



**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 credits or higher from an accredited college or university? 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<br>(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:                              | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>                                 | Annual Salary/Wages: |
| City:                                 | State:                                                                                                | Zip Code:            |
| Supervisor's Name / Telephone Number: | May we contact the employer / supervisor?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                      |
| 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:                              | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>                                 | Annual Salary/Wages: |
| City:                                 | State:                                                                                                | Zip Code:            |
| Supervisor's Name / Telephone Number: | May we contact the employer / supervisor?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                      |
| 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:                              | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>                                 | Annual Salary/Wages: |
| City                                  | State:                                                                                                | Zip Code:            |
| Supervisor's Name / Telephone Number: | May we contact the employer / supervisor?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                      |
| Position and kind of work:            | Reason for Leaving:                                                                                   |                      |

**4. MILITARY SERVICE**

| Branch of Service | From<br>(mm/yyyy) | To<br>(mm/yyyy) | Active Duty or<br>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

Type <Ctrl – Enter> to add additional pages.