

Applicant's full name (Last, First, middle)

SUPPLEMENTAL QUESTIONNAIRE FOR PROTECTIVE SERVICES JOB APPLICANTS

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIIGIN, 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, 7TH FLOOR, P.O. BOX 727, MARSHFIELD, WI 54449-0727. E-mail hr@ci.marshfield.wi.us; Telephone (715) 486-2004; Fax (715) 384-9310

| DATES | | | APT. NO. | | |
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| From | То | STREET ADDRESS | NO. | CITY | STATE |
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| the recipies | nt of any other di | an internal investigation or placed sciplinary action during any emplo- address of employer, approximate d | yment?Yes | | to resign, suspen |

| 4. | 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 LI commercial driver) you have | | formation concerning any vehicle of | operator's license (regular driver, | | | | | |
| - | KIND OF LICENSE | PLACE OF ISSUE | DATE OF EXPIRATION | RESTRICTIONS | | | | | |
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| 6. | 5. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No Explain fully: | | | | | | | | |
| 7. | 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 Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance?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 APPLICA | NTS ONLY: In the last three ye | ars what other law enforcement org | ganizations 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 nay 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. | | | | | | | | | |
| Da | ate | | Signature | | | | | | |

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