



CITY OF SHEBOYGAN POLICE DEPARTMENT

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS:

To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. **Attach supplements if necessary.** Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, gender, sexual orientation or disability.

Incomplete applications MAY NOT BE CONSIDERED.
If resume is submitted, DO NOT write "see resume".
Write N/A in blank if it does not apply.
DATE & SIGN this application.
Please list a minimum of ten years' prior experience and education.
You are not required to furnish any information, which is prohibited by federal, state or local law.

MAIL APPLICATION TO: Sheboygan Police Department
C/O Captain Steve Cobb
1315 N 23 Street, Suite 101
Sheboygan, WI 53081-3180

Application Deadline: 4:00 PM, November 14th, 2016

TITLE OF POSITION YOU ARE APPLYING FOR: Police Officer		TODAY'S DATE:	HOME PHONE:
NAME: (Last) (First) (M.I.)		CELL PHONE:	
CURRENT ADDRESS: (Street) (Apt. #)		BUSINESS PHONE:	
(City) (State) (Zip Code)		Can we contact you at your business number? Yes: No: If Yes, list hours:	
PERMANENT ADDRESS: (Street) (Apt. #) (If different than above)		E-MAIL ADDRESS:	
(City) (State) (Zip Code)		When will you be available for employment?	
Are you a United States citizen?		Yes:	No:
Are you legally eligible for employment in the United States?		Yes:	No:
Are you at least 18 years of age?		Yes:	No:
Have you ever been convicted of a felony?		Yes:	No:
Have you ever been convicted of Any Domestic Violence Related Offense(s)?		Yes:	No:
Do you possess a valid driver's license?		Yes:	No:
Do you have 60 college credits?		Yes:	No:
List any law enforcement internships including department and number of hours:		List any current certification, license or registration as a member of a trade or profession:	

THIS SECTION MUST BE COMPLETED! Please list **ALL** instances in which you were convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations and traffic violations. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment. You may attach another sheet if necessary.

Date	Location	Charge	Court	Disposition of Case

NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment.

Did you graduate from high school? Yes No If no, have you passed a high school equivalency or GED test: Yes No
 Name of school: _____ Location: _____
 Location of school: _____

Special skills & qualifications:

List all the computer software you can operate skillfully: _____

Foreign Language (spoken or read proficiently) French German Spanish Hmong Other _____

*Are you certified or certifiable as a Police Officer Yes No Date graduated recruit Class: _____ State: _____

Date certified as Police Officer _____ State: _____

TRAINING BEYOND HIGH SCHOOL

Name of College, University or School	Presently Attending?	Major Field	Type of degree received	Credits earned	GPA

Describe all education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, police academy, in-service training, and professional memberships. Please provide dates.

IMPORTANT: You must complete the employment sections of this application. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of prior ten years experience and education.

Are you currently **unemployed**? Yes No, If yes, since _____

*Certifiable means recruit training completed in a pre-service or advanced standing program. Certified means currently certified by the State of Wisconsin or other state, as a police officer.

EMPLOYMENT SECTION: Please start with your most recent position – include military service

Start Date:	Title and Duties
Separation Date:	Employer's name (company name):
Full Time Part Time Temporary	Address:
Hours each week:	Name and title of supervisor:
Starting Salary/Earnings: Per _____	Supervisory Position Yes No Were you involuntarily discharged? Yes No Why?
Present Salary/Earnings: Per _____	Reason for leaving.

Start Date:	Title and Duties
Separation Date:	Employer's name (company name):
Full Time Part Time Temporary	Address:
Hours each week:	Name and title of supervisor:
Starting Salary/Earnings: Per _____	Supervisory Position Yes No Were you involuntarily discharged? Yes No Why?
Ending Salary/Earnings: Per _____	Reason for leaving.

Start Date:	Title and Duties
Separation Date:	Employer's name (company name):
Full Time Part Time Temporary	Address:
Hours each week:	Name and title of supervisor:
Starting Salary/Earnings: Per _____	Supervisory Position Yes No Were you involuntarily discharged? Yes No Why?
Ending Salary/Earnings: Per _____	Reason for leaving.

Start Date:	Title and Duties
Separation Date:	Employer's name (company name):
Full Time Part Time Temporary	Address:
Hours each week:	Name and title of supervisor:
Starting Salary/Earnings: Per _____	Supervisory Position Yes No Were you involuntarily discharged? Yes No Why?
Ending Salary/Earnings: Per _____	Reason for leaving.

PLEASE ANSWER THE FOLLOWING QUESTIONS. IF YOU ANSWER, "YES," TO ANY OF THE FOLLOWING, PLEASE ATTACH A DOCUMENT EXPLAINING THE CIRCUMSTANCES.

YES	NO	Have you ever been discharged for unfavorable employment or conduct?
YES	NO	Have you ever resigned after being informed of possible discharge?
YES	NO	Have you ever left employment by mutual agreement, due to specific problems?

CERTIFICATION:

Please read and initial each of the following statements. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial:

_____ I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Initial:

_____ Notice – Wisconsin Open Records Law: Under Section 19.36(7) of Wisconsin Statutes, the names of the "Final Candidates" must be open to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to being a "Final Candidate" they can do so by making a separate request in writing.

Initial

_____ The City of Sheboygan is committed to the equality of opportunity for all people. It is the policy of the City of Sheboygan to provide equal employment opportunities for all individuals on the basis of their skills, abilities, and qualifications, without regard to race, color, national origin, religion, political affiliation, gender, age, disability, marital status, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

APPLICATION IS DUE BY NOVEMBER 14th, 2016 AT 4:00 P.M.

Applicant's Signature

Date

See following pages for Veteran Information

230.03(14) WISCONSIN STATUTES

Veteran means any of the following:

- (a) A person who served on active duty under honorable conditions in the U.S. armed forces and who was entitled to receive any of the following:
 - 1. The armed forces expeditionary medal established by executive order 10977 on December 4, 1961.
 - 2. The Vietnam service medal established by executive order 11231 on July 8, 1965.
 - 3. The Navy expeditionary medal.
 - 4. The Marine Corps expeditionary medal.
- (b) A person who served on active duty under honorable conditions in the U.S. armed forces in Bosnia, Grenada, Lebanon, Panama, Somalia or a Middle East crisis under s. 45.34.
- (c) A person who served on active duty under honorable conditions in the U.S. armed forces for at least one day during a war period, as defined in s. 45.001 (5) or under section 1 of executive order 10957 dated August 10, 1961.

A person who served on active duty under honorable conditions in the U.S. armed forces for 2 continuous years or more or the full period of the person's initial service obligation, whichever is less. A person discharged from the U.S. armed forces for reasons of hardship or a service-connected disability or a person released due to a reduction in the U.S. armed forces prior to the completion of the required period of service shall also be considered a "veteran", regardless of the actual time served.

Those who qualify, please complete the form on the next page.

**CITY OF SHEBOYGAN
CLAIM FOR
VETERAN'S PREFERENCE POINTS**

DATE: _____

NAME: _____

POSITION APPLIED FOR: _____

I am eligible and make claim for veteran's preference points as follows:

I am a veteran as that term is defined in section 230.03(14)
Wisconsin Statutes. (10 pts.)

I am a disabled veteran whose disability is less than 30%.
(15 pts.)

I am a disabled veteran whose disability is 30% or greater.
(20 pts.)

I am the spouse of a disabled veteran whose disability is at
least 70%. (10 pts.)

I am the un-remarried spouse of a veteran who was killed in
action. (10 pts.)

I am the un-remarried spouse of a veteran who died of a
service-connected disability. (10 pts.)

I am not eligible for veteran's preference points. (0 pts.)

SIGNATURE: _____

(Proof of veteran's status (DD214) or disability status must be submitted with application)

APPLICANT INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

The City of Sheboygan is an equal opportunity employer committed to the employment and advancement of minorities, females individuals with disabilities and veterans and does not discriminate in hiring or employment based on race, color, religion, sex, national origin, age, disability, or any other basis prohibited by law. No question on this form is intended to be used for such discrimination.

VOLUNTARY: Your completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information you provide is strictly confidential. You may inform the City of your desire to benefit under this program at this time or any time in the future.

Applicant Name (Please Print):	Date:
Position Applied For:	

Please check one: ☐ Male ☐ Female

Racial/Ethnic Category (choose one)

- _____ **Non-Minority:** White or non-Hispanic origin. All persons having origins in any of the people of Europe, North Africa or the Middle East.
- _____ **Black:** Not of Hispanic origin. All persons having origins in any black African racial groups
- _____ **Asian or Pacific Islander:** Origins of either the Far East, Southeast Asia, the India sub-continent, or the Pacific, lands, including China, Japan, Korea, the Philippines and Samoa.
- _____ **American Indian or Alaskan:** All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
- _____ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- _____ **Other:** (Please Be Specific) _____

Referral Source (choose one)

- | | |
|---|-------------------------|
| _____ Walk-In | _____ State Job Service |
| _____ Employee Referral (Please Name) _____ | _____ School/College |
| _____ Advertisement | _____ Employment Agency |
| _____ Government | |
| _____ Other (Please Specify) _____ | |