



CITY OF MARINETTE
APPLICATION FOR EMPLOYMENT
Patrol Officer

Marinette City Hall, 1905 Hall Avenue, Marinette, WI 54143
 Phone (715) 732-5200 Email police@marinette.wi.us

The City of Marinette is an equal opportunity employer. All hiring, promotion practices and other terms and conditions of employment shall be maintained and conducted in a manner which does not illegally discriminate on the basis of age, race, religion, color, disability, pregnancy, marital status, sex, national origin, ancestry, or any other legally protected status.

To apply mail, email, or drop off application and any other documents such as cover letter or resume as listed above.

Application Instructions:

- Please print in ink or type.
- Application must be fully completed to be considered for employment. Incomplete applications may be rejected.
- If more space is needed, indicate this on the application form and attach sheets of the same size as this application.
- A separate application is required for each position.

POSITION APPLIED FOR: _____

DATE: _____

PERSONAL INFORMATION					
Name in Full (Last, First, Middle)		Cell Phone Number		Home Telephone Number	
Address (Apartment, Street, P.O. Box)			Social Security Number		
City		State	Zip Code	Email Address	
Have you previously been employed by the City of Marinette?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, was employment under a different name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what dates, position and department?			If yes, what was the different name?		
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			Date available to start work		
Can you travel if position required it? <input type="checkbox"/> Yes <input type="checkbox"/> No		Wisconsin Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No, Which State? DL Number:		Commercial Drivers License: <input type="checkbox"/> Yes <input type="checkbox"/> No Endorsements:	
Are you related to or cohabitate with any City employee or elected official? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state your relationship: Employees name:			How did you hear of this position? <input type="checkbox"/> City Website <input type="checkbox"/> City Employee <input type="checkbox"/> Another Website <input type="checkbox"/> Other		

EDUCATION

Name of School and Location	Graduated (Yes)	Graduated (No)	Degree Received	Field or Major Study
High School	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Tech	<input type="checkbox"/>	<input type="checkbox"/>		
College	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

MILITARY

Branch of Service	Period of Active Duty (Month/Year)	Rank at Discharge	Type of Discharge	Date of Final Discharge
Special training:				

EMPLOYMENT HISTORY

Give a complete record of any employment, self-employment, military service or volunteer experience you have had in the past. Begin with your current or most recent job, then list each previous employer in order. Account for **ALL TIME** for the past 15 years. All boxes must be completed. Do not refer us to your resume as your application and resume may be separated during selection and you could appear unqualified.

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer		From:	Your Job Title	
		To:		
Address City, State, Zip		Hours per week	Job Duties	
Supervisor's Name / Telephone		Annual Salary / Wage	Reason for Leaving	
Name of Employer		From:	Your Job Title	
		To:		
Address City, State, Zip		Hours per week	Job Duties	
Supervisor's Name / Telephone		Annual Salary / Wage	Reason for Leaving	
Name of Employer		From:	Your Job Title	
		To:		
Address City, State, Zip		Hours per week	Job Duties	
Supervisor's Name / Telephone		Annual Salary / Wage	Reason for Leaving	
Name of Employer		From:	Your Job Title	
		To:		
Address City, State, Zip		Hours per week	Job Duties	
Supervisor's Name / Telephone		Annual Salary / Wage	Reason for Leaving	

(For additional employers, please use a separate sheet of paper)

Explain any gaps in employment

REFERENCES

Please provide three (3) personal references (do not list any former/present employers or family members).

Name	Occupation	Nature of relationship	Years known	Phone Number
Name	Occupation	Nature of relationship	Years known	Phone Number
Name	Occupation	Nature of relationship	Years known	Phone Number

SPECIAL SKILLS AND QUALIFICATIONS

Can you speak a foreign language? Yes No If yes, please indicate language(s)
Can you read a foreign language? Yes No If yes, please indicate language(s)
Can you write a foreign language? Yes No If yes, please indicate language(s)
Are you certified in first aid? Yes No Date of last certification:
Are you certified in CPR? Yes No Date of last certification:
Can you operate a motorboat? Yes No
Do you hold a motorcycle endorsement? Yes No
Can you operate a snowmobile? Yes No
List your experience / training with firearms:

What are your hobbies?

ADDITIONAL INFORMATION

What prompts you to make application for appointment to the City of Marinette Police Department?

Do you have any special interest in police work?

RECORD OF LAW ENFORCEMENT CONVICTIONS

Have you ever been convicted of an offense other than minor traffic violations? Yes No If yes, list details below for all violations of law (felonies, misdemeanors, and traffic incidents/offenses). Use additional sheet if necessary. Convictions are not an automatic bar to employment. This information will only be used if relevant to the position for which you are applying.

DATE	MUNICIPAL/COUNTY/STATE	LAW VIOLATED	DISPOSITION (forfeited, fined, etc.)

AUTHORIZATION AND SIGNATURE

I hereby certify that all answers made on or in connection with this application are true, complete and correct to the best of my knowledge. I understand that any misstatements, false information, or omissions of fact on this application subject me to disqualification or dismissal.

I understand and agree that all information furnished in this application may be verified by the City of Marinette. I also understand that any employment is subject to a satisfactory check of references and satisfactory results of a criminal background check, drug/alcohol screen, and any other required examinations. I understand this may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including dismissal. As a condition of employment, I understand, I am required to comply with the City of Marinette's drug-free workplace policy.

I understand that this application is not, nor is it intended to be a contract for continued employment.

I hereby voluntarily and knowingly authorize and request any current or former employer, educational institution, law enforcement agency, or other persons or organizations having personal knowledge about me to furnish the City of Marinette with any and all information in their possession regarding me, in connection with an application for or retention of employment. Further, I hereby release from liability or responsibility all persons, companies, and corporations supplying such information. Copies of this document will be considered as valid as an original thereof.

NAME (Print):	Date:
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Signature:

Thank you for completing this application form and your interest in employment with the City. We would like to assure you that your opportunity with the City of Marinette will be based only on your merit and fitness and on no other consideration. Your application will remain active for six (6) months from the date that you apply. Hiring is contingent on the successful completion of a pre-employment drug test.

Attach an unmounted full-face photograph of yourself, not larger than a 2 ¼ x 2 ½ inches. Print your name plainly on the back of the photograph.

The photograph must be taken no later than three (3) months prior to the date of this application.

The following **must be submitted** with the Marinette Firefighter Application. If any of the following is not submitted at the time of application, the applicant shall not be considered for employment.

- Certified / Official College Transcript from Accredited School
- Proof of Completion of Basic Law Enforcement Training (Training and Standards)
 - Acceptable Documents:
 - Law Enforcement Standards Board (LESB) Certification Letter
 - LESB Certificate
 - WI DOJ / LESB Transcript signed by the director of a LESB certified academy
- Copy of State Driver's License
- Copy of Social Security Card
- Copy of Birth Certificate
- DD Form 214 – Record of Discharge (if served in the U.S. Military)

Check the Certifications completed and list any other certifications you feel are pertinent to this position.

Proof of certifications **must be included** with your application, if not included, your application will not be valid and therefore not considered.

<input type="checkbox"/> Lieutenant/Captain/Chief Deputy	<input type="checkbox"/> K-9 Handler
<input type="checkbox"/> Investigator/Detective/Sergeant/Corporal	<input type="checkbox"/> SWAT Team
<input type="checkbox"/> Instructor	<input type="checkbox"/> Special Response Team
<input type="checkbox"/> Clan/Drug Lab	<input type="checkbox"/> Homeland Security/Terrorist Specialist
<input type="checkbox"/> Meg Unit	<input type="checkbox"/> Firearms Instructor
<input type="checkbox"/> Evidence Tech	<input type="checkbox"/> Counter Act (DARE)
<input type="checkbox"/> Accident Reconstruction	<input type="checkbox"/> Arson Investigation
<input type="checkbox"/> Field Training Officer	<input type="checkbox"/> Drug Recognition Expert
<input type="checkbox"/> Polygraph	<input type="checkbox"/> Diver
<input type="checkbox"/> School Liaison	<input type="checkbox"/> ATV
<input type="checkbox"/> Crime Stopper	<input type="checkbox"/> Boat
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Snowmobile

I understand, I must establish residency within a 30-mile radius of the jurisdictional boundary of the City of Marinette in the State of Wisconsin within 60 days of hire.

Applicant Signature:	Date:
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