

Application for Cadet DANE COUNTY SHERIFF'S OFFICE CADET PROGRAM

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IMPORTANT INSTRUCTIONS

Thank you for your interest in participating in the Dane County Sheriff's Office Cadet Program. The information presented on this form will determine the initial acceptance of your application and, in part your admission to an oral interview. For these reasons it is extremely important that you answer all the questions completely. If a question does not apply to you please mark N/A. Type or print in ink. Please send the completed application to:

Submission by Mail:
DANE COUNTY SHERIFF'S OFFICE
Attention: Recruiting
115 W. Doty St.
Madison, WI 53703

Submission by E-mail:
E-mail completed application to
Cadets@danesherriff.com
Attention: Cadet Recruiting

After your application has been received and if you qualify for the Cadet Program, you will be contacted by a Mentor to continue the application process. This will include an essay, a letter of reference and an interview.

APPLICANT INFORMATION

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| FIRST NAME | MIDDLE NAME | LAST NAME |
| PREVIOUS NAMES | | |
| ADDRESS (NUMBER, STREET) | APT. | CITY |
| | | STATE |
| | | ZIPCODE |
| DATE OF BIRTH (MONTH/DATE/YEAR) | | |
| CELL PHONE NUMBER | E-MAIL ADDRESS | |
| ARE YOU A UNITED STATES CITIZEN? Yes No | IF YOU ARE NOT A UNITED STATES CITIZEN, DO YOU HAVE PAPERS FROM THE UNITED STATES GOVERNMENT PERMITTING YOU TO WORK? Yes No | |
| DO YOU HAVE A VALID DRIVER'S LICENSE FROM WISCONSIN OR ANOTHER STATE? Yes No | | |
| DRIVER LICENSE NUMBER: | | STATE ISSUED: |
| DO YOU HAVE TRANSPORTATION TO VARIOUS LOCATIONS WITHIN DANE COUNTY? Yes No | | |
| CAN YOU TRAVEL TO DANE COUNTY TO PARTICIPATE IN AN INTERVIEW IF NECESSARY? Yes No | | |

PARENT/GUARDIAN INFORMATION

| | | |
|------------------------------|--------------|---------------|
| FIRST NAME | MIDDLE NAME | LAST NAME |
| PARENT/GUARDIAN RELATIONSHIP | PHONE NUMBER | EMAIL ADDRESS |

APPLICANT EDUCATION & TRAINING

| | | | |
|---|----------------------------------|------------------------|--------------------------|
| GRAMMAR & HIGH SCHOOL (Please list highest year completed) | NAME AND LOCATION OF HIGH SCHOOL | GRADUATED Yes No | YEAR DIPLOMA RECEIVED |
|---|----------------------------------|------------------------|--------------------------|

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| TRAINING BEYOND HIGH SCHOOL: COLLEGE, UNIVERSITY BUSINESS, VOCATIONAL OR OTHER SCHOOLS INDICATE "Q" FOR QUARTERLY HOURS AND "S" FOR SEMESTER HOURS | LIST THE NUMBER OF YEARS IN COLLEGE/ UNIVERSITY |
|--|--|

| NAME & LOCATION OF INSTITUTION | DATES ATTENDED FROM | TO | CREDITS EARNED | MAJOR FIELD & REMARKS | MONTH/YEAR DIPLOMA RECEIVED |
|--------------------------------|------------------------|----|-------------------|-----------------------|-----------------------------------|
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DESCRIBE ANY EDUCATION OR TRAINING YOU HAVE HAD WHICH IS NOT COVERED ABOVE, SUCH AS CORRESPONDENCE COURSES, SERVICE SCHOOLS, INSERVICE TRAINING (GIVE DATES).

INDICATE ACADEMIC HONORS OR OTHER SCHOOL ACHIEVEMENTS WHICH MAY BE HELPFUL IN EVALUATING YOUR BACKGROUND.

APPLICANT WORK EXPERIENCE

MAY WE OBTAIN REFERENCES FROM THE EMPLOYERS BELOW? IF NO, PROVIDE THEIR NAME AND A BRIEF EXPLANATION
 Yes No

1. WERE YOU EVER TERMINATED FROM EMPLOYMENT? Yes No
 2. HAVE YOU RESIGNED AFTER BEING INFORMED YOUR EMPLOYER
 INTENDED TO TERMINATE OR DISCIPLINE YOU? Yes No

IF YES TO EITHER 1 OR 2, EXPLAIN:

GIVE A COMPLETE RECORD OF ANY EMPLOYMENT, SELF-EMPLOYMENT, MILITARY SERVICE OR VOLUNTEER EXPERIENCE. START AT THE TOP WITH YOUR MOST RECENT JOB. IT IS IMPORTANT TO INCLUDE THE PHONE NUMBERS OF YOUR EMPLOYERS. INDICATE ANY CHANGE IN JOB TITLE UNDER THE SAME EMPLOYER AS A SEPARATE POSITION

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| EMPLOYER | YOUR TITLE | NAME, TITLE & PHONE # OF SUPERVISOR |
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ADDRESS OF BUSINESS (Street, City, Zip Code)

| | | |
|-------------|--------------------------|-------------------------|
| YOUR DUTIES | START DATE(Month & Year) | END DATE (Month & Year) |
| | Hours worked per week | Reason for leaving |

| | | |
|----------|------------|-------------------------------------|
| EMPLOYER | YOUR TITLE | NAME, TITLE & PHONE # OF SUPERVISOR |
|----------|------------|-------------------------------------|

ADDRESS OF BUSINESS (Street, City, Zip Code)

| | | |
|-------------|--------------------------|-------------------------|
| YOUR DUTIES | START DATE(Month & Year) | END DATE (Month & Year) |
| | Hours worked per week | Reason for leaving |

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| EMPLOYER | YOUR TITLE | NAME, TITLE & PHONE # OF SUPERVISOR |
|----------|------------|-------------------------------------|

ADDRESS OF BUSINESS (Street, City, Zip Code)

| | | |
|-------------|--------------------------|-------------------------|
| YOUR DUTIES | START DATE(Month & Year) | END DATE (Month & Year) |
| | Hours worked per week | Reason for leaving |

RECORD OF LAW ENFORCEMENT CONTACT

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATIONS OF CITY ORDINANCES, COUNTY ORDINANCES, STATE OR FEDERAL LAW? (Include traffic violations. Attach separate sheet for additional information using same format as above.)

| DATE (Month/Year) | MUNICIPALITY/ COUNTY/STATE | LAW VIOLATED | DISPOSITION (Bail, Forfeited, Fined, etc) |
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ARE THERE ANY CHARGES (VIOLATIONS) PENDING AGAINST YOU?(If yes, please explain.) **Yes** **No**

WERE YOU EVER CONVICTED BEFORE A JUVENILE COURT FOR ANY ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED BY AN ADULT? (If yes, please explain.) **Yes** **No**

PLEASE NOTE THAT IT IS NOT THE INTENT OF THE DANE COUNTY SHERIFF'S OFFICE TO UTILIZE ANY INFORMATION SOLICITED IN THIS SECTION FOR CRIMINAL PROSECUTION, HOWEVER, SELF-DISCLOSURE IS OF THE UTMOST IMPORTANCE.

HAVE YOU EVER USED ANY MARIJUANA, COCAINE, LSD, SPEED, PCP, HEROIN, HASISH, OR ANY OTHER "STREET DRUG?"
 Yes No If yes, please list the name of drug, estimated usage, and last date of use

| NAME OF DRUG | ESTIMATED USE | DATE LAST USED |
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CHARACTER REFERENCES

LIST NAMES OF THREE PEOPLE, NOT RELATED TO YOU OR PAST EMPLOYERS, WHO KNOW YOUR STRENGTHS AND WEAKNESSES (Teachers, Coaches, Mentors, etc)

NAME

ADDRESS (City, State, Zip Code)

PROFESSION/TITLE

HOME PHONE

BUSINESS PHONE

NAME

ADDRESS (City, State, Zip Code)

PROFESSION/TITLE

HOME PHONE

BUSINESS PHONE

NAME

ADDRESS (City, State, Zip Code)

PROFESSION/TITLE

HOME PHONE

BUSINESS PHONE

DRIVERS LICENSE HISTORY

LIST ANY STATES WHERE YOU HAVE EVER HELD A DRIVER'S LICENSE

HAVE YOU EVER HAD AUTOMOBILE INSURANCE WITHDRAWN, CANCELED, REVOKED OR REFUSED? Yes No

HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE? Yes No

HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED OR CANCELED? Yes No

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE PROVIDE AN EXPLANATION:

HAVE YOU EVEN BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT AS THE DRIVER? (If yes, please provide the information below) Yes No

| INCIDENT MONTH/YEAR | INVESTIGATING AGENCY | LOCATION |
|---------------------|----------------------|----------|
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MILITARY SERVICE

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| HAVE YOU SERVED IN THE ARMED FORCES, NATIONAL GUARD OR MILITARY RESERVES? Yes No | BRANCH OF SERVICE |
| HIGHEST RANK ATTAINED: | SERVICE NUMBER |
| DATES OF SERVICE | TYPE OF DISCHARGE |

ARE YOU CURRENTLY PARTICIPATING IN ANY MILITARY RESERVE OR NATIONAL GUARD Yes No

PLEASE LIST YOUR PAST MILITARY SUPERVISOR WHO COULD PROVIDE INFORMATION PERTAINING TO YOUR SERVICE BACKGROUND.

| NAME | ADDRESS | PHONE NUMBER |
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ADDITIONAL QUESTIONS

ARE YOU WILLING TO VOLUNTEER?

Yes No

HOW DID YOU HEAR ABOUT THE CADET PROGRAM?

PLEASE LIST ANY AND ALL USERNAME FOR SOCIAL MEDIA ACCOUNTS (Snapchat, Instagram, X, Facebook, etc)

IS THERE ANYTHING ELSE YOU'D LIKE US TO KNOW ABOUT YOU?

ALL APPLICANTS MUST SIGN THIS CERTIFICATE:

I have read and made a complete answer to each question. I certify that my answers in each instance are true and correct, containing no misrepresentations, omissions or falsifications, and are complete. I agree that any misstatements or omissions of material fact may cause forfeiture on my part of all rights to participation in the Cadet Program with the Dane County Sheriff's Office.

SIGNATURE

DATE