



## SUPPLEMENTAL QUESTIONNAIRE FOR PROTECTIVE SERVICES JOB APPLICANTS

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP/DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. THE CITY OF MARSHFIELD IS AN EQUAL OPPORTUNITY EMPLOYER.

GENERAL INSTRUCTIONS: Hand write or type an answer to every question. If the question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and provide each answer with the number of the referred blank. DO NOT MISSTATE OR OMIT material fact since the statements made herein are subject to verification to determine your qualifications for employment. Return this Supplemental Questionnaire, along with your employment application form to: *THE CITY OF MARSHFIELD HUMAN RESOURCES OFFICE IS LOCATED IN CITY HALL PLAZA, 630 SOUTH CENTAL AVENUE, 7<sup>TH</sup> FLOOR, SUITE 721, MARSHFIELD, WI 54449-0727. E-mail [hr@ci.marshfield.wi.us](mailto:hr@ci.marshfield.wi.us); Telephone (715) 486-2004; Fax (715) 384-9310*

Applicant's full name (Last, First, middle)
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1. RESIDENCES: List chronologically ALL of your past residences (include addresses while attending school if away from home and all military addresses including any off military base)

DATES		STREET ADDRESS	APT. NO.	CITY	STATE
From	To				

2. Have you ever been subject to an internal investigation or placed on administrative leave, discharged, asked to resign, suspended or been the recipient of any other disciplinary action during any employment?  Yes  No

If yes, explain, giving name and address of employer, approximate date, and reason:

3. Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason?  Yes  No. If yes, explain, giving name and address of employer, approximate date, and reason:

4. ARREST AND DETENTION

- A. Have you ever been arrested or held in custody by a law enforcement agency?  Yes  No
- B. Have you been the subject of criminal investigation?  Yes  No

If the answer to either of the above questions is yes, list below the date, place, and full details of each incident:

5. VEHICLE OPERATOR'S LICENSE(S) Give the following information concerning any vehicle operator's license (regular driver, commercial driver) you have held or now hold:

KIND OF LICENSE	PLACE OF ISSUE	DATE OF EXPIRATION	RESTRICTIONS

6. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?  Yes  No  
Explain fully:

7. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance?  
 Yes  No

If yes, give details, including reasons, names of companies, dates, etc.

8. POLICE OFFICER APPLICANTS ONLY: In the last three years what other law enforcement organizations have you applied at?

9. AVAILABILITY FOR WORK

- A. Do you have any restrictions on availability for work  Yes  No If yes, please describe:

CERTIFICATION STATEMENT (Please sign and date the following statement)

Applicant understands and agrees that any false assertions or omissions concerning information provided on this Application or information provided by Applicant during the application process shall be a sufficient basis for denial of employment or immediate termination if hired. Applicant further understands and agrees that applicant's failure to provide requested information in a timely manner shall be sufficient basis for denial of employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please note: College transcripts and a medical clearance is required prior to participation in the physical agility test.**