



FOX POINT POLICE DEPARTMENT

7300 North Santa Monica Boulevard
Fox Point, Wisconsin 53217-3507
414-351-8911

APPLICATION FOR EMPLOYMENT POLICE OFFICER

The Village of Fox Point is an Equal Opportunity Employer

The information provided is for official use only and will not be released to any unauthorized person(s) nor will it be used to discriminate against any applicant.

All information must be PRINTED legibly or TYPED in BLACK ink. All applicable questions must be answered. If not applicable indicate NA (not applicable). Applications which are not complete, truthful and legible will not be considered. If you need additional space attach sheets of the same size as this application and number answers to correspond with the question(s). All applications must be sworn before a Notary Public. **Applications which are not notarized will not be accepted.**

1. APPLICANT INFORMATION

Legal Name (Last, First, Middle)

Are you a citizen of the United States? _____

Law Enforcement Certification: If you are currently enrolled or have successfully completed a basic police recruit training program which is certified by the Wisconsin Law Enforcement Standards Board, please complete the following information and attach proof of completion:

Certified School: _____

Location: _____

Date of graduation: _____

3. EDUCATIONAL INFORMATION

High School

Name of School: _____

Address (City/State/Zip Code): _____

Dates Attended To/From: _____

Date Degree Conferred: _____

College

School: _____

Locations: _____

Dates: _____

Degree: _____

Date Degree Conferred: _____

School: _____

Locations: _____

Dates: _____

Degree: _____

Date Degree Conferred: _____

List other educational or training programs you have taken, such as business institutes or correspondence schools, etc. Note any certificates or diplomas earned.

Have you ever been placed on probation, suspended, or expelled from any school or college for any academic or disciplinary reason?

Yes [] No [] If yes, explain:

4 . REFERENCES

Please list three (3) references (NOT relatives, former or present employers, fellow employees or school teachers) who are responsible adults or have a reputable standing in the community.

Full Name: _____

Address: _____

Telephone Number: Cell ()____ - _____ Work ()____ - _____

Best time to contact person: _____

Number of years acquainted: _____

Occupation: _____

Employer (Name & Address): _____

Full Name: _____

Address: _____

Telephone Number: Cell ()____ - _____ Work ()____ - _____

Best time to contact person: _____

Number of years acquainted: _____

Occupation: _____

Employer (Name & Address): _____

Full Name: _____

Address: _____

Telephone Number: Cell ()____ - _____ Work ()____ - _____

Best time to contact person: _____

Number of years acquainted: _____

Occupation: _____

Employer (Name & Address): _____

5. EMPLOYMENT

Please list chronologically, beginning with your most recent employer, **ALL** employers within the past fifteen years. List summer and part-time employment including employment while attending the school and military service. If there was a period of unemployment, please list. All time must be accounted for.

Dates Worked From: _____ To: _____ Full Time [] Part-Time []
Annual Salary/Wage: _____
Name of Employer: _____

Employer Street Address _____ City _____ State _____ Zip Code _____
Supervisor's Name and Telephone Number: _____
May we contact your employer/supervisor? Yes [] No []
Description of Position and Nature of Work: _____

Reason for Leaving: _____

Dates Worked From: _____ To: _____ Full Time [] Part-Time []
Annual Salary/Wage: _____
Name of Employer: _____

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Supervisor's Name and Telephone Number: _____
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Description of Position and Nature of Work:

Reason for Leaving:

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Dates Worked From: _____ To: _____ Full Time [] Part-Time []
Annual Salary/Wage: _____
Name of Employer: _____

Employer Street Address _____ City _____ State _____ Zip Code _____
Supervisor's Name and Telephone Number: _____

May we contact your employer/supervisor? Yes [] No []

Description of Position and Nature of Work:

Reason for Leaving:

6. MILITARY RECORD

Branch of Service: _____ From (mm/yyyy): _____ To (mm/yyyy): _____
Active Duty [] or Reserve [] Highest Grade: _____
Skill Specialty of Primary Duty: _____

Branch of Service: _____ From (mm/yyyy): _____ To (mm/yyyy): _____
Active Duty [] or Reserve [] Highest Grade: _____
Skill Specialty of Primary Duty: _____

Honorably Discharged from Military Service? Yes [] No [] Not Applicable []

7. COURT RECORD

Have you ever been convicted of any traffic, municipal ordinance violation(s), or criminal offense(s) (not including parking citations)? Yes [] No []

If yes, list **ALL** convictions:

Charge: _____ Date: _____ Location: _____
Court: _____ Disposition: _____

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Court: _____ Disposition: _____

Charge: _____ Date: _____ Location: _____
Court: _____ Disposition: _____

8. GENERAL INFORMATION

If there is any additional information not requested herein which you believe is relevant to your ability to perform the duties and responsibilities of a law enforcement officer, you may provide this information in the space provided.

9. DATA NEEDED FOR BACKGROUND INVESTIGATION

In order to process background checks of candidates and to insure the applicants meet the minimum qualifications of the Wisconsin Law Enforcement Standards Board, the following information is needed: social security number and date of birth. This information will be used solely for the purposes of obtaining and processing a background check, and will not be considered in any other aspect of the hiring process.

Date of Birth: _____ Social Security Number: _____ - _____ - _____

I understand that all appointments are probationary for a period during which I must demonstrate my fitness for continued employment. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that withholding information or making false statements on this application will be basis for dismissal or preclude me from consideration for employment. I agree to these conditions, and I swear and affirm that all statements made by me on this application are true and complete to the best of my knowledge.

Signature of Applicant

SEAL

Notary Public, State of Wisconsin

My Commission Expires: _____

Sworn before me on this _____ day of _____, 20____, in _____

County, State of Wisconsin.

**FOX POINT POLICE DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize any employee of the Fox Point Police Department to obtain any and all information, written or oral, typed or in the form of a hard copy record, that you may have concerning me, regardless of any agreement I may have made with you previously to the contrary. These records include, but are not limited to:

1. Criminal records, municipal ordinance violations, or driving records.
2. Employment records including without limitation all disciplinary records, performance evaluations, sick leave records, and any other matters contained in my personnel file.
3. All educational records.
4. Records and/or oral statements relating to my reputation, financial and credit records
5. Medical, physical, and mental health records.
7. Financial records, credit information and all civil records including but not limited to collections, judgements, tax records, liens, paternity suits, child custody matters or cases, support payments records, et al.
8. Selective Service System and military records.
9. Records maintained by a law enforcement agency, including but not limited to records of arrest and/or conviction, juvenile records, to the extent permissible by law, or those relating to traffic violations.
10. Residential history including information from past and present landlords and/or mortgage/property management records.

This information is to be used to assist the Fox Point Police Department and the Fox Point Police Commission in determining my qualifications and fitness for the position I am seeking as a police officer. Please provide the Fox Point Police Department any information falling within the classes listed above, including any information which may be considered confidential or privileged, and permit the Fox Point Police Department to copy or photograph the information if it so desires.

I hereby release any individual, institution or agency, including its officers, employees or other related personnel, both individual and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, my family or associates, or any other person claiming on my behalf because of compliance with this authorization and request to release information or any attempt to comply with it, whether that released information be oral or written in nature.

I hereby waive any rights to inspect, review or otherwise obtain the contents of the background investigation conducted by the authorized agent of the Fox Point Police Department. I further waive any and all rights I may have under Chapter 103 or Chapter 19 or any other sections of the Wisconsin Statutes. I further waive any other rights I may have to inspect or view, or have produced to me the contents of this background investigation as provided for in any other applicable document or statute, including but not limited to, any labor contracts or employment agreements or any Federal statutory or administrative regulations.

A photocopy reproduction of this authorization, when supplied by an employee of the Fox Point Police Department, shall be for all intents and purposes as valid as the original. This authorization is valid for one year from the date of signature.

Signature

Date

Printed Name

Date of Birth

Social Security Number

Witness Signature

Witness Print Name