



# Application for Stevens Point Auxiliary Police Unit

(Please Type or Print)

*Complete this form and return to: Stevens Point Police Department, 933 Michigan Ave. Stevens Point, WI.  
54481 ATTN: Lt. Jeremy Mueller*

• **Personal Identification**

Today's Date \_\_\_\_\_

Full Name: (Last, First Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Primary contact phone number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone number \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

• **Educational Record**

Circle last year completed: 9 10 11 12 13 14 15 16 16+

**High School:** \_\_\_\_\_

Address: \_\_\_\_\_

Graduate: YES NO From: \_\_\_\_\_ To: \_\_\_\_\_

**College:** \_\_\_\_\_

Address: \_\_\_\_\_

Graduate: YES NO From: \_\_\_\_\_ To: \_\_\_\_\_ Major: \_\_\_\_\_

Other training or education:

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

Honors, Awards, Activities in school:

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

- **Employment Record** (Most Recent First)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Work Performed: \_\_\_\_\_

May we contact this employer: YES NO

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Employed: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May we contact this employer: YES NO

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Employed: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May we contact this employer: YES NO

- **General Information**

Military Service Branch: \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Occupation or Specialty: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Have you ever been convicted of any charge including crimes, ordinance violations or traffic violations? List Charge, dates, locations and disposition of the cases:

Note: a conviction will not necessarily bar you from the Stevens Point Auxiliary Police Unit.

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List those things which you feel confident you can do well: (Refer to Job Description)

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List those things which you *do not* feel confident doing: (Refer to Job Description)

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Why do you want to join the Auxiliary Police?

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List any volunteer experience that would be helpful in considering your qualifications:

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List accomplishments, awards, or any additional information:

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Preferably, able to make a two year commitment to the Auxiliary program: YES NO

I hereby declare that the information provided is true and correct to the best of my knowledge and belief, and understand that falsification may result in disqualification or removal from the position. I understand that, if accepted, my position can be terminated with or without notice at any time, for any reason.

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Signature of Applicant

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Date of Signature

## References

**Please list two references that know you personally but are not related to you**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list two law enforcement references – if applicable**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list two educational or work references**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I was referred by :**

(If applicable)

# AUTHORIZATION FOR RELEASE OF INFORMATION

## For the Stevens Point Auxiliary Police Unit

I, (print name) \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, to a Stevens Point Police Department representative, a duly authorized agent of the City of Stevens Point whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, records of complaint, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records; where so ever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Stevens Point to consider in determining my suitability for membership in the Stevens Point Auxiliary Police Unit. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for membership to the Stevens Point Auxiliary Police Unit. I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

Full Formal Name: \_\_\_\_\_  
(Please print - first, middle, last name)

Date of Birth: \_\_\_\_\_