

Last Name	First Name	Middle Initial
-----------	------------	----------------



APPLICANT BACKGROUND PROFILE

Elkhorn Police Department
P.O. Box 920.
Elkhorn, WI 53121

The Elkhorn Police Department requires the information in this profile for the purpose of employment consideration. The police department conducts extensive background investigations as outlined in LES 2.01, Wis. Adm. Code.

Instructions This background profile must be filled out completely. Ensure all questions have been answered. Failure to complete this form as instructed will result in disqualification. There are very few automatic bases for rejection. However, deliberate misstatements or omissions may result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. Deliberately withholding or misrepresenting job-relevant information is a basis for failing your background investigation or, if discovered after employment, may be grounds for discharge.

Complete this form using a computer. Do not leave any question blank. If more space is needed to answer a question, attach additional pages. Include your name in the upper right-hand corner of each additional page.

Please note: We are asking you to collect your educational transcripts and have the school mail them directly to the Elkhorn Police Department, Attn: Background Investigations.

NAME	Last Name		First Name		Middle Name
	Legal Name			Maiden Name	
	Aliases			Nicknames	
	List any other name(s) you have used.				Social Security Number
PLACE OF BIRTH	Date of Birth (m/d/yyyy)			County which you were born	
	City and State you were born			List any other dates of birth you have used	
CURRENT ADDRESS	Street Address				County in which you reside
	City, State, ZIP Code				
PHONE NUMBERS	(Area Code) Home Telephone Number			(Area Code) Cell Phone Number	
	(Area Code) Work Phone Number			Other Phone Number(s) where you can be contacted	
	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the best way to contact you? Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <i>or</i> <input type="checkbox"/> Visit Residence <input type="checkbox"/> Home Email <input type="checkbox"/> Work Email			Best Time to Contact You <input type="checkbox"/> am <input type="checkbox"/> pm
EMAIL ADDRESS	Personal Email			Work Email	
SPOUSE or SIGNIFICANT OTHER	Name of your spouse or significant other (Last, First, Middle)				
	Address of your spouse or significant other, if different than yours (Street, City, State and ZIP Code)				

APPLICANT BACKGROUND PROFILE *(continued)*

I. DRIVER AND MOTOR VEHICLE INFORMATION				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently possess a valid driver's license? If yes, complete the following.			
	Driver License Number	State Issued	Expiration Date (m/d/yyyy)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been issued a driver license from any other state? If yes, indicate the state issued.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your driver license and/or driver privileges ever been suspended? If yes, explain and give details including dates.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your driver license and/or driver privileges ever been revoked? If yes, explain and give details including dates.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been classified as a Habitual Traffic Offender? If yes, explain and give details including dates.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been cited for an alcohol related driving offense? If yes, explain and give details including dates.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a driver's license issued to you under a different name? If yes, explain and give details including dates.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been refused a driver license by another state? If yes, explain and give details including dates.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been involved, as a driver, in a motor vehicle accident during the past ten (10) years? If yes, explain and provide the following details.			
	Date of Accident (m/d/yyyy)	Enforcement/Jurisdiction	City and State of Accident	Disposition
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the registration on any of your vehicles been suspended within the last seven (7) years? If yes, explain and give details including dates.			

APPLICANT BACKGROUND PROFILE *(continued)*

II. CRIMINAL/CIVIL/JUDICIAL HISTORY

List **ALL** law enforcement contacts you have had starting with the most recent. Examples of these include but are not limited to traffic warnings, traffic citations, felony crimes, misdemeanor crimes, Municipal Court Citations, Civil Summons and violations of State Statutes, County and City ordinances, Department of Natural Resources, and Internal Revenue Service laws and any and all other contacts with law enforcement. **OMIT NONE**. Note: Conviction of any offense will not necessarily preclude employment of an applicant unless circumstances substantially relate to the requirements of the position.

1.	Type of Violation	Date of Violation (m/d/yyyy)	Issuing Agency
	Describe Incident	City and State of Violation	Disposition
2.	Type of Violation	Date of Violation (m/d/yyyy)	Issuing Agency
	Describe Incident	City and State of Violation	Disposition
3.	Type of Violation	Date of Violation (m/d/yyyy)	Issuing Agency
	Describe Incident	City and State of Violation	Disposition
4.	Type of Violation	Date of Violation (m/d/yyyy)	Issuing Agency
	Describe Incident	City and State of Violation	Disposition
5.	Type of Violation	Date of Violation (m/d/yyyy)	Issuing Agency
	Describe Incident	City and State of Violation	Disposition
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime that was reduced from a felony to a misdemeanor? If yes, provide details including dates, issuing agency, city, state and an explanation.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a domestic violence related offense? If yes, please explain and provide details including dates.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has a warrant ever been issued for your arrest? If yes, please explain and provide details including date(s).		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever failed to appear in court when properly ordered to do so? If yes, please explain and provide details including dates.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a restraining order and/or injunction issued against you? If yes, please explain and provide details including dates.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you presently under indictment or a defendant in any pending criminal or civil action(s)? If yes, please explain and provide details including dates.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been named as a party in a civil action or proceeding as a plaintiff or defendant (i.e. bankruptcy, eviction, action resulting from nonpayment of monies owed, small claims, etc.) If yes, please explain and provide details including dates.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been fingerprinted? If yes, provide the date, location and the reason for fingerprinting.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had any contact with a police agency, such as being a victim, witness, suspect, etc.? If yes, complete the following information.		
	Date (m/d/yyyy)	Police Agency Involved	Circumstances

APPLICANT BACKGROUND PROFILE *(continued)*

III. ALCOHOL/DRUG USE AND GANG AFFILIATIONS

Provide the following information regarding your use and/or experimentation with any controlled substance, without a prescription.

ALCOHOL USE

Yes No Do you currently use alcohol? If yes, how many drinks per week?

DRUG USE – Do you now or have you in the past, used, tried or experimented with any of the following:

	Substance	How Many Times Used	Last Time Used (m/yyyy)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ecstasy (MDMA)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	GHB (Gamma-Hydroxybutyric Acid, etc.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cocaine/Crack		
<input type="checkbox"/> Yes <input type="checkbox"/> No	PCP (angel dust, crystal, rocket fuel, KJ)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Amphetamines/Methamphetamines (uppers, speed, crank)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Barbiturates (downers, yellow jackets)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Psilocybin (magic mushroom)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Heroin		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Morphine/Demerol		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mescaline/Peyote		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Thai Sticks (opiate grass)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Amyl Nitrate (poppers)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quaaludes (ludes)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Steroids		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hashish/Hass Oil		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Marijuana / THC products		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other – not listed above:		

Please answer the following questions.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever failed a mandatory drug screening? If yes, please provide details.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been involved in glue sniffing and/or used any other such chemical agents for the recreational or social purpose of obtaining a state of intoxication? If yes, provide details.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever abused a prescribed drug, narcotic and/or other controlled substance? If yes, provide details.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever possessed, sold, furnished and/or manufactured any controlled substance, drug, narcotic, or any other illegal substance? If yes, provide details.

GANG AFFILIATIONS

<input type="checkbox"/> Yes <input type="checkbox"/> No	A “criminal gang” is defined as a group of three or more people who have a common identifying sign, symbol or name whose members individually or collectively engage in a pattern of criminal activity. Have you ever been affiliated or have had a membership with any gang? If yes, please provide the following information.		
	Gang Name	Years of Affiliation/Membership	List Identifying Marks, Symbols or Tattoos

APPLICANT BACKGROUND PROFILE *(continued)*

IV. EMPLOYMENT HISTORY AND COMMUNITY INVOLVEMENT

Describe your work experiences and the ways in which you have been employed and involved with your community. Employment history includes summer and part-time jobs, college internships and volunteering. List **ALL** employers beginning with the most recent. Account for all time periods except absences for medical reasons. If unemployed or on military leave, indicate date(s). If you are documenting community involvement, complete all that applies.

1.	Name of Employer		(Area Code) Telephone Number	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Street Address			From (m/yyyy)	To (m/yyyy)	
	City, State, ZIP Code			Starting Salary	Ending Salary	
	Title of Position Held		Hours Worked Per Week	Type of Position <input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer		
	Describe Your Duties					
	Name of Your Supervisor		(Area Code) Telephone Number	Email Address		
	Name of Additional Contact		(Area Code) Telephone Number	Email Address		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality of work? If yes, explain and give details of all circumstances.				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you disciplined, reprimanded, or suspended by this employer? If yes, provide details.				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you resign from this position? If yes, provide details.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you resign in lieu of termination? If yes, provide details.					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated from this position? If yes, provide details.					
2.	Name of Employer		(Area Code) Telephone Number	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Street Address			From (m/yyyy)	To (m/yyyy)	
	City, State, ZIP Code			Starting Salary	Ending Salary	
	Title of Position Held		Hours Worked Per Week	Type of Position <input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer		
	Describe Your Duties					
	Name of Your Supervisor		(Area Code) Telephone Number	Email Address		
	Name of Additional Contact		(Area Code) Telephone Number	Email Address		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality of work? If yes, explain and give details of all circumstances.				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you disciplined, reprimanded, or suspended by this employer? If yes, provide details.				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you resign from this position? If yes, provide details.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you resign in lieu of termination? If yes, provide details.					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated from this position? If yes, provide details.					

APPLICANT BACKGROUND PROFILE *(continued)*

IV. EMPLOYMENT HISTORY AND COMMUNITY INVOLVEMENT *(continued)*

3.	Name of Employer		(Area Code) Telephone Number	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Street Address			From (m/yyyy)	To (m/yyyy)	
	City, State, ZIP Code			Starting Salary	Ending Salary	
	Title of Position Held		Hours Worked Per Week	Type of Position <input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer		
	Describe Your Duties					
	Name of Your Supervisor		(Area Code) Telephone Number	Email Address		
	Name of Additional Contact		(Area Code) Telephone Number	Email Address		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality of work? If yes, explain and give details of all circumstances.				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you disciplined, reprimanded, or suspended by this employer? If yes, provide details.				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you resign from this position? If yes, provide details.				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you resign in lieu of termination? If yes, provide details.				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated from this position? If yes, provide details.				
	4.	Name of Employer		(Area Code) Telephone Number	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			From (m/yyyy)	To (m/yyyy)		
City, State, ZIP Code			Starting Salary	Ending Salary		
Title of Position Held		Hours Worked Per Week	Type of Position <input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer			
Describe Your Duties						
Name of Your Supervisor		(Area Code) Telephone Number	Email Address			
Name of Additional Contact		(Area Code) Telephone Number	Email Address			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality of work? If yes, explain and give details of all circumstances.				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Were you disciplined, reprimanded, or suspended by this employer? If yes, provide details.				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Did you resign from this position? If yes, provide details.				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Did you resign in lieu of termination? If yes, provide details.				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Were you terminated from this position? If yes, provide details.				

APPLICANT BACKGROUND PROFILE *(continued)*

IV. EMPLOYMENT HISTORY AND COMMUNITY INVOLVEMENT *(continued)*

5.	Name of Employer		(Area Code) Telephone Number	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Street Address			From (m/yyyy)	To (m/yyyy)		
	City, State, ZIP Code			Starting Salary	Ending Salary		
	Title of Position Held		Hours Worked Per Week	Type of Position <input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer			
	Describe Your Duties						
	Name of Your Supervisor		(Area Code) Telephone Number	Email Address			
	Name of Additional Contact		(Area Code) Telephone Number	Email Address			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality of work? If yes, explain and give details of all circumstances.					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you disciplined, reprimanded, or suspended by this employer? If yes, provide details.					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you resign from this position? If yes, provide details.					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you resign in lieu of termination? If yes, provide details.					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated from this position? If yes, provide details.					
	6.	Name of Employer		(Area Code) Telephone Number	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Street Address			From (m/yyyy)	To (m/yyyy)	
		City, State, ZIP Code			Starting Salary	Ending Salary	
Title of Position Held		Hours Worked Per Week	Type of Position <input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer				
Describe Your Duties							
Name of Your Supervisor		(Area Code) Telephone Number	Email Address				
Name of Additional Contact		(Area Code) Telephone Number	Email Address				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality of work? If yes, explain and give details of all circumstances.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Were you disciplined, reprimanded, or suspended by this employer? If yes, provide details.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Did you resign from this position? If yes, provide details.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Did you resign in lieu of termination? If yes, provide details.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Were you terminated from this position? If yes, provide details.					

APPLICANT BACKGROUND PROFILE *(continued)*

V. RESIDENCY HISTORY

List chronologically, starting with your most recent address, all the places you have lived. Include addresses while attending school, the military, and all addresses away from home, etc.

1.	Street Address		Type <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Military	
	City, State and ZIP Code		From (m/yyyy)	To (m/yyyy)
	<i>If you paid RENT, also provide the following information:</i>			
	Landlord or Mortgage Holder		(Area Code) Telephone Number	
	Complete Address, City, State and ZIP Code		Email Address (if known)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Was a formal eviction action commenced against you? If yes, please provide details.	
2.	Street Address		Type <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Military	
	City, State and ZIP Code		From (m/yyyy)	To (m/yyyy)
	<i>If you paid RENT, also provide the following information:</i>			
	Landlord or Mortgage Holder		(Area Code) Telephone Number	
	Complete Address, City, State and ZIP Code		Email Address (if known)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Was a formal eviction action commenced against you? If yes, please provide details.	
3.	Street Address		Type <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Military	
	City, State and ZIP Code		From (m/yyyy)	To (m/yyyy)
	<i>If you paid RENT, also provide the following information:</i>			
	Landlord or Mortgage Holder		(Area Code) Telephone Number	
	Complete Address, City, State and ZIP Code		Email Address (if known)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Was a formal eviction action commenced against you? If yes, please provide details.	
4.	Street Address		Type <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Military	
	City, State and ZIP Code		From (m/yyyy)	To (m/yyyy)
	<i>If you paid RENT, also provide the following information:</i>			
	Landlord or Mortgage Holder		(Area Code) Telephone Number	
	Complete Address, City, State and ZIP Code		Email Address (if known)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Was a formal eviction action commenced against you? If yes, please provide details.	
5.	Street Address		Type <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Military	
	City, State and ZIP Code		From (m/yyyy)	To (m/yyyy)
	<i>If you paid RENT, also provide the following information:</i>			
	Landlord or Mortgage Holder		(Area Code) Telephone Number	
	Complete Address, City, State and ZIP Code		Email Address (if known)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Was a formal eviction action commenced against you? If yes, please provide details.	

APPLICANT BACKGROUND PROFILE *(continued)*

VI. EDUCATION

The Elkhorn Police Department requires that a candidate for employment as a law enforcement officer must possess within five years of the start date of employment, an associate degree from a Wisconsin Technical College System district or its accredited equivalent from another state or a minimum of 60 fully accredited college level credits in any subject. Failure to meet these educational requirements will be cause for termination of employment. **This does not apply to candidates employed as law enforcement officers prior to February 1, 1993.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have a two-year associate degree or 60 fully accredited college-level credits ? If no, identify the number of credits you currently have and the month and year you anticipate meeting this requirement.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you a law enforcement officer prior to February 1, 1993 ? If yes, list agency you were employed and dates of employment.

Provide the following information regarding your education. List **ALL** schools you have attended, additional education and internships.

High School	1. Name of School		From (m/yyyy)	To (m/yyyy)
	Street Address		Was your diploma granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	City, State and ZIP Code		What year was your diploma granted?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any problems while attending school such as absenteeism, tardiness, poor grades or any other disciplinary issues? If yes, please provide the following details.		
	Time Period	Problem		
	Brief Explanation			
	2. Name of School		From (m/yyyy)	To (m/yyyy)
	Street Address		Was your diploma granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	City, State and ZIP Code		What year was your diploma granted?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any problems while attending school such as absenteeism, tardiness, poor grades, or any other disciplinary issues? If yes, please provide the following details.		
Time Period	Problem			
Brief Explanation				

College / University	1. Name of College / University		Starting (m/yyyy)	Ending (m/yyyy)
	Street Address		Diploma Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Year
	City, State and ZIP Code		Major Field of Study	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any problems while attending school such as absenteeism, tardiness, poor grades or any other disciplinary issues? If yes, please provide the following details.		
	Time Period	Problem		
	Brief Explanation			
	2. Name of College / University		Starting (m/yyyy)	Ending (m/yyyy)
	Street Address		Diploma Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Year
	City, State and ZIP Code		Major Field of Study	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any problems while attending school such as absenteeism, tardiness, poor grades, or any other disciplinary issues? If yes, please provide the following details.		
Time Period	Problem			
Brief Explanation				

APPLICANT BACKGROUND PROFILE *(continued)*

VI. EDUCATION <i>(continued)</i>					
Graduate School	1. Name of Graduate School		Starting (m/yyyy)	Ending (m/yyyy)	
	Street Address		Diploma Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Year	
	City, State and ZIP Code		Major Field of Study		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any problems while attending school such as absenteeism, tardiness, poor grades or any other disciplinary issues? If yes, please provide the following details.			
	Time Period	Problem			
	Brief Explanation				
Additional Education	1. Name of Additional Education Institution		Starting (m/yyyy)	Ending (m/yyyy)	
	Street Address		Diploma Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Year	
	City, State and ZIP Code		Major Field of Study		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any problems while attending school such as absenteeism, tardiness, poor grades, or any other disciplinary issues? If yes, please provide the following details.			
	Time Period	Problem			
	Brief Explanation				
	2. Name of Additional Education Institution		Starting (m/yyyy)	Ending (m/yyyy)	
	Street Address		Diploma Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Year	
	City, State and ZIP Code		Major Field of Study		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any problems while attending school such as absenteeism, tardiness, poor grades or any other disciplinary issues? If yes, please provide the following details.			
	Time Period	Problem			
	Brief Explanation				
	Law Enforcement Internships	1. Name of School		Starting (m/yyyy)	Ending (m/yyyy)
		Street Address			
City, State and ZIP Code					
Advisor Name		Department / Agency Involved			
Advisor Email Address		Advisor (Area Code) Telephone Number			
2. Name of School		Starting (m/yyyy)	Ending (m/yyyy)		
Street Address					
City, State and ZIP Code					
Advisor Name		Department / Agency Involved			
Advisor Email Address		Advisor (Area Code) Telephone Number			

APPLICANT BACKGROUND PROFILE *(continued)*

VII. LAW ENFORCEMENT HISTORY AND APPLICATIONS			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently or have you ever been certified or licensed as a peace officer? If yes, provide the dates of your employment and the agency name and address.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied for a law enforcement position with any another agency? If yes, please provide the following information: <i>List all agencies with which you have applied. Start with the most recent.</i>		
	Name of Agency	Name of Background Investigator	Date and Status of Application

VIII. REFERENCES				
During the background investigation, people who know you may be asked to comment on your suitability for this position. Inquiries will be confined to job-relevant matters.				
List the required information for your father, mother, sisters, and brothers, as well as any stepparents/siblings or in-laws				
Name	Relationship	Address, City, State	(Area Code) Telephone Number	Email Address
List all individuals who live in the same household with you.				
Name			(Area Code) Telephone Number	Email Address
List all individuals who you previously resided with as an adult				
Name	Address	Dates	(Area Code) Telephone Number	Email Address
List all individuals who are members of a law enforcement agency who you know personally and who would have personal knowledge of you.				
Officer's Name	Department		(Area Code) Telephone Number	Email Address
List Three (3) individuals who have knowledge of you and your qualifications. Do not include relatives, former employers, or co-workers.				
Name	Relationship		(Area Code) Telephone Number	Email Address
1.				
2.				
3.				
List Three (3) individuals such as co-workers, neighbors or classmates who have knowledge of you and your qualifications.				

APPLICANT BACKGROUND PROFILE *(continued)*

Name	Relationship	(Area Code) Telephone Number	Email Address
1.			
2.			
3.			

APPLICANT BACKGROUND PROFILE *(continued)*

VIII. REFERENCES <i>(continued)</i>			
List THREE (3) references from your education such as a teacher, professor, counselor, principal, or other educator who have knowledge of you and your qualifications.			
Name	Title	(Area Code) Telephone Number	Email Address
1.			
2.			
3.			

IX. MILITARY SERVICE				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you registered with Selective Service?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you served in the United States Armed Forces? If yes , please complete the following information. If no , continue to the next section of this profile.		
Dates of Service		Branch of Service	Service Component	
From (m/yyyy)	To (m/yyyy)	<i>(Indicate Army, Navy, Marines, Air Force or Coast Guard)</i>	<i>(Indicate Regular, Reserve or National Guard)</i>	Rank
<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have Service in Active-Duty Status? If yes , list all time periods of basic training, initial active duty, deployments/call-ups, etc., for which you were issued a DD214 upon release from active-duty status		
Date Entered (m/d/yyyy)	Date Released (m/d/yyyy)	Duty Station/Location	Rank	Service Number
Important!!!! You must attach a copy of DD214 (long form) for each period of active-duty status indicating the type of Separation and Character of Service.				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military? If yes, describe the circumstances		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Were you ever court-martialed, tried, or charged, or were you subject of a summary court, deck court, captain's mast, company punishment or any other disciplinary action? If yes, how many times? Give details of charges, agency concerned, dates and dispositions.		

X. MILITARY REFERENCES			
Name	Title	(Area Code) Telephone Number	Email Address
1.			
2.			
3.			
4.			

XI. SOCIAL MEDIA ACCOUNTS	
List all social media sites you are affiliated with (i.e., Facebook, Twitter, TikTok, YouTube, etc.) and your screen names	

APPLICANT BACKGROUND PROFILE *(continued)*

XII. PERSONAL HISTORY AND CERTIFICATION STATEMENT	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you know any reason why you would not be able to perform any job-related task or function as a Police Officer for the City of Elkhorn? If yes, please explain.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Prior to final appointment will you consent to an extensive background investigation, physical examination including vision, hearing and drug screen and psychological examinations?

To be eligible for the position of Police Officer, you must meet ALL of the following requirements:

- Eighteen years of age or older at the time of appointment.
- Educational Requirements – Must meet one of the following unless employed as a law enforcement officer prior to 02/01/1993.
 - Must possess within five years of the start date of employment, an associate degree from a Wisconsin Technical College System district or its accredited equivalent from another state or minimum of 60 fully accredited college level credits in any subject.
 - Possess a combination of college-level credits and credit waiver as determined by the Law Enforcement Standards Board, to equal or exceed sixty credits.
- Normal hearing – average of no more than a 20-decibel hearing loss in either ear at 1000, 2000, 3000 or 4000 Hertz.
- Minimum vision without correction is 20/100 in each eye. Vision must be correctable to 20/20. Weak eye corrected vision can be 20/30 with binocular vision of 20/20.
- Good physical and mental condition.
- Shall reside within 45 miles of the jurisdictional boundaries of the city. Employees subject to these residency requirements must establish residency prior to the completion of their orientation/probationary period. Failure to establish or maintain residency and live within the required boundaries shall constitute a failure to maintain qualifications for employment and shall result in separation of employment unless a temporary variance to this requirement has been granted by the City Council recommended by the City Administrator.
- Valid Wisconsin driver license or its equivalent from another state.
- Qualified to possess firearms.

By checking this box, I certify that this profile is true and complete. I understand that providing false information, omitting facts, either intentionally or unintentionally, and/or any acts of untruthfulness may result in immediate disqualification or if discovered after employment, may be grounds for discharge.

X

(Applicant's Signature)

(Date – m/d/yyyy)