

DATE: **October 17, 2014**

**TO:** Applicant for **Security Officer 4 & Health Science Security Officer**

Job Announcement Code: **14-04838**

UW-Madison, Police Department

**RE:** Application Process & Application Packet

Thank you for your interest in the **Security Officer 4 & Health Science Security Officer** positions located at the University Police Department at UW-Madison. Starting salary is $**14.791** **hourly (**$**30,884** **annually**), plus excellent benefits. Additional pay incentives are provided for working evenings, nights, holidays and weekend hours. This position is in **pay schedule** **05**, **range** **11**. A **6-month probationary period** is required.

For state employees, pay will be based on the rules that apply to compensation upon transfer, reinstatement, or voluntary demotion transactions; beginning pay will not be less than the minimum of the pay range.

**The first step in the process is submittal of the attached Application for State Employment**. Please complete the Application, Minimum Qualifications, and UWPD Background Information. You will be notified of your exam results (basic eligibility) and the most qualified applicants will be invited to the next step in the selection process which is an initial interview. A determination will be made during the initial interview process as to which candidates should return for a Captain’s interview. A thorough background investigation (i.e. psychological, physical, credit history, driver’s status, work history checks, reference checks and criminal history) will be conducted after a conditional offer of employment for anyone not currently employed by UW Madison Police.

**DO NOT make any additions, deletions or alterations to this application other than providing your response to each statement. Please complete or be sure to print using ink. You may want to keep a copy of your completed materials for future reference.**

**PLEASE SUBMIT THE FOLLOWING (Pages 6 – 18):**

* Completed State Application for Employment Form (OSER DMRS-38) Form which is included in this packet or can be downloaded at (<http://oser.state.wi.us/docview.asp?docid=1121>), Page 6-7;
* Completed minimum qualification responses, Page 8;
* UWPD Background information, Pages 9-18;
* If you are eligible for Veterans Preference Points or Disabled Expanded certification please complete the appropriate form and return it with your other materials. These forms can also be downloaded at <http://oser.state.wi.us/docview.asp?docid=1240> (Veterans Preference Form) and <http://oser.state.wi.us/docview.asp?docid=1200> (Disabled Expanded Form).
* Note: In accordance with the Federal Privacy Act of 1974, disclosure of the Social Security Number on the state application is voluntary. It will only be used to ensure that correct records are obtained and to ensure that all pages in your application packet are kept together.
* For the UWPD portion of the application, we require your full social security number in order to run a background check.

Please complete the packet (pages 6-18 of this document) and return it to:

**UW-Madison Police Department**  
Attn: Personnel Sergeant  
1429 Monroe Street  
Madison, WI 53711

**Complete application materials must be received by 4:00pm on Thursday, November 13, 2014.**

***The application will contain sensitive information (Social Security / Driver’s License Numbers).***

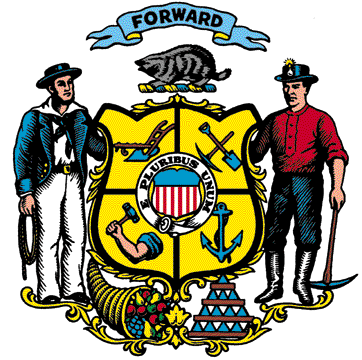
***Please do NOT email the application, since email is NOT secure.***

Please direct any questions about **the application process** to Police Sergeant John McCaughtry, [mccaughtry@wisc.edu](mailto:mccaughtry@wisc.edu) (608) 262-4889, or Benjamin Schicker, [bschicker@wisc.edu](mailto:bschicker@wisc.edu) or (608) 890-0979, 1429 Monroe Street, Madison, WI 53711.

State of Wisconsin Department of Employment Relations

**STATE OF WISCONSIN**

**APPLICATION FOR STATE EMPLOYMENT**

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**General Instructions (page 1 of 4)**

* These instructions are for use in completing the Application for State Employment, form OSER-DMRS-38.
* Applications will be accepted **only** for vacancies announced online at [www.Wisc.Jobs](http://www.Wisc.Jobs), [WiscERS.state.wi.us](file:///\\uwpd4\sharedir\Personnel\Applications_Most%20Current\ERS.state.wi.us) (for at-risk or laid-off state employees only), or in the Wisc.Jobs Bulletin.
* **Read the announcement carefully and submit application materials to the address listed in the announcement.**
* **Print clearly!** If we cannot read your information we cannot process your application.
* You **must** provide the following: **job announcement title, job announcement code, first name, last name, social security number, month of birth, day of birth, mother’s maiden name (last name only), mailing address, city, state, zip code, country, legal authorization to work in the U.S., Wisconsin residency, and work hours.**
* You **must** ensure that the completed, signed application is received on or before the announced deadline date, at the specified location. The Office of State Employment Relations (OSER) and other state agencies are not responsible for late, lost, misdirected or damaged mail.
* **You may take clean photocopies of the application*,* printed fron**t **and back** on one sheet of paper, and submit that as the official application.
* As a veteran with an honorable discharge or a spouse of a veteran, you may be eligible to receive additional points on your civil service scores. Current state employees are not eligible for veteran’s points. Please view the Veterans Preference Supplement form OSER-MRS-38L, found online at <http://OSER.state.wi.us> under “Jobs” at Application Forms.
* Qualified persons with a disability may be eligible for consideration in the interview process. Please complete the Disabled Expanded Certification form OSER-MRS-159, found online at <http://OSER.state.wi.us> under “Jobs,” at Application Forms.
* Questions should be directed to the contact in the job announcement, or the Office of State Employment Relations, Employment Services Center can be contacted by telephone (608) 266-1731, or e-mail [ESC@wisconsin.gov](mailto:ESC@wisconsin.gov).
* SCORE REUSE: Some exams allow applicants to reuse their score instead of retaking the exam, and the grade notice will indicate if an applicant can use this option. Applicants interested in score reuse should do so by the Score Reuse date indicated on their Notice of Examination Results or Reuse Score By date in their online Wisc.Jobs job cart. This can be completed online by creating an account on [www.Wisc.Jobs](http://www.Wisc.Jobs) or checking the score reuse box in section 1 of this application (under the job announcement title) and submitting to the contact on your grade notice or the Office of State Employment Relations, P.O. Box 7855, Madison, WI 53707-7855. Applicants also may call the Office of State Employment Relations, Employment Services Center at (608) 266-1731, or e-mail [ESC@wisconsin.gov](mailto:ESC@wisconsin.gov). Refer to [www.Wisc.Jobs](http://www.Wisc.Jobs) or the contact listed in the job announcement for more information.

**State of Wisconsin**

**Application for State Employment - Instructions - page 2 of 4**

1. JOB ANNOUNCEMENT TITLE

A job title is required to process your application. Complete an application for each job you apply for unless the job titles were announced in the same announcement. Enter the job title as it appears in the announcement.

JOB ANNOUNCEMENT CODE

An accurate Job Announcement Code is required to process your application. The Job Announcement Code is listed in the heading of the job announcement. If the job announcement lists two Job Announcement Codes, enter the second code on the line provided.

2. NAME

A last name, first name, and middle name (if applicable) are required to process your application.

SOCIAL SECURITY NUMBER

Your Social Security Number is required to process your application.

DATE OF BIRTH

Use numbers to identify the month, day and year you were born (MM/ DD/YYYY) example: January 2 1975 would be 01/02/1975.

MAILING ADDRESS

Your Address, City, State, Zip Code and Country are required to process your application.If you have an existing Wisc.Jobs job cart you may update your information online anytime at [www.Wisc.Jobs](http://www.Wisc.Jobs). If you do not have an existing job cart, you may create one at [www.Wisc.Jobs](http://www.Wisc.Jobs) or notify the Office of State Employment Relations by mail: P.O. Box 7855, Madison, WI 53707-7855; phone (608) 266-1731; or e-mail [ESC@wisconsin.gov](mailto:ESC@wisconsin.gov).

MOTHER'S MAIDEN NAME

This information is required to process your application. Enter your mother’s maiden name (last name only) or another name or word that will serve as an additional identifier to make your applicant record unique.

PHONE NUMBER(S)

Please provide a phone number(s) where you can be reached if there are questions regarding your application or to schedule an interview.

3. LEGALLY AUTHORIZED TO WORK IN THE U.S.

Completion of this section is required to process your application. Check YES only if you are one of the following: (1) a citizen or national of the United States; (2) a lawful permanent resident; or (3) an alien authorized to work in the United States.

# 4. WISCONSIN RESIDENCY

Completion of this section is required to process your application. Indicate whether you are a permanent resident of the State of Wisconsin. Wisconsin residency is required only for Limited Term and Project positions.

# 5. WORK HOURS

You must include the type of work you will accept in order for us to process your application.Check all types of work hours that you will accept.

INSTRUCTIONS CONTINUE ON THE NEXT PAGE

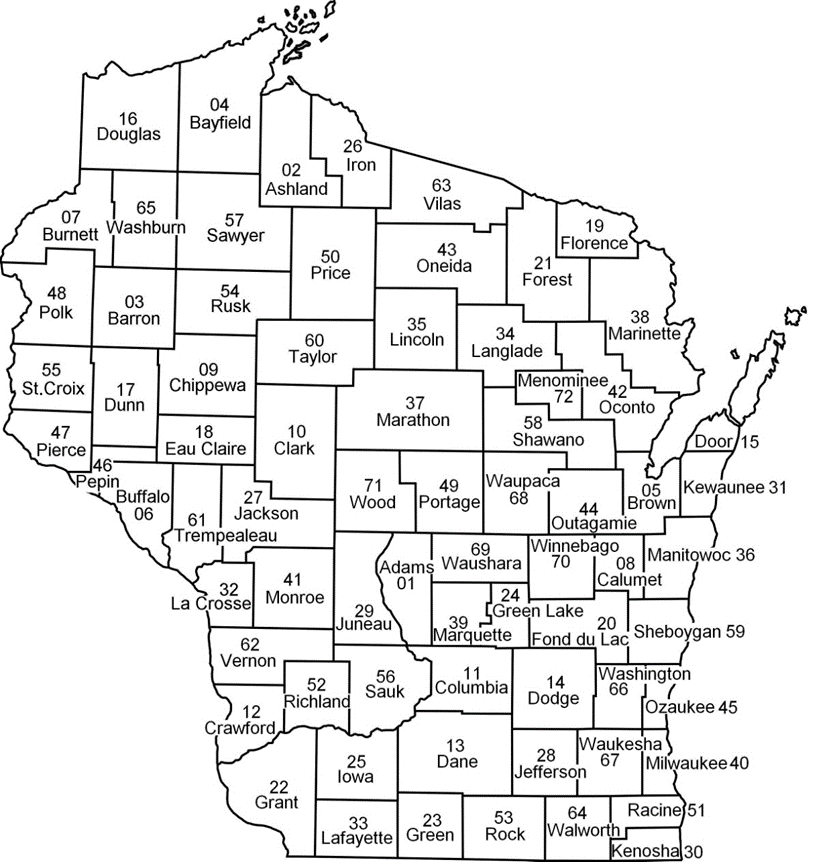
**State of Wisconsin**

**Application for State Employment - Instructions - page 3 of 4**

6. COUNTIES WHERE YOU WILL ACCEPT EMPLOYMENT *(PLEASE NOTE THAT COUNTY CODES HAVE CHANGED.)*

At least one code is required to process your application. Select the desired code(s) below for the county(ies) where you will accept work and transfer that two-digit number to section 6 in the application. We will only consider you for jobs in the locations you indicate on your application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code** **County** | **Code** **County** | **Code** **County** | **Code** **County** | **Code** **County** |
| **00** - **All Counties** | 15 - Door | 30 - Kenosha | 44 - Outagamie | 59 - Sheboygan |
| 01 - Adams | 16 - Douglas | 31 - Kewaunee | 45 - Ozaukee | 60 - Taylor |
| 02 - Ashland | 17 - Dunn | 32 - La Crosse | 46 - Pepin | 61 - Trempealeau |
| 03 - Barron | 18 - Eau Claire | 33 - Lafayette | 47 - Pierce | 62 - Vernon |
| 04 - Bayfield | 19 - Florence | 34 - Langlade | 48 - Polk | 63 - Vilas |
| 05 - Brown | 20 - Fond du Lac | 35 - Lincoln | 49 - Portage | 64 - Walworth |
| 06 - Buffalo | 21 - Forest | 36 - Manitowoc | 50 - Price | 65 - Washburn |
| 07 - Burnett | 22 - Grant | 37 - Marathon | 51 - Racine | 66 - Washington |
| 08 - Calumet | 23 - Green | 38 - Marinette | 52 - Richland | 67 - Waukesha |
| 09 - Chippewa | 24 - Green Lake | 39 - Marquette | 53 - Rock | 68 - Waupaca |
| 10 - Clark | 25 - Iowa | 72 - Menominee | 54 - Rusk | 69 - Waushara |
| 11 - Columbia | 26 - Iron | 40 - Milwaukee | 55 - St. Croix | 70 - Winnebago |
| 12 - Crawford | 27 - Jackson | 41 - Monroe | 56 - Sauk | 71 - Wood |
| 13 - Dane | 28 - Jefferson | 42 - Oconto | 57 - Sawyer | 99 - Outside Wisconsin |
| 14 - Dodge | 29 - Juneau | 43 - Oneida | 58 - Shawano |  |



Cities with population of more than 100,000:

* Madison (state capital) is in Dane County, code 13
* Milwaukee (largest city) is in Milwaukee County, code 40
* Green Bay is in Brown County, code 05

**State of Wisconsin**

**Application for State Employment - Instructions - page 4 of 4**

7. GENDER - Check only one box.

8. RACE/ETHNICITY - Check only one box using the following definitions:

Black--Not of Hispanic origin: All persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

American Indian or Alaska Native: Persons descending from any of the original peoples of North America who possess ¼ degree of documented tribal descendancy or are enrolled with a federally or state recognized tribe, or are recognized by a federally or state recognized tribe as American Indians for state affirmative action purposes.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

White--Not of Hispanic origin: All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

*Gender and race/ethnicity information is used for equal employment opportunity/affirmative action (EEO/AA) purposes only. This information is confidential and is retained by state human resources professionals. If you do provide this information, you may be eligible for further consideration of job opportunities through the State of Wisconsin EEO/AA Plan.*

# 9. EDUCATION LEVEL - Check only one box on the application. Indicate your single highest level of education completed.

# 10. HOW DID YOU FIND OUT ABOUT THIS JOB?

Please identify the source(s) of information that led you to apply for this vacancy. Use the check boxes on page 2 of the application.

11. ACTIVE MILITARY DUTY

If you are an active military duty member and unable to test at the regularly scheduled exam centers, complete this section along with the rest of the required application information, and return to the Office of State Employment Relations; Attention Exam Administration Coordinator; P.O. Box 7855; Madison, WI 53707-7855.

12. CERTIFICATION STATEMENT

Your application must be signed in order to process the application.



**Search State of Wisconsin government employment opportunities online**

**at** [www.Wisc.Jobs](http://www.Wisc.Jobs)**.**

Thank you for your interest in Wisconsin State Government employment. Wisconsin wants to find the best qualified people available to serve its citizens. Although everyone who applies cannot be hired, your application will be given every consideration.

**STATE OF WISCONSIN**   
**APPLICATION FOR STATE EMPLOYMENT**

[UWPD Use Only]

 Date

 Initials

 Prelim.Bkgd Eligible

 Not Eligible / Reason:

[UWPD Use Only]

 Min Qual GRV:

 Verify Address  WJ

 Score Sheet

 Date/Initials

***\* Indicates mandatory fields***

1. **\* Job Information**

|  |  |
| --- | --- |
| Job Announcement Title *(Complete an application for each job.)*  **Security Officer 4 & Security Officer-Health Sciences** | Job Announcement Code *(seven digits)*  **14-04838** |
| □ Score Reuse: Some exams allow applicants to reuse their exam scores. See page 1 of the instructions to learn more about score reuse. | |

2. **\* Personal Information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*** Last Name: | | | \* First Name: | | | | | | | \*Middle Name: |
| \* LAST FOUR Digits of Social Security Number:  \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ | | \*Month of Birth (MM):  \_\_\_\_ \_\_\_\_ | | | | | \*Day of Birth (DD):  \_\_\_\_ \_\_\_\_ | | \*Year of Birth (YYYY) \_\_ \_\_ \_\_ \_\_ | |
| **\*** Mailing Address Line 1: | | | | | | | | | | |
| Mailing Address Line 2: | | | | | \*Mother’s Maiden Name: *(last name only)* | | | | | |
| **\*** City: | **\*** State: | | | | | **\*** Zip Code: | | \* Country: | | |
| \* E-Mail Address (this will be used as a primary means of communication): | | | | | | | | | | |
| \* Daytime Phone Number: | | | | Evening Phone Number: | | | | | | |
| Other Phone Number (e.g., cell): | | | | Fax Number: | | | | | | |
| \* Current Valid Driver’s License Number: | | | | \*State of Issue: | | | | | | |
| \* List any other states and driver’s license numbers in which you have had a driver’s license: | | | | | | | | | | |

3. \* **Are you currently legally authorized** **to work in the United States?** □ Yes □ No

4. \* **Are you a Wisconsin resident?** □ Yes □ No

5. \* **Work Hours** *(Check all that you will accept)*

|  |  |
| --- | --- |
| * Full Time *(40 hrs/week)* | * Evening 2nd Shift *(3pm to 11 pm or similar hours)* |
| * Part Time *(less than 40 hrs/week)* | * Evening 3rd Shift *(11pm to 7am or similar hours)* |
| * Seasonal *(minimum of 600 hours per year but less   than 1,828 hours per year.)* |  |

1. \* **Counties Where You Will Accept Employment** *(PLEASE NOTE THAT COUNTY CODES HAVE CHANGED.)*

Note: We will only consider you for jobs in the locations you indicate below. You must identify at least one county for us to process your application. Enter 2-digit County Code(s) below using the list provided on page 3 of the instructions.

County Code(s): 13 (Dane) | \_\_ \_\_ | \_\_ \_\_ | \_\_ \_\_ | \_\_ \_\_ | \_\_ \_\_ | \_\_ \_\_ | \_\_ \_\_ | \_\_ \_\_ | \_\_ \_\_ | \_\_ \_\_

Application continues on next page

*Gender and race information are used for equal employment opportunity/affirmative action purposes only.*

7. **Gender** 8. **Race / Ethnicity**

□ Female

□ Male

*(Check only one.)* □ 3. American Indian or Alaskan Native

□ 1. Black (not Hispanic) □ 4. Hispanic

□ 2. Asian or Pacific Islander □ 5. White (not Hispanic)

9. **Education Level**

|  |  |
| --- | --- |
| (*Check highest level completed.)*  □ 1. Did not complete high school/GED  □ 2. Completed GED/HSED  □ 3. Graduated from high school  □ 4. Some college, no degree | □ 5. One-year vocational diploma  □ 6. Two-year associate degree  □ 7. Bachelor's degree  □ 8. Some graduate degree courses  □ 9. Graduate college degree |

10. **From what source did you *FIRST* hear about this job?**

|  |  |
| --- | --- |
|  |  |
| □ 1. Office of State Employment Relations | Internet: |
| □ 2. Job Service/Job Center | □ 9. Wisc.Jobs |
| □ 3. State Agency/UW Campus | □ 10. JobCenterOfWisconsin.com (JobNet) |
| □ 4. Wisc.Jobs Bulletin | □ 11. State Agency/UW Campus Website |
| □ 5. Referred by Current State Employee | □ 12. Other: |
| □ 6. Referred by Friend or Family | □ Wilenet.org □ Discoverpolicing.org |
| □ 7. Job Fair | □ Policeone.com □ Wisconsintechconnect.com |
| □ 8. Newspaper | □ Social Media □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

11. **Active Duty Military**

We will test active duty military members stationed out of state who are unable to test at a regularly scheduled exam center. We will test only at approved U.S. military installations and only if the exam is administered by a Test Control Officer or equivalent person. Please provide the following information for the person who has agreed to administer the exam. A fee may be charged for this service.

Test Control Officer: Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.:\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **12.** \* Certification Statement

By signing below, I certify that the information I have provided in this application is true to the best of my knowledge and I understand that I may be required to verify the information before being appointed.  I understand that any false, misleading, or missing information may disqualify me from employment consideration.

**\* Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

|  |  |
| --- | --- |
| **SECTION 1: MINIMUM QUALIFICATIONS EXAM - QUESTIONS 1-9**  **To pass the minimum qualification for Security Officer 4 or -Health Science Security Officer.**  **you must be able to respond as indicated below regarding your experience:**  **Answer YES to questions 1 – 3**  **Answer NO to questions 4 - 7**  **If you are unable to answer the questions as identified above, please do not continue to take the exam because you do not meet the minimum qualifications required.** | |
| **KEY** | |
| **A = NO** | |
| **B = YES** | |
|  | |
| **TASK OR ACTIVITY STATEMENT** | **ANSWER** |
| **You must be able to answer YES (B) to questions 1 – 3 to meet the minimum qualifications required.** | |
| Do you currently possess a valid Wisconsin driver’s license or are you eligible to obtain a valid Wisconsin driver’s license upon appointment? | 1. |
| Are you at least 18 years of age? | 2. |
| Are you available to work nights, weekends, and holidays? | 3. |
| **You must be able to answer NO (A) to questions 4 –7 to meet the minimum qualifications required.** |  |
| Do you have any unpardoned felony convictions? | 4. |
| Have you been convicted of any misdemeanor or other criminal offense within the past **five (5)** years? | 5. |
| Have you been convicted of operating a vehicle while intoxicated, operating after suspension or revocation, or operating without a valid driver’s license (excluding expired license convictions or suspension violations for failure to pay fine) in the past **ten (10)** years? | 6. |
| Have you been convicted of more than **one (1)** moving traffic violation, operating after suspension or revocation, or operating without a valid driver’s license (excluding expired license convictions or suspension violations for failure to pay fine) within the past **two (2)** years, or have you received more than **six (6)** demerit points on your driver’s license in the past **three (3)** years? | 7. |

**Again, please do not proceed with the remainder of the exam   
unless you were able to answer as specified to the questions above.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name: | | First Name: | | Middle Name: |
| Former Last Name (if any): | | First Name: | | Middle Name: |
| Mailing Address: | | | | |
| City: | State: | Zip: | Country: | |
| How long have you lived at current address? | | Names of other persons residing with you: | | |
| Day Phone: | | E-Mail Address: | | |
| Evening Phone: | | Other Number: | | |
| Social Security Number (Need for background check): | | | | |
| Driver’s License Number & State of Issue: | | | | |
| Date of Birth (MM/DD/YY): | | Place of Birth (City, State, and Country): | | |
| **Note: Be prepared to provide a certified copy of your Birth Certificate.** | | | | |
| Are you a U.S. Citizen? | | Date Naturalization Papers issued, if applicable | | |

|  |  |  |
| --- | --- | --- |
| ***FORMER ADDRESSES***  Beginning with the most recent prior address to that previously listed. Include all prior addresses within the last ten years.  **Attach additional pages with all information if necessary.** | | |
| **Mailing Address:** | | |
| City: | State: | Zip |
| Rent or Own? If rented list the landlord’s name, complete address, and telephone number. | | |
| Name(s) of other persons residing with you: | | |
| **Mailing Address:** | | |
| City: | State: | Zip |
| Rent or Own? If rented list the landlord’s name, complete address, and telephone number. | | |
| Name(s) of other persons residing with you: | | |

|  |  |  |
| --- | --- | --- |
| ***FORMER ADDRESSES - CONTINUED*** | | |
| **Mailing Address:** | | |
| City: | State: | Zip |
| Rent or Own? If rented list the landlord’s name, complete address, and telephone number. | | |
| Name(s) of other persons residing with you: | | |
| **Mailing Address:** | | |
| City: | State: | Zip |
| Rent or Own? If rented list the landlord’s name, complete address, and telephone number. | | |
| Name(s) of other persons residing with you: | | |
| **Mailing Address:** | | |
| City: | State: | Zip |
| Rent or Own? If rented list the landlord’s name, complete address, and telephone number. | | |
| Name(s) of other persons residing with you: | | |

|  |  |
| --- | --- |
| ***MILITARY SERVICE*** | |
| Have you been or are you a member of the Military Service? □ Yes □ No   * If the answer is “No”, please go on to the next section. * If the answer is “Yes,” please attach your Form DD214 with this application. | |
| Military Branch: | Years of service: |
| Title: | Type of Discharge: |
| **List one military reference below:** |  |
| Military Reference Name: | Title: |
| Relationship: | Phone: |
| Address: | |
| Have you maintained contact with this person? | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***EDUCATION AND TRAINING*** | | | | | | | | | |
| Check the highest grade completed: | | | | | | | | | |
| □ GED | □ High School | | □ Associate | | □ Bachelors | | □ Masters | □ PhD | |
| Name and address of High School(s) attended: | | | | | | | | | |
| Month and Year that High School Diploma or G.E.D. was granted **(Be prepared to provide a copy of your Diploma, G.E.D. or Transcripts)** | | | | | | | | | |
| If post High School education; list years attended and if any degree earned. Include college/university, technical college, trade schools, and military training. **Be prepared to provide transcripts and diplomas when requested.** | | | | | | | | | |
| **Name/Location** | | **Dates of Attendance**  **From** | | **Dates of Attendance**  **To** | **Credits**  **Earned** | **Degree/Subject** | | | **Completion**  **Month/Year** |
|  | |  | |  |  |  | | |  |
|  | |  | |  |  |  | | |  |
|  | |  | |  |  |  | | |  |

## Attach additional sheets if necessary

|  |
| --- |
| ***ADDITIONAL EDUCATION AND TRAINING*** |
| Describe any education or training you have had which is not previously listed, such as vocational schools, correspondence courses, service schools, in-service trainings, instructor schools, corporate training programs – list dates. **Be prepared to provide copies of certificates of completion and diplomas upon request.** |
| List any current professional licenses or certifications you hold as a member of a trade or profession. |
| List any memberships you have in any professional or technical associations. |
| Have you served a formal internship? \_\_\_\_\_\_, If yes, please identify the information below:  Date(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What Trade or Profession? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| ***PRIOR EMPLOYMENT***  **List ALL previous jobs, beginning with the current or most recent. Include jobs held concurrently with other jobs. Include self-employment. Indicate change in job title with same employer as a separate position. Account for all periods between jobs.** | | | |
| *Employer Name* | | | |
| ***Address: Street*** | ***City*** | | ***State/Zip*** |
| ***Telephone*** | | ***Type of Business*** | |
| ***Title*** | | ***Supervisor*** | |
| ***Employment Dates*** | ***Beginning Salary*** | | ***Ending Salary*** |
| ***Full Time*** | ***Part Time (What was the average number of hours worked per month?)*** | | |
| ***Reason for leaving:*** | | | |
| ***List one reference from this job: Name*** | | Phone | |
| ***Address*** | | ***Relationship*** | |
| *Employer Name* | | | |
| ***Address: Street*** | ***City*** | | ***State/Zip*** |
| ***Telephone*** | | ***Type of Business*** | |
| ***Title*** | | ***Supervisor*** | |
| ***Employment Dates*** | ***Beginning Salary*** | | ***Ending Salary*** |
| ***Full Time*** | ***Part Time (What was the average number of hours worked per month?)*** | | |
| ***Reason for leaving:*** | | | |
| ***List one reference from this job: Name*** | | Phone | |
| ***Address*** | | ***Relationship*** | |
| *Employer Name* | | | |
| ***Address: Street*** | ***City*** | | ***State/Zip*** |
| ***Telephone*** | | ***Type of Business*** | |
| ***Title*** | | ***Supervisor*** | |
| ***Employment Dates*** | ***Beginning Salary*** | | ***Ending Salary*** |
| ***Full Time*** | ***Part Time (What was the average number of hours worked per month?)*** | | |
| ***Reason for leaving:*** | | | |
| ***List one reference from this job: Name*** | | Phone | |
| ***Address*** | | ***Relationship*** | |

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| --- | --- | --- | --- |
| ***PRIOR EMPLOYMENT – CONTINUED*** | | | |
| *Employer Name* | | | |
| ***Address: Street*** | ***City*** | | ***State/Zip*** |
| ***Telephone*** | | ***Type of Business*** | |
| ***Title*** | | ***Supervisor*** | |
| ***Employment Dates*** | ***Beginning Salary*** | | ***Ending Salary*** |
| ***Full Time*** | ***Part Time (What was the average number of hours worked per month?)*** | | |
| ***Reason for leaving:*** | | | |
| ***List one reference from this job: Name*** | | Phone | |
| ***Address*** | | ***Relationship*** | |
| *Employer Name* | | | |
| ***Address: Street*** | ***City*** | | ***State/Zip*** |
| ***Telephone*** | | ***Type of Business*** | |
| ***Title*** | | ***Supervisor*** | |
| ***Employment Dates*** | ***Beginning Salary*** | | ***Ending Salary*** |
| ***Full Time*** | ***Part Time (What was the average number of hours worked per month?)*** | | |
| ***Reason for leaving:*** | | | |
| ***List one reference from this job: Name*** | | Phone | |
| ***Address*** | | ***Relationship*** | |
| *Employer Name* | | | |
| ***Address: Street*** | ***City*** | | ***State/Zip*** |
| ***Telephone*** | | ***Type of Business*** | |
| ***Title*** | | ***Supervisor*** | |
| ***Employment Dates*** | ***Beginning Salary*** | | ***Ending Salary*** |
| ***Full Time*** | ***Part Time (What was the average number of hours worked per month?)*** | | |
| ***Reason for leaving:*** | | | |
| ***List one reference from this job: Name*** | | Phone | |
| ***Address*** | | ***Relationship*** | |

*Attach additional sheets if necessary*

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| *CHARACTER REFERENCES**List three people who you have known for at least two years. They can be any person not related to you and not already listed who would know your strengths and weaknesses.* | | | |
| *First Reference Name* | | *Professional/Title* | |
| *Address: Street* | *City* | | *State/Zip* |
| *Home Telephone* *( )* | | *Work Telephone* *( )* | |
| *How long has this person known you?* | | *Do you maintain regular contact?* | |
| *Second Reference Name* | | *Professional/Title* | |
| *Address: Street* | *City* | | *State/Zip* |
| *Home Telephone* *( )* | | *Work Telephone* *( )* | |
| *How long has this person known you?* | | *Do you maintain regular contact?* | |
| *Third Reference Name* | | *Professional/Title* | |
| *Address: Street* | *City* | | *State/Zip* |
| *Home Telephone* *( )* | | *Work Telephone* *( )* | |
| *How long has this person known you?* | | *Do you maintain regular contact?* | |
| *SOCIAL REFERENCES**List three people, not related to you, who you interact with socially on a regular basis.* | | | |
| *First Reference Name* | | *Professional/Title* | |
| *Address: Street* | *City* | | *State/Zip* |
| *Home Telephone* *( )* | | *Work Telephone* *( )* | |
| *How long has this person known you?* | | | |
| *Second Reference Name* | | *Professional/Title* | |
| *Address: Street* | *City* | | *State/Zip* |
| *Home Telephone* *( )* | | *Work Telephone* *( )* | |
| *How long has this person known you?* | | | |
| *Third Reference Name* | | *Professional/Title* | |
| *Address: Street* | *City* | | *State/Zip* |
| *Home Telephone* *( )* | | *Work Telephone* *( )* | |
| *How long has this person known you?* | | | |

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| ***LAW ENFORCEMENT REFERENCE***  ***List one law enforcement related or military police reference if possible.*** | | | | | |
| *Reference Name* | | | Agency | | |
| ***Address: Street*** | | ***City*** | | ***State/Zip*** | |
| ***Home Telephone***  ***( )*** | | | ***Work Telephone***  ( ) | | |
| ***How long has this person known you?*** | | | ***How often do you have contact?*** | | |
| ***NEIGHBORHOOD REFERENCE***  ***List one neighbor who knows you and is a current neighbor or has been a neighbor in the past twelve months.*** | | | | | |
| *First Reference Name* | | | ***Professional/Title*** | | |
| ***Address: Street*** | | ***City*** | | ***State/Zip*** | |
| ***Home Telephone***  ***( )*** | | | ***Work Telephone***  ( ) | | |
| ***How long has this person known you?*** | | | ***Do you maintain regular contact?*** | | |
| ***RELEVANT VOLUNTEER ACTIVITIES***  ***List any volunteer organizations of which you have been a member or with which you have been actively involved. Attach additional sheets if necessary.*** | | | | | |
| ***Agency or Entity*** | | | ***Dates of involvement:*** | | |
| ***Address: Street*** | | ***City*** | | ***State/Zip*** | |
| ***Contact Person (name and title)*** | | | Phone  ( ) | | |
| Describe your duties: | | | | | |
| ***ALCOHOL/DRUG/NARCOTICS USE***  ***It is not the intent of the UW-Madison Police Department to use this information for criminal prosecution.*** | | | | | |
| Have you been convicted of any alcohol violations within the past five years? | | | | | |
| ***Have you ever used or experimented with marijuana?*** | | | | | |
| ***If Yes, date first used:*** | | | ***Date last used:*** | | |
| ***Have you ever sold, cultivated or supplied marijuana?*** | | | | | |
| Have you ever used or experimented with any form of drug such as Cocaine, Speed, PCP, Heroin, Ecstasy, LSD, Hashish, Opiates, Psilocybin “mushrooms”, etc.? | | | | | |
| If yes, please provide the details based on your best recollection. Also include the following information listed below. | | | | | |
| Name of drug/narcotic | Estimated Use | | Date First Used | | Date Last Use |
| Have you ever sold any form of drug or narcotic? | | | | | |
| Have you manufactured any form of drug or narcotic? | | | | | |
| If yes to either of the above, please explain. | | | | | |

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| ***GENERAL INFORMATION*** | | |
| **Have you ever been convicted of committing any crimes (including as a juvenile)?**  **If yes, indicate the information below.** | | |
| ***Date(s)*** | ***Location(s)*** | |
| ***Police Agencies Involved*** | Disposition | |
| **List all traffic accidents in which you have been involved as the driver (your fault or not). Be sure to include the information below.** | | |
| ***Date(s)*** | ***Location(s)*** | |
| **List the state of registration and license plates number for ALL vehicles owned by you during the past 24 months.** | | |
| ***State of Registration*** | ***License Plate Number*** | |
| ***State of Registration*** | ***License Plate Number*** | |
| ***State of Registration*** | ***License Plate Number*** | |
| **Do you know of anything (except medically related information) that might disqualify you or prevent you from performing the essential tasks of the position for which you are applying for? If yes, include a detailed reason.** | | |
| ***Have you had prior work experience with the University of Wisconsin or other State Service?***  *If yes, complete the information below.* | | |
| ***Department*** | ***Your Title*** | |
| ***Dates of employment*** | | |
| ***When would you be available for employment?*** | | |
| ***Has any Law Enforcement Agency conducted a background on you for employment purposes?***  *If yes, complete the information below.* | | |
| ***Agency*** | ***Month/Year*** | |
| ***Agency*** | ***Month/Year*** | |
| ***Agency*** | ***Month/Year*** | |
| ***Agency*** | ***Month/Year*** | |
| I hereby certify that there are no omissions from, misrepresentations in, or falsifications of any of the above statements and answers to questions. I am aware that should your investigation disclose such omissions, misrepresentations, or falsifications, my application for this position or future positions will be rejected. | | |
| Signature: | | Date: |



**UNIVERSITY OF WISCONSIN – MADISON**

**POLICE DEPARTMENT**

1429 Monroe Street

Madison, WI 53711

Chief Susan Riseling

Non-Emergency 608-262-2957

Fax 608-262-9768

[www.uwpd.wisc.edu](http://www.uwpd.wisc.edu)

Emergency 911

**UW-MADISON POLICE DEPARTMENT**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**(PAGE 1/2 OF AUTHORIZATION)**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the UW-Madison, Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above Department.

I hereby authorize any representative of the UW-Madison Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the UW-Madison Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the UW-Madison Police Department to consider in determining my suitability for employment in that Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information relating to investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records for your organization, 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 direct you to release such information upon request of the duly accredited representative of the UW-Madison Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the UW-Madison Police Department’s acceptance and processing of my application for employment, I agree to hold you, your agent and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the UW-Madison Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

**UW-MADISON POLICE DEPARTMENT**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**(PAGE 2/2 OF AUTHORIZATION)**

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the UW-Madison Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be as valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of two (2) years from the date of my signature. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form below.

Exceptions to this Blanket Authorization

1. Any medical information in the possession of any source named above if a conditional offer has not yet been made.

2. Any medical information in the possession of any source named above even if a final job offer has already been made.

3. Any other exceptions as listed below.

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| --- | --- |
| First Name (Print) Middle Name (Print) | Last Name (Print) |
| Address (Street and Number) | City, State & Zip |
| Applicant Signature | |
| Date Signed | |
| **MUST CONTAIN WITNESS SIGNATURE TO BE CONSIDERED VALID!**  ***(Witness does NOT need to be a notary.)*** | |
| **Witness to Applicant’s Signature**  First Name (Print) Middle Name (Print) | **Witness to Applicant’s Signature**  Last Name (Print) |
| **Signature of Witness to Applicant’s Signature** | |
| Date Signed | |

## *For official use only, not to be released to unauthorized persons*