



APPLICATION FOR EMPLOYMENT LAW ENFORCEMENT, JAIL OR SECURE JUVENILE DETENTION OFFICER

NOTICE: All questions must be answered. Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages.

1. PERSONAL INFORMATION			
Name (Last, First, Middle)			Social Security # (xxx-xx-xxxx)
Address (Apartment, Street, P.O. Box)			Home Telephone Number
City	State	Zip Code	Work Telephone Number
Email Address			Cell Phone Number

Have you successfully completed the basic training required for certification (i.e. 520-hour law enforcement academy)? Yes No

If yes, what type(s) of basic training have you successfully completed? Law Enforcement Jail Secure Juvenile Detention

If applicable, include the name of the school where you completed basic training and the date that training was completed:

Are you at least 18 years old? Yes No

Are you a United States citizen? Yes No

Do you have a high school diploma, GED or HSED? Yes No

Do you have an Associate Degree or 60 associate degree level credits or higher from an accredited college or university? Yes No

If No, were you employed as a law enforcement officer prior to February 1, 1993? Yes No

The college credit requirement as written in Wisconsin Administrative Code § LES 2.01(1)(e), pertains to law enforcement and tribal law enforcement officers first employed on or after February 1, 1993.

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor crime of domestic violence? Yes No

Are you prohibited by state or federal law from possessing a firearm? Yes No

Do you possess a valid Wisconsin driver's license or a valid driver's license from another state? Yes No

2. EDUCATION			
Name of School(s)	Dates		Degree, Diploma, or Credits Earned
	From (mm/yyyy)	To (mm/yyyy)	
High School(s)			
College(s)			

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Annual Salary/Wages:
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Annual Salary/Wages:
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Annual Salary/Wages:
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

4. MILITARY SERVICE

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

Honorably Discharged from Military Service? Yes No Not Applicable

6. REFERENCES

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

6. GENERAL

COMPLETE IF INSTRUCTED TO DO SO BY EMPLOYING AGENCY.

Attach no more than one additional page for each answer.

- A. Why have you chosen to apply for this position?
- B. Discuss things you have done which have contributed to your life experience. Be sure 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, genders, cultures, ages, socio-economic groups, and educational levels?

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicants Signature

Date Signed

Under the provisions of § 19.36, Wis. Stats., I request that my identity as an applicant for this position not be revealed without my consent or until required under law.

Applicants Signature

Date Signed

Vernon County Human Resources

402 Courthouse Square Suite 211

Viroqua, WI 54665

Phone: (608) 637-5303 Fax: (608) 637-3823

brath@vernoncounty.org

Authorization for Reference Checks

Name _____

Address _____

City, State, Zip _____

I hereby empower Vernon County or other authorized representative thereof bearing this release to obtain information, records and reference information pertaining to:

- Academic Files
- Employment Information
- Personal Knowledge

I understand that such information is sought with confidentiality and will not be released in any form whatsoever. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information.

This release is executed to authorize Vernon County, 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.

All offers of employment are conditional upon completion of reference and criminal background checks.

Signature

Date

OVER

Vernon County Human Resources

402 Courthouse Square Suite 211

Viroqua, WI 54665

Phone: (608) 637-5303 Fax: (608) 637-3823

brath@vernoncounty.org

List of References

Name _____

Address _____

City, State, Zip _____

Personal References:

Please list the name, address and telephone number of three people who are familiar with your background who are not related to you.

Name	Address	Telephone Number

Employment References:

Please list the name, address and telephone number of three people who supervised your work, are familiar with your qualifications, and who may be contacted at this time.

Supervisor Name	Company	Address	Telephone Number

Educational References:

Please list the name, address and telephone number of your high school, college and/or any other educational institution attended:

Name of Institution	Address	Telephone Number	

Vernon County Authorization for Release of Information

(For official use only, not to be released to unauthorized persons)

Vernon County is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference, age, marital status, pregnancy, disability, or any other legally protected status.

I hereby empower an employee of Vernon County, or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, 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 purposed of obtaining credit or employment data)
5. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any law enforcement or jail officer
10. Persons listed as references

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. _____

I understand that such information is sought with confidentiality and will not be released in any form whatsoever. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information.

Date

Signature - Full Name

Applicant Name: _____
Last First Middle (full—do not abbreviate)

Address - Street and Number City State Zip

Maiden Name or other Legal Names: _____
Include all other married or legal names

Sex: _____ Race: _____ Date of Birth _____ / _____ / _____ Social Security #: _____

This release is executed to authorize Vernon County, 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.

All offers of employment are conditional upon completion of *reference* and *criminal background checks*.

Applicant Data Record (PLEASE PRINT)

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, gender, sexual orientation, national origin, age, marital or Veteran status, non-job related medical condition or handicap, ancestry, arrest record or conviction, or any other legally protected status.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities. Solely, to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record. This Data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date _____

Position(s) Applied For _____

Affirmative Action Survey

Government agencies require periodic reports on the gender, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information in this section is optional.

Check one: _____ Male _____ Female

Check one of the following Ethnic Groups:

- _____ **Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race. Includes persons from the Dominican Republic.
- _____ **Not Hispanic/Latino** – A person who is not of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race.

Check one of the following Racial Groups:

- _____ **Black/African American or African** – A person having origins of any of the black racial groups of Africa. Includes Haitians and other persons of African origin from the West Indies who are not Hispanic/Latinos.
- _____ **American Indian or Alaska Native** – A person descending from any of the original peoples of North, South or Central America who possess ¼ degree of documented tribal descendancy or is enrolled with a federally and state recognized tribe.
- _____ **Asian** – A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent.
- _____ **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- _____ **White** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- _____ **More than one race** – A person designating more than one of the racial groups above.

Check if any of the following are applicable:

- _____ **Disabled Veteran**
- _____ **Handicapped Individual**
- _____ **Vietnam Era Veteran**