



Village of Mukwonago Police Department
627 S. Rochester · Mukwonago, Wisconsin 53149
(262) 363-6435 · Fax (262) 363-6438
Kevin Schmidt, Chief of Police

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 (Last, First, Middle)			Social Security #
Address (Apartment, Street, P.O. Box)			Home Telephone Number
City	State	Zip Code	Work Telephone Number
Email Address			Cell Phone Number

Have you successfully completed the basic training required for certification (i.e. 520-hour law enforcement academy)? Yes No

Are you at least 18 years old? Yes No Are you a United States citizen? Yes No

Do you possess a valid Wisconsin driver's license or a valid driver's license from another state? 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

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"/>	<i>Annual Salary/Wages:</i>
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"/>	<i>Annual Salary/Wages:</i>
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"/>	<i>Annual Salary/Wages:</i>
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

COMPLETE IF INSTRUCTED TO DO SO BY EMPLOYING AGENCY.

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. 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 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.

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.

Applicants Signature

Date Signed

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

Applicants Signature

Date Signed

VILLAGE OF MUKWONAGO POLICE DEPARTMENT

VILLAGE OF MUKWONAGO, WISCONSIN POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I am an applicant for the position of Police Officer within the Village of Mukwonago, Wisconsin, Police Department. I realize that during the processing of my application, I will be investigated by personnel officers of that department.

I hereby empower an employee of the Village of Mukwonago Police Department or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any and all of the following sources:

1. Municipal, State or Federal law enforcement agencies.
2. Selective Service system.
3. Any banking information.
4. Any place of business (for purposes of obtaining credit or employment data.)
5. Credit rating bureaus or institutions maintaining individual credit rating files.
6. Any previous employer.
7. Present employer(s).
8. Any school, college, university or other educational institution.
9. Any office, clinic, sanatorium or hospital where illnesses, injuries and/or deterioration (physical and/or mental in nature) are diagnosed and treated.

I hereby release any Municipal, State, or Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

I understand that any information concerning my past will be considered in evaluating me as an applicant to the Village of Mukwonago, and that all information obtained by the Village of Mukwonago in conjunction with this investigation and this permission, is confidential and I have no right to examine it, as the people contacted will be advised that what they say will be held in confidence.

SIGNATURE _____ DATE _____
(Sign in presence of Notary Public)

NAME _____
(Print Legibly)

NOTARY _____

(NOTARY SEAL)

DATE _____

MY COMMISSION EXPIRES ON _____