



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 **Clerk/Dispatcher**.
- 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 space provided for your response.
- 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 – Clerk/Dispatcher 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.

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APPLICATION / PERSONAL HISTORY STATEMENT



CURRENT OPENINGS: The department is accepting applications for Dispatcher / Clerk to fill two open positions. Applications for new and lateral entry applicants will be processed as they are received until the positions are filled. **LATERAL ENTRY POSITIONS** will be evaluated based on work experience as a fulltime law enforcement dispatcher and CAD & RMS systems familiarity.

GENERAL DUTIES: The primary function of the clerk/dispatcher is to receive and dispatch emergency and non-emergency requests for police, fire, and emergency medical services. Clerk/dispatchers handle public inquires at the transaction window; accept payments for fines, stipulations, bails, parking permits, licenses, etc. They operate police radio communications and all TIME System telecommunications equipment; maintain department records using both computerized and manual filing systems and monitor municipal lock-up facilities via closed circuit television.

KNOWLEDGE, SKILLS & ABILITIES SUMMARY: (not limited to) The ability to read, write, and speak English fluently; speak clearly; hear and understand radio, telephone, and verbal communications; vision capable of reading documents and operating the equipment in the work area; ability to sit for long periods of time and work in an enclosed area; ability to remain in control and work under stressful situations; ability to mentally retain information on a short and long term basis; ability to comprehend and follow oral and written instructions and to think and react quickly in all types of situations; ability to organize and execute assigned tasks; ability to compile, analyze, record and assemble data and information in a meaningful and effective manner and make good decisions and judgments; ability to perform several functions in rapid succession or at the same time; ability to tactfully and courteously communicate with callers in emergency situations and/or altered mental states; ability to learn and operate various types of equipment used in the assigned duties; ability to learn and apply the proper methods, techniques, procedures, rules, regulations, and policies governing call taking; and ***must be able to work with little or no supervision.***

MINIMUM QUALIFICATIONS: U.S. citizen; Minimum age - 18; High school diploma; No felony convictions; good moral character. Candidates must also be able to work nights, weekends, and mandatory overtime.

DUTY HOURS: fulltime 5-2 / 4-2 Rotating Shifts – Day shift (8AM to 4PM), Early Shift (4PM to midnight) and Late shift(Midnight to 8AM) as well as a possible swing 2 Early 2 Late rotating shift.

SALARY & BENEFITS: Salary and benefits are established by the Village Personnel Board. There are four wage steps for full time starting at \$21.93 to \$28.11 per hour with wage depending on qualifications for lateral. Additional benefits include shift differential of either \$0.30 or \$0.40 per hour, paid overtime, Wisconsin Retirement Fund, paid vacations and full health care benefits for full time position.

Application materials are available at <http://www.westmilwaukee.org>; via email from holly.young@westmilwaukee.org or at the West Milwaukee Police Department, 4755 West Beloit Road, West Milwaukee, WI 53214. The application deadline is **November 30, 2021.**

The Village of West Milwaukee is an Equal Opportunity Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veteran's status, sex, national origin, disability, or any other legally protected status in the admission or access to or treatment or employment in its services, programs or activities.

West Milwaukee Police Department
PERSONAL HISTORY STATEMENT

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 Clerk/Dispatcher** – Must be a United States Citizen

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
Spouse / Significant Other			
NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
Child / Relative living with you			
NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT
Child / Relative living with you			
NAME	STREET	STREET	HOME () -
	CITY	CITY	WORK () -
	STATE ZIP	STATE ZIP	EXT

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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

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
				<input type="checkbox"/> CERTIFICATE
REFERENCES (TEACHERS, COUNSELORS, ETC.)				
B) NAME	STREET	FROM	TO	<input type="checkbox"/> DEGREE
	CITY	STATE	ZIP	<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
REFERENCES (TEACHERS, COUNSELORS, ETC.)				
C) NAME	STREET	FROM	TO	<input type="checkbox"/> DEGREE
	CITY	STATE	ZIP	<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
REFERENCES (TEACHERS, COUNSELORS, ETC.)				
D) NAME	STREET	FROM	TO	<input type="checkbox"/> DEGREE
	CITY	STATE	ZIP	<input type="checkbox"/> DIPLOMA
				<input type="checkbox"/> CERTIFICATE
REFERENCES (TEACHERS, COUNSELORS, ETC.)				
E) NAME OF BASIC TIME TRAINING FACILITY	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

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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 <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER			STREET ADDRESS OR BASE			CO-WORKERS 1)
			CITY	STATE	ZIP	2)
DUTIES / ASSIGNMENTS						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 <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER			STREET ADDRESS OR BASE			CO-WORKERS 1)
			CITY	STATE	ZIP	2)
DUTIES / ASSIGNMENTS						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 <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER			STREET ADDRESS OR BASE			CO-WORKERS 1)
			CITY	STATE	ZIP	2)
DUTIES / ASSIGNMENTS						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 <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER			STREET ADDRESS OR BASE			CO-WORKERS 1)
			CITY	STATE	ZIP	2)
DUTIES / ASSIGNMENTS						REASON FOR LEAVING
H) FROM		TO	<input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> OTHER (EXPLAIN):			

West Milwaukee Police Department
PERSONAL HISTORY STATEMENT

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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):			
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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):			
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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.

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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 DISPATCHER 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

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

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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
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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 may require 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

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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	STATE
		CITY	
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

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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: _____