





## **PERSONAL HISTORY QUESTIONNAIRE TABLE OF CONTENTS**

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**SUN PRAIRIE POLICE DEPARTMENT**  
**PERSONAL HISTORY QUESTIONNAIRE**  
**INSTRUCTIONS**

The information you provide in this personal history questionnaire will be used in the investigation into your background to assist in determining your suitability for a position with the Sun Prairie Police Department. Fill out the questionnaire completely and accurately. It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Keep in mind that:

1. All statements are subject to verification;
2. Deliberate inaccuracies or incomplete statements may bar or remove you from employment;
3. All time periods in your background must be accounted for;
4. The completion of this form is mandatory for police officer applicants, in accordance with:

Wisconsin Administrative Code Rules of Law Enforcement Standards Board,  
Chapter LES2.



5. Citizenship: \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

7. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

8. Residence: \_\_\_\_\_

House # Street

City State Zip Code

Telephone Numbers: Residence: ( ) - \_\_\_\_\_

Work: ( ) - \_\_\_\_\_

9. Marital Status:

Never Married

Married

Divorced

Separated

Widowed

Name of Present Spouse: \_\_\_\_\_  
Last (Maiden if Female) First Middle

Age: Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Marriage Performed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

City & State Marriage Performed: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

10. Name of Girlfriend/Boyfriend/Fiancée: \_\_\_\_\_  
Last First Middle

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

House # Street

City State Zip Code

Phone Number: ( ) - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

11. List all previous marriages in order of occurrence:

Name of former spouse: \_\_\_\_\_  
Last (Name Presently Used) First Middle

Present Address: \_\_\_\_\_  
House # Street  
City State Zip Code

Phone Number: ( ) - \_\_\_\_\_

\_\_\_\_\_  
City & State Marriage Performed Date

Court Issuing Divorce or Annulment: \_\_\_\_\_  
City County State

Date Filed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Granted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of former spouse: \_\_\_\_\_  
Last (Name Presently Used) First Middle

Present Address: \_\_\_\_\_  
House # Street  
City State Zip Code

Phone Number: ( ) - \_\_\_\_\_

\_\_\_\_\_  
City & State Marriage Performed Date

Court Issuing Divorce or Annulment: \_\_\_\_\_  
City County State

Date Filed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Granted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

List current or prior domestic partners (A domestic partnership is a legal or interpersonal relationship between two individuals who live together and share a common domestic life but are neither joined by marriage nor a civil union):

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone





Dates: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Mo/Yr Mo/Yr

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Title or Duties: \_\_\_\_\_

Supervisor Name/Phone Number: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Work Hours and Days: \_\_\_\_\_  
 Full Time  Part Time  Volunteer

Names and Addresses of 2 Co-Workers:

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

Reason for Leaving: \_\_\_\_\_

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Not Employed: From: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

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Dates: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Mo/Yr Mo/Yr

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Title or Duties: \_\_\_\_\_

Supervisor Name/Phone Number: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Work Hours and Days: \_\_\_\_\_  
 Full Time  Part Time  Volunteer

Names and Addresses of 2 Co-Workers:

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

Reason for Leaving: \_\_\_\_\_

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Not Employed: From: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

---

Dates: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Mo/Yr Mo/Yr

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Title or Duties: \_\_\_\_\_

Supervisor Name/Phone Number: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Work Hours and Days: \_\_\_\_\_  
 Full Time  Part Time  Volunteer

Names and Addresses of 2 Co-Workers:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

Reason for Leaving: \_\_\_\_\_

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Not Employed: From: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Dates: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Employer Name: \_\_\_\_\_  
Mo/Yr Mo/Yr

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Title or Duties: \_\_\_\_\_

Supervisor Name/Phone Number: : \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Work Hours and Days: \_\_\_\_\_  
 Full Time  Part Time  Volunteer

Names and Addresses of 2 Co-Workers:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

Reason for Leaving: \_\_\_\_\_

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Not Employed: From: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

**If more employment information is necessary, use plain paper and attach to the background packet.**

2. If you have had no prior employment, please explain:

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3. Have you had any extended work absences for reasons other than earned vacation or illness/injury?  **Yes**  **No** If “**Yes**”, please explain (include when, name of employer, and reason).

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4. Have you ever been fired or asked to resign from any place of employment?  
 **Yes**  **No** If “**Yes**”, please explain (include when, where, and why).

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5. Have you previously applied for employment with the City of Sun Prairie?  
 **Yes**  **No** If “**Yes**”, please state when and for what position.

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6. List all law enforcement or government agencies you have applied with. (Include Police Reserves or auxiliary units.)

Department or Agency (include address)	Indicate status (In-progress or closed)	Background completed?
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(If rejected for unsuitability by any of the above, explain in detail on additional pages.)







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**RELATIVES**

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**REFERENCES**

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**AQUAINTANCES**

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1. **PERSONAL REFERENCES:** List four (4) persons who know you well enough to provide information about you. **DO NOT LIST RELATIVES OR FORMER EMPLOYERS!!!**

Name: \_\_\_\_\_

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

Street

City

State

Zip Code

Telephone Numbers:

Residence: ( ) - \_\_\_\_\_

Work: ( ) - \_\_\_\_\_

Years Known:

Occupation: \_\_\_\_\_

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

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Name: \_\_\_\_\_

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

Street

City

State

Zip Code

Telephone Numbers:

Residence: ( ) - \_\_\_\_\_

Work: ( ) - \_\_\_\_\_

Years Known:

Occupation: \_\_\_\_\_

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

---

Name: \_\_\_\_\_

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

Street

City

State

Zip Code

Telephone Numbers:

Residence: ( ) - \_\_\_\_\_

Work: ( ) - \_\_\_\_\_

Years Known:

Occupation: \_\_\_\_\_

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

---

Name: \_\_\_\_\_

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

Street City State Zip Code

( ) -

Telephone Numbers:

Residence: \_\_\_\_\_

Work: ( ) - \_\_\_\_\_

Years Known:

Occupation: \_\_\_\_\_

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

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2. **FAMILY MEMBERS:**

Father: \_\_\_\_\_

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

Street City State Zip Code

( ) -

Telephone Numbers:

Residence: \_\_\_\_\_

Work: ( ) - \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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Mother: \_\_\_\_\_

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

Street City State Zip Code

( ) -

Telephone Numbers:

Residence: \_\_\_\_\_

Work: ( ) - \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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Brother or Sister: \_\_\_\_\_

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

Street City State Zip Code

( ) -

Telephone Numbers:

Residence: \_\_\_\_\_

Work: ( ) - \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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Brother or Sister: \_\_\_\_\_

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

Street

City

State

Zip Code

Telephone Numbers:

Residence: (\_\_\_\_) - \_\_\_\_\_

Work: (\_\_\_\_) - \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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Brother or Sister: \_\_\_\_\_

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

Street

City

State

Zip Code

Telephone Numbers:

Residence: (\_\_\_\_) - \_\_\_\_\_

Work: (\_\_\_\_) - \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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Brother or Sister: \_\_\_\_\_

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

Street

City

State

Zip Code

Telephone Numbers:

Residence: (\_\_\_\_) - \_\_\_\_\_

Work: (\_\_\_\_) - \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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Brother or Sister: \_\_\_\_\_

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

Street

City

State

Zip Code

Telephone Numbers:

Residence: (\_\_\_\_) - \_\_\_\_\_

Work: (\_\_\_\_) - \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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Stepfather: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Numbers: Residence: ( ) - \_\_\_\_\_

Work: ( ) - \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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Stepmother: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Numbers: Residence: ( ) - \_\_\_\_\_

Work: ( ) - \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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3. List all other relatives with whom you have resided:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_

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

Street

City

State

Zip Code

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_

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

Street

City

State

Zip Code

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_

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

Street

City

State

Zip Code

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_

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## EDUCATION

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1. Do you possess a high school diploma? [ ] Yes [ ] No
2. Did you ever take the General Educational Development (GED) test?  
[ ] Yes [ ] No If "Yes", where and when \_\_\_\_\_  
\_\_\_\_\_
3. List all high schools, colleges, universities, trade, and business schools attended. Begin with the most recent and continue in sequence.

Name of School: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo/Yr Mo/Yr Current Registrar Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Credits: \_\_\_\_\_

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Name of School: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo/Yr Mo/Yr Current Registrar Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Credits: \_\_\_\_\_

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Name of School: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo/Yr Mo/Yr Current Registrar Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Credits: \_\_\_\_\_

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Name of School: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo/Yr Mo/Yr Current Registrar Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Credits: \_\_\_\_\_

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Name of School: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Dates: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Mo/Yr Mo/Yr

Current Registrar Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Credits: \_\_\_\_\_

---

Name of School: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Dates: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Mo/Yr Mo/Yr

Current Registrar Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Credits: \_\_\_\_\_

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4. Have you ever been suspended from any high school or post-secondary school?  
 Yes  No If "Yes", please explain (include school, dates, and circumstances).

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5. What professional licenses and/or certificates of proficiency do you hold that are not related to law enforcement?

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6. If you have attended any seminars, conferences, or other training courses (not related to law-enforcement) that have a relationship to the job you are applying for, list them here. Include dates, and the seminar or course title.

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**MILITARY SERVICE**

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1. Have you ever served in the armed forces, National Guard, or military reserves?  
[ ] Yes [ ] No If "Yes", please give the following information.

Branch of Service \_\_\_\_\_ If Guard, which state: \_\_\_\_\_

Service Number: \_\_\_\_\_ Dates: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Mo/Yr Mo/Yr

Names, address, and phone number of unit:

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Highest rank, rate, or grade held: \_\_\_\_\_

Type of release or discharge: \_\_\_\_\_

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Names, address, and phone number of unit:

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Highest rank, rate, or grade held: \_\_\_\_\_

Type of release or discharge: \_\_\_\_\_

---

Names, address, and phone number of unit:

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Highest rank, rate, or grade held: \_\_\_\_\_

Type of release or discharge: \_\_\_\_\_

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2. Are you currently participating in any military reserve or National Guard program?  
 **Yes**  **No** If **“Yes”**, give name, address, and phone number of unit:

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3. Did you experience any violent physical confrontations or encounters while serving in the military service?  
 **Yes**  **No** If **“Yes”**, please explain.

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4. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserve?  **Yes**  **No** If **“Yes”**, please give details (include the branch of service, when, where, and circumstances).

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5. Are you currently registered for the draft?  **Yes**  **No**

6. Have you ever been refused enlistment or acceptance by any branch of the military service, National Guard, or military reserves?  **Yes**  **No** If **“Yes”**, give the branch of service, date, and details.

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If **“Yes”**, please give details (include when, firms involved, and circumstances).

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5. Have your wages ever been attached or garnisheed? [ ] **Yes** [ ] **No**

If **“Yes”**, please give details (include when, where, and why).

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6. Have you ever filed a Chapter 13, or filed for or declared bankruptcy? [ ] **Yes** [ ] **No**

If **“Yes”**, give details (include when, where, and why).

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7. Have you ever had a judgment rendered against you? [ ] **Yes** [ ] **No**

If **“Yes”**, give details (include when, where, and why).

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8. Have you ever been delinquent on any income or other tax payments? [ ] **Yes** [ ] **No**

If **“Yes”**, give details (include when, where, and why).

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\_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_

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Name of Bank and Current Phone #: ( \_\_\_\_\_ ) - \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_

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Name of Bank and Current Phone #: ( \_\_\_\_\_ ) - \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_

---

Name of Bank and Current Phone #: ( \_\_\_\_\_ ) - \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_

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**LEGAL**

1. List all contact with law enforcement agencies regarding unlawful activity (including arrests, citations, warnings, and municipal/civil citations). Do not list traffic citations.

Date	Police Agency	Charges	Disposition

2. Have you ever been placed on court probation as an adult?  **Yes**  **No**  
If **“Yes”**, give details (include when, where, and why).

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3. Were you ever convicted in a juvenile court for an act which would have been a crime if committed by an adult?  **Yes**  **No**  
If **“Yes”**, give details (when, where, and why).

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4. Have you ever been reported to a law enforcement agency as a missing person or a runaway?  **Yes**  **No**  
If **“Yes”**, give details (include date, law enforcement agency, and circumstances).

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5. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?  
 **Yes**  **No** If “**Yes**”, give details (include when, where, name, and location of court and circumstances).

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6. Have you or any member of your family ever been a member of any extremist or subversive group or organization?  
 **Yes**  **No** If “**Yes**”, please explain.

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7. Have you ever attended meetings or been a member of any group which advocates violent dissent, or the overthrow of the United States Government?  **Yes**  **No** If “**Yes**”, please explain.

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**MOTOR VEHICLE OPERATION**

1. Driver's License Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State: \_\_\_\_\_

Type (operator, chauffeur, etc.) \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. List other states where you have been license to drive.

State	Name Under Which License Was Granted

3. Have you ever been refused a driver's license by any state? [ ] **Yes** [ ] **No**

If "**Yes**", please explain (when, where, and why).

\_\_\_\_\_

\_\_\_\_\_

4. Has any driver's license issued to you contained any specific limitations, restrictions, or special conditions?

[ ] **Yes** [ ] **No** If "**Yes**", please explain.

\_\_\_\_\_

\_\_\_\_\_

5. Have you ever received a warning notice from the state issuing your driver's license? [ ] **Yes** [ ] **No**

6. Has your driver's license ever been suspended, revoked, or placed on negligent operators probation?

[ ] **Yes** [ ] **No** If "**Yes**", please give details (include what, when, where, and why).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. List all motor vehicles currently owned by or registered to you.

Year	Make	Model	License Number	State

8. List the current liability insurance you have with your motor vehicles.

Company	Policy Number	Expiration Date

9. List all citations you have received within the last five (5) years. Include parking citations.

Nature of Violation	Location (City)	Approximate Date	Disposition

10. Please give the total number of moving violations you have received as a driver: \_\_\_\_\_

11. Give the details for each motor vehicle accident you have been involved in as a driver.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Accident Location: \_\_\_\_\_

Injury? [ ] Yes [ ] No Police Investigation? [ ] Yes [ ] No

Investigating Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code



Date: \_\_\_ / \_\_\_ / \_\_\_ Accident Location: \_\_\_\_\_

Injury? [ ] Yes [ ] No Police Investigation? [ ] Yes [ ] No

Investigating Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

---

Date: \_\_\_ / \_\_\_ / \_\_\_ Accident Location: \_\_\_\_\_

Injury? [ ] Yes [ ] No Police Investigation? [ ] Yes [ ] No

Investigating Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

---

Date: \_\_\_ / \_\_\_ / \_\_\_ Accident Location: \_\_\_\_\_

Injury? [ ] Yes [ ] No Police Investigation? [ ] Yes [ ] No

Investigating Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

---

Date: \_\_\_ / \_\_\_ / \_\_\_ Accident Location: \_\_\_\_\_

Injury? [ ] Yes [ ] No Police Investigation? [ ] Yes [ ] No

Investigating Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

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**ALCOHOL AND DRUGS**

1. In your own words, describe your use of intoxicating liquors.

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2. Have you ever used any non-prescribed narcotics, marijuana, or dangerous drugs?  **Yes**  **No**  
If **“Yes”**, please explain.

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3. Have you ever sold, furnished, or manufactured any drug, narcotic, or any other illegal substance?  
 **Yes**  **No** If **“Yes”**, please explain.

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4. Have you ever sold, furnished, or cultivated any marijuana?  **Yes**  **No** If **“Yes”**, please explain.

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5. Have you ever abused the use of a prescribed drug, narcotic, or other substance?  **Yes**  **No**  
If **“Yes”**, please explain.

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## NARCOTICS INFORMATION SUPPLEMENT

Please provide the following information regarding your use of or experimentation with any controlled substance, without a prescription.

Controlled Substance	Year First Used	Mo/Yr Last Used	Total Times Used
Marijuana (grass, pot)			
Hashish / Hash Oil			
Cocaine			
PCP (angel dust, crystal, rocket fuel, KL)			
Amphetamines / Methamphetamine (uppers, speed, crank)			
Barbiturates (downers, reds)			
Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC)			
Psilocybin (magic mushrooms)			
Heroin			
Morphine / Demoral			
Mescaline / Peyote			
Thai Sticks (opiated grass)			
Amyl Nitrate (poppers)			
Quaaludes (ludes)			
Other Not Listed Above			

I certify that the above responses are true and complete.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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



bestowed upon you.

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3. In what sports have you actively participated?

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4. List all foreign languages you speak, read, or understand.

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5. Have you ever applied for a permit to carry a concealed weapon?  **Yes**  **No**

If **“Yes”**, please provide the following information.

Permit Granted?  **Yes**  **No** Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Purpose: \_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been involved in a violent incident such as a shooting, knifing, or fight where someone was or could have been seriously injured or killed?  **Yes**  **No** If **“Yes”**, please explain.

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7. Are there any aspects of police work which you would find distasteful?  **Yes**  **No**  
If **“Yes”**, please explain.

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8. If it became necessary in the course of your duties to take a human life, would you have any reluctance to do so?  
 **Yes**  **No** If **“Yes”**, please explain.

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9. Are you a certified Police Officer?  **Yes**  **No**

State of Wisconsin \_\_\_\_\_ Another State \_\_\_\_\_ Date of Certification \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name

10. Have you attended any specialized training (other than the basic academy) related specifically to a law enforcement function (i.e. breathalyser, evidence technician, radar certification, etc.)?  **Yes**  **No**  
If **“Yes”**, please list the type of specialized training received, the date, and location of the course.

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**QUESTIONS 12 - 15 ARE TO BE COMPLETED BY POLICE OFFICER APPLICANTS WITH PRIOR SWORN LAW ENFORCEMENT EXPERIENCE ONLY!!!!**

12. List all internal affairs complaints, suspensions, or reprimands you have received while employed as a law enforcement officer.

Date: \_\_\_ / \_\_\_ / \_\_\_ Department / Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Nature of Incident: \_\_\_\_\_

Department / Agency Action Taken: \_\_\_\_\_

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Date: \_\_\_ / \_\_\_ / \_\_\_ Department / Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Nature of Incident: \_\_\_\_\_

Department / Agency Action Taken: \_\_\_\_\_

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Date: \_\_\_ / \_\_\_ / \_\_\_ Department / Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Nature of Incident: \_\_\_\_\_

Department / Agency Action Taken: \_\_\_\_\_

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13. List all duty connected civil suits you have been or are presently involved in.

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14. List all on-duty motor vehicle accidents you have been involved in as a driver.

Date: \_\_\_ / \_\_\_ / \_\_\_ Department / Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Type of Accident: \_\_\_\_\_

Department / Agency Action Taken: \_\_\_\_\_

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Date: \_\_\_ / \_\_\_ / \_\_\_ Department / Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Type of Accident: \_\_\_\_\_

Department / Agency Action Taken: \_\_\_\_\_

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Date: \_\_\_ / \_\_\_ / \_\_\_ Department / Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Type of Accident: \_\_\_\_\_

Department / Agency Action Taken: \_\_\_\_\_

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Date: \_\_\_ / \_\_\_ / \_\_\_ Department / Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Type of Accident: \_\_\_\_\_

Department / Agency Action Taken: \_\_\_\_\_

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**DEPARTMENT OF POLICE**

2598 West Main Street, Sun Prairie, WI 53590-2227  
(608) 837-7336  
RECORDS (608) 837-7339  
FAX (608) 825-1198  
www.cityofsunprairie.com

**APPLICANT'S CERTIFICATION  
AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. Statements on this application or given to the employer through the application process shall be considered sufficient cause for immediate rejection or termination of employment. I am aware that a thorough investigation of my entire background is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the City of Sun Prairie or its agent upon presentation of this or copy hereof.

In addition, I authorize all employers and other parties, whether named in my application or not, to provide information relative to my employment as requested by the City of Sun Prairie.

I hereby release from liability and hold harmless the City of Sun Prairie and all persons and corporations supplying this information to the City of Sun Prairie and/or its agents. A photocopy of this authorization is as effective as the original.

**Signature of applicant must be witnessed.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Print Full Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_  
(Month) (Year)

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

Do not write below this line.

Background Investigator

NOTICE OF CREDIT REPORT INQUIRY/  
AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION  
*(For official use only, not to be released to unauthorized persons)*

CITY OF SUN PRAIRIE  
*Employing Agency*

A Consumer Report may be obtained for employment purposes as set forth in Section 604(b) of the Fair Credit Reporting Act (FCRA).

If any adverse action is to be taken based on the consumer report a copy of the report as well as a summary of your rights under the FCRA (summarized on the reverse side) will be provided to the consumer.

I have read and understand the information listed above and on the reverse side and do hereby empower an employee of the City of Sun Prairie or other authorized representative thereof bearing this release to, within one year of its date, obtain information and records pertaining to me from any credit rating bureaus or institutions maintaining individual credit rating files. 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

\_\_\_\_\_  
Signature (Full Name)

\_\_\_\_\_  
Address (Street & Number)

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Witness

Rev. 8/05

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: a person has taken adverse action against you because of information in your credit report; you are the victim of identity theft and place a fraud alert in your file; your file contains inaccurate information as a result of fraud; you are on public assistance; you are unemployed but expect to apply for employment within 60 days. In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are: Federal Trade Commission, Consumer Response Center – FCRA, Washington, DC 20580, 1-877-382-4357