

IT IS EXTREMELY IMPORTANT THAT YOU
FOLLOW ALL THESE DIRECTIONS

This letter is in regards to your application for a position with Waukesha County or with the Waukesha county Sheriff's Department. We are presently reviewing applicants for possible future hiring. I have been directed to collect information from you for a possible pre-employment background investigation.

Fill out all ENCLOSED forms and return them to me, use black ink, print or type.
AND deliver **COPIES** OF:

- 1) YOUR BIRTH CERTIFICATE AND/OR CERTIFICATE OF NATURALIZATION
- 2) YOUR DRIVERS LICENSE.
- 3) YOUR SOCIAL SECURITY CARD
- 4) A FULL FACE PHOTOGRAPH OF YOURSELF
- 5) **ALL HIGH SCHOOL, COLLEGE, VOC/TECH/BUSINESS SCHOOL, AND LAW ENFORCEMENT TRAINING TRANSCRIPTS AND DIPLOMAS.**
- 6) **A minimum of three(3) letters of reference from employers, law enforcement , and /or social acquaintances.**
- 7) ANY CERTIFICATES AND AWARDS YOU HAVE RECEIVED.
- 8) If you have been in the military, deliver copies of all your documents relating to your service, including your long form DD-214 form, to include a narrative reason for separation, re-entry code, reserve status, and all documents related to disciplinary violations, and discharge information, including medical discharge or disability severance, awards, evaluations, certificates, letters of commendation, and your release letter from the military reserve, if applicable

*** If the forms are not returned or postmarked within the time limit you will no longer be considered a candidate for employment.**

COMPLETED FORMS MUST HAVE ALL QUESTIONS ANSWERED, ALL EMPLOYERS LISTED WITH NO EMPLOYMENT GAPS AND MUST INCLUDE ALL ADDRESSES AND PHONE NUMBERS. ALL RESIDENCES MUST BE LISTED WITH NO RESIDENCE GAPS, COMPLETE ADDRESSES, PHONE NUMBERS AND INFORMATION MUST BE INCLUDED ON ALL FORMS OR THEY WILL NOT BE ACCEPTED

Your ability to follow instructions and attention to detail is very important during this background investigation. Keep a copy of this letter for your records.

If you are no longer interested in a position with Waukesha County or the Waukesha County Sheriff's Department, please contact me by phone and return the forms.

Sincerely,

DETECTIVE PAUL S. STADLER, -- PH: (262)896-8142—FAX (262) 896-6818
WAUKESHA COUNTY SHERIFF'S DEPT.
515 W. MORELAND BLVD. WAUKESHA, WI 53188
(rev.09-08)

S
FOR EMPLOYMENT AND/OR SECURITY CLEARANCE
515 W MORELAND BOULEVARD
WAUKESHA, WI 53188
REV. 07/15/2008

Important Instructions:

This personal history statement must be completely filled out and either typed or clearly printed in black ink. Your answer to any particular question may not necessarily eliminate you from consideration. **Failure to complete all parts of this form may result in disqualification of your application. If a question does not apply to you, write N/A in the space provided.** The Waukesha County Sheriff's Department requests this information to complete the employment background verification or security clearance. Please note: The Waukesha County Sheriff's Department conducts extensive background investigations as outlined in LES 2.01, Wis. Adm. Code. The information obtained is used exclusively for the purpose of employment consideration and/or security clearance. Any falsification on this form will result in disqualification of your application or if discovered after employment, may be grounds for discharge. Conviction of any offense will not necessarily preclude employment of an applicant unless circumstances substantially relate to the requirements of the position for which you are applying. Waukesha County Sheriff's Department complies with the Americans with Disabilities Act.

	<p>WAUKESHA COUNTY SHERIFF'S DEPARTMENT 515 W. Moreland Blvd. Waukesha, WI 53188 Fax: (262) 896-6818</p> <p style="text-align: right;"><i>Paul Stadler</i> <i>Detective</i> (262-896-8142)</p>
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- I am still interested in becoming an employee with Waukesha County and/or the Waukesha County Sheriff's Department.
- I am no longer interested in becoming an employee with Waukesha County and/or the Waukesha County Sheriff's Department, and request that my application be removed from the eligibility list.

Waukesha County Sheriff's Department
 515 W. Moreland Blvd.
 Waukesha, WI 53188

Position Applied For:
Date:
Within (7) seven- (5) five- (3) three
business days from above date, return
all forms with requested information

Applicant Name		
Last	First	Middle

PERSONAL HISTORY STATEMENT

The following information is requested of you for verification and contact purposes.

Date: _____

Your name (please print or type)

Last

First

Middle

Other names you have used or been known by (include nicknames, maiden names, any others)

Please list the address at which you can be contacted

Number

Street

City

State

Zip Code

Please provide your e-mail address:

Please list the telephone number(s) where we can reach you:

Home:

Work:

Cell Phone #

()

()

Pager #

Hrs Available

Hrs Available

Birth Date
(Month/Day/Year)

Age:

You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship

Can you provide such documentation:

Yes

No

Have you registered with the United States of America Selective Service System? All U.S. male Citizens 18-25 years old must register.

Yes

No

Social Security Number

In accordance with Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.

Driver's License Number

List all states that have issued you a drivers license:

For purposes of identification, please provide the following:

Height

Weight

Hair Color

Eye Color

Please list any of the following:

Scars: _____

Tattoos: _____

Distinguishing Marks _____

EMPLOYMENT HISTORY

List all employers, give a comprehensive report of your employment history, beginning with the most recent and work back. Include **all** full-time employers, part-time employers, military service Volunteer paid-per-call, and Internships. If you were promoted with the same employer, list as a separate item. Make additional copies of this page if necessary. Complete information, addresses and phone numbers must be included or the form will not be accepted.

Applicant Name: Last First Middle

Yes No Are you presently a permanent, classified state civil service employee? If yes, complete the following:

Class Title	Agency	Pay Range	Seniority
-------------	--------	-----------	-----------

Employer Name, Address and Phone # (If unemployed, indicate dates)	Supervisors' Names and Phone Numbers (where they can be currently contacted)
	1
	2
Position Held, Duties	3

Reason for Leaving	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours Per Week												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Employment Dates</td> <td colspan="2" style="text-align: center;">Salary</td> </tr> <tr> <td style="text-align: center;">Begin</td> <td style="text-align: center;">End</td> <td style="text-align: center;">Begin</td> <td style="text-align: center;">End</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>		Employment Dates		Salary		Begin	End	Begin	End					
Employment Dates		Salary												
Begin	End	Begin	End											

List 2 Coworkers:

1

2

Employer Name, Address and Phone # (If unemployed, indicate dates)	Supervisors' Names and Phone Numbers (where they can be currently contacted)
	1
	2
Position Held, Duties	3

Reason for Leaving	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours Per Week												
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Begin	End	Begin	End											

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1

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Applicant Name: Last		First		Middle	
Employer Name, Address and Phone # (If unemployed, indicate dates)			Supervisors' Names and Phone Numbers (where they can be currently contacted)		
Position Held, Duties			Reason for Leaving		
			Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hours Per Week
Employment Dates		Salary			
Begin	End	Begin	End		
List 2 Coworkers:					
1					
2					
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Position Held, Duties			Reason for Leaving		
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1					
2					

Applicant Name: Last				First		Middle	
Employer Name, Address and Phone # (If unemployed, indicate dates)				Supervisors' Names and Phone Numbers (where they can be currently contacted)			
Position Held, Duties				2			
Reason for Leaving				Is this business still active?		Hours Per Week	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment Dates		Salary					
Begin	End	Begin	End				
List 2 Coworkers:							
1							
2							
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Position Held, Duties				2			
Reason for Leaving				Is this business still active?		Hours Per Week	
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Employment Dates		Salary					
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			2		
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		3	
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Employment Dates		Salary	
Begin	End	Begin	End
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Employment Dates		Salary		Hours Per Week	
Begin	End	Begin	End		
List 2 Coworkers:					
1					
2					

Applicant Name: Last First Middle

What special skills, abilities, experiences, hobbies, etc. do you have which may enhance your qualifications for this position?

No Yes Were you ever subjected to disciplinary action, including dismissal, in connection with any employment? If yes, give details and Employer's name:

Employer	
Employer	
Employer	

No Yes Have you ever resigned after being informed your employer intended to discipline or terminate you? If yes, give details and Employer's name:

Employer	
Employer	
Employer	

No Yes Have you ever been asked to resign from any place of employment? If yes, give details and Employer's name:

Employer	
Employer	
Employer	

No Yes Have you ever been fired or forced to leave a job or asked to leave a place of employment? If yes, give details and Employer's name:

Employer	
Employer	
Employer	

Applicant Name: Last First Middle

List any prior law enforcement/criminal justice employment experience:

No Yes Are you currently or have you ever been certified or licensed as a peace officer, correctional officer or dispatcher (full or part-time)? If yes, please provide the following information: License Number: _____
 Date Originally Issued: _____ Expiration Date: _____

Current Status: (Please attach a photocopy of your license and current renewal card.)

Valid-Active Status Surrendered
 Valid-Inactive Status Suspended
 Lapsed Revoked

No Yes Have you ever applied for employment with Waukesha County? If yes, Year _____ Position _____

No Yes Have you ever applied for employment with a law enforcement agency or have you ever been the subject of a background investigation conducted by a law enforcement agency who was considering you for employment? If yes, complete the following:

Date	Agency Name AND Address

No Yes Do you currently have any outstanding applications for a law enforcement position? If yes, give Department, Position and status of the application:

MILITARY SERVICE

No Yes Have you served in the United States Armed Forces? If yes, complete the following:

Name Used During Service (Last/First/Middle)	Social Security No.	Place of Birth

Active Service, Past and Present

Branch of Service	Dates of Active Service		Check One		Service Number During This Period
	Entered	Released	Officer	Enlisted	

Reserves, Past and Present

Branch of Service	Dates of Membership		Check One		Service Number During This Period
	From	To	Officer	Enlisted	

Applicant Name: Last First Middle

National Guard Membership (Check One) Army Air Force None

State	Organization	Dates of Membership		Check One		Service Number During This Period
		From	To	Officer	Enlisted	

How many discharges or separations from the service were given to you?
 Discharges: _____ Separations: _____

No Yes Has your discharge or separation notice ever been corrected or changed?
 What was the nature of the change?
 Changed from _____ to _____

List all medals and decorations awarded you as a member of the Armed Forces.

No Yes Have you ever applied for Dept. of Defense Security Clearance?
 If yes, indicate date: _____

No Yes Were you ever court-martialed, tried or charged, or were you ever the subject
 of a summary court, deck court, captain's mast, company punishment, or
 any other disciplinary action? If yes, how many times? _____
 Give details of charges, agency concerned, dates and dispositions.

PERSONAL INFORMATION

List the required information for your father, mother, sisters, brothers:

Relationship	Name (Include MI)	Address	Occupation	Telephone	DOB

List all persons who live in the same household with you:

Name (Include MI)	Relationship	Occupation	Place of Employment	DOB

Applicant Name: Last First Middle

List all professional, volunteer or civic organizations you are a member or have been a member of, excluding political, religious or sexual-type organizations.

Example: American Legion, Optimists, Kiwanis, Fire Departments, etc.

Membership Dates		Organization Name	Type of Organization
From	To		

List three (3) social references in your own age group

Name	Address	Telephone

LAW ENFORCEMENT REFERENCES

List the names of all Waukesha County Sheriff's Department Employees who know you personally and who would have personal knowledge of you.

Name	Name

List the names of other law enforcement officers you know personally and who would have personal knowledge of you.

Name	Department	Address (if known)	Telephone

DRIVING HISTORY

No Yes Do you hold a valid Drivers License?
 Drivers License # _____ State _____

No Yes Have you ever held a valid Drivers License from states other than listed above?
 If yes, list those states.

No Yes Have you ever had a Drivers License suspended, revoked or restricted?
 If yes, please explain: _____

Applicant Name: Last First Middle

No Yes Have you ever been charged with operating a vehicle or boat while under the influence of alcohol or other drugs? If yes, please explain:

No Yes Have you ever been involved in a motor vehicle accident as a driver? If yes, please list the following information.

Date	Location	City/State	Citation/Charges	LE Agency

USE OF ALCOHOL OR DRUGS AS AN ADULT

No Yes Do you currently drink alcoholic beverages? If yes, to what degree:

No Yes Do you currently use marijuana? _____

No Yes Do you currently use nonprescription illegal drugs, such as opiates, LSD, cocaine, etc?

RECORD OF LAW ENFORCEMENT CONTACTS

No Yes Have you ever been **convicted of ANY** law violation, including traffic law, other than parking tickets? Include traffic violations as a juvenile. If yes, complete the following. This includes any ticket that you paid.

Date	Location	Charge/Violation	Final Disposition	Police Agency

Applicant Name:		Last	First	Middle	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Are you now, or have you ever, as an adult, been involved as a plaintiff, defendant, petitioner or respondent of any civil court action? If yes, explain (include when, where, name and location of court, circumstances and disposition) _____			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you ever been convicted, arrested, or investigated for violation of law outside the United States of America?			
Date	Location/Country		Police Agency Involved		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	As an adult, have you ever been fingerprinted? If yes, complete the following?			
Date	Location		Reason for Fingerprinting		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	As an adult, have you ever received a pardon for a crime? If yes, complete the following:			
Date	Location		Offense	Age Then	Police Agency Involved
	State	County			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	As an adult, have you ever had any contact with a police agency as a victim, witness or suspect? If yes, please list the following?			
Date	Location		Circumstances		Police Agency Involved
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you ever been convicted of any violation of city ordinances, county ordinances, state or federal law? This includes any ticket that you paid.			
Date	Law Enforcement Agency		Law Violated	Disposition	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Are there any charges (violations) pending against you? If yes, please explain			

Applicant Name:		Last	First	Middle
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Were you ever convicted before a juvenile court for any act which would have been a crime if committed as an adult? If yes, please explain:		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you ever participated in a deferred prosecution or first offender program as a result of a conviction? If yes, please explain:		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you ever been placed on court probation as an adult? If yes, please explain:		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you ever been reported to a law enforcement agency as a missing person or runaway? If yes, please give details: (include date and law enforcement agency)		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you ever been involved in a domestic abuse incident other than as a witness? If yes, please give date and location:		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you ever failed to appear in court when ordered to do so? If yes, please give details:		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you ever had a restraining order issued against you? If yes, please give details:		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Are you presently under indictment or a defendant in any pending criminal, traffic, or civil action? If yes, please give details:		

Applicant Name:	Last	First	Middle
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you ever been committed to any penal institution for a conviction of a felony or misdemeanor? If yes, please give details:	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Were you ever required to appear in Juvenile Court? If yes, please give details:	

EDUCATION HISTORY

The Waukesha County Sheriff's Department requires that an applicant for employment as a law enforcement officer possess either a 2-year associate degree or a minimum of 60 fully accredited college-level credits. Provide copies of high school diploma, along with transcripts and diploma of all secondary education.

Check highest level of education attained:

- | | |
|--|---|
| <input type="checkbox"/> I currently hold a 2 Yr. Associate Degree | <input type="checkbox"/> 05-Associate Degree |
| <input type="checkbox"/> I have 60 fully accredited college-level credits | <input type="checkbox"/> 07-Bachelor of Arts |
| <input type="checkbox"/> I do not have 60 fully accredited college level credits | <input type="checkbox"/> 08-Bachelor of Science |
| | <input type="checkbox"/> 09-Masters Degree |

Please complete the following:

Number of college-level credits currently completed.

- No Yes I am currently certified to be employed as a law enforcement officer in the state of Wisconsin. Date of Certification: _____

Elementary and High School (Give Name & Address)	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			
College/Universities (Give Name & Address)	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

Applicant Name: Last First Middle

EDUCATION HISTORY - CONTINUED

Graduate School (Give Name & Address)	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

Voc/Tech/Business School (Give Name & Address)	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

Miscellaneous Education (Give Name & Address)	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

List all Law Enforcement Intern Programs you have been a part of (high school and college)

Date	School	Department Involved	Advisor and Telephone Number

List all extra curricular activities and awards received from high school and college:

Applicant Name: Last First Middle

List any problems with school (absenteeism, tardiness, poor grades, other disciplinary problems) including college. (Be very specific.)

Date	School	Problem	Explanation

2nd Language Capabilities Questionnaire

I have some interpreter proficiency in the following language(s) (other than English) _____

- No Yes Fluent (able to easily and accurately converse and understand)
- No Yes Passable (able to understand and communicate basic expressions)

RESIDENCY HISTORY

List chronologically, starting with your most recent address, all of your past residences. Include address while attending school, if away from home, and all military addresses. (Use additional sheets if necessary.) **No Residency gaps will be accepted.**

Dates (Mo/Yr)		Street Address (Apt. No.) City, State, AND Zip Code
From	To	

If rented, give name, address and telephone of person responsible for the collection of rent.

Dates (Mo/Yr)		Street Address (Apt. No.) City, State, AND Zip Code
From	To	

If rented, give name, address and telephone of person responsible for the collection of rent.

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From	To	

If rented, give name, address and telephone of person responsible for the collection of rent.

Applicant Name: Last First Middle

RESIDENCY HISTORY - CONTINUED

Dates (Mo/Yr)		Street Address (Apt. No.) City, State, AND Zip Code
From	To	

If rented, give name, address and telephone of person responsible for the collection of rent.

Dates (Mo/Yr)		Street Address (Apt. No.) City, State, AND Zip Code
From	To	

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Dates (Mo/Yr)		Street Address (Apt. No.) City, State, AND Zip Code
From	To	

If rented, give name, address and telephone of person responsible for the collection of rent.

Dates (Mo/Yr)		Street Address (Apt. No.) City, State, AND Zip Code
From	To	

If rented, give name, address and telephone of person responsible for the collection of rent.

Dates (Mo/Yr)		Street Address (Apt. No.) City, State, AND Zip Code
From	To	

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Dates (Mo/Yr)		Street Address (Apt. No.) City, State, AND Zip Code
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Dates (Mo/Yr)		Street Address (Apt. No.) City, State, AND Zip Code
From	To	

If rented, give name, address and telephone of person responsible for the collection of rent.

Applicant Name: Last First Middle

FINANCIAL DATA

Current Banking Information:

Checking Account At: _____
Address: _____ Phone#: _____

Saving Account At: _____
Address: _____ Phone#: _____

Mortgage Account At: _____
Address: _____ Phone#: _____

Automobile Loan At: _____
Address: _____ Phone#: _____

Credit Cards: Give Name
1. _____ 3. _____
2. _____ 4. _____

Credit History:
 No Yes Have you ever filed for bankruptcy? If yes, please give details
(case number and county):

No Yes Have your wages every been attached or garnisheed? If yes, please give details:

No Yes Have you ever had anything repossessed? If yes, please give details:

No Yes Have you ever had any bills turned over to a collection agency? If yes,
please give details:

No Yes Have you ever failed to make any court ordered payments? If yes,
please give details:

No Yes Have you ever been refused credit? If yes, please give details:

Applicant Name: Last First Middle

FINANCIAL DATA - CONTINUED

No Yes Have you ever had Account Closed or Non Sufficient Funds Checks charged against your account? If yes, please give details:

Institution: _____

No Yes Has a complaint ever been filed against you for any type of financial crime, such as NSF Checks, Account Closed Checks, Credit Card Fraud, Theft, Defrauding an Innkeeper? If yes, please give details:

No Yes Have you ever been declared delinquent in child support payments ordered by the court? If yes, please give details

Notes:

**WAUKESHA COUNTY SHERIFF'S DEPARTMENT
BACKGROUND INFORMATION QUESTIONNAIRE**

I certify to the best of my knowledge, this application/personal history statement is true and complete. I understand that any misstatement forfeits my right to employment at this time or for a position within the Waukesha County Sheriff's Department or within Waukesha County, and may affect future consideration for other positions in the Department or with Waukesha County.

X

Signature

Print Full Name

**WAUKESHA COUNTY SHERIFF'S DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

As an applicant for a position within Waukesha County and/or the Waukesha County Sheriff's Department I _____ do hereby authorize a review of and full disclosure of, all records concerning myself to any duly authorized agent of the Waukesha County Sheriff's Department, whether the said records are of a public, private or confidential nature. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Waukesha County Sheriff's Department to consider in determining my suitability for employment with that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

The intent of this authorization is to give my consent for full and complete disclosure of the public and private records of educational institutions; my financial status, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) Social Security records; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; all military, employment, pre-employment records, including background reports, and efficiency ratings, the records of recollections or attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by Waukesha County and/or the Waukesha County Sheriff's Department. I also certify that any person(s) who may furnish such information concerning me, shall not be held accountable for giving this information, and I do hereby release said person(s), organizations, or others from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy or fax of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I agree to indemnify and hold harmless, the person to whom this request is presented, and their agents and employees from and against all claims, losses and expenses; including reasonable attorney fee arising out of or by reasons of complying with this request.

Signature		
Print Full Name (Print any other names you have used or been known by)		
Address		
City	State	Zip Code
Area Code/Telephone Number	Date of Birth	
Social Security Number		
Date		

NOTICE

The Waukesha County Sheriff's Department shall use a consumer reporting agency to gather information regarding your personal finances such as, if you pay your bills on time, have ever filed bankruptcy, or failed to fulfill any financial obligations. Your rights under the Fair Credit Reporting Act include being told if information in your file has been pressed against you. If the Department denies employment based upon such a report, upon request, the Department shall provide you with the name, address and phone number of the consumer reporting agency providing the report.

I acknowledge receipt of this document.

Signature

Date

Print Full Name

REQUEST PERTAINING TO MILITARY RECORDS To ensure the best possible service, please thoroughly review the instructions at the bottom before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (Last First, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH
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5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE		SERVICE NUMBER
	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	DURING THIS PERIOD (If unknown, please write "unknown")
a. ACTIVE SERVICE					
b. RESERVE SERVICE					
c. NATIONAL GUARD					

6. IS THIS PERSON DECEASED? If "YES" enter the date of death <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____	7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES
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SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. REPORT OF SEPARATION (DD 214 or equivalent). This contains information normally needed to verify service. It may be furnished to the veteran, the deceased veteran/s next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year for which you need a copy.

- An UNDELETED Report of Separation is requested for the year(s) _____. This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.
- A DELETED Report of Separation is requested for the year(s) _____. The following information will be deleted from the copy sent: authority for separation, reasons for separation eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED

Please send dd214 honors awards disciplinary action, court martial/tried or charged summary court info, narrative reason for separation, disciplinary severance, evaluations, release letter, certificates and letters of commendation.

3. PURPOSE (OPTIONAL - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.)

This person has applied for a position with Waukesha County and/or the Waukesha County Sheriff's Dept. As part of the selection process, we must complete a thorough background investigation, including all military records.

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS

- Military service member or veteran identified in Section I, above
- Legal guardian (must submit a copy of your appointment)
- Next of kin of deceased veteran _____ (relation)
- Other (specify) DETECTIVE PAUL S. STADLER

2. SEND INFORMATION/DOCUMENT TO
Please print or type. See instruction 3.,)

Detective Paul S. Stadler #8040
Name
Waukesha County Sheriff's Dept.
515 W Moreland Blvd.
Street

Waukesha WI 53188
City State ZIP Code

3. AUTHORIZATION SIGNATURE REQUIRED (See instruction 2)
I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in the Section III is true and correct.

Signature of Requester /VETERAN SIGN HERE (Please do not print)

Date of this Request ()
Daytime phone

Email Address