

**DEPUTY
DISPATCH/CORRECTIONS OFFICER
BACKGROUND QUESTIONNAIRE**

**FLORENCE COUNTY
SHERIFF'S OFFICE**

FLORENCE, 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 of Deputy Sheriff. 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 no later than

July 11th, 2017 4:00 pm to the Florence County Clerk's Office
POB 410, Florence, WI 54121

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

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. 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 photo static copy of birth certificate)

7. Present residence Address Street or RFD City or Post Office State Zip Telephone number Cell Phone Email

8. With whom do you reside?

9. Marital Status: SINGLE MARRIED ENGAGED SEPERATED DIVORCED

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

If not, why:

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

Name _____

Address _____

Phone No _____

11. Name of Fiancée (if applicable)

Address (city, state, zip) _____

Phone Number _____

12. Significant other

Name _____

Address _____

Phone No. _____

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

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

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

Yes _____ No _____

If not, give details:

15. 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

16. 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) | | | | |
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17. 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 | | Street and Number | City and State (or country) |
|----------------|----|-------------------|-----------------------------|
| From | To | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

EDUCATION

18. 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 | | | |

Name and Address of School Bus driver

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

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

Major and minor college courses:

20.. Were you ever expelled or suspended from ANY SCHOOL? Yes _____ No _____
If yes, give particulars below:

INTEREST AND LICENSES

21. 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)

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 PHOTOSTATIC 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:

p. Are you registered for the draft? Yes _____ No _____

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? | | | |
| | | | | |
| | | | | |

| 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? | | | |
| | | | | |
| | | | | |

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|--------------|-----------------------|--------------------|-----------------------|-----------|
| 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? | | | |

| | | | | |
|--------------|-----------------------|--------------------|-----------------------|-----------|
| 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? | | | |

| | | | | |
|--------------|-----------------------|--------------------|-----------------------|-----------|
| 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? | | | |

| | | | | |
|--------------|-----------------------|--------------------|-----------------------|-----------|
| 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? | | | |

- b. Do you object to wearing a 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:

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

g. 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 this 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 from 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?

f. 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 _____

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

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 | Date |
|------|--------------|---------|----------------|------|
| | | | | |
| | | | | |
| | | | | |

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

If yes, give details: _____

e. Are you or have you ever been subject to a restraining order; Yes No If Yes explain when and where; _____

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

28. List only character references that 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

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

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

- 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 that 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 _____
- 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 currently associated 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

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

31. 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:

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

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 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.

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.

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 photo static copies of the following:

2. BIRTH CERIFICATE AND SOCIAL SECURITY CARD

3. HIGH SCHOOL DIPLOMA AND TRANSCRIPTS OR GED CERTIFICATE

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

5. DD 214 (if applicable)

6. LICENSES (vehicle operators, pilot, radio operator, etc.)

7. CITIZENSHIP CERIFICATE (if applicable)

8. CREDIT REPORT

ⁱ REV 6-2017.