

Instructions to the Applicant

- The information you provide in this Application / Personal History Statement (PHS) will be used in the background investigation to determine your suitability for the position of **Entry Level Police Officer or the Lateral Entry Police Officer Program**.
- You must fill out the form completely and accurately.
- Type or legibly print (in ink) all required information.
- If a question does not apply to you, enter N/A (not applicable) in the first space provided for your response where there is no information to provide.
- If you are completing a printed form and need more space for your responses, use the reverse side of the page and identify the additional information by the question number.
- Initial this page to indicate you have read these instructions and all pages on which you read or provide information.

Accurate and Full Disclosure

Keep in mind that:

1. The completion of this Application / Personal History Statement – Police Officer is mandatory in accordance with this posting process.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from consideration for employment.
4. You must account for all required time periods in your background.

It is to your advantage to respond honestly. All factors in your background will be evaluated in terms of the circumstances and facts surrounding their occurrence, and their degree of relevance to the job of police officer. *For example*, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the police officer job.

Disclosure of Arrests and Convictions

As an applicant for the West Milwaukee Police Department, you are required to disclose any of the following which occurred on or after your 18th birthday (even if the records are sealed):

1. All arrests, whether they result in a conviction or not.
2. All convictions.
3. All diversion programs, whether completed or not (unless medically related).

DISCLOSURE OF MEDICALLY-RELATED INFORMATION

DO NOT divulge information concerning physical or medical conditions, either past or current. The *Americans with Disabilities Act* prohibits employers from making medically-related inquiries prior to a conditional offer of employment.

Initial this page: _____

GENERAL DUTIES: The primary function of a patrol officer is to serve the citizens and visitors to the Village by responding to their requests for assistance; enforce all laws and ordinances; and uphold the Constitutions of the United States and the State of Wisconsin. The patrol officer performs the functions and responsibilities of this position as a member of a Para-military organization, which requires all employees to obey orders and perform all necessary tasks in a timely, efficient and effective manner.

FOR LATERAL ENTRY PROGRAM APPLICANTS: The Village will consider **current Law Enforcement personnel** in good standing with a **minimum of 3 years of fulltime service** who otherwise meet all of the minimum qualifications. Starting pay will be adjusted to number of years of service up to the max 5th year step. The hiring process will remain the same for all applicants.

DUTY HOURS: The Full-Time position will be assigned to a regular 8 hour shift. The shift scheduling will be completed to cover mandatory shifts as necessary to maintain the proper functioning of the police department and to meet the safety and security needs of the community. The department uses a 4-2 rotating schedule.

SALARY AND BENEFITS: Full-Time starting salary is \$29.13 an hour plus shift differential. **Lateral entry** personnel may be placed within the salary scale (\$29.13 to \$40.04) based on qualifications. Lateral entry officers will also fall into the vacation schedule as outlined in the WPPA agreement (for example if hired at the 5 year entry wage the third week of vacation will be added at the completion of two years of service instead of seven years); however, seniority will be based on date of hire. The Village provides a wide array of benefits to include but not limited to Health, Dental, and State Retirement System. Receive a **Signing Bonus of \$1000** for applicants who successfully complete the hiring and FTO process.

UNIFORMS AND EQUIPMENT: The West Milwaukee Police Department will issue all other necessary uniforms and equipment to include firearm and full duty belt.

RESIDENCY REQUIREMENT: There is a 20 mile radius residency requirement imposed by the Village of West Milwaukee; **however**, if outside the 20 mile radius consideration to the actual distance may be approved by the Village Board.

MINIMUM QUALIFICATIONS:

- At least 18 years of age at the time of the application deadline.
- Citizen of the United States.
- All applicants must be able to satisfactorily perform all essential job-related functions, duties and responsibilities of the position.
- Possess a valid, unrestricted driver's license and be eligible for a Wisconsin driver's license at time of application. (Restrictions as to physical reasons only, will not disqualify an individual from applying for this position; however they may serve as a medical basis for rejection).
- Good moral character, defined as:
 - A. No record of conviction for a felony, as this will prohibit the carrying of a firearm.
 - B. No Conviction for domestic violence or current DVRO. Any history will be look at closely.
 - C. No record of conviction for a misdemeanor for any crime involving moral turpitude, (see attached list), as this will jeopardize the credibility as a departmental witness.
 - D. No second convictions for Operating While Intoxicated, Operating After Revocation, Operating While Suspended, Operating without a Driver's License, Reckless Driving, or any other traffic offense defined as a misdemeanor traffic crime under Chapter 341, 343, 346, 347 or 350, Wisconsin Statutes, as this will jeopardize credibility as a departmental witness and may unreasonably subject the Village to increased civil liability.
- No pending court cases for violations described under (A), (B), or (C).
- No pending civil cases that may have an adverse effect on job related responsibility or credibility.
- Must be eligible to enroll in an LESB approved academy; or have successfully completed or currently attending an approved LESB basic recruit academy. **Lateral Entry** must have current certification or eligible for the LESB reciprocal test to get certified in the State of Wisconsin.
- Educational requirements (All degrees must be from a nationally accredited college or university):
 - A. Associate Degree in Police Science **or**
 - B. Minimum (60) semester credits earned toward a bachelor's degree in Criminal Justice or closely related field **or**
 - C. Bachelor's Degree in any field which there is a direct relation to the position

APPLICATION PROCESS:

Phase I - All individuals who meet the Minimum Qualifications for an Entry Level/ Lateral Patrol Officer will be required to submit all of the following application materials **at the time of application** to be considered for this position (exception for transcripts and birth certificates):

- Completed Application /Personal History form as supplied by the Village of West Milwaukee.
- Completed Authorization for Release of Information.
- Completed Confidential Information Agreement.
- Copies of:
 - A. Birth certificate.

Initial this page: _____

West Milwaukee Police Department
APPLICATION / PERSONAL HISTORY STATEMENT

Page 3 of 18

- B. Current driver's license.
- C. High school diploma.
- D. College transcripts (see application deadline below for time allowance)
- E. Military discharge papers DD214, (if applicable).
- F. Wisconsin Law Enforcement Standards Board Academy Certification if attended.
- G. Other relevant schooling or training.

Phase II - If your application is accepted you will be notified of your continuation in the process. This phase will consist of;

- Meet with Background Investigator if requested.
- Complete a Personal Integrity Questionnaire
- Pass the written exam. **This exam has tentatively been scheduled for TBD, 2021 at 9am.**
- Oral Interview. **Have tentatively been scheduled for TBD, 2021 from 8:00 am to 3:00 pm**

Phase III - If you pass Phase II your name will be submitted to the Police Commission for certification. Once the eligibility list is established background investigations will begin depending on the number of current open positions.

Phase IV - If you pass the background investigation and a vacancy exists you will move forward. This phase will consist of;

- Conditional Offer
- Medical / Physical Fitness Exam
- Full Drug Screen
- Psychological Exam

Phase V - If you pass your medical, drug and physiological exams you will be hired and placed into a Field Training Officer Program (FTO) if certified or scheduled for the Academy prior to going through the FTO program.

Phase VI - If you successfully complete the initial phase of the FTO program you will be cleared for all LE duties.

Phase VI – If you are unsuccessfully you may be placed into a second phase of the FTO Program.

Phase VII - If you successfully complete the second phase of the FTO program you will be cleared for all LE duties.

APPLICATION DEADLINE: Completed applications with all required materials must be received at the West Milwaukee Police Department, 4755 West Beloit Road, West Milwaukee, WI 53214 no later than **Monday September 27, 2021 at 5:00 P. M.** Applications received after the deadline will not be accepted. Incomplete applications will be rejected. If you need additional time to obtain a copy of your transcripts or birth certificate you will need to note this information when you turn in your application material and you will have to have these item turned in no later than **Friday October 8, 2021 at 5:00 P. M.** All application material should be sent to the attention Sergeant Anthony Munoz anthony.munoz@westmilwaukee.org . Additional questions may be directed to Sergeant Munoz or Assistant Chief Shaundra Randolph Shaundra.randolph@westmilwaukee.org.

Initial this page: _____

SECTION 1: PERSONAL

1. YOUR FULL NAME
 LAST FIRST MIDDLE

2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY

3. ADDRESS WHERE YOU RESIDE
 STREET APT/UNIT
 CITY STATE ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM RESIDENCE

5. CONTACT NUMBERS
 HOME () - WORK () - EXT OTHER () - CELL FAX PAGER

6. EMAIL ADDRESS
 HOME BUSINESS

NOTE: Each Position classification listed below has a specific citizenship requirement:

- **Police Officer** – Must be a United States Citizen
- **Police Dispatcher/Clerk** – Must be a United States Citizen, permanent / resident alien or legally present in the United States.

7. DO YOU MEET THE CITIZENSHIP REQUIREMENT FOR THE POSITION CLASSIFICATION YOU ARE SEEKING? YES NO

8. SOCIAL SECURITY NUMBER - -

9. BIRTHDATE

10. PHYSICAL DESCRIPTION
 HEIGHT WEIGHT LBS HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

NOTE: During the background investigation, persons who know you will be asked to comment upon your suitability for the position applied for. Inquiries will be confined to job-relevant matters only.

11. SUPPLY THE APPROPRIATE INFORMATION IN THE SPACES BELOW.

If a category is not applicable, enter "N/A." If an individual is no longer living, enter "Deceased."

FAMILY MEMBER	RESIDENCE ADDRESS	WORK ADDRESS	CONTACT NUMBERS
Father			
NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
Mother			
NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
Father-in-law			
NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT

Initial this page: _____

PERSONAL HISTORY STATEMENT

FAMILY MEMBER	RESIDENCE ADDRESS	WORK ADDRESS	CONTACT NUMBERS
Mother-in-law			
NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
Spouse			
NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
Former Spouse			
NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
Brothers / Sisters			
A) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
B) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
C) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
D) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
Step-father			
NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT

PERSONAL HISTORY STATEMENT

FAMILY MEMBER	RESIDENCE ADDRESS	WORK ADDRESS	CONTACT NUMBERS
Step-mother			
NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
Step-brothers / Step-sisters			
A) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
B) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
C) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
D) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
Children Born to You or Living with You			
A) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
B) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
C) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT

PERSONAL HISTORY STATEMENT

Section 2: Relatives and References, Item 11 continued

FAMILY MEMBER	RESIDENCE ADDRESS	WORK ADDRESS	CONTACT NUMBERS
Children Born to You or Living with You (cont'd)			
D) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
E) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
F) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT

12. LIST THOSE INDIVIDUALS, INCLUDING FAMILY MEMBERS AND OTHERS NOT ALREADY LISTED, WITH WHOM YOU HAVE RESIDED DURING THE PAST 10 YEARS.

FAMILY MEMBER OR OTHER INDIVIDUAL(S)					
A) NAME	RELATIONSHIP	CONTACT PHONE () -	EXT	EMAIL	
STREET ADDRESS		CITY	STATE	ZIP	
B) NAME	RELATIONSHIP	CONTACT PHONE () -	EXT	EMAIL	
STREET ADDRESS		CITY	STATE	ZIP	
C) NAME	RELATIONSHIP	CONTACT PHONE () -	EXT	EMAIL	
STREET ADDRESS		CITY	STATE	ZIP	
D) NAME	RELATIONSHIP	CONTACT PHONE () -	EXT	EMAIL	
STREET ADDRESS		CITY	STATE	ZIP	
E) NAME	RELATIONSHIP	CONTACT PHONE () -	EXT	EMAIL	
STREET ADDRESS		CITY	STATE	ZIP	
F) NAME	RELATIONSHIP	CONTACT PHONE () -	EXT	EMAIL	
STREET ADDRESS		CITY	STATE	ZIP	
G) NAME	RELATIONSHIP	CONTACT PHONE () -	EXT	EMAIL	
STREET ADDRESS		CITY	STATE	ZIP	

Initial this page: _____

PERSONAL HISTORY STATEMENT

Section 2: Relatives and References, continued

12. LIST FIVE REFERENCES WHO HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS.

Do not list names that are listed elsewhere (i.e., employers, relatives, etc.).

REFERENCE	RESIDENCE ADDRESS	WORK ADDRESS	CONTACT NUMBERS
A) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
B) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
C) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
D) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
E) NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT

SECTION 3: EDUCATION

NOTE: Wisconsin Training and Standards requires police officers to possess a U.S. high school diploma or its equivalent an AA or 60 college credits.

13. CHECK THE APPROPRIATE BOX(ES):

- I possess a high school diploma from an accredited U.S. institution.
- I have passed the GED equivalency test.
- I have passed the Wisconsin High School Proficiency Examination.
- I possess at least 60 college credits, or have a 2-year or 4-year degree from an accredited college or university.

I currently do not have a high school diploma or its equivalent, but I plan to satisfy this requirement in the future as follows:

WHEN _____

WHERE _____

HOW _____

PERSONAL HISTORY STATEMENT

Section 3: Education, continued

NOTE: During the background investigation, persons who have known you in a learning environment may be contacted, and a review of your school records will be made.

14. LIST ALL SCHOOLS ATTENDED BEYOND 8TH GRADE, BEGINNING WITH HIGH SCHOOL..

Complete entry 14(E) if you attended a Basic Academy.

INSTITUTE / REFERENCES	COMPLETE ADDRESS	DATES ATTENDED		RECEIVED
A) NAME	STREET	FROM	TO	<input type="checkbox"/> DEGREE
	CITY	STATE	ZIP	<input type="checkbox"/> DIPLOMA
	REFERENCES (TEACHERS, COUNSELORS, ETC.)			<input type="checkbox"/> CERTIFICATE
B) NAME	STREET	FROM	TO	<input type="checkbox"/> DEGREE
	CITY	STATE	ZIP	<input type="checkbox"/> DIPLOMA
	REFERENCES (TEACHERS, COUNSELORS, ETC.)			<input type="checkbox"/> CERTIFICATE
C) NAME	STREET	FROM	TO	<input type="checkbox"/> DEGREE
	CITY	STATE	ZIP	<input type="checkbox"/> DIPLOMA
	REFERENCES (TEACHERS, COUNSELORS, ETC.)			<input type="checkbox"/> CERTIFICATE
D) NAME	STREET	FROM	TO	<input type="checkbox"/> DEGREE
	CITY	STATE	ZIP	<input type="checkbox"/> DIPLOMA
	REFERENCES (TEACHERS, COUNSELORS, ETC.)			<input type="checkbox"/> CERTIFICATE
E) NAME OF BASIC ACADEMY	STREET	FROM	TO	<input type="checkbox"/> CERTIFICATE
	CITY	STATE	ZIP	
	REFERENCES (TEACHERS, COUNSELORS, ETC.)			

15. HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY POST-SECONDARY SCHOOL?

Post-secondary schools include 2-year and 4-year colleges, universities, and business and vocational schools — any formal education beyond the high school level. This also includes any police basic academies from which you may have been dismissed.

YES NO IF YES, GIVE DETAILS BELOW.

WHEN DID DISCIPLINARY ACTION OCCUR?	NAME OF SCHOOL
-------------------------------------	----------------

EXPLAIN CIRCUMSTANCES

SECTION 4: RESIDENCE

NOTE: Individuals who became acquainted with you while you resided in different locations may provide helpful information for the background investigation.

16. LIST ALL YOUR RESIDENCES DURING THE LAST 10 YEARS.

Do NOT include information prior to your 18th birthday). Begin with your current residence.

DATES		YOUR RESIDENCE ADDRESS		OWNER OR RENT COLLECTOR
A) FROM	TO	STREET	APT/UNIT	NAME
	Present			
		CITY	ST ZIP	STREET APT/UNIT
				CITY ST ZIP
B) FROM	TO	STREET	APT/UNIT	NAME
		CITY	ST ZIP	STREET APT/UNIT
				CITY ST ZIP
C) FROM	TO	STREET	APT/UNIT	NAME
		CITY	ST ZIP	STREET APT/UNIT
				CITY ST ZIP
D) FROM	TO	STREET	APT/UNIT	NAME
		CITY	ST ZIP	STREET APT/UNIT
				CITY ST ZIP
E) FROM	TO	STREET	APT/UNIT	NAME
		CITY	ST ZIP	STREET APT/UNIT
				CITY ST ZIP
F) FROM	TO	STREET	APT/UNIT	NAME
		CITY	ST ZIP	STREET APT/UNIT
				CITY ST ZIP
G) FROM	TO	STREET	APT/UNIT	NAME
		CITY	ST ZIP	STREET APT/UNIT
				CITY ST ZIP
H) FROM	TO	STREET	APT/UNIT	NAME
		CITY	ST ZIP	STREET APT/UNIT
				CITY ST ZIP

Initial this page: _____

SECTION 5: EXPERIENCE AND EMPLOYMENT

17. BEGINNING WITH YOUR MOST CURRENT, LIST ALL JOBS YOU HAVE HAD, INCLUDING PART-TIME, TEMPORARY AND VOLUNTEER POSITIONS.

If you have had military experience, which includes reserve duty, enter your military base, assignments or unit of assignment. List ALL periods of unemployment in excess of 30 days. If you have had no prior employment, go to Item 20.

EMPLOYMENT HISTORY

A) FROM		TO	NAME OF COMPANY OR UNIT	PHONE () -	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS OR BASE			CO-WORKERS	
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE	ZIP	1)	
DUTIES / ASSIGNMENTS					2)	
					REASON FOR LEAVING	
B) FROM		TO	<input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> OTHER (EXPLAIN):			
C) FROM		TO	NAME OF COMPANY OR UNIT	PHONE () -	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS OR BASE			CO-WORKERS	
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE	ZIP	1)	
DUTIES / ASSIGNMENTS					2)	
					REASON FOR LEAVING	
D) FROM		TO	<input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> OTHER (EXPLAIN):			
E) FROM		TO	NAME OF COMPANY OR UNIT	PHONE () -	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS OR BASE			CO-WORKERS	
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE	ZIP	1)	
DUTIES / ASSIGNMENTS					2)	
					REASON FOR LEAVING	
F) FROM		TO	<input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> OTHER (EXPLAIN):			
G) FROM		TO	NAME OF COMPANY OR UNIT	PHONE () -	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS OR BASE			CO-WORKERS	
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE	ZIP	1)	
DUTIES / ASSIGNMENTS					2)	
					REASON FOR LEAVING	
H) FROM		TO	<input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> OTHER (EXPLAIN):			

PERSONAL HISTORY STATEMENT

Section 5: Experience and Employment - Item 18, continued

EMPLOYMENT HISTORY

I) FROM	TO	NAME OF COMPANY OR UNIT	PHONE () -	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS OR BASE	CO-WORKERS		
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE	ZIP	1)
DUTIES / ASSIGNMENTS					2)
					REASON FOR LEAVING

J) FROM	TO	<input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> OTHER (EXPLAIN):			
---------	----	---	--	--	--

K) FROM	TO	NAME OF COMPANY OR UNIT	PHONE () -	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS OR BASE	CO-WORKERS		
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE	ZIP	1)
DUTIES / ASSIGNMENTS					2)
					REASON FOR LEAVING

L) FROM	TO	<input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> OTHER (EXPLAIN):			
---------	----	---	--	--	--

M) FROM	TO	NAME OF COMPANY OR UNIT	PHONE () -	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS OR BASE	CO-WORKERS		
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE	ZIP	1)
DUTIES / ASSIGNMENTS					2)
					REASON FOR LEAVING

N) FROM	TO	<input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> OTHER (EXPLAIN):			
---------	----	---	--	--	--

O) FROM	TO	NAME OF COMPANY OR UNIT	PHONE () -	EXT	CURRENT SUPERVISOR
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET ADDRESS OR BASE	CO-WORKERS		
<input type="checkbox"/> TEMP	<input type="checkbox"/> VOLUNTEER	CITY	STATE	ZIP	1)
DUTIES / ASSIGNMENTS					2)
					REASON FOR LEAVING

P) FROM	TO	<input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> OTHER (EXPLAIN):			
---------	----	---	--	--	--

18. WOULD ANY PROBLEM RESULT IF YOUR PRESENT EMPLOYER IS CONTACTED DURING THE COURSE OF THE BACKGROUND INVESTIGATION?

YES NO IF YES, EXPLAIN.

PERSONAL HISTORY STATEMENT

19. IF YOU HAVE NO PRIOR EMPLOYMENT, EXPLAIN.

20. HAVE YOU EVER BEEN DISCIPLINED AT WORK INCLUDING VERBAL WARNINGS AND FOR A VIOLATION OF ANY EQUAL EMPLOYMENT RIGHTS COMPLAINTS?

This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions.

YES NO IF YES, GIVE DETAILS BELOW.

WHEN? NAME OF EMPLOYER

WHY?

21. HAVE YOU EVER BEEN FIRED, RELEASED FROM PROBATION, OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT FOR A VIOLATION OF A SERIOUS CRIME?

YES NO IF YES, GIVE DETAILS BELOW.

WHEN? NAME OF EMPLOYER

WHY?

22. HAVE YOU EVER APPLIED TO BE A POLICE OFFICER WITH ANOTHER AGENCY?

YES NO IF YES, INCLUDE THE NAME OF THE AGENCY, WHEN YOU APPLIED, AND WHETHER THE APPLICATION IS STILL PENDING.

If you were unsuccessful for other than medical reasons, explain the circumstances.

SECTION 6: MILITARY EXPERIENCE

23. IF YOU ARE MALE AND BORN BEFORE MARCH 29, 1957 OR AFTER DECEMBER 31, 1959, AND ARE A CITIZEN OF THE UNITED STATES, OR YOU WERE A RESIDENT OF THE UNITED STATES ON YOUR 18TH BIRTHDAY, PROVIDE YOUR SELECTIVE SERVICE NUMBER.

SELECTIVE SERVICE NUMBER

24. HAVE YOU EVER SERVED IN ONE OF THE FOLLOWING? IF YES, FILL IN BOXES 26 THROUGH 30.

ARMED FORCES NATIONAL GUARD MILITARY RESERVES

25. BRANCH OF SERVICE

26. DATES OF SERVICE

27. TYPE OF DISCHARGE

FROM TO

28. CURRENT STATUS

ARE YOU CURRENTLY PARTICIPATING IN ONE OF THE FOLLOWING? MILITARY RESERVE NATIONAL GUARD

29. HAVE YOU EVER BEEN THE SUBJECT OF ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION?

YES NO IF YES, GIVE DETAILS BELOW.

APPROX DATE

BRANCH OF SERVICE

EXPLAIN CIRCUMSTANCES

PERSONAL HISTORY STATEMENT

SECTION 7: FINANCIAL

NOTE: Managing personal finances is relevant to an individual's qualifications for the position of police officer. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior in meeting your obligations will be considered.

31. INCOME AND EXPENSES

A) FROM YOUR EMPLOYER, WHAT IS YOUR TAKE-HOME MONTHLY INCOME?..... \$ _____

B) DO YOU HAVE INCOME OTHER THAN YOUR SALARY OR WAGES? YES NO IF YES, FILL IN THE AMOUNT..... \$ _____

EXPLAIN

C) HOW MUCH DO YOU SPEND EACH MONTH? \$ _____

Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.

32. HAVE YOU EVER FILED FOR OR DECLARED BANKRUPTCY?

YES NO IF YES, EXPLAIN AND INCLUDE WHEN, WHERE AND THE CIRCUMSTANCES, AS WELL AS WHAT CHAPTER YOU FILED UNDER (I.E., CHAPTER 7, 11 OR 13).

33. HAVE ANY OF YOUR BILLS EVER BEEN TURNED OVER TO A COLLECTION AGENCY?

YES NO IF YES, EXPLAIN AND INCLUDE WHEN, THE FIRMS INVOLVED, AND THE CIRCUMSTANCES.

34. HAVE YOU EVER HAD PURCHASED GOODS REPOSSESSED?

YES NO IF YES, EXPLAIN AND INCLUDE WHEN, THE FIRMS INVOLVED, AND THE CIRCUMSTANCES.

35. HAVE YOUR WAGES EVER BEEN GARNISHEED?

YES NO IF YES, EXPLAIN AND INCLUDE WHEN, BY WHOM, WHERE, AND WHY.

36. HAVE YOU EVER BEEN DELINQUENT ON INCOME OR OTHER TAX PAYMENTS?

YES NO IF YES, EXPLAIN AND INCLUDE WHEN, WHERE, AND WHY.

SECTION 8: LEGAL

30. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY MISDEMEANOR OR FELONY OFFENSE IN THIS OR ANY OTHER STATE OR COUNTRY?

YES NO IF YES, LIST ALL OFFENSES, INCLUDING THOSE PUNISHABLE UNDER THE UNIFORM CODE OF MILITARY JUSTICE.

ARRESTS / CONVICTIONS

A) APPROX DATE LAW ENFORCEMENT AGENCY

EXPLAIN CIRCUMSTANCES

B) APPROX DATE LAW ENFORCEMENT AGENCY

EXPLAIN CIRCUMSTANCES

C) APPROX DATE LAW ENFORCEMENT AGENCY

EXPLAIN CIRCUMSTANCES

D) APPROX DATE LAW ENFORCEMENT AGENCY

EXPLAIN CIRCUMSTANCES

31. Have you ever been placed on court probation as an adult?

YES NO If yes, explain the circumstances and include when, where, and why.

32. Were you ever required to appear before a juvenile court for an act which would have been a violent crime if committed as an adult?

YES NO If yes, explain the circumstances and include when, where, and why.

33. Have you been reported to a law enforcement agency as a missing person or a runaway in the last ten years?

YES NO If yes, explain the circumstances and include the name of the law enforcement agency, when, where, and why.

West Milwaukee Police Department
PERSONAL HISTORY STATEMENT

Page 16 of 18

Section 8: Legal, continued

34. ARE YOU NOW SUING, OR HAVE YOU EVER BEEN SUED, BY ANYONE IN CIVIL OR CRIMINAL COURT (STATE DISTRICT OR FEDERAL COURT) FOR A VIOLATION OF CIVIL RIGHTS.

YES NO IF YES, EXPLAIN THE CIRCUMSTANCES AND INCLUDE THE COURT CASE OR DOCKET NUMBER, WHEN, WHERE, AND WHY.

SECTION 9: MOTOR VEHICLE OPERATION

NOTE: Operating a motor vehicle is an integral part of the patrol officer position. An investigation of your driving history will be made through a records check. To expedite the procedure, please supply the following information.

35. CURRENT DRIVER'S LICENSE NUMBER STATE OF ISSUE EXPIRATION DATE NAME UNDER WHICH LICENSE WAS GRANTED

36. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE.

STATE OF ISSUE	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED
A)		
B)		
C)		
D)		

37. OTHER THAN FOR MEDICAL REASONS, HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE?

YES NO IF YES, EXPLAIN THE CIRCUMSTANCES AND INCLUDE WHEN, WHERE, AND WHY.

NOTE: Wisconsin law requires that operators and owners of motor vehicles be covered by automobile liability insurance, a bond, or a cash deposit with the Department of Motor Vehicles.

38. LIST YOUR CURRENT LIABILITY INSURANCE ON YOUR VEHICLE(S).

VEHICLE LIABILITY INSURANCE								
A)	<input type="checkbox"/> INSURED	<input type="checkbox"/> BONDED	<input type="checkbox"/> CASH DEPOSIT	VEHICLE MAKE	YEAR	LICENSE	POLICY NO.	EXPIRES
INSURANCE COMPANY AND ADDRESS								PHONE () -
B)	<input type="checkbox"/> INSURED	<input type="checkbox"/> BONDED	<input type="checkbox"/> CASH DEPOSIT	VEHICLE MAKE	YEAR	LICENSE	POLICY NO.	EXPIRES
INSURANCE COMPANY AND ADDRESS								PHONE () -
C)	<input type="checkbox"/> INSURED	<input type="checkbox"/> BONDED	<input type="checkbox"/> CASH DEPOSIT	VEHICLE MAKE	YEAR	LICENSE	POLICY NO.	EXPIRES
INSURANCE COMPANY AND ADDRESS								PHONE () -
D)	<input type="checkbox"/> INSURED	<input type="checkbox"/> BONDED	<input type="checkbox"/> CASH DEPOSIT	VEHICLE MAKE	YEAR	LICENSE	POLICY NO.	EXPIRES
INSURANCE COMPANY AND ADDRESS								PHONE () -

Initial this page: _____

West Milwaukee Police Department
PERSONAL HISTORY STATEMENT

Page 17 of 18

Section 9: Motor Vehicle Operation, continued

39. LIST ALL TRAFFIC CITATIONS, EXCLUDING PARKING CITATIONS, YOU HAVE RECEIVED WITHIN THE PAST 7 YEARS.

TRAFFIC CITATIONS		APPROXIMATE DATE	LOCATION
A) NATURE OF VIOLATION		MO. YR	CITY STATE
ACTION TAKEN <input type="checkbox"/> NONE <input type="checkbox"/> FINED <input type="checkbox"/> ACTION TAKEN ON DRIVER'S LICENSE			
B) NATURE OF VIOLATION		MO. YR	CITY STATE
ACTION TAKEN <input type="checkbox"/> NONE <input type="checkbox"/> FINED <input type="checkbox"/> ACTION TAKEN ON DRIVER'S LICENSE			
C) NATURE OF VIOLATION		MO. YR	CITY STATE
ACTION TAKEN <input type="checkbox"/> NONE <input type="checkbox"/> FINED <input type="checkbox"/> ACTION TAKEN ON DRIVER'S LICENSE			
D) NATURE OF VIOLATION		MO. YR	CITY STATE
ACTION TAKEN <input type="checkbox"/> NONE <input type="checkbox"/> FINED <input type="checkbox"/> ACTION TAKEN ON DRIVER'S LICENSE			
E) NATURE OF VIOLATION		MO. YR	CITY STATE
ACTION TAKEN <input type="checkbox"/> NONE <input type="checkbox"/> FINED <input type="checkbox"/> ACTION TAKEN ON DRIVER'S LICENSE			
F) NATURE OF VIOLATION		MO. YR	CITY STATE
ACTION TAKEN <input type="checkbox"/> NONE <input type="checkbox"/> FINED <input type="checkbox"/> ACTION TAKEN ON DRIVER'S LICENSE			

40. HAVE YOU BEEN INVOLVED AS THE DRIVER IN A MOTOR VEHICLE ACCIDENT WITHIN THE PAST 7 YEARS?

YES NO IF YES, GIVE DETAILS BELOW.

TRAFFIC ACCIDENTS			
A) DATE	LOCATION		
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
B) DATE	LOCATION		
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
C) DATE	LOCATION		
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
D) DATE	LOCATION		
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

41. OTHER THAN FOR MEDICAL REASONS, HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED OR PLACED ON NEGLIGENT OPERATOR'S PROBATION?

YES NO IF YES, GIVE DETAILS BELOW.

REASON	DATE	LOCATION
		CITY STATE
ACTION TAKEN <input type="checkbox"/> SUSPENDED <input type="checkbox"/> REVOKED <input type="checkbox"/> PLACED ON NEGLIGENT OPERATOR'S PROBATION		

Initial this page: _____

PERSONAL HISTORY STATEMENT

Page 18 of 18

Section 9: Motor Vehicle Operation, continued

42. OTHER THAN FOR MEDICAL REASONS, OR FAILURE TO PAY A PREMIUM, HAVE YOU EVER BEEN REFUSED AUTOMOBILE LIABILITY INSURANCE OR A BOND, OR HAD THEM CANCELLED?

YES NO IF YES, GIVE DETAILS BELOW.

DATE	REASON
INSURANCE COMPANY AND ADDRESS	

43. HAVE YOU EVER BEEN CHARGED WITH WILLFUL FAILURE TO APPEAR IN COURT OR FAILURE TO PAY A FINE ON A TRAFFIC CITATION THAT YOU HAVE RECEIVED?

YES NO IF YES, GIVE DETAILS BELOW.

DATE	REASON
------	--------

44. OTHER THAN MEDICAL ISSUES, USE THE SPACE BELOW FOR ADDITIONAL INFORMATION YOU WOULD LIKE TO INCLUDE REGARDING YOUR DRIVING RECORD.

SECTION 10: GENERAL TOPICS

45. HAVE YOU EVER BEEN REFUSED A PERMIT TO CARRY A CONCEALED WEAPON?

YES NO IF YES, EXPLAIN.

46. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A CRIMINAL ENTERPRISE?

YES NO IF YES, INDICATE THE GROUP NAME, WHEN, WHERE AND THE CIRCUMSTANCES.

SECTION 11. CERTIFICATION

I hereby certify that I have personally completed each page of this form and any supplemental page(s) I have attached, and that all statements made on each and every page are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification, or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL

DATE

Initial this page: _____