

PATROL OFFICER EMPLOYMENT INFORMATION

The Chippewa Falls Police Department is currently accepting applications for a Patrol Officer position to establish an eligibility list. Please contact Julie Johnholtz by mail at the address below, or by phone at 715-723-4424, or complete the application below and return by mail to the address below:

Chippewa Falls Police Department
210 Island St.
Chippewa Falls, WI 54729
715-723-4424

Applications must be postmarked no later than December 31, 2009.

Qualifications – U.S. Citizenship; at least 21 years of age; valid drivers license; no felony convictions; good character; good communications skills; High School diploma; two year Associate Degree from a Wisconsin Vocational and Adult Education District or its accredited equivalent; or minimum of 60 fully-accredited college level credits; eligibility for Wisconsin Law Enforcement Standards Board Certification; be in good physical condition; ability to possess a firearm; no domestic abuse convictions; vision correctable to 20/20; react quickly and effectively to stressful situations; able to work evenings, weekends, and holidays; ability to handle several tasks simultaneously; ability to use all standard law enforcement equipment; and ability to perform essential functions of a law enforcement officer.

July 1, 2009 \$ 42,837.77

January 1, 2010 \$ 43,951.55

Process – Hiring process includes written examination; physical performance test; oral interview; assessment by Psychologist; background investigation; medical examination, including drug screen.

Successful candidates will be required to complete Basic Recruit Training if not previously certified. New Officers will participate in the Field Training Program and are required to maintain physical fitness standards while employed by the Police Department.

Benefits -

- Competitive Salary
- Shift Differential
- Ten paid holidays per year
- Paid vacations
- Initial basic uniform including weapon provided
- Annual uniform allowance after probation
- One day per month paid sick leave
- City paid retirement benefit
- Percentage of health insurance premium provided by City



PATROL OFFICER POSITION

CHIPPEWA FALLS POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

This information is for official use only and will not be released to unauthorized persons.

Date _____

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

1. NAME

a. Name in full (last, first, middle) _____

b. List all other names you have used including nicknames; if female, furnish maiden name. If you have ever used any surnames other than your own true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court.

c. Birth date (month, day, year) _____

Place of Birth _____

2. RESIDENCES

a. Present Residence Address: (Apartment, Street, City, State, Zip Code) _____

Telephone Numbers: Residence _____ Business _____

b. Complete address to which you wish mail or telegram sent (include zip code and telephone number if different from above).

c. List chronologically ALL of your past residences during the past seven years. (Include addresses while attending school if away from home and all military addresses including any off military base).

Dates		Apt. No.	Street Address	City	State
From	To				

3. EDUCATION

a. Name of School	Location	Dates		Course Pursued	Degree or Diplomas
		From	To		
High Schools					
Colleges					
Graduate School					
Miscellaneous					

b. Were you ever dismissed from a school because of disciplinary action?

No

Yes

(School)

(Date)

(Type of Action)

4. WORK EXPERIENCE

Give a complete record of any employment, self-employment or military service you have had in the past ten years. You may include positions beyond the ten year period if they are related to the position applied for. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position.

Present or Most Recent Employer	Address of Business (Street and City)	Kind of Business
Your Title	Reasons for Leaving or Considering Leaving	Name, Title & Phone No. of Supv.
Your Duties		From (Mo. & Yr.)
		To (Mo. & Yr.)
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ Hrs. Per _____)
		Rate of Pay Beginning Ending \$ _____ per _____ \$ _____ per _____
Employer	Address of Business (Street and City)	Kind of Business
Your Title	Reasons for Leaving	Name, Title & Phone No. of Supv.
Your Duties		From (Mo. & Yr.)
		To (Mo. & Yr.)
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ Hrs. Per _____)
		Rate of Pay Beginning Ending \$ _____ per _____ \$ _____ per _____
Employer	Address of Business (Street and City)	Kind of Business
Your Title	Reasons for Leaving	Name, Title & Phone No. of Supv.
Your Duties		From (Mo. & Yr.)
		To (Mo. & Yr.)
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ Hrs. Per _____)
		Rate of Pay Beginning Ending \$ _____ per _____ \$ _____ per _____
Employer	Address of Business (Street and City)	Kind of Business
Your Title	Reasons for Leaving	Name, Title & Phone No. of Supv.
Your Duties		From (Mo. & Yr.)
		To (Mo. & Yr.)
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ Hrs. Per _____)
		Rate of Pay Beginning Ending \$ _____ per _____ \$ _____ per _____

Use a separate sheet to continue with any additional qualifying employment data, using same format as above:

May we obtain references from the employers named above? Yes No
 If no, name and explain exceptions.

If you were discharged for cause from any employment, state the details:

5. REFERENCES

Give six references: Professional acquaintances (Numbers 1, 2, and 3)
Personal acquaintances (Numbers 4, 5, and 6)

1. Complete Name	No. of Yrs. Acquainted	Occupation
(Street)	(City & State)	(Phone)

Residence Address _____

Business Address _____

2. Complete Name	No. of Yrs. Acquainted	Occupation
(Street)	(City & State)	(Phone)

Residence Address _____

Business Address _____

3. Complete Name	No. of Yrs. Acquainted	Occupation
(Street)	(City & State)	(Phone)

Residence Address _____

Business Address _____

4. Complete Name	No. of Yrs. Acquainted	Occupation
(Street)	(City & State)	(Phone)

Residence Address _____

Business Address _____

5. Complete Name	No. of Yrs. Acquainted	Occupation
(Street)	(City & State)	(Phone)

Residence Address _____

Business Address _____

6. Complete Name	No. of Yrs. Acquainted	Occupation
(Street)	(City & State)	(Phone)

Residence Address _____

Business Address _____

6. ORGANIZATION MEMBERSHIP

a. Have you ever organized or helped to organize or become a member of any organization or group of persons which, during the period of your membership or association, you knew was advocating or teaching that the government of the U.S. or any state or any political subdivision thereof should be overthrown or overturned by force, violence or any other unlawful means? If the answer to this is yes, explain fully. No Yes

b. If your answer to question a. is in the affirmative, did you during the period of such membership or association have the specific intent to further the aims of such organization, association or group of persons to overthrow or overturn the government of the U.S. or any state or any political subdivision thereof by force, violence or any other unlawful means?

No Yes

7. GENERAL

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties of a law enforcement officer, or which might require further explanation?

Yes No If Yes, give details

8. MILITARY RECORD

a. Have you ever served active duty in the Armed Forces of the United States?

No Yes Highest rank attained _____

b. Branch of Military Service _____

c. Serial Number _____

d. Dates of active duty

(month, day, year)

From _____ To _____

e. Type of Discharge _____

Basis for Discharge _____

f. Member of Reserve?

No Yes
 Ready Standby

Service Branch _____

g. Was any type of disciplinary action taken against you in service which remains a part of your permanent record?

No Yes Nature of: _____

h. National Guard _____ Present _____ Former _____ None _____

If you attended drills, meetings, or camps, give name of unit and location.

9. COURT RECORD

a. Have you ever been convicted of any violation including traffic, but not parking tickets?

No Yes List all such matters

Date	Place	Charge	Final Disposition	Details

10. OTHER RELEVANT TRAINING

Training	Location	Date
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Can you type? Yes No WMP _____

I understand that any appointment tendered me will be contingent upon the results of a complete background investigation, and I am aware that willfully withholding information or making false statements on this application will be basis for dismissal. I certify that if employed by the Chippewa Falls Police Department that I will be required to conform to a grooming code as established by the department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signature of Applicant _____

Date _____