



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. 720-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 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

| 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: | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> | <i>Annual Salary/Wages:</i> |
| City: | State: | Zip Code: |
| Supervisor's Name / Telephone Number: | May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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: | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> | <i>Annual Salary/Wages:</i> |
| City: | State: | Zip Code: |
| Supervisor's Name / Telephone Number: | May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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: | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> | <i>Annual Salary/Wages:</i> |
| City: | State: | Zip Code: |
| Supervisor's Name / Telephone Number: | May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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

APPLICANT: COMPLETE QUESTIONS A – C IN SECTION SIX

CERTIFICATION

I certify that the information given by me on this application is true and correct without omissions to the best of my knowledge. I understand and agree that any misrepresentations or deliberate omissions of fact during the application/hiring process may result **in** a rejection of my application, or if employed, a termination from employment.

I further understand that the County will make a thorough investigation of my entire work history and may verify all data given **in** my application for employment, related papers, or oral interviews. I consent to and authorize information requested by the County or its agents and I release from liability any person giving or receiving any such information.

I understand that due to business needs, it may be necessary at times for management to mandate overtime. I understand this is within management's rights as dictated by the needs of the County.

I further understand that Price County has adopted a Drug Free Work Environment that requires that all candidates for employment undergo a drug-screening test prior to appointment.

Signature

Date

CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

INDIVIDUAL WHO IS SUBJECT OF RECORD

Name _____
Address _____

City, State, Zip _____

INFORMATION RELEASED TO

**Price County
Human Resources Department
Price County Courthouse
126 Cherry Street
Phillips, WI 54555**

SPECIFIC RECORDS AUTHORIZED FOR RELEASE

1. Present employer(s)
2. Former employer(s)
3. Any school, college, university, or other educational institution
4. Personal references

PURPOSE OR NEED FOR RELEASE OF INFORMATION

As evidence of my desire to obtain a position with Price County, I hereby authorize any official representative of Price County, bearing this release, to obtain information and records pertaining to me and my qualifications whether such information is public, private, or confidential in nature from any or all of the above sources. I understand that the above information is necessary for determining my eligibility or suitability to obtain employment with Price County. I hereby release any individual or institution, including its officers, employers, or related personnel, both individually or collectively, from any and all liability from damages of whatever kind, which may at any time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it. A photocopy of this release will be valid as an original thereof.

As evidenced by my signature below, I hereby authorize disclosure of records to the person(s) or agency(s) as specified above.

Signature of individual who is subject of record

Date signed