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| Sheriff Patch | **ONEIDA COUNTY SHERIFF’S OFFICE**  *Daniel L. Hess*  *Chief Deputy*  *Grady M. Hartman*  *Sheriff* | **ONEIDA BADGE** |

**APPLICATION FOR EMPLOYMENT**

**NOTICE: Read all instructions and follow them exactly. This application must be typed. Do not attach anything else to this application. You must fill out a new application for each position you are seeking.**

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| **1. PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | |
| **Name (Last, First, Middle)** | | | | | | | | | | | **Social Security # (xxx-xx-xxxx)** | | | | | | |
| **Address (Apartment, Street, P.O. Box)** | | | | | | | | | | | | | | | **Home Telephone Number** | | |
| **City** | | | | | **State** | | | | | **Zip Code** | | | | | **Work Telephone Number** | | |
| **Email Address** | | | | | | | | | | | | | | | **Cell Phone Number** | | |
| **Are you at least 18 years old? Yes  No** | | | | | | | | | | | | | | | | | |
| **Are you a United States citizen? Yes**  **No** | | | | | | | | | | | | | | | | | |
| **Have you ever been convicted of a felony? Yes  No** | | | | | | | | | | | | | | | | | |
| **Have you ever been convicted of a misdemeanor crime of domestic violence? Yes  No** | | | | | | | | | | | | | | | | | |
| **Are you prohibited by state or federal law from possessing a firearm? Yes  No** | | | | | | | | | | | | | | | | | |
| **Do you possess a valid Wisconsin driver’s license or a valid driver’s license from another state? Yes  No** | | | | | | | | | | | | | | | | | |
| **What position are you applying for?** | | | | | | | | | | | | | | | | | |
| **2. EDUCATION** | | | | | | | | | | | | | | | | | |
|  | | | | **Dates** | | | | | |  | | | | | | | |
| **Name of School(s)** | | | | **From (mm/yyyy)** | | | **To (mm/yyyy)** | | | **Degree, Diploma, or Credits Earned** | | | | | | | |
| **High School(s)** | | | | | | | | | | | | | | | | | |
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| ***College(s)*** | | | | | | | | | | | | | | | | | |
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| **List any certifications that are applicable to this position:** | | | | | | | | | | | | | | | | | |
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| **3. EMPLOYMENT** | | | | | | | | | | | | | | | | | |
| **List chronologically your last 6 employers** | | | | | | | | | | | | | | | | | |
| **Name and Address of Employer** | | | | | | | | **Dates of Employment** | | | | | | | | | |
| **From (mm/yyyy)** | | | | | **To (mm/yyyy)** | | | | |
| **Name of Employer:** | | | | | | | |  | | | | |  | | | | |
| **Address:** | | | | | | | | **Full-Time Part-Time** | | | | | ***Annual Salary/Wages:*** | | | | |
| **City:** | | | | | | | | **State:** | | | | | **Zip Code:** | | | | |
| **Supervisor’s Name / Telephone Number:** | | | | | | | | **May we contact the employer/supervisor?**  **Yes  No** | | | | | | | | | |
| **Position and kind of work:** | | | | | | | | **Reason for Leaving:** | | | | | | | | | |
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| **Name and Address of Employer** | | | | | | | | **Dates of Employment** | | | | | | | | | |
| **From (mm/yyyy)** | | | | | | **To (mm/yyyy)** | | | |
| **Name of Employer:** | | | | | | | |  | | | | | |  | | | |
| **Address:** | | | | | | | | **Full-Time Part-Time** | | | | | | ***Annual Salary/Wages:*** | | | |
| **City:** | | | | | | | | **State:** | | | | | | **Zip Code:** | | | |
| **Supervisor’s Name / Telephone Number:** | | | | | | | | **May we contact the employer/supervisor?**  **Yes  No** | | | | | | | | | |
| **Position and kind of work:** | | | | | | | | **Reason for Leaving:** | | | | | | | | | |
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| **Name and Address of Employer** | | | | | | | | **Dates of Employment** | | | | | | | | | |
| **From (mm/yyyy)** | | | | | | **To (mm/yyyy)** | | | |
| **Name of Employer:** | | | | | | | |  | | | | | |  | | | |
| **Address:** | | | | | | | | **Full-Time Part-Time** | | | | | | ***Annual Salary/Wages:*** | | | |
| **City** | | | | | | | | **State:** | | | | | | **Zip Code:** | | | |
| **Supervisor’s Name / Telephone Number:** | | | | | | | | **May we contact the employer/supervisor?**  **Yes  No** | | | | | | | | | |
| **Position and kind of work:** | | | | | | | | **Reason for Leaving:** | | | | | | | | | |
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| **3. EMPLOYMENT** | | | | | | | | | | | | | | | | | |
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| **Name and Address of Employer** | | | | | | | | **Dates of Employment** | | | | | | | | | |
| **From (mm/yyyy)** | | | | | **To (mm/yyyy)** | | | | |
| **Name of Employer:** | | | | | | | |  | | | | |  | | | | |
| **Address:** | | | | | | | | **Full-Time Part-Time** | | | | | ***Annual Salary/Wages:*** | | | | |
| **City:** | | | | | | | | **State:** | | | | | **Zip Code:** | | | | |
| **Supervisor’s Name / Telephone Number:** | | | | | | | | **May we contact the employer/supervisor?**  **Yes  No** | | | | | | | | | |
| **Position and kind of work:** | | | | | | | | **Reason for Leaving:** | | | | | | | | | |
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| **Name and Address of Employer** | | | | | | | | **Dates of Employment** | | | | | | | | | |
| **From (mm/yyyy)** | | | | | | **To (mm/yyyy)** | | | |
| **Name of Employer:** | | | | | | | |  | | | | | |  | | | |
| **Address:** | | | | | | | | **Full-Time Part-Time** | | | | | | ***Annual Salary/Wages:*** | | | |
| **City:** | | | | | | | | **State:** | | | | | | **Zip Code:** | | | |
| **Supervisor’s Name / Telephone Number:** | | | | | | | | **May we contact the employer/supervisor?**  **Yes  No** | | | | | | | | | |
| **Position and kind of work:** | | | | | | | | **Reason for Leaving:** | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Name and Address of Employer** | | | | | | | | **Dates of Employment** | | | | | | | | | |
| **From (mm/yyyy)** | | | | | | **To (mm/yyyy)** | | | |
| **Name of Employer:** | | | | | | | |  | | | | | |  | | | |
| **Address:** | | | | | | | | **Full-Time Part-Time** | | | | | | ***Annual Salary/Wages:*** | | | |
| **City** | | | | | | | | **State:** | | | | | | **Zip Code:** | | | |
| **Supervisor’s Name / Telephone Number:** | | | | | | | | **May we contact the employer/supervisor?**  **Yes  No** | | | | | | | | | |
| **Position and kind of work:** | | | | | | | | **Reason for Leaving:** | | | | | | | | | |
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| **4. MILITARY SERVICE** | | | | | | | | | | | | | | |
| **Branch of Service** | **From (mm/yyyy)** | **To (mm/yyyy)** | | | **Active Duty or Reserve** | | | **Highest Grade** | | | **Skill Specialty or Primary Duty** | | | |
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| **Honorably Discharged from Military Service? Yes  No  Not Applicable** | | | | | | | | | | | | | | |
| **5. REFERENCES** | | | | | | | | | | | | | | |
| **List three references:** | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | | | | |
| **Position/Title/Profession:** | | | | | | | | | | | | | | |
| **Number of Years Acquainted:** | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | |
| **City/State/Zip:** | | | | | | | | | | | | | | |
| **Telephone Number:** | | | | | | | | | | | | | | |
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| **Name:** | | | | | | | | | | | | | | |
| **Position/Title/Profession:** | | | | | | | | | | | | | | |
| **Number of Years Acquainted:** | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | |
| **City/State/Zip:** | | | | | | | | | | | | | | |
| **Telephone Number:** | | | | | | | | | | | | | | |
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| **Name:** | | | | | | | | | | | | | | |
| **Position/Title/Profession:** | | | | | | | | | | | | | | |
| **Number of Years Acquainted:** | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | |
| **City/State/Zip:** | | | | | | | | | | | | | | |
| **Telephone Number:** | | | | | | | | | | | | | | |
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| **6. GENERAL** | | | | | | | | | | | | | | | |
| **Using only this page, answer the following questions:**   1. **Why are you a good candidate for this job?**   Click here to enter text.   1. **Why do you want to work for the Oneida County Sheriff’s Office?**   Click here to enter text.   1. **What are your greatest professional achievements?**   Click here to enter text. | | | | | | | | | | | | | | | |
| **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’s 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’s Signature | Date Signed | | | | | | | | | | | | | | | | | | | |

ONEIDA COUNTY

**AUTHORIZATION FOR RELEASE OF INFORMATION**

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the Oneida County Labor Relations-Employee Services (LRES) or Oneida County Sheriff’s Office, or other authorized representative 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 credit or employment data)
5. Credit rating bureaus or institutions maintaining individual credit rating files
6. Any previous employer
7. Present employer
8. Any school, college, university or other educational institution

I hereby release any Municipal, State or Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, any individual providing personal information, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Signature(full name)

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Address (Street and number)

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

City State Zip

Witness Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*A photocopy of this affidavit will have the same force and effect as an original.**