



CEDARBURG POLICE DEPARTMENT

Employing Agency

APPLICATION FOR EMPLOYMENT AS LAW ENFORCEMENT, JAIL OR SECURE JUVENILE DETENTION OFFICER

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). 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 in Full (Last, First, Middle)			Social Security Number	
Address (Apartment, Street, P.O. Box)			Home Telephone Number ()	
City	State	Zip Code	Work Telephone Number ()	
Email Address			Cell Phone Number ()	

Are you at least 18 years old? Yes No

Are you a United States citizen? Yes No

Do you have a valid Wisconsin driver's license? Yes No

Do you have an associate degree or at least 60 college credits (associate degree level or higher) from an accredited college or university? Yes No

If No, do you have a valid driver's license from another state?
 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
 If Yes, please attach a separate sheet giving full information.

2. EDUCATION

Name of School	Location	Dates		Course Pursued	Degree, Diploma, or Credits Earned
		From	To		
High Schools					
College					
Graduate School					

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, provide dates. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates	Position and Kind of Work
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages:	Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages:	Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages:	Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages:	Reason for Leaving

4. MILITARY SERVICE

Branch of Service	Month/Year Served		Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty
	From	To			

List special schools attended/skills acquired during military service.

5. REFERENCES

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name _____	Number of Years Acquainted _____
Address _____	Position/Title/Profession _____
City/State/Zip _____	
Telephone Number () _____	
Name _____	Number of Years Acquainted _____
Address _____	Position/Title/Profession _____
City/State/Zip _____	
Telephone Number () _____	
Name _____	Number of Years Acquainted _____
Address _____	Position/Title/Profession _____
City/State/Zip _____	
Telephone Number () _____	

6. GENERAL

COMPLETE IF INSTRUCTED TO DO SO BY EMPLOYING AGENCY.

PLEASE COMPLETE*****

For questions A-C, 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. Remember 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, sexes, 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 provided 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.

Applicant's signature: _____ Date signed: _____

Under the provisions of section 19.36, Wisconsin Statutes, I request that my identity as an applicant for the position of _____ not be revealed without my consent or until required under law.

Applicant's signature: _____ Date signed: _____