



**Application for Internship
DANE COUNTY SHERIFF'S OFFICE**

IMPORTANT INSTRUCTIONS

THANK YOU FOR YOUR INTEREST IN PARTICIPATING IN AN INTERNSHIP WITH THE DANE COUNTY SHERIFF'S OFFICE. 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 QUESTIONS COMPLETELY AND ACCURATELY**, RELATING YOUR BACKGROUND AS CLOSELY AND FULLY AS POSSIBLE TO THE RESPONSIBILITIES AND REQUIREMENTS OF AN INTERN. IF A QUESTION DOES NOT APPLY TO YOU, MARK N/A. TYPE OR PRINT IN INK. PLEASE SEND COMPLETED APPLICATION TO:

DANE COUNTY SHERIFF'S OFFICE
ATTN: Deputy Sheriff Carrie Tobias
115 W. Doty St.,
Madison, WI 53703
Tobias.Carrie@danesherriff.com

LAST NAME		FIRST NAME		MIDDLE NAME	
PREVIOUS NAMES					
ADDRESS (NUMBER, STREET)			APT.	CITY	STATE ZIP
HOME TELEPHONE NUMBER		CELL PHONE NUMBER		BUSINESS TELEPHONE NUMBER	
DATE OF BIRTH (MONTH/DATE/YEAR)		E-MAIL ADDRESS			
ALIASES & OTHER DATES OF BIRTH ASSOCIATED WITH EACH ALIAS					
ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YOU ARE NOT A UNITED STATES CITIZEN, DO YOU HAVE PAPERS FROM THE UNITED STATES GOVERNMENT PERMITTING YOU TO WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DO YOU HAVE A VALID DRIVER'S LICENSE FROM WISCONSIN OR ANOTHER STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No (If from another State, which State?)					
DO YOU HAVE TRANSPORTATION TO VARIOUS LOCATIONS WITHIN DANE COUNTY DURING THE INTERNSHIP PERIOD? <input type="checkbox"/> Yes <input type="checkbox"/> No					
CAN YOU TRAVEL TO DANE COUNTY TO PARTICIPATE IN AN INTERVIEW IF NECESSARY? <input type="checkbox"/> Yes <input type="checkbox"/> No					
AN AFFIRMATIVE ACTION EMPLOYER FOR EQUAL EMPLOYMENT OPPORTUNITY					
FOR SHERIFF'S OFFICE USE ONLY					
ACCEPTED	NOT ACCEPTED		NOTICE(S) SENT		

EDUCATION & TRAINING

GRAMMAR & HIGH SCHOOL (Circle highest year completed) 1 2 3 4 5 6 7 8 9 10 11 12	NAME AND LOCATION OF HIGH SCHOOL	GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No	YEAR DIPLOMA WAS GRANTED
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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	CIRCLE THE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY 1 2 3 4 5 6 7 8 9 10 11 12
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NAME & LOCATION OF INSTITUTION	DATES ATTENDED FROM TO		CREDITS EARNED	MAJOR FIELD & REMARKS	DEGREES Month & Year Received

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.

IF CURRENTLY LICENSED OR REGISTERED TO PRACTICE IN WISCONSIN AS A MEMBER OF SOME PROFESSION OR TRADE, INDICATE TYPE OF LICENSE OR REGISTRATION INCLUDING CERTIFICATION BY THE WISCONSIN LAW ENFORCEMENT STANDARDS BOARD.

LIST MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS.

WORK EXPERIENCE

MAY WE OBTAIN REFERENCES FROM THE EMPLOYERS NAMED BELOW? Yes No IF NO, NAME AND EXPLAIN THE EXCEPTIONS

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.

PRESENT OR MOST RECENT EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASON FOR LEAVING	NAME, TITLE & PHONE # OF SUPERVISOR	
YOUR DUTIES		FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (_____ hours per _____)	
EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASON FOR LEAVING	NAME, TITLE & PHONE # OF SUPERVISOR	
YOUR DUTIES		FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (_____ hours per _____)	
EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASON FOR LEAVING	NAME, TITLE & PHONE # OF SUPERVISOR	
YOUR DUTIES		FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (_____ hours per _____)	
EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASON FOR LEAVING	NAME, TITLE & PHONE # OF SUPERVISOR	

PLEASE ACCOUNT FOR PERIODS OF TIME WHICH ARE NOT COVERED BY YOUR EMPLOYMENT AND/OR EDUCATIONAL HISTORY:		
FROM	TO REASON	
FROM	TO REASON	
FROM	TO REASON	
FROM	TO REASON	
FROM	TO REASON	

RECORD OF LAW ENFORCEMENT CONTACTS

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	MUNICIPALITY/ COUNTY/STATE	LAW VIOLATED	(DISPOSITION: Bail Forfeited, Fined, etc.)

ARE THERE ANY CHARGES (VIOLATIONS) PENDING AGAINST YOU? Yes No (If yes, please explain.)

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

HAVE YOU EVER BEEN THE PLAINTIFF OR DEFENDANT IN A CIVIL ACTION?

Yes

No

(If yes, please explain.)

HAVE YOU EVER PARTICIPATED IN A DEFERRED PROSECUTION OR FIRST OFFENDER PROGRAM AS A RESULT OF A CONVICTION?

Yes

No

(If yes, please explain.)

HAVE YOU EVER BEEN PLACED ON COURT PROBATION AS AN ADULT?

Yes

No

(If yes, give details, including dates, where, why:)

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, HASHISH, OR ANY OTHER "STREET DRUG?"

Yes

No

(If yes, please explain.)

NAME OF DRUG	ESTIMATED USE	DATE LAST USED

**PLEASE LIST ALL OF YOUR RESIDENCES DURING THE PAST TEN YEARS. BEING WITH YOUR MOST CURRENT RESIDENCE.
(If needed, use separate paper, using this format.)**

ADDRESS

DATES (Month, Year) FROM:

TO:

REASON FOR LEAVING

NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER

WITH WHOM DID YOU LIVE?

PRESENT ADDRESS & PHONE NUMBER

ADDRESS

DATES (Month, Year) FROM:

TO:

REASON FOR LEAVING

NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER

WITH WHOM DID YOU LIVE?

PRESENT ADDRESS & PHONE NUMBER

ADDRESS

DATES (Month, Year) FROM:

TO:

REASON FOR LEAVING

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WITH WHOM DID YOU LIVE?

PRESENT ADDRESS & PHONE NUMBER

ADDRESS

DATES (Month, Year) FROM:

TO:

REASON FOR LEAVING

NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER

WITH WHOM DID YOU LIVE?

PRESENT ADDRESS & PHONE NUMBER

CHARACTER REFERENCES

LIST NAMES OF THREE PEOPLE, NOT RELATED TO YOU OR PAST EMPLOYERS, WHO KNOW YOUR STRENGTHS AND WEAKNESSES.	
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 INFORMATION

DO YOU HAVE A CURRENT DRIVER'S LICENSE? Yes - What State? _____ Number _____ No

LIST ANY OTHER STATE WHERE YOU HAVE EVER HELD A DRIVER'S LICENSE _____ Number _____

HOW MANY MILES DO YOU DRIVE IN A YEAR? _____

HAVE YOU EVER HAD AUTOMOBILE INSURANCE WITHDRAWN, CANCELED, REVOKED OR REFUSED? Yes No
 If yes, explain:

HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE? Yes No
 If yes, explain:

HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED OR CANCELED? Yes No
 If yes, explain:

HAVE YOU EVEN BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT AS THE DRIVER? Yes No

INCIDENT DATE	INVESTIGATING AGENCY	LOCATION

MILITARY SERVICE

HAVE YOU SERVED IN THE ARMED FORCES, NATIONAL GUARD OR MILITARY RESERVES? <input type="checkbox"/> Yes <input type="checkbox"/> 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 PROGRAM? Yes No

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

NAME	ADDRESS	PHONE NUMBER

QUALIFICATIONS STATEMENT

Please prepare a statement explaining why you are seeking an internship with the Dane County Sheriff's Office, including a description of your career goals. Limit your response to one page. You may either print neatly or type your response.

INTERNSHIP CONSIDERATIONS

Name of College or University Coordinating Internship	
Number of Hours Required for Internship and Credits Earned for Internship	
Starting and Ending Dates Desired for Internship	
Special Projects or Requirements	
Please indicate if you are interested in our <i>Criminal Justice Internship</i> or our <i>Human Services Internship</i>	

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 an internship with the Dane County Sheriff's Office.

SIGNATURE

DATE