

Wrightstown Police Department Background Packet



NAME _____ Phone Number _____
(best phone # to reach you)

EMAIL _____

FOLLOW DIRECTIONS CAREFULLY

1. USE "BLUE" INK TO COMPLETE QUESTIONNAIRE (DO NOT TYPE).
2. PRINT LEGIBLY IN YOUR OWN HANDWRITING.
3. READ EACH QUESTION CAREFULLY.
4. ANSWER EACH QUESTION COMPLETELY & ACCURATELY.
5. ANSWER ALL QUESTIONS.
6. IF A QUESTION DOES NOT APPLY, WRITE "N/A" IN THE SPACE.
7. IF YOU NEED ADDITIONAL SPACE, WRITE ON SUPPLEMENT PAGE.
8. DO NOT REFERENCE OTHER SECTIONS.
9. SIGN THE QUESTIONNAIRE AND HAVE IT NOTARIZED
10. SUBMIT ALL DOCUMENTS REQUESTED

**REMEMBER THAT ANY OMISSION, DECEPTION, OR FAILURE
TO FOLLOW THE INSTRUCTIONS GIVEN IN FILLING OUT YOUR
PACKET COULD DELAY OR DISQUALIFY YOUR APPLICATION
OR YOU FROM FURTHER CONSIDERATION.**

Wrightstown Police Department
352 High Street
Wrightstown, WI 54180
(920) 532-6007
Fax (920) 532-4996

POLICE OFFICER

CRITERIA FOR DISQUALIFICATION

1. Failure to follow Background Packet instructions
2. Participation in any serious crime, or behavior, which the Wrightstown Police Department (WPD), in its sole discretion, deems serious or inappropriate.
3. Any misdemeanor conviction involving narcotics, drugs, marijuana which WPD in its sole discretion deems serious, excessive or inappropriate.
4. No domestic violence conviction since the age of 17.
5. Any illegal use of opiate narcotics, hallucinogens, and/or dangerous drugs (includes LSD, PCP, Peyote, Mescaline, Codeine, heroin, morphine, opium, psilocybin, cocaine, hash, speed, "X" or Ecstasy, barbiturates, ect.) exceeding one (1) time.
6. Any history of disregard for traffic laws with such frequency as to indicate disrespect for traffic laws and a disregard for the safety of other persons on the highway.
7. Negligence in maintaining financial responsibility.

Please confirm that you have read, understand and agree to the aforementioned conditions and criteria by signing below.

Applicant signature

Date

3. References

A. Are you acquainted with any members or previous members of the Wrightstown Police Department? Yes ___ No ___ If yes, who and for how long? _____

B. List four (4) references (not relatives or former employers/supervisors) who are responsible adults and who have known you well during the past five (5) years. Be sure you include ZIP and AREA CODES.

Name	Street Address	City/State	Zip	Home Phone
Years Known	Occupation	Business Address		Work Phone
Name	Street Address	City/State	Zip	Home Phone
Years Known	Occupation	Business Address		Work Phone
Name	Street Address	City/State	Zip	Home Phone
Years Known	Occupation	Business Address		Work Phone
Name	Street Address	City/State	Zip	Home Phone
Years Known	Occupation	Business Address		Work Phone

C. List three (3) of your neighbors and landlord if you have one.

Date From	Date To	Last Name	First Name	Middle Initial	Street <small>(include Apt)</small>
City		State	Zip	Home Phone ()	Landlord
				Work Phone ()	Neighbor
Date From	Date To	Last Name	First Name	Middle Initial	Street <small>(include Apt)</small>
City		State	Zip	Home Phone ()	Landlord
				Work Phone ()	Neighbor
Date From	Date To	Last Name	First Name	Middle Initial	Street <small>(include Apt)</small>
City		State	Zip	Home Phone ()	Landlord
				Work Phone ()	Neighbor
Date From	Date To	Last Name	First Name	Middle Initial	Street
City		State	Zip	Home Phone ()	Landlord
				Work Phone ()	Neighbor

4. EDUCATION & TRAINING

A. List all schools (high schools, colleges, universities and graduate schools) you have attended. If applicable, list GED. List in chronological order.

Date Graduated	School Name	Street Address	City	State	Zip	College: Type of Diploma

B. List any skills or abilities that you possess that are relevant to the job (include foreign languages & proficiency level).

C. How many college credits do you have?

D. What was your declared major?

E. Have you ever been suspended or expelled (beginning with high school) from any school or college?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, please complete below
Institution Involved & Address		Date	Reason for suspension or expulsion	

5. EMPLOYMENT HISTORY

A. List all places of employment and unemployment in the past fifteen (15) years, *beginning with the present or most recent employer and going backwards*. List everything in proper sequence, OMIT NONE!

MONTH/YEAR FROM: TO: Present May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why?	NAME OF EMPLOYER ADDRESS CITY Your job title – Describe your duties:	SUPERVISOR PHONE () STATE ZIP
STARTING SALARY	"Detailed" Reason for leaving or for considering leaving:	
ENDING SALARY		

Employment (continued)

FROM: TO:	MONTH/YEAR	NAME OF EMPLOYER	SUPERVISOR	
		ADDRESS	PHONE ()	
		CITY	STATE	ZIP
STARTING SALARY		Your job title – Describe your duties:		
ENDING SALARY		"Detailed" Reason for leaving or for considering leaving:		

FROM: TO:	MONTH/YEAR	NAME OF EMPLOYER	SUPERVISOR	
		ADDRESS	PHONE ()	
		CITY	STATE	ZIP
STARTING SALARY		Your job title – Describe your duties:		
ENDING SALARY		"Detailed" Reason for leaving or for considering leaving:		

FROM: TO:	MONTH/YEAR	NAME OF EMPLOYER	SUPERVISOR	
		ADDRESS	PHONE ()	
		CITY	STATE	ZIP
STARTING SALARY		Your job title – Describe your duties:		
ENDING SALARY		"Detailed" Reason for leaving or for considering leaving:		

FROM: TO:	MONTH/YEAR	NAME OF EMPLOYER	SUPERVISOR	
		ADDRESS	PHONE	
		CITY	STATE	ZIP
STARTING SALARY		Your job title – Describe your duties:		
ENDING SALARY		"Detailed" Reason for leaving or for considering leaving:		

Employment (continued)			
MONTH/YEAR	NAME OF EMPLOYER	SUPERVISOR	
FROM:			
TO:	ADDRESS	PHONE	
	CITY	STATE	ZIP
STARTING SALARY	Your job title – Describe your duties:		
ENDING SALARY	"Detailed" Reason for leaving or for considering leaving:		

Employment (continued)			
MONTH/YEAR	NAME OF EMPLOYER	SUPERVISOR	
FROM:			
TO:	ADDRESS	PHONE	
	CITY	STATE	ZIP
STARTING SALARY	Your job title – Describe your duties:		
ENDING SALARY	"Detailed" Reason for leaving or for considering leaving:		

B. Have you ever failed to complete a probationary period of employment?			Yes		No	
If yes, complete below						
Employer		Date		Reason		

C. List any disciplinary action taken against you by an employer (e.g., demotion, suspension, formal reprimands, etc.)			
Date	Employer	Discipline	Reason (provide specific details)

6. MILITARY STATUS			
A. Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any Military Reserve Unit?			
Yes	No	If yes, answer below. If you have never served in the military, skip to section 7	
Entry Date	Rank/Branch/Organization	Type of Discharge	Discharge Date
B. Were you ever questioned as part of a military criminal investigation?		Yes	No
			If yes, explain

C. Were you ever the subject of military discipline pursuant to the Uniform Code of Military Justice, court martial or any service regulation?		Yes		If yes, complete below
		No		
Date	Charge	Disposition		

D. Have you ever held any type of military/federal government security clearance?			Yes		No	
If yes, please complete below						
Date	Type	Was it ever cancelled/revoked?		Yes		No
		If yes, explain:				

7. ARREST/DRIVING HISTORY

A. Do you presently have public liability and property damage automobile insurance?							
Yes	No	If yes, complete below					
Insurer	Policy #	Address	City	State	Zip	Phone	Agent

B. Have you ever been involved in any motor vehicle traffic accident as a driver?					Yes		If yes, complete below
					No		
Date	Agency Report to	City	State	Zip	Incident Description	Were you cited?	

C. List ALL driver's licenses you currently hold.			
State	License Number	License Type	Expiration Date

D. Have you ever had your license revoked, suspended or restricted? If yes, complete below					Yes	
					No	
Date	State	License #	Type	Reason Suspended/Revoked		

E. Have you ever attended a driver improvement school as a result of a traffic citation or to dismiss the filing of a traffic citation? If yes, complete below.					Yes	
					No	
Date	Location/Jurisdiction		What was citation for?			

F. List all motor vehicles which are registered or titled in your name, which you lease or which you frequently drive.							
State	License #	Expiration	Vehicle Year	Make	Model	Body Style	Color

G. Have you ever been given a ticket, arrested, convicted, charged or questioned for an offense, violation of any statute or ordinance or law regulation by any civil, criminal or military authority (even as a juvenile)?

Yes	No	If yes, please list below						
Date	Location	Issuing Agency	County	Charge	Charge Reduced	Disposition	Accident Related	
							Yes	No

H. Have you ever had your auto insurance cancelled? Yes No If yes, complete below

Date(s) cancelled	
Why was it cancelled?	

8. ORGANIZATIONAL MEMBERSHIP

Are you now, or have you ever been a member of any foreign or domestic organization, association, movement group, or combination of persons which is totalitarian, fascist, communist or subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Wisconsin by any unlawful or unconstitutional means?

Yes	No	If yes, explain:

9. LAW ENFORCEMENT EXPERIENCE

A. Have you ever been employed by any Police Department or Sheriff's Office in any capacity?

Yes	No	If yes, complete below		
Date(s)	Position	Applied	Employed	

B. Have you ever had any involvement or association with another law enforcement agency, either as a volunteer or as a paid employee?

Yes	No	If yes, please complete information below.		
Date(s)	Agency Name	City	State	Position

10. NARCOTICS

A. Have you ever *tried or used* an illegal narcotic or dangerous drug, either in pill form or by injection or any other manner of ingestion? If yes, complete below YOU MUST INSERT A SPECIFIC NUMBER (NOT A CHECK MARK).

Yes	
No	

Type of Drug	TOTAL times tried before Age 21	TOTAL times tried after Age 21	Month/Year you FIRST tried	Month/Year you LAST tried
Marijuana				
Hash				
Cocaine				
Crack				
Speed				
Heroin				
Opium				
Morphine				
LSD				
Acid				
“X” or Ecstasy				
Methamphetamine				
Steroids				
Steroids # in series				
Other type(s) of drugs used? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify drug type below & provide details (as above)				

B. Have you used other illegal drugs? Yes No If yes, complete below

Type of Drug				
Date you FIRST Tried		Date you LAST tried		MAXIMUM times used

C. Have you used any prescription drugs not prescribed for your use? Yes No If yes, complete below

Type of Drug				
Date you FIRST Tried		Date you LAST tried		MAXIMUM times used

D. Have you obtained any prescription drug in an illegal manner? Yes No If yes, complete below

Date you FIRST Tried		Date you LAST tried		MAXIMUM times used
----------------------	--	---------------------	--	--------------------

E. Have you ever GIVEN or SOLD prescription drugs, marijuana or any other illegal narcotic or dangerous drug? Yes No

F. Has anyone in your family ever used narcotics? Yes No If yes, explain

11. PERSONAL HISTORY

Please answer the following (use supplement area to explain ALL yes answers, unless otherwise requested)	Yes √	No √
A. Have you ever had your wages attached?		
B. Have you ever been a party to small claims or other court action?		
C. Have you ever been involved with any civil court action?		
D. Have you ever had judgement rendered against you?		
E. Have you ever been refused credit?		
F. Have you ever had any property repossessed?		
G. Have you ever been fired, discharged or asked to resign from any position?		
H. Have the police ever been called to your home?		
I. Have you ever committed any criminal violation that has gone undetected?		
J. Have you or your spouse ever been sued or summoned into court?		
K. Have any relatives of you or your spouse ever been convicted of any crime or imprisoned?		
L. Do you now have, or have you ever had, any gambling debts?		
M. Have you ever used an employer's money to gamble with?		
N. Have you ever worked for a gambling operation or booked any bets?		
O. Have you ever had a FBI fingerprint check done for any reason?		
P. In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations of company policy?		
Q. Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality?		
R. In any job that you've held, have you been involved in any physical or major verbal confrontations?		
S. Have you ever left a place of employment without giving two weeks notice?		
T. Have you ever been extensively delinquent on any of your financial obligations?		
U. Have you ever filed bankruptcy?		
V. Are you now late on any of your financial obligations?		
W. Have you ever been placed on court supervision or probation?		
X. Have you ever had any court proceedings expunged?		
Y. Have you been unemployed during the last 10 years? If yes, how did you support yourself?		
Z. Do you pay child support or spousal maintenance?		
AA. Are you late with any support payments?		

(Supplemental area next page)

POLICE OFFICER APPLICANTS

A. Have you ever been certified as a Police Officer? Yes No **If yes, complete below and complete section 9. If no, skip to section 10.**

Date	Academy Name	City	State	Type of Training

B. List below any traffic accidents you have been involved in and any traffic citations you have been issued arising out of the performance of official police duties. This applies to on-duty incidents; include off-duty incidents only if they occurred while you were operating an official vehicle such as a take-home vehicle. Indicate, as appropriate, if disciplinary action against you resulted from these incidents.

Date	Agency	Incident Description	Disposition

C. During the course of your employment as a peace officer, have you ever used marijuana, illegal narcotics or other non-prescribed controlled/illegal substances? If yes, complete below Yes No

Date	Agency	Circumstances (describe fully, use supplement page if necessary)

D. Have you ever used excessive force? Yes No **If yes, explain**

E. Have you ever accepted gratuities? Yes No **If yes, explain**

F. Have you NOT followed policy when impounding property? (i.e. thrown away evidence because you did not want to deal with it, overlooked, etc.) Yes No **If yes, explain**

G. Have you ever been named in an internal investigation?	Yes	If yes, explain
	No	

H. Have you ever received a citizen complaint against you?	Yes	If yes, explain
	No	

I. If it were necessary for you to shoot a human being in the course of your duties as a Peace Officer, would you have any reluctance to do so?	Yes	If yes, explain
	No	

CERTIFICATION

I hereby certify under penalty of law that the entries on this statement are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a knowing and willfully false statement on this form constitutes a violation of the law and is cause to be removed from the hiring process and justification for my dismissal at a later date.

signature

date

You will be asked to provide copies of the following documents at your interview

- 1. Birth certificate**
- 2. Proof of citizenship (Naturalized citizens must provide proof for examination at time of background interview)**
- 3. GED Certificate or High School Diploma**
- 4. College Diploma(s)/Transcripts showing credits, if applicable**
- 5. Driver's License**
- 6. Auto Insurance Card**
- 7. Marriage Certificate, if applicable**
- 8. Military DD214 Form, if applicable**
- 9. Social Security Card**
- 10. Credit Report**

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information, provided in this employment application, is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such person and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination, a polygraph examination, a psychological examination and a blood and/or urine test to determine the presence of alcohol and/or drugs in my blood and/or urine prior to my employment. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I have read, understand and by my signing consent to these statements.

Applicant Signature

Date

Subscribed and sworn to before me this _____ day of _____, in the year _____.

Notary Public

My Commission Expires: _____

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)							
BRANCH OF SERVICE		DATES OF SERVICE		CHECK ONE		SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")	
		DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED		
a. ACTIVE SERVICE							
b. RESERVE SERVICE							
c. NATIONAL GUARD							
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?			
<input type="checkbox"/> NO <input type="checkbox"/> YES _____				<input type="checkbox"/> NO <input type="checkbox"/> YES			

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. **REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) _____

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) _____

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. **OTHER INFORMATION AND/OR DOCUMENTS REQUESTED** _____

3. **PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:**

Military service member or veteran identified in Section I, above
 Next of kin of deceased veteran _____ (relation)

Legal guardian (must submit copy of court appointment)

Other (specify) **Police Agency**

2. **SEND INFORMATION/DOCUMENTS TO:**
 (Please print or type. See item 3 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

X _____
 Signature (Please do not print.)

X _____ () _____
 Date of this request Daytime phone

X _____
 Email address

* This form is available at <http://www.archives.gov/research/order/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site.**