

City of Menasha Police Department
Employing Agency

APPLICATION FOR EMPLOYMENT AS LAW ENFORCEMENT OR JAIL OFFICER

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications which are incomplete or illegible will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

1. PERSONAL INFORMATION

Name in Full (Last, First, Middle)			Social Security Number
Address (Apartment, Street, P.O. Box)			Home Telephone Number ()
City	State	Zip Code	Work Telephone Number ()

Are you over the age of 18? Yes No

Are you a United States citizen? Yes No

Do you have a valid Wisconsin driver's license? Yes No

Do you have a valid driver's license from another state? Yes No

Have you ever been convicted of a felony? Yes No

Have you completed at least 60 college credits? Yes No

If yes, please attach a separate sheet giving full information?

IMPORTANT: Administrative Rule LES 2.01(1)(e) requires that an applicant possess either a two-year Associate Degree or 60 college level credits, or meet the standard within the first five years of employment. The Law Enforcement Standards Board may waive up to 30 credits upon documentation of writing, problem solving, and other communication skills. [Waiver forms available via the Department of Justice, Training and Standards Bureau, P.O. Box 7070, Madison, WI 53707-7070, 608/266-8800.]

2. EDUCATION

Name of School	Location	Dates		Course Pursued	Degree, Diploma, or Credits Earned
		From	To		
High Schools					
College					
Graduate School					

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, provide dates. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates	Position and Kind of Work
<p>Name _____</p> <p>Street _____</p> <p>City, State _____</p> <p>Supervisor's Name/Telephone: _____</p> <p>May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>From To</p> <p>Full-Time <input type="checkbox"/></p> <p>Part-Time <input type="checkbox"/></p> <p>Annual Salary/Wages:</p>	<p>Reason for Leaving</p>
<p>Name _____</p> <p>Street _____</p> <p>City, State _____</p> <p>Supervisor's Name/Telephone: _____</p> <p>May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>From To</p> <p>Full-Time <input type="checkbox"/></p> <p>Part-Time <input type="checkbox"/></p> <p>Annual Salary/Wages:</p>	<p>Reason for Leaving</p>
<p>Name _____</p> <p>Street _____</p> <p>City, State _____</p> <p>Supervisor's Name/Telephone: _____</p> <p>May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>From To</p> <p>Full-Time <input type="checkbox"/></p> <p>Part-Time <input type="checkbox"/></p> <p>Annual Salary/Wages:</p>	<p>Reason for Leaving</p>
<p>Name _____</p> <p>Street _____</p> <p>City, State _____</p> <p>Supervisor's Name/Telephone: _____</p> <p>May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>From To</p> <p>Full-Time <input type="checkbox"/></p> <p>Part-Time <input type="checkbox"/></p> <p>Annual Salary/Wages:</p>	<p>Reason for Leaving</p>

4. MILITARY SERVICE

Branch of Service	Month/Year Served From	Month/Year Served To	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty

List special schools attended/skills acquired during military service.

5. REFERENCES

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name _____ Address _____ City/State/Zip _____ Telephone Number () _____	Number of Years Acquainted Position/Title/Profession
Name _____ Address _____ City/State/Zip _____ Telephone Number () _____	Number of Years Acquainted Position/Title/Profession
Name _____ Address _____ City/State/Zip _____ Telephone Number () _____	Number of Years Acquainted Position/Title/Profession

6. GENERAL

COMPLETE IF INSTRUCTED TO DO SO BY EMPLOYING AGENCY.

For questions A-C, 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. Remember 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, sexes, 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 provided 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.

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.

Applicant's signature:

Date signed:

Under the provisions of section 19.36, Wisconsin Statutes, I request that my identity as an applicant for the position of _____ not be revealed without my consent or until required under law.

Applicant's signature:

Date signed:

Mail completed and signed applications to:

**Chief of Police
City of Menasha Police Department
430 First Street
Menasha, WI 54952**

**CITY OF MENASHA
AMERICANS WITH DISABILITIES ACT (ADA)
EMPLOYMENT APPLICATION PROCESS
REQUEST FOR APPLICATION**

Applicant Name: _____ Date _____

An individual is protected under the ADA if he/she is a qualified individual with a disability who, with or without reasonable accommodations, can perform the essential functions of the employment position. ADA section 3(2) defines disability, with respect to the individual, as: a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; b) a record of such an impairment; or c) being regarded as having such an impairment.

Please list the accommodations and reason for request:

Signature

Date

PLEASE DO NOT ATTACH THIS TO YOUR APPLICATION

CITY OF MENASHA – PERSONNEL DEPARTMENT – RECRUITMENT INFORMATION

This form is not a part of your application for employment and will stay separate from the application. Your answers will neither help nor hinder your chance for City employment. They will, however, help us to assess our recruiting effort as well as to monitor the progress of the City's Affirmative Action efforts. Filling out this form is voluntary. We ask your cooperation in providing us with the following information.

PLEASE PRINT OR TYPE

1. **NAME:** _____
Last First M.I.

2. **ADDRESS:** _____

3. **POSITION APPLYING FOR:** _____

4. **GENDER:** Please check Male Female

5. **RACIAL GROUP:** How do you describe yourself in terms of the following groups?

<input type="checkbox"/> A	White, not of Hispanic origin – Peoples having origins in any of the original peoples of Europe, North Africa, or the Middle East.	<input type="checkbox"/> F	Hispanic or Latino (white race only) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the white race.
<input type="checkbox"/> B	Black or African American, not of Hispanic origin – Peoples having origins in any of the black racial groups of Africa.	<input type="checkbox"/> G	Hispanic or Latino (all other races) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than white.
<input type="checkbox"/> C	Asian – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, and the Philippine Islands.	<input type="checkbox"/> H	American Indian or Alaskan Native – a PERSON WITH ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF North America and South America (including Central America) who maintains cultural identification through tribal affiliation or has community attachment.
<input type="checkbox"/> D	Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	<input type="checkbox"/> I	Race Missing or Unknown – Applies to applicants only when a resume or application that is screened is received with no racial or ethnic identification, and no further contact is made with the applicant.
<input type="checkbox"/> E	Hispanic or Latino (all races) – Persons of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish culture or origin, regardless of race. Portuguese individuals should be excluded from this category and classified according to race.		

6. **RECRUITMENT:** How did you hear about the job which you are applying for? (Check one only)

A Appleton Post Crescent E Word of mouth from _____
 B Another newspaper/journal _____ F City of Menasha website
 C Employment Inquiry Form on file with City G Internet website _____
 D Bulletin board at _____ H Other _____

7. **VETERAN STATUS:** (Please check one)

A None B Veteran – Branch of service _____ C Active Reserves
Years _____ Type of discharge _____

The American with Disabilities Act (ADA) defines an individual with a disability as “one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or who is regarded as having such an impairment.”

Based on this definition, are you an individual with a disability? Yes No