

| | | |
|-----------------|-------|--------|
| FULL NAME: Last | First | Middle |
|-----------------|-------|--------|

Today's date is: _____

Your due date is: 30 days from _____

MPD has an "open enrollment" process in which applications are accepted for review year-round. However, the department will reserve the right to identify a cut-off date for the next available class. Visit the website periodically if you are concerned about the deadline.

Police Officer



MADISON POLICE DEPARTMENT
ATTN RECRUITMENT
5702 FEMRITE DR
MADISON WI 53718
(608) 266-4190 • dslawek@cityofmadison.com

We are pleased that you are interested in a position of trust with the City of Madison 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 Minimum 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 Personnel and Training Team at dslawek@cityofmadison.com or (608) 266-4190 for further information or clarification.

GENERAL INSTRUCTIONS

- Electronic submissions will be accepted.
- Send your completed online application via e-mail to: dslawek@cityofmadison.com.
- 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.
- If space provided is insufficient, attach a separate sheet and reference the additional information to the section title.
- **It is your responsibility to notify this department of any changes of mailing address, email address or phone number.**
- **Notifications of testing and subsequent steps in the hiring process will be via email. It is imperative that we have up-to-date contact information.**
- The Madison 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 City of Madison employment. Failure to admit convictions, and/or any untruthfulness will result in immediate disqualification.
- If you have any questions, you may call (608) 266-4190, Monday through Friday, 9:00 a.m.-3:00 p.m.

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: |
| HOME PHONE: | CELL PHONE: | WORK PHONE: | E-MAIL ADDRESS: | |
| PLACE OF BIRTH (CITY, STATE): | | | | |
| ANY OTHER PREVIOUS NAMES: | | | | |
| 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 |
| If you are not yet a citizen, have you applied for citizenship? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what is your expected naturalization date? | | | | |
| Are you at least 18 years of age? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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 or Type of License: _____

License No.: _____ State: _____ Expiration Date: _____

2. How many years have you been a licensed driver? _____

Please provide an estimate as to how many miles you have driven in the past two years: _____

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 placed on negligent operator's probation (for other than medical reasons)? 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? Yes No
If "Yes," please explain (include when, where, why).

6. Have you ever been involved in a motor vehicle accident as a driver? 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 RESPONDED? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Police Agency: _____ |

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

7. If there is anything you wish to discuss about your driving record, please use the space below.

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 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: | | | | | | |
| 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 any employment, self-employment, military service or volunteer experience over the past 10 years (starting with the most recent). 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). Please provide us with as much information as possible.

| | | | |
|---|---------|---------------------------------------|----------------------------|
| 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 | TITLE: | | LIST CO-WORKER(S) / PHONE |
| | DUTIES: | | |
| 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 | TITLE: | | LIST CO-WORKER(S) / PHONE |
| | DUTIES: | | |
| 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 | TITLE: | | LIST CO-WORKER(S) / PHONE |
| | DUTIES: | | |
| 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 | TITLE: | | LIST CO-WORKER(S) / PHONE |
| | DUTIES: | | |
| 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 | TITLE: | | LIST CO-WORKER(S) / PHONE |
| | DUTIES: | | |
| 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 | TITLE: | | LIST CO-WORKER(S) / PHONE |
| | DUTIES: | | |
| 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 | TITLE: | | LIST CO-WORKER(S) / PHONE |
| | DUTIES: | | |
| 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 | TITLE: | | LIST CO-WORKER(S) / PHONE |
| | DUTIES: | | |
| 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 | TITLE: | | LIST CO-WORKER(S) / PHONE |
| | DUTIES: | | |
| 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 | TITLE: | | LIST CO-WORKER(S) / PHONE |
| | DUTIES: | | |
| 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, and name at time of employment).

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).

3. If you have never held employment, please explain on an addendum sheet.

4. **Would any problem result if your present employer was contacted during the course of the background investigation?** Yes No
 If "Yes," please explain below:

5. Have you **EVER** applied for an officer position with any law enforcement agency? Yes No
 If yes, list Agency Name, City, State, and Year you applied. (Also, include each time you applied to MPD.)

| Agency Name | City/State | Year(s) |
|-------------|------------|---------|
| | | |
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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 | | TYPE OF DISCHARGE* |
| | | TO | | |

*City of Madison ordinances prohibit discrimination based on less than an honorable discharge. This is for purposes of the background check only; the City of Madison 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 AND TITLE | 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 (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

1. Please list **ALL** convictions. Include relevant dates for felonies, misdemeanors, city/county ordinances, state or federal laws, or conviction 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. **Include traffic violations.** (Do not include violations for parking incidents.)

| DATE OF OFFENSE | CHARGE | POLICE AGENCY | DISPOSITION |
|-----------------|--------|---------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

List any pending charges (include traffic, if applicable):

| DATE OF OFFENSE | CHARGE | POLICE AGENCY |
|-----------------|--------|---------------|
| | | |
| | | |

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. Have you ever applied for a permit to carry a concealed weapon? Yes No
 If "Yes," please provide the following information:

Permit granted? Yes No

Date: _____

Name of enforcement agency: _____

4. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action other than bankruptcy (i.e., small claims court, family court or collections)? Yes No
 If "Yes," please give details, (include when, where, name and location of court, circumstances).

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

It is not the intent of the Madison 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.

ESSAY QUESTION #1

Instructions: Maximum of one 8-1/2" x 11" page, single-spaced, Times New Roman 11 font.

The Madison Police Department places an emphasis on providing a high quality, unbiased service, to all members of the community. Please provide an experience where you have exemplified these same traits.

HAVE YOU REMEMBERED?

If you need any additional assistance or clarification in completing the application process, feel free to contact the Personnel and Training Team of the Madison Police Department at (608) 266-4190.

In order for your application to be considered, it must be complete. An incomplete application will not be advanced for consideration unless/until all information requested has been submitted. An application is not complete without forwarding the following documents:

- If you are a high school graduate (or GED High School Equivalency) with **no additional college** courses taken, you will need to submit a copy of your high school transcript (or a copy of your high school equivalency scores if you meet education requirements on that basis).
 - A transcript from each post-high school educational institution. Note: Wisconsin's Law Enforcement Standards Board requires that you have a minimum of 60 semester college credits within five years of employment with any law enforcement agency in the State of Wisconsin. For purposes of completing the preliminary application, "unofficial" or student transcripts are acceptable. If you are advanced to the "background" phase of the hiring process, "official" transcripts will then be required.
 - You may provide a resume, letters of recommendation, or any other similar documentation.
 - If you are claiming Veterans Preference Points, please attach a copy of your DD214 form. (We understand that those still active in the armed forces will not have access to a DD214; submit the DD214 when separation has occurred.)
- Check here if any document will be delayed or if the institution wishes to mail it directly to the Madison Police Department. Please identify below the delayed documents:

APPLICANT DATA SHEET

| | | | |
|---|------------|---|------|
| Last Name (print clearly) | First Name | Middle Name | Date |
| Application for position of: <u>Police Officer</u> | | Department/Division: <u>Madison Police Department</u> | |
| DATE OF BIRTH <u> </u> / <u> </u> / <u> </u> (required) | | Social Security Number (optional) <u> </u> - <u> </u> - <u> </u> | |

VETERAN STATUS: (please check one)

- Non Veteran
 Veteran (DD214 Form must be attached)
 Veteran claiming disability (DD214 Form and Veterans Disability Form must be attached)
 Other (specify service dates): _____

The City of Madison has adopted an Affirmative Action Ordinance in compliance with State and Federal Law and City of Madison policies and ordinances. The disclosure of the following information is voluntary and allows us to meet federal government reporting requirements and evaluate the effectiveness of our recruitment efforts. This sheet will be removed from your application and the data will be kept confidential and will not be used in making employment decisions. Refusal to provide this information will not subject you to any adverse treatment.

(PLEASE CHECK THE APPROPRIATE CATEGORY)

RACIAL AND/OR ETHNIC HERITAGE:

- White, not Hispanic/Latino origin.** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
 Black or African American, not Hispanic/Latino origin. (A person having origins in any of the Black racial groups of Africa.)
 Hispanic or Latino. (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 American Indian or Alaskan Native, not Hispanic/Latino origin. (A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.)
 Asian, not Hispanic/Latino origin. (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
 Native Hawaiian or Other Pacific Islander, not Hispanic/Latino origin. (A person having origins in any of the original peoples of Hawaii, Guana, Samoa, or other Pacific Islands.)
 Two or more races, not Hispanic/Latino origin. (All persons who identify with more than one of the above races.)
 Other (specify) _____

GENDER: Male Female (Gender as identified on driver's license.)

DISABILITY: Do you have a disability? Yes No

The City of Madison considers a person with a disability anyone who meets the definition under either the American With Disabilities Act or the Wisconsin Fair Employment Act. You may contact the Occupational Accommodations Specialist at the number listed below if you need additional information.

If you need reasonable accommodation(s) during the application process due to disability related functional limitations, please notify City of Madison Human Resources Occupational Accommodations Specialist at (608) 267-1156; TTY/Textnet (866) 704-2340; sseverson@cityofmadison.com

I need an accommodation in the hiring/examination process: Yes No

If yes, accommodation requested is (i.e., extended time, reader, alternative test format, other): _____

****You will be required to provide written verification from a doctor or other authorized person confirming your disability and indicating reasonable accommodation.**

HOW DID YOU LEARN OF THIS VACANCY?

- | | |
|--|--|
| <input type="checkbox"/> Recruiting Officer | <input type="checkbox"/> College Posting: Please indicate the institution: _____ |
| <input type="checkbox"/> Madison Police Officer | <input type="checkbox"/> Job Fair: Please indicate where: _____ |
| <input type="checkbox"/> Internet: Please indicate the site: _____ | <input type="checkbox"/> On-Site Testing: Please indicate where: _____ |
| <input type="checkbox"/> Social Media: Please indicate the site: _____ | <input type="checkbox"/> Other: _____ |

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

I certify that all answers to the questions in this application are true, and I agree that any misstatements or omissions of fact will cause forfeiture on my part of rights to employment in the City service.

Applicant's Signature _____ Date _____ Witness to Signature _____ Date _____

ELECTRONIC APPLICATION CERTIFICATION STATEMENT

By checking this box, I certify that all answers to the questions in this application are true, and I agree that any misstatements or omissions of fact will cause forfeiture on my part of rights to employment in the City service.

_____ Date