



# MAYVILLE POLICE DEPARTMENT

*INTEGRITY - RESPECT - COURAGE*

## POSITION: COMMUNITY SERVICE OFFICER

### APPLICANT INFORMATION

Name (Last, First, MI):

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

How long at this address? Years:

Months:

Email:

Are you at least 18 years old? Yes  No

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

Driver's License Number:

State:

Have you ever been convicted of a felony? Yes  No  (if Yes, please attach a separate sheet giving full information)

Have you ever been convicted of a crime (not including traffic offenses)? Yes  No

Type of Offense(s):

Please list any special training (CPR, EMT, etc...):

How many hours per week would you like to work?

Willing to work nights? Yes  No

### SCHOOL INFORMATION

College/University Name:

Professor/Program Director:

School Address:

Phone:

City:

State:

ZIP Code:

Degree:

Credits:

List any scholarships, apprenticeships, internships or other information you believe should be considered:

**EMPLOYMENT**

|   |        |   |
|---|--------|---|
| Name of Employer:   |        |   |
| Employer Address:   |        | Phone:  |
| City:   | State: | ZIP Code:   |
| Position:   |        | From: To:   |
| Type of work:   |        |   |
|   |        |   |
| Supervisor:   |        | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> |
| May we contact the employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |        | Annual Salary / Wages:  |

|   |        |   |
|---|--------|---|
| Name of Employer:   |        |   |
| Employer Address:   |        | Phone:  |
| City:   | State: | ZIP Code:   |
| Position:   |        | From: To:   |
| Type of work:   |        |   |
|   |        |   |
| Supervisor:   |        | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> |
| May we contact the employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |        | Annual Salary / Wages:  |

|   |        |   |
|---|--------|---|
| Name of Employer:   |        |   |
| Employer Address:   |        | Phone:  |
| City:   | State: | ZIP Code:   |
| Position:   |        | From: To:   |
| Type of work:   |        |   |
|   |        |   |
| Supervisor:   |        | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> |
| May we contact the employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |        | Annual Salary / Wages:  |

**REFERENCES**

|                             |        |                      |
|-----------------------------|--------|----------------------|
| Name:                       |        |                      |
| Address:                    |        | Phone:               |
| City:                       | State: | ZIP Code:            |
| Number of Years Acquainted: |        | Position/Profession: |

|                             |        |                      |
|-----------------------------|--------|----------------------|
| Name:                       |        |                      |
| Address:                    |        | Phone:               |
| City:                       | State: | ZIP Code:            |
| Number of Years Acquainted: |        | Position/Profession: |

|                             |        |                      |
|-----------------------------|--------|----------------------|
| Name:                       |        |                      |
| Address:                    |        | Phone:               |
| City:                       | State: | ZIP Code:            |
| Number of Years Acquainted: |        | Position/Profession: |

**CERTIFICATION**

All CSO's must be at least 18 years of age. A background check will also be conducted on each candidate prior to selection. The Mayville Police Department reserves the right to deny entry into the CSO Program based on findings of any background check.

I certify that all the information provided in this application is true and accurate to the best of my knowledge. I understand and authorize the Mayville Police Department to verify any and all information contained on this application. I understand that the position of Community Service Officer with the Mayville Police Department is without any form of compensation.

|                         |       |
|-------------------------|-------|
| Signature of applicant: | Date: |
|-------------------------|-------|

**FOR OFFICE USE ONLY**

|      |       |           |
|------|-------|-----------|
| BCK: | FILE: | NOTATION: |
|------|-------|-----------|