

# MASON COUNTY SHERIFF'S OFFICE

## AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Mason County Sheriff's Office bearing this Authorization to obtain information from your files or other sources pertaining to my personal background, including, but not limited to, the histories/records checked below:

- EMPLOYMENT HISTORY
- CRIMINAL HISTORY
- FINANCIAL/CREDIT
- ACADEMIC RECORDS
- ATHLETIC RECORDS
- ACHIEVEMENTS
- ATTENDANCE RECORDS
- PERSONAL HISTORY
- DISCIPLINARY ACTIONS
- MORTGAGE RECORDS & PAYMENTS SCHEDULES
- UTILITY BILLS
- DRIVING RECORD
- MEDICAL RECORDS  
(MENTAL /PHYSICAL, INCLUDING DIAGNOSIS AND  
PROGNOSIS, IF ANY)

I hereby authorize you to release such information upon the release of the bearer. This Authorization is executed with the full knowledge and understanding that the information is for official use by the Mason County Sheriff's Office.

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 any time result to me, my heirs, family or associates because of compliance with the Authorization for Release of Information, or any attempt to comply with it. Should there be any questions as to the validity of the Authorization, you may contact me as indicated below.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of the Authorization shall have the same force as the original.

FULL NAME: (Typed or Printed)	SOCIAL SECURITY NO.	DATE OF BIRTH
CURRENT ADDRESS: (No., Street, City, State, Zip)	TELEPHONE NO.	
DRIVER LICENSE NO:	STATE ISSUING:	
SIGNATURE:	TODAY'S DATE	

THIS INFORMATION IS CONFIDENTIAL. DISCLOSURE  
OF CONFIDENTIAL INFORMATION IS PROTECTED BY  
THE FEDERAL PRIVACY ACT.

AUTHORITY: 1935 PA 59  
COMPLIANCE: VOLUNTARY



# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



## MASON COUNTY SHERIFF'S OFFICE

302 North Delia Street - Ludington, Michigan 49431 - (231) 843-3475

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State Zip

Telephone ( ) \_\_\_\_\_ Cell No. ( ) \_\_\_\_\_ Email \_\_\_\_\_

Driver's License No. \_\_\_\_\_ How long a resident of this city/state? \_\_\_\_\_

Social Security No. \_\_\_\_\_

U.S. Citizen?  Yes  No

Are you 18 years of age or older?  Yes  No

Position Applying for:  Corrections  Road Patrol  Dive Team

Mounted Division  Full Time  Part Time  Reserve

Do you have any impairment (physical, mental, or medical) that would interfere with your ability to perform the work for which you are applying?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the military? \_\_\_\_\_

Are you currently employed as a Certified Police Officer?  Yes  No State: \_\_\_\_\_

If unemployed as Officer, but hold certification, provide date certification expires: \_\_\_\_\_

Do you fluently speak or write any language other than English? \_\_\_\_\_

Have you ever been convicted of a felony? If yes, explain

\_\_\_\_\_  
\_\_\_\_\_

Are there any felony charges pending against you? If yes, explain

\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT HISTORY (beginning with most recent):

Employer Name	
Employer Address	Phone ( )
Job Duties	
Dates of Employment	
Reason for Leaving	

Employer Name	
Employer Address	Phone ( )
Job Duties	
Dates of Employment	
Reason for Leaving	

Employer Name	
Employer Address	Phone ( )
Job Duties	
Dates of Employment	
Reason for Leaving	

**EDUCATION HISTORY**

Years Completed (circle) 4 5 6 7 8 9 10 11 12

College / University 1 2 3 4

Graduate / Professional 1 2 3 4

	High School	College/University	Graduate / Professional
School Name and Address			
Diploma / Degree			
Course of Study			
Specialized Training			

Please list any other studies or training that would be law enforcement related:

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Please list name, address and telephone number of three references that are not related to you and are not previous employers:

NAME	ADDRESS	TELEPHONE NUMBER

I hereby certify that all of the above information on this employment application is complete and the whole truth. I also understand that if I have falsified anything on this application, it can be cause for my dismissal from the Mason County Sheriff's Office.

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

\_\_\_\_\_  
Today's Date

I hereby authorize the Mason County Sheriff's Office to investigate and review any records pertaining to employment, schooling, and references as listed by me in this application.

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

\_\_\_\_\_  
Today's Date