

# 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)		Social Se	ecurity # (xxx-xx-xxxx)		
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 training requir	red for certification (i.e. 720-h	our law enforcement a	academy)? Yes No		
If yes, what type(s) of basic training have you successfully	y completed? Law Enforcer	nent Jail S	Secure Juvenile Detention		
If applicable, include the name of the school where you contain the school where you can be school whe	ompleted basic training and the	ne date that training w	as completed:		
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 college credits or higher? 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 firearm? Yes No					
Do you possess a valid Wisconsin driver's license or a valid driver's license from another state? Yes No					

2.	EDUCATION	
	Dates	
From (mm/yyyy)	To (mm/yyyy)	Degree, Diploma, or Credits Earned
1	1	
	From	

### 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 Francisco	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:
		p
Supervisor's Name / Telephone Number:	May we contact the employer / s Yes No	supervisor?
	165	
Position and kind of work:	Reason for Leaving:	
	Dates of F	mployment
Name and Address of Employer	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:	Trom (millyyyy)	i c (iiiii yyyy)
Address:		Annual Salary/Wages:
Address.	Full-Time Part-Time	Alliluai Salai y/ Wages.
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor?	
·	Yes No	
Position and kind of work:	Possen for Leavings	
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:
Oily .	otate.	Zip Gode.
		1
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes No	
	163 INU	
Position and kind of work:	Reason for Leaving:	

	F		. MILITARY SERVIC	E	Chill Consololis - Delever D
Branch of Service	From (mm/yyyy)	To (mm/yyyy)	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty
washiy Disahayaad from N	Military Camping 2	Vac	No Not A	annicable	
onorably Discharged from M	illitary Service?	Yes		Applicable	
			5. REFERENCES		
Give three references (not re	elatives, or pres	ent employer;	avoid listing memb	ers of the clergy).	
Name:					
Position/Title/Profession:					
Number of Years Acquainted	d:				
Address:					
City/State/Zip:					
Геlephone Number:					
Name:					
Position/Title/Profession:					
Number of Years Acquainted	d:				
Address:					
City/State/Zip:					
Геlephone Number:					
Name:					
Name: Position/Title/Profession: Number of Years Acquainted	d:				
Position/Title/Profession:	d:				

### 6. GENERAL

COMPLETE IF INSTRUCTED TO DO SO BY EMPLOYING AGENCY. Attach no more than one additional page for each answer.

Altoona Police Department applicants, please provide answers to these questions. Thank you.

A. Why have you chosen to apply for this position?

**Telephone Number:** 

- 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 could 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.

CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.	
I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMIS	
Applicants Signature	Date Signed
Under the provisions of § 19.36, Wis. Stats., I request that my identity as an applicant for consent or until required under law.	r this position not be revealed without my
Applicants Signature	Date Signed