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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *PRIMARY INFORMATION* | | | | | | | | | Date of Application: | | |  |
| Current Name: | |  | | | | |  | | | |  | |
|  | | *Last* | | | | | *First* | | | | *Full Middle* | |
| *Maiden or Former Name:* | |  | | | | |  | | | |  | |
|  | | *Last* | | | | | *First* | | | | *Full Middle* | |
|  | |  | | | | |  | | | |  | |
|  | | *Current Street Address* | | | | |  | | | | *Apartment #* | |
|  | |  | | | | |  | | | |  | |
|  | | *City* | | | | | *State* | | | | *ZIP Code* | |
| Primary phone: | (   ) | | Secondary Phone: | | (   ) | | | E-mail Address: | |  | | |
| Are you a Citizen of the United States of America? | | | | Yes No | | *United States Citizenship is required by law under § 66.0501(1)* | | | | | | |
| Do you have a Valid Driver’s License? | | | | Yes No | | If yes, State: LicenseNumber: | | | | | | |
| I have obtained the following Education:  60 or more college credits  Associates Degree  Bachelor’s Degree  Master’s Degree | | | | | | | | | | | | |
| My Wisconsin Law Enforcement Certification status with the Department of Justice, Law Enforcement Standards Board (LESB) *is best described as*:      **NOT Certifiable** by WI DOJ LESB, as the required training **has not** been completed OR was completed over two years ago.  able to be certified, also known as **“Certifiable”**, by WI DOJ LESB with all required training completed within the last two years  **Certified** by WI DOJ LESB and I have worked as a Wisconsin Police Officer within the last two years and **I am not** subject to reciprocity testing.   Other: | | | | | | | | | | | | |
| Have you ever worked for the **State of Wisconsin**? | | | | Yes No If yes, when and where? | | | | | | | | |
| Have you ever worked for **UW-Green Bay**? | | | | Yes No If yes, were you classified as  Full Time  LTE(Part Time)  Student | | | | | | | | |
| Are you non-compliant or in arrears with any court ordered support, such as spousal or child support? | | | | | | | | | | | | Yes  No |
| Are you prohibited from possessing a firearm? | | | | | | | | | | | | Yes  No |
| Are you willing to work days, evenings, nights, and holidays on a rotating basis? | | | | | | | | | | | | Yes  No |
| Are you willing to work in and during inclement weather, when required? | | | | | | | | | | | | Yes  No |
| Are you aware that Police Officers may be subject to personal injury due to interaction with offenders? | | | | | | | | | | | | Yes  No |

FORMER ADDRESSES

(Begin with most recent prior to that listed above.) Include all prior addresses within the last TEN years. Attach additional pages if necessary:

|  |  |  |  |  |  |  |  |  |  |
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| Address: |  | | | | | | |  | |
|  | *Street* | | | | | | | *City | State | Zip* | |
| From |  | To: |  |
|  | | | | | | | | | |
| Address: |  | | | | | | |  | |
|  | *Street* | | | | | | | *City | State | Zip* | | |
| From |  | To: |  |
|  | | | | | | | | | | |
| Address: |  | | | | | | |  | | |
|  | *Street* | | | | | | | *City | State | Zip* | | |
| From |  | To: |  |
|  | | | | | | | | | | |
| Address: |  | | | | | | |  | | |
|  | *Street* | | | | | | | *City | State | Zip* | | |
| From |  | To: |  |
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MOTOR VEHICLE OPERATION

|  |
| --- |
| Has your driver’s license ever been issued as an occupational or been suspended, revoked, or cancelled? YesNo |
| Have you ever been given a written warning or citation for an infraction relating to motor vehicle operation? YesNo If yes, please provide |
| Date:       Location:       Offense: |
| Date:       Location:       Offense: |
| Date:       Location:       Offense: |

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| ***EDUCATION AND TRAINING*** | | | | | | | | | | |
| **School** | **Name City & State** | | **# of Years Completed** | | **Year Graduated** | **Graduate?**  **Yes No** | | | **Degree Received** |
| High School/GED |  | |  | |  |  |  | |  |
| Vocational/Technical |  | |  | |  |  |  | |  |
| College and/or Graduate |  | |  | |  |  |  | |  |
| **Post High School Education and Training:**  List all training beyond high school (i.e. college or university, technical or trade school). | | | | | | | | | | |
| Name/Location | | Credits | | Major/Minor | | | | Degree Earned / Date | | |
|  | |  | |  | | | |  | | |
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| Please list any current licenses, registrations, or trainings you’ve completed that you feel are pertinent to this job. |
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| ***WORK EXPERIENCE***  *Begin with your present or most recent employer.* | | | | | | | | | | | | | | | | | | | | |
| **Employer:** | |  | | | | | | | Phone Number: | | | | | | (   ) | | | |
| Address: | |  | | | | | | | Starting Wage: | | | | |  | | | Ending Wage: |  |
| Dates of Employment: | | | | From: |  | To: |  | | Status: | | | | Full-time Part-time Temporary | | | | | |
| Your Title: | |  | | | | | Your Supervisor & their Title: | | | | | | |  | | | | |
| Your Duties: | |  | | | | | Reason for Leaving: | | |  | | | | | | | | |
| **Employer:** | |  | | | | | | | Phone Number: | | | | | | (   ) | | | |
| Address: | |  | | | | | | | Starting Wage: | | | | |  | | | Ending Wage: |  |
| Dates of Employment: | | | | From: |  | To: |  | | Status: | | | | Full-time Part-time Temporary | | | | | |
| Your Title: | |  | | | | | Your Supervisor & their Title: | | | | | | |  | | | | |
| Your Duties: | |  | | | | | Reason for Leaving: | | | |  | | | | | | | |
| **Employer:** | |  | | | | | | | Phone Number: | | | | | | (   ) | | | |
| Address: | |  | | | | | | | Starting Wage: | | | | |  | | | Ending Wage: |  |
| Dates of Employment: | | | | From: |  | To: |  | | Status: | | | | Full-time Part-time Temporary | | | | | |
| Your Title: | |  | | | | | Your Supervisor & their Title: | | | | | | |  | | | | |
| Your Duties: | |  | | | | | Reason for Leaving: | | | |  | | | | | | | |
| **Employer:** | |  | | | | | | | Phone Number: | | | | | | (   ) | | | |
| Address: | |  | | | | | | | Starting Wage: | | | | |  | | | Ending Wage: |  |
| Dates of Employment: | | | | From: |  | To: |  | | Status: | | | | Full-time Part-time Temporary | | | | | |
| Your Title: | |  | | | | | Your Supervisor & their Title: | | | | | | |  | | | | |
| Your Duties: | |  | | | | | Reason for Leaving: | | | |  | | | | | | | |

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| ***PRIOR MILITARY SERVICE***  (if no Military Service, go on to next section) | | | | | | | | |
| Military Branch: |  | | | Years of Service: | |  | | |
| Rank at time of Discharge: | |  | | Type of Discharge: | |  | | |
| (Finalists will be required to provide a copy of his/her Form DD214) | | | | | | | | |
| Have you ever been charged or disciple under the U.C.M.J.? | | | | | YesNo | | | |  |
| If so, explain. Include dates: | | |  | | | | | |
| ***PROFESSIONAL REFERENCES***  List three people, not related to you, who can attest to your strengths and weaknesses in a work place. | | | | | | | | |
| Name: | | | Employer & Address: | | | | Position Title: | Phone: |
|  | | |  | | | |  | **(**     **)** |
|  | | |  | | | |  | **(**     **)** |
|  | | |  | | | |  | **(**     **)** |

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| ***CHARACTER REFERENCES***  List three people, not related to you or past employers, who know your strengths and weaknesses | | | | | | | | | |
| 1. Name: | |  | | | | | |  | | |
|  | | *Last* | | | | | | *First* | | |
| Address: | |  | | | | | |  | | |
|  | | *Street* | | | | | | *City | State | Zip* | | |
| Profession/title: | |  | | | | | | | | |
| Home Phone: | | **(     )** | | | | Work Phone: | | (     ) | | |
|  | | | | | | | | | | |
| 2. Name: | |  | | | | | |  | | |
|  | | *Last* | | | | | | *First* | | |
| Address: | |  | | | | | |  | | |
|  | | *Street* | | | | | | *City | State | Zip* | | |
| Profession/title: | |  | | | | | | | | |
| Home Phone: | | **(     )** | | | | Work Phone: | | (     ) | | |
|  | | | | | | | | | | |
| 3. Name: | |  | | | | | |  | | |
|  | | *Last* | | | | | | *First* | | |
| Address: | |  | | | | | |  | | |
|  | | *Street* | | | | | | *City | State | Zip* | | |
| Profession/title: | |  | | | | | | | | |
| Home Phone: | | **(     )** | | | | Work Phone: | | (     ) | | |
|  | | | | | | | | | | |
| *NEIGHBORHOOD REFERENCE*  Who are your current neighbors, please list the two neighbors closest to your place of residence. | | | | | | | | | | |
| **Name:** | |  | | | | | |  | | |
|  | | *Last* | | | | | | *First* | | |
| Address: | |  | | | | | |  | | |
|  | | *Street* | | | | | | *City | State | Zip* | | |
| Profession/title: | |  | | | | | | | | |
| Home Phone: | | **(     )** | | | | Work Phone: | | (     ) | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name:** | |  | | |  | | |  | | *Last* | | | *First* | | | Address: | |  | | |  | | |  | | *Street* | | | *City | State | Zip* | | | Profession/title: | |  | | | | | | Home Phone: | | **(     )** | | Work Phone: | (     ) | | | | | | | | | | | | |
| *RELEVANT VOLUNTEER ACTIVITIES*  List any volunteer organizations that you have been a member or actively involved with: Attach additional sheets if necessary. | | | | | | | | | | |
| Agency or Entity: | |  | | | | | | | | |
| Address: | |  | | | | | |  | | |
|  | | *Street* | | | | | | *City | State | Zip* | | |
| Phone Number: | | **(     )** | | | Contact Person: | |  | | | |
| Describe Activities and/or Responsibilities: | | | |  | | | | | | |
|  | | | | | | | | | | |
| Agency or Entity: | |  | | | | | | | | |
| Address: | |  | | | | | |  | | |
|  | | *Street* | | | | | | *City | State | Zip* | | |
| Phone Number: | | **(     )** | | | Contact Person: | |  | | | |
| Describe Activities and/or Responsibilities: | | | |  | | | | | | |

***ADDITIONAL QUESTIONS***

|  |
| --- |
| Have you ever been convicted or received a citation for an offense other than traffic violations? (Convictions are not necessarily a bar from employment) YesNo If yes, indicate all dates, locations, charges and dispositions: |
|  |
|  |

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| --- |
| Have you ever been charged with any crime or know of being referred to any judicial authority to be charged for a crime?  YesNo If yes, indicate all dates, locations, charges and dispositions: |
|  |
|  |
| Are you now or have you ever been involved as a plaintiff or defendant in any civil court action other than bankruptcy? YesNo  If yes, please give details, (include when, where, name and location of court circumstances): |
|  |
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| Have you ever been suspended, fired, asked to resign, or quit a job in lieu of termination or punishment? YesNo  If yes, indicate all dates, locations, charges and dispositions: |
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| --- | --- | --- | --- |
| Do you know of anything (except medically related information) that might disqualify you for appointment, your ability to testify in court, or in any way prevent the full discharge of the duties for this position? YesNo  If yes, indicate reason(s) in full detail: | | | |
|  | | | |
| In the last 5 years, has any other Law Enforcement Agency conducted a formal background investigation on you for employment purposes?  YesNo If yes, list agency and date: | | | |
| Agency: |  | Date: |  |
| Agency: |  | Date: |  |
| Agency: |  | Date: |  |

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| List all law enforcement, correctional, or security agencies for which you completed an employment application within the past 12 months:  Attach additional sheets if necessary. | | | |
| Agency: |  | Month/Year: |  |
| Agency: |  | Month/Year: |  |
| Agency: |  | Month/Year: |  |

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| *DRUG/NARCOTICS USE*  It is not the intent of the UW Green Bay Police Department to use any of this information for criminal prosecution. | | | | | | | | |
| Have you ever used or experimented with marijuana? | | | | Yes  No | | | |
| If yes, date first used: | |  | | Date last used: | |  | |
| Have you ever sold, cultivated, or supplied marijuana? | | | | Yes  No | | | |
| Have you ever used or experimented with any form of drugs such as Cocaine, Speed, PCP, Heroin, Ecstasy, LSD, Hashish, Opiates, Psilocybin “mushrooms”, or another drug/narcotic not listed? | | | | | | Yes  No | |
| If yes, please provide details based on your best recollection, include name of drug/narcotic, estimated use, date first used and date last used: | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Have you ever sold any form of drug or narcotic? | | | | Yes  No | | | |
| Have you ever manufactured any form of drug or narcotic? | | | | Yes  No | | | |
| If yes to either of the above explain: | |  | | | | | |
|  | | | | | | | |
|  | | | | | | | |

It is the policy of the University to provide reasonable accommodation for qualified individuals who are employees or applicants for employment. If you need assistance or accommodation for the application process because of a disability, please contact the Human Resources Office. Employment opportunities will not be denied to anyone because of the need to make reasonable accommodation for an individual’s disability.

I hereby certify that there are not willful omissions from misrepresentations in, or falsifications of, the above statements and answers to questions. I am aware that should investigation disclose such omissions, misrepresentations or falsifications, my application will be rejected, or if hired, I may be discharged immediately upon discovery of such false statements or omissions. I also authorize my former employers to give any information regarding my employment, together with any information they have regarding me whether or not it is on their records (excluding medical information). I hereby release them and their company of any damage whatsoever for issue same.