

KRONENWETTER POLICE DEPARTMENT

Personal History Form for Police Officer Applicants

Applicant: _____

Position Applying For: Full Time Part Time

IMPORTANT INSTRUCTIONS

This application is a permanent record. All information must be typed or neatly printed **by the applicant**, using **black ink only**. Illegible or incomplete applications will not be accepted. Do not write in shaded areas.

The documents listed below must accompany the completed Personal History Form. Missing documents must be addressed by the applicant in written form. Personal resume` is welcomed.

DOCUMENTS
Copy of College Transcripts (for all institutions attended)
Copy of Law Enforcement Training Records
Copies of Your Last Three Job Performance Evaluations
Copy of Awards / Accolades Received (if applicable)
Copies of Law Enforcement Certifications (such as firearms instructor, FTO, etc.)
Copies of Military Discharge papers (e.g DD214)
* Will need to present certified copy of birth certificate upon request.

**Deadline Date for Acceptance of Application: FRIDAY, FEBRUARY 13, 2015
AT 4:30 P.M.**

Mail completed application to: Kronenwetter Police Department
Police Officer Recruitment
1582 Kronenwetter Dr.
Kronenwetter, WI 54455

Prior to filling out this application, a photocopy should be made in the event additional space is needed to include all the information required. Applicants must complete all sections of the application. Failure to complete all sections may disqualify you from consideration for employment with the Kronenwetter Police Department.

IMPORTANT INSTRUCTIONS (CONTINUED)

It is compulsory that all information requested be supplied in the manner specified. Each question on this application must be answered, leave no blanks. If a question does not apply, enter DNA. ***An incomplete application will not be accepted.***

1. Carefully read the form and answer each question completely.
2. List zip codes and area codes for all requested addresses and telephone numbers.
3. Print full first and last names of all references:
4. Complete all information on educational background. List all colleges or universities attended.
5. If there is not sufficient space to include all information required, place a photocopy of that page (8½ X 11) in proper sequence and complete the information.
6. ***Any false statements or omissions*** made on this questionnaire may cause your name to be removed from the eligibility list or be cause for immediate termination, if an appointment is made.
7. You are required to report within five (5) days to the Village of Kronenwetter Police Department any changes to information on this Personal History Form. Failure to do so may cause your name to be removed from the eligibility list or be cause for immediate termination, if an appointment is made.

I have read and understand the instructions provided.

Applicant's signature: _____ Date: _____

KRONENWETTER POLICE DEPARTMENT

Personal History Form for Police Officer Applicants

1- PERSONAL

Full Legal Name	Last	First	Middle
Social Security No.			

List The Current Address Where You Physically Reside (not a mailing address)

Number, Street, & Apt. No.	City	State	Zip Code
Name of the County Where You Reside	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other (explain)	How Long Have You Resided There? From: To:	

List Your Residence & Work Phone Numbers (include area codes & extension if applicable)

Residence (area code)	Work (area code)	Pager or Beeper (area code)	Cellular Phone
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List A Mailing Address If Unable To Obtain Mail At Your Residence

Mailing Address	City	State	Zip Code
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List All Names (aliases and nicknames) You Have Used Or Have Been Known By (include maiden name)

Last	First	Middle
Last	First	Middle
Last	First	Middle
Last	First	Middle

2 –RESIDENTIAL RECORD

List all residences you've lived in after age 18 to include college dorms and military installations. Begin with the most recent. If more space is needed, please use a separate sheet of paper.

Number, Street, & Apt. No.		City	State	Zip Code
Name of the County Where You Reside	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other (explain)		From:	To:

Number, Street, & Apt. No.		City	State	Zip Code
Name of the County Where You Reside	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other (explain)		From:	To:

Number, Street, & Apt. No.		City	State	Zip Code
Name of the County Where You Reside	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other (explain)		From:	To:

Number, Street, & Apt. No.		City	State	Zip Code
Name of the County Where You Reside	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other (explain)		From:	To:

Number, Street, & Apt. No.		City	State	Zip Code
Name of the County Where You Reside	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other (explain)		From:	To:

Number, Street, & Apt. No.		City	State	Zip Code
Name of the County Where You Reside	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other (explain)		From:	To:

Number, Street, & Apt. No.		City	State	Zip Code
Name of the County Where You Reside	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Parent <input type="checkbox"/> Other (explain)		From:	To:

2 –EMPLOYMENT RECORD

Please provide a complete record of employment, self employment, military service or volunteer experience over the past 10 years starting with the most recent. Please provide as much information as possible. If additional space is needed to list all your employment, please list them on a separate sheet of paper.

Beginning with your most recent position, account for all employment over the past ten years..			
From: Month: _____ Year: _____		To: Month: _____ Year: _____	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		If Part Time /Seasonal List Total Number of Hours Worked:	
Employer's Name and Street Address			
City		State	Zip Code
			Work Phone (area code)
Job Title /Position	Supervisor's Name and Phone Number		Reason for changing employment?

From: Month: _____ Year: _____		To: Month: _____ Year: _____	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		If Part Time /Seasonal List Total Number of Hours Worked:	
Employer's Name and Street Address			
City		State	Zip Code
			Work Phone (area code)
Job Title /Position	Supervisor's Name and Phone Number		Reason for changing employment?

From: Month: _____ Year: _____		To: Month: _____ Year: _____	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		If Part Time /Seasonal List Total Number of Hours Worked:	
Employer's Name and Street Address			
City		State	Zip Code
			Work Phone (area code)
Job Title /Position	Supervisor's Name and Phone Number		Reason for changing employment?

EMPLOYMENT - Continued

From: Month: _____ Year: _____		To: Month: _____ Year: _____	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		If Part Time /Seasonal List Total Number of Hours Worked:	
Employer's Name and Street Address			
City		State	Zip Code
Job Title /Position		Supervisor's Name and Phone Number	Reason for changing employment?

From: Month: _____ Year: _____		To: Month: _____ Year: _____	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		If Part Time /Seasonal List Total Number of Hours Worked:	
Employer's Name and Street Address			
City		State	Zip Code
Job Title /Position		Supervisor's Name and Phone Number	Reason for changing employment?

From: Month: _____ Year: _____		To: Month: _____ Year: _____	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		If Part Time /Seasonal List Total Number of Hours Worked:	
Employer's Name and Street Address			
City		State	Zip Code
Job Title /Position		Supervisor's Name and Phone Number	Reason for changing employment?

Please account for any 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:

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

3- EMPLOYER DISCIPLINARY ACTION

Have you ever received disciplinary action in which you were suspended, reprimanded, transferred, dismissed, terminated or been permitted to resign from any job(s) or position(s) rather than being terminated? Yes No
 If you answered "Yes," complete the following.

Employer / Company Name / Address		Phone Number (area code)
Date of Disciplinary Action	Type of Disciplinary Action Received	
If Suspension Indicate the Duration	Reason for Discipline (do not include any medical information)	

Employer / Company Name / Address		Phone Number (area code)
Date of Disciplinary Action	Type of Disciplinary Action Received	
If Suspension Indicate the Duration	Reason for Discipline (do not include any medical information)	

Employer / Company Name / Address		Phone Number (area code)
Date of Disciplinary Action	Type of Disciplinary Action Received	
If Suspension Indicate the Duration	Reason for Discipline (do not include any medical information)	

Employer / Company Name / Address		Phone Number (area code)
Date of Disciplinary Action	Type of Disciplinary Action Received	
If Suspension Indicate the Duration	Reason for Discipline (do not include any medical information)	

Employer / Company Name / Address		Phone Number (area code)
Date of Disciplinary Action	Type of Disciplinary Action Received	
If Suspension Indicate the Duration	Reason for Discipline (do not include any medical information)	

4- PRIOR APPLICATIONS WITH OTHER POLICE AGENCIES (Include applications made to KPD)

In addition to this application, are you currently seeking a job with any other Law Enforcement Agency?

Yes No If you answered "Yes", complete the following. Check all boxes that apply.

Date Applied	Agency (include complete address)	<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Took physical agility test <input type="checkbox"/> Failed physical agility test <input type="checkbox"/> Submitted personal history form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application <input type="checkbox"/> Expired from list <input type="checkbox"/> Other
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Date Applied	Department/Agency	<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Took physical agility test <input type="checkbox"/> Failed physical agility test <input type="checkbox"/> Submitted personal history form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application <input type="checkbox"/> Expired from list <input type="checkbox"/> Other
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5 MILITARY SERVICE

Have you ever served in any of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is your current status with the military? <input type="checkbox"/> Active <input type="checkbox"/> Reserves [<input type="checkbox"/> Active <input type="checkbox"/> Inactive] <input type="checkbox"/> Discharged			
Branch of Service	Enlistment Date	Discharge Date	Service Number
Highest Rank Attained	Rank at Discharge	Type of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Dishonorable	
Reserve/National Guard Unit and Supervisor			Unit Telephone No. (include area code)
Unit Address	City	State	Zip Code

Did you ever receive an Article 15 or subject to a court martial? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "yes", explain (do not include any medical information relating to military service)			
Date	Charges Against You (SPECIFIC)	Type of Action	Disposition of Charges
Reason for Disciplinary Action			
Describe Incident			

Date	Charges Against You (SPECIFIC)	Type of Action	Disposition of Charges
Reason for Disciplinary Action			
Describe Incident			

If you were born after December 31, 1959 and a male, have you registered with the Selective Service System as required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "yes" complete the following:	
Selective Service #	Date of Registration:
If you answered "no" explain:	

6- EDUCATION

List the Name of the High School You attended		
Name of High School	Address (Include City and State)	Year You Graduated
If you did not graduate, please explain:		

List all colleges and universities attended including post graduate and provide transcripts from all attended.

Name of College / University	Address (include city & state)	Major	From	To	Total credits earned	Type of degree earned

Have you ever been placed on academic probation, suspended, or expelled from any college or university? Yes No **If yes, explain in detail.**

7 - DRIVER'S RECORD

Driver's License No	Class	Endorsements	Restrictions	Expires
Address on License (include zip code)				

As a driver, have you been involved in a motor vehicle accident in the last three (3) years? **If you're a law enforcement officer, do Not List Collisions During Pursuit Driving**
 Yes No If "yes", provide the following information.

7 - DRIVER'S RECORD (continued)

Date	City & State	Was a police report taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Did the accident cause injury to another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police Agency that took the report		Were you cited or arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Was the accident a hit & run?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date	City & State	Was a police report taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Did the accident cause injury to another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police Agency that took the report		Were you cited or arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Was the accident a hit & run?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date	City & State	Was a police report taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Did the accident cause injury to another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police Agency that took the report		Were you cited or arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Was the accident a hit & run?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date	City & State	Was a police report taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Did the accident cause injury to another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police Agency that took the report		Were you cited or arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Was the accident a hit & run?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you received any traffic tickets (other than parking) in the last three (3) years? Include Pending Citations <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" complete the following:				
Date	What law enforcement agency issued the ticket?	Violation		
Disposition		Points Assessed	Was your license suspended/revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", how long?	

Date	What law enforcement agency issued the ticket?	Violation		
Disposition		Points Assessed	Was your license suspended/revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", how long?	

Date	What law enforcement agency issued the ticket?	Violation		
Disposition		Points Assessed	Was your license suspended/revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", how long?	

Date	What law enforcement agency issued the ticket?	Violation		
Disposition		Points Assessed	Was your license suspended/revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", how long?	

Do you currently have or have you ever had outstanding parking tickets that have resulted in your vehicle registration being suspended due to unpaid citations? _____ Yes _____ No If "yes," explain: _____

8 – PERSONAL HISTORY

1. Please list all convictions. Include relevant dates for felonies, misdemeanors, municipal ordinances, state or federal laws, or convictions by a military court-martial. In accordance with the law, any pending criminal charges or convictions will not be used or considered unless the circumstances are substantially related to the circumstances of being a police officer. Domestic violence convictions are automatic disqualifiers. Include any juvenile court convictions, as well as adjudications of delinquency. Do not include parking incidents.

Date	Charge	Law Enforcement Agency	Disposition

List any pending charges:

Date	Charge	Law Enforcement Agency

2. Have you ever been placed on court probation as an adult? ___ Yes ___ No

If yes, answer below (include when, where, and why you were on probation):

When	Where and the name of your agent	Why

3. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action other than bankruptcy? If "yes", please explain: ___ Yes ___ No

ILLEGAL DRUG/CONTROLLED SUBSTANCE/NARCOTIC USE

It is not the intent of the Kronenwetter Police Department to solicit information in this section for the purposes of criminal prosecution. This section also does not include substances prescribed by your physician.

1. Have you ever used or experimented with marijuana? If "yes", answer below: ___ Yes ___ No

Date first used (to the best of your recollection)	Date last used

2. Have you ever used or experimented with any form of illegal drugs, controlled substances and/or narcotics including, but not limited to, Cocaine, PCP, Heroin, mescaline, LSD, Hashish, Opiates, Steroids, etc.? Or, have you ever abused prescription medication? ___ Yes ___ No

If yes to either question, answer below (again, your best recollection will suffice):

Name of Controlled Substance/Narcotic/Prescription Drug	Date first used	Date last used

3. 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 ever manufactured any form of drug or narcotic? ___ Yes ___ No

If you answered "yes" to any of the above questions, please explain below. The above questions do not apply to legal activities engaged in as a licensed professional:

9 - REFERENCES

Please list as references two individuals who you have known for at least two years who have knowledge of you and your credentials. Examples are personal friends, friends of the family, neighbors or military acquaintances. **DO NOT** include relatives or individuals who belong to the law enforcement profession.

Name	Address (including zip code)		Home Phone No. (including area code)
Occupation			Work Phone No. (including area code)
Relationship	Age	How long have you known?	

Name	Address (including zip code)		Home Phone No. (including area code)
Occupation			Work Phone No. (including area code)
Relationship	Age	How long have you known?	

Please list no more than three (3) additional references. These individuals may either be members of law enforcement agencies (if you have such acquaintances) or other personal references who you are acquainted with and who have knowledge of you and your qualifications. Their address may be their residence or place of employment.

Name	Address (including zip code)		Home Phone No. (including area code)
Agency/Occupation			Work Phone No. (including area code)

Name	Address (including zip code)		Home Phone No. (including area code)
Agency/Occupation			Work Phone No. (including area code)

Name	Address (including zip code)		Home Phone No. (including area code)
Agency/Occupation			Work Phone No. (including area code)

9 - MISCELLANEOUS

Have you ever been a member of any organization that:		
Advocates the violent overthrow of the government of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Advocates a bias/hatred of individuals due to their race, ethnicity, gender, age, disability, sexual orientation or religious beliefs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "yes" to either question, list the organizations:		
Organization	Membership Dates	Position in Organization
	From	To

Organization	Membership Dates	Position in Organization
	From	To

Organization	Membership Dates	Position in Organization
	From	To

If you are married or have been divorced, please provide the following information in reference to the date and location of each:

	Date	County	State
Marriage			
Judgment of Divorce			

I understand that any conditional job or appointment tendered to me will be contingent upon the result of a thorough background investigation. I further understand that during the application process and/or background investigation, I am required to report to the Kronenwetter Police Department, any changes in my personal history covered in the Personal History Form within five business days. I am aware that failure to report any changes in my personal history may cause my name to be removed from further consideration.

Prior to submitting my Personal History Form, I reviewed it carefully for completeness and accuracy.

I hereby certify that all statements made in this Personal History Form are true and complete. I understand that any discrepancies, misstatements, omissions, and/or falsifications will be cause for disqualification, for my name to be removed from the eligibility list, or for immediate termination if an appointment has been made.

Applicant's Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, (print name) _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, to a Kronenwetter Police Department representative, a duly authorized agent of the Village of Kronenwetter whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of medical/health care providers, educational institutions, financial or credit institutions including records of deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); polygraph and background investigations conducted by other departments, employee evaluation/performance reports, psychological reports, complaints or grievances files by or against me, and salary records; real and personal property tax statements and records wherever filed, including records of the Internal Revenue Service; records of complaint, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, whatsoever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

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, including access to my employee personnel files, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Village of Kronenwetter to consider in determining my suitability for employment by the Village. I also agree to release any and all employment applications and materials that I have submitted to other potential employers, regardless of whether I was ultimately hired by the employer or not. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Village of Kronenwetter. I understand that all materials pertaining to this background investigation become the property of the Kronenwetter Police Department and will not be returned to me.

By signing this release I acknowledge the fact that this background investigation and any and all documents produced as a result of the investigation are considered Staff Planning Documents pursuant to Wis. Stats 19.36 (10)(d) and therefore are not subject to release under the Open Records Law. I have had explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from any and all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

(Signature of Applicant)

(Date of Signature)

(Date of Birth)

(Social Security Number)