

Instructions for Users of the Electronic Version of this Application

1. You can NOT submit this application via email or the Internet. You can, however, type your information in the spaces provided and check boxes using your computer. You will then be able to **PRINT** the application, including all the information you entered. Then you can MAIL or personally deliver the application and any supplemental pages to the Stevens Point Police Department. DO NOT FAX the application.

2. If you have Adobe Acrobat Reader version 7, 8, or newer, you can save the form with your information filled in. We highly recommend you do that so you won't lose any of your information. If you don't have version 7, 8, or newer of Acrobat Reader, you can download the latest version for free at <http://www.adobe.com/products/acrobat/readstep2.html>

Note: On the Adobe Acrobat Reader download pages, you might see boxes checked for products other than Acrobat Reader. You do NOT need those to fill out this form, so if you don't want to install them, click the check box so the check goes away, then click "continue."

3. If you do not save the file, DO NOT REFRESH or RELOAD your browser while filling out the application! Doing so will result in the loss of ALL information you previously entered!

4. To start entering information, click your left mouse button in the space provided for you to enter your name on the first page. You can navigate from space to space by clicking in them OR by pressing TAB to move to the next space or SHIFT+TAB to move backwards.

5. You can place a check mark in spaces or boxes that call for them by clicking in the space or box OR by pressing tab to highlight the space or box and then pressing the space bar or enter/return key to create a check mark. To remove a check mark, click the same space or box again, or press your space bar or enter/return key in the same space, and the check mark will disappear.

6. Upon completing each section, be sure to check the information you entered. Pay particular attention to information that might have gotten cut off the end of your entry. If information gets cut off, you must shorten the amount of information in that section. Abbreviate or use fewer words when necessary.

7. Be sure to read and follow all instructions on the last page (Electronic Application Users Only) in addition to all other instructions found throughout the application.

8. There might be one or more parts of the application that you will have to fill out with a pen after you print it. You might have to circle certain things, check certain boxes, and/or sign the application in one or more places with a pen before submitting it to the City of Stevens Point.

Helpful Hint: When you open the form in Acrobat Reader, you will see a check box (version 7) or button (version 8 or newer) on your screen (just above the top of the form) that says, "Highlight Fields." We highly recommend you check the box or click the button so the interactive fields in the form will be highlighted in color. That will make it much easier for you to see which fields are interactive and which ones are not.

POLICE DEPARTMENT, STEVENS POINT, WISCONSIN

APPLICATION FOR EMPLOYMENT (An Equal Opportunity Employer)

Position: Police Officer

Notice: Application must be typewritten. All questions must be answered or indicate NA (not applicable). An incomplete or illegible application will not be considered. If space provided is insufficient for a complete answer, or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with the appropriate information block.

APPLICANT		
Name in Full (Last, First, Middle)	Date of Application	
Resident Street Address		
City	State	Zip Code
List all other names you have used, including any nicknames and surnames. Under what circumstances and when were these names used? If you ever legally changed your name, give date, place and court.		

Home Telephone Number: ()	Work Telephone Number: ()	Cell Phone Number: ()
E-Mail Address:		

Birth Date (Month, Day, Year)	Age	Place of Birth	Social Security #
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Driver's License No.	Do you have more than one (1) driver's license?	State(s)
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Are you over the age of 18?	_____ Yes _____ No
Are you a United States Citizen?	_____ Yes _____ No
Do you have a valid Wisconsin Driver's license?	_____ Yes _____ No
Do you have a valid driver's license from another state?	_____ Yes _____ No
Have you ever been convicted of a felony?	_____ Yes _____ No
Do you have a criminal record?	_____ Yes _____ No
Have you completed at least 60 college credits?	_____ Yes _____ No
If no, when will this be accomplished? _____	

Employment

<p style="text-align: center;">Current Employer:</p> <p>Name: _____</p> <p>Street: _____</p> <p>City, State: _____</p> <p>Telephone No.: () _____</p> <p>Supervisor's Name: _____</p> <p>May we contact your current employer or supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;">Dates</p> <p>From To</p> <p>Full-time ____</p> <p>Part-time ____</p> <p>Salary/wages: _____</p>	<p>Position and kind of work and reason for leaving:</p>
<p style="text-align: center;">Previous Employer:</p> <p>Name: _____</p> <p>Street: _____</p> <p>City, State: _____</p> <p>Telephone No.: () _____</p> <p>Supervisor's Name: _____</p>	<p style="text-align: center;">Dates</p> <p>From To</p> <p>Full-time ____</p> <p>Part-time ____</p> <p>Salary/wages: _____</p>	<p>Position and kind of work and Reason for Leaving:</p>
<p style="text-align: center;">Previous Employer:</p> <p>Name: _____</p> <p>Street: _____</p> <p>City, State: _____</p> <p>Telephone No.: () _____</p> <p>Supervisor's Name: _____</p>	<p style="text-align: center;">Dates</p> <p>From To</p> <p>Full-time ____</p> <p>Part-time ____</p> <p>Salary/wages: _____</p>	<p>Position and kind of work and Reason for Leaving:</p>

<p align="center">Previous Employer:</p> <p>Name: _____ Street: _____ City, State: _____ Telephone No.: () _____</p> <p>Supervisor's Name: _____</p>	<p align="center">Dates From To</p> <p>Full-time ____ Part-time ____</p> <p>Salary/wages: _____</p>	<p>Position and kind of work and Reason for Leaving:</p>
<p align="center">Previous Employer:</p> <p>Name: _____ Street: _____ City, State: _____ Telephone No.: () _____</p> <p>Supervisor's Name: _____</p>	<p align="center">Dates From To</p> <p>Full-time ____ Part-time ____</p> <p>Salary/wages: _____</p>	<p>Position and kind of work and Reason for Leaving:</p>
<p align="center">Previous Employer:</p> <p>Name: _____ Street: _____ City, State: _____ Telephone No.: () _____</p> <p>Supervisor's Name: _____</p>	<p align="center">Dates From To</p> <p>Full-time ____ Part-time ____</p> <p>Salary/wages: _____</p>	<p>Position and kind of work and Reason for Leaving:</p>
<p align="center">Previous Employer:</p> <p>Name: _____ Street: _____ City, State: _____ Telephone No.: () _____</p> <p>Supervisor's Name: _____</p>	<p align="center">Dates From To</p> <p>Full-time ____ Part-time ____</p> <p>Salary/wages: _____</p>	<p>Position and kind of work and Reason for Leaving:</p>

RESIDENCY HISTORY

Present Residence Address (Apartment, Street, P.O. Box)			Residence Telephone Number ()	
City	State	Zip Code	Business Telephone Number ()	
Complete address to which you wish mail sent (include zip code and telephone number <u>if different from above</u>).				
List chronologically, with more current first, past residences during the past seven years. (Include addresses while attending school if away from home, and all military addresses including any off military base.)				
From	To	Street Address	City	State
If rented, give name, address and telephone number of person responsible for the collection of rent.				
From	To	Street Address	City	State
If rented, give name, address and telephone number of person responsible for the collection of rent.				
From	To	Street Address	City	State
If rented, give name, address and telephone number of person responsible for the collection of rent.				
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If rented, give name, address and telephone number of person responsible for the collection of rent.				
From	To	Street Address	City	State
If rented, give name, address and telephone number of person responsible for the collection of rent.				

Judicial Action

Have you ever been charged or convicted of any law violation? ____ Yes ____ No

This includes traffic, conservation, local and/or county ordinance citations, both adult and juvenile. Do not include parking tickets.

If you answered yes, complete the following. Attach separate sheet of additional entries.

Date (Month/Day/Year)	Municipality/ County/State	Charge/Violation	Final Disposition	Issuing Agency or Department

Are there any charges (violations) pending against you? ____ Yes ____ No

If yes, please explain.

Are you now, or as an adult, have you ever been involved as a plaintiff, defendant, petitioner or respondent, of any civil court action? ____ Yes ____ No

If yes, explain (include when, where, name and location of court, circumstances, and disposition).

As an adult have you ever been fingerprinted? ____ Yes ____ No

If yes, please complete the following:

Date	Location	Reason for Fingerprinting

References

Current Roommates/House mates

List all persons who currently live in the same household with you (if not listed above or under references).

Name	Relationship	Occupation	Place of Employment

Past Roommates/House mates

List the names of those you have shared a residence with (other than family members) during the last five (5) years.

Name	Relationship	Occupation	Place of Employment

Social/Personal References

Give up to six references (not relatives) who are responsible adults of reputable standing in their communities. DO NOT LIST LAW ENFORCEMENT REFERENCES.

Name and Complete Address	(Area Code) Home Telephone	(Area Code) Work Telephone	Occupation	Best Time to Contact

Law Enforcement References

List the names of law enforcement officers you know personally and who would have personal knowledge of you.

Name	Department	Address (if known)	Telephone

List all professional, sportsmen or civic organizations that you are a member of or have been a member of.
Example: American Legion, Kiwanis, Ducks Unlimited, etc.

Membership Dates From To	Organization Name	Type of Organization	Telephone No. of contact

GENERAL

Has any law enforcement agency ever conducted a background investigation on you as a result of your having applied for employment ? _____ Yes _____ No

If yes, list all agencies or state NONE: _____

Release of Records: Wisconsin Public Records Law

The Police Department may be required to release certain information about an applicant if requested by anyone from the public (this includes the news media). A subsection in Wisconsin's public records law allows the applicant to indicate (in writing) that he/she does not wish to have his/her identity revealed. The Police Department is giving you the opportunity to exercise this option by initialing the box below. Initialing, or not initialing, the box will have no effect on your standing as an applicant.

Under the provisions of the public records law (particularly section 19.36, Wisconsin Statutes), I, the undersigned, request that my identity as an applicant not be revealed without my consent or until required under law.

Initial Here:

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

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. I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal of employment. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

Signature of Applicant

Date

BEFORE SUBMITTING APPLICATION, BE SURE:

Checklist

- You have read and followed the direction contained in the “Notice” on page 1.
- You have carefully filled out the application. Incomplete applications will not be considered.
- You have signed the application.
- Notarize *Authorization For Release of Information* form.
- You have selected your preference for the location of the written examination (see below).

Although not required at this step in the recruitment process, applicants who successfully go on to subsequent steps will be required to have their schools (high school, college, university, graduate school) submit transcripts, in part to show that the minimum education requirement is met.

Applicants must have an Associate Degree or 60 college credits. Refer to the accompanying application materials for further details. It is recommended that you make preparations in advance for this step in the process. Find out now what each school’s policy is on sending transcripts and how long it will take them to be delivered to the Department.

WRITTEN EXAM:

You will be mailed written notification confirming the date, time and place by the testing authority.

Select the location at which you would prefer to take the written examination for this position (check only one location):

Ashland	_____	Kenosha	_____	Milwaukee	_____
Eau Claire	_____	La Crosse	_____	Rice Lake	_____
Fond du Lac	_____	Madison	_____	Wausau	_____
Green Bay	_____				

Type or print your name: _____
Last First Middle Initial

STEVENS POINT POLICE DEPARTMENT
1515 Strongs Avenue
Stevens Point WI 54481

AUTHORIZATION FOR RELEASE OF INFORMATION
(For official use only, not to be released to unauthorized persons)

I hereby empower any employee of the Stevens Point Police Department, or other authorized representative thereof bearing this release, to within two years of its date, obtain information and records pertaining to me from any or all 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 data)
5. Credit rating bureaus or institutions maintaining individual credit rating files
6. Any previous employer
7. Present employer
8. Any school, college university or other educational institution
9. Any law enforcement certification or licensing board of any state
10. Any educational records, transcripts, course information or related data.

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 the Stevens Point 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.

_____	_____
Date	Print Name

	Signature (Full Name)

	Address (Street and Number)

	City, State & Zip Code

Subscribed and sworn to before me this
_____ day of _____, 200__.

_____, Notary Public
_____ County, _____
My commission expires: _____

Revised: October 2012

Final Instructions for Users of the Electronic Version of this Application

- Be sure to go back and double-check all the information you entered. Look closely for information that might have gotten cut off of the end of a section. If this happened, you must abbreviate or otherwise shorten the number of characters filled out in that section.
- Print the application and double check all information again. Fix any errors or omissions with correction ribbon or fluid a pen.
- If you have the full version of Adobe Acrobat a compatible version of Adobe Reader, you can save the application (including all information you entered) on your computer as a backup.
- Using a pen, INITIAL the box on page 12 (Release of Records).
- Using a pen, SIGN YOUR NAME on the line on page 12 (Release of Records)
- Using a pen, SIGN YOUR NAME on the line on page 14 (Release of Information)
- Have a Notary sign and fill out their section on page 14 (Release of Information)
- Mail or personally deliver (DO NOT FAX) your completed application and any supplemental pages to:

STEVENS POINT POLICE DEPARTMENT
1515 Strongs Avenue
Stevens Point, WI 54481

If you have any questions, call the Stevens Point Police Department at
(715) 346-1508