Employing Agency

APPLICATION FOR EMPLOYMENT AS LAW ENFORCEMENT OR JAIL OFFICER

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications which are incomplete or illegible will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

1. PERSONAL INFORMATION			
Name in Full (Last, First, Middle)		s	ocial Security Number
Address (Apartment, Street, P.O. Box)			Home Telephone Number
			()
City	State	Zip Code	Work Telephone Number
			()
Are you over the age of 18? Yes No	Are you	a United States citizen?	Yes No
Do you have a valid Wisconsin driver's license? Yes	No Do you	have a valid driver's lice	nse from another state? Yes No
Have you ever been convicted of a felony? Yes No	o Have yo	ou completed at least 60	college credits? Yes No

If yes, please attach a separate sheet giving full information?

IMPORTANT: Administrative Rule LES 2.01(1)(e) requires that an applicant possess either a two-year Associate Degree or 60 college level credits, or meet the standard within the first five years of employment. The Law Enforcement Standards Board may waive up to 30 credits upon documentation of writing, problem solving, and other communication skills. [Waiver forms available via the Department of Justice, Training and Standards Bureau, P.O. Box 7070, Madison, WI 53707-7070, 608/266-8800.]

2. EDUCATION				
Name of School Location	Da From	ates To	Course Pursued	Degree, Diploma, or Credits Earned
High School:				
College(s):				
Graduate School:				

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically <u>ALL</u> employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, provide dates. To furnish additional employment information, attach sheets of the same size and format as this application. If additional pages are needed, please duplicate this page as needed.

Name and Address of Employer	Dates	Position and Kind of Work
	From To	
Name		
Street		
City, State	Full-Time	
Supervisor's Name/Telephone:	Part-Time	
		Reason for Leaving
May we contact the employer/supervisor? Yes No	Annual Salary/Wages:	
Name	From To	
Street		
City, State	Full-Time	
Supervisor's Name/Telephone:	Part-Time	
		Reason for Leaving
May we contact the employer/supervisor? Yes No	Annual Salary/Wages:	
Nome	From To	
Name		
City, State	Full-Time	
Supervisor's Name/Telephone:		
	Part-Time	
May we contact the employer/supervisor? Yes No	Annual Salary/Wages:	Reason for Leaving
May we contact the employer/supervisor? Yes No	Salary/wages.	
	From To	
Name		
Street		
City, State	Full-Time	
Supervisor's Name/Telephone:	Part-Time	
	Annual	Reason for Leaving
May we contact the employer/supervisor? Yes No	Annual Salary/Wages:	

4. MILITARY SERVICE					
Branch of Service	Month/Ye From	ar Served To	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty

List special schools attended/skills acquired during military service.

5. REFERENCES

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name	Number of Years Acquainted
Address City/State/Zip Telephone Number ()	Position/Title/Profession
Name	Number of Years Acquainted
Address City/State/Zip Telephone Number ()	Position/Title/Profession
Name	Number of Years Acquainted
Address City/State/Zip Telephone Number()	Position/Title/Profession

6. GENERAL

COMPLETE IF INSTRUCTED TO DO SO BY EMPLOYING AGENCY.

For questions A-C, 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. Remember to include information regarding volunteer work with civic, school, or professional organizations. Be specific about names and dates.
- C. Why do you believe you could relate to and/or work with people of different races, sexes, 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 you begin work. All information provided and statements made are subject to verification	or not employing you or for dismissing you after n.		
CERTIFICATION			
ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THI ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE BEST OF MY KNOWLEDGE.	,		
I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR F THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.	FALSE STATEMENTS MADE AS PART OF		
Applicant's signature:	Date signed:		
Under the provisions of section 19.36, Wisconsin Statutes, I request that my identity as not be revealed without my consent or until required under law.	an applicant for the position of		
Applicant's signature:	Date signed:		