

# 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 re If yes, what type(s) of basic training have you success If applicable, include the name of the school where yo	fully comp	bleted? Law Enforcer	nent .	Jail Secure Juvenile Detention				
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?	/es	Νο						
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	e of domes	stic violence? Yes	No					
Are you prohibited by state or federal law from posses	sing a fire	arm? 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								
	rom n/yyyy)	To (mm/yyyy)	De	egree, Diploma, or Credits Earned				
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				
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:			
ony.	elator				
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes No				
	Tes No				
Position and kind of work:	Reason for Leaving:				
	Dates of Employment				
Name and Address of Employer	From (mm/yyyy)	To (mm/yyyy)			
Name of Employer:					
Address:		Annual Salary/Wages:			
Aut 655.	Full-Time Part-Time	Annual Salary/Wayes.			
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 Er				
Name of Employer:	From (mm/yyyy)	To (mm/yyyy)			
Address:	Full Time Dent Time	Annual Salary/Wages:			
	Full-Time Part-Time				
City	State:	Zip Code:			
•					
Supervisor's Name / Telephone Number:					
Supervisor 5 Name / Telephone Number:	May we contact the employer / supervisor? Yes No				
Position and kind of work:	Reason for Leaving:	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

5. REFERENCES

No

Not Applicable

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