



# Application for Wausau Emergency Police Unit

(Please Type or Print)

Completed applications should be turned into the Wausau Police Department  
*All candidates are reviewed by the Executive Board and the Wausau Police Department*

• **Personal Identification**

Today's Date \_\_\_\_\_

Full Name: (Last, First Middle) \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Which is your primary contact phone number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone number \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

• **Educational Record**

Circle last year completed: 9 10 11 12 13 14 15 16 16+

**High School:** \_\_\_\_\_

Address: \_\_\_\_\_

Graduate: YES NO From: \_\_\_\_\_ To: \_\_\_\_\_

**College:** \_\_\_\_\_

Address: \_\_\_\_\_

Graduate: YES NO From: \_\_\_\_\_ To: \_\_\_\_\_ Major: \_\_\_\_\_

Other training or education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors, Awards, Activities in school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Employment Record** (Most Recent First)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Work Performed: \_\_\_\_\_

May we contact this employer: YES NO

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Employed: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May we contact this employer: YES NO

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Employed: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May we contact this employer: YES NO

- **General Information**

Military Service Branch: \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Occupation or Specialty: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Have you ever been convicted of any charge including crimes, ordinance violations or traffic violations? List Charge, dates, locations and disposition of the cases:

Note: a conviction will not necessarily bar you from the Wausau Emergency Police Unit.

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List those things which you feel confident you can do well:

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List those things which you *do not* feel confident doing:

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Why do you want to join the Emergency Police?

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List any volunteer experience that would be helpful in considering your qualifications:

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List accomplishments, awards, or any additional information:

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## References

**Please list two references that know you personally but are not related to you**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list two law enforcement references – if applicable**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list two educational or work references**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>I was referred by :</b>
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**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**For the Wausau Emergency Police Unit**

I, (print name) \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, to a Wausau Police Department representative, a duly authorized agent of the City of Wausau whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, records of complaint, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records; wheresoever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Wausau to consider in determining my suitability for membership in the Wausau Emergency Police Unit. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for membership to the Wausau Emergency Police Unit. I have had explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date of Signature

Full Formal Name: \_\_\_\_\_  
(Please print - first, middle, last name)

Date of Birth: \_\_\_\_\_

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