**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) |

**Deadline Date for Acceptance of Application: Ongoing recruitment**

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 Your Reside | □ Rent □ Own □ Parent□ 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  |
|  |
|  |
|  |
| ***List A Mailing Address If Unable To Obtain Mail At Your Residence*** |
| Mailing Address | City | State | Zip Code |
|  |
| ***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 Your Reside | □ Rent □ Own □ Parent□ Other (explain) | From: | To: |

|  |  |  |  |
| --- | --- | --- | --- |
| Number, Street, & Apt. No. | City | State | Zip Code |
| Name of the County Where Your Reside | □ Rent □ Own □ Parent□ Other (explain) | From: | To: |

|  |  |  |  |
| --- | --- | --- | --- |
| Number, Street, & Apt. No. | City | State | Zip Code |
| Name of the County Where Your Reside | □ Rent □ Own □ Parent□ Other (explain) | From: | To: |

|  |  |  |  |
| --- | --- | --- | --- |
| Number, Street, & Apt. No. | City | State | Zip Code |
| Name of the County Where Your Reside | □ Rent □ Own □ Parent□ Other (explain) | From: | To: |

|  |  |  |  |
| --- | --- | --- | --- |
| Number, Street, & Apt. No. | City | State | Zip Code |
| Name of the County Where Your Reside | □ Rent □ Own □ Parent□ Other (explain) | From: | To: |

|  |  |  |  |
| --- | --- | --- | --- |
| Number, Street, & Apt. No | City | State | Zip Code |
| Name of the County Where Your Reside | □ Rent □ Own □ Parent□ Other (explain) | From: | To: |

|  |  |  |  |
| --- | --- | --- | --- |
| Number, Street, & Apt. No | City | State | Zip Code |
| Name of the County Where Your Reside | □ Rent □ Own □ Parent□ 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: |
| □ Full Time □ Part Time □ 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: |
| □ Full Time □ Part Time □ 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: |
| □ Full Time □ Part Time □ 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: |
| □ Full Time □ Part Time □ 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: |
| □ Full Time □ Part Time □ 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: |
| □ Full Time □ Part Time □ 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? |

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).

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| ***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 □ NoIf 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) | □ Submitted application only □ Took written test □ Failed written test □ Oral interview □ Took physical agility test □ Failed physical agility test □ Submitted personal history form □ Background investigation conducted □ Background pending □ Took polygraph □ Disqualified □ Was not selected □ Hired or job offer made □ Withdrew application □ Expired from list □ Other |

|  |  |  |
| --- | --- | --- |
| Date Applied | Department/Agency | □ Submitted application only □ Took written test □ Failed written test □ Oral interview □ Took physical agility test □ Failed physical agility test □ Submitted personal history form □ Background investigation conducted □ Background pending □ Took polygraph □ Disqualified □ Was not selected □ Hired or job offer made □ Withdrew application □ Expired from list □ Other |

|  |  |  |
| --- | --- | --- |
| Date Applied | Department/Agency | □ Submitted application only □ Took written test □ Failed written test □ Oral interview □ Took physical agility test □ Failed physical agility test □ Submitted personal history form □ Background investigation conducted □ Background pending □ Took polygraph □ Disqualified □ Was not selected □ Hired or job offer made □ Withdrew application □ Expired from list □ Other |

|  |  |  |
| --- | --- | --- |
| Date Applied | Department/Agency | □ Submitted application only □ Took written test □ Failed written test □ Oral interview □ Took physical agility test □ Failed physical agility test □ Submitted personal history form □ Background investigation conducted □ Background pending □ Took polygraph □ Disqualified □ Was not selected □ Hired or job offer made □ Withdrew application □ Expired from list □ Other |

|  |  |  |
| --- | --- | --- |
| Date Applied | Department/Agency | □ Submitted application only □ Took written test □ Failed written test □ Oral interview □ Took physical agility test □ Failed physical agility test □ Submitted personal history form □ Background investigation conducted □ Background pending □ Took polygraph □ Disqualified □ Was not selected □ Hired or job offer made □ Withdrew application □ Expired from list □ Other |

|  |  |  |
| --- | --- | --- |
| Date Applied | Department/Agency | □ Submitted application only □ Took written test □ Failed written test □ Oral interview □ Took physical agility test □ Failed physical agility test □ Submitted personal history form □ Background investigation conducted □ Background pending □ Took polygraph □ Disqualified □ Was not selected □ Hired or job offer made □ Withdrew application □ Expired from list □ Other |

|  |  |  |
| --- | --- | --- |
| Date Applied | Department/Agency | □ Submitted application only □ Took written test □ Failed written test □ Oral interview □ Took physical agility test □ Failed physical agility test □ Submitted personal history form □ Background investigation conducted □ Background pending □ Took polygraph □ Disqualified □ Was not selected □ Hired or job offer made □ Withdrew application □ Expired from list □ Other |

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| ***5 MILITARY SERVICE*** |
| Have you ever served in any of the Armed Forces? □ Yes □ NoIf yes, what is your current status with the military? □ Active □ Reserves [□ Active □ Inactive] □ Discharged |
| Branch of Service | Enlistment Date | Discharge Date | Service Number |
| Highest Rank Attained | Rank at Discharge | Type of Discharge: □ Honorable □ General □ 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? □ Yes □ NoIf 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 |
|  |
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|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Charges Against You (SPECIFIC) | Type of Action | Disposition of Charges |
| Reason for Disciplinary Action |
| Describe Incident |
|  |
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| If you were born after December 31, 1959 and a male, have you registered with the Selective Service System as required? □ Yes □ No |
| If you answered “yes” complete the following:Selective Service # Date of Registration: |
| If you answered “no” explain: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***6– EDUCATION***

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| **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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Have you ever been placed on academic probation, suspended, or expelled from any college or university? □ Yes □ No **If yes, explain in detail.** |
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| ***7 - DRIVER’S RECORD***  |
| Driver’s License No | Class | Endorsements | Restrictions | Expires |
| Address on License (include zip code) |

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| --- |
| 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?Did the accident cause injury to another person?Were you cited or arrested?Was the accident a hit & run? | □ Yes□ Yes□ Yes□ Yes | □ No□ No□ No□ No |
| Police Agency that took the report |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | City & State | Was a police report taken?Did the accident cause injury to another person?Were you cited or arrested?Was the accident a hit & run? | □ Yes□ Yes□ Yes□ Yes | □ No□ No□ No□ No |
| Police Agency that took the report |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | City & State | Was a police report taken?Did the accident cause injury to another person?Were you cited or arrested?Was the accident a hit & run? | □ Yes□ Yes□ Yes□ Yes | □ No□ No□ No□ No |
| Police Agency that took the report |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | City & State | Was a police report taken?Did the accident cause injury to another person?Were you cited or arrested?Was the accident a hit & run? | □ Yes□ Yes□ Yes□ Yes | □ No□ No□ No□ No |
| Police Agency that took the report |

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

|  |  |  |
| --- | --- | --- |
| Date | What law enforcement agency issued the ticket? | Violation |
| Disposition | Points Assessed | Was your license suspended/revoked?□ Yes □ No If “yes”, how long? |

|  |  |  |
| --- | --- | --- |
| Date | What law enforcement agency issued the ticket? | Violation |
| Disposition | Points Assessed | Was your license suspended/revoked?□ Yes □ No If “yes”, how long? |

|  |  |  |
| --- | --- | --- |
| Date | What law enforcement agency issued the ticket? | Violation |
| Disposition | Points Assessed | Was your license suspended/revoked?□ Yes □ No If “yes”, how long? |

Do you currently have or have you ever had outstanding parking tickets that have resulted in your \_\_\_ Yes \_\_\_\_ No

vehicle registration being suspended due to unpaid citations? If “yes,” explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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List any pending charges:

|  |  |  |
| --- | --- | --- |
| Date | Charge | Law Enforcement Agency |
|  |  |  |
|  |  |  |

2. Have you ever been placed on court probation as an adult? \_\_\_\_ Yes \_\_\_\_ NoIf 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 \_\_\_\_ Yes \_\_\_\_ Noaction other than bankruptcy? If “yes”, please explain:**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 \_\_\_\_ NoIf 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 \_\_\_\_ NoIf 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? □ Yes □ No |
| Advocates a bias/hatred of individuals due to their race, ethnicity, gender, age, disability, sexual orientation or religious beliefs? □ Yes □ 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.

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(Signature of Applicant) (Date of Signature)

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(Date of Birth) (Social Security Number)