

**CITY OF MILWAUKEE
POLICE DEPARTMENT APPLICANT
PERSONAL HISTORY QUESTIONNAIRE INSTRUCTIONS**

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 Police Department (MPD) on or before the stated deadline. 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) 935-3510.
- 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.
- Your completed PHQ must be received by the MPD by the deadline stated. 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 the deadline date**. Return these documents to: Milwaukee Police Department Human Resources, 951 N James Lovell St., Room 427, Milwaukee WI 53233-1418. 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. Once your PHQ has been submitted, any questions regarding your background investigation may be directed to the MPD, Background Investigation Section at (414) 935-3510.

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 *copies* 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 *copies* 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 returned to you.

Documents to Submit:

- Legal Birth Certificate (Hospital notices are not acceptable) *Wisconsin law 69.24 strictly prohibits copying vital records; therefore you must submit a true certified copy of this document.
- Social Security Card showing your current legal name
- Two (2) Recent Individual Passport-Style Photographs (Snapshots are not acceptable). Specifications may be found at <http://travel.state.gov/passport>.

If the position you have applied for requires High School Graduation or G.E.D, you must provide:

- High School Diploma or Transcript showing successful completion; OR G.E.D. Certificate (if required). If G.E.D. Certificate is not from the State of Wisconsin, you must also provide a copy of test scores.

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

- Valid Driver's License
Note: You must have a valid Driver's License at the time your background investigation begins, or you may be disqualified - 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

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

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

If you are an applicant for Police Aide position, you also must provide:

- High School Transcript(s)

CIVILIAN

Position applied for: _____

PERSONAL RECORD - SECTION I

1) _____
LEGAL NAME: Last Name First Name Full Middle Name

2) List all other names you have used or been known by (Maiden name, adopted name, aliases, nicknames, etc.) and explain each one:

3) Your present SOCIAL SECURITY number: _____ - _____ - _____

4) Other social security numbers that have been assigned to you: _____

5) DATE OF BIRTH: _____ 6) AGE: _____ 7) Sex (Circle one) MALE FEMALE

8) List any other dates of birth you have used and the reason for doing so. _____

9) PLACE OF BIRTH: City _____ County _____ State _____

10) Present Address: _____

City _____ State _____ Zip _____

NOTE: Please be aware that as an employee of the Milwaukee Police Department you are required to reside in the City of Milwaukee. Are you willing to do so? Yes No

11) Home Phone Number: _____ Hours available: _____

Work Phone Number: _____ Hours available: _____

Cell Phone Number: _____ Hours available: _____

12) If you have no phone, supply the name and number of the person who can contact you, indicating their relationship (Spouse, friend, brother, etc.)

NOTE: Marital and parental status is being elicited only for the purpose of conducting a background investigation. Marital and parental statuses are not used to determine your suitability as a Milwaukee Police Department employee.

13) MARITAL STATUS: Never Married [] Married [] Divorced [] Separated [] Widowed []

NAME OF PRESENT SPOUSE: _____
LAST NAME FIRST/MIDDLE DATE OF BIRTH

Spouse's Other Name/Maiden Name: _____
LAST NAME FIRST/MIDDLE

City/State Marriage Performed: _____ Date: _____

Spouse's Present Address: _____ Phone: _____

Spouse's Occupation: _____ Employer: _____

Business Address: _____ Phone: _____

14) Name of Girlfriend/
Boyfriend/Fiancee: _____
LAST FIRST MIDDLE

Address: _____ Phone: _____

Date of Birth: _____ Employer: _____

Business Address: _____ Phone: _____

15) List all previous marriages in order of occurrence:

Name of former spouse: _____
LAST (Name presently using) FIRST MIDDLE

Address: _____ Phone: _____

City/State Marriage performed: _____ Date: _____

Court Issuing Divorce/Annulment: _____

Date Filed: _____ Date Granted: _____

15a) Name of former spouse: _____
LAST (Name presently using) FIRST MIDDLE

Address: _____ Phone: _____

City/State Marriage performed: _____ Date: _____

Court Issuing Divorce/Annulment: _____

Date Filed: _____ Date Granted: _____

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

NAME: _____ DATE OF BIRTH: _____

COMPLETE ADDRESS: _____ RELATIONSHIP TO CHILD: _____

NAME OF OTHER PARENT: _____ PHONE: _____

NAME: _____ DATE OF BIRTH: _____

COMPLETE ADDRESS: _____ RELATIONSHIP TO CHILD: _____

NAME OF OTHER PARENT: _____ PHONE: _____

NAME: _____ DATE OF BIRTH: _____

COMPLETE ADDRESS: _____ RELATIONSHIP TO CHILD: _____

NAME OF OTHER PARENT: _____ PHONE: _____

NAME: _____ DATE OF BIRTH: _____

COMPLETE ADDRESS: _____ RELATIONSHIP TO CHILD: _____

NAME OF OTHER PARENT: _____ PHONE: _____

NAME: _____ DATE OF BIRTH: _____

COMPLETE ADDRESS: _____ RELATIONSHIP TO CHILD: _____

NAME OF OTHER PARENT: _____ PHONE: _____

NAME: _____ DATE OF BIRTH: _____

COMPLETE ADDRESS: _____ RELATIONSHIP TO CHILD: _____

NAME OF OTHER PARENT: _____ PHONE: _____

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

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RESIDENCES - SECTION II

17) List below in reverse chronological order each place you have resided in the last five (5) years. Start with your present address and work backwards. Be careful to give your correct addresses. OMIT NONE. Periods of residency at college may be denoted by the college address, although specific addresses are preferred.

a) PRESENT ADDRESS: _____ CITY/STATE/ZIP: _____

With whom do you live: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

If renting: Landlord name: _____ Address & phone: _____

b) ADDRESS: _____ CITY/STATE/ZIP: _____

With whom do you live: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

If renting: Landlord name: _____ Address & phone: _____

c) ADDRESS: _____ CITY/STATE/ZIP: _____

With whom do you live: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

If renting: Landlord name: _____ Address & phone: _____

d) ADDRESS: _____ CITY/STATE/ZIP: _____

With whom do you live: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

If renting: Landlord name: _____ Address & phone: _____

e) ADDRESS: _____ CITY/STATE/ZIP: _____

With whom do you live: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

If renting: Landlord name: _____ Address & phone: _____

f) ADDRESS: _____ CITY/STATE/ZIP: _____

With whom do you live: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

If renting: Landlord name: _____ Address & phone: _____

g) ADDRESS: _____ CITY/STATE/ZIP: _____

With whom do you live: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

If renting: Landlord name: _____ Address & phone: _____

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

17a) List any other city or cities you have ever lived in. (Include Military) _____

18) Has a formal eviction action ever been commenced against you? [] YES [] NO If yes, give details:

CITIZENSHIP - SECTION III

19) Are you a United States citizen? [] YES [] NO

20) If you are of foreign birth, or are a naturalized citizen, fill in the following:

Country of Birth: _____

Port or place of departure for the U.S.: _____

Port/Place of Entry into the U.S.: _____ Date: _____

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

Name: _____ Address: _____

First address after arrival: _____

When did you obtain citizenship: _____

Petition Number: _____ Date: _____ Court: _____

State: _____ Certificate Number: _____

EDUCATION - SECTION IV

22) Circle last grade attended: 7, 8, 9, 10, 12, 13, 14, 15, 16,

22a) List all high schools and colleges and years attended: _____

List any additional education/training and certifications, credits, etc. earned:

EMPLOYMENT HISTORY - SECTION V

23) Beginning with your current employment, list all jobs including full-time, part-time, and temporary positions you have held in the past five (5) years. If you have had intervening periods of military service, unemployment or public assistance, list those periods in sequence in the spaces provided.

SAMPLE RESPONSE

From: 9-99 To: 11-99 Employer: Cover-All Insurance

Address: 2323 S. 23 Street, Suite 233, Milwaukee, WI 53233
(Include City, State, and Zip Code)

Position: Insurance Agent Telephone: 233-2323

Your Supervisor: Mr. Frank Franklin

Co-Worker: Thomas Jones Address: 1717 S. 17 Street Phone: 271-1717

Reason for leaving: Company went out of business

CURRENT EMPLOYER:

a) From: _____ To: _____ Employer: _____

Address: _____
(Include City, State, and Zip Code)

Position: _____ Telephone: _____

Your Supervisor: _____

Co-Worker: _____ Address: _____ Phone: _____

Reason for leaving: _____

PREVIOUS EMPLOYERS:

b) From: _____ To: _____ Employer: _____

Address: _____
(Include City, State and Zip Code)

Position: _____ Telephone: _____

Your Supervisor: _____

Co-Worker: _____ Address: _____ Phone: _____

Reason for leaving: _____

c) From: _____ To: _____ Employer: _____
Address: _____
(Include City, State, and Zip Code)
Position: _____ Telephone: _____
Your Supervisor: _____
Co-Worker: _____ Address: _____ Phone: _____
Reason for leaving: _____

d) From: _____ To: _____ Employer: _____
Address: _____
(Include City, State and Zip Code)
Position: _____ Telephone: _____
Your Supervisor: _____
Co-Worker: _____ Address: _____ Phone: _____
Reason for leaving: _____

e) From: _____ To: _____ Employer: _____
Address: _____
(Include City, State and Zip Code)
Position: _____ Telephone: _____
Your Supervisor: _____
Co-Worker: _____ Address: _____ Phone: _____
Reason for leaving: _____

f) From: _____ To: _____ Employer: _____

Address: _____
(Include City, State, and Zip Code)

Position: _____ Telephone: _____

Your Supervisor: _____

Co-Worker: _____ Address: _____ Phone: _____

Reason for leaving: _____

g) From: _____ To: _____ Employer: _____

Address: _____
(Include City, State and Zip Code)

Position: _____ Telephone: _____

Your Supervisor: _____

Co-Worker: _____ Address: _____ Phone: _____

Reason for leaving: _____

h) From: _____ To: _____ Employer: _____

Address: _____
(Include City, State and Zip Code)

Position: _____ Telephone: _____

Your Supervisor: _____

Co-Worker: _____ Address: _____ Phone: _____

Reason for leaving: _____

NOTE: If there are more employers than spaces provided, insert additional pages here.

24) Have you received unemployment compensation? YES NO If yes, specify dates below:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

25) In the last five (5) years, has any employer advised you of any problems that you have had, such as attendance, difficulty getting along with supervisors or co-workers, being below required standards for quantity and/or quality of work?

YES NO If yes, explain all circumstances: _____

26) Have you ever resigned in lieu of termination or been terminated (fired), disciplined, reprimanded, suspended, or placed on probation at any place of employment?

YES NO If yes, list date(s) and explain all instances: _____

26a) Have you had any extended work absences for reasons other than earned vacations in the past seven (5) years?

YES NO If yes, explain all instances: _____

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MILITARY SERVICE - SECTION VI

27) **Male Applicants:** 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 no, explain: _____

28) Have you ever served in the Armed Forces, National Guard or Military Reserves?

YES NO If yes, list active duty and/or reserve duty assignments:

Branch: _____ From: _____ To: _____

Branch: _____ From: _____ To: _____

If you are currently serving in the National Guard or Military Reserve, list name, address and phone number of unit:

Name: _____ Address: _____ Phone: _____

29) Have you ever been refused enlistment or acceptance by any branch of the military service, National Guard, or Military Reserves? Yes No (If No, go to Question 33) If yes, explain: _____

30) Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military? Yes No
If yes, explain (include incident, punishment, and/or disposition): _____

31) Were you ever convicted by a court martial? YES NO If yes, explain (include incident, punishment, and/or disposition): _____

32) Type of discharge: - Honorable - Dishonorable - General - Uncharacterized - Other
If other than "Honorable", explain: _____

32a) Ever reduced in rank: YES NO If yes, explain: _____

***A copy of an undeleted DD2-14 is required if discharged from active duty. Please include a copy when returning your Personal History Questionnaire.**

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FINANCIAL HISTORY - SECTION VII

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

33) In the past ten (10) years, have any of your bills been turned over to a collection agency? YES NO
If yes, give details: _____

34) In the past ten (10) years, have you ever had any items repossessed or turned back to a finance company?
 YES NO If yes, give details:

35) In the past ten (10) years, have your wages been attached or garnisheed? YES NO If yes, give details including case number(s):

36) Have you ever filed or declared bankruptcy? YES NO If yes, give details including case number(s):

37) In the past ten (10) years, have you had a judgment served against you? YES NO If yes, give details including case number(s): _____

38) 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, give details:

39) 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, give details including case number(s):

40) Have you ever failed to pay any court ordered payments or fines? YES NO If yes, give details including case number(s):

MOTOR VEHICLE OPERATION - SECTION VIII

41) Do you currently possess a valid Drivers License? YES NO
State Issued Number Class/Classes Exp. Date
_____ / ____ / _____

42) Has your driver's license and/or driving privileges ever been:
SUSPENDED: YES NO If yes, explain: _____

REVOKED: YES NO If yes, explain: _____

43) List any other state(s) where you have been licensed to drive:
State: _____ Name used on license: _____
State: _____ Name used on license: _____

44) Have you ever had a driver's license under another name? [] YES [] NO If yes, specify:

45) Have you ever been refused a driver's license by another state? [] YES [] NO If yes, explain:

46) Have you been involved, as the driver, in a motor vehicle accident during the past seven (7) years?
[] YES [] NO If yes, give details:

<u>Date</u>	<u>Location</u>	<u>City/State</u>	<u>Citation/Charge</u>	<u>Agency</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

47) List ALL traffic violation(s) you have been cited for in the last seven (7) years (include military citations):

<u>Date</u>	<u>Violation</u>	<u>City/State</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

47a) Type of vehicles currently owned:

<u>VEHICLE</u>	<u>YEAR</u>	<u>LICENSE PLATE NUMBER</u>	<u>STATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT
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CRIMINAL/CIVIL/JUDICIAL HISTORY - SECTION IX

48) 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: _____		

49) Were you ever required to appear before a Juvenile Court? YES NO If yes, explain:

50) Have you ever failed to appear in court when properly ordered to do so? YES NO If yes, explain:

51) Have you ever had a restraining order and/or an injunction issued against you? YES NO
If yes, explain including dates:

52) Are you presently under indictment or a defendant in any pending criminal or civil action(s)?
 YES NO If yes, explain:

53) Have you ever been convicted of a crime that was reduced from a felony to a misdemeanor?
 YES NO If yes, explain including dates:

54) Have you ever served time in prison or jail as a result of either a felony or misdemeanor conviction? YES NO
If yes, explain:

55) Have you ever been placed on probation/parole as an adult? YES NO If yes, explain: _____

56) 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, give details including case number(s):

DRUGS/ILLEGAL SUBSTANCES – SECTION X

57) 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:

	<u>Yes</u>	<u>No</u>	<u>Number of Times Used</u>	<u>Month/Year Last Used</u>
Ecstasy (Methylenedioxy-N-methylamphetamine):	[]	[]	_____	_____
GHB (Gamma-Hydroxybutyric Acid, etc.):	[]	[]	_____	_____
Cocaine / Crack:	[]	[]	_____	_____
PCP (angel dust, crystal, rocket fuel, KJ):	[]	[]	_____	_____
Amphetamines / Methamphetamines (uppers, speed, crank):	[]	[]	_____	_____
Barbiturates (downers, yellow jackets):	[]	[]	_____	_____
Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC):	[]	[]	_____	_____
Psilocybin (magic mushroom):	[]	[]	_____	_____
Heroin:	[]	[]	_____	_____
Morphine / Demerol:	[]	[]	_____	_____
Mescaline / Peyote:	[]	[]	_____	_____
Thai Sticks (Opiated grass):	[]	[]	_____	_____
Amyl Nitrate (poppers):	[]	[]	_____	_____
Quaaludes (ludes):	[]	[]	_____	_____
Steroids	[]	[]	_____	_____
Hashish / Hash Oil:	[]	[]	_____	_____
Marijuana (Grass, Pot):	[]	[]	_____	_____
Other - not listed above: _____	[]	[]	_____	_____

57a) Have you ever failed a mandatory drug screening? [] YES [] NO If yes, explain: _____

58) Have you ever possessed, sold, furnished and/or manufactured any controlled substance, drug, narcotic, or any other illegal substance?
[] YES [] NO If yes, explain: _____

59) 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:

60) Have you ever abused a prescribed drug, narcotic, and/or any other substance? [] YES [] NO If yes, explain:

GENERAL QUESTIONS - SECTION XI

61) Have you ever been a member, or associated with, any gang (E.g. motorcycle gang, street gang, etc)?
[] YES [] NO If yes, explain:

62) Have you ever applied for any position with the Milwaukee Police or Fire Department prior to this application?
[] YES [] NO If yes, specify:

<u>DATE</u>	<u>FIRE or POLICE</u>	<u>POSITION</u>	<u>LAST KNOWN STATUS</u>
_____	_____	_____	_____
_____	_____	_____	_____

63) Have you ever before been the subject of a background investigation? [] YES [] NO If yes, specify ALL:

64) Have you ever held any city or county license(s) relating to bartending, vending, or transportation? [] Yes [] No
If yes, explain:

65) List all foreign language(s) you read, speak and understand: _____

REFERENCES - SECTION XII

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. **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: _____ When Available: _____

Address: _____ City: _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

REFERENCE #2

Name: _____ When Available: _____

Address: _____ City: _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

REFERENCE #3

Name: _____ When Available: _____

Address: _____ City: _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

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: _____

Right Index Fingerprint

ATTACH ONE
PHOTO HERE

KEEP 2 ND
PHOTO LOOSE

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, unemployment records, 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 #: _____