



APPLICATION FOR TOWN OF GRAND RAPIDS AUXILIARY OFFICER



All questions must be answered. Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages.

1. PERSONAL INFORMATION

Name (Last, First, Middle)			Social Security # (xxx-xx-xxxx)
Address (Apartment, Street, P.O. Box)			Home Telephone Number
City	State	Zip Code	Work Telephone Number
Email Address			Cell Phone Number

Have you completed or currently enrolled in any basic type of Law Enforcement training? Yes No
(Law Enforcement training not required)

Are you at least 18 years old? Yes No

Are you a United States citizen? Yes No

Do you have a high school diploma, GED or HSED? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor crime of domestic violence? Yes No

Do you possess a valid Wisconsin driver's license or a valid driver's license from another state? Yes No

2. EDUCATION

Name of School(s)	Dates		Degree, Diploma, or Credits Earned
	From (mm/yyyy)	To (mm/yyyy)	
High School(s)			
College(s)			

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	<i>Full-Time</i> <input type="checkbox"/> <i>Part-Time</i> <input type="checkbox"/>	<i>Annual Salary/Wages:</i>
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	<i>Full-Time</i> <input type="checkbox"/> <i>Part-Time</i> <input type="checkbox"/>	<i>Annual Salary/Wages:</i>
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	<i>Full-Time</i> <input type="checkbox"/> <i>Part-Time</i> <input type="checkbox"/>	<i>Annual Salary/Wages:</i>
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

4. MILITARY SERVICE

Branch of Service	From (mm/yyyy)	To (mm/yyyy)	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty

Honorably Discharged from Military Service? Yes No Not Applicable

5. REFERENCES

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name:
 Position/Title/Profession:
 Number of Years Acquainted:
 Address:
 City/State/Zip:
 Telephone Number:

Name:
 Position/Title/Profession:
 Number of Years Acquainted:
 Address:
 City/State/Zip:
 Telephone Number:

Name:
 Position/Title/Profession:
 Number of Years Acquainted:
 Address:
 City/State/Zip:
 Telephone Number:

6. GENERAL

Answer the (3) three questions below. If further space is needed attach no more than one additional page for each answer.

- A. Why have you chosen to apply for this position?
- B. Discuss things you have done which have contributed to your life experience. Be sure to include information regarding volunteer work with civic, school, or professional organizations. Be specific about names and dates.
- C. Why do you believe you could relate to and/or work with people of different races, genders, cultures, ages, socio-economic groups, and educational levels?

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not appointing you or for dismissing you after you begin work. All information and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM APPOINTED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicants Signature

Date Signed

UNDER PROVISIONS OF 19.36, WIS. STATS., I REQUEST THAT MY IDENTITY AS AN APPLICANT FOR THIS POSITION NOT BE REVEALED WITHOUT MY CONSENT OR UNTIL REQUIRED UNDER LAW.

Applicants Signature

Date Signed