

**APPLICATION PACKET**

**DEPUTY**

**DISPATCH/CORRECTIONS OFFICER**

**BACKGROUND QUESTIONNAIRE**

**FLORENCE COUNTY**

**WISCONSIN**

## **INSTRUCTIONS TO THE APPLICANT**

The information you provide in this background questionnaire will be used in the investigation into your background to assist in determining your suitability for the position. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this form is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may remove you from employment.
4. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of Deputy Sheriff. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Please print in ink or type your responses to this questionnaire. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the reverse side of the page and identify the additional information by question number.

**Please return this Background Questionnaire**

NOTICE: This document, when completed, will be used by the Florence County Sheriff's Office as an investigative aid. Retention of this personal data will remain in the confidential investigative files of the Sheriff's Office.

CURRENT PHOTO

Authorization for release of information

I hereby empower an employee of the Florence County Sheriff's Office or other authorized representative bearing this release to obtain information and records within one year of (date) \_\_\_/\_\_\_/\_\_\_\_\_. The release of information authorization may include any and or all of the following sources:

- Municipal, State or Federal agencies
- Selective service system
- Any banking institution
- Any place of business
- Credit rating services or bureaus
- Any previous employer, listed or not listed
- Present employer
- Any school college, university, or other educational institution
- Any law enforcement agency
- Any Law enforcement officer, corrections officer or dispatcher
- Any reference, former landlords, neighbors or friends
- Spouse or significant other

Exceptions to this blanket authorization includes any information in the possession of any source named above until subsequent to a conditional offer of employment (per ADA).

This release authorizes the Florence County Sheriff's Office 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.

Dated \_\_\_/\_\_\_/\_\_\_\_\_

Signature; \_\_\_\_\_

Address; \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Witness; \_\_\_\_\_

INSTRUCTIONS

DATE

PRINT OR TYPE in black ink. Answer all questions. If a question does not apply to you, so state with N/A. If the space available is insufficient, use a separate sheet and precede each answer with the number of the referenced block. DO NOT MISSTATE OR OMIT material fact since the statements made herein are subject to verification to determine your qualification for employment. Exaggerated, false, or misleading statements are cause for rejection or dismissal. Answer all questions accurately and completely. PLEASE PRINT CLEARLY.

PERSONAL HISTORY

1. LAST NAME FIRST NAME MIDDLE NAME
2. SS#

3. Alias(es), Nicknames, Maiden Name, or other changes in name (attach official document(s) concerning any changes in name)

4. For sworn officers are you a U.S. Citizen Yes No Native Yes
No Naturalized Certificate No. If derived, parent
Certificate No. Date, Place and Court

5. Height Weight Color of Eyes
Color of Hair Scars, tattoos, and/or distinguishing marks

6. Date of Birth (Mo/Day/Yr) Place of Birth (Attach copy of birth certificate)

7. Present residence Address Street or RFD

City or Post Office State Zip
Code

8. With whom do you reside?
Telephone number ( )- -

9. Marital Status: SINGLE MARRIED ENGAGED SEPERATED
DIVORCED

10. If married, are you living with your spouse? Yes No

If not, state reasons

---

---

11. Name of Fiancée (if applicable)

Address (city, state, zip) \_\_\_\_\_

Phone Number \_\_\_\_\_

12. Girl/Boy Friend (“significant other”)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

13. Name and address of spouse(s) if divorced or separated:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No \_\_\_\_\_

14. List all of your children, stepchildren and adopted ones, give the following information:

Name                                      Birth (date and place)                                      Residence (address, with whom,  
supported by)

---

---

---

---

---

---

---

---

15. Are you now supporting all children born to you, adopted by you and stepchildren?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, give details:

---

---

---

---

---

---

---

---

16. Other dependents: If you claim income tax exemptions for support of dependents other than your spouse and children, provide the following information:

Name	Address (Street, City, State)	Relationship	Percent of Support Provided
------	-------------------------------	--------------	-----------------------------

---



---



---



---



---

17. List in the order given, showing relationship, parents, guardians, stepparents, parents-in-law, brothers and sisters, even though deceased. Include any others you have resided with or with whom a close relationship existed or exists:

Relationship	Name	Present Address (if living)	Phone
Occupation			
Father			
Mother(maiden)			

---



---



---



---



---



---



---



---

18. List all residences for the past TEN years, beginning with you present address. List the name, address and phone number of present and prior landlords, if applicable.

Month and Year			
From	To	Street and Number	City and
State (or country)			

---



---



---



---



---



---



---

Month and Year			
From	To	Name of Landlord	Address (street, city, state)
Phone No.			

---



---



---



---



---



---



---

---

---

EDUCATION

---

19. a. List all elementary, junior high, and high schools attended:

Name	Location	Dates attended		Years completed
Graduated			from	to

---

Name	Location	Dates attended		Years completed
Graduated				

---

---

---

19. b. Higher education. List information below for all colleges or universities attended.

Name and Location of	Dates attended		Credit Hours	Degree
Year	To	From	Semester/Hours	
College or University				
Received				

---

---

---

---

Major and minor college courses:

---

---

---

19. c. Were you ever expelled or suspended from ANY SCHOOL? Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, give particulars below:

---

---

---

---

---

INTEREST AND LICENSES

---

20. Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and the date current license expires. (Except vehicle operator's license)

---

---

---

21. Indicate special skills that you possess and machines and equipment you can use. (For example, computer, turret lathe, scientific or professional devices):

---

---

---

22. Indicate special qualifications not covered in application. For example, your most important publications (do not submit copies unless requested); your patents or inventions; public speaking and publications experience; membership in professional or scientific societies, etc.; and honor and fellowships received:

---

---

---

MILITARY DATA

---

23. a. Have you ever served in a military or naval organization of the United States? Yes \_\_\_\_\_  
No \_\_\_\_\_ (If yes, ATTACH A COPY OF DD 214)

b. Branch of Service \_\_\_\_\_ Company \_\_\_\_\_

Regiment \_\_\_\_\_ Division \_\_\_\_\_ Ship \_\_\_\_\_

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

d. Highest rank held:  
\_\_\_\_\_

e. How many periods of active military service have you had?  
\_\_\_\_\_

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

g. What is the type of your discharge? Be exact.

Honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_ Medical \_\_\_\_\_ Honorable Conditions \_\_\_\_\_

Other \_\_\_\_\_

h. Give date and location of entrance to active duty:  
\_\_\_\_\_

i. Give date and location of discharge:  
\_\_\_\_\_

j. Give period or periods of active military service:

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

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

k. Are you now or were an active or inactive member of any branch of the United States Reserve Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ State which: ACTIVE \_\_\_\_\_ INACTIVE \_\_\_\_\_

l. Are you now or were you ever a member of the National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Rank \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Type of

Discharge \_\_\_\_\_

m. Were you ever court-martialed; tried on charges, or were you 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, explain below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

n. List any disciplinary action taken against you in the National Guard or other reserve unit:

---

---

---

o. List any other information pertaining to military not requested above:

---

---

---

---

EMPLOYMENT

---

24. a. List all jobs you have held in the last TEN years. Place your present or most recent job FIRST. If you need more space, you may attach additional sheets. Include military service in proper time sequence and also all periods of unemployment. List all part-time, temporary, seasonal and voluntary jobs. **Give complete mailing addresses.** Prior employers will be sent a background questionnaire to evaluate your performance while you were employed there.

---

From Date	Name of Employer	Part-time	Full-time
Job Title			

---

To Date	Street Address	Phone number
Description of duties		

---

Salary Begin	City, State, Zip Code
Name of Supervisor	

---

Salary End	Why did you leave
Name of Co-worker	

---

---

---

---

From Date	Name of Employer	Part-time	Full-time
Job Title			

---

To Date	Street Address	Phone number
Description of duties		

---

Salary Begin	City, State, Zip Code
Name of Supervisor	

---

Salary End	Why did you leave
Name of Co-worker	

---

---

---

From Date                      Name of Employer    Part-time      Full-time  
Job Title

---

To Date                      Street Address    Phone number  
Description of duties

---

Salary Begin      City, State, Zip Code  
Name of Supervisor

---

Salary End                      Why did you leave  
Name of Co-worker

---

---

---

From Date                      Name of Employer    Part-time      Full-time  
Job Title

---

To Date                      Street Address    Phone number  
Description of duties

---

Salary Begin      City, State, Zip Code  
Name of Supervisor

---

Salary End                      Why did you leave  
Name of Co-worker

---

---

---

From Date                      Name of Employer    Part-time      Full-time  
Job Title

---

To Date                      Street Address    Phone number  
Description of duties

---

Salary Begin      City, State, Zip Code  
Name of Supervisor

---

Salary End                      Why did you leave  
Name of Co-worker

---

---

From Date                      Name of Employer    Part-time      Full-time  
Job Title

---

To Date                      Street Address    Phone number  
Description of duties

---

Salary Begin      City, State, Zip Code  
Name of Supervisor

---

Salary End                      Why did you leave  
Name of Co-worker

---

---

---

From Date                      Name of Employer    Part-time      Full-time  
Job Title

---

To Date                      Street Address    Phone number  
Description of duties

---

Salary Begin      City, State, Zip Code  
Name of Supervisor

---

Salary End                      Why did you leave  
Name of Co-worker

---

---

---

From Date                      Name of Employer                      Part-time                      Full-time  
Job Title

---

---

---

To Date                      Street Address                      Phone number  
Description of duties

---

---

---

Salary Begin                      City, State, Zip Code  
Name of Supervisor

---

---

---

Salary End                      Why did you leave  
Name of Co-worker

---

---

---

- b. Do you object to wearing an uniform?                      Yes \_\_\_\_\_ No \_\_\_\_\_  
c. Do you object to working nights?                      Yes \_\_\_\_\_ No \_\_\_\_\_  
d. Have you had experience with shift work?                      Yes \_\_\_\_\_ No \_\_\_\_\_  
e. Have your employers always treated you fairly?                      Yes \_\_\_\_\_ No \_\_\_\_\_ If not, explain:

---

---

---

Yes \_\_\_\_\_ No \_\_\_\_\_ Do you object to us contacting current employer? (Will in no way hinder your employment opportunities.)

- f. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service (except military)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain giving name and address of employer, approximate date, and reasons in each case:

---

---

---

---

---

SOCIAL MEDIA

---

Do you understand your employment with agency may require restrictions on social media use, comments and postings? YES NO

Do you object to this restriction? YES NO  
explain \_\_\_\_\_

---

DRIVER'S LICENSE DATA

---

25. a. Can you operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you possess a valid driver's license form Wisconsin? Yes \_\_\_\_\_ No \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ Date issued \_\_\_\_\_ Restrictions \_\_\_\_\_

b. Did you ever possess a driver's license issued by another state? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide the following information: Driver's Lic. No. \_\_\_\_\_ State \_\_\_\_\_  
Date issued \_\_\_\_\_ Restrictions \_\_\_\_\_

c. Was your license ever suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give reasons, date and length of suspension.  
\_\_\_\_\_  
\_\_\_\_\_

d. Was your license ever restored? Yes \_\_\_\_\_ No \_\_\_\_\_ When: \_\_\_\_\_

e. Have you ever been refused a driver's license by any state? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details:  
\_\_\_\_\_  
\_\_\_\_\_

f. Has your driver's license ever been restricted due to traffic offense convictions or placed on negligent operator's probation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details:  
\_\_\_\_\_  
\_\_\_\_\_

g. Have you ever been involved in a motor vehicle accident? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give complete details for each accident whether collision, non-collision, or hit and run. Date \_\_\_\_\_ Police Investigation Yes \_\_\_\_\_ No \_\_\_\_\_  
Location \_\_\_\_\_  
Cause of accident ( for example ran a red light, careless driving, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Injury or non-injury \_\_\_\_\_ Who was charged with accident and court disposition?  
\_\_\_\_\_

Date \_\_\_\_\_ Police Investigation Yes \_\_\_\_\_ No \_\_\_\_\_

Location \_\_\_\_\_

Cause of accident ( for example ran a red light, careless driving, etc.)

\_\_\_\_\_

Injury or non-injury \_\_\_\_\_ Who was charged with accident and court disposition?

\_\_\_\_\_

Date \_\_\_\_\_ Police Investigation Yes \_\_\_\_\_ No \_\_\_\_\_

Location \_\_\_\_\_

Cause of accident ( for example ran a red light, careless driving, etc.)

\_\_\_\_\_

Injury or non-injury \_\_\_\_\_ Who was charged with accident and court disposition?

\_\_\_\_\_

Date \_\_\_\_\_ Police Investigation Yes \_\_\_\_\_ No \_\_\_\_\_

Location \_\_\_\_\_

Cause of accident ( for example ran a red light, careless driving, etc.)

\_\_\_\_\_

Injury or non-injury \_\_\_\_\_ Who was charged with accident and court disposition?

\_\_\_\_\_

Date \_\_\_\_\_ Police Investigation Yes \_\_\_\_\_ No \_\_\_\_\_

Location \_\_\_\_\_

Cause of accident ( for example ran a red light, careless driving, etc.)

\_\_\_\_\_

Injury or non-injury \_\_\_\_\_ Who was charged with accident and court disposition?

\_\_\_\_\_

Date \_\_\_\_\_ Police Investigation Yes \_\_\_\_\_ No \_\_\_\_\_

Location \_\_\_\_\_

Cause of accident ( for example ran a red light, careless driving, etc.)

\_\_\_\_\_

Injury or non-injury \_\_\_\_\_ Who was charged with accident and court disposition?

\_\_\_\_\_

g. List below all traffic convictions received: (except parking tickets)

Location (street, city, state)	Approx. Date	Nature of violation	Penalty or disposition
--------------------------------	--------------	---------------------	------------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

COURT DATA

---

26. a. If you have ever been convicted of an offense other than for traffic offense convictions explain below:

Crime charged \_\_\_\_\_  
Police agency \_\_\_\_\_  
Date \_\_\_\_\_ Disposition of case \_\_\_\_\_

Crime charged \_\_\_\_\_  
Police agency \_\_\_\_\_  
Date \_\_\_\_\_ Disposition of case \_\_\_\_\_

Crime charged \_\_\_\_\_  
Police agency \_\_\_\_\_  
Date \_\_\_\_\_ Disposition of case \_\_\_\_\_

Crime charged \_\_\_\_\_  
Police agency \_\_\_\_\_  
Date \_\_\_\_\_ Disposition of case \_\_\_\_\_

b. If you have been fingerprinted by a law enforcement agency other than for an arrest, give details below. Your answer will be checked with the FBI and other agencies.

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

c. Has any member of your immediate family ever been convicted of a criminal offense?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give particulars below:

Name	Relationship	Offense	Where Arrested
------	--------------	---------	----------------


d. Have you or your spouse ever been sued by anyone (civil court defendant) Yes \_\_\_\_ No

\_\_\_\_  
If yes, give details: \_\_\_\_\_

\_\_\_\_\_

27. Have you ever used illegal drugs? Yes \_\_\_\_ No \_\_\_\_ If yes, list what type of drug you used, how often used and when last used. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**REFERENCES**

---

40. List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the names of supervisors. List 3 character references. (Do not include relatives, former employers, or persons living outside the United States or its Territories)

a. Name of Character Reference      Years Known      Address (street, city, state, zip)      Phone No.

Business Home

---

---

---

---

b. Are you acquainted with any member of the Florence County Sheriff's Office? If so whom?

---

---

---

---

**ORGANIZATION MEMBERSHIP**

---

41. List all organizations of which you have ever been a member:

Name, Address and Phone Number	Type	Office or Position Held
Membership		

(Social, Fraternal

From            To

Unions, Professional  
Academic, etc.)

---



---



---



---

- a. Are you now or have ever been a member of any organization, association, movement group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means? Yes \_\_\_\_\_ No \_\_\_\_\_ Organization Name: \_\_\_\_\_
- b. Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Are you now associating with, or have you associated with, any individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Have you ever been engaged in any of the following activities of any organization of the type described above: Contribution(s) to, attendance at or participation in any organization, social, or other activities of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agencies or instrumentality's? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES to any of the answers above, describe the circumstances. Attach sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places and credentials now or formerly held. If associations have been with individual who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

---

---

APPLICANT'S CERTIFICATION

---

---

42. If you were ever placed on a law enforcement agency eligibility list and were not hired, state why (state what agency)

---

---

---

43. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a law enforcement capacity or which might require further explanation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details:

---

---

---

---

44. REMARKS: (Any comments you think are important)

---

---

---

---

45. Have you registered for the draft? \_\_\_\_\_  
Date and Location

---

---

---

I hereby swear or affirm that there are no misrepresentations or omissions in or falsification of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified, or, if after my acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications or omissions, it will be just cause for immediate dismissal.

---

Date

Signature of Applicant

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

---

Notary Public,

My Commission expires \_\_\_\_\_ 20 \_\_\_\_\_

---

DOCUMENTS TO BE ATTACHED

---

1. CREDIT REPORT (From your local Credit Bureau)

Attach photostatic copies of the following:

2. BIRTH CERIFICATE

3. HIGH SCHOOL DIPLOMA AND TRANSCRPT OR GED CERTIFICATE

4. COLLEGE, UNIVERSITY, TECH SCHOOL, DIPOMA AND TRANSCRPTS

5. DD 214 (if applicable)

6. LICENSES (vehicle operator's, pilot, radio operator, etc.)

7. CITIZENSHIP CERIFICATE (if applicable)

As an applicant for a position with the Florence County Sheriff's Office, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested. This release will expire one year after the date signed.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public,

My commission expires \_\_\_\_\_ 20 \_\_\_\_\_