOME - NUMBER/STREET
CITY
STATE
ZIP

Bryan Gaunt
M
6143785740
[REDACTED] Ln
Columbus
OH
43235

Brother or Sister #3

BROTHER'S OR SISTER'S NAME
UNDER AGE 18
GENDER
CELL PHONE
HOME - NUMBER/STREET
CITY
STATE
ZIP

Joseph Gaunt
M
6147873429
[REDACTED] Ln
Columbus
OH
43235

Brother or Sister #4

Brother or Sister #5

Brother or Sister #6

17. Children

Child #1

Child #2

Child #3

Child #4

Child #5

Child #6

23. EXTRA SPACE

Please provide any additional family details below.

References (Completed)**1. References****Reference #1**

NAME	Tom Reynolds
EMAIL	nreynold@columbus.rr.com
HOME PHONE	6142967975
WORK PHONE	6142967975
CELL PHONE	6142967975
HOME ADDRESS - NUMBER/STREET	7195 Durness Pl
CITY	Columbus
STATE	OH
ZIP	43235
WORK ADDRESS - NUMBER/STREET	6001 E Broad St, Columbus
CITY	Columbus
STATE	OH
ZIP	43213
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)	Boy Scout Troop Leader
HOW LONG HAVE YOU KNOWN THIS PERSON?	14 Years

Reference #2

NAME	Mike Deaton
EMAIL	mdeaton77@gmail.com
HOME PHONE	6145636732
WORK PHONE	6145636732
CELL PHONE	6145636732
HOME ADDRESS - NUMBER/STREET	4912 Baldwin Rd
CITY	Hilliard
STATE	OH
ZIP	43026
WORK ADDRESS - NUMBER/STREET	171 Northwest Pkwy
CITY	Hilliard
STATE	OH
ZIP	43026
	Boy Scout Troop Leader

HOW DO YOU KNOW THIS PERSON? (FOR
EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND,
CO-WORKER)

HOW LONG HAVE YOU KNOWN THIS PERSON? **14 Years**

Reference #3

NAME **James Davis**
EMAIL **jddavis@dublinbaptist.com**
HOME PHONE **93122447702**
WORK PHONE **93122447702**
CELL PHONE **93122447702**
HOME ADDRESS - NUMBER/STREET **5747 Rushwood Dr**
CITY **Dublin**
STATE **OH**
ZIP **43017**
WORK ADDRESS - NUMBER/STREET **7195 Coffman Rd**
CITY **Dublin**
STATE **OH**
ZIP **43017**
HOW DO YOU KNOW THIS PERSON? (FOR
EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND,
CO-WORKER) **Pastor**

HOW LONG HAVE YOU KNOWN THIS PERSON? **2 Years**

Reference #4

NAME **Jim Faehnle**
EMAIL **jim@faehnle.com**
HOME PHONE **6145724594**
WORK PHONE **6145724594**
CELL PHONE **6145724594**
HOME ADDRESS - NUMBER/STREET **3752 Seattle Slew Dr**
CITY **Columbus**
STATE **OH**
ZIP **43221**
WORK ADDRESS - NUMBER/STREET **Retired**
CITY **Columbus**
STATE **OH**
ZIP **43221**
HOW DO YOU KNOW THIS PERSON? (FOR
EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND,
CO-WORKER) **Family Friend**

HOW LONG HAVE YOU KNOWN THIS PERSON? **5 Years**

Reference #5

NAME **Gene Belew**
EMAIL **mebelew@columbus.rr.com**

HOME PHONE	7408810970
WORK PHONE	7408810970
CELL PHONE	6145195865
HOME ADDRESS - NUMBER/STREET	4986 Tempe Rd
CITY	Powell
STATE	OH
ZIP	43065
WORK ADDRESS - NUMBER/STREET	Retired
CITY	Powell
STATE	OH
ZIP	43065
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)	Family Friend
HOW LONG HAVE YOU KNOWN THIS PERSON?	5 Years

Reference #6

NAME	Kim Deaton
EMAIL	mdeaton77@gmail.com
HOME PHONE	6145636734
WORK PHONE	6145636734
CELL PHONE	6145636734
HOME ADDRESS - NUMBER/STREET	4912 Baldwin Rd
CITY	Hilliard
STATE	OH
ZIP	43026
WORK ADDRESS - NUMBER/STREET	Retired
CITY	Hilliard
STATE	OH
ZIP	43026
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)	Family Friend
HOW LONG HAVE YOU KNOWN THIS PERSON?	14 Years

Reference #7

NAME	- (Changed)
EMAIL	- (Changed)
HOME PHONE	- (Changed)
WORK PHONE	- (Changed)
CELL PHONE	- (Changed)
HOME ADDRESS - NUMBER/STREET	- (Changed)
CITY	- (Changed)
STATE	- (Changed)
ZIP	- (Changed)

WORK ADDRESS - NUMBER/STREET - (Changed)
 CITY - (Changed)
 STATE **OH**
 ZIP - (Changed)
 HOW DO YOU KNOW THIS PERSON? (FOR
 EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND,
 CO-WORKER) - (Changed)
 HOW LONG HAVE YOU KNOWN THIS PERSON? - (Changed)

Reference #8

NAME - (Changed)
 HOME PHONE - (Changed)
 WORK PHONE - (Changed)
 CELL PHONE - (Changed)
 HOME ADDRESS - NUMBER/STREET - (Changed)
 CITY - (Changed)
 STATE - (Changed)
 ZIP - (Changed)
 WORK ADDRESS - NUMBER/STREET
 CITY
 STATE
 ZIP
 HOW DO YOU KNOW THIS PERSON? (FOR
 EXAMPLE, FRIEND, TEACHER, FAMILY FRIEND,
 CO-WORKER) - (Changed)
 HOW LONG HAVE YOU KNOWN THIS PERSON? - (Changed)

Reference #9**Reference #10****11. Extra Space**

Please provide any additional reference details below.

Education (Completed)**1. High School****High School #1**

SCHOOL NAME	Dublin Scioto
CITY	Dublin
STATE	OH
FROM	09/02/2008
TO	06/09/2012

DID YOU GRADUATE?

Yes

WHAT TYPE OF HS DEGREE

High School Diploma from an accredited U.S. Institution

High School #2

3. Post-Secondary Education

College or University #1

SCHOOL NAME

Mount Vernon Nazarene University

CITY

Mount Vernon

STATE

OH

FROM

08/20/2012

TO

05/22/2015

TOTAL UNITS EARNED

125

MAJOR

Nursing

College or University #2

SCHOOL NAME

Southern New Hampshire University

CITY

Manchester

STATE

NH

FROM

07/06/2015

TO

12/21/2016

TOTAL UNITS EARNED

36

TYPE OF DEGREE EARNED

Bachelors

MAJOR

Business Administration

College or University #3

6. Trade, Vocational, or Business Schools

Trade, Vocational, or Business Schools #1

Trade, Vocational, or Business Schools #2

Trade, Vocational, or Business Schools #3

9. Police Officer Academy

Police Officer Academy #1

HAVE YOU EVER ATTENDED A POLICE OFFICER BASIC TRAINING ACADEMY OR POST

Yes

ACADEMY NAME

Columbus Police Academy

CITY

Columbus

STATE

OH

FROM	12/19/2016
TO	07/07/2017
DID YOU GRADUATE	Yes
NAME OF TRAINING OFFICER/ACADEMY COORDINATOR	Sergeant Suber
CONTACT PHONE	6146452154

Academy #2**11. Educational Problems**

HAVE YOU EVER BEEN PLACED ON ACADEMIC DISCIPLINE, SUSPENDED, OR EXPELLED FROM ANY HIGH SCHOOL, COLLEGE/UNIVERSITY, BUSINESS OR TRADE SCHOOL? **No**

12. Extra Space

Please provide any additional educational details below.

Residence (Completed)**1. Residences****Current Residence**

CURRENT ADDRESS: (NUMBER/STREET/APT)	██████████ Ln - (Changed)
CITY	Columbus - (Changed)
STATE	OH
ZIP	43235 - (Changed)
FROM	01/01/2018 - (Changed)
NAMES OF THOSE WITH WHOM YOU LIVED	Richard, Mary, Bryan, Jonathan, Joseph Gaunt - (Changed)

Prior Residence #1

ADDRESS: (NUMBER/STREET/APT)	██████████ - (Changed)
CITY	Sunbury - (Changed)
STATE	OH
ZIP	43074 - (Changed)
FROM	08/14/2017 - (Changed)
TO	01/01/2018 - (Changed)
REASON FOR MOVING	Low Rent - (Changed)
NAMES OF THOSE WITH WHOM YOU LIVED	██████████ Mike Mourné - (Changed)
PROPERTY MANAGER OR OWNER	- (Changed)
MANAGER ADDRESS (NUMBER/STREET/APT)	- (Changed)

MANAGER CITY
MANAGER STATE
MANAGER ZIP

- (Changed)
OH
- (Changed)

Prior Residence #2

ADDRESS: (NUMBER/STREET/APT)
CITY
STATE
ZIP
FROM
TO
REASON FOR MOVING
NAMES OF THOSE WITH WHOM YOU LIVED
PROPERTY MANAGER OR OWNER
MANAGER ADDRESS (NUMBER/STREET/APT)
MANAGER CITY
MANAGER STATE
MANAGER ZIP

[REDACTED] - (Changed)
Hilliard - (Changed)
OH
43026 - (Changed)
07/17/2016 - (Changed)
08/13/2017 - (Changed)
Closer to Family - (Changed)
[REDACTED] (Changed)
LC Brooklands - (Changed)
4115 Britton Pkwy - (Changed)
Hilliard - (Changed)
OH - (Changed)
43026 - (Changed)

Prior Residence #3

ADDRESS: (NUMBER/STREET/APT)
CITY
STATE
ZIP
TO
REASON FOR MOVING
NAMES OF THOSE WITH WHOM YOU LIVED

[REDACTED] Ln - (Changed)
Columbus - (Changed)
OH - (Changed)
43235 - (Changed)
07/16/2016 - (Changed)
Got Married - (Changed)
Richard, Mary, Bryan, Jonathan, Joseph Gaunt - (Changed)

Prior Residence #4

Prior Residence #5

Prior Residence #6

8. Housemates

Housemate #1

Housemate #2

Housemate #3

Housemate #4

Housemate #5

Housemate #6**14. Problems****Housing Problems**

HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A RESIDENCE? **No**

HAVE YOU EVER LEFT A RESIDENCE OWING RENT? **No**

15. Extra Space

Please provide any additional residential details below.

Employment Pt 1 (Completed)**1. Experience and Employment****Experience and Employment - Most Recent**

NAME OF EMPLOYER OR MILITARY UNIT	Columbus Division Of Police
POSITION NAME:	Management Analyst - (Changed)
FROM	01/16/2018 - (Changed)
TO	04/28/2018 - (Changed)
ADDRESS: (NUMBER/STREET/APT)	120 Marconi Blvd
CITY	Columbus
STATE	OH
ZIP	43215
SUPERVISOR'S NAME	Amy Morris - (Changed)
CONTACT PHONE	6146454989 - (Changed)
EMAIL	AMorris@columbuspolice.org - (Changed)
NAME OF A CO-WORKER	Tim Seymour - (Changed)
NAME OF ANOTHER CO-WORKER	Kathryn Bowling - (Changed)
REASON TO LEAVE EMPLOYMENT OR MILITARY	Current - (Changed)
OK TO CONTACT EMPLOYER?	Yes
TYPE OF EMPLOYMENT	Full time
DUTIES/ASSIGNMENTS	Police Body Camera Analyst/ Expert - (Changed)

Period of Unemployment (More than 30 days) 2

FROM	10/28/2017 - (Changed)
TO	01/15/2018 - (Changed)
PRIMARY REASON	Between Jobs - (Changed)

Experience and Employment - Job #2

NAME OF EMPLOYER OR MILITARY UNIT	Columbus Division Of Police - (Changed)
POSITION NAME:	Recruit/Officer - (Changed)
FROM	12/19/2016 - (Changed)
TO	10/27/2017 - (Changed)
ADDRESS: (NUMBER/STREET/APT)	120 Marconi Blvd - (Changed)
CITY	Columbus - (Changed)
STATE	OH
ZIP	43215 - (Changed)
SUPERVISOR'S NAME	Sergeant Suber - (Changed)
CONTACT PHONE	6146452154 - (Changed)
EMAIL	Isuber@columbuspolice.org - (Changed)
NAME OF A CO-WORKER	James Walker - (Changed)
NAME OF ANOTHER CO-WORKER	Jesse Smith - (Changed)
TYPE OF EMPLOYMENT	Full time
DUTIES/ASSIGNMENTS	- (Changed)

Period of Unemployment (More than 30 days) 3

Experience and Employment - Job #3

NAME OF EMPLOYER OR MILITARY UNIT	Target Food Distribution - (Changed)
POSITION NAME:	Staff Member - (Changed)
FROM	12/01/2015 - (Changed)
TO	12/14/2016 - (Changed)
ADDRESS: (NUMBER/STREET/APT)	42 Commerce Way - (Changed)
CITY	West Jefferson - (Changed)
STATE	OH - (Changed)
ZIP	43162 - (Changed)
REASON LEFT	Left for Police Academy - (Changed)
TYPE OF EMPLOYMENT	Full time - (Changed)
DUTIES/ASSIGNMENTS	Warehouse Worker, Heavy Machinery Management and Driver, Manual Picker - (Changed)

Period of Unemployment (More than 30 days) 4

Experience and Employment - Job #4

Period of Unemployment (More than 30 days) 5

Experience and Employment - Job #5

Period of Unemployment (More than 30 days) 6

Experience and Employment - Job #6

Period of Unemployment (More than 30 days) 7

Experience and Employment - Job #7

Period of Unemployment (More than 30 days) 8

Experience and Employment - Job #8

Period of Unemployment (More than 30 days) 9

Experience and Employment - Job #9

18. Employment Extra Space

Please provide any additional employment details below.

OPOTA Certified, CIT Trained

Employment Pt 2 (Completed)

1. Issues in Experience and Employment

- HAVE YOU EVER BEEN DISCIPLINED AT WORK? **No - (Changed)**
 (THIS INCLUDES WRITTEN WARNINGS, FORMAL LETTERS OF COUNSELING, REPRIMANDS, SUSPENSIONS, REDUCTIONS IN PAY, REASSIGNMENTS OR DEMOTIONS)
- IF YES, EXPLAIN WHEN, WHERE, AND CIRCUMSTANCES - (Changed)
- HAVE EVER YOU EVER BEEN FIRED, RELEASED FROM PROBATION, OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT? **No - (Changed)**
- IF YES, EXPLAIN WHEN, WHERE, AND CIRCUMSTANCES - (Changed)
- WERE YOU EVER INVOLVED IN A PHYSICAL/VERBAL ALTERCATION WITH A SUPERVISOR, CO-WORKER, OR CUSTOMER? **No**
- HAVE YOU EVER QUIT WITHOUT GIVING PROPER NOTICE? **No**
- HAVE YOU EVER RESIGNED IN LIEU OF TERMINATION? **No - (Changed)**
- IF YES, EXPLAIN WHEN, WHERE, AND CIRCUMSTANCES - (Changed)
- HAVE YOU EVER BEEN ACCUSED OF DISCRIMINATION (SUCH AS SEXUAL HARASSMENT, RACIAL BIAS, SEXUAL ORIENTATION HARASSMENT, ETC.) BY A CO-WORKER, SUPERIOR, SUBORDINATE OR CUSTOMER? **No**
- WERE YOU EVER THE SUBJECT OF A WRITTEN COMPLAINT AT WORK? **No**

HAVE YOU EVER BEEN COUNSELED AT WORK DUE TO LATENESS OR ABSENCES?	No
DID YOU EVER RECEIVE AN UNSATISFACTORY PERFORMANCE REVIEW?	No
IF YES, EXPLAIN WHEN, WHERE, AND CIRCUMSTANCES	
HAVE YOU EVER SOLD, RELEASED, OR GIVEN AWAY LEGALLY CONFIDENTIAL INFORMATION?	No
HAVE YOU EVER CALLED IN SICK WHEN YOU WERE NEITHER SICK NOR CARING FOR A SICK FAMILY MEMBER?	Yes - (Changed)
IF YES, INDICATE HOW MANY SICK DAYS USED IN PAST 5 YEARS NOT DUE TO ILLNESS AND EXPLAIN WHEN, WHERE, AND CIRCUMSTANCES	1 day in 2018 at Columbus Police. - (Changed)
IN THE PAST THREE YEARS, HAVE YOU MISSED DAYS OR BEEN LATE TO WORK DUE TO DRUG OR ALCOHOL CONSUMPTION?	No
HAS YOUR WORK PERFORMANCE EVER BEEN AFFECTED BY YOUR USE OF ALCOHOL OR DRUGS?	No
IN THE PAST THREE YEARS, HAVE YOU BEEN WARNED BY AN EMPLOYER ABOUT YOUR DRINKING OR DRUG HABITS AND THEIR IMPACT ON YOUR PERFORMANCE?	No

2. Other Law Enforcement Applications

HAVE YOU **EVER** APPLIED TO ANY OTHER LAW ENFORCEMENT AGENCY (CITY, COUNTY, STATE OR FEDERAL)? **Yes**

Application #1

NAME OF AGENCY	Columbus Division Of Police
POSITION APPLIED FOR	Officer
ADDRESS: (NUMBER/STREET)	120 Marconi Blvd
CITY	Columbus
STATE	OH
ZIP	43215
CHECK YOUR APPLICATION STATUS	Hired

Application #2

NAME OF AGENCY	Dublin Police - (Changed)
POSITION APPLIED FOR	Officer - (Changed)
DATE APPLIED	01/22/2018 - (Changed)
ADDRESS: (NUMBER/STREET)	6565 Commerce Pkwy - (Changed)
CITY	Dublin - (Changed)

STATE	OH - (Changed)
ZIP	43017 - (Changed)
CONTACT PHONE	(614) 889-1112 - (Changed)
CHECK YOUR APPLICATION STATUS	On List - (Changed)

Application #3

NAME OF AGENCY	Hilliard Police - (Changed)
POSITION APPLIED FOR	Officer - (Changed)
DATE APPLIED	03/12/2018 - (Changed)
ADDRESS: (NUMBER/STREET)	5171 Northwest Pkwy - (Changed)
CITY	Hilliard - (Changed)
STATE	OH - (Changed)
ZIP	43026 - (Changed)
CONTACT PHONE	(614) 876-7321 - (Changed)
CHECK YOUR APPLICATION STATUS	On List - (Changed)

6. EXTRA SPACE

Please provide any additional employment details below.

Military Experience (Completed)**1. Military Experience**

ARE YOU REQUIRED TO REGISTER FOR THE SELECTIVE SERVICE	Yes
I HAVE FAILED TO REGISTER, EVEN THOUGH REQUIRED.	No

2. Extra Space

Please provide any additional military experience details below.

Financial Information (Completed)**1. Financial Issues**

HAVE YOU EVER FILED FOR OR DECLARED BANKRUPTCY (CHAPTER 7, 11 OR 13)?	No
HAVE ANY OF YOUR BILLS EVER BEEN TURNED OVER TO A COLLECTION AGENCY?	No
HAVE YOU EVER HAD PURCHASED GOODS REPOSSESSED?	No
HAVE YOUR WAGES EVER BEEN GARNISHED?	No

HAVE YOU EVER BEEN DELINQUENT ON INCOME OR OTHER TAX PAYMENTS?	No
HAVE YOU EVER FAILED TO FILE INCOME TAX OR CHEATED/LIED ON AN INCOME TAX FORM?	No
HAVE YOU EVER HAD AN EMPLOYMENT BOND REFUSED?	No
HAVE YOU EVER AVOIDED PAYING ANY LAWFUL DEBT BY MOVING AWAY?	No
HAVE YOU EVER DEFAULTED ON (FAILED TO PAY) A LOAN?	No
HAVE YOU EVER BORROWED MONEY TO PAY FOR A GAMBLING DEBT?	No
DO YOU CURRENTLY HAVE ANY OUTSTANDING DEBTS AS A RESULT OF GAMBLING?	No
HAVE YOU EVER SPENT MONEY FOR ILLEGAL PURPOSES (E.G., ILLEGAL DRUGS, PROSTITUTION, PURCHASE OF FRAUDULENT DOCUMENTS, ETC.)?	No
HAVE YOU EVER FAILED TO MAKE OR BEEN LATE ON A COURT-ORDERED PAYMENT (E.G., CHILD SUPPORT, ALIMONY, RESTITUTION, ETC.)?	No
HAVE YOU WRITTEN THREE OR MORE BAD CHECKS IN A ONE-YEAR PERIOD?	No
HAVE YOU EVER FRAUDULENTLY RECEIVED WELFARE, UNEMPLOYMENT COMPENSATION, WORKERS' COMPENSATION, OR OTHER STATE OR FEDERAL ASSISTANCE?	No
HAVE YOU EVER FILED A FALSE INSURANCE OR WORKERS' COMPENSATION CLAIM?	No

2. Income

FROM YOUR EMPLOYER(S), WHAT IS YOUR TAKE-HOME MONTHLY INCOME?	2734
DO YOU HAVE INCOME OTHER THAN FROM YOUR SALARY OR WAGES?	Yes
IF YES, WHAT IS THE MONTHLY AMOUNT?	120
EXPLAIN THE SOURCE OF INCOME OTHER THAN SALARY OR WAGES	Online Family Business with my Wife

3. Expenses

HOW MUCH DO YOU SPEND EACH MONTH?	2000
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4. Extra Space

Please provide any additional financial details below.

Legal Pt 1 (Completed)

1. Involvement with Legal Justice System

HAVE YOU EVER BEEN PLACED ON COURT PROBATION AS AN ADULT? **No**

WERE YOU EVER REQUIRED TO APPEAR BEFORE A JUVENILE COURT FOR AN ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED AS AN ADULT? **No**

HAVE YOU EVER BEEN A PARTY IN A CIVIL LAWSUIT (E.G., SMALL CLAIMS ACTIONS, DISSOLUTIONS, CHILD CUSTODY, PATERNITY, SUPPORT, ETC.)? **No**

HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON? **No**

HAVE YOU OR YOUR SPOUSE/PARTNER EVER BEEN REFERRED TO CHILD PROTECTIVE SERVICES? **No**

HAVE YOU EVER BEEN THE SUBJECT OF AN EMERGENCY PROTECTIVE ORDER/RESTRAINING ORDER/STAY-AWAY ORDER? **No**

HAVE YOU SETTLED ANY CIVIL SUIT IN WHICH YOU, YOUR INSURANCE COMPANY, OR ANYONE ELSE ON YOUR BEHALF WAS REQUIRED TO MAKE PAYMENT TO THE OTHER PARTY? **No**

2. Disclosure of Arrests and Convictions

EITHER AS AN ADULT OR A JUVENILE, HAVE YOU EVER BEEN DETAINED FOR INVESTIGATION, HELD ON SUSPICION, QUESTIONED, FINGERPRINTED, ARRESTED, INDICTED, CRIMINALLY CHARGED, OR CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSE IN ANY STATE? **No**

Arrest Event #1

Arrest Event #2

Arrest Event #3

6. Extra Space

Please provide any additional arrest details below.

Legal Pt 2 (Completed)

1. Involvement in Felony Acts

ARSON (INTENTIONALLY DESTROYING PROPERTY BY SETTING A FIRE)	No
ASSAULT WITH A DEADLY WEAPON	No
THEFT OF A VEHICLE AND/OR VEHICLE PARTS	No
BURGLARY (ENTERING A STRUCTURE OR VEHICLE TO COMMIT THEFT OR OTHER CRIME)	No
CHILD MOLESTATION (PERFORMING UNLAWFUL ACTS WITH A CHILD)	No
ACCESSING AND/OR POSSESSING CHILD PORNOGRAPHY	No
ELDER ABUSE/NEGLECT	No
EMBEZZLEMENT (THEFT OF MONEY OR OTHER VALUABLES ENTRUSTED TO YOU)	No
FELONY DRUNK DRIVING (INVOLVING INJURIES)	No
FORCIBLE RAPE OR OTHER ACT OF UNLAWFUL INTERCOURSE	No
FORGERY (FALSIFYING ANY TYPE OF DOCUMENT, CHECK CERTIFICATE, LICENSE, CURRENCY, ETC)	No
HIT & RUN (WITH INJURIES)	No
HATE CRIME	No
INSURANCE FRAUD	No
GRAND THEFT (VALUE OF OVER \$400, OR ANY FIREARM)	No
MURDER, HOMICIDE, OR ATTEMPTED MURDER	No
PERJURY (LYING UNDER OATH)	No
POSSESSION OF AN EXPLOSIVE/DESTRUCTIVE DEVICE	No
ROBBERY (THEFT FROM ANOTHER PERSON USING A WEAPON, FORCE, OR FEAR)	No
STALKING	No
BLACKMAIL OR EXTORTION	No
ANY OTHER ACT AMOUNTING TO A FELONY	No

2. Involvement in Misdemeanors

ANNOYING / OBSCENE PHONE CALLS	No
	No

BATTERY (USE OF FORCE OR VIOLENCE UPON ANOTHER)	
BRANDISHING A WEAPON (ANY TYPE OF WEAPON)	No
CARRYING A CONCEALED WEAPON WITHOUT A PERMIT	No
CONTRIBUTING TO THE DELINQUENCY OF A MINOR	No
DEFRAUDING AN INNKEEPER (NOT PAYING FOR FOOD OR ROOM AT A HOTEL/MOTEL)	No
DRIVING UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS	No
DRUNK IN PUBLIC (BEING SO INTOXICATED IN A PUBLIC PLACE THAT YOU'RE NOT ABLE TO CARE FOR YOURSELF)	No
HIT & RUN COLLISION (NO INJURIES)	No
HUNTING/FISHING WITHOUT A LICENSE	No
ILLEGAL GAMBLING	No
IMPERSONATING A PEACE OFFICER (PRETENDING TO BE A POLICE OFFICER)	No
INDECENT EXPOSURE (INCLUDING FLASHING OR MOONING)	No
JOYRIDING (USING A CAR OR OTHER VEHICLE WITHOUT OWNER'S PERMISSION)	No
PETTY THEFT (VALUE UP TO \$400, INCLUDING SHOPLIFTING/SWITCHING PRICE TAGS)	No
POSSESSION OF ALCOHOL AS A MINOR	No
POSSESSION OF FALSIFIED OR ALTERED IDENTIFICATION, INCLUDING USE OF ANOTHER PERSON'S ID (FOR ANY REASON)	No
POSSESSION OF STOLEN PROPERTY (INCLUDING VEHICLES)	No
PROSTITUTION OR SOLICITING A PROSTITUTE	No
RESISTING ARREST (INCLUDING RUNNING FROM THE POLICE)	No
TRESPASSING	No
VANDALISM (INCLUDING "TAGGING," MALICIOUS MISCHIEF AND/OR PROPERTY DAMAGE)	No
INTENTIONALLY WRITING A BAD CHECK	No
FILING A FALSE POLICE REPORT	No
ANY OTHER ACT AMOUNTING TO A MISDEMEANOR WITHIN THE PAST SEVEN YEARS	No

3. Extra Space

Please provide any additional legal details below.

Drug Use (Completed)

1. Drug Use

WITHIN THE PAST SIX MONTHS, HAVE YOU USED ANY DRUG(S) AS INDICATED ABOVE? **No**

2. Extra Space

Please provide any additional drug use details below.

Driving (Completed)

1. Current Liability Insurance on your vehicle(s)

Current Liability Insurance on your vehicle - Vehicle #1

VEHICLE MAKE	Chevy
YEAR	Malibu
VEHICLE LICENSE	HCH8578
INSURANCE COMPANY	Geico
POLICY NUMBER	4419579869
EXPIRES	12/08/17
INS. CO. PHONE	18008413000
INS. CO. ADDRESS: (NUMBER/STREET)	One Geico Center
CITY	Macon
STATE	GA
ZIP	31295
TYPE OF COVERAGE	Insured

Current Liability Insurance on your vehicle - Vehicle #2

Current Liability Insurance on your vehicle - Vehicle #3

Current Liability Insurance on your vehicle - Vehicle #4

6. Traffic Accidents

HAVE YOU EVER BEEN INVOLVED AS THE DRIVER IN A MOTOR VEHICLE ACCIDENT WITHIN THE PAST SEVEN YEARS? **No**

Accident #1

Accident #2**Accident #3****10. Moving Violations****Ticket #1**

NATURE OF VIOLATION

Speed

STATE

OH

ACTION TAKEN

Fined**Ticket #2****Ticket #3****Ticket #4****14. Traffic Citations****15. Other Driving Issues**HAVE YOU EVER DRIVEN A VEHICLE WITHOUT AUTO INSURANCE, AS REQUIRED BY LAW? **No**HAVE YOU EVER BEEN REFUSED AUTOMOBILE LIABILITY INSURANCE OR A BOND, OR HAD THEM CANCELLED? **No****16. EXTRA SPACE****Please provide any additional driving details below.****Miscellaneous (Completed)****1. Other Topics**HAVE YOU EVER BEEN REFUSED A PERMIT TO CARRY A CONCEALED WEAPON? **No**ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OR ASSOCIATE OF A CRIMINAL ENTERPRISE, STREET GANG, OR ANY OTHER GROUP THAT ADVOCATES VIOLENCE AGAINST INDIVIDUALS BECAUSE OF THEIR RACE, RELIGION, POLITICAL AFFILIATION, ETHNIC ORIGIN, NATIONALITY, GENDER, SEXUAL PREFERENCE, OR DISABILITY? **No**

DO YOU HAVE, OR HAVE YOU EVER HAD, A TATTOO SIGNIFYING MEMBERSHIP IN, OR AFFILIATION WITH, A CRIMINAL ENTERPRISE, STREET GANG, OR ANY OTHER GROUP THAT ADVOCATES VIOLENCE AGAINST INDIVIDUALS BECAUSE OF THEIR RACE, RELIGION, POLITICAL AFFILIATION, ETHNIC ORIGIN, NATIONALITY, GENDER, SEXUAL PREFERENCE, OR DISABILITY? **No**

SINCE THE AGE OF 16, HAVE YOU EVER BEEN INVOLVED IN AN ANGER-PROVOKED PHYSICAL FIGHT, CONFRONTATION OR OTHER VIOLENT ACT? **No**

HAVE YOU EVER HIT OR PHYSICALLY OVERPOWERED A SPOUSE OR ROMANTIC PARTNER? **No**

2. Extra Space

Please provide any additional miscellaneous details below.

Deputy Sheriff Writing

You will have 10 minutes to complete the following task:

- (1) Review the information below and then write a narrative as if you were the responding Deputy Sheriff. This narrative should include all information you determine necessary for completing your narrative for the original report. Proper punctuation and spelling should be utilized.
- (2) After completing this narrative determine what actions you may take to investigate this incident if any and write these down.
 - You have responded to 123 Main Street Delaware, Ohio 43015
 - The call you responded to is theft of a bike
 - The caller is John Smith, his information is: DOB 01/02/69, Blonde, Blue, 5'06, 160, address 679 High Street Delaware, Ohio 43015
 - John states he owns a Huffy 10 speed, blue in color and he does not know the serial number for the bike
 - The bike was left out front of the address you responded to and was not locked up
 - John indicates the bike has his name engraved on the seat post and he last saw the bike yesterday evening prior to going out for dinner at McDonalds
 - John further tells you he lives by himself and the bike was left leaning against a pole
 - John's residence is in a subdivision

ON OCTOBER 13, 2020, I, DEPUTY GAUNT, RESPONDED TO 123 MAIN STREET, DELAWARE, OH 43015 ON REPORTS OF A BIKE THEFT. I MADE CONTACT WITH THE CALLER, IDENTIFIED AS JOHN SMITH WHO LIVES AT 679 HIGH STREET DELAWARE, OH 43015. JOHN STATED THAT HE OWNS A HUFFY 10 SPEED, BLUE IN COLOR AND HE DOES NOT KNOW THE SERIAL NUMBER FOR THE BIKE. JOHN STATED THAT THE BIKE WAS LEFT OUT FRONT OF THE ADDRESS AND WAS NOT LOCKED UP. JOHN INDICATED THE BIKE HAS HIS NAME ENGRAVED ON THE SEAT POST AND HE LAST SAW THE BIKE YESTERDAY EVENING PRIOR TO GOING OUT. JOHN FURTHER ~~FEEL~~ STATES HE LIVES BY HIMSELF AND THE BIKE WAS LEFT LEANING AGAINST A POLE. I ADVISED JOHN I WOULD TAKE A REPORT AND PROVIDED HIM WITH THE REPORT NUMBER.

I WOULD FURTHER INVESTIGATE BY SPEAKING WITH
AND NEIGHBORS AND ASK IF THEY HAVE SEEN ANYTHING
SUSPICIOUS AND IF THEY HAD SEEN THE BIKE LATELY. I
WOULD ALSO ASK JOHN AND NEIGHBORS IF ANYTHING ELSE
HAD BEEN TAKEN LATELY FROM THE NEIGHBORHOOD.
A NEIGHBOR MIGHT ALSO HAVE VIDEO FOOTAGE FROM A
DOORBELL OR SIMILAR DEVICE.

BRANDON GAUNT

Print Name

Honesty/ Trustworthiness	Empathy	Aptitude	Maturity	Problem Solving
Reliable	Humility	Appropriate use of language	Appropriate during the interview	Understands scope of problem
Consistent/Integrity	Genuine Concern	Complex issue prior success	Mature answers given	Prioritizes and sorts information
Demonstrates appropriate ethical decision making	Can relate to people	Interests outside of work	Disciplined	Uses all "tools" available
			Prioritizes life decisions	
Comments	Comments	Comments	Comments	Comments
Level Low Average High 5 6 7 8 <u>9</u> 10	Level Low Average High 5 6 7 <u>8</u> 9 10	Level Low Average High 5 6 7 <u>8</u> 9 10	Level Low Average High 5 6 7 <u>8</u> 9 10	Level Low Average High 5 6 7 <u>8</u> 9 10

132
+
41

CANDIDATES NAME: Brandon ASSESSOR: ASNUY DATE: 10/13 TOTAL SCORE: 86

Deputy Sheriff Rating Methods
Skills, Abilities and Character Traits

Communication Skills/Oral	Communication Written	Resiliency	Diligence	Presence
Active Listening-listens to questions	Clear and Concise text	Handles conflict appropriately	Motivated to work/dedicated	Projects self confidence
Comprehends verbal message	Appropriate use of grammar and punctuation	Has dealt with disappointment effectively	Completes tasks	Neat appearance
Articulates their response clearly	Easy to read/ appeals to reader	Healthy support system family/friends	Attention to detail/duty	Positive physical appearance
Appropriate non-verbal gestures			Takes Responsibility	
Spoken response effectiveness				
Comments	Comments	Comments	Comments	Comments
Level	Level	Level	Level	Level
Low Average High	Low Average High	Low Average High	Low Average High	Low Average High
5 6 7 8 9 10	5 6 7 8 9 10	5 6 7 8 9 10	5 6 7 8 9 10	5 6 7 8 9 10

The above skills, abilities and character traits will be evaluated during the interview process. Ratings will then be solicited for their observations and a vetting process will occur to compare observations. A written exercise will also be provided to the candidate.

45 86
41

Deputy Sheriff Writing

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A NEIGHBOR MIGHT ALSO HAVE VIDEO FOOTAGE FROM A
DOORBELL OR SIMILAR DEVICE.

BRANDON GAUNT

Print Name

CANDIDATES NAME: Wanda E. Grant ASSESSOR: Felicia Woods DATE: 10/13/2024 TOTAL SCORE: 83

Deputy Sheriff Rating Methods
Skills, Abilities and Character Traits

Communication Skills/Oral	Communication Written	Resiliency	Diligence	Presence
Active Listening-listens to questions	Clear and Concise text	Handles conflict appropriately	Motivated to work/dedicated	Projects self confidence
Comprehends verbal message	Appropriate use of grammar and punctuation	Has dealt with disappointment effectively	Completes tasks	Neat appearance
Articulates their response clearly	Easy to read/ appeals to reader	Healthy support system family/friends	Attention to detail/duty	Positive physical appearance
Appropriate non-verbal gestures			Takes Responsibility	
Spoken response effectiveness				
Comments	Comments	Comments	Comments	Comments
Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10

CO for Deso states he de escalate often while dealing with inmates.

The above skills, abilities and character traits will be evaluated during the interview process. Raters will then be solicited for their observations and a vetting process will occur to compare observations. A written exercise will also be provided to the candidate.

Honesty/ Trustworthiness	Empathy	Aptitude	Maturity	Problem Solving
Reliable	Humility	Appropriate use of language	Appropriate during the interview	Understands scope of problem
Consistent/Integrity	Genuine Concern	Complex issue prior success	Mature answers given	Prioritizes and sorts information
Demonstrates appropriate ethical decision making	Can relate to people	Interests outside of work	Disciplined	Uses all 'tools' available
Comments	Comments	Comments	Comments	Comments
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BRANDON GAUNT

Print Name

Deputy Sheriff Writing

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DOORBELL OR SIMILAR DEVICE.

BRANDON GAUNT

Print Name

CANDIDATES NAME: Brandon Gaur ASSESSOR: Lt Robert Curran DATE: 10/13/2020 TOTAL SCORE: 80

Deputy Sheriff Rating Methods
Skills, Abilities and Character Traits

Communication Skills/Oral	Communication Written	Resiliency	Diligence	Presence
Active Listening-listens to questions	Clear and Concise text	Handles conflict appropriately	Motivated to work/dedicated	Projects self confidence
Comprehends verbal message	Appropriate use of grammar and punctuation	Has dealt with disappointment effectively	Completes tasks	Neat appearance
Articulates their response clearly	Easy to read/ appeals to reader	Healthy support system family/friends	Attention to detail/duty	Positive physical appearance
Appropriate non-verbal gestures			Takes Responsibility	
Spoken response effectiveness				
Comments	Comments	Comments	Comments	Comments
Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10

The above skills, abilities and character traits will be evaluated during the interview process. Raters will then be solicited for their observations and a vetting process will occur to compare observations. A written exercise will also be provided to the candidate.

Honesty/ Trustworthiness	Empathy	Aptitude	Maturity	Problem Solving
Reliable	Humility	Appropriate use of language	Appropriate during the interview	Understands scope of problem
Consistent/Integrity	Genuine Concern	Complex issue prior success	Mature answers given	Prioritizes and sorts information
Demonstrates appropriate ethical decision making	Can relate to people	Interests outside of work	Disciplined	Uses all "tools" available
			Prioritizes life decisions	
Comments	Comments	Comments	Comments	Comments
Level	Level	Level	Level	Level
Low Average High	Low Average High	Low Average High	Low Average High	Low Average High
5 6 7 8 9 10	5 6 7 8 9 10	5 6 7 8 9 10	5 6 7 8 9 10	5 6 7 8 9 10

CANDIDATES NAME: BRANDON SAUNT ASSESSOR: SCOWDEN DATE: 10/13/2020 TOTAL SCORE: 85

Deputy Sheriff Rating Methods
Skills, Abilities and Character Traits

Communication Skills/Oral	Communication Written	Resiliency	Diligence	Presence
Active Listening-listens to questions 8	Clear and Concise text 9	Handles conflict appropriately 9	Motivated to work/dedicated	Projects self confidence
Comprehends verbal message 8	Appropriate use of grammar and punctuation 10	Has dealt with disappointment effectively	Completes tasks	Neat appearance
Articulates their response clearly	Easy to read/ appeals to reader 9	Healthy support system family/friends	Attention to detail/duty	Positive physical appearance
Appropriate non-verbal gestures			Takes Responsibility	
Spoken response effectiveness				
Comments	Comments GOOD RESET + GOOD FOLLOW UP	Comments	Comments	Comments
Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10

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Reliable	Humility	Appropriate use of language	Appropriate during the interview	Understands scope of problem
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Demonstrates appropriate ethical decision making	Can relate to people	Interests outside of work	Disciplined	Uses all "tools" available
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Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10	Level Low Average High 5 6 7 8 9 10

Delaware County Sheriffs Office



Personnel Data List

12/13/2022 1042

GAUNT, BRANDON DEP

Commendations/Discipline

Date	Type	Detail Type	Effective Dates		Disposition	Disposition Date	Supervisor
			Start	End			
05/20/2022	OTHR	Verbal Counseling	04/29/2022	04/29/2022	Verbal Counseling	05/20/2022	019JC

Commendation/Discipline Record Notes

On 4/29/22, I was conducting a BWC audit when I viewed Deputy Gaunt's video regarding this incident. On 4/14/22, deputies were dispatched to a report of a domestic. It was reported by the caller that his dad had choked him. Deputy Gaunt was the first on scene. In reviewing the video, the victim alleges that he was choked by his dad. Deputy Gaunt makes a remark that he can see some "red marks" on the victim's neck.

At no point during the call does either deputy take photographs of the victim/suspect, attempt to collect written statements, or do a domestic violence packet. Furthermore, no case report was taken despite the allegation and possible evidence of a domestic violence/assault taking place. Also, Deputy Gaunt writes that "No injuries were observed on any party" in his disposition, despite remarking in the video that he can see red marks. This is in regards to Incident Number 2022-10010222.

On 4/29/22, I met with Deputy Gaunt in my office. I had him review the first part of his BWC video with me. I asked him about the "red marks" observation; he advised that he meant that the victim's skin appeared "flushed" but he did not observe any actual signs of visible injury. I advised Deputy Gaunt that, based on what the victim alleged (being choked to the point of dizziness), that he should have completed a domestic violent case report. I advised him that he should have taken photographs and done the requisite paperwork. Deputy Gaunt was instructed to complete a DV report to the best of his ability and submit it for further review. He was advised that, in the future, if he is unsure, he should contact the duty supervisor for clarification. I further advised that any allegations of choking should be vigorously investigated in the future. Deputy Gaunt indicated that he understood.

I also met with Deputy Palmer regarding this incident. I advised Deputy Palmer that, based on the comments alleged by the victim in the call, he should've followed up with Deputy Gaunt and ensured that a proper investigation was completed and report done. Deputy Palmer was advised he is quickly becoming a senior deputy on the shift and will need to be on the lookout for issues with younger deputies.

Deputy Gaunt, as the primary investigator, will receive a verbal counseling for this incident, due to a violation of the Domestic Violence Policy (311.4 Investigations), which includes "e. All injuries should be photographed, regardless of severity, taking care to preserve the victim's personal privacy. Where practicable, photographs should be taken by a person of the same sex. Victims whose injuries are not visible at the time of the incident should be asked to contact Victim Services in the event that the injuries later become visible."

04/15/2022	OTHR	Verbal Counseling	04/15/2022	04/15/2022	Verbal Counseling	04/15/2022	019JC
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Commendation/Discipline Record Notes

On 4/15/2022, Deputy B. Gaunt arrived to work at 1405 hours. When asked why he was late, Deputy B. Gaunt advised that he got held up by a train. I advised Deputy B. Gaunt that this was not a valid reason and that his absence would not be excused. I advised that he needs to think about leaving his residence earlier to ensure he is arriving to work on time. Deputy B. Gaunt advised he understood and took responsibility for being late.

Deputy B. Gaunt does not have any prior unexcused absences. As such, this will be a verbal counseling for a violation of Standards of Conduct; Attendance; 322.5.5(b).