

UW-Parkside Police & Public Safety

900 Wood Road

Box 2000

**Kenosha, WI 53141-2000**

**APPLICATION FOR EMPLOYMENT AS Part-Time POLICE OFFICER**

**NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications which are incomplete or illegible will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.**

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| **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**  **( )** |
| **Are you over the age of 18? □ Yes □ No**  **Do you have a valid Wisconsin driver's license? □ Yes □ No**  **Have you ever been convicted of a felony? □ Yes □ No**  **If yes, please attach a separate sheet giving full information**  **Have you have any pending criminal actions ? □ Yes □ No**  **If yes, please attach a separate sheet giving full information** | | | | **Are you a United States citizen? □ Yes □ No**  **Do you have a valid driver's license from another state? □ Yes □ No**  **Have you completed at least 60 college credits? □ Yes □ No**  **Have you ever been convicted of domestic violence? □ Yes □ No** | | | | | |
| **IMPORTANT: Administrative Rule LES 2.01(1)(e) requires that a law enforcement officer possess either a two-year Associate Degree or 60 college level credits, or meet the standard within the first five years of employment. The Law Enforcement Standards Board may waive up to 30 credits upon documentation of writing, problem solving, and other communication skills.** | | | | | | | | | |
| **2. EDUCATION** | | | | | | | | | |
|  | **Dates** | | | |  | | |  | |
| **Name of School Location** | **From** | | **To** | | **Course Pursued** | | | **Degree, Diploma, or Credits Earned** | |
| **High Schools** |  | |  | |  | | |  | |
|  |  | |  | |  | | |  | |
| **College** |  | |  | |  | | |  | |
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| **Graduate School** |  | |  | |  | | |  | |
| **List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.** | | | | | | | | | |
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| **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?**  **Yes**  **No** | **From To**  **Full-Time**  **Part-Time**  **Annual Salary/Wages:** | **Reason for Leaving** |
| **Name**  **Street**  **City, State**  **Supervisor’s Name/Telephone:**  **May we contact the employer/supervisor?  Yes  No** | **From To**  **Full-Time**  **Part-Time**  **Annual Salary/Wages:** | **Reason for Leaving** |
| **Name**  **Street**  **City, State**  **Supervisor’s Name/Telephone:**  **May we contact the employer/supervisor?  Yes  No** | **From To**  **Full-Time**  **Part-Time**  **Annual Salary/Wages:** | **Reason for Leaving** |
| **Name**  **Street**  **City, State**  **Supervisor’s Name/Telephone:**  **May we contact the employer/supervisor?  Yes  No** | **From To**  **Full-Time**  **Part-Time**  **Annual Salary/Wages:** | **Reason for Leaving** |
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| **4. MILITARY SERVICE** | | | | | | |
| **Branch of Service** | **Month/Year Served**  **From To** | | **Active Duty or Reserve** | **Highest Grade** | **Skill Specialty or Primary Duty** | |
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| **List special schools attended/skills acquired during military service.** | | | | | | |
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| **5. REFERENCES** | | | | | | |
| **Give three references (not relatives, or present employer; avoid listing members of the clergy).** | | | | | | |
| **Name** | | | | | | **Number of Years Acquainted** |
| **Address**  **City/State/Zip**  **Telephone Number ( )** | | | | | | **Position/Title/Profession** |
| **Name** | | | | | | **Number of Years Acquainted** |
| **Address**  **City/State/Zip**  **Telephone Number ( )** | | | | | | **Position/Title/Profession** |
| **Name** | | | | | | **Number of Years Acquainted** |
| **Address**  **City/State/Zip**  **Telephone Number ( )** | | | | | | **Position/Title/Profession** |
| **6. GENERAL** | | | | | | |
| **COMPLETE IF INSTRUCTED TO DO SO BY EMPLOYING AGENCY. (Please fill out)**  **For questions A-C, attach no more than one additional page for each answer.**   1. Why have you chosen to apply for this position? 2. 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. 3. 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? | | | | | | |

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| **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: |

**University of Wisconsin-Parkside**

**University Police & Public Safety Department**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the University of Wisconsin-Parkside or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any of the following sources:

1. Municipal, State or Federal law enforcement agencies;

2. Selective Service System;

3. Any banking institution;

4. Any place of business (for purposes of obtaining credit or employment date);

5. Credit rating bureaus of institutions maintaining individual credit rating files;

6. Any previous employer;

7. Present employer;

8. Any school college, university or other educational institutions;

9. Any law enforcement certification or licensing board of Wisconsin or any other state;

10. Driving record history check.

Exceptions to this blanket authorization:

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans with Disabilities Act).

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This release is executed to authorize UW-Parkside, Parkside Police Department, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

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Signature (Full name)

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Date Address (Street and Number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth