#### **Sheriff Application**

**INSTRUCTIONS:** To be considered, you must complete this application form. If you need additional space to answer any question, you may attach additional pages. Please note that if you try to fit a large answer into the limited space provided below, it may make your response unreadable, making it impossible to fully assess your application.

**ATTACHMENTS:** Attach the following documents to your application:

County you are applying for:

- Resume;
- Cover letter;
- Waiver, notice of disclosure, and affidavit; and
- Any necessary attachments (e.g., explanations requiring additional space).

**SUBMISSION:** Email this application to: govsheriffappointments@wisconsin.gov

**LETTERS OF RECOMMENDATION:** You may have up to 10 individuals submit letters of recommendation on your behalf. The letters must be sent to <a href="mailto:govsheriffappointments@wisconsin.gov">govsheriffappointments@wisconsin.gov</a>. The letters must be received by the application due date.

Name (First Middle Last)		Date of birth (MM/DD/YEAR)
Email address	Home phon	ie
Work phone	Cell phone	
Mailing address		
Home address		

### **Section 1: Personal information**

1. Provide the following personal information:

Place	of birth (City, State)	Gender		
		Race / E	thnici	ity
Maide	en/alias/former name(s)			Dates used (MM/YR – MM/YR)
2.	Are you a United States Citizen?	Yes	No	

3. List each residential address you have had in the last 10 years:

Street address	City, State, Zip	Dates you lived at the address (MM/YR - MM/YR)

### Section 2: Familial information

4	What is	your current marital status:	Married	Not married
4.	whatis	your current marital status.	Marrieu	Not married

5. If you are married, answer the following:

Spouse's name (First Middle Last)	Date of birth (MM/DD/YEAR)
Date of marriage	Place of birth (city, state)

Spouse's maiden/alias/former name(s)				Dates us	sed (MM/YR – MM/YR)	
<u>r</u>				, ,		
6. List your spou	se or nart	ner's three m	iost recen	nt occ	ninations	, beginning with their
current or mos	-			11 000	араноно	, beginning with then
Employer	Employee	n'a addmaaa	Occurs	tion	/ Iob	Dates of amplexment
Employer	Employe	r's address	title	Occupation / Job title		Dates of employment (MM/YR – MM/YR)
						<u> </u>
7. If you have even	er been div	vorced, answ	er the foll	lowin	g for each	n former spouse:
Ex-spouse's name (Fin	est Middle	Last)	Date of	birth	(MM/DE	)/YEAR)
Date of marriage			Ex-spouse's occupation and employer			
D , (D:	, B. G. 1 11	T ()	D , C	1 ' .1		) (VE 4 D)
Ex-spouse's name (Fin	est Middle	Last)	Date of birth (MM/DD/YEAR)			
			Erramana's accountion and amplement			
Date of marriage			Ex-spouse's occupation and employer			
8. If you have ch	ildren or s	tepchildren,	provide tl	he fo	llowing in	formation:
Name of child	e of child Age State of res		idence	Occ	upation a	nd employer

### Section 3: Education background

9. List the name and location of each school you attended, beginning with high school, including but not limited to vocational school, business schools, colleges, or universities:

Name of school	Location (City, State)	Dates attended (MM/YR – MM/YR)	Degree earned

10.	Describe any training, education, or certifications not described above that you think is relevant to the position of sheriff:
11.	List any scholarships, awards, honors, or citations you received during your educational history:

Yes No				
13. If yes, provide the following information:				
Name & location of school	Date conduct occurred (MM/YEAR)			
	,			
Nature of conduct	Disposition / outcome			
Details of incident				
Section 4: Professional background and experience  14. Are you currently or have you previously been a licensed or certified law				
enforcement officer? Yes No				
15. If yes, provide the following information	n:			
Licensing or Certifying Jurisdiction	Dates of license or certification (MM/YEAR through (MM/YEAR)			
If no longer licensed or certified, explain why	vou are not currently licensed or certified.			
, 1 J	J			
Licensing or Certifying Jurisdiction	Dates of license or certification (MM/YEAR through (MM/YEAR)			
If no longer licensed or certified, explain why	you are not currently licensed or certified.			

12. While attending any high school or post-secondary school, have you ever been expelled, suspended, placed on probation, or withdrawn from enrollment?

16.	List all your places of employment for the last 20 years, including periods of
	unemployment, beginning with your most recent employer.

Employer	Employer (city,	state) Occupation / Job title	Dates of employmen (MM/YR – MM/YR)
Please spec	rvice, the branch of s cify whether you are o	ervice, rank or rate, and ty currently participating in a	-
dates of se Please spec	rvice, the branch of s		-
dates of ser Please spec National G	rvice, the branch of scify whether you are cuard program.  ver disciplined while other non-judicial discontinuous	in military services, includ	ny military reserve or
dates of ser Please spec National G	rvice, the branch of soify whether you are countries and program.	in military services, includ	ny military reserve or
dates of ser Please spec National G	rvice, the branch of scify whether you are cuard program.  ver disciplined while other non-judicial discontinuous	in military services, includ	ny military reserve or

employment history:	
resigned after being told you would be allegations of misconduct or unsatisfa reasons under unfavorable circumstar	y of the following reasons: you were fired; you fired; you left by mutual agreement following ctory performance; or you left for other nees?
Yes No	
22. If yes, provide the following informatio	n:
Employer	Employer's address
Specific reason for separation	Date of separation (MM/YEAR)
Explanation	
_	
23. Have you ever been subject to an employer due to actual or alleged miso	
Yes No	
24. If yes, provide the following informatio	n:
Employer	Employer's address
Nature of allegation or misconduct	Disposition of investigation
Explanation	

20. List any scholarships, awards, honors, or citations you received during your

## Section 5: Professional and public service

have administe	25. Summarize any speeches or presentations you have given, including training you have administered, and any articles or publications you have authored about law enforcement. If available, provide a hyperlink to each responsive entry.				
26. Identify your p	articipation in profes	sional or trade associati	ons.		
Name of association	Offices held and committees served on	Awards, honors, or citations	Dates of participation		
27. Identify your participation in civic and charitable organizations.					
Name of organization	Offices held and committees served on	Awards, honors, or citations	Dates of participation		

discriminates ba through member organization, the	Do you currently belong to, or have you ever belonged to, any organization that discriminates based on gender identity, race, religion, sex, or sexual orientation, through membership requirements or membership policies? If so, identify the organization, the dates in which you belonged to the organization, and what, if anything you did to change such requirements or policies.				
29. Identify all publi	c offices to which	you were appointe	ed or elec	eted.	
Name of office	Elected or a	ppointed?	Dates	of service	
5 5	rds or honors you lsewhere on this a		the past	10 years, which have	
Entity providing the awar or honor	rd Name of the	e award or honor	Date re	eceived (MM/YEAR)	
Section 6: Business into	erests				
	ouse are a director any business entit		_	_	
Name of the N	ature of the	Duties you or	your	You or your spouse's	

Name of the business	Nature of the business	Duties you or your spouse perform	You or your spouse's intended involvement if you are appointed

### Section 7: Previous partisan or non-partisan political involvement

volunteer). Include dates of participation.

List any position you have held in a judicial, non-partisan, or partisan political

campaign, committee, or organization (e.g., treasurer, campaign manager,

32.

33. If you have eve	er run fo	r public office,	provide the follo	owing in	nformation:
Office sought	Date of election	primary 1	Date of general election	1	Outcome / percentage of vote you obtained
following infor	mation:				n years, provide the
Name of endorsed car	ndidate	Office sought h	oy candidate	Year of	f endorsement

#### Section 8: Character and fitness

35. Answer the following questions. If you answer "no" to any of the following questions, you must attach a detailed explanation of why you answered no.

		Yes	No
a.	Can you legally possess a firearm?		
b.	Do you have a valid driver's license?		
c.	Are you free of any physical or mental impairment that in any way would limit your ability or fitness to properly exercise your duties professionally?		
d.	Were all of your taxes (federal, state, local) current as of the date of your application?		

36. Answer the following questions. If you answer "yes" to any of the following questions, you must attach a detailed explanation of why you answered yes.

		Yes	No
a.	Have you ever been convicted of any violations of city ordinances, county		
	ordinances, state or federal law, including traffic violations? Please include expunged or pardoned offenses.		
1	<u> </u>		
b.	Have you ever been disciplined, reprimanded, or sanctioned by any regulatory or licensing entity?		
c.	Have you ever been party to a lawsuit, either as a plaintiff or a defendant?		
d.	Were you ever adjudicated for an offense in juvenile court?		
e.	Have you ever participated in a deferred prosecution or first offender program as a result of a criminal charge?		
f.	Has a tax lien ever been filed against you?		
g.	Have you or your spouse ever been subject of any audit, investigation, or inquiry for either federal, state, or local taxes?		
h.	Have you or your spouse ever filed for bankruptcy?		
i.	Is there anything in your current or past financial situation that would affect your ability to serve as sheriff?		

37. Are there any circumstances in your professional or personal life that might interfere or create a substantial question as to your qualifications to serve as sheriff? If so, provide a detailed explanation.

enforcement.			
Name	Occupation		
Address	Phone Number		
Name	Occupation		
Address	Phone Number		
D.T.			
Name	Occupation		
Address	Phone Number		
Section 10: County involvement  39. Answer the following:			
Do you currently reside in the county to which	ch you are applying?	Yes	No
If no, are you willing to relocate to the county?		Yes	No
If yes, how long have you lived in the county to which you are applying?			,
40. Describe your professional or persona are applying.	al involvement with th	e county	to which you

38. Provide three character references, two of which must be involved in law

#### Section 11: Additional information for consideration

- 41. Attach your answers to the following questions. Each answer must be 500 words or less.
  - a. Why do you want to serve the people of Wisconsin as sheriff and why are your qualified for this position?
  - b. The Sheriff's Department is responsible for managing and implementing a significant budget and running the county jail. Explain what experiences you have that make you qualified for the Department you are seeking to lead.
  - c. The sheriff manages the county jail. Explain what experience you have that makes you qualified to fulfill this function in a manner that treats both correctional officers and persons in the county's care with dignity and respect.
  - d. Law enforcement officers are often the first on the scene in high-stress, potentially dangerous situations. If you were appointed, how would you work to make sure your officers are trusted by *all* members of the county you seek to serve when they arrive on scene? Your answer should include discussion about the use of force, crisis-intervention, de-escalation, the mental health crisis, and both implicit and explicit bias.
- 42. Do you wish to request that your application remain confidential to the extent permitted by law? Please note that state law only provides limited protection. A request for confidentiality will not adversely affect your application.

Yes No

#### Waiver and Authorization

I hereby authorize the Office of the Governor or his staff to solicit information and records pertaining to me from any or all of the following sources:

- 1. My present employer.
- 2. My previous employers.
- 3. Any school, college, university, or other educational institution that I attended.
- 4. Any place of business.
- 5. Any governmental agency or political subdivision.
- 6. The Wisconsin Department of Revenue.

Signature:

I further authorize any recipient of a request for information from the Governor or his staff to provide any such information as may be necessary to consider my application.

Signature:	Date:
Printed name:	
Notice of Disclosure	
I acknowledge and understand that my application records once they are submitted to the Office of understand that, while state law provides limited application and its attachments are subject to dispublic Records Law.	the Governor. I further acknowledge and d confidentiality protections, most of my

Date: \_\_\_\_\_

# **Affidavit**

I,	_, do swear that the information provided in this
application is, to the best of my know	vledge, true and accurate.
Signature:	Date:
Sworn and subscribed to before me this day of, 20	-
Notary Public, State of Wisconsin	_
My commission:	<u> </u>