

**DEPUTY SHERIFF**  
**Law Enforcement Officer**  
**PERSONAL HISTORY INTERVIEW FORM**  
LES 2.01 WIS. ADM. CODE

**Important Instructions:**

This interview form must be completely filled out and either typed or clearly printed in black ink. Your answer to any particular question may not necessarily eliminate you from consideration. Failure to complete this form and return it at time of interview may result in disqualification of this applicant. If a question does not apply to you, write "N/A" in the space provided. The Clark County Sheriffs Department requests this information to complete the employment background investigation. **Please Note: The Clark County Sheriffs Department conducts extensive background investigations as outlined in LES 2.01, Wis. Adm. Code.** The information obtained is used exclusively for the purpose of employment consideration. **Any falsification on this form will result in disqualification of your application or if discovered after employment may be grounds for discharge. Conviction of any offense will not necessarily preclude employment of an applicant unless circumstances substantially relate to the requirements of the position for which you are applying.** The Clark County Sheriffs Office complies with the Americans with Disabilities Act.

Legal Name: Last      First      Middle		Social Security Number		
Resident Street Address (Where you can be contacted personally)		Mailing Address (If different)		
County of Residence	(Area Code) Work Telephone Number	Birth Date (Mo/Day/Yr)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
(Area Code) Home Telephone Number		<div>The following information is obtained for Affirmative Action Purposes Only: <b>Racial/Ethnic (Check Only One)</b> <input type="checkbox"/> 1 Black (Not Hispanic) <input type="checkbox"/> 2 Asian or Pacific Islander <input type="checkbox"/> 3 American Indian/Alaskan Native <input type="checkbox"/> 4 Hispanic (Mexican, Puerto Rican, Cuban, Other) <input type="checkbox"/> 5 White <input type="checkbox"/> 6 Multi-Racial (Please check in addition to any above boxes that apply)</div>		
List any aliases, nicknames, maiden name of your present legal name				
For Office Use Only Investigation No.	Assigned To			
Reviewed By				

**Entrance Requirements**

☐ No    ☐ Yes    Do you know any reason why you would not be able to perform any job-related task or function as specified in enclosed the job description? If yes, explain: \_\_\_\_\_

☐ No    ☐ Yes    Prior to final appointment, all persons tentatively selected for positions **will be required to submit to Physical/eyesight/medical/ testing, psychological and drug screen examinations by a physician and psychologists of the County's choice at County expense.** Will you consent to such examinations?

**Certification Statement**

I certify to the best of my knowledge this application is true and complete. I understand that any misstatement forfeits my right to employment at this time for the position for which I am applying, and may affect future consideration for other positions in the department.

\_\_\_\_\_  
(Applicant Signature/Date)

### Residency History

List chronologically, starting with most your recent address, all of your past residences during the past **fifteen (15) years**. Include addresses while attending school if away from home and all military addresses. (Use additional sheets if necessary.)

Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		
Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		
Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		
Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		
Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		
Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		
Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		
Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		
Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		

Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		

  

Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		

  

Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		

  

Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		

  

Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		

Please list locations, in which you spend a regular part of your free time, example: parent's residence, friend's residence or hometown, any location where you would be well known.

---



---

What special skills, abilities, experiences, hobbies, etc. do you have which may enhance your qualifications for this position?

---

### Employment History

**List all employers beginning with the most recent and work back. Include all part time employers. Account for all time periods. Make additional copies of this page if necessary.**

Employer Name and Address (If unemployed indicate dates)	Employment Dates		Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? Y/N

  

Employer Name and Address (If unemployed indicate dates)	Employment Dates		Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? Y/N

  

Employer Name and Address (If unemployed indicate dates)	Employment Dates		Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? Y/N

  

Employer Name and Address (If unemployed indicate dates)	Employment Dates		Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? Y/N

Employer Name and Address (If unemployed indicate dates)	Employment Dates		Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? Y/N
Employer Name and Address (If unemployed indicate dates)	Employment Dates		Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? Y/N
Employer Name and Address (If unemployed indicate dates)	Employment Dates		Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? Y/N
Employer Name and Address (If unemployed indicate dates)	Employment Dates		Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? Y/N
Employer Name and Address (If unemployed indicate dates)	Employment Dates		Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? Y/N
Employer Name and Address (If unemployed indicate dates)	Employment Dates		Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? Y/N

☐ No ☐ Yes Were you ever subjected to disciplinary action, including dismissal, in connection with any employment?  
If yes, give details: \_\_\_\_\_

### Peace Officer Licensing

List any prior law enforcement/criminal justice employment experience:

☐ No ☐ Yes Are you currently or have you ever been certified or licensed as a peace officer (full or part-time):  
If yes, please provide the following information: License No.

Date Originally Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current Status. (Please attach a photocopy of your license certification and current renewal card.)

☐ Valid - Active Status ☐ Valid - Inactive Status ☐ Lapsed  
☐ Surrendered ☐ Suspended ☐ Revoked

☐ No ☐ Yes Have you ever been the subject of a background investigation conducted by a law enforcement agency which was considering you for employment? If yes, complete the following:

Date	Agency Name AND Address

### Military Service

No ☐ Yes Have you served in the United States Armed Forces? If yes, complete the following:

Name Used During Service (Last, First and Middle)	Social Security No.	Place of Birth

### Active Service, Past and Present

Branch of Service	Dates of Active Service		Check One		Service Number During This Period
	Date Entered	Date Released	Officer	Enlisted	

### Reserve, Past and Present

Branch of Service	Dates of Membership		Check One		Service Number During This Period
	From	To	Officer	Enlisted	

### National Guard Membership (Check One) ☐ Army ☐ Air Force ☐ None

State	Organization	Dates of Membership		Check One		Service Number During This Period
		From	To	Officer	Enlisted	

How many discharges or separations from the service were given to you?

Discharges:

Separations:

☐ No ☐ Yes Has your discharge or separation notice ever been corrected or changed?

What was the nature of the change? Changed from \_\_\_\_\_ to \_\_\_\_\_

List all medals and decorations awarded you as a member of the Armed Forces.

☐ No ☐ Yes Have you ever applied for Department of Defense Security Clearance? If yes, indicate date:

☐ No ☐ Yes Were you ever court-martialed, tried, or charged, or were you subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action? If yes, how many times? \_\_\_\_  
Give details of charges, agency concerned, dates and dispositions.

## Personal Information

List the required information for your father, mother, sisters, and brothers:

[illegible]

List all persons who live in the same household with you (if not listed above or under references).

[illegible]

### Personal References

Give three references (not relatives, fellow employees or schoolteachers) who are responsible adults of reputable standing in their communities. **DO NOT LIST LAW ENFORCEMENT REFERENCES.**

Name AND COMPLETE Address	(Area Code) Home Phone	(Area Code) Work Phone	Occupation	Best Time To Contact

### Social References

Give three social references, not in law enforcement or not listed in personal reference.

Name AND COMPLETE Address	(Area Code) Home Phone	(Area Code) Work Phone	Occupation	Best Time To Contact

### Law Enforcement References

List the names of all The Clark County Sheriffs Department officers you know personally and that would have personal knowledge of you.

Name	Name

List the names of other law enforcement officers you know personally and that would have personal knowledge of you.

Name	Department	Address (If Known)	Telephone



List all professional or civic organizations that you are a member or have been a member of, example: American Legion, Optimists, Kiwanis, etc.

Membership Dates		Organization Name	Type of Organization
From	To		

### Driving History

☐ No ☐ Yes Do you hold a valid Drivers License?  
 Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

☐ No ☐ Yes Do you hold a valid Drivers License from other states than listed above? If yes, list those states:  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ No ☐ Yes Have you ever had a Drivers License suspended, revoked or restricted? If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

### Use of Alcohol or Drugs as an Adult

☐ No ☐ Yes Do you currently drink alcoholic beverages? If yes, to what degree? \_\_\_\_\_  
 \_\_\_\_\_

☐ No ☐ Yes Do you currently use marijuana?(within last two years)  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ No ☐ Yes Do you currently use nonprescription illegal drugs, such as opiates, LSD, cocaine, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

### Judicial Action

☐ No ☐ Yes Have you ever been **charged or convicted of ANY** law violation including traffic law, other than parking tickets? Include traffic violations as a juvenile. If yes, complete the following.

Date (Mo/Day/Yr)	Location	Charge/Violation	Final Disposition	Comments (Agency and Court)

☐ No ☐ Yes Are you now, or as an adult have you ever been involved as a plaintiff, defendant, petitioner or respondent, of any civil court action? If yes explain (include when, where: name and location of court, circumstances, and disposition).

---



---

☐ No ☐ Yes As an adult, have you ever been fingerprinted? If yes, complete the following:

Date	Location	Reason for Fingerprinting

☐ No ☐ Yes As an adult, have you ever received a pardon for a crime? If yes, complete the following:

Date	Location		Offense	Age Then	Police Agency Involved
	State	County			

☐ No ☐ Yes As an adult, have you ever had any contact with a police agency as a victim, witness or suspect? If yes, please list the following:

Date	Location	Circumstances	Police Agency Involved

### Education History

**The Clark County Sheriffs Department requires an applicant for employment as a law enforcement officer possess either a 2 year associate degree or a minimum of 60 fully accredited college-level credits. This policy does not apply to applicants employed as law enforcement officers prior to February 1, 1993.**

☐ No ☐ Yes I was employed as a law enforcement officer prior to 2/1/93. Dates of Employment:

Check appropriate box if you were not employed as an officer prior to February 1, 1993:

Check highest level of education attained:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> I currently hold a 2 Yr. Associate Degree               | <input type="checkbox"/> 05 - Associate Degree    | <input type="checkbox"/> 07 - Bachelor of Arts |
| <input type="checkbox"/> I have 60 fully accredited college-level credits        | <input type="checkbox"/> 08 - Bachelor of Science | <input type="checkbox"/> 09 - Masters Degree   |
| <input type="checkbox"/> I do not have 60 fully accredited college-level credits | <input type="checkbox"/> 10 - PH.D., JD, et al    |  |

**For those applicants not meeting the educational requirements, please complete the following:**

\_\_\_\_\_ Number of college-level credits currently complete

☐ No ☐ Yes I have applied to Department of Justice for a waiver

Application Date for Waiver (Mo/Day/Yr): \_\_\_\_\_

High School - Give Name AND Address	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

Colleges/Universities (Not Technical Colleges) Give Name AND Address	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

Graduate School - Give Name AND Address	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

### Education History - Continued

Voc/Tech/Trade/Business School Give Name AND Address	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

Miscellaneous Education Give Name AND Address	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

List all Law Enforcement intern programs you have been a part of (high school and college)

Date	School	Department Involved	Advisor and Telephone Number

**Attach copies of all diplomas and transcripts.**

List all awards received from high school and college:

---



---

List any problems with school (absenteeism, tardiness, poor grades, other disciplinary problems), including college. (Be very specific.)

Date	School	Problem	Brief Explanation