



Juneau County Sheriff's Office

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

BRENT H. OLESON, SHERIFF • CRAIG H. STUHLIK, 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: \$22.56 - \$25.52 per hour (2016 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)

(Signature)

Date: _____

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
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FAMILY RELATIONSHIPS

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

Type	Name	DOB	Address	Phone Number
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Father _____

Mother _____

Additional Information on the above relatives:

Name	Occupation
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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
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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
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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
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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
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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
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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
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34. Have you ever been fingerprinted? _____ Yes _____ No If yes, provide the following:

When	Where	Reason
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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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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