

WISCONSIN STATE PATROL NON-SWORN BACKGROUND PROFILE

Wisconsin Department of Transportation
SP4406 11/2009 Wis. Stats.s.230.16(1),

Important Instructions: This application must be completely filled out. Failure to complete this form may result in disqualification. If a question does not apply to you, write, "N/A" in the space provided. The Wisconsin State Patrol requests this information to complete the employment background verification. The information obtained is used exclusively for the purpose of employment consideration. **Any falsification on this form will result in disqualification of your application or if discovered after employment may be grounds for discharge. Conviction of any offense will not necessarily preclude employment of an applicant unless circumstances substantially relate to the requirements of the position for which you are applying.** DOT complies with the Americans with Disabilities Act.

Legal Name: Last, First, Middle		
List any maiden, aliases, or nicknames of your present legal name		
Current Resident Address – Where you can be contacted personally		Permanent Mailing Address - If Different
County of Residence	Birth Date (Month/Day/Year)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Area Code - Home Telephone Number	Area Code - Cellular Telephone Number	
Area Code - Work Telephone Number	E-mail Address	
Driver License Number	State of Issuance	
For Office Use Only <input type="checkbox"/> Original <input type="checkbox"/> Reinstatement	Investigation Number	Prepared by

PART I. RESIDENCY HISTORY					
List chronologically, starting with most recent address, all residences during the past seven years. Include addresses while attending school, if away from home, and all military addresses. (Use additional sheets if needed.)					
Dates: From - To		Street Address (Apt #) City, State ZIP Code		<input type="checkbox"/> School	<input type="checkbox"/> Home
Month	Year				
If rented, give name, address and telephone of person responsible for the collection of rent.					
Dates: From - To		Street Address (Apt #) City, State ZIP Code		<input type="checkbox"/> School	<input type="checkbox"/> Home
Month	Year				
If rented, give name, address and telephone of person responsible for the collection of rent.					
Dates: From - To		Street Address (Apt #) City, State ZIP Code		<input type="checkbox"/> School	<input type="checkbox"/> Home
Month	Year				
If rented, give name, address and telephone of person responsible for the collection of rent.					
Dates: From - To		Street Address (Apt #) City, State ZIP Code		<input type="checkbox"/> School	<input type="checkbox"/> Home
Month	Year				
If rented, give name, address and telephone of person responsible for the collection of rent.					
Dates: From - To		Street Address (Apt #) City, State ZIP Code		<input type="checkbox"/> School	<input type="checkbox"/> Home
Month	Year				
If rented, give name, address and telephone of person responsible for the collection of rent.					

PART II. EDUCATION

Provide name and address of all High Schools, Colleges, Vocation/Technical and or Trade Schools that you have attended.	Date (Mo/Yr)		Diploma/Degree Granted (Mo/Yr)
	From	To	

PART III. EMPLOYMENT HISTORY

Are you presently a permanent, classified state civil service employee? Yes No If "Yes," complete the following:

Classification	Agency	Pay Range	Seniority Date

List all employers, beginning with the most recent, and work back. Employment history includes summer and part-time jobs, as well as internships. **Account for all time periods.** If unemployed, indicate dates. Make additional copies of this page if necessary.

1	Employer Name	Employer Address		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Held		Hours Per Week	Duties	
Supervisor Name		Area Code - Telephone	Employment Dates (Mo/Yr) From To	Reason for Leaving
2	Employer Name	Employer Address		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Held		Hours Per Week	Duties	
Supervisor Name		Area Code - Telephone	Employment Dates (Mo/Yr) From To	Reason for Leaving
3	Employer Name	Employer Address		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Held		Hours Per Week	Duties	
Supervisor Name		Area Code - Telephone	Employment Dates (Mo/Yr) From To	Reason for Leaving
4	Employer Name	Employer Address		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Held		Hours Per Week	Duties	
Supervisor Name		Area Code - Telephone	Employment Dates (Mo/Yr) From To	Reason for Leaving
5	Employer Name	Employer Address		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Held		Hours Per Week	Duties	
Supervisor Name		Area Code - Telephone	Employment Dates (Mo/Yr) From To	Reason for Leaving

PART IV. MILITARY SERVICE

Have you served in the United States Armed Forces? Yes No If "No," go to PART V. If "Yes," complete the following:

Name Used During Service: Last, First, Middle

Birth Place

Active Service, Past and Present.

Branch of Service	Dates of Active Service		Check One		Service Number
	Entered	Released	Officer	Enlisted	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Reserve, Past and Present - if "None" check here.

Branch of Service	Dates of Active Service		Check One		Service Number
	Entered	Released	Officer	Enlisted	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

National Guard Membership - check one. Army Air Force None

Branch of Service	Dates of Active Service		Check One		Service Number
	Entered	Released	Officer	Enlisted	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

List all medals and decorations awarded to you as a member of the Armed forces.

How many discharges or separations from the service were given to you?

Discharges - **Attach Form DD214 if discharged.**

Separations

Has your discharge or separation notice ever been corrected or changed? Yes No

If "Yes," please state the nature of the change.

Have you ever applied for Department of Defense Security Clearance? Yes No

If "Yes," please indicate the date.

Were you ever court-martialed, tried, or charged, or were you subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action? Yes No

If "Yes," indicate how many times and give details of charges, agency concerned, dates and dispositions.

V. PERSONAL INFORMATION AND REFERENCES

Please list all required information for your entire family including your father, mother, brothers, sisters, your spouse and your children.

Name	Relationship	Address	Area Code - Telephone

List all persons who live in the same household with you unless listed above or under references.

Name	Area Code - Telephone

Give three references (not relatives, former employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities.

Name and Complete Address	Area Code - Home Phone	Area Code - Work Phone	Best Time to Contact

List the names of law enforcement officers you know personally and that would have personal knowledge of you.

Name and Complete Address (if known)	Department	Area Code - Home Phone	Area Code - Work Phone

VI. JUDICIAL ACTION

Have you ever been charged or convicted of ANY law violation other than parking tickets? Yes No. If "Yes," complete the following:

Date	Location	Charge/Violation	Final Disposition	Comments (Agency and Court)

As an adult have you ever been fingerprinted? Yes No. If "Yes," complete the following:

Date	Location	Reason for Fingerprinting

As an adult, have you ever received a pardon for a crime? Yes No

Date	Location		Offense	Age Then	Police Agency Involved
	State	County			

VII. ELIGIBILITY

Do you know any reason why you would not be able to perform any job-related task or function as specified in the job description? Yes No. If "Yes," please explain:

Prior to final appointment, all persons tentatively selected for positions will be required to submit to a hearing examination by a physician at the state's choice and expense. Normal hearing is defined as an average of no more than 20 decibel hearing loss in either ear at 1000, 2000, 3000 and 4000 Hertz. Will you consent to such examination? Yes No

I certify to the best of my knowledge this profile is true and complete. I understand that any misstatement forfeits my right to employment at this time for the position for which I am applying, and may affect future consideration for other positions in the department.

(Candidate Signature)

(Date)