



Kalamazoo County Sheriff's Office Employment Application

Using your computer, print this employment application.

Read all Instructions carefully. Complete the application in your own handwriting. The application must be signed where required and notarized where required.

Mail completed employment application, your resume' and all required attachments to the below address. Any omission of required information will disqualify the applicant and stop the application process.

**Kalamazoo County Sheriff's Office
Attn: Recruiting Officer
1500 Lamont Avenue
Kalamazoo, Michigan 49048**

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Significant Job Requirements

As a employee of the Kalamazoo County Sheriff, you will be required to work any hour of the day, any day of the week and on any recognized holiday. You will be required to maintain proficiency in the use of police equipment. You will be required to work with and for persons of differing race, sex, religious affiliations, age group and physical disabilities.

Equal Opportunity Employer

The County of Kalamazoo is an Equal Opportunity Employer and does not discriminate in recruiting, hiring, training, promoting or other employment practices for reason of age, ancestry, citizenship, color, disability, ethnicity, gender identity, height, marital or domestic partner status, national origin, race, religion, sex, sexual orientation, veteran status or weight. The County also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable Michigan Civil Rights statutes.

Instructions

Read the following instructions carefully before filling out your application.

Attach copies of the following to the application:

- 1. Driver’s license
- 2. Social security card
- 3. College diploma
- 4. Citizenship documents if applicable
- 5. DD-214 Long Form if applicable (Military Service)

Attach the following:

- 1. Birth certificate (certified copy)
- 2. Sealed college transcripts (certified copies)
- 3. Original 2 x 2” Color Passport Photo

It is important you answer all questions on this application fully and accurately. Failure to do so may result in loss of employment opportunities.

If an item does not apply to you or if there is no information to be given, write in the letters “N/A” for “not applicable” in large letters in the information spaces. *Whenever an address is requested, you must provide the complete address, including the correct zip code. Zip code directories are available at your local post office and online.*

Your application must be completed in ink and in its entirety. Application Must Be Notarized. The “remarks” section must be completed in your own handwriting.

Please read the Certification Page carefully before you sign it. This page must be completed and signed in the presence of a notary public. When marking a yes or no answer, please circle the appropriate answer or place an **X** in the box .

Any information submitted on unapproved forms will not be accepted. Do not attach letters of commendation, letters of reference, or school certificates, etc.

Note

Only the applicant can complete and sign this application. Falsifications or omission of information will result in rejection of your application or dismissal should then be employed by the County of Kalamazoo. If you are found to have falsified or omitted any information at any time in the selection process, you will be disqualified even if the accurate information would not have disqualified you.

Print Name _____

Signature _____

Date _____

Mailing Address:

**Recruiting Officer
Kalamazoo County Sheriff’s Office
1500 Lamont Avenue
Kalamazoo, MI. 49048**

Educational Background

1. High School Name _____

Address _____
Number Street City State Zip Code

Phone # _____ Dates Attended _____ to _____ G.P.A. _____
Month/Year Month/Year

Diploma? Yes No G..E.D.? Yes No

2. College/University Name _____

Address _____
Number Street City State Zip Code

Phone # _____ Dates Attended _____ to _____ G.P.A. _____
Month/Year Month/Year

Diploma? Yes No Type of Degree _____

Number of Credits _____ Major Field of Study _____

3. College/University Name _____

Address _____
Number Street City State Zip Code

Phone # _____ Dates Attended _____ to _____ G.P.A. _____
Month/Year Month/Year

Diploma? Yes No Type of Degree _____

Number of Credits _____ Major Field of Study _____

4. College/University Name _____

Address _____
Number Street City State Zip Code

Phone # _____ Dates Attended _____ to _____ G.P.A. _____
Month/Year Month/Year

Diploma? Yes No Type of Degree _____

Number of Credits _____ Major Field of Study _____

Activities

1. To what organizations do you belong (exclude those which indicate race, religion, or national group)? For example, unions, social, drug treatment or class work, correctional program assistant, coaching, counseling, etc.

2. List any honors, awards, or other forms of recognition which you have received for scholarship, athletics or other achievements.

3. List any offices of leadership (elected or appointed) which you have held. Provide titles and dates.

4. Are you now or have you ever been a member of, or associated with any organizations which advocate the overthrow of local, state or federal government? Yes No If yes, what organization.

5. Are you now or have you ever been a member of, or associated with any gang activity, or organized crime group? Yes No If yes, explain.

6. Do you understand the general job requirements and duties for this position? Yes No
If no, describe areas where you need further clarification.

7. Do you object to working nights, weekends or holidays? Yes No

8. Is there anything that you believe would disqualify you from employment or hinder you in the discharge of official departmental duties? Yes No If yes, explain.

Residence History

1. Current Residence Number of years at this address _____ Rent Own

Street Address _____

City _____ County _____ State _____ Apt# _____

If renting, name lease is under _____

Landlord's name and/or name of apt. complex _____

City _____ State _____ Zip _____ Phone # _____

2. Past Residence Number of years at this address _____ Rent Own

Street Address _____

City _____ County _____ State _____ Apt# _____

If renting, name lease is under _____

Landlord's name and/or name of apt. complex _____

City _____ State _____ Zip _____ Phone # _____

3. Past Residence Number of years at this address _____ Rent Own

Street Address _____

City _____ County _____ State _____ Apt# _____

If renting, name lease is under _____

Landlord's name and/or name of apt. complex _____

City _____ State _____ Zip _____ Phone # _____

4. Past Residence Number of years at this address _____ Rent Own

Street Address _____

City _____ County _____ State _____ Apt# _____

If renting, name lease is under _____

Landlord's name and/or name of apt. complex _____

City _____ State _____ Zip _____ Phone # _____

Employment History

Chronological history of all employment in the last 10 years, starting with your present employer. Account for all periods including casual employment. Note: A KCSO investigator may interview employers, supervisors and co-workers. You may make additional copies of this page if necessary.

1. Current Employer's Name _____
- Employer's Address _____
Number Street City State Zip Code
- Phone _____ Name of Immediate Supervisor _____
- Dates of employment From _____ to _____ Position/Title _____
Month/Year Month/Year
- May we contact? Yes No
- Description of duties, responsibilities, courses and accomplishments
- Disciplinary action received (include any current or past investigations or counseling sessions)
-
-

2. Employer's Name _____
- Employer's Address _____
Number Street City State Zip Code
- Phone _____ Name of Immediate Supervisor _____
- Dates of employment From _____ to _____ Position/Title _____
Month/Year Month/Year
- Description of duties, responsibilities, courses and accomplishments
- Disciplinary action received (include any current or past investigations or counseling sessions)
-
-

3. Employer's Name _____
- Employer's Address _____
Number Street City State Zip Code
- Phone _____ Name of Immediate Supervisor _____
- Dates of employment From _____ to _____ Your Position/Title _____
Month/Year Month/Year
- Description of duties, responsibilities, courses and accomplishments
- Disciplinary action received (include any current or past investigations or counseling sessions)

Financial Records

1. Do you own or are you buying a home? Yes No

Bank or Company Holding Mortgage _____
(Name, City and State)

Phone # _____

2. Do you own or are you buying other real estate? Yes No

Bank or Company Holding Mortgage _____
(Name, City and State)

Phone # _____

3. Are you renting a home or apartment? Yes No Amount of Rent or Payment _____

4. Do you own or are you buying or leasing a motor vehicle? Yes No

Bank or Company Holding Mortgage _____
(Name, City and State)

Phone # _____

5. Other loans: Include all loans for which you have signed, in the past 5 years. Include any other loans for which you are responsible (i.e., co-signer).

Name and Address of Firm _____ Telephone _____

Name and Address of Firm _____ Telephone _____

Name and Address of Firm _____ Telephone _____

Name and Address of Firm _____ Telephone _____

Name and Address of Firm _____ Telephone _____

6. Credit Card/Charge Account. Include all accounts you have signed for if your income will be relied upon for repayment and indicate name of account holder. Include all active accounts.

Name of Card or Account _____ Balance owed _____

Name of Card or Account _____ Balance owed _____

Name of Card or Account _____ Balance owed _____

Name of Card or Account _____ Balance owed _____

Name of Card or Account _____ Balance owed _____

Name of Card or Account _____ Balance owed _____

7. Have you ever had a credit card(s) suspended from charging privileges? If so, explain.
8. Other Debts: If you have any debts other than those listed above, list here.
 Name & Address of Creditor _____
 Name & Address of Creditor _____

9. INCOME What is your current total monthly income? \$ _____

10. Have you ever had an account placed with a collection agency? Yes No If so, explain.

11. Have you ever been sued in court for any delinquent or indebted accounts? Yes No
 If yes, explain

12. Have you ever petitioned for bankruptcy? Yes No

13. Has your spouse during your marriage ever petitioned for bankruptcy? Yes No
 If yes, explain.

14. Are you currently or have you ever been involved in any civil litigation? Yes No If so, explain

15. If you are relying on another person's income as a basis for debt repayment, complete the following:

Name of Person _____ Relationship _____
 Address: _____ Telephone _____

NOTE: You are not required to disclose income from alimony, child support, or maintenance

16. Names and ages of those who depend on you for financial support:

(Name)	(Age)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Military Service

1. Have you ever served in the U.S. Armed Forces? Yes No

Branch of Service _____ Rank at discharge _____ Pay Grade _____

Length of Service _____
Years & Months

Type of Discharge

Honorable Dishonorable Other

2. Dates of Active Military Service _____ to _____
Month/Year Month/Year

3. Did you receive specialized training which may be beneficial to law enforcement or corrections?
If so, please list

4. Are you presently a member of the U.S. Military Reserve or National Guard Organization?

Yes No Status: Active Inactive

If yes, complete the following: _____ to _____
Month/Year Started Month/Year of expected completion

Branch of Service and Component _____

Organization and Station of Unit _____

Address _____
Number Street City State Zip Code

5. Have you ever been a subject in a military court martial Article 15 or other proceeding leading to non-judicial punishment or received any other disciplinary action? Yes No If yes, explain in detail.

6. Have you ever held a military security clearance? Yes No If yes, level of clearance _____

Driving History

1. Do you hold a current, valid driver's license? Yes No Issuing State _____
 Driver's License# _____ License Type _____

List any other driver's licenses that you have possessed in the past.

State _____ Number _____
 State _____ Number _____
 State _____ Number _____

2. Have you ever had a driver's license and/or commercial license or certificate, revoked or suspended by the issuing authority? Yes No If yes, date(s) of suspension _____
 Please explain in detail.

3. List all traffic citations (other than a parking citation)

Date:	Type of Violation:	Location:
Police Agency:	Court:	
Circumstances:		

Date:	Type of Violation:	Location:
Police Agency:	Court:	
Circumstances:		

Date:	Type of Violation:	Location:
Police Agency:	Court:	
Circumstances:		

Date:	Type of Violation:	Location:
Police Agency:	Court:	
Circumstances:		

4. Have you ever been the driver in a motor vehicle crash? Yes No

Include **ALL** crashes, **EVEN THOSE NOT REPORTED** to the police or an insurance company. Be sure to include any work-related or duty crashes. For purposes of this questionnaire, a crash shall mean any incident involving a motor vehicle where there was either personal injury, property damage, or loss of vehicle control.

Date:	Location:	Type: Non-Injury Injury
Police Called Yes No	Police Agency	Were you issued a citation? Yes No
Details of Crash:		

Date:	Location:	Type: Non-Injury Injury
Police Called Yes No	Police Agency	Were you issued a citation? Yes No
Details of Crash:		

Date:	Location:	Type: Non-Injury Injury
Police Called Yes No	Police Agency	Were you issued a citation? Yes No
Details of Crash:		

Date:	Location:	Type: Non-Injury Injury
Police Called Yes No	Police Agency	Were you issued a citation? Yes No
Details of Crash:		

Personal References

Furnish six personal references. DO NOT LIST RELATIVES OR PREVIOUS EMPLOYERS. At least three of the references must have known you for a minimum of two years. Give complete address and zip code.

1. _____

Name	Occupation	Relationship	How Long
Home (Street) Address _____	City _____	State _____	Zip _____
Home Phone Number _____		E-mail Address _____	
Business (Street) Address _____	City _____	State _____	Zip _____
Business Phone Number _____			

2. _____

Name	Occupation	Relationship	How Long
Home (Street) Address _____	City _____	State _____	Zip _____
Home Phone Number _____		E-mail Address _____	
Business (Street) Address _____	City _____	State _____	Zip _____
Business Phone Number _____			

3. _____

Name	Occupation	Relationship	How Long
Home (Street) Address _____	City _____	State _____	Zip _____
Home Phone Number _____		E-mail Address _____	
Business (Street) Address _____	City _____	State _____	Zip _____
Business Phone Number _____			

References continued:

4.

Name	Occupation	Relationship	How Long
Home (Street) Address	City	State	Zip
Home Phone Number _____	E-mail Address _____		
Business (Street) Address	City	State	Zip
Business Phone Number _____	_____		

5.

Name	Occupation	Relationship	How Long
Home (Street) Address	City	State	Zip
Home Phone Number _____	E-mail Address _____		
Business (Street) Address	City	State	Zip
Business Phone Number _____	_____		

6.

Name	Occupation	Relationship	How Long
Home (Street) Address	City	State	Zip
Home Phone Number _____	E-mail Address _____		
Business (Street) Address	City	State	Zip
Business Phone Number _____	_____		

Neighbor Information

Furnish the name and address of four (4) adjacent current neighbors

1. Name _____

Address _____

City _____ State _____ Zip _____

2. Name _____

Address _____

City _____ State _____ Zip _____

3. Name _____

Address _____

City _____ State _____ Zip _____

4. Name _____

Address _____

City _____ State _____ Zip _____

Associates' Information

List all persons with whom you have lived since your 16th birthday (father, mother, spouse, domestic partner, roommates, brothers, sisters, children). List in order of last, first and middle name. Furnish current or last known address, birth date, and indicate if living or deceased.

Name: _____ Date of Birth _____ Relation: _____
 LAST FIRST MIDDLE

Address: _____ Phone: _____ Living/Dead: _____

Name: _____ Date of Birth _____ Relation: _____
 LAST FIRST MIDDLE

Address: _____ Phone: _____ Living/Dead: _____

Name: _____ Date of Birth _____ Relation: _____
 LAST FIRST MIDDLE

Address: _____ Phone: _____ Living/Dead: _____

Name: _____ Date of Birth _____ Relation: _____
 LAST FIRST MIDDLE

Address: _____ Phone: _____ Living/Dead: _____

Name: _____ Date of Birth _____ Relation: _____
 LAST FIRST MIDDLE

Address: _____ Phone: _____ Living/Dead: _____

Name: _____ Date of Birth _____ Relation: _____
 LAST FIRST MIDDLE

Address: _____ Phone: _____ Living/Dead: _____

Name: _____ Date of Birth _____ Relation: _____
 LAST FIRST MIDDLE

Address: _____ Phone: _____ Living/Dead: _____

Personal Character Background

- A. Has any legal judgment, i.e. divorce, child support, alimony, ever been issued against you?
Yes No If yes, explain in detail.
- B. Have you ever been refused a surety bond (i.e., contractor, security guard or entrepreneurship) or refused for employment that requires bonding? Yes No If yes, explain in detail.
- C. Have you ever been found guilty or pled no contest to a crime, including expungement arrestable traffic offenses (i.e., driving while intoxicated, reckless driving, driving with a suspended driver's license, etc.)
Yes No If yes, explain in detail.
- D. Have you ever been involuntarily terminated (fired) from employment or asked to resign?
Yes No If yes, explain in detail.
- E. Have any immediate family members (mother, father, brother, sister, spouse, domestic partner, children) been convicted of any violation (other than civil traffic violation) in last 5 years?
Yes No If yes, list name, charge, date and disposition.
- F. Have you ever been questioned or investigated by any law enforcement agency?
Yes No If yes, explain if suspect, victim or witness in detail.

- G. Have you ever been questioned or investigated by either Department of Social services, Child Protective Services, Family Independence Agency or any other related agency regarding care, neglect or abuse of children or anyone else? Yes No If yes, provide full details on each incident.
- H. Have you ever slapped, punched, or injured a spouse, partner, or anyone who has resided with you? Have the police ever been called to investigate a domestic dispute in which you were involved? Yes No If yes, provide full details on each incident.
- I. Have you ever been involved or investigated for an incident when a person(s) was seriously injured or killed?
- J. Are you now or have you ever been involved as a plaintiff, defendant, petitioner, or respondent in any civil court action (sued or been sued)? Yes No If yes, provide details, including date, name, and location of court, and circumstances.
- K. Have you ever been fingerprinted? Yes No If yes, under what circumstances.
- L. Have you ever been the subject of a background investigation conducted by a law enforcement agency that was considering you for employment, or by an employer for security purposes (include military clearances)? Yes No If yes, list the Agency's name, date of investigation, and background investigator's name.

M. Have you ever been known by any other last name? Yes No If yes, list all names used in the past, location and circumstances (i.e., divorce, adoption, legal name changes, etc.)

Name	Dates From-To	City/State	Circumstances
Name	Dates From-To	City/State	Circumstances
Name	Dates From-To	City/State	Circumstances
Name	Dates From-To	City/State	Circumstances

N. How many times in the last year have you been intoxicated to the point that you felt you should not drive a motor vehicle?

O. How many times in the last year have you missed work/school due to intoxication? _____

P. How many times in the last year have you consumed alcohol while at work? _____

Q. Drug History Information

Have you ever sold or given to anyone any type of illegal drug? Yes No
If yes, explain in detail

Have you ever possessed illegal drugs within the past ten years? Yes No
If yes, explain in detail.

List all illegal drugs you have used.

Name / Type of drug used	Date	Total Times Used
	From: (Month/Yr.) To: (Month/Yr.)	

R. Criminal History Information

Have you ever committed any of the following criminal acts? Answer yes or no to each “a” through “q.” If “yes” to any explain in detail. (Having been arrested does not mean you cannot be appointed. The seriousness, recency, frequency and circumstances will be considered.

	Crime	Committed	Arrested	Convicted
a	Arson (Intentionally set/start fire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Burglary (Forcibly enter a home/business to commit a theft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Robbery (Theft from a person using a weapon or force)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Homicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Theft or Larceny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Forgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Check Law Violations (Non-Sufficient Funds, No Account)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Extortion (Blackmail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Embezzlement (Theft of money or valuables entrusted to you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Rape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Any other forcible sex act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Any violent assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n	Domestic Violence/Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o	Violation Controlled Substance Act (drug laws)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p	Violation of any Conservation Law (hunting-fishing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q.	Any other criminal offenses or acts not listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation(s)

Previous Law Enforcement Applications

- | | | | |
|----|---|-----|----|
| A. | Have you previously applied for employment with the Sheriff's Office? | Yes | No |
| B. | Have you ever taken the KCSO Test? | Yes | No |
| | If yes, did you receive a passing score? | Yes | No |
| C. | Have you ever been rejected after a psychological exam? | Yes | No |
| D. | Have you ever applied to another law enforcement agency? | Yes | No |

If yes, complete the information below.

Agency and/or Department _____

Street Address	City	State	Zip
----------------	------	-------	-----

Position applied for _____ Status _____

Date applied/tested _____

Agency and/or Department _____

Street Address	City	State	Zip
----------------	------	-------	-----

Position applied for _____ Status _____

Date applied/tested _____

Agency and/or Department _____

Street Address	City	State	Zip
----------------	------	-------	-----

Position applied for _____ Status _____

Date applied/tested _____

Agency and/or Department _____

Street Address	City	State	Zip
----------------	------	-------	-----

Position applied for _____ Status _____

Date applied/tested _____

Autobiography

1 of 3

Provide us with a written history of your life. Follow the instructions carefully. No exceptions.

Instructions: Print in your own handwriting. (No cursive)
 Use black ballpoint pen, no pencil.
 Sign your autobiography by using your normal signature.

Signature

Date

Applicant's Statement

I understand that this application is not a contract of employment. I understand that Federal Law prohibits the employment of unauthorized persons; any offer of employment is contingent upon my ability to provide the required documentation within the time period required by law.

I understand that the County of Kalamazoo will confirm my work, personal and credit history information and verify data provided on this application, related papers and in interviews. I authorize all individuals, schools and organizations named herein (except my current employer if so noted) to provide any information requested and I release them from all liability for damage in providing this information.

I understand that as a condition of employment I will be required to undergo and successfully pass a drug screen, physical and psychological examination.

I understand it is the County's policy to secure criminal conviction history information.

I verify that all information is true and complete. I understand any falsifications, omissions or misrepresentations shall be sufficient cause for refusal of employment or dismissal regardless of the time elapsed before discovery.

I agree that any lawsuit against the County of Kalamazoo, its agents, officials and employees, arising out of my employment or termination of employment, including but not limited to federal or state civil rights claims, must be filed within 9 months of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

Name Printed

Signature

Date

Address

KALAMAZOO COUNTY SHERIFF'S OFFICE

1500 Lamont Avenue
Kalamazoo, MI 49048

Personal Inquiry Waiver and Authority for Release of Information

To: _____ Applicant's Name: _____
_____ Date/Place of Birth: _____
_____ Social Security Number: _____ - _____ - _____

**Applicant Authorization Consent for Release of Information
Please Read Carefully**

We welcome your application with the Kalamazoo County Sheriff's Office. We require, as a condition of employment, that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application, assessment questionnaire, and personal background questionnaire.

This release and authorization acknowledge that the Kalamazoo County Sheriff's Office may now or at any time while you are employed, conduct a verification of your education, personal references, motor vehicle records and to receive any criminal history record information pertaining to you which may be in the files of any Federal, State or local criminal justice agency in Michigan or any OTHER state and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under the Department's employment policies. All results will be proprietary and will be kept confidential.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge.

I have read and understand the release and consent and I authorize the background verification. I authorize all individuals, school, current and former employers, financial or credit institutions and other organizations and agencies to provide the Kalamazoo County Sheriff's Office with all information requested and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that a copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Kalamazoo County Sheriff's Office and their associates, from any claims, damages, losses and expenses or another charge or complaint filed with any agency arising from retrieving and reporting of information and acknowledge notice of right to receive a copy upon written request.

Signature

Must be notarized before returning

State of _____ County of _____

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord and with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____.

My Commission Expires: _____
Date Notary Public

