

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)							
Address (Apartment, Street, P.O. Box)	Home Telephone Number						
City	State		Zip Code	Work Telephone Number			
Email Address	I			Cell Phone Number			
Have you successfully completed the basic trai	ning required for a	certification (i.e. 720-h	our law enforcement ac	ademy)? Yes 🗌 No 🗌			
If yes, what type(s) of basic training have you s	uccessfully compl	leted? Law Enforcen	nent Jail	Secure Juvenile Detention			
If applicable, include the name of the school w	here you complete	ed basic training and t	he date that training wa	s completed:			
Are you at least 18 years old? Ves	No						
Are you at least 18 years old? Yes No							
Are you a United States citizen? Yes No							
Do you have a high school diploma, GED or HSED? Yes No							
Do you have an Associate Degree or 60 associate degree level credits or higher from an accredited college or university? Yes 🗌 No 🗌							
If No, were you employed as a law enforcement officer prior to February 1, 1993? Yes No							
The college credit requirement as written in Wisconsin Administrative Code § LES 2.01(1)(e), pertains to law enforcement and tribal law enforcement officers first employed on or after February 1, 1993.							
Have you ever been convicted of a felony? Yes No							
Have you ever been convicted of a misdemeanor crime of domestic violence? Yes No							
Are you prohibited by state or federal law from	possessing a fire	arm? Yes	No 🗌				
Do you possess a valid Wisconsin driver's license or a valid driver's license from another state? Yes 🗌 No 🗌							
2. EDUCATION							
	D From	ates					
Name of School(s)	(mm/yyyy)	To (mm/yyyy)	Degree, Diplo	ma, or Credits Earned			
High School(s)							
College(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.

	Dates of Employment			
Name and Address of Employer	From (mm/yyyy)	To (mm/yyyy)		
Name of Employer:				
Address:		Annual Salary/Wages:		
	Full-Time Part-Time			
City:	State:	Zip Code:		
Comencies 2 Nores / Talachana Noreshaw				
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 En			
	From (mm/yyyy)	To (mm/yyyy)		
Name of Employer:				
Address:	Full-Time Part-Time	Annual Salary/Wages:		
	Full-Ime Part-Ime			
City:	State:	Zip Code:		
Supervisor's Name / Telephone Number:	May we contact the employer /	we contact the employer / supervisor?		
	Yes No	-		
Position and kind of work:	Reason for Leaving:			
rosition and kind of work.				
	Datas - FF	nlaumant		
Name and Address of Employer	Dates of Employment From (mm/yyyy) To (mm/yyyy)			
Name of Employer:		10 (mm/ yyyy)		
· ·				
Address:		Annual Salary/Wages:		
Autos.	Full-Time Part-Time	Autual Salary/ Wages.		
c'				
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:	Reason for Leaving:		

4. MILITARY SERVICE								
	From	То	Active Duty or					
Branch of Service	(mm/yyyy)	(mm/yyyy)	Reserve	Highest Grade	Skill Specialty or Primary Duty			
Honorably Discharged from Mi	litary Service?	Yes	No	Not Applicable				
5 DEEEDENICES								

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?

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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

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

Type <Ctrl – Enter> to add additional pages.

Date Signed

Date Signed