

WATER SAFETY PATROL OFFICER EMPLOYMENT APPLICATION BIG CEDAR LAKE PROTECTION & REHABILITATION DISTRICT

Important Instructions:

This application must be completely filled out and either typed or clearly printed in black ink. 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 BCLPRD requests this information to complete the employment background verification. Please Note: BCLPRD conducts extensive background investigations as outlined in LES 2.01, Wis. Adm. Code. 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 any offense will not necessarily preclude employment of an applicant unless circumstances substantially relate to the requirements of the position for which you are applying. BCLPRD complies with the Americans with Disabilities Act.

Legal Name: Last First Middle			Social Security Number	
Resident Street Address (Where you can be contacted personally)			Mailing Address (If different)	
County of Residence	(Area Code) Work Telephone Number	Birth Date (Mo/Day/Yr)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
(Area Code) Home Telephone Number		List any aliases, nick-names, maiden name of your present legal name:		

Entrance Requirements

No Yes Do you know any reason why you would not be able to perform any job-related task or function as specified in the enclosed job description? If yes, explain:

No Yes Prior to final appointment, all persons tentatively selected for positions will be required to submit to physical/eyesight/medical/physical-agility testing, psychological and drug screen examinations by a physician and psychologist of the state's choice at state expense. Will you consent to such examinations?

Certification Statement

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

X _____
(Applicant Signature/Date)

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
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact your current employer/supervisor? Yes No	<u>Dates</u> From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Annual Salary/Wages:	Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: -	<u>Dates</u> From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Annual Salary/Wages:	Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____	<u>Dates</u> From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Annual Salary/Wages:	Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____	<u>Dates</u> From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Annual Salary/Wages:	Reason for Leaving

Education

<input type="checkbox"/> High School Graduate Date _____	Name and Location of High School
<input type="checkbox"/> GED Certificate or High School Equivalency Diploma Date _____	Name and Location of Agency Issuing Certificate/Diploma
Post-High School – Highest Degree Completed: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> 60 College Credits But No Degree <input type="checkbox"/> Officer DOES NOT meet 60 cc Requirements <input type="checkbox"/> Civilian Jailer Date: _____ Month/Day/Year	Name and Location of School

Are you requesting a waiver of all or part of the recruit requirements for this application?

Yes No

Has officer been previously licensed/certified in another state?

Yes No

LE _____ M/D/Y

Jail _____ M/D/Y

State _____

Has officer been previously LESB certified?

Yes _____ Date Law Enforcement Jail Officer Secure Detention

No

Training Completed?

Yes

Training Academy _____ Dates of Training _____ Length of Course (hrs) _____

No

Was recruit training completed in a pre-service or advanced standing program prior to employment? (Please indicate)

Yes No

Applicant Will Complete Required Training At	Starting Date of Training Course	Date of Training Pending
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Military Service

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

List special schools attended/skills acquired during military service.

Medical Examination

Examination must be conducted after conditional offer of employment, per Americans With Disabilities Act

Examined by (Print) Note: Must be licensed physician, physician's assistant, or nurse practitioner.	Date of Examination
Address	<input type="checkbox"/> Qualified for Employment, based on exam and review of essential job functions for this position.

References

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

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

General

List all professional or civic organizations that you are a member or have been a member of, example: American Legion, Optimists, Kiwanis, etc.

Membership Dates		Organization Name	Type of Organization
From	To		

Driving History

No Yes Do you hold a valid Drivers License?
 Drivers License Number: _____ State: _____

No Yes Do you hold a valid Drivers License from other states than listed above? If yes, list those
 states: _____

No Yes Have you ever had a Drivers License suspended, revoked ore restricted? If yes, please
 explain: _____

Use of Alcohol or Drugs as an Adult

No Yes Do you currently drink alcoholic beverages? If yes, to what degree? _____

No Yes Do you currently use marijuana? _____

No Yes Do you currently use nonprescription illegal drugs, such as opiates, LSD, cocaine, etc.?

Judicial Action

No Yes Have you ever been charged or convicted of ANY law violation including traffic law, other than parking tickets? Include traffic violations as a juvenile. If yes, complete the following.

Date Mo/Day/Yr	Location	Charge/Violation	Final Disposition	Comments (Agency and Court)

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

No Yes As an adult, have you ever had any contact with a police agency as a victim, witness or suspect? If yes, please list the following:

Date	Location	Circumstances	Police Agency Involved



Wisconsin Department of Justice
 Law Enforcement Standards Board
 DJ-LE-305, Rev. 8/00

AUTHORIZATION FOR RELEASE OF INFORMATION
(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the _____
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

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. _____
3. _____

This release is executed to authorize _____,
Employing Agency
 as a prospective employer, to obtain the above information. It is understood that said information shall be used
 only in consideration of my employment and shall not be further disseminated for any purpose.

Date

Signature - Full Name

Address - Street and Number

City State Zip

Witness: _____
Signature

