



Are you now a member of the National Guard?  Yes  No  
Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

Have you ever served in the armed forces of the United States? \_\_\_\_\_

Did you receive an honorable discharge? \_\_\_\_\_

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TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

Are you currently enrolled in any school or academic class? \_\_\_\_\_

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Please list four references other than relatives or previous employers.

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

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**Work Experience** Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer: Address: City: State:            Zip: Phone Number:	Name of last Supervisor	Employment dates	Pay or salary
		From  To	Start  Final
	Your last job title:		
Reason for leaving (be specific):			

Name of employer: Address: City: State:            Zip: Phone Number:	Name of last Supervisor	Employment dates	Pay or salary
		From  To	Start  Final
	Your last job title:		
Reason for leaving (be specific):			

Name of employer: Address: City: State:            Zip: Phone Number:	Name of last Supervisor	Employment dates	Pay or salary
		From  To	Start  Final
	Your last job title:		
Reason for leaving (be specific):			

May we contact your present employer?  Yes  No

Do you have any special training, experience or ability which you think would be of value to us?

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Did you complete this application yourself  Yes  No  
If not, who did?

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**Chippewa County Correctional Facility  
PREA STATEMENT**

PREA 28 CFR §115.17 prohibits the hiring, promotion or otherwise enlisting the services of anyone who may have contact with an individual incarcerated or detained at a correctional facility who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse or sexual activity facilitated by force in confinement settings or the community. PREA 28 CFR §115.17 also requires that any incident of sexual harassment (as defined in §115.16) be considered in determining whether to hire, promote or otherwise enlist the services of anyone who may have contact with an individual incarcerated or detained at a correctional facility.

PREA requires that Chippewa County ask employees who may have contact with individuals incarcerated or detained at a correctional facility directly whether they have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse or sexual activity facilitated by force in confinement settings or the community. Attached please find definition of sexual abuse per §115.17 Accordingly, please answer the following questions:

**1. Have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution? (Please note that sexual abuse in this setting includes sexual acts with the consent of inmate, detainee, resident etc.). Yes \_\_\_ No \_\_\_**

**2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse? Yes No**

**3. Have you ever been civilly or administratively adjudicated of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse? Yes No**

If you answered yes to any of the questions above, please explain:

\_\_\_\_\_

\_\_\_\_\_

understand that all employees have a continuing duty to disclose any conduct identified in 1-3 above and that any omission regarding such misconduct, or the provision of material false information, shall be grounds for termination.

Chippewa County will request a criminal background check which includes, but is not limited to, contacting prior employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse.

**Facility/Department:** \_\_\_\_\_

**Emp. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Witness:** \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_ am an applicant for employment, with the Chippewa County Sheriff's Office of Chippewa County. This information is for my benefit. I hereby authorize, request, and direct educational institutions, my references, my employers (past and present), financial institutions of any kind, medical institutions and doctors, and any other person, institution or organization, and all other governmental agencies and instrumentality's (local, state, federal or foreign) wherever and said individuals or organizations are situated, to release to the Sheriff of Chippewa County or to any representative thereof, any document, information, record, or file that he deems materials to the processing of my application for employment. Said information can be furnished if the request, therefore, is made in person or in writing.

Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contract, or otherwise from the act of furnishing said information and record to the Sheriff or his representative, and this serves as a waiver of any contract that I have with any of the said organizations or individuals, and serves as a waiver of any and all legal communication privileges that I could claim.

Further, I appoint the Sheriff or his authorized representative as my agent for the sole purpose of collecting information for processing my application, and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, depose and say as follows: I am the person who executed the above authorization. I understand its meaning, intention, and effect and that the statements therein made are true and correct.

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature \_\_\_\_\_

County of \_\_\_\_\_

My Commission Expires \_\_\_\_\_