



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 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 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:	<i>Full-Time</i> <i>Part-Time</i>	<i>Annual Salary/Wages:</i>
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 Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	<i>Full-Time</i> <i>Part-Time</i>	<i>Annual Salary/Wages:</i>
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 Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	<i>Full-Time</i> <i>Part-Time</i>	<i>Annual Salary/Wages:</i>
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:	

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



BACKGROUND CHECK AUTHORIZATION AND RELEASE

Name: _____ DOB: _____

Address: _____
_____ SSN: _____

Phone: _____ Alternate/Cell: _____

I hereby authorize the City of Ashland and its agents or representatives to solicit any information including but not limited to: credit history, criminal and employment background checks, verbal or written references. I attest I am the above named individual and understand I will not be permitted to represent the City of Ashland as an employee until approval has been established by the Human Resources Director of the City of Ashland.

This authorization and release **shall be effective for a period of one (1) year from the date of signature** and shall fill the requirements of authorization and release of information for all of the following persons or agencies. The list of persons or organizations who may respond to this authorization is as follows:

1. Any law enforcement agency
2. Any Local, State, or Federal governmental agency
3. U.S. Armed Forces
4. Any past or present employer of the undersigned
5. Any financial institution or credit reporting bureaus
6. Any other person, organization or institution with information pertaining to the named individual
7. OTHER: _____

A copy of this authorization shall constitute an original when it is signed by the undersigned.

Printed Name of Applicant

Signature of Applicant

Date

For Internal Agency Use Only	
Department (please print)	
Department Head (please print)	
Is individual approved for work: ___ YES ___ NO	
If 'NO' please give reason (please print) _____ _____	
Department Head Signature	Date
Human Resources Director Signature	Date