



**SHERIFF'S OFFICE**  
*Martin R. Schulteis, Sheriff*



Special Deputy Applicant:

The Washington County Sheriff's Department is accepting applications for the position of Special Deputy. If you are interested in applying for the position at this time, you must do the following:

1. Complete all sections of the Washington County Personal History Questionnaire and the attached forms.
2. Attach copies of your driver's license, social security card, birth certificate, high school or GED diploma and college transcripts (or diploma, if applicable).
3. Please complete and return the Washington County Advertising Referral Source.
4. The Washington County Voluntary Affirmative Action Information form may be filled out and returned, however, it is not mandatory.

A resume may be included with your application but may not be submitted in lieu of an application form.

Successful applicants will be required to pass a background investigation and complete an oral interview.

Please review the enclosed position description and the information sheet about the Special Deputy Program. If you have any questions about the Special Deputy Program or the application process, you may contact Lieutenant Jason Guslick at (262) 335-4879.

**All application materials must be submitted to the Sheriff's Office, 500 N. Rolfs Avenue, West Bend, WI 53090, to the attention of Lieutenant Jason Guslick.**

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**DEDICATED TO SERVE**

500 Rolfs Avenue West Bend, Wisconsin 53090  
(262) 335-4378 FAX (262) 335-4429

## IMPORTANT INFORMATION ABOUT THE SPECIAL DEPUTY PROGRAM

The Special Deputy Program offers people a unique opportunity to work in the law enforcement field and gain valuable law enforcement experience while earning a modest income. A Special Deputy is a part-time employee of the Sheriff's Office who works at the sole discretion of the Sheriff. People serve as Special Deputies primarily because they enjoy the work and wish to serve the community.

Special Deputies are sworn, weapons-carrying officers with full arrest authorities. They are governed by the same policies and procedures that govern full-time Deputies. The current wage rate for a Special Deputy with state law enforcement certification is \$19.51 per hour.

Special Deputies primarily work in three areas:

### **Contract Assignments**

Assignments include security work at a wide variety of events throughout the year such as the County Fair, fireman's picnics, Fair Park shows, haunted houses and other special events. Most assignments are posted weekly and are generally filled on a first-come, first-serve basis. Most paid assignments are security related, less than eight hours in length, and are frequently scheduled on evenings and weekends. Since many of these events occur during the summer months, that season is often the busiest for Special Deputies.

### **Prisoner Transports**

Special Deputies accompany full-time Deputies on prisoner transports. These assignments are generally filled by call-ins and can run anywhere from two hours to twelve hours. These transport assignments often come up on short notice, however can sometimes be arranged up to several days in advance. Most transports will be to surrounding counties but the Sheriff's Office does transport prisoners statewide.

### **Courthouse Security**

Special Deputies provide security, primarily at the screening station in the Washington County Justice Center. These positions are generally scheduled for nine hours per day and are filled at the discretion of the supervisor in charge of Justice Center security. The workload each week is divided amongst those Special Deputies that are available and willing to work on a weekly basis.

Special Deputies may work up to a few hundred hours of paid assignments per year working contract assignments and transport work. Those assigned to courthouse security may have a more set schedule and more hours each month depending on their experience level and availability. We encourage our Special Deputies to work in all of these areas, however we realize that in some situations, a candidate may have a strong preference, aptitude or availability for working in one area over another. Availability and willingness to work will factor heavily in our hiring decision.

Special Deputies are not Civil Service employees. They do not belong to a union and they are not governed by a contract. There are no County benefits associated with the position such as healthcare coverage, life insurance, paid leave or other benefits. If you rely on having these types of benefits, you will need to seek them through other means of employment. With the exception of retired personnel, most Special Deputies

## SPECIAL DEPUTY PROGRAM

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hold full-time jobs in other professions. You should not reasonably expect to support yourself or a family working solely as a Special Deputy.

If you are new to law enforcement, we require that you are already certified or certifiable as a law enforcement officer in the State of Wisconsin. This means that you have already completed the police recruit school through an accredited state technical college. Some people use their experience as a Special Deputy to prepare themselves for eventual full-time employment in law enforcement. While we acknowledge that this is a goal of some candidates, the Sheriff's Office's objective is to hire candidates that can best serve our agency. Experience as a Special Deputy can be helpful as one plans a career in law enforcement. However, being a Special Deputy does not grant you any privilege in terms of full-time employment. Special Deputies have to undergo the same testing process as other citizens when applying for a full-time position.

If you are an experienced law enforcement officer in the State of Wisconsin and are currently certified, you are eligible to apply.

If you are a retired law enforcement officer in the State of Wisconsin, you must have worked in law enforcement during the past three years. Your state certification expires after three years out of law enforcement.

Out of state law enforcement experience or certifications cannot be credited.

There is no requirement to reside in the county upon hire, although distance can affect your availability to work.

The Sheriff's Office provides 24 hours of in-service training annually.

If you have questions, you may contact the Coordinator for the Special Deputy Program, Lt. Jason Guslick at 262-335-4420.

# WASHINGTON COUNTY SPECIAL DEPUTY SHERIFF

## POSITION DESCRIPTION

### Position Summary

A combined voluntary and paid appointed position authorized by the duly elected Sheriff.

### Nature

Performs assigned tasks under the supervision of any directly assigned superior or any other superior officer of the department.

### Examples

1. Enforce Federal and State Laws, County Ordinances, including the Wisconsin Motor Vehicle Laws.
2. Perform police patrol tours of duty as required to include the protection of persons and property, crime prevention and the provision of first aid.
3. Conduct accident and complaint investigations as assigned.
4. Identify, collect and preserve evidence.
5. Operate and drive department vehicles as required.
6. Provide traffic control at special or public events.
7. Supervise conduct of persons at public events.
8. Assist in the transportation of prisoners.
9. Attend court proceedings as necessary.
10. Keep records and complete thorough and concise reports.
11. Attend all schools, meetings and seminars as required and successfully complete all established testing or performance standards.
12. Comply with all department rules, standard operating policies and procedures, directives and special orders.
13. Perform all other duties as required.

## Qualifications

### **Essential Knowledge and Abilities**

1. Ability to learn and effectively apply the use of police equipment, principles, methods, practices and techniques.
2. Ability to learn and effectively apply emergency first aid practices and procedures.
3. Ability to safely and skillfully operate a motor vehicle.
4. Ability to gather information and produce clear, concise and thorough records and reports.
5. Ability to remain calm and objective under stress and to exercise sound judgment under stress.
6. Ability to interpret and apply department policy and procedure to assigned responsibilities and tasks.
7. Ability to accept and follow orders.

Training Requirements

1. Successfully complete all State mandated in-service and re-certification training and all department schools, seminars and other training as required.
2. Attend regular training sessions/meetings as required.

Other Requirements

1. Citizen of the United States.
2. Attained the age of 21 by final application date.
3. Possess a valid unrestricted Wisconsin Driver's License (exception for vision correctable to 20/20).
4. Shall not have been convicted of a criminal offense equivalent to a felony or serious misdemeanor under Wisconsin Law.
5. Must not have been convicted of a Domestic Abuse crime.
6. Successfully pass all entrance testing and application requirements.
7. Successfully pass any required physical, medical or psychological exams and background investigation.
8. Successfully pass pre-employment drug and polygraph testing, if required.
9. Possess a high school diploma or GED equivalent.
10. Maintain good physical condition.
11. Shall provide the Washington County Sheriff's Department with a minimum of forty (40) hours of volunteer and/or paid work time per year as a Special Deputy. The forty (40) hours may consist of any combination of volunteer or paid work time excluding meetings and training.
12. Shall provide all uniforms, weapons, leather goods and other equipment that is required for the position and which meet department policy guidelines.
13. Must have sixty (60) college credits, preferably in law enforcement or related field.
14. Must have successfully completed the Wisconsin Law enforcement Standards Board 520-hour certification training and be certified or certifiable.

**1. I HAVE SUCCESSFULLY COMPLETED 60 COLLEGE CREDITS FROM AN ACCREDITED TECHNICAL SCHOOL, COLLEGE OR UNIVERSITY;**

YES

NO

**2. I AM CERTIFIED AS A POLICE OFFICER:**

YES

NO

**3. I HAVE COMPLETED 520 HOURS OF POLICE RECRUIT SCHOOL, AND I AM ELIGIBLE FOR CERTIFICATION AS A POLICE OFFICER:**

YES

NO

**TRAINING COMPLETED:**

**DATE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**4. IF CERTIFICATION IS OVER TWO (2) YEARS, ARE YOU CURRENTLY EMPLOYED AS A POLICE OFFICER IN THE STATE OF WISCONSIN?**

YES

NO

**IF NO, WERE YOU EMPLOYED AS A POLICE OFFICER IN THE STATE OF WISCONSIN IN THE LAST TWO YEARS?**

YES

NO

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

# SHERIFF'S DEPARTMENT

## PERSONAL HISTORY SHEET

DATE				
NAME (LAST, FIRST, MI)			DOB	
ADDRESS (STREET, CITY, STATE, ZIP)				
SOCIAL SECURITY NO.		PHONE NUMBER		CELL PHONE NO.
IN EMERGENCY, CONTACT (NAME)	RELATIONSHIP	HOME PHONE	CELL NO.	WORK PHONE
OTHER CONTACT	RELATIONSHIP	HOME PHONE	CELL NO.	WORK PHONE
OTHER CONTACT	RELATIONSHIP	HOME PHONE	CELL NO.	WORK PHONE
SPOUSE'S NAME		PLACE OF EMPLOYMENT		
ADDRESS		PHONE NUMBER		CELL NO.
CHILDREN'S NAME(S)			DATE(S) OF BIRTH	
OTHER INSTRUCTIONS				



## WASHINGTON COUNTY VOLUNTARY AFFIRMATIVE ACTION INFORMATION AND REFERRAL SOURCE

The following information is requested to help us evaluate our policy to promote equal opportunity among all who seek employment with Washington County. This information will be utilized to assess the effectiveness of our Civil Rights/Affirmative Action Plan and does not become part of your employment application. Thank you.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Last) (First) (Middle)

POSITION YOU ARE APPLYING FOR: \_\_\_\_\_

SEX: \_\_\_\_\_ Male \_\_\_\_\_ Female

### RACE CATEGORY

- AMERICAN INDIAN OR ALASKA NATIVE** – A person having origins in any of the original peoples of North, South or Central America, and who maintains tribal affiliation or community attachment.
- ASIAN** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- BLACK OR AFRICAN AMERICAN** – A person having origins in any of the black racial groups of Africa. Includes Haitians and other persons of African origin from the West Indies who are not Hispanic or Latino.
- HISPANIC OR LATINO** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- MORE THAN ONE RACE** – A person designating more than one of the racial groups listed above.

### REFERRAL SOURCE

- |   |   |
|---|---|
| <input type="checkbox"/> Washington County Website          | <input type="checkbox"/> Professional Journal/Publication   |
| <input type="checkbox"/> Present Washington County Employee | _____   |
| <input type="checkbox"/> Wisconsin Job Center               | <input type="checkbox"/> Wisconsin Technical College System |
| <input type="checkbox"/> WILENET                            | <input type="checkbox"/> University of Wisconsin System     |
| <input type="checkbox"/> JSonline                           | <input type="checkbox"/> Job Fair                           |
| <input type="checkbox"/> Milwaukeejobs.com                  | <input type="checkbox"/> Newspaper Ad                       |
| <input type="checkbox"/> Monster                            | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> JobNoggin.com                      |   |

Are you able to perform the essential functions of the job for which you are applying?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If no, please explain: \_\_\_\_\_



**WASHINGTON COUNTY  
PERSONAL HISTORY QUESTIONNAIRE**

THE WASHINGTON COUNTY SHERIFF'S DEPARTMENT WILL BE CONDUCTING A BACKGROUND INVESTIGATION OF EACH SELECTED APPLICANT. TO ASSIST US IN THIS TASK, APPLICANTS ARE ADVISED TO THOROUGHLY COMPLETE THIS PERSONAL HISTORY QUESTIONNAIRE.

FAILURE TO ACCURATELY COMPLETE ANY PORTION OF THIS QUESTIONNAIRE INCLUDING, FALSIFICATION, MISREPRESENTATION OR OMISSION, WILL RESULT IN REJECTION OF THE APPLICANT FOR THE POSITION APPLIED FOR. IF THERE ARE ANY QUESTIONS REGARDING THIS QUESTIONNAIRE, PLEASE CONTACT THE WASHINGTON COUNTY HUMAN RESOURCES DEPARTMENT AT (262) 335-4633/Toll Free at 1-800-616-0446 extension 4633 (In State Only) OR [PERhrstaff @co.washington.wi.us](mailto:PERhrstaff@co.washington.wi.us).

THANK YOU!

WASHINGTON COUNTY SHERIFF'S DEPARTMENT  
*Employing Agency*

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
*(for official use only, not to be released to unauthorized persons)*

I hereby empower an employee of the WASHINGTON COUNTY SHERIFF'S DEPARTMENT  
*(employing agency)*

or other authorized representative thereof bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. *Municipal, State or Federal law enforcement agencies*
2. *Selective Service System*
3. *Any banking institution*
4. *Any place of business (for purposes of obtaining employment data)*
5. *Any previous employer*
6. *Present employer*
7. *Any school, college, university or other educational institution*
8. *Any law enforcement certification or licensing board of Wisconsin or any other state.*

**Exceptions to this blanket authorization**

1. *Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).*
2. \_\_\_\_\_
3. \_\_\_\_\_

*This release is executed to authorize WASHINGTON COUNTY, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.*

*I hereby authorize WASHINGTON COUNTY to investigate all statements contained in the application and I authorize the release of such factual information without liability for any damage whatsoever incurred in furnishing such information.*

_____ <i>Date</i>	_____ <i>Signature (full name)</i>
_____ <i>Print Name</i>	_____ <i>Address (Street and Number)</i>
	_____ <i>City</i> <i>State</i> <i>ZIP</i>

Witness: \_\_\_\_\_ **(Witness section must be signed before form is given to HR)**

**FAIR CREDIT REPORTING ACT CONSUMER DISCLOSURE**

Washington County, when making employment-related decisions directly affecting you, including the decision whether to offer you employment or to continue your employment if you are hired, may obtain and use a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act as amended, 15 U.S.C. § 1681 *et seq.* (“FCRA”), which applies to you.

A “consumer reporting agency” is defined in the FCRA as a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others.

A “consumer report” is defined by FCRA as including any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in employment related decisions affecting a consumer.

As an applicant for employment or an employee of Washington County, you are a “consumer” with rights under FCRA. If Washington County obtains a “consumer report” about you and if Washington County considers any information in the consumer report when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” before the decision becomes final. You may also contact the Federal Trade Commission about your rights under the FCRA.

Please sign and date below to signify receipt of the foregoing disclosure.

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Print Name

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Signature

---

Date

**FAIR CREDIT REPORTING ACT CONSUMER DISCLOSURE**  
**(INVESTIGATIVE CONSUMER REPORT)**

In connection with my background check with Washington County, I understand that an investigative consumer report, as that term is defined in the Fair Credit Reporting Act as amended, 15 U.S.C. § 1681 *et seq.* ("FCRA") may be obtained by Washington County from a consumer reporting agency to evaluate me for employment purposes.

I understand that an investigative consumer report is a special type of consumer report in which information about my character, general reputation, personal characteristics, and mode of living is obtained through personal interviews. In the event an investigative consumer report is obtained, I understand that I am entitled to request a summary of my rights under the FCRA.

I further understand that, upon my written request to Washington County within a reasonable time after my receipt of the Disclosure, Washington County shall make a complete and accurate disclosure of the nature and scope of the investigation requested. It is understood that this disclosure shall be made in writing, mailed or otherwise delivered to me no later than five (5) days after the date on which the request for such disclosure was received from me or such report was first requested, whichever is later in time.

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Print Name

---

Signature

---

Date

**AUTHORIZATION AND CONSENT TO OBTAIN A CONSUMER REPORT**

By signing below, I hereby voluntarily authorize Washington County to obtain “consumer reports” about me from a “consumer reporting agency,” as those terms are defined in the Fair Credit Reporting Act as amended, 15 U.S.C. § 1681 *et seq.*, and to consider the “consumer reports” when making decisions regarding my employment with Washington County. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed in the separate disclosure statement provided to me.

I hereby authorize Washington County to obtain such a consumer report.

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Print Name

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Signature

---

Date

**GENERAL INSTRUCTIONS:** Please **HAND PRINT (with black ink) OR TYPE** an answer to every question. If the question does not apply to you, state with N/A. If the space available is insufficient, use a separate sheet and begin your answer(s) with the appropriate heading (education, employment, etc.)

**MISSTATEMENT(S), OMISSIONS OR FALSIFICATIONS WILL BE CAUSE FOR REJECTION**

Position Applying For: \_\_\_\_\_

Date: \_\_\_\_\_

**PERSONAL INFORMATION**

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Address</b>		<b>Apt.</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Number</b>	<b>Cell Number</b>		<b>E-mail</b>		
<b>Date of Birth</b>	<b>Place of Birth (city, county, state)</b>			<b>Present Age</b>	
<b>Social Security Number</b>		<b>Alias(es), Previous Names, Other Changes in Name</b>			
<b>Blood Type</b>		<b>Weight</b>		<b>Height</b>	
<b>Scars</b>			<b>Distinguishing Marks</b>		
<b>Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>					

**IN CASE OF DEATH OR SERIOUS INJURY, NOTIFY:**

<b>Name</b>
<b>Address</b>
<b>Telephone</b>

**Or**

<b>Name</b>
<b>Address</b>
<b>Telephone</b>

**Give the names of every living member of your immediate family, including Spouse, Children, Step-Children, Father, Mother, Sisters, Step-Sisters, Brothers, Step-Brothers:**

Name	Relationship	Date of Birth	
Address		City	State
Name	Relationship	Date of Birth	
Address		City	State
Name	Relationship	Date of Birth	
Address		City	State
Name	Relationship	Date of Birth	
Address		City	State
Name	Relationship	Date of Birth	
Address		City	State
Name	Relationship	Date of Birth	
Address		City	State
Name	Relationship	Date of Birth	
Address		City	State
Name	Relationship	Date of Birth	
Address		City	State
Name	Relationship	Date of Birth	
Address		City	State

**Please provide the following information regarding marriage or marriages:**

**When:** \_\_\_\_\_ **Where:** \_\_\_\_\_  
**Wife's Maiden Name:** \_\_\_\_\_ **Husband's Name:** \_\_\_\_\_

When: \_\_\_\_\_ Where: \_\_\_\_\_

Wife's Maiden Name: \_\_\_\_\_ Husband's Name: \_\_\_\_\_

Are you living with your spouse?  Yes  No

If no, state reason and current address of spouse: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you ever legally or voluntarily separated?  Yes  No

Were you ever divorced or did you have a marriage annulled?  Yes  No

Are you supporting all of your minor children?  Yes  No If not, provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide the following information concerning your spouse's parents:

Father-in-law's Name	Date of Birth	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Birthplace
Mother-in-law's Name	Date of Birth	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Birthplace

List all residences for the past 10 years, beginning with your present address. Please include the names of all household occupants at each address and their relationship to you:

From/To	Address	City	State
Landlord's Name/Address			
List all household occupants and their relationship to you:			

From/To	Address	City	State
Landlord's Name/Address			
List all household occupants and their relationship to you:			



<b>From/To</b>	<b>Address</b>	<b>City</b>	<b>State</b>
<b>Landlord's Name/Address</b>			
<b>List all household occupants and their relationship to you:</b>			

<b>From/To</b>	<b>Address</b>	<b>City</b>	<b>State</b>
<b>Landlord's Name/Address</b>			
<b>List all household occupants and their relationship to you:</b>			

<b>From/To</b>	<b>Address</b>	<b>City</b>	<b>State</b>
<b>Landlord's Name/Address</b>			
<b>List all household occupants and their relationship to you:</b>			

<b>From/To</b>	<b>Address</b>	<b>City</b>	<b>State</b>
<b>Landlord's Name/Address</b>			
<b>List all household occupants and their relationship to you:</b>			

**ACTIVITIES**

**List any Civic, Professional, Volunteer or other organizations/activities you are involved in:**

Organization/Activity	Position Held



**EMPLOYMENT**

List all employment including military service. *START WITH THE MOST RECENT POSITION IN THE FIRST BLOCK.*

<p align="center"><b>Name and Address of Employer</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: _____</p> <p>Supervisor: _____</p>	<p align="center"><b>Dates/Salary</b></p> <p><b>From:</b></p> <p><b>To:</b></p> <p>Full-Time <input type="checkbox"/></p> <p>Part-Time <input type="checkbox"/></p> <p>Temp <input type="checkbox"/></p> <p>Seasonal <input type="checkbox"/></p> <p>Salary/Wages</p> <p>\$ _____ per _____</p>	<p align="center"><b>Position/Type of Work:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Reason for Leaving or Considering Leaving:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p align="center"><b>Name and Address of Employer</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: _____</p> <p>Supervisor: _____</p>	<p align="center"><b>Dates/Salary</b></p> <p><b>From:</b></p> <p><b>To:</b></p> <p>Full-Time <input type="checkbox"/></p> <p>Part-Time <input type="checkbox"/></p> <p>Temp <input type="checkbox"/></p> <p>Seasonal <input type="checkbox"/></p> <p>Salary/Wages</p> <p>\$ _____ per _____</p>	<p align="center"><b>Position/Type of Work:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Reason for Leaving or Considering Leaving:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p align="center"><b>Name and Address of Employer</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: _____</p> <p>Supervisor: _____</p>	<p align="center"><b>Dates/Salary</b></p> <p><b>From:</b></p> <p><b>To:</b></p> <p>Full-Time <input type="checkbox"/></p> <p>Part-Time <input type="checkbox"/></p> <p>Temp <input type="checkbox"/></p> <p>Seasonal <input type="checkbox"/></p> <p>Salary/Wages</p> <p>\$ _____ per _____</p>	<p align="center"><b>Position/Type of Work:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Reason for Leaving or Considering Leaving:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>

<p style="text-align: center;"><b>Name and Address of Employer</b></p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p><b>Telephone:</b> _____</p> <p><b>Supervisor:</b> _____</p>	<p style="text-align: center;"><b>Dates/Salary</b></p> <p><b>From:</b></p> <p><b>To:</b></p> <p><b>Full-Time</b> <input type="checkbox"/></p> <p><b>Part-Time</b> <input type="checkbox"/></p> <p><b>Temp</b> <input type="checkbox"/></p> <p><b>Seasonal</b> <input type="checkbox"/></p> <p><b>Salary/Wages</b></p> <p>\$ _____ per _____</p>	<p style="text-align: center;"><b>Position/Type of Work:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Reason for Leaving or Considering Leaving:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;"><b>Name and Address of Employer</b></p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p><b>Telephone:</b> _____</p> <p><b>Supervisor:</b> _____</p>	<p style="text-align: center;"><b>Dates/Salary</b></p> <p><b>From:</b></p> <p><b>To:</b></p> <p><b>Full-Time</b> <input type="checkbox"/></p> <p><b>Part-Time</b> <input type="checkbox"/></p> <p><b>Temp</b> <input type="checkbox"/></p> <p><b>Seasonal</b> <input type="checkbox"/></p> <p><b>Salary/Wages</b></p> <p>\$ _____ per _____</p>	<p style="text-align: center;"><b>Position/Type of Work:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Reason for Leaving or Considering Leaving:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;"><b>Name and Address of Employer</b></p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p><b>Telephone:</b> _____</p> <p><b>Supervisor:</b> _____</p>	<p style="text-align: center;"><b>Dates/Salary</b></p> <p><b>From:</b></p> <p><b>To:</b></p> <p><b>Full-Time</b> <input type="checkbox"/></p> <p><b>Part-Time</b> <input type="checkbox"/></p> <p><b>Temp</b> <input type="checkbox"/></p> <p><b>Seasonal</b> <input type="checkbox"/></p> <p><b>Salary/Wages</b></p> <p>\$ _____ per _____</p>	<p style="text-align: center;"><b>Position/Type of Work:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Reason for Leaving or Considering Leaving:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>

<p align="center"><b>Name and Address of Employer</b></p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p><b>Telephone:</b> _____</p> <p><b>Supervisor:</b> _____</p>	<p align="center"><b>Dates/Salary</b></p> <p><b>From:</b></p> <p><b>To:</b></p> <p><b>Full-Time</b> <input type="checkbox"/></p> <p><b>Part-Time</b> <input type="checkbox"/></p> <p><b>Temp</b> <input type="checkbox"/></p> <p><b>Seasonal</b> <input type="checkbox"/></p> <p><b>Salary/Wages</b></p> <p>\$ _____ per _____</p>	<p align="center"><b>Position/Type of Work:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Reason for Leaving or Considering Leaving:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p align="center"><b>Name and Address of Employer</b></p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p><b>Telephone:</b> _____</p> <p><b>Supervisor:</b> _____</p>	<p align="center"><b>Dates/Salary</b></p> <p><b>From:</b></p> <p><b>To:</b></p> <p><b>Full-Time</b> <input type="checkbox"/></p> <p><b>Part-Time</b> <input type="checkbox"/></p> <p><b>Temp</b> <input type="checkbox"/></p> <p><b>Seasonal</b> <input type="checkbox"/></p> <p><b>Salary/Wages</b></p> <p>\$ _____ per _____</p>	<p align="center"><b>Position/Type of Work:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Reason for Leaving or Considering Leaving:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p align="center"><b>Name and Address of Employer</b></p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p><b>Telephone:</b> _____</p> <p><b>Supervisor:</b> _____</p>	<p align="center"><b>Dates/Salary</b></p> <p><b>From:</b></p> <p><b>To:</b></p> <p><b>Full-Time</b> <input type="checkbox"/></p> <p><b>Part-Time</b> <input type="checkbox"/></p> <p><b>Temp</b> <input type="checkbox"/></p> <p><b>Seasonal</b> <input type="checkbox"/></p> <p><b>Salary/Wages</b></p> <p>\$ _____ per _____</p>	<p align="center"><b>Position/Type of Work:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Reason for Leaving or Considering Leaving:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>

<p align="center"><b>Name and Address of Employer</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: _____</p> <p>Supervisor: _____</p>	<p align="center"><b>Dates/Salary</b></p> <p>From:</p> <p>To:</p> <p>Full-Time <input type="checkbox"/></p> <p>Part-Time <input type="checkbox"/></p> <p>Temp <input type="checkbox"/></p> <p>Seasonal <input type="checkbox"/></p> <p>Salary/Wages</p> <p>\$ _____ per _____</p>	<p align="center"><b>Position/Type of Work:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Reason for Leaving or Considering Leaving:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Please explain any discharges/involuntary resignations listed above:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever resigned after being informed your employer intended to discharge you?**  
 Yes  No

**Why do you desire a change in employment?** \_\_\_\_\_

\_\_\_\_\_

**Do you object to wearing a uniform?**  Yes  No

**Do you object to working nights/holidays/weekends?**  Yes  No

**Have you had experience with shift work?**  Yes  No **If yes, provide details:** \_\_\_\_\_

\_\_\_\_\_

**Are you able to perform the essential functions of the job for which you are applying?**  
 Yes  No **If no, please explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT/EDUCATION GAPS**

<b>Please account for periods of time which are not covered by your employment and/or education history:</b>		
<b>From</b>	<b>To</b>	<b>Reason</b>
<b>From</b>	<b>To</b>	<b>Reason</b>
<b>From</b>	<b>To</b>	<b>Reason</b>

**MILITARY STATUS**

Have you ever served in a military or naval organization of the United States?  Yes  No

Branch of Service: \_\_\_\_\_

Company: \_\_\_\_\_ Division: \_\_\_\_\_

Ship: \_\_\_\_\_

What is your service number? \_\_\_\_\_

Highest rank held? \_\_\_\_\_

List all medals and decorations awarded to you as a member of the armed forces:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the type of your discharge?

Honorable: \_\_\_\_\_ Medical, Honorable Conditions, etc. \_\_\_\_\_ Dishonorable: \_\_\_\_\_

\_\_\_\_\_

Were you ever court-martialed, tried on charges, the subject of a Summary Court, Deck Court, Captain's Mast or Company punishment, or any other disciplinary action while a member of the Armed Forces?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give period or periods of Active Military Service:

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Are you now or were you ever an active or inactive member of any branch of the United States

Reserve Forces?  Yes  No Active: \_\_\_\_\_ Inactive: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Branch: \_\_\_\_\_ Unit: \_\_\_\_\_ Rank: \_\_\_\_\_

Address: \_\_\_\_\_

Are you now or were you ever, a member of the National Guard?  Yes  No

State: \_\_\_\_\_ Regiment: \_\_\_\_\_ Unit: \_\_\_\_\_

Rank: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any disciplinary action taken against you in the National Guard or other Reserve Unit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a disability rating with the Veteran's Administration?  Yes  No

If yes, please list the percent of your disability and an explanation of what your disability involves:

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**LAW ENFORCEMENT EMPLOYMENT APPLICATION INFORMATION**

If you have applied for employment with any other law enforcement agency (e.g., city, village, county), including Washington County, within the last 3 years, for the position of police officer, deputy sheriff, corrections or communications officer, please complete the information listed below. If the agency did not require an exam, enter "not required" in that box.

Agency	Position Applied For	Date of Exam/ Exam Title	Where are you in the process?

Are you currently on any eligibility list?  Yes  No If yes, state what agency and the year you were placed on the list: \_\_\_\_\_

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Were you ever placed on an eligibility list and not hired?  Yes  No If yes, why? \_\_\_\_\_

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Were you ever rejected for any law enforcement, corrections or communications position?

Yes  No If yes, why? \_\_\_\_\_

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**MEDICAL HISTORY**

**VISUAL INFORMATION:**

- 1. Do you wear corrective lenses?    Yes    No
  
- 2. If corrective lenses are required, list visual acuity without the corrective measures:  
Right eye \_\_\_\_\_ Left eye \_\_\_\_\_
  
- 3. Do you have any color blindness?    Yes    No

**MEDICAL INFORMATION:**

- 1. Do you have a hearing impairment?    Yes    No  
If yes, please explain? \_\_\_\_\_  
\_\_\_\_\_
  
- 2. Do you have a history of high blood pressure?    Yes    No
  
- 3. Do you have or have you been diagnosed with a heart problem?    Yes    No
  
- 4. Do you have epilepsy?    Yes    No

*NOTE: A physical examination and drug screen is required prior to final appointment.*

**TRAFFIC HISTORY**

Driver's License Number: \_\_\_\_\_

Give the following information concerning any vehicle operator's license you have ever had:

License	State	Expiration Date	Restrictions

Have you ever been involved in a motor vehicle accident?    Yes    No

If yes, give complete details for each accident:

Date	Investigating Agency	Location
Details of Incident		
Injury or Non-injury		Who was legally at fault

<b>Date</b>	<b>Investigating Agency</b>	<b>Location</b>
<b>Details of Incident</b>		
<b>Injury or Non-injury</b>	<b>Who was legally at fault</b>	

  

<b>Date</b>	<b>Investigating Agency</b>	<b>Location</b>
<b>Details of Incident</b>		
<b>Injury or Non-injury</b>	<b>Who was legally at fault</b>	

**List ALL traffic citations you have received:**

<b>Location (County, State)</b>	<b>Date</b>	<b>Nature of Violation</b>	<b>Penalty or Disposition</b>

**Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?**  Yes  No **If yes, give full detail:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance?**  Yes  No **If yes, give full details, including reasons, names of companies, dates, etc.:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CRIMINAL HISTORY (EXCLUDING TRAFFIC)**

Have you ever been convicted of a felony or misdemeanor?    Yes    No

Have you ever been charged or convicted of a misdemeanor involving domestic violence?

Yes    No

Have you ever been charged with any other offense?    Yes    No

List all violations of city ordinances, county ordinances, state or federal law:

Date	Municipality/County/State	Law Violated	Disposition

Have you ever been placed on probation?    Yes    No   If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been required to pay a forfeiture or fine?    Yes    No   If yes, provide details:

\_\_\_\_\_

\_\_\_\_\_

If you have been fingerprinted by a police agency, other than for an arrest, provide details below.

Your answers may be checked with the FBI and other agencies:

Agency	Date	Purpose

## FINANCIAL HISTORY

Do you have a savings account?  Yes  No

Name and address of financial institution: \_\_\_\_\_  
 \_\_\_\_\_

Do you have a checking account?  Yes  No

Name and address of financial institution: \_\_\_\_\_  
 \_\_\_\_\_

List the names of all financial institutions you have done business with in the past five years:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you own or are you buying your own home?  Yes  No

Mortgage held by: \_\_\_\_\_ City and State: \_\_\_\_\_

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

Mortgage held by: \_\_\_\_\_ City and State: \_\_\_\_\_

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

Make: \_\_\_\_\_ Year: \_\_\_\_\_ License No. \_\_\_\_\_

Make: \_\_\_\_\_ Year: \_\_\_\_\_ License No. \_\_\_\_\_

Is there a lien on your automobile(s)?  Yes  No

If yes, name and address of the lending institution: \_\_\_\_\_  
 \_\_\_\_\_

Do you have income other than salary?  Yes  No If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

## CREDIT HISTORY

List all organizations you have had open or closed charge accounts within the last three years and list all organizations from which you have borrowed money for any purpose: (Credit Cards - List mailing address)

Name of Organization	Type of Business	
Address		
Purpose		
Date Opened	Date Closed	Balance

<b>Name of Organization</b>		<b>Type of Business</b>
<b>Address</b>		
<b>Purpose</b>		
<b>Date Opened</b>	<b>Date Closed</b>	<b>Balance</b>

<b>Name of Organization</b>		<b>Type of Business</b>
<b>Address</b>		
<b>Purpose</b>		
<b>Date Opened</b>	<b>Date Closed</b>	<b>Balance</b>

<b>Name of Organization</b>		<b>Type of Business</b>
<b>Address</b>		
<b>Purpose</b>		
<b>Date Opened</b>	<b>Date Closed</b>	<b>Balance</b>

<b>Name of Organization</b>		<b>Type of Business</b>
<b>Address</b>		
<b>Purpose</b>		
<b>Date Opened</b>	<b>Date Closed</b>	<b>Balance</b>

<b>Name of Organization</b>		<b>Type of Business</b>
<b>Address</b>		
<b>Purpose</b>		
<b>Date Opened</b>	<b>Date Closed</b>	<b>Balance</b>

<b>Name of Organization</b>		<b>Type of Business</b>
<b>Address</b>		
<b>Purpose</b>		
<b>Date Opened</b>	<b>Date Closed</b>	<b>Balance</b>

Have you ever been involved in a lawsuit?  Yes  No If yes, please explain: \_\_\_\_\_

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Have you ever been involved in any delinquent tax proceedings?

Federal:  Yes  No

State:  Yes  No

Property:  Yes  No

If yes, please explain: \_\_\_\_\_

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**REFERENCES**

List the names of four people who are (1) not related to you (2) not a past employer and (3) those who know your strengths and weaknesses:

<b>Name</b>		<b>Profession/Title</b>		
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Place of Employment</b>				
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Telephone</b>	<b>Business Telephone</b>	<b>Working Hours</b>		<b>Years Known</b>

<b>Name</b>		<b>Profession/Title</b>		
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Place of Employment</b>				
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Telephone</b>	<b>Business Telephone</b>	<b>Working Hours</b>		<b>Years Known</b>

<b>Name</b>		<b>Profession/Title</b>		
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Place of Employment</b>				
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Telephone</b>	<b>Business Telephone</b>	<b>Working Hours</b>		<b>Years Known</b>

<b>Name</b>		<b>Profession/Title</b>		
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Place of Employment</b>				
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Telephone</b>	<b>Business Telephone</b>	<b>Working Hours</b>		<b>Years Known</b>

***I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISSTATEMENTS, OMISSIONS OR FALSIFICATIONS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.***

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**7/2013**