

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)	1. FERSO	NAL INFORMATION				
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 tra If yes, what type(s) of basic training have you s If applicable, include the name of the school w	successfully comp	leted? Law Enforce	ment 🗌 🛛 Jail 🗌	Secure Juvenile Detention		
Are you at least 18 years old? Yes Are you a United States citizen? Yes Do you have a high school diploma, GED or HS Do you have an Associate Degree or 60 associ If No, were you employed as a law enforcement The college credit requirement as written in Wisco officers first employed on or after February 1, 1993 Have you ever been convicted of a felony? Ye	iate degree level cr It officer prior to Fe Insin Administrative (3. es No [bruary 1, 1993? Yes Code § LES 2.01(1)(e	s No No A			
Have you ever been convicted of a misdemean Are you prohibited by state or federal law from	n possessing a firea	arm? Yes 🗌	No 🗌 🔄			
Do you possess a valid Wisconsin driver's lice				No 🔄		
		EDUCATION ates				
Name of School(s)	From (mm/yyyy)	To (mm/yyyy)	Degree, Diplo	oma, or Credits Earned		
High School(s)		Γ	T			
			1			
College(s)						
Concyc(S)						

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.

Nome and Address of Employer	Dates of Employment			
Name and Address of Employer	From (mm/yyyy)	To (mm/yyyy)		
Name of Employer:				
Address:	Full-Time 🗌 Part-Time 🗌	Annual Salary/Wages:		
City:	State:	Zip Code:		
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes No			
Position and kind of work:	Reason for Leaving:			
Name and Address of Employer	Dates of Employment			
Name of Employer:	From (mm/yyyy)	To (mm/yyyy)		
Address:	<i>Full-Time</i> Part-Time	Annual Salary/Wages:		
City:	State:	Zip Code:		
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes No			
Position and kind of work:	Reason for Leaving:			
	Dates of Employment			
Name and Address of Employer				
Name of Employer:	From (mm/yyyy)	To (mm/yyyy)		
Address:	<i>Full-Time</i> Part-Time	Annual Salary/Wages:		
City	State:	Zip Code:		
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes No			
Position and kind of work:	Reason for Leaving:			

4. MILITARY SERVICE								
Branch of Service	From (mm/yyyy)	To (mm/yyyy)	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty			
Honorably Discharged from Military Service? Yes No 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: Address: 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 can 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.