

COUNTY OF LIVINGSTON
SHERIFF DEPARTMENT
150 Highlander Way
Howell, Michigan, 48843

Volunteers for Handicapped Parking Enforcement Application

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REQUIREMENTS FOR APPLICATION

1. Complete the attached application
2. An extensive background check
3. An oral interview

GENERAL INSTRUCTIONS

1. READ ALL INSTRUCTIONS CAREFULLY.
2. This questionnaire must be filled out in detail. Please complete this form as soon as possible and return it to the Livingston County Sheriff Department at 150 S. Highlander Way, Howell, MI. 48843.
3. Read all statements and questions carefully before answering.
4. All questions **MUST** be answered. In the event that a question does not apply to you, place the letters N/A in the space provided for the answer.
5. This questionnaire must be typewritten or printed in ink.
6. In the event that there is not sufficient space on this form for your answers, additional sheets must be attached.
7. This questionnaire must be completed accurately and honestly. Omission or falsification of information may result in the rejection of your application.

RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Livingston County Sheriff's Department bearing this release to obtain information from your files or other sources pertaining to my personal background, including but not limited to, academic, athletic achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Livingston County Sheriff's Department. Consent is granted for the Livingston County sheriff's Department to furnish such information as described above to third parties in the course of the Sheriff's Department fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent, including its officers, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the 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. Should there be any question as to the validity of this release, you may contact me as indicated below:

Full Name _____
(Printed) (Signature)

Address:

Telephone Number:

READ CAREFULLY BEFORE SIGNING

I certify that all answers to the aforementioned questions are true and complete to the best of my knowledge, and I agree and understand that any misstatement of material facts contained in this questionnaire may cause forfeiture upon my part of all rights to any employment in the service of the Livingston County Sheriff's Department.

(Signature) (Date)

Livingston County Sheriff Department

Volunteers for Handicapped Parking Enforcement Application

Name:

Last

First

Middle

Address:

Number & Street

City

State

Zip Code

Phone Number:

Home

Work

Date of Birth:

Age:

Drivers License Number:

Social Security Number:

Have you ever been arrested for other than a traffic violation?

Yes

No

If yes, list date, charge, disposition, location and the name and address of the arresting agency:

Have you ever received a ticket for a traffic violation?

Yes

No

If yes, list all traffic citations which you have been issued in the last 10 years. Include date, charge, disposition, location and name and address of the issuing agency.

Have you ever been involved in a traffic accident?

Yes

No

If yes, list all dates, location and agency that completed the accident report.

Will you be able to volunteer to work a minimum of four hours each month?

Yes

No

On a separate piece of paper please tell us why you would like to be a member of the Handicap enforcement team.