

ST. LOUIS COUNTY
BACKGROUND INVESTIGATION QUESTIONNAIRE

DEPUTY SHERIFF -
CORRECTIONS STAFF

NAME OF APPLICANT:

Please return to:
ST. LOUIS COUNTY SHERIFF'S OFFICE
c/o Public Safety Building
2030 N. Arlington Avenue
Duluth, MN 55811
218.336.4343

Revised 12/2008

ST. LOUIS COUNTY SHERIFF'S OFFICE



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Revised 12/2008

DIRECTIONS FOR COMPLETING THE BACKGROUND QUESTIONNAIRE

1. Read and sign the Data Practices Advisory which immediately follows this page.
2. When completing this Background Questionnaire, please print clearly. Some questions will be repetitive; answer all questions with complete and accurate information. **Use only blue ink.**
3. In each place in which you are asked to provide your name, please print your complete name as it appears on your Social Security Card. Include your previous name(s) if your name has changed and/or generational information (example: Jr., Sr., III, etc.).
4. A set of blank releases is contained at the end of this packet. Please complete, sign and return the proper releases, as indicated in the Background Questionnaire subdivisions. Note that you will have to make extra copies of releases so that there is one release for each entity you are authorizing to release information. Therefore, complete the Background Questionnaire first and then determine the type and number of releases you need to complete. Return the completed release forms with your Background Questionnaire to:

ST. LOUIS COUNTY SHERIFF'S OFFICE
c/o Public Safety Building
2030 N. Arlington Avenue
Duluth, MN 55811

5. If you find that there is not adequate space to answer a specific question, provide as much information as space permits, then continue your response on individual sheets of paper. Include the number of the question on the separate sheet of paper and maintain the same format as the answer space in the Background Questionnaire.
6. If a question does not apply to you, please write "N/A" (not applicable)
7. Include any other requested documents with your Questionnaire.
8. Be sure to sign the Questionnaire and the Autobiography Essay and initial other areas as directed.
9. If you have any questions, contact Sgt. Debra Slatten, St. Louis County Sheriff's Office at 218.336.4343.

DATA PRACTICES ADVISORY

READ THIS ADVISORY BEFORE COMPLETING THIS QUESTIONNAIRE

The following Background Questionnaire is used to determine whether you meet the requirements for continuation in the Deputy Sheriff - Corrections Officer/Corrections Staff selection process for the St. Louis County Sheriff's Office.

Certain information requested in the Questionnaire is classified as private data under the Minnesota Government Data Practices Act (Minn. Stat. Ch. 13) and may be released only to you, to those in the County whose jobs reasonably require access to the data, to those authorized by state or federal law to have access to the data, and to those for whom you provide a written informed consent authorizing disclosure. The public data you supply is available to anyone who requests it.

Before you are certified as eligible for appointment or considered a finalist for a position, only the following information you have been asked to provide is public: veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. Name, home address, and telephone number are private data on applicants and not released to the public. When you are certified as eligible or considered as a finalist, your name, test score, and standing become public information. The Government Data Practices Act defines a finalist as an individual who is selected to be interviewed prior to selection.

You are not legally required to provide any of the following requested information. However, if you do not do so, we will not be able to further consider you for employment. This information is requested from you for the following reasons:

1.	To distinguish you from all other applicants and identify you in our files.
2.	To enable us to verify that you are the individual who took the exam.
3.	To enable us to contact you when additional information is required, send you notices, and/or schedule you for interviews.
4.	To determine whether or not you meet the minimum peace officer licensing requirements.
5.	To determine whether or not any conviction record may be a job-related consideration affecting your suitability for the position for which you have applied.
6.	To enable us to insure your rights to equal employment opportunities and to meet affirmative action goals.
7.	To meet federal reporting requirements.
8.	To make processing more efficient.

The data supplied may also be used for other purposes necessary for the administration of state or federal laws, and rules or procedures of the County.

If you are hired, you will be legally required to supply your social security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration, and will enable us to compute your salary deductions. Insurance data, which you will be required to furnish in order to participate in health and life insurance plans, will be classified as private data, along with other payroll deduction data.

By my signature below, I state that I have read and understand the above Government Data Practices advisory.

Date			
Printed Name	First Name	Middle Name	Last Name
Home Address	Address, City, State, Zip Code		
Telephone (include area code)			
Written Signature			

Do not sign below until meeting with Background Investigator to review background packet

Date	
Written Signature	

REJECTION CRITERIA

The **St. Louis County Sheriff's Office** has established criteria that *will result in the rejection of a Deputy Sheriff-Corrections Officer/Corrections Staff APPLICANT if:*

1.	APPLICANT has any Felony conviction (including pardons or expungements)
2.	APPLICANT has any Felony or Gross Misdemeanor Drug Conviction
3.	APPLICANT has any Criminal Sexual Conduct Conviction
4.	APPLICANT has any Gross Misdemeanor Conviction
5.	APPLICANT has been convicted of Assaulting or Fleeing A Peace Officer
6.	APPLICANT has been convicted of Domestic Assault
7.	Evidence that the applicant has misrepresented or falsified any information to the Department.

The following are examples of conduct which *may result in the rejection of Deputy Sheriff Corrections Officer/Corrections Staff APPLICANTS if:*

1.	APPLICANT has been convicted within the last three years of a D.W.I., B.A.C. over .08, or Implied Consent test refusal. This would apply to the following conveyances: motor vehicles, ATV's, snowmobiles, water craft, and aircraft. A conviction of any of the above within three to 5 years may result in disqualification.
2.	APPLICANT has been convicted of a Misdemeanor in the past three years (including traffic convictions, Driving After Revocation, and Driving After Suspension).
3.	APPLICANT has been dismissal from a police agency or negotiated resignation in lieu of termination within the past four years.
4.	APPLICANT has received a dishonorable discharge from the military .
5.	APPLICANT has been at fault in two or more motor vehicle accidents in the past two years, whether or not any charges were filed.

6.	APPLICANT has been involved in instances of job related misconduct . This would include tardiness, violence, bad behavior, employee theft, insubordination, poor performance, non-satisfactory evaluations, reprimands, or any other similar documented problem, or other undesirable work habits.
7.	APPLICANT has documented instances of undesirable work habits .
8.	APPLICANT has documented pattern of unfitness or patterns of misconduct .
9.	APPLICANT has provided insufficient personal references or work references or has provided references that cannot be verified or documented or untimely response to requests for information or information release forms.

In addition to the above rejection criteria, the Sheriff's Office recognizes the **Powers of the Employee Relations Director** as provided in Minnesota State Statute 383C.042:

"The civil service director may reject an application of any person for admission to a test or refuse to test any applicant, or to certify the name of an eligible for employment who is found to lack any of the established qualification requirements for the position applied for or tested on, or who is physically unfit to effectively perform the duties of the position, or who is addicted to the use of drugs or the habitual use of intoxicating liquors to excess, or who has been guilty of any crime or infamous or notoriously disgraceful conduct, or who has been dismissed from the public service for delinquency, or who has made a false statement of any material fact or practiced or attempted to practice deception or fraud in the application or in the test, or in securing eligibility or appointment. Any such person may appeal to the county civil service commission from the action of the civil service director in accordance with the rules established hereunder."

In addition, the Employee Relations Director may remove a name from eligible registers for failure to respond to a written inquiry by the Director or appointing authority within five (5) working days.

APPLICANT INFORMATION

I. GENERAL BACKGROUND INFORMATION

1. What is your full name?	Last	First	Middle	Previous
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Give any other names you have used or by which you have been known. (If none, so state).

2. Where do you now reside?

Address

Telephone

Cell Phone

E-mail Address

3. In reverse chronological order (begin with current address), list each and every place in which you have lived during the past seven years. For any residence which you rented, attach an additional sheet and provide the name, address and telephone number of the rental property manager or owner. (Include all addresses while you were in school or in the military):

Address	City	State	Zip Code	From: Mo/Year	To: Mo/Year

RELEASE NOTICE: You must complete an "Authorization for Release of Information Agreement" for each residency listed.

Initial here _____

4. Give the name of your father, mother, brothers, sisters (include step-relatives):

Relationship	Name	Address	City	State	Zip Code	Telephone Number

5. Give the names and relationship to you of any other adults residing in your household:

Relationship	Name	Address	City	State	Zip Code	Telephone Number

6. List names of eight friends and/or associates. Do not include former employers, school teachers or peace officers and corrections officers:

Relationship	Name	Address	City	State	Zip Code	Telephone Number

7. List all peace officers and/or corrections officers with whom you are acquainted:

Name	Department	Home Address	City	State	Zip Code	Telephone Number

II. EDUCATION HISTORY

8. List chronologically (earliest dates first) all high schools, vocational schools, and colleges you have attended:

School	Address	City	State	Zip Code	From Mo/Yr	To Mo/Yr	Last Grade or Term

RELEASE NOTICE: You must complete an "Authorization for Release of Information Agreement" for each high school, vocational school, or college listed.

Initial here: _____

9. List any college degrees/major area of study or vocational licenses received:

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10. List any disciplinary action taken against you by any high school, college or vocational school:

Date	School	Address	City	State	Zip Code	Problem and/or Explanation

NOTE: You must, at your own expense, **immediately** forward certified transcripts from all high schools, vocational schools or colleges which you attended, directed to the following address:

**ST. LOUIS COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATIONS
2030 N. ARLINGTON AVE
DULUTH, MN 55811**

FAILURE TO PROVIDE DOCUMENTATION THAT YOU MEET THE MINIMUM JOB QUALIFICATIONS WILL RESULT IN YOUR REMOVAL FROM THE ELIGIBILITY LIST.

Initial here _____

IV. MILITARY AND SELECTIVE SERVICE BACKGROUND

IF YOU EVER SERVED IN AN ACTIVE MILITARY ORGANIZATION OF THE UNITED STATES OR OTHER COUNTRY, COMPLETE QUESTIONS 11-22. IF NOT, GO ON TO QUESTION 23.

11. If you are a male and were born after 1960, have you registered with the Selective Service?	Yes	No
If yes, provide Selective Service Number		
If no, please explain why not		

12. Identify the military organizations in which you served, including any military organizations of any foreign government:	
13. Identify Branch of Service:	
14. Military Specialty:	
15. Rank Held:	Service Serial #:
16. Name of Commanding Officer at time of discharge:	

17. Give period or periods of active service:		
Branch	From	To

18. How many discharges or separations from the service were given to you?	Discharges	Separations
19. Has your discharge or separation notice ever been corrected or changed?	Yes	No
20. If yes, what was the nature of the change?	Changed from	Changed to
21. Were you ever the subject of any military disciplinary action?	Yes	No
If yes, give details of charges, agency concerned, dates and dispositions.		

22. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, any foreign government, or the National Guard of any state?		Yes	No
If yes, state which (active or inactive)	Active	Inactive	
Branch	Regiment	Unit	
Rank	From	To	
Address			

NOTE: You must **immediately** forward a copy of your Form DD214, "Report of Discharge," directed to the following address:

**ST. LOUIS COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATIONS
2030 N ARLINGTON AVE
DULUTH, MN 55811**

Initial here _____

RELEASE NOTICE: For each branch of the military in which you served, complete a "**Request Pertaining to Military Records.**"

Initial here _____

EMPLOYMENT BACKGROUND

The background investigator will use this information to contact your current and former employers regarding your work history.
Provide complete and accurate information for each question.

23. List chronologically (earliest dates first), each and every place you have been employed since the age of 18. Omit none. Give dates of idleness between periods of employment in proper sequence. Include all part-time employment, military service, volunteer work, temporary jobs, etc.

Employer	Address, City, State Zip Code, Telephone #	Employment Dates	Position Held & Job Duties	Name of Immediate Supervisor	Reason For Leaving

RELEASE NOTICE: You must complete an "Authorization for Release of Information Agreement" for each employer listed.

Initial here ____

24. Present Employer:			
Name of Company			
Address	City	State	Zip Code
Immediate Supervisor	Telephone		
Date Hired	Job Title		
Work Duties			
Reason for Leaving			

25. Are you now or have you ever been engaged in any business as an active or silent owner, partner, stockholder or corporate member?	Yes	No
If yes, give details:		

26. Have you ever been discharged or asked to resign from employment or negotiated a resignation in lieu of termination?	Yes	No
If yes, complete the following:		
Employer	Date Left	Reason for leaving

27. Were you ever subjected to disciplinary action in connection with any employment?	Yes	No
If yes, give details		
28. Have you ever filed for Unemployment Compensation?	Yes	No
If yes, give details		
29. Do you now or have you ever possessed a professional or occupational license, permit or certificate?	Yes	No
If yes, give details		
30. Has any license or permit (excluding driver's license or learner's permit) issued to you (or to any corporation or partnership in which you were an officer, director or partner) by any city, state or federal agency ever been denied, revoked, suspended or canceled?	Yes	No
If yes, give details		

31. Have you ever made application for employment with any other law enforcement agency or correctional facility?	Yes	No		
If yes, complete the following:				
Agency Name	Date of Application	Status	Agency Address	Agency Telephone

RELEASE NOTICE: You must complete a "General Authorization for Release of Information Agreement" for each agency listed. Initial here ____

32. Have you ever been the subject of a background investigation conducted by a law enforcement agency which was considering you for employment?	Yes	No
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If yes, complete the following:

Agency Name	Investigation Date	Status	Agency Address	Agency Telephone

RELEASE NOTICE: You must complete an "Authorization for Release of Information Agreement" for each agency listed. Initial here _____

33. Have you ever been rejected by or have you withdrawn from any background investigation and/or hiring process?	Yes	No
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If yes, please explain:

34. List below every professional organization in which you are or have been a member within the past five years:

Organization	Address	From (Mo/Yr)	To (Mo/Yr)

V. FINANCIAL BACKGROUND

The following information will be used to obtain a Merged Profile Credit Report.

Last Name	First Name	Middle Name	Social Security Number	Date of Birth

Please Complete the "**Credit Report Release**" form. This form may be found at the end of the background packet.
Initial here _____

35. Identify all savings or checking accounts on which your name is currently listed or has been listed during the past seven (7) years:

Name of Institution	Address/City/State/Zip Code	Account Number	Type of Account

RELEASE NOTICE: Complete an "**Authorization for Release of Information Agreement**" for each institution listed.

Initial here _____

36. Financial Obligations: Give the names and addresses of the individuals, companies or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans and any other debts and payments. Include account numbers where applicable.

Creditor Name	Creditor Address	Account Number	Type of Loan	Balance Owed and Monthly Payment

RELEASE NOTICE: Complete an "**Authorization for Release of Information Agreement**" for each creditor listed.

Initial here _____

36. Have you ever filed for bankruptcy or been declared bankrupt?

Yes

No

If yes, give details:

RELEASE NOTICE: Complete an "Authorization for Release of Information Agreement."

Initial here _____

VI. LITIGATION

37. If you have ever been a party to any civil action or proceeding in Minnesota or elsewhere, or if you have been named in a notice of claim that you may be a defendant in a civil action or proceeding, complete the following:

Date and Location of Event	Type of Proceeding	Were you: Plaintiff, Defendant, Petitioner, Respondent	Court Disposition	Court Telephone Number	Court Address

RELEASE NOTICE: For each lawsuit, complete an "Authorization for Release of Information Agreement" for each proceeding.

Initial here _____

VII. CRIMINAL LAW VIOLATIONS

38. If, as an adult, you have ever been named as a defendant or convicted as an adult for any violation of any state or federal criminal law (excluding parking violations), complete the information below:

Offense Date	Type of Violation	Misdemeanor, Gross, Felony	Court Location	Disposition	Agency Concerned

NOTE: Conviction of a crime, other than a felony, in and of itself is not an automatic bar to employment and will be considered only insofar as it relates to fitness to perform a particular job.

RELEASE NOTICE: For each violation listed, complete a "Authorization for Release of Information Agreement" Initial here ____

39. Have you ever used any controlled substances, illegal drugs, narcotics, marijuana, etc.?	Yes	No
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If yes, date of last use and details:

40. If you have ever been fingerprinted, provide the following information:

Date	Agency Name and Address	Reason for Fingerprinting

RELEASE NOTICE: Complete an "Authorization for Release of Information Agreement" for each agency listed. Initial here ____

Complete the **BCA/FBI Applicant Fingerprint Information** form at the end of the background packet. Initial here ____

41. Are there any outstanding warrants for your arrest?	Yes	No
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If yes, provide details:

42. List any other contact you have had with a law enforcement agency as an adult.

Date of Contact	Agency Name and Address	Type of Contact/Details

VIII. TRAFFIC LAW VIOLATIONS

43. If, as an adult, you have ever received a summons for violation of the traffic laws in Minnesota or any other state (excluding parking violations), complete the information below:

Offense Date	Type of Violation	Location of Violation	Court Disposition	Agency Concerned

IX. MOTOR VEHICLE AND DRIVER'S LICENSE HISTORY

44. Do you currently possess a valid driver's license?	Yes	No
Driver's License Number	State	
Date Issued	Date of Expiration	

45. Has your driver's license or other vehicle operator's license ever been:		
Revoked	Yes	No
Suspended	Yes	No
Canceled	Yes	No
If you answered yes to any one of the above, complete the information below:		
Which License		
When	City	State
Why		

46. If you answered yes to question #45, was such license ever restored?	Yes	No
If yes, complete the following:		
When		
By What Authority		
Why		

47. As a driver, have you ever been involved in a motor vehicle accident?	Yes	No
If yes, complete the following:		
When		
Where		
Was law enforcement contacted	What agency	
Were any citations issued		
Give details		

48. Do you or did you possess a Minnesota Driver's License at the time of any accident?	Yes	No
If yes, give details:		

49. Do you or did you ever possess a driver's license issued by any state other than Minnesota?	Yes	No
If yes, provide the following information:		
Licensing State		
Driver's License Number		
Driver's License Type		

50. Has any automobile insurance company ever canceled, attempted to cancel or taken action against your insurance coverage?	Yes	No
If yes, give details:		
Insurance Company		
Insurance Policy Number		
Insurance Company Telephone Number		

51. Who is your current auto insurance company?

Company Name

Name of Agent

Policy Number

51a. List any insurance company that has provided auto coverage for you during the past five (5) years. Be sure to include Agency name, Address, Telephone Number, and Policy Number.

RELEASE NOTICE: Complete an "**Authorization for Release of Information Agreement**" for each agency listed. Initial here ____

52. List all vehicles that are registered to you and/or that you drive:

Make and Model	Year	License Plate Number

RELEASE NOTICE: For Minnesota Driver's License information, complete a "**Authorization for Release of Information Agreement.**" Complete additional "**Authorization for Release of Information Agreement**" for all other states in which you have been licensed to drive. Initial here ____

ACKNOWLEDGMENT AND CERTIFICATION

I attest that all of the statements made by me in this Background Investigation Questionnaire and documents submitted are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, any fraudulent conduct or any attempted deception by me or by others with my connivance, in any application, paper or document submitted shall bar me from further examinations for at least two (2) years; and that omission of any information from this application may be cause for rejection, or removal from any eligible list, or dismissal if employed. I further understand that I have an ongoing obligation to correct any inaccuracies in the information which I have provided as they become known to me.

Date	
Written Signature	
Printed Name	
Address	
Telephone	

If you have previously submitted a background packet in the last 6 months; please complete the following and return it to St. Louis County Employee Relations, 100 N 5th Avenue West #1, Duluth, MN 55802.

I previously submitted a background packet on:	Date of previous background packet	
I have reviewed the background packet previously submitted and there are:	No changes of any kind	Changes, Additions, Corrections are needed
I have copied the section of the background packet that has changed, noted all changes and completed additional release forms needed	Yes	No

I attest that all of the statements made by me in this Background Investigation Questionnaire and documents submitted are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, any fraudulent conduct or any attempted deception by me or by others with my connivance, in any application, paper or document submitted shall bar me from further examinations for at least two (2) years; and that omission of any information from this application may be cause for rejection, or removal from any eligible list, or dismissal if employed. I further understand that I have an ongoing obligation to correct any inaccuracies in the information which I have provided as they become known to me.

Date
Written Signature
Printed Name

Name:

Page 1 of

AUTOBIOGRAPHY ESSAY

Provide a brief handwritten history of your life on the following pages. Follow the instructions carefully. **No exceptions.**

- The autobiography must be **in your own handwriting**. Do not print.
- **USE BLUE INK PEN OR BALLPOINT**. Do not write in pencil.
- Sign the bottom of the autobiography using your normal signature.

Name:

Page 2 of

Name:

Page 3 of

Name:

Page 4 of

APPENDIX

INSTRUCTIONS FOR COMPLETING RELEASE FORMS

- 1.) Review the questionnaire and use the following checklist to determine how many copies of each release form you will need.

_____ Authorization for Release of Information Agreement

_____ BCA/FBI Applicant Fingerprint Card Information

_____ Request Pertaining to Military Records

_____ Credit Report Release

- 2.) Make as many copies of the release forms as you need.

- 3.) Fill out the release forms providing all the information that is requested: Name and address of agency; your name; date of birth; Social Security number; account numbers; etc. Sign and date all the release forms.

- 4.) Return all release forms with the completed background questionnaire

- 5.) If you have any questions, contact Sgt. Debra Slatten, St. Louis County Sheriff's Office at 218.336.4343.

Saint Louis County

Ross Litman, Sheriff - County Courthouse

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

To:

I, _____, am an applicant for a position with the St. Louis County Sheriff's Office. St. Louis County is conducting a thorough investigation of my employment background and personal history to evaluate my qualifications and suitability for employment.

I do hereby give my informed consent and authorize full and complete disclosure to all records, or any part thereof, whether public, not public, private, or confidential, concerning myself to an authorized representative of the St. Louis County Sheriff's Office to use in determining my suitability for employment. It is my intent to provide access to all information however personal and confidential it may appear to be.

I consent to your release and photocopying of any and all public, not public, private, or confidential information that you may have concerning me, my work record, my background and reputation, my military service records, education and training records, my financial status, my criminal history records, 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 my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any 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 damages pursuant to any state or federal laws. I hereby release any custodian of such records, including the officers, employees and agents of any custodian, 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 an authorized representative of the St. Louis County Sheriff's Office regardless of any agreement I may have made or make with you to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

I understand my rights under Title 5, United States Code, Section 522A, The Privacy Act of 1974, Minnesota Statute 13.05, Subd. 4, and the Minnesota Government Data Practices Act, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the St. Louis County Sheriff's Office in conjunction with employment procedures. Should there be any question as to the validity of this release, you may contact me. A photocopy or FAX copy of this release form, though not containing an original signature, will be valid as an original thereof.

This authorization shall be valid for a period of one year from the date of my signature, but I reserve the right to cancel this written authorization by providing written notice to the St. Louis County Sheriff's Office or to you of that fact. I agree to indemnify and hold harmless any person to whom this request is presented and his/her 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.

Written Signature

Date

Printed Signature

Address

Telephone Number

BCA/FBI APPLICANT FINGERPRINT CARD INFORMATION

You are being fingerprinted as a part of the application process with the St. Louis County Sheriff's Office. This information will be used to perform a criminal history check. Please complete the following:

Directions: Print the following using blue ink only.

Last Name	First Name	Middle Name
Other Names Used	Date of Birth	Place of Birth
Sex	Race	Height
Weight	Hair Color	Eye Color
Citizenship	Social Security Number	
Home Address	Street	City
County	State	Zip Code
Home Telephone Number		
Driver's License Number		State

CREDIT REPORT RELEASE

Notice to Deputy Sheriff Applicant

In order to fully evaluate your employment application, a credit report prepared by a credit reporting agency may be obtained. At your request the St. Louis County Sheriff's Office will provide you a free copy of your credit report if we have obtained one.

Please complete the following information:

Date	
Full Name	
Former Name	
Social Security Number	
Present Address	
Former Address	
Written Signature	

Please check the appropriate box:

I do not wish to receive a copy of my credit report.

If a credit report is obtained, please send me a free copy.

Office use only:

Copy of credit report provided to Applicant on:

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)			
BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE
	DATE ENTERED	DATE RELEASED	OFFICER ENLISTED
			SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
a. ACTIVE SERVICE			
b. RESERVE SERVICE			
c. NATIONAL GUARD			
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.		7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?	
<input type="checkbox"/> NO <input type="checkbox"/> YES _____		<input type="checkbox"/> NO <input type="checkbox"/> YES	

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. **REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An UNDELETED Report of Separation is requested for the year(s) _____

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A DELETED Report of Separation is requested for the year(s) _____

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. **OTHER INFORMATION AND/OR DOCUMENTS REQUESTED** _____

3. **PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:**

Military service member or veteran identified in Section I, above
 Next of kin of deceased veteran _____ (relation)

Legal guardian (must submit copy of court appointment)
 Other (specify) _____

2. **SEND INFORMATION/DOCUMENTS TO:**
 (Please print or type. See item 3 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

St. Louis County Sheriff's Background
 Name
 2030 N. Arlington Avenue
 Street Apt.
 Duluth MN 55811
 City State Zip Code

Signature (Please do not print.)

 Date of this request Daytime phone

 Email address

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. Information needed to locate records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.

2. Restrictions on release of information. Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel/health records must have the release authorization in Section III of the SF 180 signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service departments at the time a service member is separated.

3. Where reply may be sent. The reply may be sent to the member or any other address designated by the member or other authorized requester.

4. Charges for service. There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

5. Health and personnel records. Health records of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs a week or two after the last day of active duty. (See page 2 of SF180 for record locations/addresses.)

6. Records at the National Personnel Records Center. Note that it takes at least three months, and often up to seven, for the file to reach the National Personnel Records Center in St. Louis after the military obligation has ended (such as by discharge). If only a short time has passed, please send the inquiry to the address shown for active or current reserve members. Also, if the person has only been released from active duty but is still in a reserve status, the personnel record will stay at the location specified for reservists. A person can retain a reserve obligation for several years, even without attending meetings or receiving annual training. (See page 2 of SF180 for record locations/addresses.)

7. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; HEALTH -- Records of physical examinations, dental treatment, and outpatient medical treatment received while in a duty status (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

8. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.