DODGE COUNTY VOLUNTEER POSSE APPLICATION

Dodge County Sheriff's Department
124 West St.
Juneau, WI 53039

Important Instructions:
This application must be completely filled out and either typed or clearly printed in black ink. The ***Dodge County Sheriff's Department*** requests this information to complete the volunteer background verification.

Legal Name: Last, First, Middle	Social Security Number	
Resident Street Address (Where you can be contacted personally)	Mailing Address - If Different	
Area Code - Work Telephone Number	County of Residence	
Area Code - Home Telephone Number	Birth Date (Month/Day/Year)	Sex ☐ Male ☐ Female
List any aliases, nicknames, maiden name of your present legal name		

☐ No ☐ Yes Do you hold a valid Drivers License?
Driver License Number: _____ State: _____

☐ No ☐ Yes Do you know any reason why you would not be able to perform any volunteer task or function? If yes, explain:

_____
_____
_____
_____

Certification Statement

I certify to the best of my knowledge this application is true and complete.

X _____ _____
(Applicant Signature) (Date)

Applicant Name: Last, First, Middle

Residency History

Starting with your most recent address, list chronologically all of your past residences during the past **fifteen (15) years.** Include addresses while attending school if away from home and all military addresses. **Do not omit any information.** 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		

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. Complete ALL requested information.

Employer Name and Address (If unemployed indicate dates)	Salary		Employment Dates	
	Begin	End	Begin	End
Position Held	Is this business still active? ☐ Yes ☐ No			Hours / Week
Duties	Supervisor Name and Current Telephone			May we contact? ☐ Y ☐ N
Reason for Leaving				

Employer Name and Address (If unemployed indicate dates)	Salary		Employment Dates	
	Begin	End	Begin	End
Position Held	Is this business still active? ☐ Yes ☐ No			Hours / Week
Duties	Supervisor Name and Current Telephone			May we contact? ☐ Y ☐ N
Reason for Leaving				

Applicant Name: Last, First, Middle

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: _____
Date Originally Issued: _____ Expiration Date: _____
Current Status. (Please attach a photocopy of your certification)
☐ Valid - Active Status ☐ Valid - Inactive Status ☐ Lapsed
☐ Surrendered ☐ Suspended ☐ Revoked

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.	Birth Place

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	

Applicant Name: Last, First, Middle

Personal References

Give three references: not relatives, fellow employees or school teachers, who are responsible adults of reputable standing in their communities.

Name AND COMPLETE Address	Area Code - Home Telephone	Area Code - Work Telephone	Occupation	Best Time To Contact

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		

Education History

Check highest level of education attained:

- ☐ I have received a High School diploma or GED
- ☐ I currently hold a 2 Yr. Associate Degree
- ☐ I have 60 fully accredited college-level credits
- ☐ I do not have 60 fully accredited college-level credits

- ☐ Associate Degree
- ☐ Bachelor of Science
- ☐ Bachelor of Arts
- ☐ Masters Degree
- ☐ 10PHD, JD, et al

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

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