

APPLICATION FOR LAW ENFORCEMENT OFFICER BIG CEDAR LAKE PROTECTION & REHABILITATION DISTRICT

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.

Name (Last First Middle)	1. PERSC	NAL INFORMATION		
Name (Last, First, Middle)				
Address (Apartment, Street, P.O. Box)				Home Phone Number
City	State		Zip Code	Cell Phone Number
Email Address				Social Security Number
Have you successfully completed the basic train	ning required for	certification (i.e. 720-l	nour law enforcement ac	ademy)? Yes No No
If yes, what type(s) of basic training have you su	uccessfully comp	leted? Law Enforce	ment Jail	Secure Juvenile Detention
If applicable, include the name of the school wh	ere you complete	d basic training and t	he date that training was	s 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 HSI	ED? Yes 🗌	No 🗌		
Do you have an Associate Degree or 60 associa	te degree level cr	edits or higher from a	an accredited college or	university? Yes No No
If No, were you employed as a law enforcement The college credit requirement as written in Wiscon officers first employed on or after February 1, 1993.	sin Administrative			nent and tribal law enforcement
Have you ever been convicted of a felony? Yes	s No [
Have you ever been convicted of a misdemeano	or crime of domes	tic violence? Yes	No 🗌	
Are you prohibited by state or federal law from p	possessing a firea	arm? Yes 🗌	No 🗌	
Do you possess a valid Wisconsin driver's licen	se or a valid drive	er's license from anot	her state? Yes	No 🗌
		EDUCATION		
	D From	ates		
Name of School(s)	(mm/yyyy)	To (mm/yyyy)	Degree, Diplo	ma, or Credits Earned
High School(s)		<u> </u>	T	
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 En	npioyment
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:		Annual Salary/Wages:
	Full-Time Part-Time	ar carary, rrages.
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / s Yes No	upervisor?
Position and kind of work:	Reason for Leaving:	
Name and Address of Employer	Dates of En	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time Part-Time	Annual Salary/Wages:
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / s Yes No	upervisor?
Position and kind of work:	Reason for Leaving:	
	Dates of En	nployment
Name and Address of Employer	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Address:	Full-Time Part-Time	Annual Salary/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:	

Branch of Service From (mm/yyyy) Active Duty or Reserve Highest Grade Skill Specialty or Primary Duty	
Honorably Discharged from Military Service? Yes No No Not Applicable	
5. 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:	

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.

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

Submit Completed Application Materials:

Via US Mail:

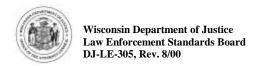
Big Cedar Lake PRD 4480 Gonring Drive West Bend, WI 53095

Via E-Mail:

bigcedarlakeprd@gmail.com

Via Fax:

Attn: Application for employment (262) 629-1019



AUTHORIZATION FOR RELEASE OF INFORMATION

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

I hereby empower an employee of the Big Cedar Lake Protection and Rehabilitation District

Employing Agency

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 purposes 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

tions to this blanket author	rization			
	ion in the possession of any source mericans With Disabilities Act).	e named above until s	subsequent to	a conditiona
2				
3				
elease is executed to authorize	ze Big Cedar Lake Protection and	Kenaoiiitation District	<u>l</u> ,	
	in the above information. It is under the above information and shall not be further disseminated.		mation shall t	be used only
	in the above information. It is und	erstood that said infor	mation shall t	be used only
eration of my employment a	in the above information. It is under the above information. It is under the shall not be further disseminated and shall not be further disseminated.	erstood that said infored for any purpose.	mation shall t	be used only
eration of my employment a	in the above information. It is under the above information. It is under the shall not be further disseminated and shall not be further disseminated.	erstood that said infored for any purpose.	rmation shall b	be used only
eration of my employment a	in the above information. It is under the above information. It is under the shall not be further disseminated and shall not be further disseminat	erstood that said inforced for any purpose. The Full Name Street and Number		be used only