



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 Security # (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 required for certification (i.e. 520-hour law enforcement academy)? **Yes** **No**

If yes, what type(s) of basic training have you successfully completed? Law Enforcement Jail Secure Juvenile Detention

If applicable, include the name of the school where you completed basic training and the date that training was completed:

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 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

Name of School(s)	Dates		Degree, Diploma, or Credits Earned
	From (mm/yyyy)	To (mm/yyyy)	
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.

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	<i>Full-Time</i> <i>Part-Time</i>	<i>Annual Salary/Wages:</i>
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:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	<i>Full-Time</i> <i>Part-Time</i>	<i>Annual Salary/Wages:</i>
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:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	<i>Full-Time</i> <i>Part-Time</i>	<i>Annual Salary/Wages:</i>
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:	

4. MILITARY SERVICE

Branch of Service	From (mm/yyyy)	To (mm/yyyy)	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty

Honorably Discharged from Military Service? **Yes** **No** **Not Applicable**

5. REFERENCES

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 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.

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 applicant for this position not be revealed without my consent or until required under law.

Applicants Signature

Date Signed

Minimum Qualifications Statement Sheet

FULL NAME (printed) _____

Social Security Number: _____ - _____ - _____

Note: It is a Wisconsin Training and Standards requirement that all law enforcement personnel have a minimum of 60 college credits within 5 years of employment as law enforcement officer. Select A, B, C, D, or E whichever best describes your education or work experience.

A. ____ Completed or in the process of completing (within 6 months) a four year advanced degree.

Bachelor Degree Program & Major: _____ Month & Year Graduated: _____

Institution: _____

B. ____ Completed or in the process of completing (within six months) a two year degree.

Associates Degree: _____ Month & Year Graduated: _____

Institution: _____

C. ____ I am CERTIFIABLE as a Law Enforcement Officer in Wisconsin based on completing an academy as a civilian or out of state law enforcement certification.

Name of Academy or Out of State Agency: _____

Dates: _____

D. ____ I am CERTIFIED as a law enforcement officer.

Name of Agency(s) _____

Dates: _____

E. ____ I do not have the required 60 college credits.

Number of college credits currently completed: _____

Institution: _____

Please answer YES or NO to questions 1-9 (all questions must be answered)

1. Do you currently possess a valid Wisconsin driver's license or are you eligible to obtain a valid Wisconsin driver's license upon appointment?

YES _____ NO _____

2. Are you at least 21 years of age?

YES _____ NO _____

3. Do you have any unpardoned felony convictions?

YES _____ NO _____

4. Do you have domestic violence convictions?

YES _____ NO _____

5. Have you been convicted of any misdemeanor or other criminal offense with the past five years?

YES _____ NO _____

6. Have you been convicted of operating a vehicle while intoxicated, operating with a prohibited blood alcohol concentration, operating after suspension or revocation, or operating without a valid driver's license?

YES _____ NO _____

7. Have you been convicted of more than one moving traffic violation within the past two years or have you received more than 6 demerit points on your driver's license in the past three years?

YES _____ NO _____

8. Have you been convicted of any alcohol violations within the past five years?

YES _____ NO _____

9. Are you available to work nights, weekends, and holidays?

YES _____ NO _____

Information provided in this minimum qualification statement form is subject to verification. False or incomplete information will be cause for disqualification.

Signature: _____ Date: _____

Note: After a conditional offer of employment is made, a medical & psychological examination will be scheduled and conducted. Failure to meet acceptable standards for credit history, drug test, physical, or psychological examination or background will be grounds for disqualification.

**EVANSVILLE POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the Evansville Police Department or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any law enforcement or jail officer
10. Any State Department of Motor Vehicle or State Department of Transportation agency.

Exceptions to this blanket authorization

§ If I am given a conditional job offer with the City of Evansville Police Department, but before I start work, I hereby authorize any of my medical information in the possession of any source named above to release such medical information to the City of Evansville Police Department. I understand that the City of Evansville Police Department may make disability-related inquiries and conduct medical examinations, regardless of whether they are related to the job, as long as it does so for all entering employees in the same job category. (Per Americans with Disabilities Act, 42 U.S.C. § 12112.)

1. _____
2. _____

This release is executed to authorize the Evansville Police Department, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Date

Signature - Full Name

Address - Street and Number

City State Zip

Witness: _____
Signature