

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 train	ning required for a	certification (i e. 720-h	our law enforcement ac	ademy)? Yes No		
If yes, what type(s) of basic training have you s	uccessfully compl	eted? Law Enforcen	nent Jail	Secure Juvenile Detention		
If applicable, include the name of the school wl	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 🗌					
Do you have a high school diploma, GED or HS	ED? 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						
	2.	EDUCATION				
		ates				
Name of School(s)	From (mm/yyyy)	To (mm/yyyy)	Degree, Diplo	ma, or Credits Earned		
High School(s)			<u> </u>			
Callanalal						
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 Colony/14/annu		
Address:	Full-Time Part-Time	Annual Salary/Wages:		
	Fuil-11me Part-11me			
City:	State:	Zip Code:		
Oity.	otate.	Zip dode.		
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor?			
·	Yes No No			
Position and kind of work:	Reason for Leaving:			
	Dates of Em	nlovmont		
Name and Address of Employer				
No. of the last of	From (mm/yyyy)	To (mm/yyyy)		
Name of Employer:				
Address:		Annual Salary/Wages:		
Addi 655.	Full-Time Part-Time	Annual Calary, Wages.		
	' a			
City:	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:			
	Dates of Employment			
Name and Address of Employer	From (mm/yyyy) To (mm/yyy			
Name of Employer:		· · · · · · · · · · · · · · · · · · ·		
Tamo or Employon				
Address:		Annual Salary/Wages:		
	Full-Time Part-Time			
City	State:	Zip Code:		
Company is a de Nicone d' Talankana Nicone	Barrer			
Supervisor's Name / Telephone Number: May we contact the emplo		er / supervisor?		
	Yes No No			
Position and kind of work:	Reason for Leaving:			
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4. MILITARY SERVICE						
	From	То	Active Duty or			
Branch of Service	(mm/yyyy)	(mm/yyyy)	Reserve	Highest Grade	Skill Specialty or Primary Duty	
Honorably Discharged from Mi	litary Service?	Yes	No 🗌	Not Applicable		
			5. REFERENCES	3		
Give three references (not rela	atives, or pres	ent employer;	avoid listing meml	bers 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.

Must Complete

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

Type <Ctrl - Enter> to add additional pages.