

ST. CROIX COUNTY SHERIFF'S OFFICE

1101 Carmichael Road, Hudson, WI 54016

715-381-4320 Fax: 715-386-4606

www.sccwi.gov



Field Services

Investigations, Patrol, Court Services
715-381-4320 Fax: 715-386-4606

Corrections

Jail, Huber
715-386-4752 Fax: 715-381-4402

Support Services

Emergency Communications
Emergency Management, Records
715-386-4751 Fax: 715-386-4389

Scott L. Knudson

Sheriff

Brent Standaert

Chief Deputy

WORK / CHILD-CARE / EHM APPLICATION

Name: _____

DOB: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

In the space provided, give a short explanation as to why you should be eligible for this program:

Employment Information:

Are you self-employed? (Circle one) **Yes / No** Federal Tax #: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Direct Supervisor's Name: _____ Telephone # _____

Length of Employment: _____ Hourly wage or salary: _____

Weekly work Hours (days/times): _____

Day of week you get paid: (circle) M T W TH F SA SU; Weekly / Bi-Weekly Check / Direct Deposit

Kris Anderson, Corrections Captain
Kris.Anderson@sccwi.gov
Phone: 715-386-4749

Joseph Kormanik, Corrections Lieutenant
Joseph.Kormanik@sccwi.gov
715-381-4919

Scott Rhode, Corrections Lieutenant
Scott.Rhode@sccwi.gov
715-381-4322

Employment Information (cont.)

Does your supervisor work on site with you? **Yes / No** Does your job location vary? **Yes / No**

Explain: _____

Does your job take you out of St. Croix County? **Yes / No** (circle one)

Explain: _____

Employment Agreement: Supervisor must read and sign:

If employment is terminated, we agree to notify the St. Croix County Jail Huber Office as soon as possible (715)386-4755. We further agree to notify the St. Croix County Huber Office if the employee is late, does not arrive, depart at a time that is different from the schedule or he/she are required to work overtime. Upon request, we will forward copies of any timecards, or payroll records to the St. Croix County Huber office; should further work attendance history be required. We also agree to forward a bi-weekly schedule of employment hours not later than Saturday for the following workweeks. We understand that the inmate is not permitted to work more than 12 hours. Further we agree to forward all earnings for individuals to the St. Croix County Huber Office as required by law. Wage assessments for child support are permitted to come out of the individual's paycheck. Inmate serving less than 14 days must pre-pay all Huber Law board prior to work release.

Supervisor's Signature: _____

Transportation Information:

Do you have a valid drivers license? **Yes / No** (circle one)

If so, what State is issued it issued from? _____

Driver's license #: _____ Expiration: _____

Is this an Occupational License? **Yes / No** (circle one)

If so, what is your legal driving hours and purposes? _____

If you do not have a valid drivers license answer the below questions.

Do you have transportation to and from work or approved appointments? **Yes / No** (circle one)

Explain: _____

Provide the name of you driver: _____ Relationship: _____

Is this person a valid driver and has current vehicle insurance? **Yes / No** (circle one)

**Note: Anyone that is to transport you to and from work and/or approved appointments must have a valid driver license and current insurance on the vehicle(s). This individual must also complete a separate vehicle information and driver information document and agree to the terms or they are not approved for transportation. Copies of drivers' licenses and insurance cards are required. If your ride makes unapproved stops, they will no longer be permitted as a form of transportation. **

Criminal History Information:

What is your Court case number(s)? _____

What are your current charges/convictions? _____

What is the length of your sentence? _____

Do you have pending charges? **Yes / No** List charges & Jurisdictions: _____

Alcohol related offense: **Yes / No**

IID install date: _____ Appointment Date: _____

Are you currently on probation/parole? **Yes / No** (circle one)

Agents name: _____ Phone number: _____

If the answer above is "yes", what charges are you on probation/parole for: _____

Have you ever been convicted of a domestic abuse charge? **Yes / No** (circle one)

If yes, when? _____

Who is the victim? _____

Have you ever been charged with a crime against a person? **Yes / No** (circle one)

If yes, explain: _____

Do you have, or have you ever had any restraining orders / injunctions against you? **Yes / No**

If yes, explain? _____

Have you ever been charged with obstruction/resisting an officer? **Yes / No** (circle one)

If yes, explain: _____

List any additional currently open cases or previous criminal history. Include the following: Case number(s), Charge(s) / Conviction(s), Jurisdiction(s), Date(s), upcoming court date(s), (use the back of this sheet or separate sheet of paper if necessary): _____

** Failure to notify the Huber Deputy of any open cases could result in being taken out of the Huber program. If there are open case(s), we will discuss where you are at with them and decide on the next steps you will need to take. **

Child/Family Care:

Are you eligible for child and or family care? **Yes / No** (circle one) If yes, complete the information below in this section.

Name of person(s) living with (use back of sheet if necessary):

Name	DOB	Relationship

Address where child/family care will take place: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Time needed for travel: _____ Hours at this location: _____ to: _____

Name of individual currently taking care of child(ren): _____

Contact number for this individual: _____

Place of employment and work hours for this individual: _____

Is anyone living in the residence on probation/parole? **Yes / No** (circle one)

If yes, list their name(s): _____

Are there weapons kept in the home (i.e. guns, knives etc.) **Yes / No** (circle one)

If yes, these items need to be removed before permission is granted.

Are there any special circumstances? **Yes / No** (circle one) If yes, explain:

Additional Information:

Are you ordered to pay child support? **Yes / No**

When are the payments due? _____ How much is the payment: \$ _____

Do you have any disabilities or special medical needs? **Yes / No** (circle one) If yes, explain:

Are you currently taking any medications? **Yes / No** (circle one) Doctor: _____

Name of Medication(s): _____

Do you have regularly scheduled appointments besides work (i.e. treatment, counseling, school, etc.)? **Yes / No** (circle one) Explain: _____

I agree that the above information is true and accurate to the best of my knowledge. Any information that I provide that misleads the St. Croix County Sheriff's Office, will result in me being disqualified from the program and will result in disciplinary actions against me.

I also understand that by completing this application DOES NOT guarantee that I will be accepted into the Huber and or Electronic Home Monitoring program.

Inmate Signature: _____ **Date:** _____

** Important, employers and other references will be contacted to verify the legitimacy of the above provided information. If your employer has not yet been made aware of your charges or sentencing requirements, please do so before contact is made with them for verification. If you have any questions, please contact the Huber Deputy at 715-386-4755.**