

OTTAWA COUNTY BOARD OF COMMISSIONERS

APPLICATION INFORMATION

APPLICATIONS WILL ONLY BE ACCEPTED FOR POSITIONS CURRENTLY POSTED AND AVAILABLE.

Please read the following information before completing the application.

1. Completing and submitting your employment application does not guarantee a job offer or a job interview. Your application will be reviewed and considered with others who have submitted applications for the same job opportunity. Decisions about interviews will be based on those considerations. If we wish to schedule an interview, we will call you. Please, no unsolicited phone calls.
2. The employment application must be completed in its entirety to be considered.
3. If the information provided on the application cannot be satisfactorily verified or is found to be untruthful, your application could be considered incomplete or unacceptable.
4. We do not accept or retain unsolicited applications. Applications are filed according to specific, posted job opportunities.
5. Due to the large number of applications received and the competitive nature of our employment process, we are not able to release specific reasons for employment decisions.
6. Depending on the position, applicants considered for employment may be subject to the following:
 - a) Employment reference checks from current and previous employers
 - b) Post-offer criminal background check (BCI and/or FBI)
 - c) Post-offer drug and alcohol screen
 - d) Post-offer physical examination
 - e) Motor Vehicle Record check
 - f) Check of personal references
 - g) Verification of post-secondary educational degrees

If you have questions regarding the application process or posted positions,
please contact the Human Resources Director at:

rpfeiffer@co.ottawa.oh.us

Ottawa County Courthouse

315 Madison St. Port Clinton, OH 43452

Ottawa County is an Equal Opportunity Employer.
Please, no unsolicited phone calls.

**APPLICATION FOR EMPLOYMENT
OTTAWA COUNTY**

Ottawa County is an equal opportunity employer and employment decisions are made without regard to race, color, religion, sex, age, national origin, disability, military status, genetic testing, or other unlawful bias except when such a factor constitutes a bona fide occupational qualification.

PLEASE PRINT CLEARLY OR TYPE

Position(s) Applied For _____ Application Date _____

Rate of Pay Expected _____

Referral Source: Advertisement Relative Inquiry Website
 Employment Agency Friend Other

Applicant Name _____
Last First Middle

Address _____
Street City State Zip Code

Contact Information _____
Home Phone Cell Phone or Other Contact No. Email Address

Are you legally eligible for employment in the United States?
(Proof of citizenship or immigration status will be required upon employment.) Yes No

If employed and you are under age 18, can you furnish a work permit? Yes No

Can you meet the attendance requirements of this position? Yes No

Can you travel if the job requires it? Yes No

Have you ever applied to Ottawa County before? Yes No

If yes, which office or department? _____

Have you ever worked for Ottawa County? Yes No

If yes, which office or department? _____

Type of employment desired: Full-Time Part-Time Temporary Intermittent

Have you been provided with a written job description of the position for which you have applied? _____

List any relatives or friends who are employed by Ottawa County _____

EDUCATION

Upon employment, the successful applicant may be required to provide proof of graduation or GED.

Name and Location of School	Highest Level Completed	Did you Graduate?	Field of Study
High School or GED Courses			
College or Trade School			
Graduate or Business School			

List special equipment or machines you can operate: _____

List computer software in which you have skills, including word processing, spreadsheets and data base programs. Please indicate the name of the specific software: _____

List special clerical skills including keyboarding and shorthand/speedwriting: _____

LICENSES, REGISTRATIONS AND CERTIFICATIONS

Upon employment, the successful applicant must provide copies of all licenses/certifications required for the position.

Do you presently hold a valid State of Ohio driver's license? *(This information will be considered for selection purposes only if such license is required by law to perform the duties of the position for which you are considered.)*

Yes No

If yes, type of license: Operator's Commercial

Driver's License (CDL) Endorsements?

Please provide other License/Certification/Apprenticeship information including the certification numbers and expiration dates:

Please list any additional information you feel may be helpful to us when considering your application, including any special skills, business and civic activities, and honors. Exclude those which indicate race, color, religion, sex or national origin:

EMPLOYMENT HISTORY

Provide your work experience starting with your present or last job. All sections must be completed for each employer. Include any job-related military service assignments and volunteer activities. *Exclude organizations that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.*

① Employer _____ Telephone Number _____
Address _____
Date Employed From _____ To _____ Job Title _____
Work Performed _____
Supervisor _____ Reason for Leaving: _____

② Employer _____ Telephone Number _____
Address _____
Date Employed From _____ To _____ Job Title _____
Work Performed _____
Supervisor _____ Reason for Leaving: _____

③ Employer _____ Telephone Number _____
Address _____
Date Employed From _____ To _____ Job Title _____
Work Performed _____
Supervisor _____ Reason for Leaving: _____

④ Employer _____ Telephone Number _____
Address _____
Date Employed From _____ To _____ Job Title _____
Work Performed _____
Supervisor _____ Reason for Leaving: _____

Please explain any gaps in employment: _____

Have you ever been fired or asked to resign from a job? _____ If yes, please explain _____

PERSONAL REFERENCES

Persons you have known for at least one year. Do not include former employers or relatives.

Name & Occupation	Address	Telephone	Years Known

SUMMARY OF QUALIFICATIONS

Briefly describe the experience, education, training and other factors that qualify you for the position you are applying .

APPLICANT STATEMENT AND SIGNATURE

Please read the statement carefully. Signature is required for application to be complete.

I agree and understand that omissions, misstatements and falsifications will cause forfeiture on my part of all eligibility to any employment with Ottawa County and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service when it is discovered. I expressly authorize Ottawa County, its representatives, members or agents the right to investigate and verify any information obtained through the application process. I authorize all individuals, schools, and firms named therein to provide any information requested about me, and I release them from all liability for damage in providing relevant, job related information that will assist in this process.

I recognize that an offer of employment may be contingent upon successful completion of a pre-employment drug screen, alcohol screen, background investigation, criminal record check, valid and acceptable driving record, physical, and psychological tests. I understand that all conditions of employment, including, but not limited to hours, benefits and salary are subject to change by Ottawa County at any time. I understand that no representative of Ottawa County is authorized to make any assurances to the contrary and that no implied, oral and written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Appointing Authority.

I understand that a new application must be completed for any future job postings or employment opportunities.

I certify that all information I have provided in order to apply for and obtain employment with Ottawa County is true, complete, and correct.

Applicant Signature (Required)

Date Signed

REFERENCE CHECK RELEASE

"I expressly authorize *Ottawa County*, its representatives, members or agents, the right to investigate and verify any information obtained through the application process.

I authorize all individuals, schools, and employers to provide any information requested about me, and I release them from all liability for damage in providing relevant, job-related information that will assist in the applicant consideration process."

Printed Name: _____ Social Security Number: _____

Any Other Names Used (*Maiden Name, Former Last Names, Nicknames*): _____

Signature: _____ Date: _____

Current or Former Employer:

Please complete the attached Reference Check Form as authorized by the above Reference Check Release.

Completed forms can be faxed to 419-734-6885.

Thank you for your assistance!

Robin Pfeiffer
Human Resources Director

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **The following FCRA right applies with respect to nationwide consumer reporting agencies:**
CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE: You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit. As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.
A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

Sign below to indicate you've received and reviewed **Your Rights under the Fair Credit Reporting Act**.

Applicant Signature (Required)

Date Signed



Ottawa County Sheriff's Office

Stephen J. Levorchick
Sheriff

Brad M. York
Chief Deputy

PRE-EMPLOYMENT BACKGROUND INVESTIGATION PACKET AND QUESTIONNAIRE

PLEASE FOLLOW DIRECTIONS CAREFULLY

1. Write legibly in your own handwriting or printing.
2. Use black ink to complete questionnaire.
3. Read each question carefully before answering any questions on this form. Question need to be answered completely and accurately.
4. Do not leave any question blank, if the question does not apply please write "N/A".
5. If additional space is needed please make a copy of the sheet marked "Additional Information".
6. Sign the questionnaire in the presence of an Ottawa County Sheriff's Office staff member or a notary public.
7. If you do not understand a question or exactly what need to be answered you are instructed to call Captain Aaron W. Leist for further explanation.
8. Please make sure that the last page is signed and completed in front of a witness who is an adult and not under the influence of drugs or alcohol when they are witnessing your signature.
9. After you have completed this packet, please submit it back to Sheriff Stephen J. Levorchick designee.
10. Please make sure that you provide a valid phone number in case there are any additional follow up questions needed by members of the Ottawa County Sheriff's Office.

Any omission, deception, or failure to follow the above listed instructions could delay or disqualify your application or you from further consideration for employment with the Ottawa County Sheriff's Office.



Ottawa County Sheriff's Office

Stephen J. Levorchick
Sheriff

Brad M. York
Chief Deputy

A. PERSONAL INFORMATION

Today's Date _____

Full Name _____ SSN _____

Last First Middle

AKA/Maiden Name _____

DL # _____ Gender _____ Martial Status _____ Date of Birth _____

Heght _____ Weight _____ Eye Color _____ Hair Color _____

Current Address _____

Street Apt or Lot # City State Zip

Phone () () Email _____

Home Cell

1. Have you ever used or been known by any other names other than the one(s) listed above?
Yes _____ No _____ If yes, please list names _____
2. Have you ever used a Social Security Number other than what is listed above? Yes _____ No _____
3. Have you ever committed a felony or an offense that would be a felony if committed in Ohio?
Yes _____ No _____ If yes, explain _____
4. Have you ever driven a vehicle intoxicated and not been caught? Yes _____ No _____ If yes,
explain _____
5. Have you ever failed to file an IRS Statement? _____ Yes _____ No If yes, list the year _____
Why? _____
6. Are you Currently Delinquent with Child Support payments? Yes _____ No _____ N/A _____
If yes, Explain _____
7. Have you ever had a physical altercation (i.e. Pushed, slapped, punched, etc) with a romantic/intimate
partner? (i.e. Spouse, partner, boyfriend/girlfriend)? _____ Yes _____ No If yes, please explain
situation and if law enforcement was involved _____



Ottawa County Sheriff's Office

Stephen J. Levorchick
Sheriff

Brad M. York
Chief Deputy

B. Employment History

List all places of employment, begin with present or most recent employer and go backwards. Please list periods in military service and unemployment in the last 10 years. Do not omit any employers, if you need any additional space copy this page before you complete it.

To (MM/YY)	(From MM/YY)	Name of Employer	Job Title
		Supervisor Name	Business Address (Street, City, State, Zip)
Describe Duties			
Reason for Leaving			

=====

To (MM/YY)	(From MM/YY)	Name of Employer	Job Title
		Supervisor Name	Business Address (Street, City, State, Zip)
Describe Duties			
Reason for Leaving			

=====

To (MM/YY)	(From MM/YY)	Name of Employer	Job Title
		Supervisor Name	Business Address (Street, City, State, Zip)
Describe Duties			
Reason for Leaving			

=====



Ottawa County Sheriff's Office

Stephen J. Levorchick
Sheriff

Brad M. York
Chief Deputy

A. EMPLOYMENT HISTORY

To (MM/YY)	(From MM/YY)	Name of Employer	Job Title
		Supervisor Name	Business Address (Street, City, State, Zip)
Describe Duties			
Reason for Leaving			

To (MM/YY)	(From MM/YY)	Name of Employer	Job Title
		Supervisor Name	Business Address (Street, City, State, Zip)
Describe Duties			
Reason for Leaving			

To (MM/YY)	(From MM/YY)	Name of Employer	Job Title
		Supervisor Name	Business Address (Street, City, State, Zip)
Describe Duties			
Reason for Leaving			



Ottawa County Sheriff's Office

Stephen J. Levorchick
Sheriff

Brad M. York
Chief Deputy

B. EMPLOYMENT HISTORY

To (MM/YY)	(From MM/YY)	Name of Employer	Job Title
		Supervisor Name	Business Address (Street, City, State, Zip)
Describe Duties			
Reason for Leaving			

To (MM/YY)	(From MM/YY)	Name of Employer	Job Title
		Supervisor Name	Business Address (Street, City, State, Zip)
Describe Duties			
Reason for Leaving			

To (MM/YY)	(From MM/YY)	Name of Employer	Job Title
		Supervisor Name	Business Address (Street, City, State, Zip)
Describe Duties			
Reason for Leaving			



Ottawa County Sheriff's Office

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Sheriff

Brad M. York
Chief Deputy

C. REFERENCES

List at five (5) references (not relative and former employers). Person must be an adult who you have known for at least the last three years. Please provide all the requested information below.

Name:	Street Address:
Relationship:	City, State, zip
How long acquainted:	Phone:
Occupation:	Email Address:

Name:	Street Address:
Relationship:	City, State, zip
How long acquainted:	Phone:
Occupation:	Email Address:

Name:	Street Address:
Relationship:	City, State, zip
How long acquainted:	Phone:
Occupation:	Email Address:



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Sheriff

Brad M. York
Chief Deputy

D. EDUCATION, TRAINING, AND SOCIAL AND CIVICS GROUPS

List all professional societies, organizations, licenses (date and number), registrations (date), special skills, knowledge, or abilities.

List all civic groups (i.e. Free Masons, Motorcycle Groups/Clubs, School Boosters, Memberships, Social Lodges) and any offices held.

Do you speak, read, or write a language other than English _____ Yes _____ No

If Yes, What language _____

Please attach any and all certificates for Law enforcement training certificates.

F. CONVICTION RECORD

Have you ever been convicted (pled guilty or no contest) of any offense, domestic violence, or violation of any statute, ordinance, law, or regulation by any civil or military authority, either in this country or any other country? (Include detentions as a juvenile or minor by court adjudication of guilt. Include all situations, even if expunged) _____ Yes _____ No if yes, explain _____

ARREST HISTORY

Have you ever been arrested (convicted or not) for any offense or violation of any statute, ordinance, law, or regulation by any civil or military authority, either in this country or another country? (Include detentions as a juvenile or minor by court adjudication or guilt.) _____ Yes _____ No If yes, Explain _____



Ottawa County Sheriff's Office

Stephen J. Levorchick
Sheriff

Brad M. York
Chief Deputy

G.LAW ENFORCEMENT CONTACT- LEGAL HISTORY

Have you ever been questioned as a suspect in a crime? Yes No If yes, Explain _____

Have you ever been connected with a criminal investigation of any kind? Yes No If Yes, Explain _____

Have you ever plead guilty or no contest to any criminal offense (Non-Moving violations only)? Yes No
If yes, Explain _____

Have you ever applied for concealed carry permit? Yes No

Have you ever been denied by ATF to purchase a firearm? Yes No If yes, when and where _____

Since being an adult, have you ever stolen anything or used something without permission? Yes No

If yes, explain and list the approximately value of the item _____

In the last 10 years have ever purchased or attempted purchase illegal substance or drugs? Yes No

If yes, please list approximate date and substance or drug you attempted to or did purchase _____



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Chief Deputy

G.LAW ENFORCEMENT CONTACT- LEGAL HISTORY

Have you ever purchased, processed, or received anything that you knew was stolen? Yes No

If yes, explain _____

Have you ever sold anything stolen or sold something you knew to be stolen? Yes No If yes, explain _____

Are you currently in possession of any stolen or suspected stolen property Yes No If yes, explain _____

Have you ever paid, or been paid, using currency or tangible item for any sex act? Yes No If yes, explain _____

Have you ever sought out, traded, sold, or viewed child pornography including via the internet? Yes No
If yes, Explain _____

Please check any of the following if you were listed as suspect, witness, or confidential source on any of the offenses listed below. This would include offense in other states, country, or military bases or deployment. This would include if you were questioned in regards to any of the listed offenses. This would include any offense that occurred while being a juvenile.

ARSON - Intentionally setting a fire to destroy something or cause damage.

FORGERY - Signing another person's name to a document without their permission.

EMBEZZLEMENT - Theft of money or valuables entrusted to you.

RAPE OR ATTEMPTED RAPE - A forcible sex act other than child molest, including sexual abuse.



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Chief Deputy

G.LAW ENFORCEMENT CONTACT- LEGAL HISTORY

___ SEXUAL CHILD ABUSE OR MOLEST- Any offense involving a juvenile and any sexual conduct or sexual contact.

___ ASSAULT, RESISTING ARREST, HOMICIDE

___ BURGLARY, THEFT, BREAKING AND ENTERING

___ CRIMINAL DAMAGE (VANDALISM/GRAFFITI)

___ ROBBERY OR ATTEMPTED ROBBERY

___ ABUSE OR NEGLECT OF A CHILD

___ SEX CRIMES- This would include but not limited to any offense of self-exposure, obscene phone calls, looking in windows, doors, or openings of rooms, homes, showers, restrooms, ect., sex in public, bestiality (sex with animals), public masturbation, etc.

___ DRIVING UNDER THE INFLUENCE OF ALCOHOL

___ FLEEING FROM POLICE OR LEAGAL AUTHORITY TO AVOID ARREST

If any have been checked, please list approximate date, location, and agency that was involved _____

Have you ever observed, been present, participated in, concealed, or help conceal the commission of any crime ___ Yes ___ No If yes, explain _____

Have Law Enforcement or any Investigative extension of local, state, or federal government ever been to your residence ___ Yes ___ No If yes, explain and list date, location, and agency _____



Ottawa County Sheriff's Office

Stephen J. Levorchick
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Brad M. York
Chief Deputy

G.LAW ENFORCEMENT CONTACT- LEGAL HISTORY

Have you ever been the subject of court order of protection or no contact order of any court ___ Yes ___ No

If yes, explain _____

Have you ever been investigated by Children Services or Adult Protective Service ___ Yes ___ No If yes, please explain and include agency and date _____

Have you ever or currently have a civil lawsuit where you're listed as a defendant or had wages garnished per court order ___ Yes ___ No If yes,

Explain _____

Any Additional information from Section "D. Law Enforcement Contact- Legal History" _____



Ottawa County Sheriff's Office

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Sheriff

Brad M. York
Chief Deputy

H.DRIVING HISTORY

Have you ever left the scene of a car accident ___ Yes ___ No If yes, explain _____

Have you ever falsified a written statement, document, form, or other government document
___ Yes ___ No If yes, explain _____

Have you ever involved in a "Road Rage" situation ___ Yes ___ No If Yes, explain _____

Have you ever had a warrant issued for arrest because of failing to pay a citation or failure to appear
for court? If yes, explain _____

Have you ever been placed on "High Risk" with any insurance company ___ Yes ___ No If yes,
explain _____

Have you ever held a drivers license from another state or country ___ Yes ___ No if yes, explain ___

Driving Record additional explanation _____



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Brad M. York
Chief Deputy

I. Alcohol and Drug Use

Have you ever consumed alcohol until you have "blacked out" ___ Yes ___ No, if Yes, please how many times and when was the last time this occurred _____

In the last 10 years have you used any illegal drugs, drugs not prescribed to you, abuse prescription drugs prescribed to you, or any other illegal substance? ___ Yes ___ No If yes, explain _____

Have you ever been charged with an alcohol or drug related offense such as public intoxication, disorderly with persistence, open container, DUI, boating DUI, etc. ___ Yes ___ No If yes, explain _____

Have you ever or are currently in any drug or alcohol court ordered treatment? ___ Yes ___ No If yes, explain _____

Have you ever been charged with any drug or drug paraphernalia charge ___ Yes ___ No If yes, explain _____

Alcohol and Drug Use Additional information _____



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Chief Deputy

J. SOCIAL MEDIA AND INTERNET USE

This section covers any and all social media that you have. The Ottawa County Sheriff's Office has a strict social media policy in regards to information found on your social media that ties directly to your duties as an Ottawa County Sheriff's Deputy. Please list any and all current and previous social media accounts that you have. This also would cover any screen names or user names for "comments" sections of newspapers, media outlets, chat groups, social media groups, social groups public and private, and any other emails or subscriptions related.

<u>Account</u>	<u>Y/N</u>	<u>Username or Screen name</u>	<u>Active/Not Active</u>
Facebook			
Instagram			
Discord			
SnapChat			
YouTube Channel			
Tumblr			
WhatsApp			
TikTok			
Twitter			
Weibo			
QQ			
Qzone			
Pinterest			
Reddit			
LinkedIn			
Rumble			
Media Outlets (newspapers, news channels or networks) etc.			



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Chief Deputy

OnlyFans			
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J.SOCIAL MEDIA AND INTERNET USE Other social media accounts not listed

Social Media Account	Username/Screen Name	Active/Not Active

J.SOCIAL MEDIA

Have you ever made a "fake" social media account to "spy on", monitor, stalk, gain access to personal information including photographs and geographical locations of an individual or group? ___ Yes ___ No If yes, explain _____

Have you ever accessed or attempted to access a password protected social media page or site without the direct completed consent to do so? ___ Yes ___ No If yes, explain _____

Have you ever used social media or any type of blog, chat group or forum to intimidate, stalk, instigate a physical fight or otherwise provoke a physical altercation with another person or group? ___ Yes ___ No If yes, explain _____

Have you ever been "banned", suspended, or had an account suspended for any violations of rules? _____
Yes ___ No If yes, explain _____



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Chief Deputy

I, _____, do hereby state that I am the above named person and that I have completed the foregoing background investigation packet, including the additions and attachments thereto, and that I understand the contents. I further state that the answers contained herein are complete and correct in every respect. I also further state that I have not omitted, removed, or alter any document or statement made in this background packet. I also state that this form was completed by me and by no other person or persons. I also understand that any material misrepresentation of fact may be cause for rejection before appointment or disqualification and prosecution after appointment. I also understand that I cannot hold Ottawa County Sheriff's Office or any other Ottawa County Government entity.

Print Name

Signature

Date

Witness Print Name

Witness Signature

Date

=====

OCSO USE ONLY

OCSO Staff that accepted packet _____

OCSO Staff Signature

Unit Number

Date

File Stamp Date and Time