**City of Fond du Lac - Application for CSO**

**AN EQUAL OPPORTUNITY EMPLOYER**

FOND DU LAC POLICE DEPARTMENT  
CITY HUMAN RESOURCES

160 S MACY STREET

FOND DU LAC, WI 54935

[JBRAATZ@FDL.WI.GOV](mailto:JBRAATZ@FDL.WI.GOV)

**APPLICATION FOR COMMUNITY SERVICE OFFICER (CSO)**

This information is for official use only and will not be released to unauthorized persons nor will it be used to discriminate against any applicant.

**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.

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| **1. APPLICANT** | | | | |
| Name in Full (Last, First, Middle) | | | | Date |
| Present e-mail address  Do you prefer communication via e-mail? | | | | |
| List all other names you have used including nickname. Have you ever used any other surname? If so, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and court. | | | | |
| Birth Date (Month, Day, Year) (optional) | Are you at least 18 years of age? | | Social Security Number (optional) | |
| Driver's License Number (INCLUDE A COPY) | | State | | |

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| **2. RESIDENCES** | | | | | | | | |
| Present Residence Address (Apartment, Street, P. O. Box) | | | | | | | Residence Telephone Number  ( ) | |
| City | | | | State | Zip Code | | Business Telephone Number  ( ) | |
| Complete address to which you wish mail sent (include zip code and telephone number if different from above). | | | | | | | | |
| List chronologically ALL of your past residences during the past seven years. (Include addresses while attending school if away from home and all military addresses including any off military base). | | | | | | | | |
| **Dates** | |  |  | | |  | |  |
| **From** | **To** | **Apt. No.** | **Street Address** | | | **City** | | **State** |
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| **3. EDUCATION** | | | | | |
|  |  | **Dates** | |  |  |
| **Name of School** | **Location** | **From** | **To** | **Course Pursued** | **Degree, Diploma, or Credits Earned** |
| High Schools |  |  |  |  |  |
|  |  |  |  |  |  |
| College |  |  |  |  |  |
|  |  |  |  |  |  |
| Graduate School |  |  |  |  |  |
| Miscellaneous |  |  |  |  |  |
| Foreign Languages  Spoken Fluently |  |  |  |  |  |
| **PLEASE HAVE COPIES OF YOUR HIGH SCHOOL & COLLEGE TRANSCRIPTS MAILED DIRECTLY TO CITY HUMAN RESOURCES, 160 S. MACY ST. FOND DU LAC, WI 54935** | | | | | |
| Were you ever dismissed from a school because of disciplinary action? | | | | | |
| ❒ No ❒ Yes  (School) (Date) (Type of Action) | | | | | |

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| **4. REFERENCES** | | | |
| **GIVE THREE REFERENCES (NOT RELATIVES, OR PRESENT EMPLOYER).** | | | |
| Name | No. Yrs. Acquainted | | Occupation |
| Home Address  City/State/Zip  Telephone Number | | Business Address  City/State/Zip  Telephone Number | |
| Name | No. Yrs. Acquainted | | Occupation |
| Home Address  City/State/Zip  Telephone Number | | Business Address  City/State/Zip  Telephone Number | |
| Name | No. Yrs. Acquainted | | Occupation |
| Home Address  City/State/Zip  Telephone Number | | Business Address  City/State/Zip  Telephone Number | |
| **GIVE THREE SOCIAL ACQUAINTANCES.** | | | |
| Name | No. Yrs. Acquainted | | Occupation |
| Home Address  City/State/Zip  Telephone Number | | Business Address  City/State/Zip  Telephone Number | |
| Name | No. Yrs. Acquainted | | Occupation |
| Home Address  City/State/Zip  Telephone Number | | Business Address  City/State/Zip  Telephone Number | |
| Name | No. Yrs. Acquainted | | Occupation |
| Home Address  City/State/Zip  Telephone Number | | Business Address  City/State/Zip  Telephone Number | |

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| **5. EMPLOYMENT** | | | |
| List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, indicate, setting forth dates of unemployment. If you wish to furnish additional employment information, attach sheets of the same size as this application. | | | |
| **Name and Address of Employer** | **Dates** | **Position and Kind of Work** | **Reason for Leaving** |
| Name  Street  City, State  Supervisor  (Name, phone, email) | Dates  From To  Full-time ❑ Part-time ❑ |  |  |
| Name  Street  City, State  Supervisor  (Name, phone, email) | Dates  From To  Full-time ❑ Part-time ❑ |  |  |
| Name  Street  City, State  Supervisor  (Name, phone, email) | Dates  From To  Full-time ❒ Part-time ❒ |  |  |
| Name  Street  City, State  Supervisor  (Name, phone, email) | Dates  From To  Full-time ❒ Part-time ❒ |  |  |

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| **6. MILITARY RECORD** | | | |
| Have you ever served in the armed forces, National Guard or military reserves?  ❒ No ❒ Yes, highest rank attained | | | |
| Do you claim veteran's preference? ❒ No ❒ Yes | | | |
| ❒ Active duty between 8/27/40 and 7/25/47 ❒ Eligible for armed forces expeditionary medal | | | |
| ❒ Active duty between 6/27/50 and 1/31/55 ❒ Called into active duty pursuant to S.1, Executive Order 10977 - Berlin Crisis 1961 call-up | | | |
| ❒ Active duty 8/5/64 to 7/1/75 except service for training purposes | | | |
| **(Attach FORM DD214)** | | | |
|  | | | |
| Branch of Military Service | Serial Number | Dates of Active Duty: |  |
|  |  | From | To |
|  |  | / /  Mo. Day Year | / /  Mo. Day Year |
| Type of Discharge |  | Basis for Discharge |  |
| Member of reserve? |  | Service Branch |  |
| ❒No ❒ Yes | ❒ Ready ❒ Standby |  |  |
| Was any type of disciplinary action taken against you in service that remains a part of your permanent record? | | | |
| ❒ No ❒ Yes, of what nature: | | | |

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| **7. COURT RECORD** | | | | |
| Have you ever been convicted of any violation including traffic, but not parking?  ❑ No ❑ Yes, list all violations below (attach additional sheets of the same size if necessary) | | | | |
| Date | Place (City, State) | | Charge |  |
| Details | |  |  | Final Disposition |
|  | |  |  |  |
| Date | Place (City, State) | | Charge |  |
| Details | |  |  | Final Disposition |
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| Date | Place (City, State) | | Charge |  |
| Details | |  |  | Final Disposition |
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| Date | Place (City, State) | | Charge |  |
| Details | |  |  | Final Disposition |
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| **8. E-MAIL and WEB USE** |
| Please list all e-mail addresses you have utilized for the previous two years: |

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| **9. ORGANIZATION MEMBERSHIP** |
| 1. Have you ever organized or helped to organize or become a member of any organization or group of persons which, during the period of your membership or association, you knew was advocating or teaching that the government of the U.S. or any state or any political subdivision thereof should be overthrown or overturned by force, violence or any other unlawful means? If the answer to this is yes, explain fully. ❑ No ❑Yes |
| Explanation: |
| 2. If your answer to question 1 is yes, did you during the period of such membership or association have the specific intent to further the aims of such organization, association or group of persons to overthrow or overturn the government of the U.S. or any state or any political subdivision thereof by force, violence or any other unlawful means? ❑ No ❑ Yes |

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| SIGNATURE OF APPLICANT | DATE |

**Completed applications should be returned to the Human Resources Department, attention HR Manager –– Jackie Braatz (**[**jbraatz@fdl.wi.gov**](mailto:jbraatz@fdl.wi.gov)**)**