

## Fox Valley Metro Police Department APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER



**MAIL APPLICATIONS TO:**

Fox Valley Metro Police Department  
Administrative Manager – Kelly Vanden Heuvel  
200 W. McKinley Avenue  
Little Chute, WI 54140

(920) 788-7505 – PHONE

(920) 788-7385 – FAX

[Kelly.Vandenheuvel@fvmpd.org](mailto:Kelly.Vandenheuvel@fvmpd.org) - E-Mail

### ATTENTION:

To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.

- **Incomplete applications MAY NOT BE CONSIDERED.**
- **If resume is submitted, DO NOT write "see resume."**
- **DATE and SIGN this application.**
- **Please list a minimum of ten years' prior experience and education.**
- **Please complete application in blue or black ink. Do not type application.**
- **You are not required to furnish any information, which is prohibited by federal, state or local law.**

<b>TITLE OF POSITION YOU ARE APPLYING FOR:</b> _____		<b>DEPARTMENT:</b> _____	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Limited Term Employment		<b>TODAY'S DATE:</b> _____	
<b>Name:</b> (Last) _____ (First) _____ (M.I.) _____		<b>Home Phone:</b> (    ) _____ - _____	
<b>Mailing Address:</b>		<b>Business Phone:</b> (    ) _____ - _____	
(Street) _____ (Apt. #) _____		May we contact you at this number? <input type="checkbox"/> yes <input type="checkbox"/> no	
(City) _____ (State) _____ (Zip Code) _____		If yes, list hours: _____	
<b>Are you legally eligible for employment in the United States?</b> <input type="checkbox"/> yes <input type="checkbox"/> no		When will you be available for employment?	
<b>Are you at least 18 years of age?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <i>Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work you are applying for and have a valid work permit.</i>		<b>E-mail Address:</b> May we contact you here? <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>Have you ever been employed by the Villages of Kimberly or Little Chute?</b> <input type="checkbox"/> yes <input type="checkbox"/> no If yes: when, in what position, and in what department? _____			
<i>Fox Valley Metro shall prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.</i> List any relatives employed by the Villages of Kimberly or Little Chute or serving as elected or appointed officials:			
<b>Do you possess a valid Driver's License?</b>		<input type="checkbox"/> yes <input type="checkbox"/> no	
<b>Do you possess a valid Commercial Driver's License?</b>		<input type="checkbox"/> yes <input type="checkbox"/> no Type/class: _____	
<b>Do you possess any other license?</b>		<input type="checkbox"/> yes <input type="checkbox"/> no Type: _____	
<b><u>POLICE OFFICER APPLICANTS ONLY:</u> Are you a U.S. Citizen?</b> <input type="checkbox"/> yes <input type="checkbox"/> no			

<b>List any memberships in professional or technical associations:</b>  	<b>List any current license or registration as a member of a trade or profession:</b>  
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Please list **ALL** instances in which you were convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment.  
 CHECK HERE IF NONE **←THIS BOX MUST BE CHECKED OR SECTION BELOW MUST BE COMPLETED!**  
*Approximate dates may be listed:*

Date	Location	Charge	Court	Disposition of case

*NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.*

**Did you graduate from high school?**  yes  no  
 Name of school: \_\_\_\_\_  
 Address of school: \_\_\_\_\_  
 If no, have you passed a high school equivalency or GED test?  yes  no

**Special skills & qualifications** – *this information must be provided if you are applying for a position requiring these skills:*  
 Experience transcribing mechanically-recorded material?  yes  no    Typing speed (if known): \_\_\_\_\_ WPM  
 Experience using a 10-key adding machine?  yes  no    \_\_\_\_\_ KPM  
 List any additional office equipment which you can operate skillfully: \_\_\_\_\_  
 \_\_\_\_\_  
 List all computer software which you can operate skillfully: \_\_\_\_\_  
 \_\_\_\_\_  
 Foreign language (spoken or read with proficiency):  
 French  German  Spanish  Hmong  Other: \_\_\_\_\_  
 Are you a certified Police Officer?  yes  no    Date certified: \_\_\_\_\_    State certified by: \_\_\_\_\_

**Training beyond high school:**  
 College or university, technical, nursing, business college or other schools you have attended.

College, university or school – name, location and phone number	Presently attending	Major field	Type of degree received	Credits earned	GPA

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, police academy, or in-service training. Please provide dates.

Are you currently **unemployed**?  No  Yes, since \_\_\_\_\_  
 List any time periods of past **unemployed** status: \_\_\_\_\_  
 Were you eligible for Unemployment Compensation?  No  Yes, please list dates \_\_\_\_\_

**IMPORTANT:** You must complete the employment sections of this application. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of prior ten years' experience and education. **DO NOT WRITE "SEE RESUME".**

**EMPLOYMENT SECTION: (Please start with your most recent position - include military service)**

From (month & year)	Title of your PRESENT/MOST RECENT position:		PRIMARY DUTIES: _____ _____ _____ _____ _____ _____ _____
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	If currently employed, may we contact that employer? <input type="checkbox"/> yes <input type="checkbox"/> no, not at this time	Reason for leaving or considering change:	
Present salary (indicate yearly, monthly or hourly):	Number of employees you supervise:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	

From (month & year)	Title of position held:		PRIMARY DUTIES: _____ _____ _____ _____ _____ _____ _____
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	
Last salary (indicate yearly, monthly or hourly):	Reason for leaving:		

From (month & year)	Title of position held:		PRIMARY DUTIES: _____ _____ _____ _____ _____ _____ _____
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	
Last salary (indicate yearly, monthly or hourly):	Reason for leaving:		

**Please use a separate sheet of paper for additional employers**

**OTHER EXPERIENCE**

(Include volunteer experience, internships, and/or jobs, not included in the employment section.)

Company Name/Location	Job Title	Dates Employed (month/year)	Annual salary	Full or part-time
		From:                      To:		
		From:                      To:		

**Have you ever been warned/disciplined for any of the following occurrences in your previous or current employment?**

Attendance                                       Yes  No If yes, please explain: \_\_\_\_\_

Performance problems                       Yes  No If yes, please explain: \_\_\_\_\_

Inability to get along with others  Yes  No If yes, please explain: \_\_\_\_\_

Safety violations                               Yes  No If yes, please explain: \_\_\_\_\_

Harassment                                       Yes  No If yes, please explain: \_\_\_\_\_

Violent behavior                               Yes  No If yes, please explain: \_\_\_\_\_

Inappropriate use or possession of alcohol                       Yes  No If yes, please explain: \_\_\_\_\_

Inappropriate use or possession of a drug                       Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been suspended from any position?  Yes  No If yes, please explain (including date, location, employer and situation): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain any gaps in employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES – THIS SECTION MUST BE COMPLETE**

Work or education related (e.g. former employers, supervisors, co-workers, school faculty). No relatives/significant others.

	NAME/TELEPHONE/ADDRESS	OCCUPATION	NATURE OF RELATIONSHIP
1.			
2.			
3.			
4.			
5.			

**Attention: Applicants for Police Officer positions only**

Please attach a separate sheet of paper and write **(DO NOT TYPE)** your answer to the following two-part question. The answer should be at least 150 words, legible and responsive to the question.

What qualities make you an outstanding candidate, and what duties and responsibilities would comprise the ideal job for you?

**AUTHORIZATION AND CERTIFICATION**

Please read and initial each of the following statements. If you have a question regarding any of these statements, contact the Fox Valley Metro 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 Fox Valley Metro Police Department any and all information regarding my employment, education and other information concerning any of the subjects covered by the 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 Fox Valley Metro Police Department to request employment records from my present and/or former employer(s). I release and hold harmless the Fox Valley Metro Police Department, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

Initial:

\_\_\_\_\_ I understand that after receiving a conditional offer of employment I may be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with the Fox Valley Metro Police Department. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the Fox Valley Metro Police Department, and consent to the release of the test results to the Fox Valley Metro Police Department. I hereby release and hold harmless the Fox Valley Metro Police Department, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial:

\_\_\_\_\_ I authorize the Fox Valley Metro Police Department, 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 Fox Valley Metro Police Department, 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 Fox Valley Metro Police Department 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 Fox Valley Metro Police Department reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees.

Initial:

\_\_\_\_\_ I agree to use such personal protective equipment and devices as may be required by the Fox Valley Metro Police Department and to comply with safety rules and requirements. In addition, I understand that the Fox Valley Metro Police Department 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 Fox Valley Metro Police Department 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 Fox Valley Metro Police Department is committed to the equality of opportunity for all people. It is the policy of the Fox Valley Metro Police Department 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

**\*\*\*PLEASE DO NOT ATTACH THIS TO YOUR APPLICATION\*\*\***  
CONFIDENTIAL

Equal Employment Opportunity Information  
Village of Little Chute / Fox Valley Metro Police Department

The Village of Little Chute and the Fox Valley Metro Police Department are equal opportunity employers. The Federal government requires the Village of Little Chute to periodically compile and report data on applicants and employees; this form helps the Village collect the needed data. As completed employment applications are received, this form is removed and kept separate from other application materials. Village officials involved in making hiring decisions do not have access to the information you provide, nor will information you provide be used in making hiring decisions. Your cooperation will be appreciated.

Social Security Number: \_\_\_\_\_  
City / Village / Town: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  - Male  - Female  
Position Applied For: \_\_\_\_\_  
Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnic Category (check one):

- American Indian or Alaskan Native. All persons having origins in any of the original peoples of North America.
- Asian or Pacific Islander. All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands. This includes for example, China, Japan, the Philippine Islands, and Samoa. Also persons from the Indian subcontinent, including people with national origins for Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim and Sri Lanka.
- Black (not of Hispanic origin). All persons having origins in any of the Black racial groups.
- Hispanic. All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture regardless of race.
- White (not of Hispanic origin). All persons having origins in any of the peoples of Europe, North Africa or the Middle East.

Special Category: Do you wish to identify yourself as

- A Qualified Handicapped Individual who (1) has a physical or mental impairment which substantially limits one or more of a person's major life activities, or (2) has a record of such impairment, or (3) is regarded as having such impairment, and (4) is capable (qualified) of performing a particular job with reasonable accommodation to his or her handicap?
- A Qualified Disabled Veteran who (1) is entitled to disability compensation under laws administered by the U.S. Veterans Administration for disability rated at 30% or more, or (2) whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, or (3) is capable (qualified) of performing a particular job with reasonable accommodation to his or her disability?
- A Vietnam Era Veteran who actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with other than a dishonorable discharge, or was released from, such active duty for a service-connected disability, and was discharged/released within 48 months prior to an alleged violation of the Act and/or of the regulation issued thereunder on July 26, 1976?

**\*\*\*Complete this form, enclose it in a sealed envelope by itself, the envelope must be labeled "Confidential Equal Employment Opportunity Information", then return it along with your completed application. \*\*\***