

**WINNEBAGO COUNTY SHERIFF'S OFFICE**  
**PERSONAL HISTORY FORM**

Applicant Name: \_\_\_\_\_

**INSTRUCTIONS**

Read the instructions carefully before completing this form.

- **Failure to properly complete this form, or any falsifications on the Personal History Form, may result in automatic disqualification from the hiring process.**
- You must complete all the questions on the Personal History Form.
- Answer each question fully and accurately.
- The information you provide is subject to verification.
- If a question is not applicable, mark N/A.
- If an answer requires additional room, use the back of the page, or attach additional pages.
- Complete phone numbers and mailing addresses for residences, employers and references are required.
- All answers must be legible and printed in ink or typed.

The primary use of this Personal History Form is to provide background information for the interview panel, and to our investigators, if you are selected to move into the background investigation phase of the hiring process.

Please sign this Personal History Form, along with the Authorization for Release of Information, and Waiver Authorizing Disclosure of Information and Releasing Liability forms. Bring all required documents to the interview with you. If you have questions regarding this form or the hiring process, you can contact:

**Captain Greg Cianciolo**  
**Winnebago County Sheriff's Office**  
**4311 Jackson Street**  
**Oshkosh, WI 54901**  
**920-236-7334**  
[gcianciolo@winnebagocountywi.gov](mailto:gcianciolo@winnebagocountywi.gov)

## REQUIRED DOCUMENTS

You must submit the following documents with the Personal History Form (certified copies are preferred, but photocopies are acceptable).

1. Social Security Card
2. Driver's License
3. Proof of Vehicle Insurance
4. High School Diploma and Transcripts
5. College Diploma and Transcripts
6. Technical College Diploma and Transcripts
7. Military Discharge Records- DD Form 214 (if applicable)
8. Birth Certificate – please present a certified copy, for our inspection only (the lines below are for office use only. Applicant please do not fill in the items listed below.)

Viewed by: \_\_\_\_\_ Date: \_\_\_\_\_

City of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_

## PERSONAL HISTORY INFORMATION

1. Full Name: \_\_\_\_\_  
First / Middle / Last

2. Date of Birth: \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_

Are you a United States Citizen: Yes ☐ No ☐ If not, do you intend to become a citizen of the United States: Yes ☐ No ☐

4. List all Names (Maiden, Alias, Nicknames, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Present Address: \_\_\_\_\_  
Street      Apt#      City      State      Zip

6. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

7. Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

8. List all previous addresses starting with the most recent:

Date	Street Address	City	State	Zip

9. Landlords (past and present):

Name	Address	Phone	Date

10. List addresses at which you spend a regular part of your free time, example: Parent's residence, friends' residence, any location where you are known.

Address	Association (parents, friend etc)

11. Have you ever been convicted of any criminal violation, misdemeanor, City/County ordinance or felony (juvenile and adult)? Yes ☐ No ☐

If yes, list all convictions below (see next page):

Date	Violation/charge	City/State	Disposition	Police Agency

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

If yes, explain the circumstances:

13. Are there any felony, misdemeanor or other charges pending against you?

Yes ☐ No ☐ if yes, explain the circumstances below:

14. As an adult, have you ever had any contact with a police agency as a victim, witness, or suspect? Yes ☐ No ☐ If yes, provide details: (Name Agency)

15. List all traffic violations/convictions below:

Date	Violation/charge	City/State	Disposition	Police Agency

16. Have you ever used any of the following drugs? List any other drugs used, that are not Identified below: (do not include prescription drugs)

	Yes	No	Date of Use	Dates of Last Use
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>		
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>		
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>		
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>		
LSD	<input type="checkbox"/>	<input type="checkbox"/>		
DMT	<input type="checkbox"/>	<input type="checkbox"/>		
Mescaline	<input type="checkbox"/>	<input type="checkbox"/>		

Psilocybin (mushrooms)	<input type="checkbox"/>	<input type="checkbox"/>		
Glue Sniffing	<input type="checkbox"/>	<input type="checkbox"/>		
Gas Sniffing	<input type="checkbox"/>	<input type="checkbox"/>		
PCP	<input type="checkbox"/>	<input type="checkbox"/>		
Opium	<input type="checkbox"/>	<input type="checkbox"/>		
Heroin	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

17. Do you currently drink alcoholic beverages? Yes ☐ No ☐ If yes, to what extent?

### EMPLOYMENT HISTORY

18. List, with the most recent dates first, all previous employers. Include all part-time places of employment.

1. Name/address of employer Date Phone Supervisor

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Reason for Leaving

2. Name/address of employer Date Phone Supervisor

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Reason for Leaving

3. Name/address of employer Date Phone Supervisor

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Reason for Leaving

4. Name/address of employer Date Phone Supervisor

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Reason for Leaving

5. Name/address of employer Date Phone Supervisor

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Reason for Leaving

6.	Name/address of employer	Date	Phone	Supervisor
Reason for Leaving				

7.	Name/address of employer	Date	Phone	Supervisor
Reason for Leaving				

19. Were you ever discharged or asked to resign from any place of employment?

Yes ☐ No ☐ If yes, explain:

20. Have you ever been subjected to disciplinary action in connection with any employment?

Yes ☐ No ☐ If yes, explain

### LAW ENFORCEMENT EXPERIENCE/BACKGROUND

21. Are you currently employed in law enforcement? Yes ☐ No ☐

Agency: \_\_\_\_\_

Address : \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

22. Have you previously been employed in law enforcement? Yes ☐ No ☐

Agency: \_\_\_\_\_

Address : \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

23. Reason for Leaving:

24. Police Training Academy Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Date of Certification: \_\_\_\_\_

25. Do you have any objection to us contacting any of your previous employers?

Yes ☐ No ☐

If yes, reason:

**NOTE:** *If you indicate "yes" on this form and/or the Authorization from Release of Information Form, and we are unable to discuss your personnel and performance record with previous employers, you may be eliminated from further consideration for employment.*

26. Do you possess a valid Wisconsin Drivers License? Yes ☐ No ☐

27. Has your driver's license ever been suspended or revoked? Yes ☐ No ☐

If yes, explain when, where and why:



28. Have you ever applied for a Civil Service Examination? Yes ☐ No ☐ If yes, provide:

Year	Position	Location	Results

29. Have you ever, tested for any other government position? Yes ☐ No ☐ If yes, provide details.

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30. Have you ever applied to any other police agency? Yes ☐ No ☐  
If yes, provide:

Year	Agency	Status of your application.

31. Have you ever participated in an Entry Level Assessment Center? Yes ☐ No ☐ If so, provide:

Agency	Dates	Results (if known).

## MILITARY SERVICE

32. Have you ever served in any branch of the Armed Forces? Yes ☐ No ☐  
If yes, list:

Dates	Position Held	Branch of Service

33. Rank held: \_\_\_\_\_

34. Service Serial #: \_\_\_\_\_

35. Were you ever court-martialed, tried on charges, given a Captain's Mast, punished under Article 15, subject to a Summary Court, or otherwise disciplined in any manner?

Yes ☐ No ☐ If yes, provide details:

### EDUCATION

36. List in chronological order all high schools and colleges that you have attended. Include Police Academy and Technical Colleges.

Name of School	Address	(mo/day/year)	Phone	Degree
		Date		

37. List all awards received from high school and college:


38. Have you ever been expelled or placed on probation for disciplinary reasons?

Yes ☐ No ☐ If yes, provide details.

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39. What degrees or professional licenses do you possess?


40. Are you proficient in any foreign languages? Yes ☐ No ☐ If yes, list languages and level of proficiency:

Language	Proficiency

41. Do you possess an Associate's Degree in Criminal Justice/Police Science?

Yes ☐ No ☐ If yes, from where?:

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42. Do you possess a four-year degree? Yes ☐ No ☐ If yes, from where:

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43. Do you possess at least 60 credits from a college or technical institution?

Yes ☐ No ☐ If yes, from where?:

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## ORGANIZATIONS

44. Were you ever, or are you a member of any organizations? Yes ☐ No ☐  
If yes, provide details:

45. Please, provide any other information that you may feel to be relevant to your employment, this background questionnaire, and your application.

46. List five-(5) personal references that you have known for at least 1 year. Do not use employers, relatives, or present neighbors. Do not use more than one person from your household.

Name	Address	City/State/Zip	Phone

*I affirm that this application is true and accurate to the best of my knowledge. I am aware that any statements made by me on this personal history form are subject to later investigation. I am further aware that should any investigation reveal any misrepresentations, falsifications, omissions, or concealment of any material fact that my application may be rejected, and my name removed from eligibility.*

Date \_\_\_\_\_ Signature \_\_\_\_\_