Juneau County Sheriff's Office

200 Oak Street • Mauston, WI 53948 • (608)847-5649 • Fax: (608)847-9401

***BRENT H. OLESON**, SHERIFF • **ANDREW F. ZOBAL**, UNDERSHERIFF*

Dear Law Enforcement applicant,

Thank you for your interest in seeking employment as a Deputy Sheriff with the Juneau County Sheriff's Office. Please find attached the application packet for a Deputy Sheriff's position with the Juneau County Sheriff's Office.

The Juneau County Sheriff's Office consists of approximately 45 sworn Deputies. A Juneau County Deputy performs various functions including, supervision of inmates, patrol, court security, criminal investigations, bailiff and other law enforcement duties as assigned. Sworn Deputies are utilized to work in the Jail and Patrol Divisions. Upon hire, a Deputy starts in the Jail Division. Annually, Deputies are allowed to pick assignments by seniority. A percentage of Deputies prefer to work in the Jail Division; while other Deputies post for a Patrol Division assignment based on their seniority.

Qualifications: U.S. Citizen; minimum age of 21; 60 college credits; valid driver's license with a good driving record; good physical condition, eligibility for Wisconsin Law Enforcement Training and Standards Board certification; High School diploma; ability to possess a firearm; no domestic abuse or felony convictions; vision correctable to 20/20; good verbal and written communication skills; ability to work evenings, weekends and holidays; Wisconsin resident upon hire and required to become a Juneau County resident by the end of 1 year probationary period.

Salary/Benefits: $23.01 - $26.03 per hour (2018 contract). Wisconsin retirement fund; health insurance; paid holidays; vacation; sick leave; and clothing allowance.

Please understand that to be successful in our hiring process you must pass a written exam; interview panel; psychological profile; fitness and medical examination; drug screening test; and background screening. Successful applicants will be required to sign a pre-employment agreement.

Instructions: Complete a DJ-LE-330 Application of Employment as a Law Enforcement or Jail Officer and the enclosed application packet. The DJ-LE-330 application can be downloaded/completed from www.wilenet.org . You must complete the three questions in section 6 of the DJ-LE-330 application. All answers must be legible and are subject to verification. If a document requires a Notaries signature, it must be completed. **Applicants must use the Badger State Sheriff's Association testing site located at http://www.empco.net/wis. Candidates must have a test score on file in order to be considered. Check the website for test dates and locations.**

Required documents: All applicants must submit the following documents with this application:

1. Resume
2. DJ-LE-330, Application for Employment as a Law Enforcement or Jail Officer
3. Authorization for release of information and release of liability
4. Birth Certificate
5. Background Investigation packet
6. High School diploma, Technical College / College transcripts
7. WI DOJ Training and Standards Law Enforcement certificate or Preparatory Law Enforcement Officer Training transcript

I thank you for your interest in our agency. We are committed to hiring individuals who are professional, honest, ethical and have a true desire in serving and protecting the residents and visitors of Juneau County.

Professionally,

Sheriff Brent H. Oleson

JUNEAU COUNTY SHERIFF'S OFFICE
AUTHORIZATION FOR RELEASE OF INFORMATION
AND RELEASE FROM LIABILITY

TO: ANY PERSON BEING SHOWN A COPY OF THIS AUTHORIZATION

I am an applicant for a position with the Juneau County Sheriff's Office. I acknowledge that the "Department" needs to thoroughly investigate my background to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all-relevant information concerning my personal and employment history is disclosed to the above department.

I hereby authorize any employee or agent of the Juneau County Sheriff's Office to obtain any and all information, written or oral, typed or in the form of hard copy record, that you may have concerning me, including any criminal or driving record that I may have, my past and present employment, all educational records, records and/or oral statements relating to my reputation, my conduct and my financial and credit status. This release allows former employers and their staff to communicate orally and in writing about me.

The intent of this authorization is to provide full and free access to my background investigation that may provide pertinent data for the Sheriff's Office to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, any criminal history record, including any arrest records, any information contained in investigator files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of 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 hereby release any individual, institution or agency, including its officers, employees or other related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, my family, or associates, or any other person claiming on my behalf because of compliance with this authorization and request to release information or any attempt to comply with it, whether that released information be oral or written in nature. I direct you to release such information upon request of the representative of the Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Sheriff's Office acceptance and processing of my application for employment, I agree to hold the County of Juneau, its agents and employees, and any person contacted under this release harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to offer me a position with the Sheriff's Office.

I hereby waive any rights to inspect, review or otherwise obtain contents of the background investigation conducted by the authorized agent of the department, including any and all rights I may have under Charter 103 or Chapter 19, section 895.50, or any other sections of the Wisconsin Statutes or Federal Law. I further waive any other rights I may have to inspect or view, or have produced to me the contents of this background investigation as provided for in any other applicable document or statute, including but not limited to, any labor contracts or employment agreements or any federal statutory or administrative regulations. This release does not allow re-disclosure of the information released.

If my work history includes termination on the grounds that I was unable to perform the essential elements of my job by reason of disability, this release includes all pertinent information related to that disability.

A photocopy or faxed reproduction of this authorization, when supplied by an employee of the Juneau County Sheriff's Office shall be for all intents and purposes as valid as the original. You may retain the photocopy for your files.

_____
(Print full name)

_____
(Print full address)

_____ _____
(Date of Birth mm/dd/yyyy) (Phone)

_____ Date: _____
(Signature)

Subscribed and sworn to before me
This _____ day of _____, 20_____.

_____
Notary Public, State of Wisconsin
My Commission expires: _____

BACKGROUND INVESTIGATION PACKET

As an applicant for employment as a Deputy Sheriff with the Juneau County Sheriff's Office, you are being asked to provide information about yourself. The purpose of this request is to obtain information about you to permit the Sheriff's Office to thoroughly analyze your qualifications and suitability for employment with our agency. The sources listed on the application will be contacted only for the purposes listed above. The data you provide may be conveyed to a third party. If they disclose private information about you to this agency; it will be used only to the extent that is necessary to complete the employment investigation.

I understand that if this application packet is not completed in its entirety and if any of the required documents are not enclosed, my application will be subject to disqualification. A false response to any question will be grounds for denial of application or termination of employment. I have read and understand the above.

_____

Signature Date

PERSONAL DATA

1. What is your full name?

   _____

2. List any previous names used. Include the dates of when you used these names.

   _____

3. Date of Birth: _____/_____/_____ Age:_____ Sex: _____

4. White(Non-Hispanic)_____ Black (Non-Hispanic)_____ Hispanic_____

   Asian/Pacific Islander_____ American Indian _____

5. Where were you born? (City, State)

   _____

6. How long have you resided at your current address? _____

   Do you own or rent? If you rent list the owners name and telephone number.

   _____

7. Other than your spouse or parents with whom do you reside?

   _____

   _____

   _____

8. In chronological order, state each and every place in which you have lived during the past FIVE years, beginning with your present address. Include all addresses while you were in school and the military.

Date	Address/City/State	Owner of Residence	Phone Number

FAMILY RELATIONSHIPS

9. Provide the following for your father, mother, sister, brother, and spouse/significant other:

Type	Name	DOB	Address	Phone Number
Father				
Mother				

Additional Information on the above relatives:

Name	Occupation

KNOWN ASSOCIATES

10. List the names of four friends and/or associates. Do not include former employers or school teachers/professors, or anyone you listed on your DJ-LE-330 or plan on listing in question #11. These should be people who know you from contact other than work. You must list four.

Name _____
Address _____
_____
Home Phone _____
Occupation _____
Employer _____
Work Phone _____
Cell Phone _____

Name _____
Address _____
_____
Home Phone _____
Occupation _____
Employer _____
Work Phone _____
Cell Phone _____

Name _____
Address _____
_____
Home Phone _____
Occupation _____
Employer _____
Work Phone _____
Cell Phone _____

Name _____
Address _____
_____
Home Phone _____
Occupation _____
Employer _____
Work Phone _____
Cell Phone _____

11. List the names of four people with whom you are acquainted whose employment is affiliated with Law Enforcement. This may include police officers, jailers, Correctional officers, dispatchers, judges, attorneys, etc... Do not list people whom you listed on your DJ-LE-330 or whom you listed in question # 10.

Name _____
Address _____
_____
Home Phone _____
Occupation _____
Employer _____
Work Phone _____
Cell Phone _____

Name _____
Address _____
_____
Home Phone _____
Occupation _____
Employer _____
Work Phone _____
Cell Phone _____

Name _____
Address _____
_____
Home Phone _____
Occupation _____
Employer _____
Work Phone _____
Cell Phone _____

Name _____
Address _____
_____
Home Phone _____
Occupation _____
Employer _____
Work Phone _____
Cell Phone _____

EDUCATION

12. What college degree(s) have you been awarded?

_____

Undergraduate Major in _____

Cumulative Grade Point Average _____

Total credits achieved towards degree _____

13. Other than English, what languages do you:

Speak _____

Understand _____

Speak _____

Understand _____

14. List any problems with school such absenteeism, tardiness, poor grades, or other disciplinary problems.

Date School Problem and Explanation

_____

MILITARY AND SELECTIVE SERVICE

15. If you are a male and were born after 1960, have you registered with the Selective Service?

_____ Yes _____ No

If yes, provide Selective Service Number: _____

You can check your Selective Service number via the internet at www.sss.gov

If no, please explain why:

_____

_____

16. Are you now or were you ever a member of the Armed Forces, either Active, Reserve or National Guard? _____ Yes _____No

If yes, state which Branch:_____

Unit_____ Rank_____

Address_____ Dates of Service_____

17. What is the type of your Military service discharge(s) or separation(s):(honorable, dishonorable, honorable conditions, medical, etc.) Be exact.

Type _____ Reason_____

Type _____ Reason_____

18. Has your discharge or separation notice ever been corrected or changed?

_____Yes _____No

What was the nature of the change? Changed from _____ to_____

19. Where you ever court marshaled, tried or charged, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?

_____Yes _____No

If yes, how many times? _____

Give details of charges, agency concerned, dates, and dispositions.

_____

_____

_____

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

_____

_____

21. Have you ever served in any military type organizations or any other associations other than those listed above; including the military of a foreign nation?

_____Yes _____No

22. Have you ever been discharged, terminated or asked to resign from employment?

_____Yes _____No

If yes, please complete the following:

Employer	Date Left	Reason for Leaving

23. Have you ever entered into an agreement with a former employer under which the employer agreed to maintain the confidentiality of the reason for your separation from the employer?

_____Yes _____ No If yes, give employer and details:

_____

_____

24. Were you ever suspended, placed on leave or subjected to any disciplinary action in connection with any employment?

_____ Yes _____No If yes, give employer and details:

_____

_____

_____

25. Have you ever been Deputized or Sworn as a Law Enforcement officer in any jurisdiction? _____Yes _____No If yes, give details of agency, duties and rank held:

_____

_____

26. Has any professional or vocational license or permit (excluding driver's license or instructional permit) issued by any city, state, or federal agency ever been denied, revoked, suspended, or cancelled to you or to any corporation or partnership of which you were an officer, director, or partner?

_____ Yes _____No If yes, give details: _____

_____

27. Are you now engaged in any business as an owner (active or silent, partner, stockholder, or corporate member? _____Yes _____ No If yes, give details:

_____

_____

28. Have you ever made application for employment with this agency or any other police organization? ____Yes ____No

If yes, complete the following:

When	Organization	Rejected Y/N	Current status

MEDICAL HISTORY

29. Do you currently use, or have you ever used narcotics, marijuana, barbiturates, or any other controlled substance?

_____ Yes _____ No If yes, give details: _____

_____

_____

_____

_____

FINANCIAL HISTORY

30. Have you ever had or currently have any garnishments or judgments of any kind pending against you? _____ Yes _____No If yes, give details:

Type	With who (Name/Address)	When	Present Amount	Amount in Arrears

LITIGATION HISTORY

31. Were you ever a party to a civil action or proceeding in this state or elsewhere, or have you been named in a notice of claim that you may be a defendant in a civil action or proceeding?

    _____ Yes _____No If yes, indicate below every civil action, *excluding* civil law violations.

    Date Type Plaintiff, Respondent, or Defendant Disposition

    _____

    _____

    _____

    _____

32. Have you ever been named as a defendant in a criminal proceeding?

    _____Yes _____No If yes, give details?

    _____

    _____

    _____

    _____

33. Have you ever been charged, arrested, convicted, or adjudicated for any violation of criminal or civil law *excluding* non-criminal traffic or parking tickets?

    _____Yes _____No If yes, provide the following information:

    Date Violation Location Disposition Age Police Agency

    _____

    _____

    _____

    _____

34. Have you ever been fingerprinted? _____Yes _____No If yes, provide the following:

    When Where Reason

    _____

MOTOR VEHICLE & DRIVERS LICENSE HISTORY

35. Have you ever received a summons or citation for a violation of the traffic laws in this State or any other State (exclude parking violations)? _____Yes _____No

If yes, please provide the following information:

Date	Offense	Disposition	Age	Police Agency/Location

36. Do you or have you ever possessed a Wisconsin Driver's License? _____Yes _____No

Driver's License Number:_____ Licensed Class(s)_____

37. Do you or have you ever possessed a Driver's License issued by another state?

_____Yes _____No

Name of State:_____ Status of License:_____

Type:_____ Drivers License Number: _____

Name of State:_____ Status of License:_____

Type:_____ Drivers License Number: _____

38. Has your current driver's license or any other driver's license ever been revoked?

_____Yes _____No Suspended? _____Yes _____No

If you answered yes to either one of the above, complete the following:

Which license? _____ When?_____

Where?_____

Why?_____

_____

39. Have you ever been involved in a motor vehicle accident? _____Yes _____No

If yes, state date and details:_____

_____

_____

_____

40. List all motor vehicles which you own, jointly own, or which you drive on a regular basis.

License Plate Number State Where Vehicle is registered

_____

_____

_____

_____

41. List the name and address of your auto Insurance Company:

Name:_____

City and State: _____

42. Has your auto insurance ever been cancelled or have you ever been refused auto insurance? _____Yes _____No If yes, give details: _____

_____

_____

I certify that all of the statements by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection or termination of employment if I am later employed.

_____ _____

Signature of Applicant Date

Mail the completed application materials to:

Juneau County Sheriff's Office
Attn: Lt. Tony Hiess
200 Oak Street
Mauston, WI 53948

Wisconsin Department of Justice
Law Enforcement Standards Board
DJ-LE-330, Rev. 2/11
www.wilenet.org

APPLICATION FOR EMPLOYMENT

LAW ENFORCEMENT, JAIL OR SECURE JUVENILE DETENTION OFFICER

NOTICE: All questions must be answered. Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages.

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

Have you successfully completed the basic training required for certification (i.e. 520-hour law enforcement academy)? Yes ☐ No ☐

If yes, what type(s) of basic training have you successfully completed? Law Enforcement ☐ Jail ☐ Secure Juvenile Detention ☐

If applicable, include the name of the school where you completed basic training and the date that training was completed:

_____

Are you at least 18 years old? Yes ☐ No ☐

Are you a United States citizen? Yes ☐ No ☐

Do you have a high school diploma, GED or HSED? Yes ☐ No ☐

Do you have an Associate Degree or 60 associate degree level college credits or higher? Yes ☐ No ☐

If No, were you employed as a law enforcement officer prior to February 1, 1993? Yes ☐ No ☐
The college credit requirement as written in Wisconsin Administrative Code § LES 2.01(1)(e), pertains to law enforcement and tribal law enforcement officers first employed on or after February 1, 1993.

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 ☐

2. EDUCATION

Name of School(s)	Dates From (mm/yyyy)	Dates To (mm/yyyy)	Degree, Diploma, or Credits Earned
High School(s)			
College(s)			

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. To furnish additional employment information, attach sheets of the same size and format as this application.

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:	

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:	

4. MILITARY SERVICE

Branch of Service	From (mm/yyyy)	To (mm/yyyy)	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty

Honorably Discharged from Military Service? Yes ☐ No ☐ Not Applicable ☐

5. REFERENCES

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

6. GENERAL

COMPLETE IF INSTRUCTED TO DO SO BY EMPLOYING AGENCY.

Attach no more than one additional page for each answer.

A. Why have you chosen to apply for this position?

B. Discuss things you have done which have contributed to your life experience. Be sure to include information regarding volunteer work with civic, school, or professional organizations. Be specific about names and dates.

C. Why do you believe you could relate to and/or work with people of different races, genders, cultures, ages, socio-economic groups, and educational levels?

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.

Applicants 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.

Applicants Signature _____ Date Signed _____