



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 physical/eyesight/medical/physical-agility testing, psychological and drug screen examinations by physicians and psychologists, 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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Residency History

List chronologically, starting with most your recent address, all of your past residences during the past **fifteen (15) years**. Include addresses while attending school if away from home and all military addresses. (Use additional sheets if necessary.)

Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		
Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		
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From	To	
If rented, give name, address and telephone of person responsible for the collection of rent		

Please list locations in which you spend a regular part of your free time, example: parent's residence, friend's residence or home town, any location where you would be well known.

What special skills, abilities, experiences, hobbies, etc. do you have which may enhance your qualifications for this position?

Applicant Name:Last	First	Middle
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Employment History

List all employers beginning with the most recent, and work back. Include all part time employers. Account for all time periods. Make additional copies of this page if necessary.

No Yes Are you presently a permanent, classified state civil service employee? If yes, complete the following:

Class Title	Agency	Pay Range	Seniority Date
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Employer Name and Address (If unemployed indicate dates)	Employment Dates		Annual Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? <input type="checkbox"/> Y <input type="checkbox"/> N
Employer Name and Address (If unemployed indicate dates)	Employment Dates		Annual Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? <input type="checkbox"/> Y <input type="checkbox"/> N
Employer Name and Address (If unemployed indicate dates)	Employment Dates		Annual Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? <input type="checkbox"/> Y <input type="checkbox"/> N
Employer Name and Address (If unemployed indicate dates)	Employment Dates		Annual Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? <input type="checkbox"/> Y <input type="checkbox"/> N

Employer Name and Address (If unemployed indicate dates)	Employment Dates		Annual Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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Employer Name and Address (If unemployed indicate dates)	Employment Dates		Annual Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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Employer Name and Address (If unemployed indicate dates)	Employment Dates		Annual Salary		Hours Per Week
	Begin	End	Begin	End	
	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held, Duties, Reason for Leaving	Supervisor Name and Telephone (Where they can be currently contacted)				May We Contact? <input type="checkbox"/> Y <input type="checkbox"/> N

No Yes Were you ever subjected to disciplinary action, including dismissal, in connection with any employment? If yes, give details:

Applicant Name: Last	First	Middle
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Peace Officer Licensing

List any prior law enforcement/criminal justice employment experience:

No Yes Are you currently or have you ever been certified or licensed as a peace officer (full or part-time):
 If yes, please provide the following information: License No. _____
 Date Originally Issued: _____ Expiration Date: _____

Current Status. (Please attach a photocopy of your license certification and current renewal card.)

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Valid - Active Status | <input type="checkbox"/> Valid - Inactive Status | <input type="checkbox"/> Lapsed |
| <input type="checkbox"/> Surrendered | <input type="checkbox"/> Suspended | <input type="checkbox"/> Revoked |

No Yes Have you ever been the subject of a background investigation conducted by a law enforcement agency which was considering you for employment? If yes, complete the following:

Date	Agency Name AND Address

Military Service

No Yes Have you served in the United States Armed Forces? If yes, complete the following:

Name Used During Service (Last, First and Middle)	Social Security No.	Birth Place

Active Service, Past and Present

Branch of Service	Dates of Active Service		Check One		Service Number
	Date Entered	Date Released	Officer	Enlisted	

Reserve, Past and Present

Branch of Service	Dates of Membership		Check One		Service Number
	From	To	Officer	Enlisted	

National Guard Membership (Check One) Army Air Force None

State	Organization	Dates of Membership		Check One		Service Number
		From	To	Officer	Enlisted	

How many discharges or separations from the service were given to you?

Discharges: _____ Separations: _____

No Yes Has your discharge or separation notice ever been corrected or changed?

What was the nature of the change? Changed from _____ to _____

List all medals and decorations awarded you as a member of the Armed Forces.

No Yes Have you ever applied for Department of Defense Security Clearance? If yes, indicate date: _____

No Yes Were you ever court-martialed, tried, or charged, or were you subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action? If yes, how many times? _____

Give Details of charges, agency concerned, dates and descriptions.

Personal Information

List the required information for your father, mother, sisters, brothers:

Relationship	Name	Address	Occupation	Telephone

List all persons who live in the same household with you (if not listed above or under references).

Name	Relationship	Occupation	Place of Employment

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

Social References

Give three social references, not in law enforcement or not listed in personal reference.

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

Law Enforcement References

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

Name	Name

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

Name	Department	Address (If Known)	Telephone

List all professional or civic organizations that you are a member or have been a member of, example: American Legion, Optimists, Kiwanis, etc.

Membership Dates		Organization Name	Type of Organization
From	To		

Driving History

No Yes Do you hold a valid Driver's License from any state other than those listed on page 1? If yes, list those states:

No Yes Have you ever had a Driver's License suspended, revoked or restricted? If yes, please explain:

Use of Alcohol or Drugs as an Adult

No Yes Do you currently drink alcoholic beverages? If yes, to what degree?

No Yes Do you currently use marijuana? If yes, to what degree?

No Yes Do you currently use nonprescription illegal drugs, such as opiates, LSD, cocaine, etc. If yes, please explain:

Applicant Name: Last

First

Middle

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

Financial History

Provide the names and address of the individuals, companies or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, and other debts and payments. Include account numbers where applicable.

Type of Account	Name AND Address of Creditor	Account Number	Total Balance	Monthly Payment

No Yes Do you have a savings, checking, or money market account? If yes, complete the following:

Name of Institution AND Address	Account Number	Type of Account

No Yes Have you ever filed for bankruptcy or been declared bankrupt? If yes, give details:

No Yes Have you ever had any garnishment, wage attachment, or civil judgment against you? If yes, give details:

No Yes Have you ever been declared delinquent in child support payments ordered by the court?
If yes, give details:

Applicant Name: Last	First	Middle
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Education History

The Hales Corners Police Department requires an applicant for employment as a law enforcement officer possess either a 2 year associate degree or a minimum of 60 fully accredited college-level credits. This policy **does not apply to applicants employed as law enforcement officers prior to February 1, 1993.**

No Yes I was employed as a law enforcement officer prior to 2/1/93. Dates of Employment: _____

Check appropriate box if you were not employed as an officer prior to February 1, 1993:

Check highest level of education attained:

- | | | |
|--|---|--|
| <input type="checkbox"/> I currently hold a 2 Yr. Associate Degree | <input type="checkbox"/> 05 - Associate Degree | <input type="checkbox"/> 07 - Bachelor of Arts |
| <input type="checkbox"/> I have 60 fully accredited college-level credits | <input type="checkbox"/> 08 - Bachelor of Science | <input type="checkbox"/> 09 - Masters Degree |
| <input type="checkbox"/> I do not have 60 fully accredited college-level credits | | <input type="checkbox"/> 10 - PHD, JD, et al |

For those applicants not meeting the educational requirements, please complete the following:

_____ Number of college-level credits currently complete
 _____ Number of credits anticipated by the start of Academy class

No Yes I have applied to Department of Justice for a waiver
 Application Date for Waiver (Mo/Day/Yr): _____

High School - Give Name AND Address	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

Colleges/Universities Give Name AND Address	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

Graduate School - Give Name AND Address	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

Voc/Tech/Trade/Business School Give Name AND Address	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

Miscellaneous Education Give Name AND Address	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

List all Law Enforcement intern programs you have been a part of (high school and college)

Date	School	Department Involved	Advisor and Telephone Number

Attach copies of all diplomas and transcripts.

List all awards received from high school and college:

List any problems with school (absenteeism, tardiness, poor grades, other disciplinary problems), including college. (Be very specific.)

Date	School	Problem	Brief Explanation

INFORMATION RELEASE AUTHORIZATION

For Official Use By Authorized Persons

HALES CORNERS POLICE DEPARTMENT
Agency 4109 0197 s.230.16(1), 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