

LETTER OF UNDERSTANDING

I am applying for a position with the Sheboygan County Sheriff's Department. I understand there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation, which consists of the following areas of importance, at a minimum:

- My completed background investigation supplement form
- Thorough criminal history check
- Thorough examination of prior employment
- Examination of my personal credit/financial report
- Examination of residence history
- Personal references
- Educational background

Representatives of the Sheboygan County Sheriff's Department will evaluate the results of this background investigation and make a preliminary decision as to my potential suitability for employment. I may, at that point, receive a conditional offer of employment, which will be followed by completion of the following tests:

- Vision examination
- Drug screening test
- Hearing test
- Psychological examination

I understand the results of the tests and background investigation are property of the agency to which I have applied, and I will not receive copies of the reports or any information contained in them, except as it may relate to a serious condition discovered by an examining physician.

The Sheriff will review and evaluate all information considering the requirements for the position, along with the previous information, and will make a final decision as to my suitability for employment.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the Sheboygan County Sheriff's Department, only that I will be considered for positions as they become available.

I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the Sheboygan County Sheriff's Department.

Signature of Applicant: _____

Date: _____

Signature of Witness: _____

Date: _____

Authorization for Release of Information

1. That I am an applicant for employment as a dispatcher with the Sheboygan County Sheriff's Department.
2. That the job for which I have applied is a position of trust and responsibility, which requires the highest standards of good character and work performance.
3. That to assure maintenance of these high standards, certain background information pertaining to me is required, including but not limited to, the information, which is authorized for release in paragraph five.
4. That I do hereby empower an employee of the Sheboygan County Sheriff's Department to, within two years of the date of this authorization, obtain information and records pertaining to me from any or all of the sources listed in paragraph five.
5. That these sources include, but are not limited to:
 - a. The Selective Service System
 - b. Any banking institution
 - c. Any places of business with which I have indicated a past employee relationship or wherein I had any employer/employee relationship
 - d. Credit rating bureau or institutions maintaining individual credit rating files
 - e. Any school, college, university, or other educational institution
 - f. Any office, clinic, or hospital where illnesses, injuries, and/or deterioration (physical and/or mental in nature) are documented, diagnosed and/or treated
 - g. Any police department or other law enforcement entity
 - h. Any information or records from the Internal Revenue Service
 - i. Any information or records from the Social Security Administration
6. That I hereby release any individual or institution, including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, (including actions brought under §895.50, Wisconsin Statutes [the Privacy Act], which may at any time result to me, heirs, family, or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.
7. That I hereby waive any rights to inspect, review or otherwise obtain the contents of the background investigation conducted by the authorized agent of the Sheboygan County Sheriff's Department. I further waive any and all rights I may have under Chapter 103 or Chapter 19 or any other sections of the Wisconsin Statutes. I further waive any other rights I may have to inspect, 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.
8. That a photocopy of this authorization will have the same force and effect as an original.

That I have read the above and know it to be true and correct to the best of my knowledge.

(Signature)

(Date)

(Printed full name)

(Date)

(Address)

(Witness signature)

(Date)

Sheboygan County Sheriff's Department

Pre-Employment Background Investigation Supplement

Dispatcher

Information for Applicant

Information must be typewritten or clearly printed in ink. **All** questions must be answered. Those not applicable must be indicated **n/a**. Background investigation supplements that are not complete and legible will not be considered.

Applicants must submit the information requested and sign the **Letter of Understanding and Authorization for Release of Information** in order for a comprehensive background investigation to be conducted.

Failure to comply with any portion of the application process may eliminate the applicant from any further consideration.

Applicants must successfully pass an oral interview panel, keyboarding exam, vision exam, hearing exam, drug screening, psychological test, and a comprehensive background investigation, including criminal history, driving record, and employment history.

The Sheboygan County Sheriff's Department has a policy requiring residency within 26.8 miles, as well as policies regarding personal appearance.

Required Documents

Attach copies, unless original is requested, of the following documents. Failure to submit these documents in a timely manner will delay your consideration for employment. The documents will not be returned to you. Some of these documents may not apply to you. Please indicate those that are attached with a check mark in the space provided.

- ___ 1. Signed Letter of Understanding.
- ___ 2. Signed Authorization for Release of Information.
- ___ 3. High school diploma or GED certificate.
- ___ 4. Military discharge papers. (Must include discharge status-Long form)
- ___ 5. Citizenship or naturalization papers.
- ___ 6. Name change documents.
- ___ 7. College transcripts

Optional Documents

Copies of other certificates, awards, or commendations you would like considered. (please list below)

Personal Identification

Name : _____
 (Last) (First) (Middle)

Birth date (month, day, year) _____

Place of Birth: _____

**** You must provide a certified copy of your birth certificate or Certificate of Naturalization.**

List the physical address of where you live:

Number Street/Road City State Zip Code

List your mailing address **if different** than your physical address:

Personal Identification-Continued

List telephone number(s) you can be reached at and the hours you can be contacted at these numbers:

Home _____

Cell _____

E-mail _____

Social Security Number: _____

List all other names you have used or been known by, include maiden name, married or adopted names, or nicknames.

Citizenship

Are you now a United States citizen? Yes _____ No _____

By Birth _____ Naturalized _____

**** If naturalized, you must provide a copy of your Certificate of Naturalization.**

Residence History

List all of your past residences, beginning with the most current. Include addresses while attending school and while serving in the military. If a residence was rented, provide landlord's name, address and telephone number. Do not list information prior to your 15th birthday.

Address of Residence	Dates (from/to)	Landlord Information

Residence History-Continued

Were you ever evicted from a residence? **Yes or No?** If yes, list address and briefly explain circumstances.

Residence History-Continued

List **all** persons with whom you have resided with in the past 10 years.
Exclude family members. List no information prior to your 15th birthday.

Name	Current Address	Telephone Number

Military Service

Have you ever served on active duty in the Armed Forces of the United States?

Yes _____ No _____

**** If yes, attach copy of Form DD 214- Separation/Discharge Papers.**

Do you currently serve in the National Guard?

Yes _____ No _____

If yes, list unit and location.

Have you served in the National Guard in the past?

Yes _____ No _____

If yes, list unit and location.

Were you ever the subject of formal disciplinary action while in the Military Service?

Yes _____ No _____

If yes, list type of disciplinary action and disposition.

Family History

Full Name and Date of Birth of your:	Address where person can be contacted	Phone number at which person can be contacted
Father		
Mother		
Brother		
Brother		
Brother		
Sister		
Sister		
Sister		

Family History – continued

Full Name and Date of Birth of your:	Address where person can be contacted	Phone number at which person can be contacted
Step-Father		
Step-Mother		
Step-Brother		
Step-Brother		
Step-Brother		
Step-Sister		
Step-Sister		
Step-Sister		

Family History-Continued

Full Name and Date of Birth of your:	Address where person can be contacted	Phone number at which person can be contacted
Spouse*		
Former Spouse		
Former Spouse		
Former Spouse		

***If you are engaged to be married or you are contemplating marriage in the next year, list information on your future spouse in this section.**

Family History-Continued

List all of your children including natural and adopted.

Full Name and Date of Birth of your:	Natural or Adopted	Address where person can be contacted	Phone number at which person can be contacted
Son			
Son			
Son			
Son			
Daughter			
Daughter			
Daughter			
Daughter			

Family History-Continued

List all of your step-children.

Full Name and Date of Birth of your:	Address where person can be contacted.	Phone number at which person can be contacted.
Step-son		
Step-son		
Step-son		
Step-son		
Step-daughter		
Step-daughter		
Step-daughter		
Step-daughter		

Family History-Continued

Have any member(s) of your family listed in the *Family History* section ever been arrested for anything other than a minor traffic violation?

Yes _____ No _____

If yes, list persons name and the violation(s)

Personal References

List as personal references 3-5 individuals who would have knowledge of you and your qualifications for the position for which you have applied.

Do not list persons who are related to you or present/former employers.

Name	Relationship to this person	Address where person can be contacted	Phone Number

Employment History

Beginning with your present or most recent job, list all employment held from age 16 to the present time. Include all full-time, part-time, seasonal, and temporary employment. Attach additional pages if necessary.

Employer		Address		Phone Number
From/To	Position Held/ Salary		Name of Supervisor	
	\$	/hr	\$	/mo
Duties		Full or Part Time	Reason for Leaving	

Employer		Address		Phone Number
From/To	Position Held/ Salary		Name of Supervisor	
	\$	/hr	\$	/mo
Duties		Full or Part Time	Reason for Leaving	

Employer		Address		Phone Number
From/To	Position Held/ Salary		Name of Supervisor	
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		\$ /hr \$ /mo		
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Employer		Address		Phone Number
From/To	Position Held/ Salary		Name of Supervisor	
	\$	/hr	\$	/mo
Duties		Full or Part Time	Reason for Leaving	

Employer		Address		Phone Number
From/To	Position Held/Salary		Name of Supervisor	
	\$	/hr	\$	/mo
Duties		Full or Part Time	Reason for Leaving	

Employment History-Continued

Were you ever terminated or forced to resign from any job, because of allegations of misconduct or unsatisfactory job performance?

Yes _____ No _____

If yes, list employer and explain circumstances.

Have you ever received disciplinary action from any employer?

Yes _____ No _____

If yes, list employer and explain circumstances.

Do you currently hold or have you held any professional licenses? If yes, list all licenses.

Have you ever applied for employment at a law enforcement agency other than our agency? If yes, list all agencies.

Was a background investigation completed as part of the application(s)?

Educational History

High School(s) Attended	City & State	Dates Attended From/To	Graduate Yes/No

Have you earned a General Education Development (GED) diploma?

Yes _____ No _____ N/A _____

College(s) or University(ies) Attended	City & State	Dates Attended From/To	List Degree Earned

History of Illegal Activity

Have you ever been investigated or arrested for a felony?

Yes _____ No _____

If yes, what was the alleged crime, what was the disposition, and what jurisdiction conducted the investigation/arrest?

Have you ever been investigated or arrested for a misdemeanor violation?

Yes _____ No _____

If yes, what was the alleged crime, what was the disposition, and what jurisdiction conducted the investigation/ arrest?

History of Illegal Activity-Continued

Have you ever been contacted by law enforcement to provide information as a witness in a criminal investigation? If yes, list agency or agencies.

Have you ever been investigated or cited for a county or municipal ordinance violation?

Yes _____ No _____

If yes, what was the alleged violation, what was the disposition, and what jurisdiction conducted the investigation/ issued the citation?

Have you ever been placed on probation for a criminal offense?

Yes _____ No _____

If yes, what was the offense and who was the probation agent assigned to you?

History of Illegal Activity-Continued

Have you ever been investigated or arrested for domestic violence?

Yes _____ No _____

If yes, explain circumstances and list the jurisdiction that conducted the investigation/arrest.

History of Illegal Activity-Continued

Have you ever **illegally** used, sold, or possessed drugs or narcotics?

Yes _____ No _____

If yes, list drug(s)/narcotic(s) involved and explain the circumstances.

Are you currently required to pay child support to any of your children?

Yes_____ No _____

If yes, provide documentation from Child Support showing that you are current on your required payments.

History of Illegal Activity-Continued

Have you ever possessed any form of identification that was not a true and accurate representation of you and your personal information?

Yes _____ No _____

If yes, explain circumstances, including what it was used for.

Have you ever participated in illegal gambling?

Yes _____ No _____

If yes, how much did you/do you spend, weekly, or monthly?

Do you participate in legal gambling? (lottery tickets, casinos, internet)

Yes _____ No _____

If yes, how much do you spend, weekly, or monthly?

Traffic/Driving History

Do you currently possess a valid driver's license?

Yes _____ No _____

If yes, list state of issue and license number.

Has your driver's license ever been suspended or revoked?

Yes _____ No _____

If yes, list approximate date(s) and reason for suspension or revocation.

Have you ever been the subject of a Driver Condition or Behavior Report (MV3141) ?

Yes _____ No _____

If yes, list month/year and law enforcement jurisdiction that completed the report.

Driving History-Continued

List **all** traffic citations you have been issued, excluding parking citations.

Month/Year	Charge	Law Enforcement Agency	Disposition of Charge

Driving History-Continued

List all vehicles you own. Include **all** vehicles registered and/or titled in your name as well as vehicles in which you have ownership, even if it is not titled/registered in your name.

Make	Model	Year	Registration or VIN Number	State

Have you ever been involved in a collision while operating a motor vehicle?

Yes _____ No _____

If yes, list location(s) and approximate date(s), include reportable and non-reportable collisions.

Personal Affiliations

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, gang, or combination of persons that is totalitarian, fascist, communist, or subversive or that has adopted or shows a 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 Government of the United States by unconstitutional means?

Yes _____ No _____

If yes, list name of organization/group and fully describe its purpose and your involvement in the group/organization.

Personal Affiliations-Continued

List **all** clubs, organizations, and civic groups of which you are a member. Also list a contact person for each club, organization or group, including address and phone number.

If you are or were an officer or held any leadership positions in the clubs, groups or organizations you listed, please list them and describe your duties in that position or positions. (Examples: treasurer, secretary, president, vice-president)

Personal Affiliations-Continued

Do you currently have any tattoos?

Yes _____ No _____

If yes, describe the tattoo(s) including the location on your body and the meaning of the tattoo(s)
