



# EMPLOYMENT APPLICATION

HALES CORNERS POLICE DEPARTMENT

**FOR OFFICE USE ONLY**

Investigation # \_\_\_\_\_  
Assigned to \_\_\_\_\_ O/  
S \_\_\_\_\_ MIL: Y N

### Important Instructions:

This application must be completely filled out and either typed or clearly printed in black ink. Your answer to any particular question may not necessarily eliminate you from consideration. **Failure to complete this form may result in disqualification of this application. If a question does not apply to you, write "N/A" in the space provided.** The Hales Corners Police Department requests this information to complete the employment background verification. Please Note: The Hales Corners Police Department conducts extensive background investigations as outlined in LES 2.01, Wis. Adm. Code. The information obtained is used exclusively for the purpose of employment consideration. **Any falsification on this form will result in disqualification of your application or if discovered after employment may be grounds for discharge. Conviction of any offense will not necessarily preclude employment of an applicant unless circumstances substantially relate to the requirements of the position for which you are applying.**

Legal Name: Last	First	Middle	Social Security Number	
Resident Street Address (Where you can be contacted personally)			Mailing Address (If Different)	
(Area Code) Mobile Telephone Number			Email address	
(Area Code) Home Telephone Number			County of Residence	
(Area Code) Work Telephone Number			Birth Date (Month/Day/Year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
List any aliases, nicknames, maiden name of your present legal name			The following information is obtained for Affirmative Action Purposes Only: Racial/Ethnic (Check Only One) <input type="checkbox"/> 1 Black (Not Hispanic) <input type="checkbox"/> 2 Asian or Pacific Islander <input type="checkbox"/> 3 American Indian/Alaskan Native <input type="checkbox"/> 4 Hispanic (Mexican, Puerto Rican, Cuban, Other) <input type="checkbox"/> 5 White <input type="checkbox"/> 6 Multi-Racial (In addition, check any above boxes that apply)	

### Entrance Requirements

No  Yes Do you hold a valid Driver's License?  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

No  Yes Do you know any reason why you would not be able to perform any job-related task or function as specified in enclosed the job description? If yes, explain: \_\_\_\_\_

No  Yes Prior to final appointment, all persons tentatively selected for positions **will be required to submit to drug screen examinations by physicians of the choice of the Village of Hales Corners and at the expense of the Village of Hales Corners.** Will you consent to such examinations?

### Certification Statement

I certify to the best of my knowledge this application is true and complete. I understand that any misstatement forfeits my right to employment at this time for the position for which I am applying, and may affect future consideration for other positions in the department.

X \_\_\_\_\_  
(Applicant Signature) Date

This page has been intentionally left blank.



Applicant Name: Last	First	Middle
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### Previous Experience

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. In addition, list any other paid or unpaid work experience that may qualify you for a position. If more space is needed, see the following page.

Employer's Name		Phone Number ( )	
Address	City	State	ZIP Code
Job Title	Earnings: \$ _____	Check one: per HR. MO. YR.	
Dates From	To	Supervisor's Name and Title	
Describe duties (Be specific, include equipment operated and supervisory responsibilities if any)			
Reason for Leaving:			

Employer's Name		Phone Number ( )	
Address	City	State	ZIP Code
Job Title	Earnings: \$ _____	Check one: per HR. MO. YR.	
Dates From	To	Supervisor's Name and Title	
Describe duties (Be specific, include equipment operated and supervisory responsibilities if any)			
Reason for Leaving:			

### List other employment not shown above

FROM DATE	TO DATE	NAME OF EMPLOYER	TYPE OF BUSINESS	POSITION HELD	EARNINGS	REASON FOR LEAVING

Applicant Name: Last	First	Middle
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### Personal References

Give three references (not relatives, fellow employees or school teachers) who are responsible adults of reputable standing in their communities. **DO NOT LIST LAW ENFORCEMENT REFERENCES.**

Name AND COMPLETE Address	(Area Code) Home Telephone	(Area Code) Work Telephone	Occupation	Best Time To Contact

### Law Enforcement References

List the names of officers you know personally and that would have personal knowledge of you.

Name	Department	Work Address (city and state)	Telephone

Applicant Name: Last	First	Middle
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**Judicial Action**

No  Yes Have you ever been **charged or convicted of ANY** law violation including traffic law, other than parking tickets? Include traffic violations as a juvenile. If yes, complete the following.

Date (Mo/Day/Year)	Location	Charge/Violation	Final Disposition	Comments (Agency and Court)

No  Yes Are you now, or as an adult have you ever been involved as a plaintiff, defendant, petitioner or respondent, of any civil court action? If yes explain (include when, where: name and location of court, circumstances, and disposition) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No  Yes As an adult, have you ever been fingerprinted? If yes, complete the following:

Date	Location	Reason for Fingerprinting

No  Yes As an adult, have you ever received a pardon for a crime? If yes, complete the following:

Date	Location		Offense	Age Then	Police Agency Involved
	State	County			

No  Yes As an adult, have you ever had any contact with a police agency as a victim, witness or suspect? If yes, please list the following:

Date	Location	Circumstances	Police Agency Involved

Applicant Name: Last

First

Middle

### SELECTION PROCESS ACCOMMODATIONS

In accordance with State and Federal laws, the Village of Hales Corners is committed to ensure non-discrimination in employment of qualified individual with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; is regarded as having such impairment.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working.

The following information will be treated confidentially and used only to provide necessary accommodations during selection process. Requests for accommodations must be made prior to the commencement of the selection process so that arrangements can be made.

Will you require any special accommodations during the selection process?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, what kind of accommodation(s) will you need?

\_\_\_\_\_ A signer

\_\_\_\_\_ A reader

\_\_\_\_\_ Extra time

\_\_\_\_\_ Other (Please describe) \_\_\_\_\_

Comments:

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Provisions of the selection process accommodations may be granted by the Human Resources Department only after review and evaluation on a case by case basis. Factors considered will include the nature of the selection process and the knowledge, skills, and abilities required for the job.*

Applicant Name: Last

First

Middle

## Village of Hales Corners

### Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, service in the armed forces, national origin, ancestry, age, arrest, or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during non-working hours.

Completion of this form is voluntary. We ask, however, for your cooperation by providing the following information. It will be treated confidentially and used only to help us monitor the City's equal employment efforts and to comply with federal record keeping requirements.

PLEASE PRINT OR TYPE

1. Name: \_\_\_\_\_  
Last First Middle

2. Position applied for: \_\_\_\_\_

3. How did you become aware of this vacancy? \_\_\_\_\_

If internet, what website? \_\_\_\_\_

4. Sex : MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

5. Race (please check one);

- A. Black/African American (not of Hispanic origin)
- B. Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
- C. White/Caucasian/European/North African/Middle Eastern
- D. Native American Indian/Alaskan Native
- E. Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine islands, Samoa)

6. List any languages, other than English, which you speak fluently: \_\_\_\_\_

The above-completed information is true to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**INFORMATION RELEASE AUTHORIZATION**

For Official Use By Authorized Persons

HALES CORNERS POLICE DEPARTMENT

Agency 4109 0197 s.230.16(11, Wis. Stats.

and LES 2.01, Wis. Adm. Code

**INSTRUCTIONS TO APPLICANT:**

Complete this release and return with employment application. Hales Corners Police Department requests this information to complete the employment background verification. The information obtained is used exclusively for the purpose of employment consideration. **Note: This release must be signed by a witness. Failure to complete will result in delayed processing of your application.**

Legal Name: Last	First	Middle	Date of Birth
Resident Street Address, City, State, Zip code			
{Area Code} Home Telephone	{Area Code} Mobile Telephone		{Area Code} Work Telephone
Former Name (If Applicable)			

**To Whom It May Concern:**

I authorize any official representative of Hales Corners Police Department bearing or presenting this release, to obtain information and records pertaining to me and my personal background whether such information and records are public, private, favorable, unfavorable, or confidential in nature from any or all of the following sources:

1. Military Record Centers
2. Any place of business
3. Any Court, Police Agency or other location where criminal and misdemeanor records are kept
4. Former Employer(s)
5. Present Employer(s)
6. Any School, College, University or other educational institution including peace officer records
7. Credit Bureau(s)
8. Any Banking Institution
9. Any Local, State, or Federal Governmental Agency
10. Any private citizen who has knowledge of individual

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by Hales Corners Police Department. I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I hereby release any individual or institution, including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, including actions brought under s. 895.50, Wisconsin Statutes (the Privacy Act) which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
Applicant Signature Date

X \_\_\_\_\_  
Witness Signature Date

A photocopy of this release will be as valid as an original. An Applicant and witness signature is required