



# Application for Deputy Sheriff DANE COUNTY SHERIFF'S OFFICE

## IMPORTANT INSTRUCTIONS

THANK YOU FOR YOUR INTEREST IN BECOMING A DEPUTY SHERIFF. THE INFORMATION PRESENTED ON THIS FORM WILL DETERMINE THE INITIAL ACCEPTANCE OF YOUR APPLICATION AND, IN PART, YOUR ADMISSION TO AN ORAL EXAMINATION. FOR THESE REASONS, IT IS EXTREMELY IMPORTANT THAT YOU **ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY**, RELATING YOUR BACKGROUND AS CLOSELY AND FULLY AS POSSIBLE TO THE DUTIES AND REQUIREMENTS DESCRIBED IN THE JOB DESCRIPTION AND ANNOUNCEMENT. IF A QUESTION DOES NOT APPLY TO YOU, MARK N/A. TYPE OR PRINT IN INK. **MAKE SURE TO READ AND SIGN THE FINAL PAGE OF THE APPLICATION.** PLEASE RETURN COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:

### COUNTY OF DANE EMPLOYEE RELATIONS DIVISION

ROOM 418, CITY-COUNTY BUILDING, 210 MARTIN LUTHER KING, JR. BOULEVARD, MADISON, WISCONSIN 53703-3345  
Phone/TTY: (608) 266-4125 • FAX: (608) 266-4409  
E-MAIL: employee-relations@co.dane.wi.us

LAST NAME	FIRST NAME	MIDDLE NAME	
PREVIOUS NAMES			
ADDRESS (Number, Street)	APT.	CITY	STATE ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER	BUSINESS PHONE NUMBER	
PLACE OF BIRTH	E-MAIL ADDRESS		
ALIASES & OTHER DATES OF BIRTH ASSOCIATED WITH EACH ALIAS			
ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A CURRENT COUNTY EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Please check the one location at which you would like to take the written examination for this position:

EC Eau Claire     
  GB Green Bay     
  MD Madison     
  MW Milwaukee

## AN AFFIRMATIVE ACTION EMPLOYER FOR EQUAL EMPLOYMENT OPPORTUNITY

FOR PERSONNEL OFFICE USE ONLY					
ACCEPTED		NOT ACCEPTED		NOTICE(S) SENT	
VP	GRADE	RANK	RESULT(S) SENT	DEPT.	STARTING

## EDUCATION & TRAINING

GRAMMAR & HIGH SCHOOL: (Circle highest year completed) 1 2 3 4 5 6 7 8 9 10 11 12	NAME AND LOCATION OF HIGH SCHOOL	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR DIPLOMA WAS GRANTED
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<b>TRAINING BEYOND HIGH SCHOOL:                  COLLEGE, UNIVERSITY, BUSINESS, VOCATIONAL OR OTHER SCHOOLS                  INDICATE "Q" FOR QUARTERLY HOURS AND "S" SEMESTER HOURS.</b>	CIRCLE THE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY 1 2 3 4 5 6 7 8 9 10 11 12
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NAME & LOCATION OF INSTITUTION	DATES ATTENDED		CREDITS EARNED	MAJOR FIELD AND REMARKS	DEGREES Month & Year Received
	FROM	TO			

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL OR POST SECONDARY SCHOOL?     YES     NO  
 IF YES, PLEASE EXPLAIN (Include school, date, and circumstances).

DESCRIBE ANY EDUCATION OR TRAINING YOU HAVE HAD WHICH IS NOT COVERED ABOVE, SUCH AS CORRESPONDENCE COURSES, SERVICE SCHOOLS, INSERVICE TRAINING OR INTERNSHIPS (GIVE DATES).

INDICATE ACADEMIC HONORS OR OTHER SCHOOL ACHIEVEMENTS WHICH MAY BE HELPFUL IN EVALUATING YOUR BACKGROUND.

IF CURRENTLY LICENSED OR REGISTERED TO PRACTICE IN WISCONSIN AS A MEMBER OF SOME PROFESSION OR TRADE, INDICATE TYPE OF LICENSE OR REGISTRATION INCLUDING CERTIFICATION BY THE WISCONSIN LAW ENFORCEMENT STANDARDS BOARD.	LIST MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS.
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# WORK EXPERIENCE

May we obtain references from the employers named below?  YES  NO If "NO," name and explain exceptions.

1. Have you ever received formal discipline (i.e., written reprimand or suspension) at any job?  YES  NO

2. Were you ever terminated from employment?  YES  NO

3. Have you resigned after being informed your employer intended to terminate or discipline you?  YES  NO

If "YES" to any question, explain: \_\_\_\_\_

**GIVE A COMPLETE RECORD OF ANY EMPLOYMENT, SELF-EMPLOYMENT, MILITARY SERVICE OR VOLUNTEER EXPERIENCE. START AT THE TOP WITH YOUR PRESENT OR MOST RECENT JOB. IT IS IMPORTANT TO INCLUDE THE PHONE NUMBERS OF YOUR EMPLOYERS. INDICATE ANY CHANGE IN JOB TITLE UNDER THE SAME EMPLOYER AS A SEPARATE POSITION.**

PRESENT OR MOST RECENT EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR	
YOUR DUTIES	LIST THREE CO-WORKERS _____ _____ _____	FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME ( _____ hours per _____ )	
		BEGINNING PAY	ENDING PAY
		\$ _____ per _____	\$ _____ per _____
EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR	
YOUR DUTIES	LIST THREE CO-WORKERS _____ _____ _____	FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME ( _____ hours per _____ )	
		BEGINNING PAY	ENDING PAY
		\$ _____ per _____	\$ _____ per _____
EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR	
YOUR DUTIES	LIST THREE CO-WORKERS _____ _____ _____	FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME ( _____ hours per _____ )	
		BEGINNING PAY	ENDING PAY
		\$ _____ per _____	\$ _____ per _____
EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR	
YOUR DUTIES	LIST THREE CO-WORKERS _____ _____ _____	FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME ( _____ hours per _____ )	
		BEGINNING PAY	ENDING PAY
		\$ _____ per _____	\$ _____ per _____

(CONTINUED ON NEXT PAGE)

**WORK EXPERIENCE (Continued)**

PRESENT OR MOST RECENT EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR	
YOUR DUTIES	LIST THREE CO-WORKERS _____ _____ _____	FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME ( _____ hours per _____ )	
		BEGINNING PAY	ENDING PAY
		\$ _____ per _____	\$ _____ per _____
EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR	
YOUR DUTIES	LIST THREE CO-WORKERS _____ _____ _____	FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME ( _____ hours per _____ )	
		BEGINNING PAY	ENDING PAY
		\$ _____ per _____	\$ _____ per _____
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YOUR DUTIES	LIST THREE CO-WORKERS _____ _____ _____	FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME ( _____ hours per _____ )	
		BEGINNING PAY	ENDING PAY
		\$ _____ per _____	\$ _____ per _____
EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR	
YOUR DUTIES	LIST THREE CO-WORKERS _____ _____ _____	FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME ( _____ hours per _____ )	
		BEGINNING PAY	ENDING PAY
		\$ _____ per _____	\$ _____ per _____

**USE A SEPARATE SHEET TO CONTINUE WITH ANY ADDITIONAL EMPLOYMENT DATA, USING SAME FORMAT AS ABOVE.**

# EMPLOYMENT/EDUCATION GAPS

PLEASE ACCOUNT FOR PERIODS OF TIME WHICH ARE NOT COVERED BY YOUR EMPLOYMENT AND/OR EDUCATION HISTORY:		
FROM	TO	REASON

IS YOUR VISION CORRECTABLE TO 20/20? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU RECOGNIZE COLORS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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## MILITARY SERVICE

HAVE YOU SERVED IN THE ARMED FORCES, NATIONAL GUARD OR MILITARY RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO		BRANCH OF SERVICE	OCCUPATION
HIGHEST RANK ATTAINED	RANK DISCHARGED	SERVICE NUMBER	
DATES OF SERVICE		TYPE OF DISCHARGE	
ARE YOU CURRENTLY PARTICIPATING IN ANY MILITARY RESERVE OR NATIONAL GUARD PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO    WHERE?			

PLEASE LIST YOUR PAST MILITARY SUPERIORS WHO COULD PROVIDE INFORMATION PERTAINING TO YOUR SERVICE BACKGROUND.		
NAME	ADDRESS	PHONE NUMBER

WERE YOU EVER DISCIPLINED WHILE IN MILITARY SERVICE?     YES     NO  
 (Include court martial, captain's masts, article 15, or other non-judicial)

CHARGE	UNIT	DATE	AGE AT TIME	DISPOSITION

# DRIVER'S LICENSE INFORMATION

DO YOU HAVE A CURRENT DRIVER'S LICENSE?  YES, Driver's License # \_\_\_\_\_, What State? \_\_\_\_\_  NO

LIST ANY OTHER STATE(S) WHERE YOU HAVE EVER HELD A DRIVER'S LICENSE  
 Driver's License # \_\_\_\_\_, What State? \_\_\_\_\_ Driver's License # \_\_\_\_\_, What State? \_\_\_\_\_

HOW MANY MILES DO YOU DRIVE IN A YEAR? \_\_\_\_\_

HAVE YOU EVER HAD AUTOMOBILE INSURANCE WITHDRAWN, CANCELLED, REVOKED OR REFUSED?  YES  NO  
 If yes, explain: \_\_\_\_\_

HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE?  YES  NO  
 If yes, explain: \_\_\_\_\_

HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED OR CANCELLED?  YES  NO  
 If yes, explain: \_\_\_\_\_

HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT AS THE DRIVER?  YES  NO

INCIDENT	DATE	INVESTIGATING AGENCY	LOCATION

## RECORD OF LAW ENFORCEMENT CONTACTS

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATIONS OF CITY ORDINANCES, COUNTY ORDINANCES, STATE OR FEDERAL LAW? (Include traffic violations. Attach separate sheet for additional information.)

DATE	LIST ISSUING AGENCY	LAW VIOLATED	(DISPOSITION: Bail Forfeited, Fined, etc.)

(CONTINUED ON NEXT PAGE)

ARE THERE ANY CHARGES (VIOLATIONS) PENDING AGAINST YOU?  YES  NO (If yes, please explain.)

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WERE YOU EVER CONVICTED BEFORE A JUVENILE COURT FOR ANY ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED BY AN ADULT?  YES  NO (If yes, please explain.)

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HAVE YOU EVER BEEN INVOLVED IN A CIVIL ACTION? (i.e.: divorce, bankruptcy, small claims, etc.)  YES  NO (If yes, please explain when, where, name and location of court and circumstances.)

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HAVE YOU EVER PARTICIPATED IN A DEFERRED PROSECUTION OR FIRST OFFENDER PROGRAM AS A RESULT OF A CONVICTION?  YES  NO (If yes, please explain.)

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HAVE YOU EVER BEEN PLACED ON COURT PROBATION AS AN ADULT?  YES  NO (If yes, give details, including dates, where, why:)

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CAN YOU LEGALLY OWN AND POSSESS A FIREARM?  YES  NO

If "NO," explain: \_\_\_\_\_

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HAVE YOU EVER USED ANY MARIJUANA, COCAINE, LSD, SPEED, PCP, HEROIN, HASHISH, STEROIDS, METHAMPHETAMINE, ECSTACY OR ANY OTHER STREET DRUGS OR TAKEN PRESCRIPTION DRUGS NOT PRESCRIBED FOR YOU?  YES  NO (If yes, please explain.)

NAME OF DRUG	TOTAL ESTIMATED USE	DATE FIRST USED	DATE LAST USED

LIST ALL CITIES AND STATES IN WHICH YOU HAVE LIVED:

PLEASE LIST ALL OF YOUR RESIDENCES FOR THE PAST TEN YEARS. BEGIN WITH YOUR MOST CURRENT RESIDENCE. (If needed, use separate paper, using this format.)

ADDRESS

DATES (Month, Year) FROM:	TO:	REASON FOR LEAVING
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NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER

WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE?

ADDRESS

DATES (Month, Year) FROM:	TO:	REASON FOR LEAVING
---------------------------	-----	--------------------

NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER

WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE?

ADDRESS

DATES (Month, Year) FROM:	TO:	REASON FOR LEAVING
---------------------------	-----	--------------------

NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER

WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE?

ADDRESS

DATES (Month, Year) FROM:	TO:	REASON FOR LEAVING
---------------------------	-----	--------------------

NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER

WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE?

ADDRESS

DATES (Month, Year) FROM:	TO:	REASON FOR LEAVING
---------------------------	-----	--------------------

NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER

WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE?

HAS YOUR APPLICATION EVER BEEN REJECTED OR WITHDRAWN FROM A HIRING PROCESS?

YES  NO (If yes, please explain.)

### LAW ENFORCEMENT EMPLOYMENT APPLICATION INFORMATION

**IF YOU HAVE APPLIED FOR EMPLOYMENT WITH OTHER PUBLIC SAFETY AGENCIES (Fire, Police, EMS), LIST THE NAME(S) OF THOSE AGENCIES AND THE YEAR APPLIED. (If needed, use separate paper.)**

NAME OF AGENCY		DATE (Month, Year)
COMPLETE ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKGROUND CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATUS AND/OR RESULTS:		

NAME OF AGENCY		DATE (Month, Year)
COMPLETE ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKGROUND CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATUS AND/OR RESULTS:		

NAME OF AGENCY		DATE (Month, Year)
COMPLETE ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKGROUND CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATUS AND/OR RESULTS:		

NAME OF AGENCY		DATE (Month, Year)
COMPLETE ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKGROUND CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATUS AND/OR RESULTS:		

NAME OF AGENCY		DATE (Month, Year)
COMPLETE ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKGROUND CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATUS AND/OR RESULTS:		

NAME OF AGENCY		DATE (Month, Year)
COMPLETE ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKGROUND CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATUS AND/OR RESULTS:		

NAME OF AGENCY		DATE (Month, Year)
COMPLETE ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKGROUND CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATUS AND/OR RESULTS:		

**CHARACTER REFERENCES**

<b>LIST NAMES OF FOUR PEOPLE WHO HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS (Exclude relatives, former employers or co-workers.)</b>
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NAME

ADDRESS (City, State, Zip Code)

PROFESSION/TITLE

HOME PHONE

CELL PHONE

BUSINESS PHONE

NAME

ADDRESS (City, State, Zip Code)

PROFESSION/TITLE

HOME PHONE

CELL PHONE

BUSINESS PHONE

NAME

ADDRESS (City, State, Zip Code)

PROFESSION/TITLE

HOME PHONE

CELL PHONE

BUSINESS PHONE

NAME

ADDRESS (City, State, Zip Code)

PROFESSION/TITLE

HOME PHONE

CELL PHONE

BUSINESS PHONE

UPON REQUEST, PLEASE BE PREPARED TO PRESENT THE FOLLOWING:

1. Birth Certificate
2. High School (HSED or GED) Diploma or Equivalency
3. Military Discharge Papers (if applicable)
4. College or Technical School Transcripts and Copy of Diplomas

## QUALIFICATIONS STATEMENT

Please prepare a statement describing any relevant training, work and life experiences which have prepared you to perform the role of deputy sheriff/police officer. Limit your statement to one page. You may either print neatly or type your response.



The check-off questions below provide a means of quickly reviewing your qualifications. Please check the "Yes" or "No" box for each question, including those questions that may duplicate, in whole or in part, other questions on this application.

**QUESTIONS USED AS INDICATORS FOR APPLICANTS:**

	<u>YES</u>	<u>NO</u>
1. Are you a United States citizen? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of a felony? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a valid driver's license? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you 18 years old or older? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you a high school graduate? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a GED or HSED? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you a graduate from a two-year college or technical school? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you a graduate from a four-year college? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you earned a Master's degree or Ph.D. or other advanced degree? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Check the highest <u>semester credit hours</u> of education completed after high school: <div style="display: flex; justify-content: space-around; margin-left: 40px;"> <span><input type="checkbox"/> 30 – 60</span> <span><input type="checkbox"/> 61 – 90</span> <span><input type="checkbox"/> 91-120</span> <span><input type="checkbox"/> 121 – 150</span> <span><input type="checkbox"/> over 150</span> </div>		
11. Do you have two years of work experience? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have hearing in the normal range? .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Can you swim at least 100 feet, unassisted, in water over your head? .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you willing to work weekends and holidays? .....	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you certified by, or have you successfully completed, a Wisconsin L.E.S.B. Police Recruit Academy? .....	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you been certified by any other state as a Law Enforcement Officer? .....	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you a certified LESB jail officer? .....	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you been certified by any other state as a corrections/jail officer? .....	<input type="checkbox"/>	<input type="checkbox"/>

**QUESTIONS USED AS INDICATORS FOR APPLICANTS: (Continued)**

	<u>YES</u>	<u>NO</u>
19. Have you ever used or experimented with heroin? .....	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever used or experimented with hashish? .....	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever used or experimented with steroids? .....	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever used or experimented with methamphetamine? .....	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever used or experimented with ecstasy? .....	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever used or experimented with marijuana? .....	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you ever used or experimented with cocaine? .....	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever used or experimented with LSD or other hallucinogen? .....	<input type="checkbox"/>	<input type="checkbox"/>
27. Have you ever used or experimented with a prescription drug not prescribed for you? .....	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever used or experimented with any other street drugs? .....	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you ever been in the military, National Guard or Reserves? .....	<input type="checkbox"/>	<input type="checkbox"/>
30. Have you ever had auto insurance withdrawn, cancelled, revoked or refused? .....	<input type="checkbox"/>	<input type="checkbox"/>
31. Have you ever been refused a driver's license? .....	<input type="checkbox"/>	<input type="checkbox"/>
32. Has your driver's license ever been revoked, suspended or cancelled? .....	<input type="checkbox"/>	<input type="checkbox"/>
33. Have you ever participated in any deferred prosecution or First Offenders' program? .....	<input type="checkbox"/>	<input type="checkbox"/>
34. Circle the number of traffic violations for which you have been convicted in the past five years: (Do not include parking violations)    0    1    2    3    4    5    6    7    8    9    10		
35. Have you ever been convicted of any violation(s) of city ordinances, county ordinances, or municipal ordinances, state or federal laws (excluding traffic)? .....	<input type="checkbox"/>	<input type="checkbox"/>
36. Do you have any criminal action pending against you? .....	<input type="checkbox"/>	<input type="checkbox"/>
37. Have you ever been on court ordered probation? .....	<input type="checkbox"/>	<input type="checkbox"/>
38. Have you ever been discharged from a job? .....	<input type="checkbox"/>	<input type="checkbox"/>
39. Have you ever been suspended or expelled from any high school, college, university, graduate school, vocational or business school? .....	<input type="checkbox"/>	<input type="checkbox"/>

**ALL APPLICANTS MUST SIGN THIS CERTIFICATE:**

*I have read the job specifications and, in my opinion, I meet the minimum requirements. I have read and made a complete answer to each question. I certify that my answers in each instance are true and correct, containing no misrepresentations, omissions or falsifications, and are complete. I agree that any misstatements or omissions of material fact may cause forfeiture on my part of all rights to any employment in the county service.*

SIGNATURE

DATE

**VETERAN'S PREFERENCE**

VETERANS OF U.S. MILITARY SERVICE AND THEIR **SPOUSES** WHO MEET ELIGIBILITY STANDARDS DESCRIBED BELOW WHO ARE PLACED ON ANY CIVIL SERVICE EMPLOYMENT REGISTER AND WHO DO NOT HOLD A DANE COUNTY CIVIL SERVICE POSITION SHALL BE GRANTED VETERAN'S PREFERENCE AS ALSO DESCRIBED BELOW.

ELIGIBILITY STANDARDS – For veterans who served during the qualifying dates of service specified below and who have been discharged or released from said service under conditions other than dishonorable. Preference shall mean:

- For a veteran, that 10 points shall be added to his or her grade.
- For a disabled veteran, that 15 points shall be added to his or her grade.
- For a disabled veteran whose disability is at least 30%, that 20 points shall be added to his or her grade.
- For the spouse of a disabled veteran whose disability is at least 70%, that 10 points shall be added to the spouse's grade.
- For the unremarried spouse of a veteran who was killed in action, that 10 points shall be added to the spouse's grade.
- For the unremarried spouse of a veteran who died of a service-connected disability, that 10 points shall be added to the spouse's grade.

QUALIFYING DATES OF SERVICE – Had active duty of at least one day during one or more of the following or were ordered to active duty in the reserves or national guard because of the 1961 Berlin Crisis under Section 1 of executive order 10957.

- August 27, 1940 to July 25, 1947 (WWII Veteran)
- June 27, 1950 to January 31, 1955 (Korean Conflict Veteran)
- August 5, 1964 to July 1, 1975 (Viet Nam Veteran)
- 1961 Berlin Crisis
- August 1, 1990 to present (Gulf War)

(OR ARE ENTITLED TO ARMED FORCES EXPEDITIONARY MEDAL(S) OR VIETNAM SERVICE MEDAL (Established by Executive Order 11231 of July 8, 1965) FOR SERVICE IN ONE OR MORE OF THE FOLLOWING CAMPAIGNS OR PERIODS OF CONFLICT:

- Berlin: August 14, 1961 to June 1, 1963
- Congo: July 14, 1960 to September 1, 1962
- Cuba, October 24, 1962 to June 1, 1963
- Grenada, October 23, 1983 to November 21, 1983
- Laos: April 19, 1961 to October 7, 1962
- Lebanon: July 1, 1958 to November 1, 1958
- Lebanon: August 1, 1982 to August 1, 1984
- Guemoy and Mats: August 23, 1958 to June 1, 1963
- Taiwan Straits: August 23, 1958 to January 1, 1959
- Vietnam: July 1958 to August 4, 1964
- Middle East Crisis (s. 45.34(2), Wis. Stats.)
- Operation Just Cause, Panama, December 20, 1989 to January 31, 1990
- Desert Shield/Desert Storm: August 1, 1990 to present
- Restore Hope, Somalia: December 9, 1992 to present
- Peacekeeping, Bosnia: December 1, 1995 to present
- Peacetime – A person who served on active duty under honorable conditions in the U.S. armed forces for 2 continuous years or more or the full period of the person's initial service obligation (regardless of when they served), whichever is less. A person discharged from the U.S. armed forces for reasons of hardship or a service-connected disability or a person released due to a reduction in the U.S. armed forces prior to the completion of the required period of service shall also be considered a "veteran," regardless of the actual time served.

**PEACE TIME VETERANS:**  
PLEASE BE AWARE OF THE  
PARAGRAPH BELOW EXPLAINING  
YOUR RIGHTS.

**PROOF OF VETERANS STATUS IS REQUIRED WITH THE APPLICATION.**

If you satisfy one of the eligibility standards specified above, you may claim veterans's preference by checking the applicable block:

- Veteran
- Disabled veteran
- Disabled veteran whose disability is at least 30%
- Spouse of a disabled veteran whose disability is at least 70%
- Unremarried spouse of a veteran who was killed in action
- Unremarried spouse of a veteran who died of a service-connected disability

## **Dane County Deputy Sheriff Applicants Release**

***After completing the written examination, candidates will advance to the application screening process. Part of the review process includes a records check (i.e., motor vehicle traffic violation record, prior law enforcement convictions). In order for the Sheriff's Office to access accurate information about me, I understand that the Sheriff's Office will need access to my social security number and date of birth.***

***In the event that my application advances to the application review committee, I authorize the Employee Relations Division to release my social security number and date of birth to authorized personnel in the Sheriff's Office to complete an initial records check to be utilized for the application review committee. The social security number and date of birth will be kept separate from your application form and will not be released beyond what is stated in the release. Refusal to sign the release will result in not being able to further process your application.***

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

***If you have any questions about this, please feel free to contact the Employee Relations Division at (608) 266-4125 for additional information.***

**ATTENTION: This page will be retained in the Employee Relations Office.**

***The following information is required in order to process your application. Your Social Security Number and date of birth will remain confidential and will not be copied or released but are required for applicant tracking purposes and will help ensure the accuracy of your application and will be used for administrative purposes only.***

**JOB TITLE FOR WHICH YOU ARE APPLYING** 

FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NO.	
			BIRTHDATE	
ADDRESS (Number, Street)		APT	CITY	STATE
				ZIP CODE

**DANE COUNTY VOLUNTARY APPLICANT STATISTICAL INFORMATION SURVEY**

**Disclosure of the following information is voluntary and is collected to meet requirements for federal government reporting and research purposes. The data will be used for these purposes only. Federal, state and county laws forbid discrimination based on age, sex, religion, disability, racial or ethnic group.**

**This page will be removed from the application and should you choose to provide the information below, will be kept confidential as required by law. Failure to disclose the data will have no effect on hiring decisions.**

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE ATTAINED: <input type="checkbox"/> 0 – 12 YEARS (Not a Graduate) – 01 <input type="checkbox"/> HIGH SCHOOL GRADUATE OR GED – 02 <input type="checkbox"/> VOCATIONAL/BUSINESS SCHOOL – 03 <input type="checkbox"/> COLLEGE, BUT NOT A GRADUATE – 04 <input type="checkbox"/> BACHELOR'S DEGREE – 05 <input type="checkbox"/> MASTER'S DEGREE – 06 <input type="checkbox"/> PhD, M.D., J.D., OR OTHER PROFESSIONAL DEGREE – 07	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU APPLYING FOR: <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> REGULAR EMPLOYMENT <input type="checkbox"/> LIMITED TERM EMPLOYMENT
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HOW DID YOU FIRST LEARN ABOUT THIS JOB? PLEASE CHECK ONE.

<input type="checkbox"/> COUNTY AFFIRMATIVE ACTION (A-01) <input type="checkbox"/> COUNTY EMPLOYEE RELATIONS BOARD (A-02) <input type="checkbox"/> COUNTY TELEPHONE JOB LINE (A-03) <input type="checkbox"/> STATE JOB SERVICE (B-01) <input type="checkbox"/> URBAN LEAGUE OF GREATER MADISON (C-01) <input type="checkbox"/> CENTRO HISPANO (C-02) <input type="checkbox"/> UNITED REFUGEE SERVICES (C-03) <input type="checkbox"/> OTHER COMMUNITY BASED ORG. (C-04) Name: _____ <input type="checkbox"/> WISCONSIN STATE JOURNAL (D-01) <input type="checkbox"/> MADISON TIMES (D-02) <input type="checkbox"/> UMOJA (D-03) <input type="checkbox"/> HISPANIC NEWSPAPER (D-04) Name: _____ <input type="checkbox"/> ASIAN NEWSPAPER (D-05) Name: _____	<input type="checkbox"/> NATIVE AMERICAN NEWSPAPER (D-06) Name: _____ <input type="checkbox"/> OTHER NEWSPAPER (D-07) Name: _____ <input type="checkbox"/> MAGAZINE/JOURNAL (E-01) Name: _____ <input type="checkbox"/> FRIEND/RELATIVE (F-01) Name: _____ <input type="checkbox"/> COLLEGE/UNIVERSITY BULLETIN BOARD (G-01) Name: _____ <input type="checkbox"/> SCHOOL/JOB COUNSELOR (G-02) Name: _____ <input type="checkbox"/> SPECIAL RECRUITMENT (H-01) Name: _____ <input type="checkbox"/> RADIO (I-01) Name: _____ <input type="checkbox"/> TELEVISION (I-02) Name: _____ <input type="checkbox"/> JOB FAIR/CAREER DAY EVENT (J-01) Name: _____ <input type="checkbox"/> MILITARY JOB PLACEMENT SERVICE (K-01) Name: _____ <input type="checkbox"/> REFERRED BY CURRENT SHERIFF'S DEPT. EMPLOYEE (L-01) <input type="checkbox"/> INTERNET (M-01) Name: _____
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SEX:  FEMALE     MALE

ETHNIC GROUP:

- AFRICAN AMERICAN (B)** – (Not of Hispanic Origin) All persons having origins in any of the black racial groups of Africa.
- ASIAN OR PACIFIC ISLANDERS (R)** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, and Samoa.
- NATIVE AMERICAN OR ALASKAN NATIVE (A)** – All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal association or community recognition.
- HISPANIC (S)** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- CAUCASIAN (White) (C)** – (Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- DISABLED** – (Physical or mental impairment that substantially limits a major life activity such as hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning, thinking or working; has a record of such an impairment; or is regarded as having such an impairment.)

**WARNING** – *this page must be attached, even if you decline to furnish the requested information, in order for your application to be considered.*

**COUNTY OF DANE**  
**EMPLOYEE RELATIONS DIVISION**  
ROOM 418, CITY-COUNTY BUILDING  
210 MARTIN LUTHER KING, JR. BOULEVARD  
MADISON, WISCONSIN 53703-3345



*Return to:*