



Application Materials Instructions (Page 1)

TO: Applicant for **Security Officer 4 – LTE (Part Time)**
UW-Madison, Police Department

Thank you for your interest in the **Security Officer 4 - LTE (Part Time)** position located at the University Police Department at UW-Madison. Starting pay rate for both positions is **\$14.791** per hour

The first step in the process is the attached Job Application. Please complete and return the below application. Make your entries clear and legible. We will review the application materials, and contact you.

The most qualified applicants will be invited to the next step in the selection process which is an interview. Applicants invited for an interview may be asked for transcripts.

Successful candidates must pass each step above consecutively to be considered for employment as a Security Officer 4 – LTE (Part Time). If so, a *conditional* offer will be made and a thorough background investigation (i.e. psychological, physical, credit history, driver's status and criminal history) will be conducted. Upon successful completion of the intensive background investigation, an offer will be made. Applicants determined to be ineligible or not selected may reapply as positions become vacant.

DO NOT make any additions, deletions or alterations to questions on this exam other than providing your response to each statement. Please complete or be sure to print using ink.

PLEASE SUBMIT THE FOLLOWING (Pages 2 – 11): Job Application and Background Information.

You may want to keep a copy of your completed materials for future reference.

Completed application materials should be returned to:

UW-Madison Police Department
Attn: Personnel Sergeant
1429 Monroe Street
Madison, WI 53711

Please direct any questions about the application process to:

Police Sergeant John McCaughtry, mccaughtry@wisc.edu (608) 262-4889, 1429 Monroe Street, Madison, WI 53711.

Please DO NOT email materials as they will contain your Social Security Number

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Last Name:		First Name:		Middle Name:
Former Last Name (if any):		First Name:		Middle Name:
Mailing Address:				
City:	State:	Zip:	Country:	
How long have you lived at current address?		Names of other persons residing with you:		
Day Phone:		E-Mail Address:		
Evening Phone:		Social Security Number:		
Current Valid Driver's License Number:		State of Issue:		
List any other states and driver's license numbers in which you have had a driver's license:				
Date of Birth (MM/DD/YY):		Place of Birth (City, State, and Country):		
<u>Note: Be prepared to provide a certified copy of your Birth Certificate.</u>				
Are you a U.S. Citizen?		Date Naturalization Papers issued, if applicable		
How did you learn about this position: Newspaper (specify) _____, UWPB Website _____ Job Fair (specify) _____, Wisconsin Job Bulletin _____, College (specify) posting _____ State Employee _____, Other Website (specify) _____, Other (specify) _____				

FORMER ADDRESSES		
Beginning with the most recent prior address to that previously listed. Include all prior addresses within the last ten years. Attach additional pages with all information if necessary.		
Mailing Address:		
City:	State:	Zip
Rent or Own? If rented list the landlord's name, complete address, and telephone number.		
Name of other persons residing with you:		
Mailing Address:		
City:	State:	Zip
Rent or Own? If rented list the landlord's name, complete address, and telephone number.		

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Name of other persons residing with you:

FORMER ADDRESSES - CONTINUED

Mailing Address:

City:	State:	Zip
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Rent to Own? If rented list the landlord's name, complete address, and telephone number.

Name of other persons residing with you:

Mailing Address:

City:	State:	Zip
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Rent to Own? If rented list the landlord's name, complete address, and telephone number.

Name of other persons residing with you:

Mailing Address:

City:	State:	Zip
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Rent to Own? If rented list the landlord's name, complete address, and telephone number.

Name of other persons residing with you:

MILITARY SERVICE

Have you been or are you a member of the Military Service? Yes ☐ No ☐
 If the answer is "No", please go on to the next section.

Military Branch:	Years of service:
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Title:	Type of Discharge:
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Please attach your Form DD214 with this application.

List one military reference below:

Military Reference Name:	Title:
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Relationship:	Phone:
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Address:

Have you maintained contact with this person?

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EDUCATION AND TRAINING

Check the highest grade completed:

<input type="checkbox"/> GED	<input type="checkbox"/> High School	<input type="checkbox"/> Associate	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> PhD
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Name and address of High School(s) attended:

Month and Year that High School Diploma or G.E.D. was granted **(Be prepared to provide a copy of your Diploma, G.E.D. or Transcripts)**

If post High School education; list years attended and if any degree earned. Include college/university, technical college, trade schools, and military training. **Be prepared to provide transcripts and diplomas when requested.**

Name/Location	Dates of Attendance From	Dates of Attendance To	Credits Earned	Degree/Subject	Completion Month/Year

Attach additional sheets if necessary

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PRIOR EMPLOYMENT		
List ALL previous jobs, beginning with the current or most recent. Include jobs held concurrently with other jobs. Include self-employment. Indicate change in job title with same employer as a separate position. Account for all periods between jobs. Attach additional sheets if necessary.		
Employer Name		
Address: Street	City	State/Zip
Telephone	Type of Business	
Title	Supervisor	
Employment Dates	Beginning Salary	Ending Salary
Full Time	Part Time (What was the average number of hours worked per month?)	
Reason for leaving:		
List one reference from this job: Name		Phone
Address		Relationship
Employer Name		
Address: Street	City	State/Zip
Telephone	Type of Business	
Title	Supervisor	
Employment Dates	Beginning Salary	Ending Salary
Full Time	Part Time (What was the average number of hours worked per month?)	
Reason for leaving:		
List one reference from this job: Name		Phone
Address		Relationship
Employer Name		
Address: Street	City	State/Zip
Telephone	Type of Business	
Title	Supervisor	
Employment Dates	Beginning Salary	Ending Salary
Full Time	Part Time (What was the average number of hours worked per month?)	
Reason for leaving:		
List one reference from this job: Name		Phone
Address		Relationship

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PRIOR EMPLOYMENT – CONTINUED		
Employer Name		
Address: Street	City	State/Zip
Telephone	Type of Business	
Title	Supervisor	
Employment Dates	Beginning Salary	Ending Salary
Full Time	Part Time (What was the average number of hours worked per month?)	
Reason for leaving:		
List one reference from this job: Name	Phone	
Address	Relationship	
Employer Name		
Address: Street	City	State/Zip
Telephone	Type of Business	
Title	Supervisor	
Employment Dates	Beginning Salary	Ending Salary
Full Time	Part Time (What was the average number of hours worked per month?)	
Reason for leaving:		
List one reference from this job: Name	Phone	
Address	Relationship	
Employer Name		
Address: Street	City	State/Zip
Telephone	Type of Business	
Title	Supervisor	
Employment Dates	Beginning Salary	Ending Salary
Full Time	Part Time (What was the average number of hours worked per month?)	
Reason for leaving:		
List one reference from this job: Name	Phone	
Address	Relationship	

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CHARACTER REFERENCES		
List three people who you have known for at least two years. They can be any person not related to you and not already listed who would know your strengths and weaknesses.		
First Reference Name		Professional/Title
Address: Street	City	State/Zip
Home Telephone ()		Work Telephone ()
How long has this person known you?		Do you maintain regular contact?
Second Reference Name		Professional/Title
Address: Street	City	State/Zip
Home Telephone ()		Work Telephone ()
How long has this person known you?		Do you maintain regular contact?
Third Reference Name		Professional/Title
Address: Street	City	State/Zip
Home Telephone ()		Work Telephone ()
How long has this person known you?		Do you maintain regular contact?
SOCIAL REFERENCES		
List three people, not related to you, who you interact with socially on a regular basis.		
First Reference Name		Professional/Title
Address: Street	City	State/Zip
Home Telephone ()		Work Telephone ()
How long has this person known you?		
Second Reference Name		Professional/Title
Address: Street	City	State/Zip
Home Telephone ()		Work Telephone ()
How long has this person known you?		
Third Reference Name		Professional/Title
Address: Street	City	State/Zip
Home Telephone ()		Work Telephone ()
How long has this person known you?		

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LAW ENFORCEMENT REFERENCE			
List one law enforcement related or military police reference if possible.			
Reference Name		Agency	
Address: Street	City	State/Zip	
Home Telephone ()		Work Telephone ()	
How long has this person known you?		How often do you have contact?	

NEIGHBORHOOD REFERENCE			
List one neighbor who knows you and is a current neighbor or has been a neighbor in the past twelve months.			
First Reference Name		Professional/Title	
Address: Street	City	State/Zip	
Home Telephone ()		Work Telephone ()	
How long has this person known you?		Do you maintain regular contact?	

RELEVANT VOLUNTEER ACTIVITIES			
List any volunteer organizations of which you have been a member or with which you have been actively involved. Attach additional sheets if necessary.			
Agency or Entity		Dates of involvement:	
Address: Street	City	State/Zip	
Contact Person (name and title)		Phone ()	
Describe your duties:			

ALCOHOL/DRUG/NARCOTICS USE			
It is not the intent of the UW-Madison Police Department to use this information for criminal prosecution.			
Have you been convicted of any alcohol violations within the past five years?			
Have you ever used or experimented with marijuana?			
If Yes, date first used:		Date last used:	
Have you ever sold, cultivated or supplied marijuana?			
Have you ever used or experimented with any form of drug such as Cocaine, Speed, PCP, Heroin, Ecstasy, LSD, Hashish, Opiates, Psilocybin "mushrooms", etc.?			
If yes, please provide the details based on your best recollection. Also include the following information listed below.			
Name of drug/narcotic	Estimated Use	Date First Used	Date Last Use
Have you ever sold any form of drug or narcotic?			
Have you manufactured any form of drug or narcotic?			
If yes to either of the above, please explain.			

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GENERAL INFORMATION	
Have you ever been convicted of committing any crimes (including as a juvenile)? If yes, indicate the information below.	
Dates	Locations
Police Agencies Involved	Disposition
List all traffic accidents in which you have been involved as the driver (your fault or not). Be sure to include the information below.	
Dates	Locations of these accidents
List the state of registration and license plates number for ALL vehicles owned by you during the past 24 months.	
State of Registration	License Plate Number
State of Registration	License Plate Number
State of Registration	License Plate Number
Do you know of anything (except medically related information) that might disqualify you or prevent you from performing the essential tasks of the position for which you are applying for? If yes include a detailed reason.	
Have you had prior work experience with the University of Wisconsin or other State Service? If yes, complete the information below.	
Department	Your Title
Dates of employment	
When would you be available for employment?	
Has any Law Enforcement Agency conducted a background on you for employment purposes? If yes, complete the information below.	
Agency	Month/Year
Agency	Month/Year
Agency	Month/Year
Agency	Month/Year
I hereby certify that there are no omissions from, misrepresentations in, or falsifications of any of the above statements and answers to questions. I am aware that should your investigation disclose such omissions, misrepresentations, or falsifications, my application for this position or future positions will be rejected.	
Signature:	Date:



**UNIVERSITY OF WISCONSIN – MADISON
POLICE DEPARTMENT**

1429 Monroe Street
Madison, WI 53711

Chief Susan Riseling

Non-Emergency 608-262-2957
Fax 608-262-9768
www.uwpd.wisc.edu

Emergency 911

**UW-MADISON POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the UW-Madison, Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I 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 UW-Madison 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 UW-Madison 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 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 UW-Madison 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 to be.

I consent to your release of any and all 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 relating to investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other 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 for your 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 UW-Madison 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 UW-Madison Police Department's acceptance and processing of my application for employment, I agree to hold you, your agent 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 UW-Madison Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

**UW-MADISON POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION Con't**

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 UW-Madison Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be as valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of two (2) years from the date of my signature. I agree to pay any and all charges or 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, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form below.

Exceptions to this Blanket Authorization

Any medical information in the possession of any source named above if a conditional offer has not yet been made.

Any medical information in the possession of any source named above even if a final job offer has already been made.

Any other exceptions as listed below.

First Name (Print)	Middle Name (Print)	Last Name (Print)
Address (Street and Number)		City, State & Zip
Applicant Signature		
Date Signed		
MUST CONTAIN WITNESS SIGNATURE TO BE CONSIDERED VALID!		
Witness to Applicant's Signature First Name (Print) Middle Name (Print)		Witness to Applicant's Signature Last Name (Print)
Signature of Witness to Applicant's Signature		
Date Signed		

For official use only, not to be released to unauthorized persons