

PIERCE COUNTY SHERIFF'S DEPARTMENT

Professional Standards Division

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: READ CAREFULLY BEFORE PROCEEDING

These instructions will assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects, as it will be used as a basis for a background investigation to determine your eligibility for employment.

Please remember this is your first opportunity to make a good impression in completing the assigned task!

1. Your Personal History Statement should be **printed legibly in black ink**. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter NA in the space provided.
3. Avoid errors by reading directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets (8 ½ x 11) to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. The Americans with Disabilities Act prohibits employers from making medically related inquiries prior to a Conditional Offer of Employment. Therefore, if you are completing this Personal History Statement before you have received a Conditional Offer of Employment, do not divulge information concerning physical or mental conditions, either past or current.
7. An accurate and complete form will help expedite the background investigation. A pre-employment polygraph examination may be used to verify deliberate or falsification which may result in applicant disqualification.

FORWARD OR DROP OFF FORM

This form must be completed and submitted to the Pierce County Personnel Department. For questions about completing the form, call (715) 273-6851.

Mail or Drop off form to: Pierce County Personnel Department
414 W. Main Street
PO Box 119
Ellsworth, WI 54011

Monday through Friday
8:00 a.m. – 4:30 p.m.

PIERCE COUNTY SHERIFF'S DEPARTMENT APPLICATION SUMMARY

| | | |
|-------------------|-------------|----------------|
| Full Name: | | |
| Address: | | |
| Home Phone: | Cell Phone: | Date of Birth: |
| Email Address: | | |

Education Information (Sec. E. Educational History, and Sec. F. Special Qualifications & Skills)

| | | |
|--|--|---|
| College Degree or Number of Credits | From Which School: | Dates Attended: From: To: |
| Have you completed Wisconsin Basic Recruit? Yes <input type="checkbox"/> No <input type="checkbox"/> | School: | Dates Attended: From: To: |
| Are you licensed in another state: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what other state are you licensed in?* | When did you last attend 24-hour in-service? | Where did you last attend 24—hour in-service? |
| Jail certification: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

| Please attach a copy of: | Attached | |
|-------------------------------|--------------------------|--------------------------|
| | Yes | No |
| Birth Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| Driver's License | <input type="checkbox"/> | <input type="checkbox"/> |
| DD Form 214 (If a Veteran) | <input type="checkbox"/> | <input type="checkbox"/> |
| Signed Release of Information | <input type="checkbox"/> | <input type="checkbox"/> |

We may be asking for financial information if you are being considered for employment.

****If you are licensed in another state, you must contact the Wisconsin Department of Training and Standards at 608-266-8800 to see what action(s) you may need to take to become licensed in the State of Wisconsin.**

A. Applicant Identification – Applicant must provide a photocopy of driver’s license and certified copy of birth certificate.

| | | | |
|--|---------------------------------------|---|---------------------------------------|
| 1. Applicant (Last, First, MI) | | 2. Social Security Number | |
| 3. Address (Number) (Street) (Apt#) | | (City) | (State) |
| (Zip Code + Four Digit) | | | |
| 4. Date of Birth (M/D/YYYY) | | 5. Place of Birth (City & State) | |
| 6. Driver’s License Number | | 7. State | 8. Expiration Date (M/D/YYYY) |
| 9. Previous States held a Drivers License | | 10. Date(s) (M/D/YYYY) | |
| | | From: | To: |
| 11. Physical Description (Height) | 12. Physical Description (Weight) | 13. Physical Description (Eye Color) | 14. Physical Description (Hair Color) |
| 15. Are you a United States Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> | | 16. Date and Number of Naturalization Papers (M/D/YYYY) | |
| 17. Scars, tattoos, or other distinguishing marks | | | |
| 18. Have you ever had your name legally changed? Yes <input type="checkbox"/> No <input type="checkbox"/> | | 19. If Yes, Indicate Previous Name(s) | |
| 20. Date of Change (M/D/YYYY) | | 21. Reason for Change | |
| 22. Marital Status: Pursuant of chapter 111.322, the department does not discriminate individuals as a result of their marital status. Questions in this section relate to persons(s) of interest to be contacted as a reference only. | | | |
| 23. Spouses (Maiden) Name | Address (If different form Applicant) | | Telephone Number |
| 24. Ex-Spouse (Significant Other) | Address | | Telephone Number |
| 25. Ex-Spouse (Significant Other) | Address | | Telephone Number |
| 26. List all children related to you or your spouse (natural, step-children, adopted and foster) | | | |
| Name | | Relation | |
| Address (Street, City, State, Zip) | | | |
| Date of Birth (M/D/YYYY) | | Supported By | |
| Name | | Relation | |
| Address (Street, City, State, Zip) | | | |
| Date of Birth (M/D/YYYY) | | Supported By | |
| Name | | Relation | |
| Address (Street, City, State, Zip) | | | |
| Date of Birth (M/D/YYYY) | | Supported By | |

B. Residences – List all addresses where you have lived during the past ten years beginning with present address. List dates by month and year. Attach extra pages if necessary.

| | | |
|--|----------------------------------|---------------------------------|
| 1. From (Date) | | To (Date) |
| (Number) (Street) (Apt#) | (City) | (State) (Zip Code + Four Digit) |
| Were you evicted from the residence? No <input type="checkbox"/> Yes <input type="checkbox"/> (Explain) | Landlord Name & Telephone Number | |
| 2. From (Date) | | To (Date) |
| (Number) (Street) (Apt#) | (City) | (State) (Zip Code + Four Digit) |
| Were you evicted from the residence? No <input type="checkbox"/> Yes <input type="checkbox"/> (Explain) | Landlord Name & Telephone Number | |
| 3. From (Date) | | To (Date) |
| (Number) (Street) (Apt#) | (City) | (State) (Zip Code + Four Digit) |
| Were you evicted from the residence? No <input type="checkbox"/> Yes <input type="checkbox"/> (Explain) | Landlord Name & Telephone Number | |
| 4. From (Date) | | To (Date) |
| (Number) (Street) (Apt#) | (City) | (State) (Zip Code + Four Digit) |
| Were you evicted from the residence? No <input type="checkbox"/> Yes <input type="checkbox"/> (Explain) | Landlord Name & Telephone Number | |

C. Experience & Employment – Beginning with your present and most recent job, list all employment held for the past ten (10) years, including part-time, temporary and seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

| | | |
|----------------------------------|-----------------|--|
| 1. From (MM/DD/YYYY) | To (MM/DD/YYYY) | Employer |
| Address (Number) (Street) (Apt#) | | (City) (State) (Zip Code + Four Digit) |
| Area Code & Telephone Number | | Position Held (Job Title) |
| Supervisor & Title | | Name of Co-Worker |
| Duties | | |
| Reason for Leaving | | Full or Part Time? Rate of Pay |
| 2. From (MM/DD/YYYY) | To (MM/DD/YYYY) | Employer |
| Address (Number) (Street) (Apt#) | | (City) (State) (Zip Code + Four Digit) |
| Area Code & Telephone Number | | Position Held (Job Title) |
| Supervisor & Title | | Name of Co-Worker |
| Duties | | |
| Reason for Leaving | | Full or Part Time? Rate of Pay |
| 3. From (MM/DD/YYYY) | To (MM/DD/YYYY) | Employer |
| Address (Number) (Street) (Apt#) | | (City) (State) (Zip Code + Four Digit) |
| Area Code & Telephone Number | | Position Held (Job Title) |
| Supervisor & Title | | Name of Co-Worker |
| Duties | | |
| Reason for Leaving | | Full or Part Time? Rate of Pay |

| | | | | |
|--|-----------------|---------------------------|--------------------|-------------------------|
| 4. From (MM/DD/YYYY) | To (MM/DD/YYYY) | Employer | | |
| Address (Number) (Street) (Apt#) | | (City) | (State) | (Zip Code + Four Digit) |
| Area Code & Telephone Number | | Position Held (Job Title) | | |
| Supervisor & Title | | | Name of Co-Worker | |
| Duties | | | | |
| Reason for Leaving | | | Full or Part Time? | Rate of Pay |
| 5. From (MM/DD/YYYY) | To (MM/DD/YYYY) | Employer | | |
| Address (Number) (Street) (Apt#) | | (City) | (State) | (Zip Code + Four Digit) |
| Area Code & Telephone Number | | Position Held (Job Title) | | |
| Supervisor & Title | | | Name of Co-Worker | |
| Duties | | | | |
| Reason for Leaving | | | Full or Part Time? | Rate of Pay |
| 6. Were you ever discharged or forced to resign from any job because of allegations of misconduct or unsatisfactory service? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain: | | | | |
| 7. Have you ever Received Discipline or Investigated for Wrong Doings in Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain: | | | | |

D. Military Records – If you are a veteran, please provide a copy of your DD Form 214.

| | |
|--|----------------------------------|
| 1. Are you registered with the U.S. Selected Service System? <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO | If Yes, List Registration Number |
|--|----------------------------------|

| |
|---|
| 2. Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|

| | | |
|---|----------------------|---------------------|
| 3. Dates of Service (MM/DD/YYYY) From: _____ To: _____ | 4. Branch of Service | 5. Unit Designation |
|---|----------------------|---------------------|

| | |
|---------------------------------|--------------------------------------|
| 6. Current / Highest Rank Field | 7. Type of Discharge (If Applicable) |
|---------------------------------|--------------------------------------|

| |
|---|
| 8. Were you ever disciplined while in the Military Service (include court-martial, captain's mast, article 15, company punishment, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

| Charge | Agency | Date (MM/DD/YYYY) | Disposition |
|--------|--------|-------------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

| |
|---|
| 9. If you received other than honorable discharge, give complete details: |
|---|

E. Educational History

| 1. High School(s) Attended (City & State) | Dates Attended | | Graduate | |
|---|----------------|----|--------------------------|--------------------------|
| | From | To | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

| 2. College(s) or University(ies) Attended (City & State) | Dates Attended | |
|--|----------------|----|
| | From | To |
| | | |
| Degree Received | Date of Degree | |

| 3. College(s) or University(ies) Attended (City & State) | Dates Attended | |
|--|----------------|----|
| | From | To |
| | | |
| Degree Received | Date of Degree | |

| 4. Trade, Vocational, Business School(s) Attended (City & State) | Dates Attended | |
|--|----------------|----|
| | From | To |
| | | |
| Degree Received | Date of Degree | |

| 5. Trade, Vocational, Business School(s) Attended (City & State) | Dates Attended | |
|--|----------------|----|
| | From | To |
| | | |
| Degree Received | Date of Degree | |

F. Special Qualifications & Skills – Attach separate sheet if necessary.

1. List any Special License you Hold (Such as Commercial Drivers License, Pilot, SCUBA, Radio Operator, etc.) Showing Licensing Authority, Original Date of Issue, and Date of Expiration.

| | | |
|-------------|---------------|--------------------|
| Description | Date is Issue | Date of Expiration |
| Description | Date is Issue | Date of Expiration |
| Description | Date is Issue | Date of Expiration |
| Description | Date is Issue | Date of Expiration |

2. Have you ever been certified/licensed as a law enforcement and/or corrections in another state?

| | | |
|--------------------------------|-------|-------------------|
| Law Enforcement or Corrections | State | Date (MM/DD/YYYY) |
| Law Enforcement or Corrections | State | Date (MM/DD/YYYY) |

3. Have you been previously certified in Wisconsin as a law enforcement and/or corrections?

| | | |
|------------------|---|------------------|
| Training Academy | Dates of Training (MM/DD/YYYY) From: To: | Length of Course |
| Training Academy | Dates of Training (MM/DD/YYYY) From: To: | Length of Course |

4. List any Specialized Training Attended: Include an certificates.

| | |
|------------------|---------|
| Description | |
| School / Academy | Date(s) |
| Description | |
| School / Academy | Date(s) |

5. Are you fluent in a foreign language? If Yes, list and degree of fluency (written, speaking, reading, understanding)

| | |
|--|--|
| | |
|--|--|

G. Volunteer Work – List any volunteer work over the past ten (10) years, include address and supervisor.

| | |
|-----------------|-----------|
| 1. Name | Address |
| Supervisor Name | Telephone |
| Duties: | |
| 2. Name | Address |
| Supervisor Name | Telephone |
| Duties: | |
| 3. Name | Address |
| Supervisor Name | Telephone |
| Duties: | |
| | |

H. Criminal History – Misdemeanor convictions do not necessarily preclude you from employment possibilities.

1. Have you ever been arrested for, convicted or plead guilty to a Felony? **NO**(Continue at #2) **YES**

| | | | |
|-------------------|---------------|-----------------------------|---------------------|
| Date (MM/DD/YYYY) | Alleged Crime | Police Agency (City, State) | Disposition of Case |
| Date (MM/DD/YYYY) | Alleged Crime | Police Agency (City, State) | Disposition of Case |

2. Have you ever been arrested for, convicted or plead guilty to a Misdemeanor? **NO**(Continue at #3) **YES**

| | | | |
|-------------------|---------------|-----------------------------|---------------------|
| Date (MM/DD/YYYY) | Alleged Crime | Police Agency (City, State) | Disposition of Case |
| Date (MM/DD/YYYY) | Alleged Crime | Police Agency (City, State) | Disposition of Case |

3. Have you ever been arrested for, convicted or plead guilty to Domestic Violence? **NO**(Continue at #4) **YES**

| | | | |
|-------------------|---------------|-----------------------------|---------------------|
| Date (MM/DD/YYYY) | Alleged Crime | Police Agency (City, State) | Disposition of Case |
| Date (MM/DD/YYYY) | Alleged Crime | Police Agency (City, State) | Disposition of Case |

4. Have you ever been arrested for, convicted or plead guilty to any other offense(s) i.e., Ordinance Violations, etc.?

| | | | |
|-------------------|--------|-----------------------------|---------------------|
| Date (MM/DD/YYYY) | County | Police Agency (City, State) | Disposition of Case |
| Date (MM/DD/YYYY) | County | Police Agency (City, State) | Disposition of Case |

5. Are you presently on Probation for any Criminal Offense? **NO** **YES** If Yes, Explain

6. Have you ever illegally used, sold, or furnished drugs or narcotics to anyone? **NO** **YES** If Yes, Explain

I. Traffic Record

1. List all States you were issued a Drivers' License.

| | |
|------------------------|--------------|
| Drivers License Number | State Issued |
| Drivers License Number | State Issued |

2. Has your Drivers License ever been suspended or Revoked? **NO** **YES** If Yes, give date and reason

3. List Motor Vehicles, Crafts, Trailers, Currently registered in your name (Your name listed on the title/lien)

| Make | Model | Year | License/Title Number | State | Year License Expires |
|------|-------|------|----------------------|-------|----------------------|
| Make | Model | Year | License/Title Number | State | Year License Expires |
| Make | Model | Year | License/Title Number | State | Year License Expires |

4. List all Driving Citations you have received, excluding parking tickets.

| Date | Charges | Police Agency (City & State) | Disposition of Case |
|------|---------|------------------------------|---------------------|
| Date | Charges | Police Agency (City & State) | Disposition of Case |
| Date | Charges | Police Agency (City & State) | Disposition of Case |

5. Have you ever been arrested for, convicted of, or plead guilty to any alcohol related traffic offenses, or charges reduced in relation to alcohol related traffic offenses? (Include charges for which you received a suspended imposition of sentence.) **NO** **YES** If Yes, Explain

6. Describe any traffic accidents in which you have been involved, giving approximate dates and locations.

Additional Space

J. References – List five persons whom know you well enough to provide current information about you. Do not list relatives or former employers.

| | | | | |
|---|-----------------|--|------------------|-------------|
| 1. Name | | Address (Number, Street, City, State, Zip) | | |
| Relationship | Residence Phone | Business Phone | Business Address | Years Known |
| 2. Name | | Address (Number, Street, City, State, Zip) | | |
| Relationship | Residence Phone | Business Phone | Business Address | Years Known |
| 3. Name | | Address (Number, Street, City, State, Zip) | | |
| Relationship | Residence Phone | Business Phone | Business Address | Years Known |
| 4. Name | | Address (Number, Street, City, State, Zip) | | |
| Relationship | Residence Phone | Business Phone | Business Address | Years Known |
| 5. Name | | Address (Number, Street, City, State, Zip) | | |
| Relationship | Residence Phone | Business Phone | Business Address | Years Known |
| 6. List Names of Relatives Working for the Pierce County Sheriff's Department. (Whether blood or marriage.) | | | | |
| Name | Relationship | Name | Relationship | |

Additional Space

K. Personal Declarations – List five persons whom know you well enough to provide current information about you. Do not list relatives or former employers.

1. Have you made application for employment with any other law enforcement or related agency? **NO** skip to question 2 **YES**

| Name of Department/Agency | Date Applied | Accepted | Give reason for rejection or declining appointment |
|---------------------------|--------------|--|--|
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

2. Are there any incidents in your life or details (positive or negative) not mentioned herein which may influence this evaluation of your stability for employment?
 NO skip to question 3 **YES** If Yes, Explain

3. Are you now or have ever been associated with an organization, movement group, or combination of persons which are subversive or have shown policy advocating force, extreme prejudice or violence? **NO** skip to question 3 **YES** If Yes, Explain

**PIERCE COUNTY SHERIFF'S DEPARTMENT
RELEASE OF INFORMATION AUTHORIZATION FOR
PERSONS DESIRING LAW ENFORCEMENT CREDENTIALS**

Completion of this form is necessary by the Department to attain information required by s. 165.85 Wis. Stats., for purpose of completing a background check. Failure to complete this form could result in dismissal. Personally identifiable information on this form will be used for no other purposes.

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

As evidence of my desire to obtain law enforcement credentials from the Pierce County Sheriff's Department, I hereby empower the Department or its authorized representative bearing this release to, while my application for credentials is pending, 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
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. 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 American with Disabilities Act).
2. _____
3. _____

I hereby authorize my fingerprints and social security number to be used in criminal record checks.

I understand that the above information is necessary for determining my eligibility and suitability to hold Pierce County Sheriff's Department law enforcement credentials.

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability damages of whatever kind, which may at any time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

Signature (Full Name) D/O/B

Street or Route

Date Signed:

City, State, Zip Code

Certification of Document

I hereby verify that the above information is true and accurate.

Signature of Applicant

Subscribed and Sworn Before Me This _____ day of _____, 20_____.

_____, _____ **County, Wisconsin**
Print Name of Notary Public (Name of County)

Signature of Notary Public



(Seal) Not Valid Without Notarization

PERMISSION TO CHECK DRIVING RECORD

The position that you are applying for requires extensive driving and/or the possession of a commercial driver's license. We will be verifying your driving record and the type of license(s) that you currently hold with the Department of Motor Vehicles. We will do this at no cost to you.

This form must be completed and returned with your application.

= = = = = = = = = = = = = = =

I understand that by signing this form I am giving Pierce County permission to obtain a copy of my driving record which will indicate the type of license(s) that I currently hold and any past or pending driving violations.

Date: _____ Signature: _____

Full Name: _____
(Please print) First Middle Last

Driver's License Number: _____

Issuing State: _____ Date of Birth: _____

Type: Regular Commercial

For Commercial Driver's Licenses, please indicate which class of license it is and the various endorsements you already have:

- Class: _____ Combination Vehicles
- General Knowledge Hazardous Materials
- Passenger Transport Tankers
- Air Brakes Doubles/Triples

NOTE: If you would like more information on how to obtain a copy of your driving record, you should contact:

Wisconsin Department of Transportation
Driver Record Files
P.O. Box 7918
Madison, WI 53707-7918
Phone: (608) 266-2353