

# City of Burlington

AN EQUAL OPPORTUNITY EMPLOYER

BURLINGTON POLICE DEPARTMENT  
224 EAST JEFFERSON STREET  
BURLINGTON, WI 53105  
(262) 342-1100

## APPLICATION FOR EMPLOYMENT AS CROSSING GUARD

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.

**NOTE:** Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Incomplete or illegible applications 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.

1. APPLICANT			
Name in Full (Last, First, Middle)			Today's Date
E-mail Address			
List all other names you have used including nickname. Have you ever used any other surname? If so, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and court.			
Birth Date	Social Security Number	Are you a U.S. Citizen?	Driver's License Number - State

2. RESIDENCES				
Current 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 if different from above (include zip code and telephone number).				
List chronologically all of your residences during the past seven years. Include addresses while attending school if away from home and all military addresses including any off military base.				
Dates		Street Address	City	State
From	To			

3. COURT RECORD			
Have you ever been convicted of any violation including traffic, but not parking?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, list all violations below (attach additional sheets of the same size if necessary)			
Date	Place (City, State)	Charge	
Details			Final Disposition
Date	Place (City, State)	Charge	
Details			Final Disposition
Date	Place (City, State)	Charge	
Details			Final Disposition



**7. MILITARY RECORD**

Have you ever served in the armed forces, National Guard or military reserves?

 No  Yes, highest rank attained \_\_\_\_\_

Branch of Military Service	Serial Number	Dates of Active Duty:	
		From	To
		____ / ____ / ____	____ / ____ / ____
		Month Day Year	Month Day Year
Type of Discharge	Basis for Discharge		
Member of reserve?	Service Branch		
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Ready <input type="checkbox"/> Standby			
Was any type of disciplinary action taken against you in service that remains a part of your permanent record?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, of what nature: _____			

I understand that all appointments are probationary for a period during which I must demonstrate my fitness for continued employment. I understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation. I further understand and agree that any offer of employment is contingent on satisfactorily passing a post offer physical, including a drug and alcohol screening.

The undersigned is the person named in the foregoing application; I have read and made a complete answer to each question; my answers in each instance are true and correct; contain no misrepresentations, omissions or falsifications, and are complete. I understand that if any of the information contained in any of the foregoing answers contains any misrepresentations or falsifications or if any material information has been omitted, the same shall be deemed and agreed to be sufficient cause for non-selection or dismissal if selection has occurred.

SIGNATURE OF APPLICANT

DATE

**PUBLIC RECORDS**

Wisconsin Statute 19.36 provides that applicants may indicate in writing that their identity as a candidate for this position not be revealed. The statute further provides that if an applicant becomes certified as a "final candidate" their identity may be revealed. Applicants who are placed on an eligibility list will be named on the list filed publicly at Burlington City Hall. Under the provisions of Wisconsin Statute 19.36, I request that my identity as an applicant for the position *not* be revealed without my consent or until required under law.

\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Date Signed**RETURN APPLICATION TO:**

CITY OF BURLINGTON POLICE DEPARTMENT  
224 EAST JEFFERSON STREET  
BURLINGTON, WI 53105

**CITY OF BURLINGTON**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**  
*(for official use only; not to be released to unauthorized persons)*

I hereby empower an employee of the City of Burlington or other authorized representative thereof bearing this release to, within one year 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 or jail officer

**Exceptions to this blanket authorization:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

This release is executed to authorize the City of Burlington, 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

\_\_\_\_\_  
Signature (full name)

\_\_\_\_\_  
Print Name w/ Middle Initial

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
City, State, Zip