

**APPLICATION
POLICE AUXILIARY**

GLENDALE POLICE DEPARTMENT

Equal Opportunity Employer

Introduction

READ ALL INSTRUCTIONS FOR THIS APPLICATION CAREFULLY.

Follow all instructions completely and precisely.

Participation in the Glendale Police department Auxiliary Unit demands teamwork, attention to detail and thoroughness. Teamwork requires hard work, cooperation, and the ability to take and follow instructions precisely.

Your application is the first step toward realizing your appointment to the Auxiliary Unit. Based on it, those who are responsible for reviewing your application, conducting interviews, and determining the best candidates for their respective communities, will obtain their first impression of you.

Completing the Application Forms

Answers must be PRINTED legibly or TYPED in BLACK ink. Answer all questions: if a question is not applicable to you, mark it N/A (not applicable). Read through the entire application before answering any questions. Applications, which are not legible, or are improperly or incompletely filled out, will not be considered.

Provide all facts that indicate your qualifications for the type of position you are seeking. If the space provided is not sufficient, attach a continuation sheet and number your answers to correspond with the question(s) being answered. If you wish to furnish additional information, attach sheets of the same size as the application.

Filing the Completed Application(s)

Applications must be mailed or delivered to the Glendale Police Department, 5909 N. Milwaukee River Parkway, Glendale, WI 53209.

Accuracy of Information Required

All statements are subject to verification. Incorrect statements will bar you from appointment, or if discovered after appointment, is cause for dismissal. Further, any misrepresentation or misstatements in regard to any material fact contained in the application, or in the certificates of persons vouching for the character of the applicant, made at the applicant's request, or with the applicant's knowledge, shall be sufficient cause for excluding the applicant, or for discharge from the Auxiliary Unit.

Equal Opportunity and Affirmative Action Affirmation

The City of Glendale reaffirms its policy of nondiscrimination as specified by State and federal law.

Residency Requirements

Glendale does not require residency.

Minimum Candidate Qualifications

All candidates must be citizens of the United States, in good health, be 18 years of age or older, possess a valid driver's license, and be able to successfully pass a background check.

Possession of Qualifications

All candidates must be in possession of the minimum qualifications prior to appointment. Applicants who do not presently possess the requirements noted above will not be offered appointment until all the qualifications and requirements are met.

GLENDALE POLICE DEPARTMENT

Equal Opportunity Employer APPLICATION FOR POSITION OF POLICE AUXILIARY

The information provided is for official use only and will not be released to any unauthorized person(s) nor will it be used to discriminate against any applicant.

All information must be PRINTED legibly or TYPED in BLACK ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications, which are not complete and legible, will not be considered. If you need additional space for any answer or information, attach sheets of the same size as this application and number answers to correspond with the question(s).

1. APPLICANT INFORMATION

Name (Last, First, Middle)
Are you legally authorized to work in the United States? Yes _____ No _____
Are you certified by the Wisconsin Law Enforcement Standards Board? Yes _____ No _____
Where Certified _____ School: _____ Date: _____

2. RESIDENCE INFORMATION

Present address:

Telephone number: Home ()	Work ()
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List ALL your places of residence during the past seven years (include addresses while attending school if away from home, and all military addresses including any off military base.)

Dates: (From - To)	Address	City/State

3. EDUCATIONAL INFORMATION

High School:

School	Location	Dates	Course	Degree

College:

School	Location	Dates	Course	Degree

6. MILITARY RECORD

Have you ever been on active duty in the armed forces of the United States?

No Yes

If yes, highest rank attained _____

Branch of Military Service _____ Serial Number _____

Dates of Active Duty _____

Type of Discharge _____ Basis for Discharge _____

Member of Reserve? No Yes Ready Standby Service Branch _____

Was any type of disciplinary action taken against you in the service, which remains a part of your permanent record? No Yes, of what nature? _____

Present or former member of National Guard? No Yes, give the name and location of drills, meetings, camps you attend: _____

Do you claim veterans Preference? No Yes

Basis: Active duty between 8/27/40 and 7/25/47

Eligible for armed forces expeditionary medal

Active duty between 6/27/50 and 1/31/55

Called into active duty pursuant to S. 1 Executive Order 5 10977
(Berlin crisis 1961 call-up)

Active duty 8/5/64 to 7/1/75 except for training purposes

Desert Shield/Desert Storm

7. COURT RECORD

Have you ever been convicted of any violation, including traffic, but not parking? No
 Yes

Charge	Date	Location	Court	Disposition

8. ORGANIZATION MEMBERSHIP

No Yes

Have you ever organized or helped organize or become a member of any organization or group of persons which during the period of your membership or association, you knew was advocating or teaching that the government of the United States or any state or any political subdivision thereof should be overthrown or overturned by force, violence, or any other unlawful means? If the answer is yes, explain fully.

No Yes

If your answer to the above question is yes, did you during the period of such membership or association have specific intent to further the aims of such organization, association or group of persons to overthrow or overturn the government of the United States or any other state or any political subdivision thereof by force, violence or any other unlawful means?

9. GENERAL INFORMATION

If there is any additional information not requested herein which you believe relevant to your ability to perform the duties and responsibilities of a law enforcement officer, you may provide this information for consideration. (Attach additional sheet if necessary)

10. DATA NEEDED FOR BACKGROUND CHECK

In order to process background checks of candidates, the following information is needed: social security number and date of birth. This information will be used solely for purposes of obtaining and processing a background check, and will not be considered in any other aspect of the hiring process.

Date of Birth:	Social Security Number:
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I understand that all appointments are probationary for a period which I must demonstrate my fitness for continued employment. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that withholding information or making false statements on this application will be the basis for dismissal. I agree to these conditions, and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

Legal Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF INFORMATION
(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the _____
(Employing agency)

or authorized representative thereof bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies.
2. Selective Service System.
3. Any banking institution.
4. Any place of business (for purpose of obtaining credit or employment data).
5. Credit rating bureaus or institutions maintaining individual credit rating files.
6. Any previous employer.
7. Present employer.
8. Any school, college, university or other educational institution.
9. Any law enforcement certification or licensing board of Wisconsin or any other state.

Exceptions to this blanket authorization:

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans with Disability Act).
2. _____
3. _____

This release is executed to authorize _____, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Date

Signature (Full Name)

Address (Street and Number)

City

State

Zip

Witness