



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-yyyy) | Social Security # (xxx-xx-xxxx) |
| Address (Apartment, Street, P.O. Box) | | | Home Telephone Number |
| City | State | Zip Code | Work Telephone Number |
| Email Address | | | Cell Phone Number |

In the past, have you ever enrolled in a basic law enforcement, jail or secure juvenile detention officer training academy or courses?
 Yes No

What type(s) of basic training did you enroll in? Law Enforcement Jail Secure Juvenile Detention Not applicable

If applicable, include the name and location (city and state) of the school(s) where you enrolled in basic training:

Are you a United States citizen? Yes No

Do you have a high school diploma, GED or HSED? Yes No

Do you have an Associate Degree or 60 associate degree level credits or higher from an accredited college or university? Yes No

If No, were you employed as a law enforcement officer prior to February 1, 1993? Yes No

The college credit requirement as written in Wisconsin Administrative Code § LES 2.01(1)(e), pertains to law enforcement and tribal law enforcement officers first employed on or after February 1, 1993.

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor crime of domestic violence? 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

| Name of School(s) | Dates | | Degree, Diploma, or Credits Earned |
|-----------------------|-------------------|--------------|------------------------------------|
| | From (mm/yyyy) | To (mm/yyyy) | |
| High 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 Employer | Dates of Employment | |
|---------------------------------------|---|------------------------------------|
| | From (mm/yyyy) | To (mm/yyyy) |
| Name of Employer: | | |
| Address: | Full-Time <input type="checkbox"/> | Part-Time <input type="checkbox"/> |
| City: | State: | Zip Code: |
| Supervisor's Name / Telephone Number: | May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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: | Full-Time <input type="checkbox"/> | Part-Time <input type="checkbox"/> |
| City: | State: | Zip Code: |
| Supervisor's Name / Telephone Number: | May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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: | Full-Time <input type="checkbox"/> | Part-Time <input type="checkbox"/> |
| City: | State: | Zip Code: |
| Supervisor's Name / Telephone Number: | May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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 |
|-------------------|-------------------|-----------------|---------------------------|---------------|---------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Honorably Discharged from Military Service? Yes 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:

6. GENERAL

Attach no more than one additional page for each answer.

- A. Why have you chosen to enroll in basic law enforcement, jail and/or secure juvenile detention officer training?
- 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 allowing you to enroll in basic training or for dismissing you after training has already begun. 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.

I UNDERSTAND THAT IF I AM ALLOWED TO PARTICIPATE IN BASIC TRAINING, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL FROM TRAINING.

Applicants Signature

Date Signed