

SHERIFF'S OFFICE
ONEIDA COUNTY
Law Enforcement Center
2000 East Winnebago Street
Rhineland, Wisconsin 54501
Telephone (715) 361-5100
Fax (715) 361-5112
www.oneidasheriff.org

Grady M. Hartman
Sheriff

Daniel L. Hess
Chief Deputy

July 12, 2018

Potential Dive Team Member:

In 2007, Oneida County established a countywide public safety dive team consisting of officers and citizens from Oneida County. There are currently several positions open on the team. The team is under the direction of the Oneida County Sheriff and the department is seeking applicants. Individuals interested shall submit an application for employment with Oneida County and the most qualified applicants will be invited to participate in a panel interview process. Panel recommendations will be made to the Sheriff for final selection. Candidates then considered for membership to the team will be required to submit to a physical, pre-employment drug test, and background investigation.

Qualified applicants shall have the desire and ability to assist in dive rescue water response and recovery operations. Team members are expected to work within the Incident Command System under the direction of an Incident Commander. Members shall take part in the monthly trainings, attend related meetings, and maintain or obtain the appropriate certifications for public safety divers.

Team members selected under this recruitment shall be considered employees of Oneida County and receive an hourly wage of \$16.31 per hour and be covered under the County's Worker's Compensation Insurance. Team members will receive vehicle mileage reimbursement as a rate set by the Oneida County Board of Supervisors.

Please complete the attached application and return it to me **by August 3, 2018 at 4:00 p.m.**

For additional information regarding the Dive Team, please contact Captain Terri Hook at (715) 361-5150.

Sincerely,

Captain Terri Hook

Captain Terri Hook
Oneida County Sheriff's Office

APPLICATION FOR MEMBERSHIP ONEIDA COUNTY DIVE TEAM

Notice: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications, which are incomplete or illegible, will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to corresponding questions.

Position

Check the appropriate box(s) indicating which position you are interested in. If interested in both positions, check both boxes.

Dive Team Member

Personal Information			
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Name in Full (Last, First, Middle)			Social Security Number
Address (Apartment, Street, P.O. Box)			Home Telephone Number ()
City	State	Zip Code	Work Telephone Number ()

Please answer the following questions yes or no	Yes	No
Are you over the age of 18		
Do you have a valid Wisconsin Driver's License		
Do you have a valid driver's license from another state		
Are you a United States Citizen		

Education				
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Name of School	Location	Dates		Course Pursued	Degree/Diploma
		From	To		
High Schools					
College					
Graduate School					

Employment

Employer	Dates		Reason for Leaving
	From	To	

Diver Training / Certificates

Documentation of training must be provided with this application. Documentation may consist of Technical College certification records, college transcripts, etc...

Please answer the following questions yes or no	Yes	No
Open Water Dive Certificate		
Advanced Open Water Dive Certificate		
Public Safety Dive Certificate		

Additional Dive Training / Certifications	Date Completed	Location Completed

Military Service

Branch of Service	Month/Year Served		Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty
	From	To			

References

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

Name:

Address:

Telephone

Number of Years Acquainted

Name:

Address:

Telephone

Number of Years Acquainted

Name:

Address:

Telephone

Number of Years Acquainted

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 provided 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 section 19.36, Wisconsin Statutes, I request that my identity as an application for the position of Dive Member not be revealed without my consent or until required by law.

Applicant Signature

Date Signed

AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized personnel)

I hereby empower an employee of the Oneida County Emergency Management Department 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 resources:

1. Municipal, State or Federal law enforcement agencies
2. Selective Service system
3. Any banking institution
4. Any place of business (for purpose 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
9. Any office, clinic, sanitarium or hospital where illness, injuries and/or deterioration (physical and/or mental in nature) are diagnosed and treated.

I hereby release any Municipal, State, or Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, 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. _____

Signature (Name in Full)

Date

Address (Street and Number)

City

State

Zip

Witness: _____