

## **APPLICATION FOR ONALASKA POLICE RESERVES MEMBERSHIP**

Do you want to become a police officer or do you just want to be active in your community and learn something about your local law enforcement agency? If the answer is yes, we want you to be a part of our team. For you potential police officers looking forward to a career in law enforcement, the Onalaska Police Reserves is a great way to start your career. Competition for a job in law enforcement can be tough, so in addition to having something positive to put on your resume, you can keep on top of the ever-changing world of law enforcement and get a leg up on the competition!

### **Mission Statement:**

The purpose of the Onalaska Police Reserve Unit is to augment the regular police force in cases of emergency or on other occasions, subject to the call of the Chief of Police. The unit is to preserve the peace and good order, to protect life and property and to prevent crime.

### *What does the Reserve Unit do?*

The Reserve Unit is a volunteer organization of non-sworn personnel that assists the police department by providing a uniformed presence at local community and school activities. The Unit meets monthly to discuss and sign up for the upcoming events and to take part in training provided by department personnel.

### *What kind of training does a Reserve member receive?*

There is a wide variety of training available to our Reserve members. Some examples of this are DAAT, firearms, vehicle contacts, OWI enforcement, discussions on traffic and criminal law and EVOC. That's just to name a few.

### *What is expected of a Reserve member?*

Reserve members are expected to attend the monthly meetings and maintain the minimal standards of attendance for the Reserve Unit's monthly activities. Generally, the requirements are 8 hours to maintain membership and 12 hours in a month to take part in ride-alongs with sworn officers.

Our roster is filling up fast, so complete the attached application and the Unit will be in contact when the next round of interviews is to be set up. After completing a successful background check, written test and a personal interview, you'll be given the equipment needed to carry out your duties and will start as a probationary Reserve member beginning with our next scheduled meeting. Applicants should be a minimum of 18 years of age.

\* Please note: In accordance with Onalaska Police Department Policy, dangling earrings or nose-studs are not permitted. Because of possible exposure to sensitive information, applicants with criminal convictions may be eliminated from consideration. Also, due to the unpredictability of new member's involvement with the unit and the cost involved, we ask that you purchase your own work pants and shoes. See unit commanders upon appointment for information on appropriate styles.

**Questions?    Call Sgt. Jahr or Sgt. Flaten at the OPD at (608) 781-9550**

EMAIL ADDRESS: \_\_\_\_\_

## Onalaska Police Department

### APPLICATION FOR EMPLOYMENT AS POLICE RESERVE

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications which are incomplete or illegible will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

1. PERSONAL INFORMATION			
Full name (Last, First, Middle)			Social Security Number
Address (Street, PO Box, Apt. No.)			Home Phone Number
City	State	Zip Code	Work Phone Number

Are you over the age of 18?  Yes  No

Are you a United States Citizen?  Yes  No

Do you have a valid Wisconsin driver's license?  Yes  No

Do you have a valid driver's license from another state?  Yes  No

Have you ever been convicted of a felony?  Yes  No  
If yes, please attach a separate sheet giving full information

Have you completed at least 60 college credits?  Yes  No

Are you certified to be a Police Officer in the state of WI?  Yes  No

*IMPORTANT: Administrative Rule LES 2.01(1)(e) requires that an applicant possess either a two-year Associate Degree or 60 college level credits, or meet the standard within the first five years of employment. The Law Enforcement Standards Board may waive up to 30 credits upon documentation of writing, problem solving, and other communication skills. [Waiver forms available via the Department of Justice, Training and Standards Bureau, PO Box 7070, Madison, WI 53707-7070, Phone: (608) 266-8800]*

2. EDUCATION					
Name of School	Location	Dates		Course Pursued	Degree, Diploma, or Credits Earned
		From	To		
High Schools					
		X	X		
		X	X		
College					
Graduate School					

List any scholarships, apprenticeships, licenses, certifications, memberships in professional organizations or other information you believe should be considered in evaluating your qualifications.

### 3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, provide dates. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Additional Information
Name _____ Address _____ City, State, Zip _____ Supervisor's Name _____ Supervisor's Telephone No. _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed From _____ To _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages _____ Position and Kind of work _____ _____ Reason for Leaving _____
Name _____ Address _____ City, State, Zip _____ Supervisor's Name _____ Supervisor's Telephone No. _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed From _____ To _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages _____ Position and Kind of work _____ _____ Reason for Leaving _____
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**4. MILITARY SERVICE**

Branch of Service	Month/Year Served		Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty
	From	To			

List special schools attended/skills acquired during military service.

**5. REFERENCES**

Give three references (not relatives or present employer; avoid listing members of the clergy).

<b>Name</b> _____ <b>Address</b> _____ <b>City, State, Zip</b> _____ <b>Telephone Number</b> _____	<b>Number of Years Acquainted</b> _____ <b>Position/Title/Profession</b> _____
<b>Name</b> _____ <b>Address</b> _____ <b>City, State, Zip</b> _____ <b>Telephone Number</b> _____	<b>Number of Years Acquainted</b> _____ <b>Position/Title/Profession</b> _____
<b>Name</b> _____ <b>Address</b> _____ <b>City, State, Zip</b> _____ <b>Telephone Number</b> _____	<b>Number of Years Acquainted</b> _____ <b>Position/Title/Profession</b> _____

**6. GENERAL**

**For questions A-C, attach no more than one additional page for each answer.**

- A. Why have you chosen to apply for this position?
- B. Discuss things you have done which have contributed to your life experience. Remember to include information regarding volunteer work with civic, school, or professional organizations. Be specific about names and dates.
- C. Why do you believe you could relate to and/or work with people of different races, sexes, cultures, ages, socio-economic groups, and educational levels?

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**APPLICANT: PLEASE READ CAREFULLY AND SIGN BELOW**

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information provided and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicant's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_





# CITY OF ONALASKA

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415 Main Street | Onalaska, WI 54650 | p: (608) 781-9530 | [www.cityofonalaska.com](http://www.cityofonalaska.com)

## Authorization for Release of Information

*(for official use only, not to be released to unauthorized persons)*

I hereby empower an employee of the City of Onalaska or other authorized representative thereof bearing this release to, within one (1) year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective service system
3. Any previous employer(s)
4. Present employer
5. Any school, college, university, or other educational institution
6. Any law enforcement certification or licensing board of Wisconsin or any other state

Exceptions to this blanket authorization:

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans with Disabilities Act).

This release is executed to authorize the City of Onalaska, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

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

Full Printed Name: \_\_\_\_\_

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

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



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## Drug Test Consent Form

I hereby consent to allow Gundersen Health System to take a specimen of my hair, urine, or blood and submit it for a pre-employment test. I understand that I must pass this drug test in order to be considered for hire as a reserve officer. Further, if I am hired, I fully understand and give the City of Onalaska authorization to conduct random and/or reasonable suspicion drug testing in the future. I further consent to allow the laboratory testing service to make the results of all such screens available to my prospective employer, the City of Onalaska.

In consideration for such services being rendered on my behalf, I hereby release the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby consent not to file any action at law or inequity against the City of Onalaska, the laboratory testing service, their respective officers, agents, or employees in connection with the results of such screen being made so available, and I hereby agree to indemnify and save harmless the City of Onalaska, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such test being made so available.

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

Full Printed Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_