

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. PERSO	NAL INFORMATION					
Name (Last, First, Middle)							
Address (Apartment, Street, P.O. Box)	Home Telephone Number						
City	State		7in Codo	Work Tolonhone Number			
City	State		Zip Code	Work Telephone Number			
Email Address				Cell Phone Number			
Have you successfully c ompleted the basic training required for certification (i.e. 720 -hour law enforcement academy) ? Yes No							
If yes, what type(s) of basic training have you suc	ccessfully complete	d? Law Enforcement	Jail Secu	re Juvenile Detention			
If applicable, include the name of the school where you completed basic training and the date that training was completed:							
in approadic, include the name of the solice.	ro you completed be	2010 training and the a	ato that training was com	protour			
Are you at least 18 years old? Yes	No 🗌						
Are you at least 18 years old? Yes No							
Are you a United States citizen ? Yes No No							
Do you have a high school diploma, GED or HSED ? Yes No							
Do you have an Associate D egree 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 No							
Have you ever been convicted of a misdemeanor crime of domestic violence ? Yes \(\square \) No \(\square \)							
Are you prohibited by state or federal law from possessing a firearm ? Yes No							
Do you possess a valid Wisconsin driver 's license or a valid driver 's license from another state? Yes							
	2	EDUCATION					
		ates					
Name of School(s)	From (mm/yyyy)	To (mm/yyyy)	Degree, Diplon	ma, or Credits Earned			
High School(s)	. ('53337		3 , , , .				
riigii Scriooi(s)							
0 11 ()							
College(s)	1						

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.

Name and Address of Employer	Dates of Employment			
Name of Employer:	From (mm/yyyy)	To (mm/yyyy)		
Name of Employer.				
Address:		Annual Salary/Wages:		
	Full-Time Part-Time			
City:	State:	Zip Code:		
ony.	State.	zip code.		
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor?			
	Yes No No			
Position and kind of work:	Reason for Leaving:			
1 Oshion and Kind of Work.	Reason for Leaving:			
	Dates of Em	ployment		
Name and Address of Employer	From (mm/yyyy) To (mm/yyyy)			
Name of Employer:	,			
Address:		Annual Salary/Wages:		
Address.	Full-Time Part-Time	Airiuai Saiai y/Wages.		
City:	State:	Zip Code:		
Supervisor's Name / Telephone Number:	May we contact the employer / sup	onvisor?		
Supervisor's Name / Telephone Number.	May we contact the employer / supervisor? Yes No			
	163			
Position and kind of work:	Reason for Leaving:			
Name and Address of Employer	Dates of Employment			
	From (mm/yyyy)	To (mm/yyyy)		
Name of Employer:				
Address:		Annual Salary/Wages:		
	Full-Time Part-Time			
City	State:	Zip Code:		
City	State.	Zip Code.		
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor?			
	Yes No No			
Position and kind of work:	Descen for Leaving			
FUSITION AND UNITE.	Reason for Leaving:			

4. MILITAR Y SERVICE							
Dropph of Comics	From	То	Active Duty or		Skill Specialty or Drimony Duty		
Branch of Service	(mm/yyyy)	(mm/yyyy)	Reserve	Highest Grade	Skill Specialty or Primary Duty		
Honorably Discharge d from Military Service? Y es No Not Applicable							
			5. REFERENCES	5			
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/Profess ion:							
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 CAREFULL Y 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.

Under the provisions of § 19.36, Wis. Stats., I request that my identity as an applicant for this position **not be revealed without my**

Date Signed

Applicants Signature Date Signed

Type <Ctrl – Enter> to add additional pages.

Applicants Signature

consent or until required under law.