DEPUTY SHERIFF ELIGIBILITY LIST

Oneida County Civil Service Commission is accepting applications for the establishment of an eligibility list for the position of Deputy Sheriff. Applicants must be a citizen of the United States; have a valid Wisconsin driver’s license; be in good physical condition; not a convicted felon; fully certified or certifiable by the State of Wisconsin Training and Standards Board; a high school graduate or equivalent, and have a minimum of 60 fully accredited college level credits (police science credits are preferred).

Starting rate of pay for 2015 is $23.15 per hour for 1,950 “base hours” per year. Deputies work a “7-on / 7-off” shift schedule, 10.5 hours per day, resulting in 26 weekends off per year, Court Services Deputies work Monday through Friday with weekends off.

The Oneida County Sheriff’s Department is a “full service”, progressive department with DARE, Drug Enforcement, Detective Bureau, School Liaison, SRT, Crime Prevention, Water and Snowmobile Patrols, Dive Team, COPS and Court / Transport units, including a 200-bed correctional facility.

A detailed job description and Oneida County Law Enforcement application is available for downloading and printing on our web sites at www.oneidasheriff.org or www.co.oneida.wi.gov.

If you qualify for Veteran Preference Points please download the form at the web sites listed above and submit to the address on the form.

Successful applicants will be required to pass a physical agility test, oral interview, pre-employment drug screen and medical exam, psychological assessment and background check.

To apply and test for this position, go to the website http://www.empco.net and click on the link for Sheriff’s Office Positions. Click the link to Wisconsin and follow the instructions. The required application and test must be completed and passed no later than April 11th, 2015. There is a fee to take an examination.

EQUAL OPPORTUNITY EMPLOYER
Deputy Sheriff

Oneida County

Job Description

SUMMARY: Protect life and property through enforcement of laws. Directed supervision is received from a Sergeant. Assigned duties are performed in accordance with state statutes and department policy and procedure.

ESSENTIAL DUTIES & RESPONSIBILITIES: Perform a wide variety of duties connected with law enforcement, including, but not limited to the following:

1. Patrols streets, highways and other public and private areas to enforce laws, protect citizens, investigate suspicious circumstances, and discourage the commission of crimes.
2. Responds to calls for service from the public to investigate crimes, disputes, motor vehicle accidents and disturbances.
3. Provides first aid, other assistance and referrals for accident victims and
others requesting or requiring assistance.
4. Issue citations, make arrests, conduct interviews, interrogations, and intervene where appropriate.
5. Transmit and receive radio messages, operate squad vehicle and equipment, dictate and prepare required reports.
6. Operate equipment such as firearms, computers, radios, radar, ATV, boat, motor vehicles, baton, OC spray.
7. Maintain security of all persons in their custody.
8. Maintain security as assigned in courtrooms and designated public buildings as directed.
10. Any other duties assigned by the Sheriff
SUPERVISORY RESPONSIBILITIES

1. Assume the duties, responsibilities and authority of the Sergeant in the Sergeant’s absence.

QUALIFICATIONS: Must be able to do the following:

1. Obtain and retain the knowledge of the principles and practices of law enforcement and of the laws and ordinances pertinent to local law enforcement.
2. Be able to function effectively under various degrees of stress, including high stress.
3. Be able to use discretion effectively by fair and impartial treatment of all contacts.
4. Be effective in the discharge of all duties under changing environmental conditions.
5. Develop and use effectively, problem-solving skills in order to mediate disputes effectively.
6. Maintain composure and control responses to high-risk contacts and
adverse encounters while projecting a professional image.
7. Ability to determine and maintain confidentiality.
8. Operate motor vehicle safely, while engaged in operating other assigned equipment and performing other assigned tasks.

EDUCATION AND EXPERIENCE

High School diploma, 60 college credits, maintain certifications in firearms, annual in service training, and any other Department mandated training.

LANGUAGE SKILLS

Must have excellent verbal and written communication skills.

MATHEMATICAL SKILLS

Good mathematical skills

REASONING ABILITY

Must have the ability to evaluate situations, based on training and experience, and make good decisions
CERTIFICATIONS, LICENSES, REGISTRATIONS

Wisconsin Department of Justice - Training & Standard Bureau certification as a Law Enforcement Officer. Valid Wisconsin driver’s license.
A preference shall be given to those veterans and those spouses of veterans identified below who gain eligibility on any competitive employment register and who do not currently hold a permanent appointment or have mandatory restoration rights to a permanent appointment to any position. A preference means the following:

- For a veteran, that 10 points shall be added to his or her grade.
- For a disabled veteran, that 15 points shall be added to his or her grade.
- For a disabled veteran whose disability is at least 30%, that 20 points shall be added to his or her grade.
- For the spouse of a disabled veteran whose disability is at least 70%, that 10 points shall be added to the spouse’s grade.
- For the unremarried spouse of a veteran who was killed in action, that 10 points shall be added to the spouse’s grade.
- For the unremarried spouse of a veteran who died of a service-connected disability, that 10 points shall be added to the spouse’s grade.

“Veteran” means a person who fulfills at least one of the following requirements:

- Served on active duty in the U.S. Armed Forces for at least 180 days, not including training.
- Was discharged from the U.S. Armed Forces because of a disability incurred during active duty or because of a disability that is later adjudicated by the U.S. Department of Veterans Affairs to have been incurred during active duty.
- Was honorably discharged from the U.S. Armed Forces.
- Is eligible to receive federal veterans’ benefits.

To receive preference as defined above, you must be certified by the Oneida County Veterans’ Service Officer. Submit the “Veteran Preference Request Form” and a copy of your DD 214 to: Veterans’ Service Office, P.O. Box 400, Rhinelander, WI 54501. DO NOT RETURN THE “VETERAN PREFERENCE REQUEST FORM” WITH YOUR JOB APPLICATION.
1. I hereby request veteran preference points under Wisconsin Statute 230.16(7) as follows: (CIRCLE ALL APPLICABLE CATEGORIES)

   a. Served on active duty in the U.S. Armed Forces for at least 180 days, not including training.

   b. Discharged from the U.S. Armed Forces because of a disability incurred during active duty or because of a disability that is later adjudicated by the U.S. Department of Veterans’ Affairs to have been incurred during active duty.

   c. Honorably discharged from the U.S. Armed Forces.

   d. Eligible to receive federal veterans’ benefits.

2. If you have a service-connected disability, what percent are you rated? __________ (Copy of rating decision must be attached if one is not on file at the Oneida County Veterans’ Service Office.)

Signature: _____________________________   Date: __________________

A COPY OF YOUR DD 214 MUST BE ATTACHED TO THIS FORM.

To receive preference as defined above, you must be certified by the Oneida County Veterans’ Service Officer. Submit this form and a copy of your DD 214 to:

Veterans’ Service Office
P.O. Box 400
Rhinelander, WI 54501

DO NOT RETURN THIS FORM WITH YOUR JOB APPLICATION.
APPLICATION FOR EMPLOYMENT
LAW ENFORCEMENT, JAIL OR SECURE JUVENILE DETENTION OFFICER

NOTICE: All questions must be answered. Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages.

1. PERSONAL INFORMATION

Name (Last, First, Middle)  Social Security # (xxx-xx-xxxx)

Address (Apartment, Street, P.O. Box)  Home Telephone Number

City  State  Zip Code  Work Telephone Number

Email Address  Cell Phone Number

Have you successfully completed the basic training required for certification (i.e. 520-hour law enforcement academy)?  Yes ☐  No ☐

If yes, what type(s) of basic training have you successfully completed?  Law Enforcement ☐  Jail ☐  Secure Juvenile Detention ☐

If applicable, include the name of the school where you completed basic training and the date that training was completed:

Are you at least 18 years old?  Yes ☐  No ☐

Are you a United States citizen?  Yes ☐  No ☐

Do you have a high school diploma, GED or HSED?  Yes ☐  No ☐

Do you have an Associate Degree or 60 associate degree level credits or higher from an accredited college or university?  Yes ☐  No ☐

If No, were you employed as a law enforcement officer prior to February 1, 1993?  Yes ☐  No ☐

The college credit requirement as written in Wisconsin Administrative Code § LES 2.01(1)(e), pertains to law enforcement and tribal law enforcement officers first employed on or after February 1, 1993.

Have you ever been convicted of a felony?  Yes ☐  No ☐

Have you ever been convicted of a misdemeanor crime of domestic violence?  Yes ☐  No ☐

Are you prohibited by state or federal law from possessing a firearm?  Yes ☐  No ☐

Do you possess a valid Wisconsin driver’s license or a valid driver’s license from another state?  Yes ☐  No ☐

2. EDUCATION

<table>
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<tr>
<th>Name of School(s)</th>
<th>Dates</th>
<th>Degree, Diploma, or Credits Earned</th>
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### 3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. To furnish additional employment information, attach sheets of the same size and format as this application.

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<tr>
<th>Name and Address of Employer</th>
<th>Dates of Employment</th>
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<td>From (mm/yyyy)</td>
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<td>To (mm/yyyy)</td>
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**Name of Employer:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Full-Time**

**Part-Time**

**Annual Salary/Wages:**

**Supervisor’s Name / Telephone Number:**

**May we contact the employer / supervisor?**

**Yes**

**No**

**Position and kind of work:**

**Reason for Leaving:**

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**Part-Time**

**Annual Salary/Wages:**

**Supervisor’s Name / Telephone Number:**

**May we contact the employer / supervisor?**

**Yes**

**No**

**Position and kind of work:**

**Reason for Leaving:**

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**Address:**

**City:**

**State:**

**Zip Code:**

**Full-Time**

**Part-Time**

**Annual Salary/Wages:**

**Supervisor’s Name / Telephone Number:**

**May we contact the employer / supervisor?**

**Yes**

**No**

**Position and kind of work:**

**Reason for Leaving:**
4. MILITARY SERVICE

<table>
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<tr>
<th>Branch of Service</th>
<th>From (mm/yyyy)</th>
<th>To (mm/yyyy)</th>
<th>Active Duty or Reserve</th>
<th>Highest Grade</th>
<th>Skill Specialty or Primary Duty</th>
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Honorably Discharged from Military Service?  Yes ☐  No ☐  Not Applicable ☐

5. REFERENCES

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name:  
Position/Title/Profession:  
Number of Years Acquainted:  
Address:  
City/State/Zip:  
Telephone Number:  

Name:  
Position/Title/Profession:  
Number of Years Acquainted:  
Address:  
City/State/Zip:  
Telephone Number:  

Name:  
Position/Title/Profession:  
Number of Years Acquainted:  
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City/State/Zip:  
Telephone Number:  

6. GENERAL

COMPLETE IF INSTRUCTED TO DO SO BY EMPLOYING AGENCY.  
Attach no more than one additional page for each answer.

A. Why have you chosen to apply for this position?
B. Discuss things you have done which have contributed to your life experience. Be sure to include information regarding volunteer work with civic, school, or professional organizations. Be specific about names and dates.
C. Why do you believe you could relate to and/or work with people of different races, genders, cultures, ages, socio-economic groups, and educational levels?
APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicants Signature

Date Signed

Under the provisions of § 19.36, Wis. Stats., I request that my identity as an applicant for this position not be revealed without my consent or until required under law.

Applicants Signature

Date Signed

Type <Ctrl – Enter> to add additional pages.
ONEIDA COUNTY

AUTHORIZATION FOR RELEASE OF INFORMATION
(For Official use only, not to be released to unauthorized persons)

I hereby empower an employee of the Oneida County LRES or Sheriff’s Departments or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies.
2. Selective Service system.
3. Any banking institution.
4. Any place of business (for purposes of obtaining credit or employment data).
5. Credit rating bureaus or institutions maintaining individual credit rating files.
6. Any previous employer.
7. Present employer.
8. Any school, college, university or other educational institution.

I hereby release any Municipal, State or Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, any individual providing personal information, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

1. _____________________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________

______________________________________________
Date                  Signature (full name)

______________________________________________
Address (Street and number)

______________________________________________
City             State             Zip

Witness Signature_________________________________________________________

*A Photocopy of this affidavit will have the same force and effect as an original.*