

# APPLICATION FOR EMPLOYMENT

VERONA POLICE DEPARTMENT

111 Lincoln Street

Verona Wisconsin 53593

(608) 845-7623

This application must be completely filled out and clearly printed in black ink or typewritten. Your answer to any particular question may not necessarily eliminate you from consideration. Failure to complete this form may result in disqualification of this application. If a question does not apply to you, write "N/A" in the space provided. The Verona Police Department requests this information to complete the employment background verification. The information obtained is used exclusively for the purpose of employment consideration. Any falsification on this form will result in disqualification of your application or, if discovered after employment, may be grounds for discharge. Conviction of a felony, misdemeanor or ordinance violation will not necessarily preclude employment of an applicant, unless the circumstances substantially relate to the requirements of the job classification for which you are applying. If the application sections are insufficient to include your response, please use additional sheets to supplement the information.

**The City of Verona complies with the Americans with Disabilities Act and fully supports the concepts of Equal Employment Opportunity and Affirmative Action. Those applicants requiring accommodation to the application and/or interview process should contact the City Administrator's Office.**

Today's Date: \_\_\_\_\_

Position Desired (check all that apply):    Full-Time Police Records Clerk    Part-Time Police Records Clerk

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Age, if under 18: \_\_\_\_\_

Residence Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if Different: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Are you a United States citizen? Yes \_\_\_\_ No \_\_\_\_.

Primary Phone: (circle) Home Cell Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary Phone: (circle) Home Cell Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

List all nicknames and aliases by which you have been known at any time: \_\_\_\_\_

Are you available to work on weekends: Yes \_\_\_\_ No \_\_\_\_.

Do you have the skill, knowledge, and ability:

- ◆ to use a computer for word processing? Yes \_\_\_\_ No \_\_\_\_.
- ◆ to enter data into a database program? Yes \_\_\_\_ No \_\_\_\_.
- ◆ to transcribe recorded dictation into a written document? Yes \_\_\_\_ No \_\_\_\_.
- ◆ to provide clerical and business office transactions? Yes \_\_\_\_ No \_\_\_\_.

### **RESIDENCE HISTORY**

List chronologically, starting with the most recent address, all of your residences during the past fifteen years. Include addresses while attending school, if away from home, and all military addresses.

Date (Month/Year)		Street Address (Apt. No.), City, State AND Zip Code	If rented, give name, address and phone of person responsible for the collection of rent
From	To		

## REFERENCES

List three professional references (not relatives, former employers, fellow employees, or school teachers) who are responsible adults:

Name AND Address	(Area Code) Personal Phone Number	(Area Code) Work Phone Number	Best Time to Contact

Provide three social acquaintances, not listed above:

Name AND Address	(Area Code) Personal Phone Number	(Area Code) Work Phone Number	Best Time to Contact

List two law enforcement officers with whom you are acquainted, if any:

Name	Department	City and State	(Area Code) Phone Number

**USE OF ALCOHOL OR DRUGS AS AN ADULT**

Do you currently use alcoholic beverages? Yes \_\_\_\_ No \_\_\_\_.

If no, have you ever used alcoholic beverages? Yes \_\_\_\_ No \_\_\_\_.

If yes to either, please describe your current and/or previous use of alcoholic beverages, including the date of last use:

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Do you currently use marijuana? Yes \_\_\_\_ No \_\_\_\_.

If no, have you ever used marijuana? Yes \_\_\_\_ No \_\_\_\_.

If yes to either, please describe your current and/or previous use of marijuana, including the date of last use:

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Do you currently use non-prescription illegal drugs, such as opiates, heroin, cocaine, ecstasy, and/or methamphetamines? Yes \_\_\_\_ No \_\_\_\_\_. If no, have you ever used non-prescription illegal drugs, such as opiates, heroin, cocaine, ecstasy, and/or methamphetamines? Yes \_\_\_\_ No \_\_\_\_\_. If yes to either, please describe your current and/or previous use of non-prescription illegal drugs, including the date of last use:

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Prior to hiring, an applicant tentatively selected will be required to submit to a drug test at City expense. Will you consent to such a test? Yes \_\_\_\_ No \_\_\_\_.

**JOB PERFORMANCE**

Do you know of any reason why you would not be able to perform (with reasonable accommodation) any job-related task or function as specified in the job description? Yes \_\_\_\_ No \_\_\_\_.

If yes, please explain:

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### JUDICIAL ACTION

Have you ever been charged or convicted of ANY felony, misdemeanor, or ordinance violation, including traffic law, other than parking tickets? Yes \_\_\_\_ No \_\_\_\_ . If yes, complete the following:

Date (MM/DD/YYYY)	Location	Charge/Violation	Final Disposition	Comments (Agency and Court)

Are you now, or have you ever been involved (as an adult) as a plaintiff, defendant, petitioner or respondent, in any civil court action? Yes \_\_\_\_ No \_\_\_\_ . If yes, please include when, where, name and location of court, circumstances, and disposition:

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### MILITARY SERVICE

Have you served in the United States Armed Forces? Yes \_\_\_\_ No \_\_\_\_ . If yes, complete the following:

Name Used During Service (Last, First and Middle)	Social Security No.	Date of Birth	Place of Birth

If yes, indicate Active Duty, Past and Present:

Branch of Service	Dates of Active Service		Check One:		Service Number During this Period
	Date Entered	Date Released	Officer Enlisted		

National Guard Membership (Check One):        Army        Air Force        None

Branch of Reserves	Dates of Membership		Check One:		Service Number During this Period
	Date Entered	Date Released	Officer Enlisted		

## EMPLOYMENT HISTORY

List all employers, beginning with the most recent and work back. Include all part-time employers. Account for all time periods. Make additional copies of this page, if necessary.

Employer Name and Address (If unemployed, indicate dates)	Date (Mo/Yr)		Position Held (PH) Duties (D) Reason for Leaving (RL)	Salary		Hours Per Week	Supervisor Name and Telephone	May we Contact (Y/N)
	From	To		Beginning	Ending			
			PH: D: RL:					
			PH: D: RL:					
			PH: D: RL:					
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## EDUCATIONAL HISTORY

Check highest level of education:

- High School Graduate / GED  
 Hours of college credit (no degree)  
 Associate's Degree  
 Bachelor's Degree  
 Master's Degree  
 Doctoral Degree

High School Name AND Address	Date (Mo/Yr)		Diploma Granted (Mo/Yr)	Credits Earned
	From	To		

College or University City AND State	Date (Mo/Yr)		Major Field of Study	Degree Granted (Mo/Yr)	Credits Earned
	From	To			

Miscellaneous Schools Name, City AND State	Date (Mo/Yr)		Major Field of Study	Degree/ Diploma Granted (Mo/Yr)	Credits Earned
	From	To			

## CERTIFICATION

I certify, to the best of my knowledge, this application is true and complete. I understand that any misstatement forfeits my consideration for employment for the position for which I am applying, and may affect future consideration for other positions in the department.

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(Applicant Signature and Date)