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## SAUKVILLE POLICE DEPARTMENT

VILLAGE OF SAUKVILLE  
649 E. Green Bay Avenue  
Saukville, Wisconsin 53080



### PERSONAL HISTORY QUESTIONNAIRE AND APPLICATION FOR THE POSITION OF POLICE OFFICER

Applicants Name \_\_\_\_\_  
Last First Full Middle Name

#### INSTRUCTIONS:

1. All questions on your Personal History Questionnaire must be answered **completely, accurately, and truthfully.**  
  
It is your responsibility to research accurately **and** completely answer all questions contained in this questionnaire. If an item does not pertain to you, please indicate "N/A" (Not Applicable). It is important that you answer **all** questions since incomplete answers will substantially extend the time required to investigate your background or may eliminate you from further consideration.
2. The questionnaire must be completed in your own hand by printing legibly with black ink, or type, but signed and dated in your own hand where applicable.
3. All information will be checked and verified. **Falsification or intentional omissions will result in disqualification and/or termination of employment by this Department.**
4. It is your responsibility to keep the Saukville Police Department informed of any changes in name, address, telephone or employment that occur after submitting this questionnaire.
5. When you return your completed questionnaire, provide the copies of documents listed on the back of this page.
6. Failure to attach **ANY** of the requested documents will eliminate the application from consideration.
7. If the space provided on this application is insufficient, you may use a separate piece of paper, which must be numbered and attached to the application.

All applications and required documents are to be received by **5:00 p.m. January 6<sup>th</sup> 2017** to:

**Saukville Police Department**  
**649 E. Green Bay Avenue**  
**Saukville, WI 53080**

## **DOCUMENTS REQUIRED**

Copies of the following items **MUST BE ATTACHED** to this completed questionnaire. ALL copies should be made prior to returning the form.

BIRTH CERTIFICATE      Also be prepared to bring original certified birth certificate for verification.

SOCIAL SECURITY CARD

Copies of the following items are to be submitted with this completed questionnaire if they pertain to you. In the event there is a delay in obtaining a document, submit the questionnaire without the document with a note of explanation on this page. Remember that your background check cannot be completed until all items are furnished. Failure to submit any of the below may be grounds for disqualification.

High School Transcripts

College Diploma(s)

College Transcripts

Law Enforcement Standards Board Certificate

Military Form DD-214 - Undeleted Copy

Military Discharge

Registration for Selective Service

Naturalization Papers (if foreign born)

Documents Pertaining to Name Changes

In addition, you may be required to show proof that you are legally eligible to work in the United States.

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**PERSONAL RECORD - SECTION I**

1. Legal Name:

\_\_\_\_\_

Last Name	First Name	Full Middle Name
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2. List all other names you have used or been known by and note relevance of each, e.g., maiden name, adopted name, aliases, nicknames, etc.

3. Place of Birth: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

4. If place of birth is other than Wisconsin, when did you move to Wisconsin? \_\_\_\_\_  
(month and year)

5. Present Address:

\_\_\_\_\_

Street/Rural Route/P.O. Box

\_\_\_\_\_

City	State	Zip Code
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6. Home phone number: (\_\_\_\_) \_\_\_\_\_ Hours you can be reached at home: \_\_\_\_\_

7. Work phone number: (\_\_\_\_) \_\_\_\_\_ Hours you can be reached at work: \_\_\_\_\_

8. If you have no phone, supply the name and number of the person who can contact you, indicating their relationship (spouse, friend, brother, etc.)

**RESIDENCES - SECTION II**

9. List below in reverse chronological order each place you have resided in the last seven (7) years. Start with your present address and work backwards. Be careful to give your correct address. OMIT NONE. Periods of residency at college may be denoted by the college address, although specific addresses are preferred.

a) Present Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

With whom do you live? \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To(Mo/Yr) \_\_\_\_\_

b) Previous Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

With whom did you live? \_\_\_\_\_ From(Mo/Yr) \_\_\_\_\_ To(Mo/Yr) \_\_\_\_\_

c) Previous Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

With whom did you live? \_\_\_\_\_ From(Mo/Yr) \_\_\_\_\_ To(Mo/Yr) \_\_\_\_\_

d) Previous Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

With whom did you live? \_\_\_\_\_ From(Mo/Yr) \_\_\_\_\_ To(Mo/Yr) \_\_\_\_\_

e) Previous Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

With whom did you live? \_\_\_\_\_ From(Mo/Yr) \_\_\_\_\_ To(Mo/Yr) \_\_\_\_\_

f) Previous Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

With whom did you live? \_\_\_\_\_ From(Mo/Yr) \_\_\_\_\_ To(Mo/Yr) \_\_\_\_\_

g) Previous Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

With whom did you live? \_\_\_\_\_ From(Mo/Yr) \_\_\_\_\_ To(Mo/Yr) \_\_\_\_\_

h) Previous Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

With whom did you live? \_\_\_\_\_ From(Mo/Yr) \_\_\_\_\_ To(Mo/Yr) \_\_\_\_\_

i) Previous Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

With whom did you live? \_\_\_\_\_ From(Mo/Yr) \_\_\_\_\_ To(Mo/Yr) \_\_\_\_\_

NOTE: If there are more residences than spaces provided, insert additional pages here.

10. Has a formal eviction ever been commenced against you?

yes no

If yes, give details:

**EMPLOYMENT HISTORY - SECTION III**

11. Beginning with your current employment, list all jobs (including full-time, part-time and temporary positions) you have held in the past ten (10) years. If you have had intervening periods of military service, or any other interruptions of employment, list those periods in sequence in the spaces provided.

a) **CURRENT OR MOST RECENT EMPLOYER:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Co-worker: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home Address: Street City State Zip

Reason for Leaving:

**PREVIOUS EMPLOYERS:**

**a) Previous Employer:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Co-worker: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home Address: Street City State Zip

Reason for Leaving:

**b) Previous Employer:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Co-worker: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home Address: Street City State Zip

Reason for Leaving:

**b) Previous Employer:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Co-worker: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home Address: Street City State Zip

Reason for Leaving:

**c) Previous Employer:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Co-worker: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home Address: Street City State Zip

Reason for Leaving:

**d) Previous Employer:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Co-worker: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home Address: Street City State Zip

Reason for Leaving:

**e) Previous Employer:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Co-worker: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home Address: Street City State Zip

Reason for Leaving:

**f) Previous Employer:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Co-worker: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home Address: Street City State Zip

Reason for Leaving:

**g) Previous Employer:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Co-worker: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home Address: Street City State Zip

Reason for Leaving:

**h) Previous Employer:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Co-worker: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home Address: Street City State Zip

Reason for Leaving:

**i) Previous Employer:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Co-worker: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home Address: Street City State Zip

Reason for Leaving:

**j) Previous Employer:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Co-worker: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home Address: Street City State Zip

Reason for Leaving:

**k) Previous Employer:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Co-worker: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home Address: Street City State Zip

Reason for Leaving:

**NOTE:** If there are more employers than spaces provided, insert additional pages here.





24. Were you ever reduced in rank?

yes no

If yes, explain:

25. How many periods of active military service have you had (drafts, enlistments or recalls to service)?

26. Have you ever been refused enlistment or acceptance by any branch of the Military Service, National Guard, or Military Reserves?

yes no

If yes, explain:

27. Are you eligible for Veteran preference points?

yes no

### EDUCATION QUALIFICATIONS - SECTION V

28. I possess a high school diploma. Date: \_\_\_\_\_

I passed the G.E.D. test. Date: \_\_\_\_\_ Location: \_\_\_\_\_

I possess a certified high school equivalency.

29. List all high school(s) and college(s) you have attended (indicate date of graduation and credits earned).

a) Name of school: \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip Code

Degree earned: \_\_\_\_\_ Credits earned: \_\_\_\_\_

b) Name of school: \_\_\_\_\_

Street City State Zip Code

Degree earned: \_\_\_\_\_ Credits earned: \_\_\_\_\_

c) Name of school: \_\_\_\_\_

Street City State Zip Code

Degree earned: \_\_\_\_\_ Credits earned: \_\_\_\_\_

d) Name of school: \_\_\_\_\_

Street City State Zip Code

Degree earned: \_\_\_\_\_ Credits earned: \_\_\_\_\_

30. List other educational or training programs you have taken, such as business institutes or correspondence school, etc. Note any certificates or diplomas earned.

31. Have you ever been placed on probation, suspended or expelled from any school or college for any academic or disciplinary reason(s)?

yes no

If yes, explain:

**MOTOR VEHICLE OPERATION - SECTION VI**

32. Do you hold a valid, unrestricted Wisconsin Driver's License?

yes no

If no, explain why not:

33. List any other state(s) where you have been licensed to drive:

State: \_\_\_\_\_ Name used on license: \_\_\_\_\_

State: \_\_\_\_\_ Name used on license: \_\_\_\_\_

State: \_\_\_\_\_ Name used on license: \_\_\_\_\_

34. Have you ever had a driver's license under another name?

yes no

If yes, specify:

35. List ALL traffic violation(s) you have been convicted of in the last seven (7) years.

N/A

Date	Violation	City/State	Disposition
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**CRIMINAL RECORD - SECTION VII**

The Saukville Police Department will conduct a criminal record check using appropriate sources. A criminal record will not necessarily disqualify an applicant from employment and will only be considered as it relates to the job in question.

36. List all nontraffic convictions you have ever had. Examples of these include, but are not limited to, 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. List all convictions below and describe. OMIT NONE!

N/A

a) Date                      Type/Violation                      City/State                      Disposition

Describe incident:

b) Date                      Type/Violation                      City/State                      Disposition

Describe incident:

c) Date                      Type/Violation                      City/State                      Disposition

Describe incident:

d) Date                      Type/Violation                      City/State                      Disposition

Describe incident:

e) Date                      Type/Violation                      City/State                      Disposition

Describe incident:

f) Date                      Type/Violation                      City/State                      Disposition

Describe incident:

g) Date                      Type/Violation                      City/State                      Disposition

Describe incident:

h) Date                      Type/Violation                      City/State                      Disposition

Describe incident:

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37. Have you ever been convicted of a crime that was reduced from a felony to a misdemeanor?

yes   no   If yes, explain:

38. Have you ever had a restraining order or temporary restraining order issued against you?

yes   no   If yes, explain:

39. Are you presently under indictment or a defendant in any pending criminal, traffic, or civil action(s)?

yes   no   If yes, explain:

40. Please provide the following information regarding your use and/or experimentation with any controlled substance without a prescription. Do you now, or have you in the past, used, tried, or experimented with:

	YES	NO	Total Times Used	Mo./Yr. Last Used
Amphetamines/ Methamphetamines (uppers, speed, crack)				
Amyl Nitrate (poppers)				
Barbiturates (downers, yellow jackets)				
Cocaine/Crack				
Glue Sniffing (huffing)				
Hallucinogens (LSD, STP, DMT, MDA, DET, synthetic THC)				
Hashish/Hash Oil				
Heroin				
Marijuana (grass, pot)				
Mescaline/Peyote				
Morphine/Demerol				
PCP (angel dust, crystal, rocket fuel, KJ)				
Psilocybin (magic mushroom)				
Quaaludes (ludes)				
Steroids				
Thai Sticks (opiated grass)				
Other - not listed above				

41. Have you ever sold, furnished and/or manufactured any controlled substance, drug, narcotic, or any other illegal substance?

yes no If yes, explain:

42. Have you ever been involved in the use of any chemical agents for the recreational or social purpose of obtaining a state of intoxication?

yes no If yes, explain:

43. List occasions in the last five (5) years where you were the victim of a reported crime (such as thefts, robberies, burglaries, etc.). Give dates, location, incident narrative.

N/A

44. Have you ever applied for employment (prior to this application) and/or been employed by the Saukville Police Department?

yes no If yes, specify:

45. List all foreign language(s) you read, speak, and understand.

N/A

46. Have you ever held any city or county license(s) relating to bartending, vending, or transportation?

yes  no If yes, explain:

47. Have you taken any other civil service exams within the last three (3) years?

yes  no If yes, explain:

Date

Agency

Position

Eligibility

48. Have you ever been rejected for any civil service position?

yes  no If yes, explain:

49. Do you have any objections to carrying a firearm and baton as will be required of you as a police officer?

yes  no If yes, please explain:

50. If it becomes necessary to take a human life in the course of your duties as a police officer, would you be able to?

yes no If no, please explain:

### LAW ENFORCEMENT EXPERIENCE - SECTION VIII

51. Have you ever been employed by a law enforcement agency?

yes no If no, skip to Question 60.

52. List all law enforcement agencies by which you have been employed:

53. Have you ever been employed by or acted as a volunteer for any other law enforcement agency?

yes no If yes, explain:

54. List all complaints, suspensions, or reprimands you have received while employed as a law enforcement officer (indicate date, nature of incident, disposition or action taken).

N/A

55. If you are presently or have been previously employed by a law enforcement agency, answer the following:

a) Are there any pending disciplinary action(s) and/or internal investigation(s) against you at this time or were there at the time of your separation?

yes no If yes, explain:

b) Your reason for leaving that law enforcement agency:

56. List all duty-connected civil suits to which you have been a party.

N/A

57. List all on-duty motor vehicle accidents you have been involved in as a driver (submit copies of accident reports).

N/A

58. List all occasions where you engaged in the use of deadly force (give dates, locations, and circumstances).

N/A

59. Have you ever been rejected or dismissed by a law enforcement agency for any reason(s)?

yes no If yes, explain:

60. Have you ever failed a background investigation conducted by a law enforcement agency?

yes no If yes, explain:

**REFERENCES - SECTION IX**

61. List three (3) individuals (either immediate family members or nonfamily members) who could provide current information about you. **DO NOT** list former employers, elected officials, or any person employed by the Village of Saukville.

Reference #1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

When available: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Reference #2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

When available: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Reference #3:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

When available: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Residence phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

By my signature below, I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statement and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or if already employed by the Village of Saukville, would be grounds for immediate dismissal.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

SAUKVILLE POLICE DEPARTMENT

AUTHORIZATION AND RELEASE OF INFORMATION AGREEMENT

**TO WHOM IT MAY CONCERN:** I am an applicant for a position with the Saukville Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualification to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Saukville Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Saukville Police Department, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to be provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Saukville Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear.

I consent to your release of any public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollection of attorneys at law, or their counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance, records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and or/sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of \_\_\_\_\_ (organization), including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Saukville Police Department regardless of any agreement I may have made with you previously to the contrary.

The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Saukville Police Department's acceptance and processing of my application for employment, I agree to hold the Village of Saukville, Saukville Police Department and

all of their agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Saukville Police Department. I understand that should information of a serious criminal nature surface as a result of this investigating, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, The Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Saukville Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original of my signature.

This waiver is valid for a period of \_\_\_\_\_ months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges of fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, losses and expenses, including reasonable, attorney's fees, arising out of or by reason of complying with this request.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(Typed or Printed)

Address \_\_\_\_\_  
\_\_\_\_\_