

City of Burlington

AN EQUAL OPPORTUNITY EMPLOYER

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

APPLICATION FOR EMPLOYMENT AS PATROL OFFICER

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 (all correspondence will be done via e-mail)		
List all other names you have used including nicknames. 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	Are you at least 18 years of age?	Social Security Number
Driver's License Number		State

2. EMPLOYMENT			
List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, indicate, setting forth dates of unemployment. If you wish to furnish additional employment information, attach sheets of the same size as this application.			
Name and Address of Employer	Dates	Position and Kind of Work	Reason for Leaving
Name _____ Street _____ City, State _____	From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Name _____ Street _____ City, State _____	From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Name _____ Street _____ City, State _____	From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Name _____ Street _____ City, State _____	From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Name _____ Street _____ City, State _____	From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		

5. REFERENCES

GIVE THREE REFERENCES (NOT RELATIVES OR PRESENT EMPLOYER)

Name _____	Number of Years Acquainted _____	Occupation _____
Home Address _____ City/State/Zip _____ Telephone Number _____	Business Address _____ City/State/Zip _____ Telephone Number _____	
Name _____	Number of Years Acquainted _____	Occupation _____
Home Address _____ City/State/Zip _____ Telephone Number _____	Business Address _____ City/State/Zip _____ Telephone Number _____	
Name _____	Number of Years Acquainted _____	Occupation _____
Home Address _____ City/State/Zip _____ Telephone Number _____	Business Address _____ City/State/Zip _____ Telephone Number _____	

GIVE THREE SOCIAL ACQUAINTANCES

Name _____	Number of Years Acquainted _____	Occupation _____
Home Address _____ City/State/Zip _____ Telephone Number _____	Business Address _____ City/State/Zip _____ Telephone Number _____	
Name _____	Number of Years Acquainted _____	Occupation _____
Home Address _____ City/State/Zip _____ Telephone Number _____	Business Address _____ City/State/Zip _____ Telephone Number _____	
Name _____	Number of Years Acquainted _____	Occupation _____
Home Address _____ City/State/Zip _____ Telephone Number _____	Business Address _____ City/State/Zip _____ Telephone Number _____	

6. MILITARY RECORD

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

No Yes, highest rank attained _____

Do you claim veteran's preference? No Yes

Active duty between 8/27/40 and 7/25/47

Eligible for armed forces expeditionary medal

Active duty between 6/27/50 and 1/31/55 call-up

Called into active duty pursuant to S.1, Executive Order 10977 - Berlin Crisis 1961

Active duty 8/5/64 to 7/1/75 except service for training purposes

(Attach FORM DD214)

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: _____			

7. COURT RECORD

Have you ever been convicted of any violation including traffic, but not parking?

No Yes, list all violations below (attach additional sheets of the same size if necessary)

Date	Place (City, State)	Charge	Final Disposition
Details			
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Details			
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Details			
Date	Place (City, State)	Charge	Final Disposition
Details			
Date	Place (City, State)	Charge	Final Disposition
Details			

8. E-MAIL and WEB USE

Please list all e-mail addresses you have utilized for the previous two years:

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9. GENERAL

For questions A-C, please attach no more than one additional page for each answer. Include your full name and phone number on each page.

- A. Why have you chosen to apply for this position?
- B. Discuss things you have done which have contributed to your life experience. Remember to include information regarding volunteer work with civic, school, or professional organizations. Be specific about names and dates.
- C. Why do you believe you could relate to and/or work with people of different races, sexes, cultures, ages, socio-economic groups, and educational levels?

10. ORGANIZATION MEMBERSHIP

1. Have you ever organized or helped to organize or become a member of any organization or group of persons which, during the period of your membership or association, you knew was advocating or teaching that the government of the U.S. or any state or any political subdivision thereof should be overthrown or overturned by force, violence or any other unlawful means? If the answer to this is yes, explain fully. No Yes

Explanation:

2. If your answer to question 1 is yes, did you during the period of such membership or association have the specific intent to further the aims of such organization, association or group of persons to overthrow or overturn the government of the U.S. or any state or any political subdivision thereof by force, violence or any other unlawful means? No Yes

11. WAIVER

IMPORTANT: Administrative Rule LES 2.01(1)(e) requires that an applicant possess either a two-year Associate Degree or 60 college-level credits, or meet the standard within the first five years of employment. The Law Enforcement Standards Board **may** waive up to 30 credits upon documentation of writing, problem solving, and other communication skills. [Waiver forms available via this agency or the Department of Justice, Training and Standards Bureau, P.O. Box 7857, Madison, WI 53707-7857; (608) 266-8800]

Do you request a waiver of college-level credits under LES 2.01(1)(e)? Yes No

Are you a US Citizen? No Yes

Are you Certified/Certifiable No Yes

If yes, what school _____

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 hereby certify that all statements made in this application are true and I understand that any misstatements of facts will cause forfeiture on my part of all rights to employment with the City of Burlington. I 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

HAVE YOU REMEMBERED:

Veteran's Form DD-214 (If Applicable).

**ATTACH ALL DOCUMENTS BEHIND THE APPLICATION and RETURN TO:
224 E. JEFFERSON ST. BURLINGTON, WI 53105**

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 the eligibility list will be named on the list filed publicly at Burlington City Hall.

Under the provisions of section 19.36, Wisconsin Statutes, I request that my identity as an applicant for the position of police officer *not* be revealed without my consent or until required under law.

Applicant's Signature

Date Signed

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