



# DANE COUNTY PUBLIC SAFETY COMMUNICATIONS



## OFFICIAL APPLICATION FOR:

**COMMUNICATOR • DATA BASE COORDINATOR • COMMUNICATIONS SUPERVISOR •  
SUPPORT SERVICES MANAGER • OPERATIONS MANAGER • CLERK**

### **IMPORTANT INSTRUCTIONS**

THANK YOU FOR YOUR INTEREST IN BECOMING A MEMBER OF THE PUBLIC SAFETY COMMUNICATIONS TEAM. 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 CLASS SPECIFICATION AND ANNOUNCEMENT. IF A QUESTION DOES NOT APPLY TO YOU, MARK N/A. TYPE OR PRINT IN INK. A RESUME MAY NOT SUBSTITUTE FOR THIS APPLICATION. **YOU MUST READ AND SIGN PAGES 9 AND 10 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  
(608) 266-4125 • TDD (608) 266-4529

TITLE OF POSITION FOR WHICH YOU ARE APPLYING					
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?		IF YOU ARE NOT A UNITED STATES CITIZEN, DO YOU HAVE PAPERS FROM THE UNITED STATES GOVERNMENT PERMITTING YOU TO WORK?		ARE YOU A CURRENT COUNTY EMPLOYEE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**Upon request, please be prepared to present the following:**

- |  |  |
|--|--|
| <p><b>1) birth certificate;</b><br/><b>2) high school (HSED or GED) diploma;</b></p> | <p><b>3) Military Discharge Papers (if applicable);</b><br/><b>4) college &amp;/or technical school transcripts &amp; diplomas</b></p> |
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### **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



# WORK EXPERIENCE

MAY WE OBTAIN REFERENCES FROM THE EMPLOYERS NAMED BELOW?  YES  NO IF NO, NAME AND EXPLAIN EXCEPTIONS.

1. Were you ever terminated from employment?  YES  NO
  2. Have you resigned after being informed your employer intended to terminate or discipline you?  YES  NO
  3. Have you ever received formal discipline (i.e., written reprimand or suspension) at any job?  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 _____
EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
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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.**

HAS YOUR APPLICATION EVER BEEN REJECTED OR WITHDRAWN FROM A HIRING PROCESS? IF "YES," EXPLAIN: _____	
IS YOUR VISION WITH OR WITHOUT CORRECTION WITHIN NORMAL LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU RECOGNIZE COLORS? <input type="checkbox"/> YES <input type="checkbox"/> NO



HAVE YOU EVER PARTICIPATED IN A DEFERRED PROSECUTION OR FIRST OFFENDER PROGRAM?  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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**USE A SEPARATE SHEET TO CONTINUE WITH ANY ADDITIONAL LAW ENFORCEMENT CONTACTS, USING SAME FORMAT AS ABOVE.**

**DRIVER'S LICENSE INFORMATION**

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

LIST ANY OTHER STATE WHERE YOU HAVE EVER HELD A DRIVER'S LICENSE

Driver's License # \_\_\_\_\_, What State? \_\_\_\_\_ Driver's License # \_\_\_\_\_, What State? \_\_\_\_\_

DO YOU CURRENTLY HAVE AUTOMOBILE INSURANCE?  YES  NO

If not, explain: \_\_\_\_\_

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HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED OR CANCELLED?  YES  NO

If not, explain: \_\_\_\_\_

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LIST ALL CITIES & STATES IN WHICH YOU HAVE LIVED.

**PLEASE LIST ALL OF YOUR RESIDENCES DURING 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
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?		

**LIST NAMES OF THREE PEOPLE, NOT RELATED TO YOU OR PAST EMPLOYERS, WHO KNOW YOUR STRENGTHS AND WEAKNESSES.**

NAME	HOME PHONE
ADDRESS (City, State, Zip Code)	CELL PHONE
PROFESSION/TITLE	BUSINESS PHONE
NAME	HOME PHONE
ADDRESS (City, State, Zip Code)	CELL PHONE
PROFESSION/TITLE	BUSINESS PHONE
NAME	HOME PHONE
ADDRESS (City, State, Zip Code)	CELL PHONE
PROFESSION/TITLE	BUSINESS PHONE

**HAVE YOU EVER APPLIED FOR ANY CIVIL SERVICE POSITIONS? (i.e., Fire Department, EMS, Police):**

YES     NO    IF SO, WHEN & WHERE? \_\_\_\_\_

**HAS A BACKGROUND CHECK EVER BEEN CONDUCTED FOR ANY CIVIL SERVICE POSITION?**

YES     NO    IF SO, WHEN & WHERE? \_\_\_\_\_

**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
HIGHEST RANK ATTAINED	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	

**PLEASE LIST YOUR PAST MILITARY SUPERIORS WHO COULD PROVIDE INFORMATION PERTAINING TO YOUR SERVICE BACKGROUND.**

NAME	ADDRESS	PHONE NUMBER

## Applicants Release

***Part of the hiring process for public safety communications positions is a records check (motor vehicle traffic violation record, prior law enforcement convictions). In order for the County to access accurate information about me, I understand that the County will need access to my social security number and date of birth.***

***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, when and if my application advances to that stage in the hiring process. The social security number and date of birth will be kept separate from your application 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.***

***Dane County's policy is to retain application information including applicant names in confidence. However, Wisconsin law requires that if applicants have not requested that their application information be held in confidence, and a person outside of Dane County government service requests the release of such application information, this information, including the applicant's name, must be released [Sections 19.36(7) and 19.42(7w), Stats]. This same law provides that the application information of those who become finalists for Dane County positions serving under a contractual employment agreement must be released if so requested even if these finalists have stated that their application be held in confidence. (Please check one of the boxes below).***

- I request that my application information contained within this application, including my name, be held in confidence as provided for under applicable State of Wisconsin law.***
- I do not request that my application information contained within this application, including my name, be held in confidence.***

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.***

**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 Matsui: 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

**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:	ARE YOU CURRENTLY EMPLOYED?
<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	<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

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.)

**ATTENTION** – *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:*