

Wisconsin Department of Justice Law Enforcement Standards Board DJ-LE-330, Rev.1/10 www.wilenet.org

Have you ever been convicted of a felony? Yes No

If Yes, please attach a separate sheet giving full information.



Village of Caledonia, Wisconsin Employing Agency

APPLICATION FOR EMPLOYMENT AS LAW ENFORCEMENT, JAIL OR SECURE JUVENILE DETENTION OFFICER

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages.

	1. PERSONAL INFOR	MATION		
Name in Full (Last, First, Middle)		S	Social Security Number	
Address (Apartment, Street, P.O. Box)			Home Telephone Number	
			()	
City	State	Zip Code	Work Telephone Number	
			()	
Email Address			Cell Phone Number	
			()	
Are you at least 18 years old? 🗌 Yes 🗌 No	Are	you a United States citiz	en? 🗌 Yes 🗌 No	
Do you have a valid Wisconsin driver's license? 🗌 Yes 🗌 No		Do you have an associate degree or at least 60 college credits (associate degree level or higher) from an accredited college or university? Yes No		
If No, do you have a valid driver's license from another state? ☐ Yes ☐ No				

If No, were you employed as a law enforcement officer prior to February 1, 1993? Yes No (The college credit requirement as written in Wisconsin Administrative Code § LES 2.01(1)(e), pertains to law enforcement and tribal law enforcement officers first employed on or after February 1, 1993.)

2. EDUCATION					
		Dates			
Name of School	Location	From	То	Course Pursued	Degree, Diploma, or Credits Earned
High Schools					
College					
Graduate School					

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, provide dates. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates	Position and Kind of Work
	From To	
Name		
Street		
City, State	Full-Time	
Supervisor's Name/Telephone:		
	Part-Time	
May we contact the employer/supervisor? Yes No	Annual Salary/Wages:	Reason for Leaving
	From To	
Name		
Street		
City, State	Full-Time	
Supervisor's Name/Telephone:	Part-Time	
May we contact the employer/supervisor?	Annual Salary/Wages:	Reason for Leaving
	From To	
Name		
Street		
City, State	Full-Time	
Supervisor's Name/Telephone:		
	Part-Time	
May we contact the employer/supervisor? Yes No	Annual Salary/Wages:	Reason for Leaving
	From To	
Name		
Street		
City, State	Full-Time	
Supervisor's Name/Telephone:	Dert Time	
	Part-Time	
May we contact the employer/supervisor? Yes No	Annual Salary/Wages:	Reason for Leaving

4. MILITARY SERVICE					
Branch of Service	Month/Ye From	ar Served To	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty

List special schools attended/skills acquired during military service.

5. REFERENCES

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

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

6. GENERAL

COMPLETE IF INSTRUCTED TO DO SO BY EMPLOYING AGENCY.

For questions A-C, attach no more than one additional page for each answer.

- A. Why have you chosen to apply for this position?
- B. Discuss things you have done which have contributed to your life experience. Remember to include information regarding volunteer work with civic, school, or professional organizations. Be specific about names and dates.
- C. Why do you believe you could relate to and/or work with people of different races, sexes, cultures, ages, socio-economic groups, and educational levels?

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information provided and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicant's signature:	Date signed:		
Under the provisions of section 19.36, Wisconsin Statutes, I request that my identity as an applicant for the position of without my consent or until required under law.		not be revealed	
Applicant's signature:	Date signed:		