

APPLICATION FOR ENROLLMENT BASIC LAW ENFORCEMENT, JAIL OR SECURE JUVENILE DETENTION OFFICER TRAINING

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) Date of Birth (mm-dd-yy			th (mm-dd-yyyy)	Social Security # (xxx-xx-xxxx)		
Address (Apartment, Street, P.O. Box)					Home Telep	hone Number
, , , , , ,						
City	State	<u>, </u>		Zip Code	Work Telen	hone Number
City	Otate	•		Zip Code	Work Telep	none Number
					0 11 01	
Email Address					Cell Phone	Number
In the past, have you ever enrolled in a basic la	w enforcement, ja	ail or secure ju	venile d	etention officer		
training academy or academy courses?					Yes 🗌	No 🗌
What type(s) of basic training did you enroll in?	? Law Enforcem	ent 🗌 🔝 Jai	I 🗌	Secure Juvenile Det	tention 🗌	Not applicable
If applicable, include the name and location (cit	ty and state) of th	e school(s) wh	ere you	enrolled in basic tra	ining:	
					\Box	🗖
Are you a United States citizen?					Yes 🗌	No 🗌
					\Box	🗆
Do you have a high school diploma, GED or HS	SED?				Yes 🔛	No 🗔
Do you have an Associate Degree or 60 associa	ate degree level c	redits or highe	r from a	n accredited	v \Box	N. 🗆
college or university?					Yes 🗌	No 🗌
Harrison was been assisted at a fallow 0					Vaa 🗆	No 🗆
Have you ever been convicted of a felony?					Yes 🔛	No 📙
					Yes 🗌	No 🗌
Have you ever been convicted of a misdemeanor crime of domestic violence?					162	NO [
					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						
		Dates				
Name of School(s)	From (mm/yyyy)	To (mm/y	vv)	Degree D	iploma, or Cr	adits Farnad
High School(s)	(,,,,,,	10 (11111111111111111111111111111111111	(33)	Dog.cc, D	ipioilia, or or	cano Eumea
nigii 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 Francisco	Dates of Employment			
Name and Address of Employer	From (mm/yyyy)	To (mm/yyyy)		
Name of Employer:				
Address:		Annual Salary/Wages:		
	Full-Time Part-Time			
City:	State:	Zip Code:		
		p		
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes No			
	Tes NO			
Position and kind of work:	Reason for Leaving:			
	Dates of F	mployment		
Name and Address of Employer	From (mm/yyyy)	To (mm/yyyy)		
Name of Employer:	Trom (mingyyy)	i c (iiiii yyyy)		
Address:		Annual Salary/Wages:		
Address.	Full-Time Part-Time	Alliluai Salai y/ Wages.		
City:	State:	Zip Code:		
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor?			
·	Yes No			
Position and kind of work:	Reason for Leaving:			
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:		Annual Salary/Wages:		
	Full-Time Part-Time			
City	State:	Zip Code:		
Oily .	otate.	Zip Gode.		
		1		
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes No			
	163 INU			
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	
	17777	17777		9		
norably Discharged from Mi	ilitary Service?	Yes	No Not	Applicable		
			5. REFERENCES	3		
ive three references (not re	latives, or pres	ent employer;	avoid listing memb	ers of the clergy).		
ame:						
osition/Title/Profession:						
umber of Years Acquainted	:					
ddress:						
ity/State/Zip:						
elephone Number:						
ame:						
osition/Title/Profession:						
umber of Years Acquainted	:					
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ity/State/Zip:						
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elephone Number.						
elephone Number.						
ame:						
ame:	:					
ame: osition/Title/Profession:	:					

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.

CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.	
I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMIS	
Applicants Signature	Date Signed
Under the provisions of § 19.36, Wis. Stats., I request that my identity as an applicant for consent or until required under law.	r this position not be revealed without my
Applicants Signature	Date Signed