

## ELK MOUND POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

All questions must be answered. Incomplete or illegible applications will not be considered. Additional pages may be attached if needed.  
**APPLICANT MUST ALSO INCLUDE THE COMPETED AND SIGNED "Authorization for Release of Information and Liability Waiver" FORM.**

### 1. PERSONAL INFORMATION

Name (Last, First, Middle)			Date of Birth (MM/DD/YYYY)
Address (Apartment, Street, P.O. Box)			Home Telephone Number
City	State	Zip Code	Work Telephone Number
Email Address			Cell Phone Number
Are you at least 18 years old?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a citizen of the United States?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide your Social Security Number.			
Do you have a high school diploma, GED, or HSED?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have 60 credit hours or more or degree from an accredited college or university?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a criminal offense?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you prohibited under state or federal law from possessing a firearm?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you possess a valid Wisconsin driver's license or a valid driver's license from another state?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you successfully completed basic law enforcement training?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide dates and location of training.			

### 2. EDUCATION

Name of School(s)	From	To	Degree, Diploma, or Credits Earned
<b>High School(s)</b>			
<b>College(s)</b>			

### 3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment within the last ten (10) years. To furnish additional employment information, attach sheets with the same information as this application.

Employer Information	Dates of Employment	
	From	To
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:	
Employer Information	Dates of Employment	
	From	To
Name of Employer:		
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:	

Employer Information	Dates of Employment	
	From	To
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:	

Employer Information	Dates of Employment	
	From	To
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

#### 5. GENERAL

- A. Why have you chosen to apply for this position?
- B. Discuss how events in your life have prepared you for this position?
- C. Why do you believe you can relate to people of different races, genders, cultures, ages, socio-economic groups or 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. 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. I FURTHER AUTHORIZE THE ELK MOUND POLICE DEPARTMENT TO CONDUCT A BACKGROUND CHECK ON MYSELF. I HAVE INCLUDED MY RESUME WITH THE COMPETED AND SIGNED "*Authorization for Release of Information and Liability Waiver*" FORM.

Applicant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_