

Forest County Sheriff's Office

Background Questionnaire



Forest County Sheriff's Office

100 South Park Avenue

Crandon WI 54520

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

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 facts, since the statements made herein are subject to verification to determine your qualifications accurately and completely. PLEASE PRINT CLEARLY.

PERSONAL HISTORY

1. Last Name _____ First Name _____ MI _____
2. SS# _____ Phone # _____ Other # _____
3. Alias(es), Nickname, Maiden Name, or other changes in name (attach official document(s) concerning any changes in name): _____

4. U.S. Citizen: Yes / NO Naturalized Cert. No: _____
If derived, parent Certificate No: _____ Date, Place & Court: _____
5. Height: _____ Weight: _____ Color Eyes: _____ Color Hair: _____
Scars, marks, and/or distinguishing marks: _____
6. Date of Birth: _____ Place of Birth (city, county, state) _____
Attach certified copy of birth certificate
7. Present address: Street: _____
City, or Post Office: _____ State: _____ Zip: _____
8. With whom do you reside: _____ Telephone No: _____
9. Marital Status (circle one): Single / Married / Engaged / Separated / Divorced
10. If married, are you living with your spouse? Yes / No
If not, state reason: _____
11. Name of Fiancée (if applicable): _____
Address: _____
Phone: _____
12. Name of Girl/Boy Friend (if applicable): _____
Address: _____
Phone: _____
13. Name and address of spouse(s) if divorced or separated:
Name Address (street, city, state) Phone

14. List all of your children, stepchildren, and adopted children, and give the following information:
Name Birth Date Birth Place Address Lives With 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, please provide the following information:

Name Address (street, city, state) Relationship Percent 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 Phone Occupation
If Living

Father

Mother

18. List all residences for the past ten years, beginning with your 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 Phone No:
From To Street, City, State

EDUCATION

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

Name	Location	Dates Attended Years			Graduated Yes/No
		From	To	Completed	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Higher Education. List information below for all colleges or universities attended:

Name and Location of College or University	Dates Attended		Credit Hrs Semester/Quarter	Degree Year Received
	From	To		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Major and minor college courses: _____

Were you ever expelled or suspended from ANY SCHOOL? Yes / No
 If yes, give reasons: _____

INTERESTS 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 the current license expires. (Except vehicle operator's license): _____

21. Indicated any computer training you have, and any software programs you are familiar with: _____

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 honors and fellowships received:

MILITARY DATA

23. a. Have you ever served in a military or naval organization of the United States? Yes / No
- 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.
Circle one: Honorable / Dishonorable / Medical / Honorable Conditions / Other. If other please explain: _____
- 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 you ever, an active or inactive member of any branch of the United States Reserve Forces? Yes / No If Yes, 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, please explain: _____

- 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 current, 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.

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

To Date	Street Address	Phone No.	Desc. of Duties
----------------	-----------------------	------------------	------------------------

Salary Begin	City, State, Zip	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 No.	Desc. of Duties
----------------	-----------------------	------------------	------------------------

Salary Begin	City, State, Zip	Name of Supervisor
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From Date	Name of Employer	Part-time	Full-time	Job Title
------------------	-------------------------	------------------	------------------	------------------

To Date	Street Address	Phone No.	Desc. of Duties
----------------	-----------------------	------------------	------------------------

Salary Begin	City, State, Zip	Name of Supervisor
---------------------	-------------------------	---------------------------

Salary End	Why did you leave?	Name of Co-Worker
-------------------	---------------------------	--------------------------

- 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, please explain: _____

- f. Do you object to us contacting your current employer? Yes / No
(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, please explain by giving name and address of employer, approximate date, and reasons in each case: _____

DRIVERS LICENSE DATA

- 25. a. Can you operate vehicles? 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 any other state? Yes / No
If yes, License 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 other state? Yes / No
If yes, please 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, please 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: _____
 Injury or non-injury: _____
 Who was charged with accident and court disposition? _____

Date _____ Police Investigation? Yes / No
 Location: _____
 Cause of Accident: _____
 Injury or non-injury: _____
 Who was charged with accident and court disposition? _____

Date _____ Police Investigation? Yes / No
 Location: _____
 Cause of Accident: _____
 Injury or non-injury: _____
 Who was charged with accident and court disposition? _____

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

Location (Street, City, State)	Date	Nature of Violation	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 answers will be checked with the F.B.I. and other agencies.

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 details below:

Name	Relationship	Offense Where	Date
_____	_____	_____	_____
_____	_____	_____	_____

d. Have you or your spouse ever been sued by anyone (civil court defendant)? Yes / No
 If yes, give details below:

MEDICAL AND PHYSICAL DATA

- 27. Have you ever been a patient (committed or voluntary) in a mental hospital? Yes / No
- 28. Have you ever been deferred from military service for medical, emotional, or health reasons? Yes / No
- 29. Have you ever been discharged or released from employment, or from the armed forces, for medical, emotional, or health reasons? Yes / No
- 30. Have you ever received or applied for pension or compensation for disability or injury? Yes / No
- 31. Are you presently under a doctor's care for any condition? Yes / No
- 32. Have you ever taken medication in the last 12 months for any reason? Yes / No
- 33. Do you, or have you ever, had any physical or emotional limitations? Yes / No
- 34. Have you ever attempted suicide? Yes / No
- 35. Have you ever used any illegal drugs, hashish, opiates, pills, etc? Yes / No

36. a. Physicians consulted (for above items circled "Yes", identify number and give details:
Item No. Physician's Name Address (Street, City, State, Zip)

b. Write your own account and explain all items answered "Yes", identify item number. Include diagnosis, date of onset, and your present condition. Continue on separate sheet if necessary, and attach.

Item No. Details

37. Have you ever used marijuana? Yes / No
If yes, how many times and when was the last time you used marijuana (explain the circumstances)?

38. a. Have you ever filed a claim for workman's compensation due to an injury or disability? Yes / No
If yes, give details, including nature of injury, date, time lost from work, and the disability awarded: _____

b. Are there any activities or conditions that you have been advised to avoid? Yes / No
If yes, give details: _____

39. Approximately how many days in the past three years has illness forced you to be absent from work and/or school?
Work Days Absent _____ School Days Absent _____

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 three character references. Do not include relatives, former employers, or persons living outside the United States or its territories.

Name of Reference	Years	Address	Phone	
	Known		Street, City, State, Zip	Business
_____		_____		
_____		_____		
_____		_____		

Are you acquainted with any members of the Forest County Sheriff's Department? Yes / No

If yes, whom?

ORGANIZATION MEMBERSHIP

41. List all organizations of which you have ever been a member:
- | Name | Address & Phone | Type (social, union Professional, etc) | Office Membership Held | |
|-------|-----------------|--|------------------------|----|
| | | | From | To |
| _____ | _____ | _____ | | |
| _____ | _____ | _____ | | |
| _____ | _____ | _____ | | |

- a. Are you now, or have you 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
- 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 ever associated with, any individuals, including relatives, who you know or have reason to believe are or have been members of any of the organization 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 of any organizations, 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 agents or instrumentalities? 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 individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

I hereby swear or affirm that there are no misrepresentations or omission in or falsifications 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 my immediate dismissal.

Date

Signature of Applicant

DOCUMENTS TO BE ATTACHED

1. Birth Certificate
2. High School Diploma and transcript or GED certificate
3. College, University, or Tech School diploma or transcripts
4. DD214 (if applicable)
5. Licenses (vehicle operators, pilot, radio operators, etc.)
6. Citizenship Certificate (if applicable)

FOREST COUNTY SHERIFF'S OFFICE

100 South Park Avenue
Crandon, WI 54520



Phone: (715) 478-3331
Fax: (715) 478-3535

JEFFERY MARVIN
SHERIFF

ALEX WALRATH
CHIEF DEPUTY

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

I hereby empower an employee of the Forest County Sheriff's Office 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 credit or employment data)
5. Credit rating bureaus or institutions maintaining individual credit rating files
6. Any previous employer
7. Any school, college, university or other educational institution
8. Any law enforcement or jail officer

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 the Forest 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.

Date

Signature (Full Name)

Address (Street and Number)

Witness Signature

City

State

Zip Code

Dedicated to Serve and Protect the Citizens of Forest County