

# 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				Cell Phone Number		
Have you successfully completed 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 s	uccessfully compl	eted? Law Enforcem	nent Jail	Secure Juvenile Detention		
If applicable, include the name of the school wi	nere you complete	ed basic training and t	he date that training wa	is completed:		
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 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 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				
		ates				
Name of School(s)	From (mm/yyyy)	To (mm/yyyy)	Degree, Diplo	ma, or Credits Earned		
High School(s)		'	l			
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.

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:		
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor?			
	Yes No			
Position and kind of work:	Reason for Leaving:			
N IAII (F. I	Dates of Employment			
Name and Address of Employer	From (mm/yyyy)	To (mm/yyyy)		
Name of Employer:				
		4 10 1 ///		
Address:	Full-Time Part-Time	Annual Salary/Wages:		
	ruii-1ime Part-1ime			
City:	State:	Zip Code:		
···/·		p		
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor?			
	Yes No No			
Position and kind of work:	Reason for Leaving:			
Position and kind of work.	neason for Leaving.			
	5. (5			
Name and Address of Employer	Dates of Em			
	From (mm/yyyy)	To (mm/yyyy)		
Name of Employer:				
Address:		Annual Salary/Wages:		
	Full-Time Part-Time	, ,		
City	State:	Zip Code:		
Supervisor's Name / Telephone Number:	May we contact the employer / s	Lunarvisor?		
Caportisor s realing / releptione realinger.	Yes No			
	169			
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		
	(11111) 44441	(11111) 4444	Heserve	Tilgilost Grade	Okin openiary or Finnary Duty		
Honorably Discharged from Mi	litary Service?	Yes 🗌	No 🗌	Not Applicable			
			5. REFERENCES				
Give three references (not rel	atives, or pres	ent employer;	avoid listing memb	pers 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 apwithout my consent or until required under law.	plicant for this position not be revealed
Applicants Signature	Date Signed

Type <Ctrl - Enter> to add additional pages.