

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) | | Soc | cial 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 requir | ed for certification (i.e. 720-h | our law enforcer | nent academy)? Yes No | | |
| If yes, what type(s) of basic training have you successfully | y completed? Law Enforcer | ment 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 val | lid driver's license from anot | her state? Yes | No | | |

| 2. EDUCATION | | | | | | |
|-------------------|---|------------------|------------------------------------|--|--|--|
| | Dates | | | | | |
| Name of School(s) | From (mm/yyyy) | To (mm/yyyy) | Degree, Diploma, or Credits Earned | | | |
| | (11111111111111111111111111111111111111 | 10 (IIIIII/yyyy) | Degree, Diploma, or Oreans Lamed | | | |
| High School(s) | | | | | | |
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| | | | | | | |
| College(s) | | | | | | |
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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? |
| | Tes No | |
| Position and kind of work: | Reason for Leaving: | |
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| | | |
| | Dates of F | mployment |
| Name and Address of Employer | From (mm/yyyy) | To (mm/yyyy) |
| Name of Employer: | Trom (mingyyy) | 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 / s | 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: | |
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| | | | . MILITARY SERVIC | Œ | |
|---|-------------------|-----------------|---------------------------|---------------------|---------------------------------|
| Branch of Service | From (mm/yyyy) | To (mm/yyyy) | Active Duty or Reserve | Highest Grade | Skill Specialty or Primary Duty |
| | | | | | |
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| | | | | | |
| | | | | | |
| norably Discharged from N | Military Service? | Yes | No Not | Applicable | |
| | | | 5. REFERENCES | 8 | |
| ive three references (not re | alativas or pras | ent employer: | | | |
| nive tillee releiellelles (llot it | elatives, or pres | ent employer, | avoid listing memb | ers of the clergy). | |
| lame: | | | | | |
| Position/Title/Profession: | | | | | |
| lumber of Years Acquainte | d: | | | | |
| Address: | | | | | |
| City/State/Zip: | | | | | |
| Telephone Number: | | | | | |
| | | | | | |
| Name: | | | | | |
| Position/Title/Profession: | | | | | |
| Number of Years Acquainte | d: | | | | |
| Address: | | | | | |
| City/State/Zip: | | | | | |
| Геlephone Number: | | | | | |
| Name: | | | | | |
| | | | | | |
| Position/Title/Profession: | | | | | |
| | d: | | | | |
| lumber of Years Acquainte | d: | | | | |
| Position/Title/Profession: Number of Years Acquainted Address: City/State/Zip: | d: | | | | |

6. GENERAL

COMPLETE IF INSTRUCTED TO DO SO BY EMPLOYING AGENCY. Monroe County requires this section when applying. 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.

| 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 |