

City of Milwaukee Police Department Applicant Personal History Questionnaire

The Personal History Questionnaire (PHQ) is the first step in the background investigation process. You are required to complete a PHQ form, which must be returned to the City of Milwaukee Fire and Police Commission (FPC) on or before **Friday, March 20, 2015**. If you fail to complete the PHQ, or it is not received by the deadline, you may be disqualified from further participation and no longer considered for the position. The following instructions should be followed when completing your PHQ.

- The Personal History Questionnaire (PHQ) must be completed directly by the individual who has applied for the position.
- All responses must be legible and printed using black ink.
- A response is required for every question; if the question does not apply, you must indicate “N/A” (Not Applicable). Do not leave any response blank.
- It is the responsibility of the applicant to assure all information provided is accurate, complete, and truthful.
 - Falsification, willful misrepresentation, or intentional omission of material information will result in disqualification and/or termination of employment by the Police Department.
 - Unintentional failure to include information may also result in disqualification, because it may be considered untruthfulness. Therefore you should take necessary action to obtain *all* information (i.e. research criminal, traffic, civil, employment, and school records, etc.)
 - If you are unsure as to an exact date or have other partial information, include as much information as possible (i.e. month and year, or approx. year, etc.). **Do not** just leave the response blank, as that may also be considered untruthfulness, resulting in disqualification.
- If the space provided on the PHQ is insufficient for your response, you may write your response on a separate sheet of paper, and attach it to the PHQ.
- You must report a change in any information that occurs after submitting your PHQ, to the City of Milwaukee Police Department (MPD), Background Investigation Unit. This would include changes in name, address, phone number(s), employment, driving record, etc. You may contact the Background Investigation Section at (414) 935-3985.
- You must also report any change in your contact information to the City of Milwaukee Fire and Police Commission. This would include changes in name, address, phone number(s), etc. You may contact the FPC at (414) 286-5071 or (414) 286-5063.
- Your completed PHQ must be received by the FPC by **4:30 pm on Friday, March 20, 2015**. You may deliver the document personally, have someone else drop it off for you, or mail it. Whichever method you choose, your completed PHQ **must be received, or postmarked by Friday, March 20, 2015. Return these documents to: Fire and Police Commission, Room 706A, 200 E Wells Street, Milwaukee, WI 53202**. If your PHQ is not received, or postmarked by the deadline, this may result in your disqualification.
- When you return your PHQ, it must have several documents attached. A list of those documents is found on the back side of these instructions.
- Questions about completing the PHQ may be directed to the FPC at (414) 286-5071 or (414) 286-5063. Once your PHQ has been submitted, any questions regarding your background investigation may be directed to the MPD, Background Investigation Section at (414) 935-3985.

IMPORTANT: When you submit your PHQ, the document must have your fingerprint on it. Therefore, you must schedule an appointment with the MPD to be fingerprinted prior to the PHQ deadline. You may do so by calling (414) 935-7380. Fingerprinting is done at Room 305 of the Police Administration Building, located at 951 N James Lovell St (7th & State Streets). You must take your PHQ and a government-issued photo I.D. when you go to your appointment. *Because appointment times may fill up quickly, you are encouraged to call to schedule your appointment as soon as you receive this letter.* If you omit this step, you may be disqualified, or your background investigation may be delayed.

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Following is a list of the documents that you are required to submit in order for your background investigation to begin. Attach **photocopies** of all the documents listed below, which pertain to you. Failure to attach *copies of all* required documents at the time you submit your PHQ, may result in a delay in completion of your background investigation and consequently may affect your ability to be hired in order of rank on the eligibility list.

If you are unable to obtain a copy of all required documents prior to the stated deadline, you must still submit the completed PHQ on time and attach a written explanation of which document(s) are missing, and when you anticipate you will be able to provide them. The missing documents must be submitted as soon as it is possible to do so.

You are to submit **photocopies** of each of the required documents, except that an **official certified copy** of your birth certificate is required. The documents you submit will **not** be automatically returned to you. You may request documents be returned during your initial interview with your Background Investigator.

Documents to Submit:

- Legal Birth Certificate (Hospital notices are not acceptable) NO PHOTO COPIES *Wisconsin law 69.24 strictly prohibits copying vital records; therefore you must submit a true certified copy of this document.
- Copy of your Social Security Card showing your current legal name
- One (1) Recent Individual Passport-Sized (2"x 2") Photographs (Snapshots are not acceptable). Specifications may be found at <http://travel.state.gov/content/passports/english/passports/photos/photo-examples.html>.
- Official** High School transcript(s) showing successful completion (if applicable) and cumulative GPA.

If the position you have applied for requires a Valid Driver's License, you must provide:

- Copy of your Valid Driver's License
Note: You must have a valid Driver's License by one year after your appointment to the position of Police Aide- If you do not currently hold a valid Driver's License, you are strongly encouraged to take immediate action to obtain such. Your address with the Department of Transportation should be current per Wisconsin State Statute 343.22(2)(a).

If you have served in the Military, you must provide:

- Undeleted Copy of your DD-214 Military Form (Undeleted means that the bottom portion of the form, which shows the type of discharge and character of service is attached)

If you are required to register for Selective Service and have not served in the Military, you must provide:

- Registration of Selective Service Note: if you are unable to locate your registration, you may print a copy online at <http://www.sss.gov/records.htm>, or you may call (847) 688-6888.

If you have attended college, even if not in a police-related field, you must provide:

- Official** transcript(s), which can be mailed directly from the school to: Milwaukee Police Department
Background Investigation Section
P.O. Box 531
Milwaukee, WI 53201
- Vocational / Technical Certificates (if applicable)
- College Diploma(s) (if applicable)

If you were not born in the United States, you must provide:

- Naturalization Papers or original Naturalization Certificate

If you have legally used any other name, you must provide:

- Copies of documents pertaining to name change (e.g., marriage, divorce, adoption, or other legal name change)

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Name of Former Spouse: _____
Last Name (presently using) First Name Middle Name

Present Address: _____

City/State Marriage Performed: _____ Date: ____ / ____ / ____

Court Issuing Divorce / Annulment: _____

Date Filed: ____ / ____ / ____ Date Granted: ____ / ____ / ____

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT

19) List all children (Include natural, stepchildren, adopted children, foster children and other dependents). If deceased, so indicate.

a) Name: _____ / ____ / ____
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

b) Name: _____ / ____ / ____
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

c) Name: _____ / ____ / ____
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

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19) Children - Continued

d) Name: _____ / /
 Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
 Last First Middle Phone

e) Name: _____ / /
 Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
 Last First Middle Phone

f) Name: _____ / /
 Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
 Last First Middle Phone

g) Name: _____ / /
 Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
 Last First Middle Phone

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Section 1A – RELATIVES & FAMILY MEMBERS

20) Supply the appropriate information in the spaces provided below. If a category is not applicable, write “n/a”.
Indicate if the person is deceased.

Father _____ ()- -

Last Name	First Name	Middle Name	Phone Number
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Address _____

City	State	Zip
------	-------	-----

Step-Father _____ ()- -

Last Name	First Name	Middle Name	Phone Number
-----------	------------	-------------	--------------

Address _____

City	State	Zip
------	-------	-----

Mother _____ ()- -

Last Name	First Name	Middle Name	Phone Number
-----------	------------	-------------	--------------

Address _____

City	State	Zip
------	-------	-----

Step-Mother _____ ()- -

Last Name	First Name	Middle Name	Phone Number
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Address _____

City	State	Zip
------	-------	-----

Father-in-Law _____ ()- -

Last Name	First Name	Middle Name	Phone Number
-----------	------------	-------------	--------------

Address _____

City	State	Zip
------	-------	-----

Mother-in-Law _____ ()- -

Last Name	First Name	Middle Name	Phone Number
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Address _____

City	State	Zip
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City State Zip

With whom did you live? _____

From: (Mo./Yr.) ____ / ____ To: (Mo./Yr.) ____ / ____ Do you Rent Own

If Renting –

Landlord Name _____ Landlord Phone (____) - ____ - ____

Landlord Address _____

City State Zip

Previous Address _____

City State Zip

With whom did you live? _____

From: (Mo./Yr.) ____ / ____ To: (Mo./Yr.) ____ / ____ Do you Rent Own

If Renting –

Landlord Name _____ Landlord Phone (____) - ____ - ____

Landlord Address _____

City State Zip

22a) List any other city or cities you have ever lived in. (Include Military)

NOTE: IF THERE ARE MORE RESIDENCES THAN SPACES PROVIDED, ATTACH ADDITIONAL PAGES FOLLOWING SAME FORMAT.

23) Has a formal eviction action ever been commenced against you? YES NO

If yes, explain and give details including date and County:

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Section III - CITIZENSHIP

24) Are you a United States citizen? YES NO

25) If you are of foreign birth, or are a naturalized citizen, provide the following:

Country of Birth	_____	Date of Entry into the United States	_____ / _____ / _____
Port of Departure for the United States	_____	Port / Place of Entry into the United States	_____

26) If a naturalized citizen, name and address of person who sponsored you on arrival:

Sponsor Name	_____		
	Last	First	Middle
Current Address of Sponsor	_____		
		City	State Zip
Your First Address after Arrival in US	_____		
		City	State Zip

26a) When did you obtain Citizenship?

Petition Number	_____	Date	_____ / _____ / _____
State	_____	Court	_____
		Certificate Number	_____

Section IV - EMPLOYMENT HISTORY

27) Beginning with your current employment, list all jobs you have ever held including full-time, part-time, and temporary positions. If you have had intervening periods of military service, unemployment or public assistance, list those periods in sequence in the spaces provided.

SAMPLE RESPONSE:

Dates of Employment	From 09/1999	To 11/1999	Employer Cover-All Insurance
Address	2323 S 23 ST, Ste 233		Milwaukee WI 53233
		City	State Zip
Position	Insurance Agent	Supervisor	Mr. Frank Franklin
Co- Worker	Name Thomas Jones	Address 1717 S 17 St, Milwaukee, WI 53217	Phone (414)-233-2323 (414)-217-1717
Reason for Leaving	Company went out of business		

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Leaving _____

e) PREVIOUS EMPLOYER:

Dates of Employment From _____ / _____ To _____ / _____ Employer _____

Address _____
_____ City _____ State _____ Zip _____
Phone _____

Position _____ Supervisor _____
Co- Name _____ Address _____ Phone (____) - ____ - ____
Worker _____ Phone (____) - ____ - ____

Reason for Leaving _____

f) PREVIOUS EMPLOYER:

Dates of Employment From _____ / _____ To _____ / _____ Employer _____

Address _____
_____ City _____ State _____ Zip _____
Phone _____

Position _____ Supervisor _____
Co- Name _____ Address _____ Phone (____) - ____ - ____
Worker _____ Phone (____) - ____ - ____

Reason for Leaving _____

g) PREVIOUS EMPLOYER:

Dates of Employment From _____ / _____ To _____ / _____ Employer _____

Address _____
_____ City _____ State _____ Zip _____
Phone _____

Position _____ Supervisor _____
Co- Name _____ Address _____ Phone (____) - ____ - ____
Worker _____ Phone (____) - ____ - ____

Reason for Leaving _____

NOTE: IF THERE ARE MORE EMPLOYERS THAN SPACES PROVIDED, ATTACH ADDITIONAL PAGES FOLLOWING SAME FORMAT.

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28) Have you received unemployment compensation in the past seven (7) years? Yes No
If yes, specify dates below:

From: _____ / ____ / _____	To: _____ / ____ / _____
From: _____ / ____ / _____	To: _____ / ____ / _____
From: _____ / ____ / _____	To: _____ / ____ / _____
From: _____ / ____ / _____	To: _____ / ____ / _____
From: _____ / ____ / _____	To: _____ / ____ / _____
From: _____ / ____ / _____	To: _____ / ____ / _____
From: _____ / ____ / _____	To: _____ / ____ / _____

NOTE: IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL PAGES FOLLOWING SAME FORMAT.

29) In the last seven (7) years, has any employer advised you of any problems, or have you had 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? Yes No If yes, explain and give details of all circumstances:

30) Have you ever resigned in lieu of termination or been terminated (fired), disciplined, reprimanded, or suspended at any place of employment? Yes No If yes, explain and give details (including dates) of all instances:

31) Have you had any extended work absences for reasons other than earned vacations? Yes No
If yes, explain and give details (including dates) of all instances:

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Section V - MILITARY SERVICE

32) Have you registered with the Selective Service (Under the Selective Service Act: Section 6, 50 U.S.C. APP456) in accordance with federal law governing males who have reached their eighteenth (18th) birthday?

Yes No If yes, explain:

33) Have you ever served in the Armed Forces, National Guard or Military Reserves? Yes No

If no, skip to Question 45

If yes, list active duty and/or reserve duty assignments:

Branch: _____ From: _____ / _____ / _____ To: _____ / _____ / _____

Branch: _____ From: _____ / _____ / _____ To: _____ / _____ / _____

Branch: _____ From: _____ / _____ / _____ To: _____ / _____ / _____

Name, address and phone numbers of unit(s):

Name _____ Phone (____) - ____ - ____

Address _____ City _____ State _____ Zip _____

Name _____ Phone (____) - ____ - ____

Address _____ City _____ State _____ Zip _____

34) Type of Separation _____ Character of Service _____

Narrative Reason for Separation:

If Character of Service is other than "Honorable", explain:

35) Where Stationed for Basic Training _____ Near what major City _____

36) Where transferred after Basic Training _____

37) Have you ever served outside of the United States for any period(s) of time? Yes No If yes, explain and give details (including country(s), dates, etc) of all instances:

38) Were you ever convicted by a court martial? Yes No If yes, explain and give details (including dates, incident, punishment, and/or disposition, etc.) of all instances:

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39) Have you ever been the subject of any other judicial or non-judicial disciplinary action while in the military?
 Yes No If yes, explain and give details (including dates, incident, punishment, and/or disposition) of all instances:

40) Discharged from where

41) Rank at time of discharge

42) Have you ever been reduced in rank? Yes No If yes, explain and give details (including dates) of all instances:

43) How many periods of active military service have you had (Drafts, enlistments or recalls to service)? (provide details)

44) Have you ever been refused enlistment or acceptance by any branch of the Military Service, National Guard, or Military Reserves? Yes No If yes, explain and give details (including dates) of all instances:

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47) List other educational or training programs you have taken, such as business institutes or correspondence schools, etc. Note any certificates or diplomas earned.

48) Have you ever been placed on probation, suspended or expelled from any school or college for any academic or disciplinary reason? Yes No If yes, explain and give details (including dates) of all instances:

48a) In the last seven (7) years, has any high school, college, university, or trade school, etc. advised you of any problems that you have had, such as attendance, difficulty getting along with instructors or fellow students, etc.? Yes No
If yes, explain and give details (including dates) of all instances:

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Section VII - FINANCIAL HISTORY

NOTE: Negative financial history will not be the sole basis for disqualification.

49) Have you ever been an owner, co-owner, or partner of any business? Yes No
If yes, explain and give details (dates, company name, address, etc.):

50) Do you have an income from any source other than your principal occupation? Yes No
If yes, explain and give details:

51) Have you ever been refused credit in the past ten (10) years? Yes No If yes, explain and give details:

52) Have you ever failed to repay a loan in the past ten (10) years? Yes No If yes, explain and give details:

53) In the past ten (10) years, have any of your bills been turned over to a collection agency? Yes No
If yes, explain and give details:

54) In the past ten (10) years, have you ever had any items repossessed or turned back to a finance company?
 Yes No If yes, explain and give details:

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55) In the past ten (10) years, have your wages been attached or garnisheed? Yes No
If yes, explain and give details INCLUDING CASE NUMBERS:

56) Have you ever filed or declared bankruptcy? Yes No If yes, explain and give details INCLUDING CASE NUMBERS:

57) In the past ten (10) years, have you had a judgment served against you? Yes No
If yes, explain and give details INCLUDING CASE NUMBERS:

58) Has the Internal Revenue Service or any other governmental agency ever initiated action to collect past due income or other tax payments? Yes No If yes, explain and give details:

58a) Have you ever failed to file a tax return when required to do so? Yes No If yes, explain and give details:

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59) Have you ever failed to pay court ordered support payment(s) for any children of whom you are the mother/father?
 Yes No If yes, explain and give details INCLUDING CASE NUMBERS:

60) Have you ever failed to pay any court ordered payments or fines? Yes No
If yes, explain and give details INCLUDING CASE NUMBERS:

61) Have you ever taken out any student loans for education or training? Yes No

If yes, the loan is: Paid Not Paid

If the loan is not paid – Do you have a monthly payback agreement? Yes No

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

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Section VIII - MOTOR VEHICLE OPERATION

62) Do you currently possess a valid Driver's License? Yes No
If yes, complete the following

State Issued	Number	Class/Classes	Expiration Date
/ /			

63) Has your driver's license and/or driving privileges **EVER** been:

a) SUSPENDED: Yes No If yes, explain and give details including dates

b) REVOKED: Yes No If yes, explain and give details including dates

63c) Have you ever been classified as a Habitual Traffic Offender (HTO)? Yes No
If yes, explain and give details including dates

63d) Have you ever been cited for an alcohol related driving offense? Yes No
If yes, explain and give details including dates

64) Has any driver's license issued to you contained any specific limitations, restrictions, or special conditions?
 Yes No If yes, explain and give details

65) List any other state(s) where you have been licensed to drive:

State	Name used on license
State	Name used on license

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66) Have you ever had a driver's license under another name? Yes No If yes, explain and give details

67) Have you ever been refused a driver's license by another state? Yes No If yes, explain and give details

68) Do you currently own any motor vehicles? Type of vehicles currently owned: Yes No
If yes, complete the following

<u>STATE</u>	<u>VEHICLE MAKE/MODEL</u>	<u>YEAR</u>	<u>LICENSE PLATE NUMBER</u>
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68a) Within the last five (5) years, has the registration on any of your vehicles been suspended? Yes No
If yes, explain and give details

69) Do you have liability insurance on each of the vehicles you own? Yes No

70) Have you been involved, as the driver, in a motor vehicle accident during the past five (5) years? Yes No
If yes, provide the following

<u>DATE</u> <u>ENFORCEMENT /</u> <u>JURISDICTION</u>	<u>LOCATION</u>	<u>CITY / STATE</u>	<u>CITATION /</u> <u>CHARGE</u>	<u>LAW</u>
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70a) Have you ever been involved in a fatal/near-fatal motor vehicle accident? Yes No
If yes, explain and give details

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71) List ALL traffic violation(s) you have been cited for in the last five (5) years (include military citations):

<u>DATE</u>	<u>VIOLATION</u>	<u>CITY / STATE</u>	<u>DISPOSITION</u>
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

72) Are you presently under indictment or a defendant in any pending traffic action(s)? Yes No
If yes, explain and give details

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

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Section IX - CRIMINAL/CIVIL/JUDICIAL HISTORY

73) List all non-traffic convictions you have ever had. Examples of these include, but are not limited to, felony crimes, misdemeanor crimes, Municipal Court Citations, Civil Summons and violations of State Statutes, County and City Ordinances, Department of Natural Resources and Internal Revenue Service laws. List all convictions below and describe. **OMIT NONE!**

<u>DATE</u>	<u>TYPE / VIOLATION</u>	<u>CITY / STATE</u>	<u>DISPOSITION</u>
a) / /			
Describe Incident:			
b) / /			
Describe Incident:			
c) / /			
Describe Incident:			
d) / /			
Describe Incident:			
e) / /			
Describe Incident:			
f) / /			
Describe Incident:			
g) / /			
Describe Incident:			
h) / /			
Describe Incident:			
h) / /			
Describe Incident:			

74) Have you ever been convicted of a crime that was reduced from a felony to a misdemeanor? Yes No
If yes, explain and give details including dates

75) Have you ever been convicted of a domestic violence related offense? Yes No
If yes, explain and give details including dates

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76) Has a warrant ever been issued for your arrest? Yes No If yes, explain and give details including dates

77) Have you ever failed to appear in court when properly ordered to do so? Yes No
If yes, explain and give details including dates

78) Have you ever had a restraining order and/or an injunction issued against you? Yes No
If yes, explain and give details including dates

79) Are you presently under indictment or a defendant in any pending criminal or civil action(s)?
 Yes No If yes, explain and give details

80) Have you ever been named as a party in a civil action or proceeding as a plaintiff or defendant? (E.g. paternity action, bankruptcy, eviction, action resulting from non-payment of monies owed, small claims court proceedings, divorce, child custody hearings, civil lawsuits resulting from auto accidents, industrial accidents or negligence on your part or on the part of someone else.) Yes No If yes, explain and give details including dates and case numbers

81) Have you ever served time in prison or jail as a result of either a felony or misdemeanor conviction?
 Yes No If yes, explain and give details including dates

82) Have you ever been placed on probation/parole as an adult? Yes No If yes, explain and give details including dates

83) Have you ever been involved in, or present during, a violent incident where someone was or could have been seriously injured or killed? Yes No If yes, explain and give details including dates

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84) Have you ever been a member, or associated with, any gang (E.g. motorcycle gang, street gang, etc)?

Yes No If yes, explain and give details

85) Were you ever required to appear before a Juvenile Court? Yes No If yes, explain and give details

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

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86) Please provide the following information regarding your use and/or experimentation with any controlled substance, without a prescription. Do you now, or have you in the past, used, tried, or experimented with any of the following:

<u>SUBSTANCE</u>	<u>YES</u>	<u>NO</u>	<u>LAST USED</u>	
			<u>MONTH</u>	<u>YEAR</u>
Ecstasy (Methylenedioxy-N-methylamphetamine)	<input type="checkbox"/>	<input type="checkbox"/>		
GHB (Gamma-Hydroxybutyric Acid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Cocaine / Crack	<input type="checkbox"/>	<input type="checkbox"/>		
PCP (angel dust, crystal, rocket fuel, KJ)	<input type="checkbox"/>	<input type="checkbox"/>		
Amphetamines / Methamphetamines (uppers, speed, crank)	<input type="checkbox"/>	<input type="checkbox"/>		
Barbiturates (downers, yellow jackets)	<input type="checkbox"/>	<input type="checkbox"/>		
Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC)	<input type="checkbox"/>	<input type="checkbox"/>		
Psilocybin (magic mushroom)	<input type="checkbox"/>	<input type="checkbox"/>		
Heroin	<input type="checkbox"/>	<input type="checkbox"/>		
Morphine / Demerol	<input type="checkbox"/>	<input type="checkbox"/>		
Mescaline / Peyote	<input type="checkbox"/>	<input type="checkbox"/>		
Thai Sticks (Opiated grass)	<input type="checkbox"/>	<input type="checkbox"/>		
Amyl Nitrate (poppers)	<input type="checkbox"/>	<input type="checkbox"/>		
Quaaludes (ludes)	<input type="checkbox"/>	<input type="checkbox"/>		
Steroids	<input type="checkbox"/>	<input type="checkbox"/>		
Hashish / Hash Oil	<input type="checkbox"/>	<input type="checkbox"/>		
Marijuana (Grass, Pot)	<input type="checkbox"/>	<input type="checkbox"/>		
Other – Not listed above Describe	<input type="checkbox"/>	<input type="checkbox"/>		

86a) Have you ever failed a mandatory drug screening? Yes No If yes, explain and give details

87) Have you ever possessed, sold, furnished and/or manufactured any controlled substance, drug, narcotic, or any other illegal substance? Yes No If yes, explain and give details

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88) 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? Yes No If yes, explain and give details

89) Have you ever abused a prescribed drug, narcotic, and/or any other controlled substance? Yes No
If yes, explain and give details

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

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Section X - GENERAL QUESTIONS - SECTION X

90) Have you ever applied for a permit to carry a gun? Yes No If yes, provide the following:

<u>PERMIT NUMBER</u>	<u>WHERE GRANTED</u>	<u>LAW ENFORCEMENT AGENCY</u>	<u>PURPOSE</u>
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91) List all occasions in the past where you were the victim of a reported crime (Such as thefts, robberies, burglaries, domestic violence, etc.)

92) List all foreign language(s) you read, write, speak and/or understand:

93) Have you ever held any city or county license(s) relating to bartending, vending, or transportation? Yes No
If yes, explain and give details

94) Have you ever been employed by the Milwaukee Police or Fire Department? Yes No If yes, explain and give details

95) Have you ever applied for any position with the Milwaukee Police or Fire Department prior to this application?

Yes No If yes, provide the following

<u>DATE</u>	<u>FIRE / POLICE</u>	<u>POSITION</u>	<u>LAST KNOWN STATUS</u>
-------------	----------------------	-----------------	--------------------------

/ /	<input type="checkbox"/> <input type="checkbox"/>		
-------	---	--	--

/ /	<input type="checkbox"/> <input type="checkbox"/>		
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/ /	<input type="checkbox"/> <input type="checkbox"/>		
-------	---	--	--

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

96) Have you applied for any other civil service job (E.g. Police, Fire, Postal, etc.) within the last seven (7) years? Yes No
If yes, provide the following

<u>DATE</u>	<u>AGENCY</u>	<u>POSITION</u>	<u>LAST KNOWN STATUS</u>
/ /			
/ /			
/ /			

96a) Have you ever before been the subject of a background investigation? Yes No If yes specify **ALL** and provide details

97) Have either you or any property rented or owned by you ever been investigated by the Health Department, Building Inspection, or other agency in the last seven (7) years? (E.g., cruelty to animals, filthy conditions in a residence, building code violations, or abandoned vehicles on property, etc.) Yes No If yes, explain and give details

(Questions 98, 99, 99a, and 100 have been eliminated.)

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section XI - LAW ENFORCEMENT EXPERIENCE

101) Have you ever acted as a volunteer for any law enforcement agency? Yes No If yes, explain and give details

102) Have you ever been employed by a law enforcement agency?

Yes No

If No, skip to Question 109

103) List all law enforcement agencies you have been employed by:

104) List all complaints that you have been the subject of and all suspensions or reprimands that you have received while employed by a law enforcement agency (Indicate date, nature of incident, disposition or action taken):

105) If you are presently, or have been previously, employed by a law enforcement agency, answer the following:

a) Are there any pending disciplinary action(s) and/or internal investigation(s) against you at this time or were there at the time of your separation? Yes No If yes, explain and give details

b) Your reason for leaving that law enforcement agency

106) List all duty-connected civil suits you have been a party to:

107) List all on-duty motor vehicle accidents you have been involved in as a driver (Submit copies of accident reports):

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

108) List all occasions where you engaged in the use of deadly force (Give dates, locations and circumstances):

109) Have you ever been rejected or dismissed by a law enforcement agency for any reason(s)? Yes No
If yes, explain and give details

(Question 110 has been eliminated)

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

City of Milwaukee Police Department Applicant Personal History Questionnaire

Section XII - PERSONAL REFERENCES

List three (3) individuals who have known you personally for at least the last 3 years and know you well enough to provide current information about you. If this individual is a co-employee they also need to know you away from the job (socially.) **DO NOT** list relatives, present or former employers/supervisors, elected officials or any person employed by the Milwaukee Police Department or Fire and Police Commission.

REFERENCE #1

Name	Relationship		
Address			
	City	State	Zip
Home Telephone Number	()- -	Hours available at this number?	
Cell Telephone Number	()- -	Hours available at this number?	
Work Telephone Number	()- -	Hours available at this number?	

REFERENCE #2

Name	Relationship		
Address			
	City	State	Zip
Home Telephone Number	()- -	Hours available at this number?	
Cell Telephone Number	()- -	Hours available at this number?	
Work Telephone Number	()- -	Hours available at this number?	

REFERENCE #3

Name	Relationship		
Address			
	City	State	Zip
Home Telephone Number	()- -	Hours available at this number?	
Cell Telephone Number	()- -	Hours available at this number?	
Work Telephone Number	()- -	Hours available at this number?	

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

CERTIFICATION & SIGNATURE

I hereby certify that the answers to questions on this application are accurate, true, and complete and that I have made no willful misrepresentations, omissions, or falsifications. I understand that if I give false information or omit material information on this Personal History Questionnaire or at any time during the selection process, I will be immediately rejected and disqualified from the selection process and/or removed from employment with the City of Milwaukee.

Signature of applicant: _____

Social Security Number: _____ Date: _____

Place Right Index Fingerprint in space below –
NOTE: Fingerprint will be taken by
City of Milwaukee Police Department

ATTACH 2"x2"
PHOTO HERE

AUTHORIZATION FOR RELEASE OF INFORMATION

Read the authorization for release of information listed below. Your completion of this document allows the Milwaukee Police Department to investigate your background and gives your permission for the release of information from the below listed sources. After affixing your signature to the release form you **must** print your name beneath your signature.

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to allow to view or to provide to the Milwaukee Police Department and/or any representative thereof any and all information that you may have concerning the following:

1. Employment history, including without limitation all background investigations, disciplinary records, performance evaluations, attendance records, and any other matters contained in my personnel file.
2. Scholastic records.
3. Financial records, credit information and all civil records including but not limited to collections, judgments, tax records, liens, paternity suits, child custody matters or cases, support payment records, et al.
4. Records maintained by any law enforcement agency, including but not limited to background investigations, records of arrest and/or conviction, juvenile records, or those relating to traffic violations.
5. Residential history including information from past and present landlords and/or mortgage/property management company records.
6. Current or past traffic records maintained by any current or former insurance company.
7. Military records.

This information is to be used to assist the Milwaukee Police Department and the Fire and Police Commission of the City of Milwaukee in determining my qualifications and fitness for the position I am seeking with the Milwaukee Police Department. Please provide the Milwaukee Police Department and/or any representative thereof, any information falling within the categories listed above, including any information which otherwise would be considered confidential or privileged, and permit the Department to make copies of that information if it so desires.

Pursuant to Section 103.13 of the Wisconsin State Statutes, demand is hereby made that you provide access, and, upon request, copies of all relevant records in your possession to the bearer of this waiver.

I hereby release, and hold harmless, on behalf of myself, my heirs, assigns and successors interest forever, both you and/or your employer or organization from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I covenant not to sue you or your employer or organization for any information which is released in response to this request. In making these statements, I understand that information which you give may result in my not being employed.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files.

DATE: _____ SIGNATURE: _____

PRINT NAME: _____ OTHER NAME(S) USED: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ **Request may be rejected if the form is incomplete or illegible.**
 ▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

POLICE ADMINISTRATION BUILDING, C/O BACKGROUND INVESTIGATION SECTION PO BOX 531, MILWAUKEE, WI 53201-0531

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2014 12/31/2013 12/31/2012 12/31/2011

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		Phone number of taxpayer on line 1a or 2a
▶ Signature (see instructions)	Date	
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
▶ Spouse's signature	Date	

Request for Transcript of Tax Return

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2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

POLICE ADMINISTRATION BUILDING, C/O BACKGROUND INVESTIGATION SECTION PO BOX 531, MILWAUKEE, WI 53201-0531

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

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9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2010

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		Phone number of taxpayer on line 1a or 2a
Signature (see instructions)	Date	
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/evetrecs/> *

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH		
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

- DD Form 214 or equivalent.** This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. **Check the appropriate box below to specify a deleted or undeleted copy.** When was the DD Form(s) 214 issued? YEAR(S):
 - UNDELETED:** Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
 - DELETED:** The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- All Documents in Official Military Personnel File (OMPF)**
- Medical Records** (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, the facility name and date for each admission **must** be provided:
- Other** (Specify): _____

2. PURPOSE: (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- Benefits Employment VA Loan Programs Medical Medals/Awards Genealogy Correction Personal
- Other, explain: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

- Military service member or veteran identified in Section I, above
- Next of kin of deceased veteran (**Must provide proof of death.**)
- Legal guardian (Must submit copy of court appointment.)
- Other (specify) _____

Show relationship: _____
(See item 2a on accompanying instructions.)

2. SEND INFORMATION/DOCUMENTS TO:
(Please print or type. See item 4 on accompanying instructions.)

3. AUTHORIZATION SIGNATURE REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Signature Required - Do not print

()

Date of this request _____ Daytime phone _____

Email address _____