



Sheriff's Office Employment Application

LAW ENFORCEMENT – DEPUTY OR JAILER/DISPATCHER

NOTICE: All questions must be answered. Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages.

Position Applying For _____

APPLICANT INFORMATION			
Name (First, Middle, Last)		Social Security # (xxx-xx-xxxx)	
Street Address	City	State	Zip Code
Home Telephone	Work Telephone	Cell Phone	
E-Mail Address:			
Have you successfully completed the basic training required for certification (i.e. 520-hour law enforcement academy)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type(s) of basic training have you successfully completed? <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Jail <input type="checkbox"/> Secure Juvenile Detention			
If applicable, include the name of the school where you completed basic training and the date that training was completed:			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a high school diploma, GED or HSED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have an Associate Degree or 60 associate degree level college credits or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, were you employed as a law enforcement officer prior to February 1, 1993? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>The college credit requirement as written in Wisconsin Administrative Code § LES 2.01(1)(e), pertains to law enforcement and tribal law enforcement officers first employed on or after February 1, 1993.</small>			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a misdemeanor crime of domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you prohibited by state or federal law from possessing a firearm? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you possess a valid Wisconsin driver's license or a valid driver's license from another state? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. To furnish additional employment information, attach sheets of the same size and format as this application

Name of Employer**Telephone****Address****Job Title****Employment Dates (month / year)****Supervisor's Name/Telephone Number**

From

To

Position and kind of work**Annual Salary/Wages** **Full-Time** **Part-Time****Reason for Leaving****May we contact the employer / supervisor?** **Yes** **No****Name of Employer****Telephone****Address****Job Title****Employment Dates (month / year)****Supervisor's Name/Telephone Number**

From

To

Position and kind of work**Annual Salary/Wages** **Full-Time** **Part-Time****Reason for Leaving****If currently employed, may we contact as a reference?** **Yes** **No****Name of Employer****Telephone****Address****Job Title****Employment Dates (month / year)****Supervisor's Name/Telephone Number**

From

To

Position and kind of work**Annual Salary/Wages** **Full-Time** **Part-Time****Reason for Leaving****If currently employed, may we contact as a reference?** **Yes** **No**

EDUCATION

School	Name & Location (City, State)	From (mm/yyyy)	To (mm/yyyy)	Degree, Diploma or Credits Earned
High				
College				

MILITARY SERVICE

Branch of Service	From (mm/yyyy)	To (mm/yyyy)	Active Duty or Reserve?	Highest Grade	Skill Specialty or Primary Duty

Honorably Discharged from Military Service? Yes No Not Applicable

REFERENCES

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name	Position/Title/Profession
Address	
Telephone	Number of Years Acquainted
Name	Position/Title/Profession
Address	
Telephone	Number of Years Acquainted
Name	Position/Title/Profession
Address	
Telephone	Number of Years Acquainted

GENERAL

No more than one page for each answer.

A. Why have you chosen to apply for this position?

GENERAL

No more than one page for each answer.

- B. Discuss things you have done which have contributed to your life experience. Be sure to include information regarding volunteer work with civic, school, or professional organizations. Be specific about names and dates.

GENERAL

No more than one page for each answer.

C. Why do you believe you could relate to and/or work with people of different races, genders, cultures, ages, socio-economic groups, and educational levels?

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicant Signature _____ **Date Signed** _____

Under the provisions of § 19.36, Wis. Stats., I request that my identity as an applicant for this position not be revealed without my consent or until required under law.

Applicant Signature _____ **Date Signed** _____

TAYLOR COUNTY

TO: ALL JOB APPLICANTS

Taylor County is an Equal Opportunity Employer, and, in order to comply with Federal and State information reporting requirements, you are requested to complete the information below.

This information is kept separate from your employment application and is used for information reporting only.

Male Female

WHITE: includes persons of Indo-European Descent, including Pakistan and East Indian.

BLACK: includes persons of African Descent as well as those identified as Jamaican, Trinidadian and West Indian.

HISPANIC: includes all persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish Descent.

AMERICAN INDIAN: includes persons who identify themselves, or are known as such, by virtue of tribal association.

ASIAN AMERICAN: includes persons of Japanese, Chinese, Korean or Filipino Descent.

OTHER: includes Aleuts, Eskimos, Malaysians, Thais and others not covered by specific categories above.

APPLICANT NAME

POSITION APPLIED FOR

DATE COMPLETED

**Authorization of Background Investigation and
Disclosure of Records for Employment Purposes**

To the recipient of this Authorization:

I, _____, ("Applicant") authorize the **Taylor County Sheriff's Office** and its designated agents and representatives to conduct a comprehensive investigation of my background for employment, promotion, reassignment or retention as an employee. The **Taylor County Sheriff's Office** needs to thoroughly investigate my background to evaluate my qualifications to hold a position with the Office. I affirm that it is in the public's interest that all possibly relevant information concerning my personal and employment history be disclosed to **Taylor County Sheriff's Office**.

I understand the scope of the investigation performed by **Taylor County Sheriff's Office** may include, but is not necessarily limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other records relevant to my qualifications for employment, regardless of whether such record is considered a public record.

In connection with this investigation, I authorize the complete release of any and all records or data pertaining to me, including both verbal and written information, to the **Taylor County Sheriff's Office** which any individual, company, firm, corporation or public agency in receipt of this Authorization may have.

I further hereby release and hold harmless any individual, company, or institution and all individuals connected therewith, including **Taylor County Sheriff's Office**, from any and all liability whatsoever that might otherwise be incurred in furnishing any information pursuant to this Authorization.

A photocopy reproduction of this Authorization, when supplied by an employee of the **Taylor County Sheriff's Office**, shall be for all intents and purposes as valid as the original. The recipient of this Authorization may retain the provided copy for its files.

Applicant Information (please print legibly):

1. Name (Full) _____

2. Any and All Former Names _____

3. Social Security Number _____ - _____ - _____

4. Date of Birth _____ / _____ / _____

5. Telephone Number () _____

6. Current Street Address _____

City _____ State _____ Zip _____

7. Driver's License Number _____ State Issued _____

8. Name on Driver's License _____

9. May we contact your current employer? _____

10. May we contact your current supervisor? _____

11. May we contact your previous employers? _____

12. May we contact your previous supervisors? _____

13. Prior residences, past ten (10) years:

a. _____

From _____ / _____ / _____ To _____ / _____ / _____

b. _____

From _____ / _____ / _____ To _____ / _____ / _____

c. _____

From _____ / _____ / _____ To _____ / _____ / _____

d. _____

From _____ / _____ / _____ To _____ / _____ / _____

By signing below, I acknowledge that I have read and understand the statements above. I am also certifying that the above information is true and correct. Unless revoked, this authorization remains in effect until the time stated below. I understand that I may revoke this authorization, in writing, at any time except in regard to any information previously released as a result of this authorization.

This Authorization expires on this specific date: _____ / _____ / _____

Applicant Signature

Date