



POLICE DEPARTMENT Daniel R. Buntrock Chief of Police

APPLICATION FOR EMPLOYMENT LAW ENFORCEMENT 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 INFOR	RMATION	
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 If yes, include the name of the school where			
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 credit	s or higher? Yes No	
If No, were you employed as a law enforceme The college credit requirement as written in Wis officers first employed on or after February 1, 19	consin Administrative Code §		enforcement and tribal law enforcement
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 po	ossessing a firearm? Yes	No	
Do you possess a valid Wisconsin driver's license	e or a valid driver's license	from another state? Yes	No
Are you currently a sworn law enforcement office If yes, which agency do you currently work for		d for how many years?	

		EDUCATION ates		
	From	ates		
Name of School(s)	(mm/yyyy)	To (mm/yyyy) Degree, Diploma, a	and Number of Credits Earned
High School(s)				
College(s)		<u> </u>		
	3. E	EMPLOYMENT		
Begin with current or most recent employer. L attending school. To furnish additional emplo	ist chronologically yment information,	all employment, attach sheets of	including summer and part the same size and format a	t-time employment while as this application.
Name and Address of Employer		Dates of Employment		
Name of Employer:			From (mm/yyyy)	To (mm/yyyy)
Name of Employer.				
Address:		Full-T	ime Part-Time	Annual Salary/Hourly Wage:
City:		State):	Zip Code:
Supervisor's Name / Telephone Number:		May Yes	we contact the employer /s	 supervisor?
Position and kind of work:		Reas	on for Leaving:	
Name and Address of Ear			Dates of E	Employment
Name and Address of Employer			From (mm/yyyy)	To (mm/yyyy)
Name of Employer:				
Address:		Full-T	ime Part-Time	Annual Salary/Hourly Wage:
City:		State): :	Zip Code:
Supervisor's Name / Telephone Number:		May	we contact the employer /s	_ supervisor?

Position and kind of work:		Reason for Leaving:			
Name and Address of Employer		Dates of Employment			
	Address of E	ilipioyei		From (mm/yyyy)	To (mm/yyyy)
Name of Employer:					
Address:				Full-Time Part-Time	Annual Salary/Hourly Wage:
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:			
			. MILITARY SER		
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. GENERAL

Attach no more than one additional page to answer these questions.

- 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. Using 3-4 sentences provide us with your biography.

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.

LUNDERSTAND THAT IF LAM EMPLOYED, FALSE INFOR	RMATION PROVIDED OR FALSE STATEMENTS MADE AS
PART OF THIS APPLICATION MAY BE CONSIDERED AS	CAUSE FOR DISMISSAL.
Applicants Signature	Date Signed
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

City of Mequon

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

Last First 2. Position applied for: If internet, what website? 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 A C. White/Caucasian/European/North African/Middle Eastern D. Native American Indian/Alaskan Native E. Asian American/Pacific Islander/Far Eastern/Indian subcontinent or (i.e., China, Japan, Korea, Philippine islands, Samoa) 6. List any languages, other than English, which you speak fluently:	Middle
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 A □ C. White/Caucasian/European/North African/Middle Eastern □ D. Native American Indian/Alaskan Native □ E. Asian American/Pacific Islander/Far Eastern/Indian subcontinent or (i.e., China, Japan, Korea, Philippine islands, Samoa)	
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6. List any languages, other than English, which you speak fluently:	
7. If you have listed offenses (see page 2 of application), provide birthdate information will be used for verification only.	This
The above-completed information is true to the best of my knowledge.	
SIGNATURE DATE	

SELECTION PROCESS ACCOMMODATIONS

In accordance with State and Federal laws, the City of Mequon 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 se	lection process?
Yes	No	
If yes, what kind	of accommodation(s) will you need?	
	A signer	
	A reader	
	Extra time	
	Other (Please describe)	
Comments:		
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.