|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Middle Initial |

|  |  |
| --- | --- |
| dsp-shield-logo-revised-2013-cmyk**APPLICANT BACKGROUND PROFILE**  SP4396 7/2023 | Wisconsin Department of Transportation  Division of State Patrol  State Patrol Trooper and Inspector |

The Division of State Patrol (DSP) requires the information in this profile for the purpose of employment consideration. The DSP conducts extensive background investigations as outlined in LES 2.01, Wis. Adm. Code.

**Instructions** This background profile must be completely filled out electronically. Ensure all questions have been answered. Failure to complete this form as instructed will result in disqualification. There are very few automatic bases for rejection. However, deliberate misstatements or omissions, may result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. Deliberately withholding or misrepresenting job-relevant information is a basis for failing your background investigation or, if discovered after employment, may be grounds for discharge.

Complete this form using a computer. Do not leave any question blank. If more space is needed to answer a question, complete the appropriate supplement form or attach additional pages. Include your name in the upper right hand corner of each additional page.

**Please note:** We are not collecting your educational transcripts or Letters of Recommendation at this time. These documents will be collected by the background investigator should you move forward in the process.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | Last Name | | First Name | | | | | Middle Name |
| Legal Name | | | | Maiden Name | | | |
| Aliases | | | | Nicknames | | | |
| List any other name(s) you have used | | | | | | | |
| **PLACE  OF BIRTH** | Date of Birth (m/d/yyyy) | | | | County which you were born | | | |
| City and State you were born | | | | List any other dates of birth you have used | | | |
| **CURRENT ADDRESS** | Street Address | | | | | County in which you reside | | |
| City, State, ZIP Code | | | | | | | |
| **PHONE NUMBERS** | (Area Code) Home Telephone Number | | | (Area Code) Cell Phone Number | | | | |
| (Area Code) Work Phone Number | | | Other Phone Number(s) where you can be contacted | | | | |
| May we contact you at work  Yes  No | What is the best way to contact you?  Telephone:  Home  Cell  Work *or*  Visit Residence  Home Email  Work Email | | | | | Best Time to Contact You  am  pm | |
| **EMAIL ADDRESS** | Personal Email | | | | Work Email | | | |
| **SPOUSE or SIGNIFICANT OTHER** | Name of your spouse or significant other (Last, First, Middle) | | | | | | | |
| Address of your spouse or significant other, if different than yours (Street, City, State and ZIP Code) | | | | | | | |
| **Foreign Language** | |  |  | | --- | --- | | Are you fluent in a language other than English?  Yes  No | If yes, identify all languages fluent in: | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I. DRIVER AND MOTOR VEHICLE INFORMATION** | | | | | | |
| Yes  No | Do you currently possess a valid driver license? If yes, complete the following. | | | | | |
| Driver License Number | | | State Issued | Expiration Date (m/d/yyyy) | |
| Yes  No | Have you ever been issued a driver license from any other state? If yes, indicate the state issued. | | | | | |
| Yes  No | Has your driver license and/or driver privileges ever been suspended? If yes, explain and give details including dates. | | | | | |
| Yes  No | Has your driver license and/or driver privileges ever been revoked? If yes, explain and give details including dates. | | | | | |
| Yes  No | Have you ever been classified as a Habitual Traffic Offender? If yes, explain and give details including dates. | | | | | |
| Yes  No | Have you ever been cited for an alcohol related driving offense? If yes, explain and give details including dates. | | | | | |
| Yes  No | Have you ever had a driver license issued to you under a different name? If yes, explain and give details including dates. | | | | | |
| Yes  No | Have you ever been refused a driver license by another state? If yes, explain and give details including dates. | | | | | |
| Yes  No | Have you ever been involved, as a driver, in a motor vehicle accident during the past ten (10) years?  If yes, explain and provide the following details. | | | | | |
| **Date of Accident** (m/d/yyyy) | **Enforcement/Jurisdiction** | **City and State of Accident** | | | **Case outcome** |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
| Yes  No | Has the registration on any of your vehicles been suspended within the last seven (7) years?  If yes, explain and give details including dates. | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **II. CRIMINAL/CIVIL/JUDICIAL HISTORY** | | | | | | | | | | | |
| List **ALL** law enforcement contacts you have had as an adult, outside of routine work-related contacts (i.e. security officer, etc.) starting with the most recent. Examples of these include but are not limited to: traffic warnings, traffic citations, felony crimes, misdemeanor crimes, Municipal Court Citations, Civil Summons and violations of State Statutes, County and City ordinances, Department of Natural Resources, Internal Revenue Service laws and all other contacts with law enforcement. **OMIT NONE**. Note: Conviction of any offense will not necessarily preclude employment of an applicant unless circumstances substantially relate to the requirements of the position. | | | | | | | | | | | |
| **1.** | Type of Violation | | | | Date of Violation (m/d/yyyy) | | | | Issuing Agency | | |
|  | Describe Incident | | | | City and State of Violation | | | | | Case Outcome | |
| **2.** | Type of Violation | | | | Date of Violation (m/d/yyyy) | | | | Issuing Agency | | |
|  | Describe Incident | | | | City and State of Violation | | | | | Case Outcome | |
| **3.** | Type of Violation | | | | Date of Violation (m/d/yyyy) | | | | Issuing Agency | | |
|  | Describe Incident | | | | City and State of Violation | | | | | Case Outcome | |
| **4.** | Type of Violation | | | | Date of Violation (m/d/yyyy) | | | | Issuing Agency | | |
|  | Describe Incident | | | | City and State of Violation | | | | | Case Outcome | |
| **5.** | Type of Violation | | | | Date of Violation (m/d/yyyy) | | | | Issuing Agency | | |
|  | Describe Incident | | | | City and State of Violation | | | | | Case Outcome | |
| Yes  No | | Have you ever been convicted of a crime that was reduced from a felony to a misdemeanor? If yes, provide details including dates, issuing agency, city, state and an explanation. | | | | | | | | | |
| Yes  No | | Have you ever been convicted of a domestic violence related offense? If yes, please explain and provide details including dates. | | | | | | | | | |
| Yes  No | | Has a warrant ever been issued for your arrest? If yes, please explain and provide details including date(s). | | | | | | | | | |
| Yes  No | | Have you ever failed to appear in court when properly ordered to do so? If yes, please explain and provide details including dates. | | | | | | | | | |
| Yes  No | | Have you ever had a restraining order and/or injunction issued against you? If yes, please explain and provide details including dates. | | | | | | | | | |
| Yes  No | | Are you presently under indictment or a defendant in any pending criminal or civil action(s)? If yes, please explain and provide details including dates. | | | | | | | | | |
| Yes  No | | Have you ever been named as a party in a civil action or proceeding as a plaintiff or defendant (i.e. bankruptcy, eviction, action resulting from nonpayment of monies owed, small claims, etc.) If yes, please explain and provide details including dates. | | | | | | | | | |
| Yes  No | | As an adult, have you ever been fingerprinted? If yes, provide the date, location and the reason for fingerprinting. | | | | | | | | | |
| Yes  No | | As an adult have you had any contact with a police agency, such as being a victim, witness, suspect, etc? (Not related to regular job duties as a police officer or security officer or first responder.)  If yes, complete the following information. | | | | | | | | | |
|  | | **Date** (m/d/yyyy) | **Police Agency Involved** | | | **Circumstances** | | | | | |
|  | |  |  | | |  | | | | | |
|  | |  |  | | |  | | | | | |
|  | |  |  | | |  | | | | | |
|  | |  |  | | |  | | | | | |
|  | |  |  | | |  | | | | | |
|  | |  |  | | |  | | | | | |
| **III. ALCOHOL/DRUG USE AND GANG AFFILIATIONS** | | | | | | | | | | | |
| **ALCOHOL USE** | | | | | | | | | | | |
| Yes  No | | Do you currently use alcohol? If yes, how many drinks per week? | | | | | | | | | |
| Yes  No | | Do you find you are not able to stop drinking once you have started? If yes, how often? | | | | | | | | | |
| **DRUG USE –** Indicate if you are now or have in the past, used, tried or experimented with any of the following, including the unauthorized use of prescription drugs. Authorized use of prescribed drugs, where appropriate, does not need to be indicated. | | | | | | | | | | | |
|  | | **Substance** | | | | | **How Many Times Used** | | | | **Last Time Used** (m/yyyy) |
| Yes  No | | Ecstasy (Methylenedioxy-N-Methylamphetamine) | | | | |  | | | |  |
| Yes  No | | GHB (Gamma-Hydroxybutyric Acid, etc.) | | | | |  | | | |  |
| Yes  No | | Cocaine/Crack | | | | |  | | | |  |
| Yes  No | | PCP (angel dust, crystal, rocket fuel, KJ) | | | | |  | | | |  |
| Yes  No | | Amphetamines/Methamphetamines (uppers, speed, crank) | | | | |  | | | |  |
| Yes  No | | Barbiturates (downers, yellow jackets) | | | | |  | | | |  |
| Yes  No | | Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC) | | | | |  | | | |  |
| Yes  No | | Psilocybin (magic mushroom) | | | | |  | | | |  |
| Yes  No | | Opium/Heroin | | | | |  | | | |  |
| Yes  No | | Morphine/Demerol | | | | |  | | | |  |
| Yes  No | | Mescaline/Peyote | | | | |  | | | |  |
| Yes  No | | Thai Sticks (opiate grass) | | | | |  | | | |  |
| Yes  No | | Amyl Nitrate (poppers) | | | | |  | | | |  |
| Yes  No | | Quaaludes (ludes) | | | | |  | | | |  |
| Yes  No | | Steroids | | | | |  | | | |  |
| Yes  No | | Hashish/Hass Oil | | | | |  | | | |  |
| Yes  No | | Marijuana (Grass, Pot) | | | | |  | | | |  |
| Yes  No | | Prescription drugs without a prescription:  What drugs? | | | | |  | | | |  |
| Yes  No | | Other illegal drugs – not listed above:  What drugs? | | | | |  | | | |  |
| *Please answer the following questions.* | | | | | | | | | | | |
| Yes  No | | Have any of the substances above been used legally? If yes, please provide details. | | | | | | | | | |
| Yes  No | | Have you ever failed a mandatory drug screening? If yes, please provide details. | | | | | | | | | |
| Yes  No | | Have you ever been involved in glue sniffing and/or used any other such chemical agents for the recreational or social purpose of obtaining a state of intoxication? If yes, provide details. | | | | | | | | | |
| Yes  No | | Have you ever abused a prescribed drug, narcotic and/or other controlled substance? If yes, provide details. | | | | | | | | | |
| Yes  No | | Have you ever possessed, sold, furnished and/or manufactured any controlled substance, drug, narcotic, or any other illegal substance? If yes, provide details. | | | | | | | | | |
| **GANG AFFILIATIONS** | | | | | | | | | | | |
| Yes  No | | A “criminal gang” is defined as a group of three or more persons who have a common identifying sign, symbol or name whose members individually or collectively engage in a pattern of criminal activity. Have you ever been affiliated or have had a membership with any criminal gang? If yes, please provide the following information. | | | | | | | | | |
|  | | **Gang Name** | | **Years of Affiliation/Membership** | | | | **List Identifying Marks, Symbols or Tattoos** | | | |
|  | |  | |  | | | |  | | | |
|  | |  | |  | | | |  | | | |
|  | |  | |  | | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IV. EMPLOYMENT HISTORY AND COMMUNITY INVOLVEMENT** | | | | | | | | | |
| Describe your work experiences and the ways in which you have been employed and involved with your community. Employment history includes summer and part-time jobs, college internships and volunteering. List **ALL** employers beginning with the most recent. Account for all time periods except absences for medical reasons. If unemployed**,** indicate date(s). If you are documenting community involvement, complete all that applies. | | | | | | | | | |
| **1.** | Name of Employer | | | | (Area Code) Telephone Number | | | Is this business still active  Yes  No | |
| Street Address | | | | | | From (m/yyyy) | | To (m/yyyy) |
| City, State, ZIP Code | | | | | | Starting Salary | | Ending Salary |
| Title of Position Held | | | Hours Worked Per Week | | Type of Position  Employee  Intern  Volunteer | | | |
| Describe Your Duties | | | | | | | | |
| Name of Your Supervisor | | (Area Code) Telephone Number | | | Email Address | | | |
| Name of Additional Contact | | (Area Code) Telephone Number | | | Email Address | | | |
| Yes  No | Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality  of work? If yes, explain and give details of all circumstances. | | | | | | | |
| Yes  No | Were you disciplined, reprimanded or suspended by this employer? If yes, provide details. | | | | | | | |
| Yes  No | Did you resign from this position? If yes, provide details. | | | | | | | |
| Yes  No | Did you resign in lieu of termination? If yes, provide details. | | | | | | | |
| Yes  No | Were you terminated from this position? If yes, provide details. | | | | | | | |
| **2.** | Name of Employer | | | | (Area Code) Telephone Number | | | Is this business still active  Yes  No | |
| Street Address | | | | | | From (m/yyyy) | | To (m/yyyy) |
| City, State, ZIP Code | | | | | | Starting Salary | | Ending Salary |
| Title of Position Held | | | Hours Worked Per Week | | Type of Position  Employee  Intern  Volunteer | | | |
| Describe Your Duties | | | | | | | | |
| Name of Your Supervisor | | (Area Code) Telephone Number | | | Email Address | | | |
| Name of Additional Contact | | (Area Code) Telephone Number | | | Email Address | | | |
| Yes  No | Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality  of work? If yes, explain and give details of all circumstances. | | | | | | | |
| Yes  No | Were you disciplined, reprimanded or suspended by this employer? If yes, provide details. | | | | | | | |
| Yes  No | Did you resign from this position? If yes, provide details. | | | | | | | |
| Yes  No | Did you resign in lieu of termination? If yes, provide details. | | | | | | | |
| Yes  No | Were you terminated from this position? If yes, provide details. | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IV. EMPLOYMENT HISTORY AND COMMUNITY INVOLVEMENT** *(continued)* | | | | | | | | | |
| **3.** | Name of Employer | | | | (Area Code) Telephone Number | | | Is this business still active  Yes  No | |
| Street Address | | | | | | From (m/yyyy) | | To (m/yyyy) |
| City, State, ZIP Code | | | | | | Starting Salary | | Ending Salary |
| Title of Position Held | | | Hours Worked Per Week | | Type of Position  Employee  Intern  Volunteer | | | |
| Describe Your Duties | | | | | | | | |
| Name of Your Supervisor | | (Area Code) Telephone Number | | | Email Address | | | |
| Name of Additional Contact | | (Area Code) Telephone Number | | | Email Address | | | |
| Yes  No | Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality  of work? If yes, explain and give details of all circumstances. | | | | | | | |
| Yes  No | Were you disciplined, reprimanded or suspended by this employer? If yes, provide details. | | | | | | | |
| Yes  No | Did you resign from this position? If yes, provide details. | | | | | | | |
| Yes  No | Did you resign in lieu of termination? If yes, provide details. | | | | | | | |
| Yes  No | Were you terminated from this position? If yes, provide details. | | | | | | | |
| **4.** | Name of Employer | | | | (Area Code) Telephone Number | | | Is this business still active  Yes  No | |
| Street Address | | | | | | From (m/yyyy) | | To (m/yyyy) |
| City, State, ZIP Code | | | | | | Starting Salary | | Ending Salary |
| Title of Position Held | | | Hours Worked Per Week | | Type of Position  Employee  Intern  Volunteer | | | |
| Describe Your Duties | | | | | | | | |
| Name of Your Supervisor | | (Area Code) Telephone Number | | | Email Address | | | |
| Name of Additional Contact | | (Area Code) Telephone Number | | | Email Address | | | |
| Yes  No | Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality  of work? If yes, explain and give details of all circumstances. | | | | | | | |
| Yes  No | Were you disciplined, reprimanded or suspended by this employer? If yes, provide details. | | | | | | | |
| Yes  No | Did you resign from this position? If yes, provide details. | | | | | | | |
| Yes  No | Did you resign in lieu of termination? If yes, provide details. | | | | | | | |
| Yes  No | Were you terminated from this position? If yes, provide details. | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IV. EMPLOYMENT HISTORY AND COMMUNITY INVOLVEMENT** *(continued)* | | | | | | | | | |
| **5.** | Name of Employer | | | | (Area Code) Telephone Number | | | Is this business still active  Yes  No | |
| Street Address | | | | | | From (m/yyyy) | | To (m/yyyy) |
| City, State, ZIP Code | | | | | | Starting Salary | | Ending Salary |
| Title of Position Held | | | Hours Worked Per Week | | Type of Position  Employee  Intern  Volunteer | | | |
| Describe Your Duties | | | | | | | | |
| Name of Your Supervisor | | (Area Code) Telephone Number | | | Email Address | | | |
| Name of Additional Contact | | (Area Code) Telephone Number | | | Email Address | | | |
| Yes  No | Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality  of work? If yes, explain and give details of all circumstances. | | | | | | | |
| Yes  No | Were you disciplined, reprimanded or suspended by this employer? If yes, provide details. | | | | | | | |
| Yes  No | Did you resign from this position? If yes, provide details. | | | | | | | |
| Yes  No | Did you resign in lieu of termination? If yes, provide details. | | | | | | | |
| Yes  No | Were you terminated from this position? If yes, provide details. | | | | | | | |
| **6.** | Name of Employer | | | | (Area Code) Telephone Number | | | Is this business still active  Yes  No | |
| Street Address | | | | | | From (m/yyyy) | | To (m/yyyy) |
| City, State, ZIP Code | | | | | | Starting Salary | | Ending Salary |
| Title of Position Held | | | Hours Worked Per Week | | Type of Position  Employee  Intern  Volunteer | | | |
| Describe Your Duties | | | | | | | | |
| Name of Your Supervisor | | (Area Code) Telephone Number | | | Email Address | | | |
| Name of Additional Contact | | (Area Code) Telephone Number | | | Email Address | | | |
| Yes  No | Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality  of work? If yes, explain and give details of all circumstances. | | | | | | | |
| Yes  No | Were you disciplined, reprimanded or suspended by this employer? If yes, provide details. | | | | | | | |
| Yes  No | Did you resign from this position? If yes, provide details. | | | | | | | |
| Yes  No | Did you resign in lieu of termination? If yes, provide details. | | | | | | | |
| Yes  No | Were you terminated from this position? If yes, provide details. | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **V. RESIDENCY HISTORY** | | | | | |
| List chronologically, starting with your most recent address, all places you have lived as an adult. Include addresses while attending school,  the military and all addresses away from home, etc. | | | | | |
| **1.** | Street Address | | | Type  School  Home  Military | |
| City, State and ZIP Code | | | From (m/yyyy) | To (m/yyyy) |
| *If you paid* ***RENT****, also provide the following information:* | | | | |
| Landlord or Mortgage Holder | | | (Area Code) Telephone Number | |
| Complete Address, City, State and ZIP Code | | Email Address *(if known)* | | |
| Yes  No | Was a formal eviction action commenced against you? If yes, please provide details. | | | |
| **2.** | Street Address | | | Type  School  Home  Military | |
| City, State and ZIP Code | | | From (m/yyyy) | To (m/yyyy) |
| *If you paid* ***RENT****, also provide the following information:* | | | | |
| Landlord or Mortgage Holder | | | (Area Code) Telephone Number | |
| Complete Address, City, State and ZIP Code | | Email Address *(if known)* | | |
| Yes  No | Was a formal eviction action commenced against you? If yes, please provide details. | | | |
| **3.** | Street Address | | | Type  School  Home  Military | |
| City, State and ZIP Code | | | From (m/yyyy) | To (m/yyyy) |
| *If you paid* ***RENT****, also provide the following information:* | | | | |
| Landlord or Mortgage Holder | | | (Area Code) Telephone Number | |
| Complete Address, City, State and ZIP Code | | Email Address *(if known)* | | |
| Yes  No | Was a formal eviction action commenced against you? If yes, please provide details. | | | |
| **4.** | Street Address | | | Type  School  Home  Military | |
| City, State and ZIP Code | | | From (m/yyyy) | To (m/yyyy) |
| *If you paid* ***RENT****, also provide the following information:* | | | | |
| Landlord or Mortgage Holder | | | (Area Code) Telephone Number | |
| Complete Address, City, State and ZIP Code | | Email Address *(if known)* | | |
| Yes  No | Was a formal eviction action commenced against you? If yes, please provide details. | | | |
| **5.** | Street Address | | | Type  School  Home  Military | |
| City, State and ZIP Code | | | From (m/yyyy) | To (m/yyyy) |
| *If you paid* ***RENT****, also provide the following information:* | | | | |
| Landlord or Mortgage Holder | | | (Area Code) Telephone Number | |
| Complete Address, City, State and ZIP Code | | Email Address *(if known)* | | |
| Yes  No | Was a formal eviction action commenced against you? If yes, please provide details. | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **VI. EDUCATION** | | | | | | | |
| **Transcripts of any education will be collected from those applicants that move to the background investigation process.** | | | | | | | |
| What is your highest level of education? Please mark one:  High School Diploma  Somecollege, no degree (Total credits cr.)  Associate Degree  Bachelor’s Degree Graduate Degree | | | | | | | |
| Yes  No | Were you a law enforcement officer prior to ***February 1, 1993***? If yes, list agency you were employed and dates of employment. | | | | | | |
| *Provide the following information regarding your education. List* ***ALL*** *schools you have attended, additional education and internships.* | | | | | | | |
| **High School** | | **1.** Name of School | | | | From (m/yyyy) | To (m/yyyy) |
| Street Address | | | | Was your diploma granted?  Yes  No | |
| City, State and ZIP Code | | | | What year was your diploma granted? | |
| Yes  No | Did you have any problems while attending school such as absenteeism, tardiness, poor grades or any other disciplinary issues? If yes, please provide the following details. | | | | |
| Time Period | | Problem | | | |
| Brief Explanation | | | | | |
| **2.** Name of School | | | | From (m/yyyy) | To (m/yyyy) |
| Street Address | | | | Was your diploma granted?  Yes  No | |
| City, State and ZIP Code | | | | What year was your diploma granted? | |
| Yes  No | Did you have any problems while attending school such as absenteeism, tardiness, poor grades or any other disciplinary issues? If yes, please provide the following details. | | | | |
| Time Period | | Problem | | | |
| Brief Explanation | | | | | |
| **College / University** | | **1.** Name of College / University | | | | Starting (m/yyyy) | Ending (m/yyyy) |
| Street Address | | | Diploma Granted?  Yes  No | | If Yes, List Year |
| City, State and ZIP Code | | | Major Field of Study | | |
| Yes  No | Did you have any problems while attending school such as absenteeism, tardiness, poor grades or any other disciplinary issues? If yes, please provide the following details. | | | | |
| Time Period | | Problem | | | |
| Brief Explanation | | | | | |
| **2.** Name of College / University | | | | Starting (m/yyyy) | Ending (m/yyyy) |
| Street Address | | | Diploma Granted?  Yes  No | | If Yes, List Year |
| City, State and ZIP Code | | | Major Field of Study | | |
| Yes  No | Did you have any problems while attending school such as absenteeism, tardiness, poor grades or any other disciplinary issues? If yes, please provide the following details. | | | | |
| Time Period | | Problem | | | |
| Brief Explanation | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VI. EDUCATION** *(continued)* | | | | | | | | |
| **Graduate School** | **1.** Name of Graduate School | | | | | Starting (m/yyyy) | | Ending (m/yyyy) |
| Street Address | | | | Diploma Granted?  Yes  No | | | If Yes, List Year |
| City, State and ZIP Code | | | | Major Field of Study | | | |
| Yes  No | Did you have any problems while attending school such as absenteeism, tardiness, poor grades or any other disciplinary issues? If yes, please provide the following details. | | | | | | |
| Time Period | | Problem | | | | | |
| Brief Explanation | | | | | | | |
| **Additional Education** | **1.** Name of Additional Education Institution | | | | | Starting (m/yyyy) | | Ending (m/yyyy) |
| Street Address | | | | Diploma Granted?  Yes  No | | | If Yes, List Year |
| City, State and ZIP Code | | | | Major Field of Study | | | |
| Yes  No | Did you have any problems while attending school such as absenteeism, tardiness, poor grades or any other disciplinary issues? If yes, please provide the following details. | | | | | | |
| Time Period | | Problem | | | | | |
| Brief Explanation | | | | | | | |
| **2.** Name of Additional Education Institution | | | | | Starting (m/yyyy) | | Ending (m/yyyy) |
| Street Address | | | | Diploma Granted?  Yes  No | | | If Yes, List Year |
| City, State and ZIP Code | | | | Major Field of Study | | | |
| Yes  No | Did you have any problems while attending school such as absenteeism, tardiness, poor grades or any other disciplinary issues? If yes, please provide the following details. | | | | | | |
| Time Period | | Problem | | | | | |
| Brief Explanation | | | | | | | |
| **Law Enforcement Internships,**  **Reserve member, Cadet or Explorer program** | **1.** Name of School | | | | Starting (m/yyyy) | | Ending (m/yyyy) | |
| Street Address | | | | | | | |
| City, State and ZIP Code | | | | | | | |
| Advisor Name | | | Department / Agency Involved | | | | |
| Advisor Email Address | | | Advisor (Area Code) Telephone Number | | | | |
| **2.** Name of School | | | | Starting (m/yyyy) | | Ending (m/yyyy) | |
| Street Address | | | | | | | |
| City, State and ZIP Code | | | | | | | |
| Advisor Name | | | Department / Agency Involved | | | | |
| Advisor Email Address | | | Advisor (Area Code) Telephone Number | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **VII. LAW ENFORCEMENT HISTORY AND APPLICATIONS** | | | |
| Yes  No | Are you currently or have you ever been certified or licensed as a peace officer? If yes, provide the dates of your employment and the agency name and address. | | |
| Yes  No | Have you ever applied for a law enforcement position with the Wisconsin State Patrol or any another agency?  If yes, please provide the following information: | | |
| *List all agencies with which you have applied including the State Patrol. Start with the most recent.* | | |
| **Name of Agency** | **Name of Background Investigator** | **Date and Status of Application** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VIII. REFERENCES** | | | | | |
| During the course of the background investigation, people who know you may be asked to comment on your suitability for this position. Inquiries will be confined to job-relevant matters. | | | | | |
| **List information for your father, mother and siblings (living or deceased.)** | | | | | |
| **Name** | **Relationship** | **Address, City, State** | | **(Area Code)  Telephone Number** | **Email Address** |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
| **List all individuals who live in the same household with you.** | | | | | |
| **Name** | | | | **(Area Code)  Telephone Number** | **Email Address** |
|  | | | |  |  |
|  | | | |  |  |
|  | | | |  |  |
|  | | | |  |  |
|  | | | |  |  |
| **List all individuals who are members of a law enforcement agency who you know personally and who would have personal knowledge of you.** | | | | | |
| **Officer’s Name** | | | **Department** | **(Area Code)  Telephone Number** | **Email Address** |
|  | | |  |  |  |
|  | | |  |  |  |
|  | | |  |  |  |
|  | | |  |  |  |
|  | | |  |  |  |
| **List up to FIVE (5) individuals who have knowledge of your qualifications. Do not include relatives, former employers or co-workers.** | | | | | |
| **Name** | | | **Relationship** | **(Area Code)  Telephone Number** | **Email Address** |
| 1. | | |  |  |  |
| 2. | | |  |  |  |
| 3. | | |  |  |  |
| 4. | | |  |  |  |
| 5. | | |  |  |  |
| **List up to FIVE (5) individuals such as co-workers, neighbors or classmates who have knowledge of you and your qualifications.** | | | | | |
| **Name** | | | **Relationship** | **(Area Code)  Telephone Number** | **Email Address** |
| 1. | | |  |  |  |
| 2. | | |  |  |  |
| 3. | | |  |  |  |
| 4. | | |  |  |  |
| 5. | | |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VIII. REFERENCES** *(continued)* | | | | | | | | | | | | | |
| **List up to THREE (3) references from your education such as a teacher, professor, counselor, principal or other educator who have knowledge of you and your qualifications.** | | | | | | | | | | | | | |
| **Name** | | | | | | **Title** | | | | **(Area Code)  Telephone Number** | | | **Email Address** |
| 1. | | | | | |  | | | |  | | |  |
| 2. | | | | | |  | | | |  | | |  |
| 3. | | | | | |  | | | |  | | |  |
|  | | | | | | | | | | | | | |
| **IX. MILITARY SERVICE** | | | | | | | | | | | | | |
| Yes  No | | | | Have you registered with Selective Service? | | | | | | | | | |
| Yes  No | | | | Have you served in the United States Armed Forces?  If **yes**, please complete the following information. If **no**, continue to the next section of this profile. | | | | | | | | | |
| **Dates of Service** | | | | | **Branch of Service**  *(Indicate Army, Navy, Marines,  Air Force or Cost Guard)* | | **Service Component**  *(Indicate Regular, Reserve  or National Guard)* | | **Rank** | | | **Service Number** | |
| **From** (m/yyyy) | **To** (m/yyyy) | | | |
|  |  | | | |  | |  | |  | | |  | |
|  |  | | | |  | |  | |  | | |  | |
|  |  | | | |  | |  | |  | | |  | |
| Yes  No | | | | | Do you have Service in Active Duty Status? If **yes**, list all time periods of basic training, initial active duty, deployments/call-ups, etc., for which you were issued a DD214 upon release from active duty status | | | | | | | | |
| **Date Entered** (m/d/yyyy) | **Date Released** (m/d/yyyy) | | | | **Duty Station/Location** | | | | **Rank** | | | **Service Number** | |
|  |  | | | |  | | | |  | | |  | |
|  |  | | | |  | | | |  | | |  | |
|  |  | | | |  | | | |  | | |  | |
| **Important!!!! You must attach a copy of DD214 (long form) for each period of active duty status indicating the type of Separation and Character of Service.** | | | | | | | | | | | | | |
| Yes  No | | | Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military? If yes, describe the circumstances | | | | | | | | | | |
| Yes  No | | | Were you ever court-martialed, tried, or charged, or were you subject of a summary court, deck court, captain’s mast, company punishment or any other disciplinary action? If, yes, how many times? Give details of charges, agency concerned, dates and case outcome. | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **X. LETTERS OF RECOMMENDATION** | | | | | | | | | | | | | |
| Letters of Recommendation are not necessary for consideration in the hiring process. However, if you do have people who are willing to submit Letters of Recommendation on your behalf. Please identify them below. If you move forward to the background investigation process, you can submit your Letters of Recommendations to the Background Investigator. | | | | | | | | | | | | | |
| **Reference**  **1** | | Name | | | | | | Title | | | | | |
| Email Address | | | | | | Date Requested (m/d/yyyy) | | | (Area Code) Telephone Number | | |
| **Reference**  **2** | | Name | | | | | | Title | | | | | |
| Email Address | | | | | | Date Requested (m/d/yyyy) | | | (Area Code) Telephone Number | | |
| **Reference**  **3** | | Name | | | | | | Title | | | | | |
| Email Address | | | | | | Date Requested (m/d/yyyy) | | | (Area Code) Telephone Number | | |
| **Reference**  **4** | | Name | | | | | | Title | | | | | |
| Email Address | | | | | | Date Requested (m/d/yyyy) | | | (Area Code) Telephone Number | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **XI.PERSONAL HISTORY AND CERTIFICATION STATEMENT** | | | |
| Yes  No | Do you know any reason why you would not be able to perform any job related task or function as a State Patrol Trooper/Inspector? If yes, please explain. | | |
| Yes  No | Prior to final appointment will you consent to an extensive background investigation, physical examination including vision, hearing and drug screen and psychological examinations? | | |
| **In order to be eligible for the position of Wisconsin State Patrol Trooper/Inspector, you must meet ALL of the following requirements:**   * Eighteen years of age or older at the time of application. * Educational Requirements – At the time of appointment, applicant must possess:   + A minimum of 60 full accredited college-level credits, or   + Possess a two-year associate degree from a Wisconsin vocational, technical, or adult education district or its accredited equivalent from another state, or   + Possess a combination of college-level credits and credit waiver as determined by the Law Enforcement Standards Board, to equal or exceed sixty credits. * Normal hearing – No more than a 35 decibel loss in either ear when averaging the loss at 500, 1000, 2000 and 3000hz.   + Hearing assessment by an Audiogram is required as part of the medical evaluation Any applicants requiring or using hearing aids will need to bring in documentation from a licensed audiologist showing corrected hearing meets requirements. * Vision Standards - Minimum vision without correction is 20/100 in each eye. Vision must be correctable to 20/20 with glasses or contacts.   + 85%of the normal peripheral range of 160 degrees when viewing with both eyes.   + Must be able to distinguish colors.   + Ability to pass 40% stereoscope (depth perception) or better. * Good physical and mental condition. * Willing to serve and live anywhere in Wisconsin (unless hired for a specific assignment). * Valid Wisconsin driver license with a minimum of two years licensed driving experience and a good driving record or eligible for a Wisconsin driver license. * Qualified to bear firearms. Section 941.29, Wisconsin Statutes, prohibits convicted felons from possessing firearms. Unpardoned, convicted felons cannot be appointed. | | | |
| By checking this box, I certify that this profile is true and complete. I understand that providing false information, omitting facts, either intentionally or unintentionally, and/or any acts of untruthfulness may result in immediate disqualification or if discovered after employment, may be grounds for discharge. | | | |
| **X** | |  |  |
| (Applicant’s Signature - electronic signature is acceptable) | |  | (Date – m/d/yyyy) |