



**CITY OF GLENDALE
APPLICATION FOR POLICE OFFICER
CHECK LIST**

To apply you must:

- Be a U.S. Citizen.
- Have never been convicted of a felony (unless pardoned)
- Ability to lawfully possess a firearm

Prior to appointment you must:

- Be at least 21 years old.
- Have a Bachelor's Degree, Associate Degree or LESB Certified with a minimum of sixty (60) college level credits.
- Possess a valid Driver's License.

INSTRUCTIONS

- Application forms must be filled in completely.
(Incomplete applications may not be considered)
- Applications will remain on file to establish future eligibility lists
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NOTE: The OMISSION of any forms required may invalidate your application.

Send all materials to:

Glendale Police Department
5909 N. Milwaukee River Parkway
Glendale, WI 53209

It is your responsibility to keep the Glendale Police Department informed of any changes to your name, address, telephone or employment that occur after submitting your application. Failure to provide this information may eliminate you from consideration for employment. You should contact the Administrative Assistant at Glendale Police, 414-228-1737, with the pertinent data.

CITY OF GLENDALE

Application for Police Officer



APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
List all other names which you were known:										
Street Address							Apartment/Unit #			
City				State		ZIP				
Home Phone			E-mail Address							
Cell Phone			Social Security No.							
Place of Birth										
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, you cannot apply					
Do you have a Driver License			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Expiration Date					
Driver License Number				State Issued						
Do you hold any other city, county or state licenses other than a Drivers License							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If yes, list types and dates										
Are you presently on any other Law Enforcement Eligibility list?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If yes, list agencies (Attach additional sheets if needed)										
May we contact your current employer?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
MILITARY EXPERIENCE										
Have you ever been on active duty in the Armed forces of the United States?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Highest Rank Obtained				Branch of Military						
Type of Discharge			If other than honorable, explain							
Member of Reserves		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Dates		From		To		
Do you claim Veterans Preference		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, complete Veterans Preference Supplement						
If you have any questions regarding your eligibility, contact the Veteran's Service Office at (414) 382-1753										

EDUCATION

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Number of college credits, if no degree							
Current Certified Officer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Recruit school student or graduate, but not yet employed.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were you ever expelled or suspended from a school because of disciplinary action?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	

RESIDENCES

List chronologically ALL of your past residences during the last seven years including your present address. Start with your present address. (include addresses while attending school, if away from home, and all military addresses, including any off military base)

Dates		Apt. No.	Street Address	City	State
From	To				

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

CURRENT AND PREVIOUS EMPLOYMENT (START WITH CURRENT EMPLOYER)

Include seasonal and part-time employment; use additional sheets if needed.

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

COURT RECORD

Have you ever been convicted of a felony? YES NO If yes, you cannot apply.

Are you now, or have you been involved as a plaintiff or defendant in any court action within the past five years? YES NO

If yes, list specifics

Have you ever been arrested or cited for any violations including traffic (other than parking)? YES NO

List ALL violations below (attach additional sheets if necessary)

Date	Place (City, State)	Charge
Details		Final Disposition
Date	Place (City, State)	Charge
Details		Final Disposition
Date	Place (City, State)	Charge
Details		Final Disposition
Date	Place (City, State)	Charge
Details		Final Disposition

DISCLAIMER AND SIGNATURE

I certify that all my answers contained in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, my employment with the City of Glendale may be terminated. I agree that the City of Glendale shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application

Signature

Date



GLENDALE APPLICATION FOR POLICE OFFICER AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, contact the administrative assistant at the Police Department prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial:

____ I authorize any person contacted to provide the City of Glendale any and all information regarding my employment, education and other information concerning any of the subjects covered by this application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the City of Glendale, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

Initial:

____ I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam, as well as a psychological exam, at a location selected by the City of Glendale, and consent to the release of the test results to the City of Glendale. I hereby release and hold harmless the City of Glendale, their officers, agents, and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or pre-employment exams and decisions concerning employment based upon the results of the tests.

Initial:

____ I authorize the City of Glendale, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the City of Glendale, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the City of Glendale only if it substantially relates to the position applied for.

Initial:

____ If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the City of Glendale reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees. You would be an at-will employee during your probationary period.

Initial:

____ I agree to use such personal protective equipment and devices as may be required by the City of Glendale and to comply with safety rules and requirements. In addition, I understand that the City of Glendale maintains a workplace free from drugs, harassment, and violence.

Initial:

____ I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/ acceptance of employment constitutes an employment contract. I understand that no representative of the City of Glendale has the authority to make any assurances to the contrary.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Notice – Wisconsin Open Records Law: under section 19.36(7) of Wisconsin Statutes, the names of the “Final Candidates” must be open to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to being a “Final Candidate” they can do so by making a separate request in writing.

The City of Glendale is committed to the equality of opportunity for all people. It is the policy of the City of Glendale to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer’s premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

(Applicant’s Signature)

(Date)