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.

_____

_____

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

_____

_____

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

_____

_____

Why do you want to join the Emergency Police?

_____

_____

_____

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

_____

_____

List accomplishments, awards, or any additional information:

_____

_____

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: _____
_____
_____

I was referred by :

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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