

## Town of Linn Police Department PO Box 99 Zenda, WI 53195

## **Application for Employment**

This information is for official use only and will not be released to unauthorized persons nor will it be used to discriminate against any applicant.

**NOTICE:** Application must be typed or clearly printed in ink. All questions must be answered, if applicable; if not, indicate 'NA' (Not Applicable). Applications that are not complete or legible will not be considered. If space provided is not sufficient 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.

1.	Applicant						
	a) Name in full (Last, First, Middle)						
	b) Date of Birth (Month, Day, Year/ Place of Birth (City, State)						
	c) Present address (No POB)						
	City State Zip						
	d) Mailing address (If different from above address)						
	City State Zip						
	e) Home Phone () Best time to call						
	f) Driver's License # State						
	g) Social Security Number						
	h). E Mail Addresses (both past and present)						
	i). All social networking and passwords (Facebook, Twitter, Linked In)						
2. Education  a) Are you currently certified or certifiable by the WI DOJ Training and Standards Bureau as a police officer?  Yes No							
	b) Do you hold an Associate's Degree or 60 associate degree level Yes College credits or higher?						
	c) Do you hold a Bachelor's Degree in Criminal Justice or Political Science? Yes Jo						
	d) High School Name						
	Address						

	e) Date of Graduation			
	f) Date of GED			
	g) Are you currently enrolled in or have you attended a Wisconsin Police Officer Basic Recruit School?  Yes No			
	School Date of Graduation			
	h) College Name			
	Address			
	Dates attended/ thru/ Number of credit hours			
	i) College Name			
	Address			
	Dates attended thru Number of credit hours			
3.	<b>EMPLOYMENT</b> (Starting with present employer and working backwards till age twenty, include periods of unemployment). Indicate if hourly or weekly rate of pay.			
	Name of Employer Phone			
	Dates from to Salary begin End			
Full-time Part-time Position and kind of work				
	Reason for leaving			
	Name of Supervisor			
	Name of Employer Phone			
	Dates from to Salary begin End			
	Full-time Part-time Position and kind of work			
	Reason for leaving			
	Name of Supervisor			
	Name of Employer Phone			
	Dates from to Salary begin End			
	Full-time Part-time Position and kind of work			

	Reason for leaving
	Name of Supervisor
4. PRO	FESSIONAL LICENSES, CERTIFICATES OR SKILLS (EMT, Languages, Clerical, Etc.)
5. COU	RT RECORD
(includir	a) Have you ever been convicted of or been charged with any crime, municipal ordinance ng traffic), excluding parking violations?   No Yes if yes, provide information.
	Charge
	Location (City and State)
	Details (Arresting Agency, Nature of Violation)
	Court Location (City and State)
	Final Disposition/Sentence and Date
	Charge
	Location (City and State)
	Details (Arresting Agency, Nature of Violation)
	Court Location (City and State)
	Final Disposition/Sentence and Date
6. LIST	ALL RESIDENCES YOU HAVE LIVED AT IN THE PAST TEN YEARS (Physical locations, no POB)
7. MILI	FARY SERVICE (If no military service, leave blank and go to #8)
	a) Branch Army Navy Air Force Marines Coast Guard
	Dates of active duty from/ to/
	Duties
	Rank at Discharge Type of Discharge
	b) Are you now or ever wore a member of the National Guard or Posenyes?

	Branch	Rank		Duties	
	Dates of active duty from	//_	to		
	Unit and Location				
0 1 4 14					
8. LAW	ENFORCEMENT STATUS				
<ul> <li>a) List any other law enforcement agencies you are currently testing with, on a hiring list you have tested for in the past two years.</li> </ul>					
	1				
	2.				
	3				
	4				
	5				
	b) List any police related int	ernships/du	ıties such as	s LE Explorer Scouts or college inter	nships you
	f the person in charge.				
0.000	ANIZATION MEMBERSHIP				
Have y	ou ever organized, helped org			ember of any organization or group white any translation of group white any translation or gr	
any sta	ite or political subdivision ther	eof should	be overthrow	ting or teaching that the government of the country	
		ır yes, p	roviae com <sub>l</sub>	plete details on an attached sheet.	
10. HIS	TORICAL INFORMATION				
	a) List all name changes you	have had.			
	Last, first, middle				
	Last, first, middle				
	Last, first, middle				
	b) List all marriages and divo	rces.			
	Marriag <u>e</u>				
				(City and State)	
		name and	date of birth	1	
	Divorce Date		_ Location of	of Court of Record	

Iviai i iaț		n (City and State)
	Spouse's full maiden name and date of bird	th
Divorc	Date Location	of Court of Record
List all	l Children (Natural or Adopted)	
	Full name	
	Full name	
	Full name	
Bankin	ng (Checking/Savings	
he duties and rattached sheets	additional information not requested herein wateresponsibilities of the position you have apples.	_
a) How	ı did you learn of this position? ☐ WILINET	Γ ☐ Acquaintance☐ Job Posting at
b) Have	e you ever applied to work for this departme	nt before? No Yes When?
	er provisions of Wisconsin Statutes 19.36, I n not be revealed without my consent or unti	request that my identity as an applicant for this il required by law.
character inve	estigation and psychological and fitness	e contingent upon the results of a complete exams and I am aware that willfully withholding this application will be basis for dismissal.
	se conditions and I hereby certify that all solete to the best of my knowledge.	statements made by me on this application are
Signature of A	Applicant (No nicknames)	Date Date
OFFICE USE C	ONLY Date Received	-