

# Wisconsin State Fair Park Police Department



## Police Officer Application Packet

Applicants applying for limited term employment with the State of Wisconsin as a Wisconsin State Fair Park Police Officer must complete and submit the following forms and documentation as part of their application packet. To be considered for an appointment of Police Officer you must have a completed application packet on file with the Wisconsin State Fair Park Police Department.

**Please note: Applications missing any of the required information will be considered incomplete unless noted otherwise. Incomplete applications will not be processed and applicant may not be notified.**

Applicant's Name:	For Agency Use Only
<input type="checkbox"/> Position Qualifications form [Signed & Dated] (form: WSFP-124)	<input type="checkbox"/> On File
<input type="checkbox"/> Application [Completed, Signed & Dated] (form: WSFP-125A)	<input type="checkbox"/> On File
<input type="checkbox"/> Police Officer Application Supplement [Completed] (form: WSFP-123)	<input type="checkbox"/> On File
<input type="checkbox"/> COPY of Birth Certificate - may be required to show certified copy at a later date	<input type="checkbox"/> On File
<input type="checkbox"/> COPY of Social Security Card	<input type="checkbox"/> On File
<input type="checkbox"/> COPY of valid Wisconsin Driver's License	<input type="checkbox"/> On File
<input type="checkbox"/> COPY of High School Diploma or G.E.D.	<input type="checkbox"/> On File
<input type="checkbox"/> COPY of College Diploma(s) <u>and</u>	<input type="checkbox"/> On File
<input type="checkbox"/> OFFICIAL College Transcripts	<input type="checkbox"/> On File
<input type="checkbox"/> COPY of Basic Law Enforcement Course Completion or	<input type="checkbox"/> On File
<input type="checkbox"/> COPY of LESB Certificate	<input type="checkbox"/> On File
<input type="checkbox"/> COPY of any Related Training Course Certifications	<input type="checkbox"/> On File
<input type="checkbox"/> COPY of Form DD214 - Certificate of Release or Discharge from Active Duty [If applicable]	<input type="checkbox"/> On File
<input type="checkbox"/> Any other information you deem relevant to your application	<input type="checkbox"/> On File
<input type="checkbox"/> Check here if any document will be delayed or if the institution wishes to mail it directly to the Wisconsin State Fair Park Police. Please identify the delayed documents:	

**RETURN TO**  
**Wisconsin State Fair Park Police Department**  
**Attn: Recruiting**  
**640 S. 84<sup>th</sup> Street**  
**Milwaukee, WI 53214**

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NAME:	Last	First	Middle
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# Police Officer Application



**WISCONSIN STATE FAIR PARK POLICE DEPARTMENT**  
**ATTN: RECRUITMENT**  
**640 S 84TH ST**  
**MILWAUKEE WI 53214**  
**414-266-7033**

We are pleased that you are interested in a position of trust with the Wisconsin State Fair Park Police Department. We are an equal opportunity employer, and no question on this application is intended to secure information to be used for discriminatory purposes. **THIS FORM IS A PART OF THE EXAMINATION PROCESS AND IT IS IMPORTANT TO BE AS COMPLETE AS POSSIBLE.** Before completing the application, please see the Qualifications. You cannot be considered for the position unless you meet these requirements. If you are unclear on how to respond to any of these questions, it is your responsibility to check with the Department at (414) 266-7033 for further information or clarification.

**GENERAL INSTRUCTIONS**

- Type or handprint (in black ink) an answer to every question. Applications must be legible for full consideration.
- Provide complete and accurate information.
- If a question does not apply to you, mark N/A in the space provided.
- Where a date is required, include the month, the date and the year.
- If space provided is insufficient, attach a separate sheet and reference the additional information to the section title.
- The State Fair Park Police Department will verify conviction record, driving records, places of employment and other information listed on this application.
- If you provide false information, or commit any omissions of fact, either intentionally or unintentionally, you will not be eligible for employment. Failure to admit convictions, and/or any untruthfulness will result in immediate disqualification.
- Incomplete applications will not be processed and applicant may not be notified.
- **It is your responsibility to notify this department of any changes of address or phone number.**

**PERSONAL (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

LAST NAME: (PRINT CLEARLY)		FIRST NAME:		MIDDLE NAME:
PRESENT ADDRESS (NUMBER, STREET):		CITY:	STATE:	ZIP CODE:
MAILING ADDRESS - IF DIFFERENT THAN ABOVE (NUMBER, STREET):		CITY:	STATE:	ZIP CODE:
DATE OF BIRTH:	HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:	
ANY OTHER PREVIOUS NAMES ON OFFICIAL DOCUMENTS/MAIDEN NAME:				
NAME AND PHONE OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY:				
Are you a U.S. citizen?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 20 years of age?				<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have conversational fluency in any foreign language, please note this here:

**PRIOR RESIDENCES IN PAST 5 YEARS (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

- 1.
- 2.
- 3.

**MOTOR VEHICLE OPERATION (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

Safe operation of a motor vehicle is essential to the position of police officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

- 1. Do you hold a valid driver's license?  Yes  No

Name on valid driver's license:

Class(es) or Type(s) of License:

Driver License #:    State:    Expiration Date:

- 2. How many years have you been a licensed driver?
- 3. Have you held a license in any state other than Wisconsin?  Yes  No

List the states:

- 4. Has your license been suspended, revoked, or cancelled?  
If "Yes," please give details (include what, when, where, why).  Yes  No

- 5. Have you ever been refused a driver's license (for other than medical reasons) by any state?  
If "Yes," please explain (include when, where, why).  Yes  No

- 6. Have you been involved in a motor vehicle accident as a driver in the last 5 years?  Yes  No  
If "Yes," please provide the following information. List any additional accidents on the addendum.

DATE	LOCATION	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE INVESTIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No                          Police Agency:		

DATE	LOCATION	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE INVESTIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No                          Police Agency:		

- 6a. Have you ever been involved in a motor vehicle accident as a driver or passenger where a fatality was involved?  Yes  No

- 7. If there is anything you wish to discuss about your driving record, please use the space below or submit on a separate sheet).

**EDUCATION (If more space is needed, submit a separate sheet)**

Name and Location of HIGH SCHOOL:					Date You Graduated:	
Your Name at Time of Attendance (if different than present):						
Name and Location of POST-HIGH SCHOOL INSTITUTION:					Date You Graduated:	
Your Name at Time of Attendance (if different than present):						
Dates Attended:		GPA	Credits Earned	Degree (check one)		Field of Study
From	To			<input type="checkbox"/> Associate	<input type="checkbox"/> Master's	
				<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Other	
If you did not graduate, explain:						
Name and Location of POST-HIGH SCHOOL INSTITUTION:					Date You Graduated	
Your Name at Time of Attendance (if different than present):						
Dates Attended:		GPA	Credits Earned	Degree (check one)		Field of Study
From	To			<input type="checkbox"/> Associate	<input type="checkbox"/> Master's	
				<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Other	
If you did not graduate, explain:						
Name and Location of POLICE TRAINING ACADEMY:					Date You Graduated:	
Your Name at Time of Attendance (if different than present):						
Dates Attended:		Number of Course Hours	Date of LESB Certification (mm/dd/yy)			
From	To					
Describe any education or training not covered above (vocational school, correspondence courses, service schools, in-service training), which you feel is relevant to the job for which you are applying. Include relevant licenses, certificates or other information you feel might be pertinent to the position. (BE SPECIFIC)						

During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business, and vocational schools--any formal education beyond the high school level.)  Yes  No

If "Yes", please explain (include school, date, and circumstances):

**EMPLOYMENT AND EXPERIENCE (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

Give a complete record of all employment, self-employment, military service or volunteer experience over the past 10 years (starting with the most recent). **RECORD ALL LAW ENFORCEMENT EMPLOYMENT, REGARDLESS OF WHEN EMPLOYMENT OCCURRED.** For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, internship or volunteer. List all intervening periods of military service or unemployment (starting with the most recent). **There should not be any gaps in time!** Please provide us with as much information as possible, including the month, day and year (mm/dd/yy).

DATE OF EMPLOYMENT / EXPERIENCE		NAME AND COMPLETE ADDRESS OF EMPLOYER	NAME / PHONE OF SUPERVISOR
FROM	TO		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			
DATE OF EMPLOYMENT / EXPERIENCE (mm/dd/yy)		NAME AND COMPLETE ADDRESS OF EMPLOYER	NAME / PHONE OF SUPERVISOR
FROM	TO		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			
DATE OF EMPLOYMENT / EXPERIENCE		NAME AND COMPLETE ADDRESS OF EMPLOYER	NAME / PHONE OF SUPERVISOR
FROM	TO		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			
DATE OF EMPLOYMENT / EXPERIENCE		NAME AND COMPLETE ADDRESS OF EMPLOYER	NAME / PHONE OF SUPERVISOR
FROM	TO		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			

DATE OF EMPLOYMENT / EXPERIENCE FROM TO		NAME AND COMPLETE ADDRESS OF EMPLOYER	NAME / PHONE OF SUPERVISOR
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
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<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
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Reason for leaving:			
DATE OF EMPLOYMENT / EXPERIENCE FROM TO		NAME AND COMPLETE ADDRESS OF EMPLOYER	NAME / PHONE OF SUPERVISOR
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)	LIST CO-WORKER(S) / PHONE
Reason for leaving:			

Please account for periods of time which are not covered by your educational or employment history. If a period of absence is for a health-related matter, do not respond to this question.

From:	To:	Reason:
From:	To:	Reason:
From:	To:	Reason:
From:	To:	Reason:

1. Have you ever held employment under another name?  Yes  No  
 If "Yes," please give details (include when, where, name at time of employment, and circumstances).

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2. Have you ever been fired, discharged, asked to resign or resigned after being informed by your employer you would be discharged?  Yes  No  
 If "Yes," please give details (include when, where, name at time of employment, and circumstances).

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3. If you have never held employment, please explain.

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4. Would any problems result if a past or present employer was contacted during the course of the background investigation?  Yes  No  
 If "Yes," please explain below:

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5. Are you be able to commit to work the entire 11 days of the Wisconsin State Fair?  Yes  No  
 With regard to your current employment, how will you arrange for the time off?

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6. Please list any organizations (social, personal or professional) that you belong to or have belonged to in the past.

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**RELATIVES AND REFERENCES (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

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.

Spouse / Significant Other	Address, City, State, Zip	Phone
Child / Relative living with you	Address, City, State, Zip	Phone
Child / Relative living with you	Address, City, State, Zip	Phone

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

Name	Address, City, State, Zip	Phone
Position/Title/Profession		Number of Years Acquainted
Name	Address, City, State, Zip	Phone
Position/Title/Profession		Number of Years Acquainted
Name	Address, City, State, Zip	Phone
Position/Title/Profession		Number of Years Acquainted



**MILITARY SERVICE (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

1. Have you ever served in the armed forces, National Guard or military reserves?  Yes  No

HIGHEST RANK ATTAINED	RANK DISCHARGED	SEPARATION CODE	RE-ENLISTMENT CODE	OCCUPATION
BRANCH OF SERVICE	SERVICE NUMBER	DATES OF SERVICE (mm/yy/dd)		TYPE OF DISCHARGE*
		TO		

This is for purposes of the background check only; the State Fair Park complies with all laws which prohibit discrimination based on past or current military service.

2. Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)?  Yes  No

AGENCY CHARGE	DATE	AGE AT TIME	DISPOSITION

3. Are you currently participating in any military reserve or National Guard program?  Yes  No

**IF YOU HAVE NOT ALREADY SUBMITTED FORM DD214,  
PLEASE FORWARD A COPY AS SOON AS POSSIBLE.**

4. Past or current military superiors or military acquaintances are potential sources of relevant information pertaining to your background. Please list only those individuals who know you well enough to provide accurate information about you.

NAME	CONTACT ADDRESS	CONTACT PHONE	YEARS KNOWN

## LEGAL

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On a separate sheet of paper list **ALL** arrests, tickets, citations, felonies, misdemeanors, city/county ordinances, traffic violations, state or federal laws, or conviction by a military court-martial including pending charges, dismissed charges, held open, deferred prosecution, not guilty dispositions.

In accordance with the law, any pending, dismissed, held open, or deferred charges will not be considered unless the circumstances are substantially related to the position of Police Officer.

Include all juvenile court violations, as well as adjudications of delinquency. Juvenile violations will be considered in accordance with the law. Do not include parking violations.

On the separate sheet of paper provide the following information:

1. Date of Violation
  2. Charge
  3. Location of Violation (city/village and state)
  4. Police Agency
  5. Disposition
  6. Write a narrative report, (ie: story), explanation of the circumstances leading to the issuance of the mentioned violation. Inadequate explanations may result in rejection of application.
- 
2. Have you ever been placed on court probation as an adult?  Yes  No  
If "Yes," please give details (include when, where, why). Give dates of probation. Start with the most recent.  
\_\_\_\_\_
  3. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action other than bankruptcy?  Yes  No  
If "Yes," please give details, (include when, where, name and location of court, circumstances).  
\_\_\_\_\_
  4. Have you ever been convicted of a felony?  Yes  No
  5. Have you ever been convicted of a crime of domestic violence?  Yes  No
  6. Have you ever received a pardon related to any criminal conviction?  Yes  No

**ILLEGAL DRUG / CONTROLLED SUBSTANCE / NARCOTIC USE  
(IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

**It is not the intent of the State Fair Park Police Department to utilize information solicited in this section for criminal prosecution. This section does not include substances prescribed by your physician.**

1. Have you ever used or experimented with marijuana?  Yes  No

If "Yes," please provide the following information. Your best recollection will suffice.

Date first used:

Date last used:

2. Have you ever used or experimented with any form of illegal drugs, controlled substances and/or narcotics (amphetamines, barbiturates, hallucinogenics) such as Cocaine, Speed, PCP, Heroin, Mescaline, LSD, Hashish, Opiates, Steroids, etc. other than those drugs prescribed by your physician?  Yes  No

If "Yes," please provide the following information. Your best recollection will suffice.

NAME OF DRUG/CONTROLLED SUBSTANCE/NARCOTIC	DATE FIRST USED	DATE LAST USED

Have you ever sold marijuana?  Yes  No

Have you ever cultivated or supplied marijuana?  Yes  No

Have you ever sold or furnished any form of drug or narcotic?  Yes  No

Have you manufactured any form of drug or narcotic?  Yes  No

If you answered "Yes" to any of the above questions, please explain on an addendum. The above questions do not apply to legal activities engaged in as a licensed professional.

**APPLICATION CERTIFICATION STATEMENT(Please sign and date the following statement):**

I understand that information provided and statements made as part of this application may be grounds for not being accepted for employment. All information provided and statements made by me as part of the 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. I understand that all information provided and statements made are subject to verification.

\_\_\_\_\_  
Signature of Applicant (Do not use nickname)

\_\_\_\_\_  
Date