



Menomonee Police Department

615 Stokke Parkway Suite G200
Menomonee, WI 54751
715-232-2198
www.menomonee-pd.com

Internship Requirements

1. Submit application and all required materials by the application deadline
2. Applicant must possess a valid driver's license and pass a background check

Required Materials

1. Letter of Interest
2. Resume
3. Official College transcript (**must be sent to MPD directly from the institution**)
4. Letter or email from professor outlining the internship class requirements and number of hours to be completed
5. Complete internship application in its entirety
6. Photo of driver's license

Application Submission Deadlines

Applications must be received by 4:30 PM on the below listed dates. They may be returned electronically or via the mail.

- Summer Internships: First Friday in April
- Fall/Winter Internships: First Friday in August
- Spring Internships: First Friday in December

Rick Hollister
Chief of Police

Chris King
Commander

Brian Hagen
Commander



APPLICATION FOR EMPLOYMENT

LAW ENFORCEMENT, JAIL OR SECURE JUVENILE DETENTION OFFICER

NOTICE: All questions must be answered. Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages.

1. PERSONAL INFORMATION

Name (Last, First, Middle)

Address (Apartment, Street, P.O. Box)			Home Telephone Number
City	State	Zip Code	Work Telephone Number
Email Address			Cell Phone Number

Have you successfully completed the basic training required for certification (i.e. 720-hour law enforcement academy)? Yes No

If yes, what type(s) of basic training have you successfully completed? Law Enforcement Jail Secure Juvenile Detention

If applicable, include the name of the school where you completed basic training and the date that training was completed:

Are you at least 18 years old? Yes No

Are you a United States citizen? Yes No

Do you have a high school diploma, GED or HSED? Yes No

Do you have an Associate Degree or 60 associate degree level credits or higher from an accredited college or university? Yes No

If No, were you employed as a law enforcement officer prior to February 1, 1993? Yes No

The college credit requirement as written in Wisconsin Administrative Code § LES 2.01(1)(e), pertains to law enforcement and tribal law enforcement officers first employed on or after February 1, 1993.

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor crime of domestic violence? Yes No

Are you prohibited by state or federal law from possessing a firearm? Yes No

Do you possess a valid Wisconsin driver's license or a valid driver's license from another state? Yes No

2. EDUCATION

Name of School(s)	Dates		Degree, Diploma, or Credits Earned
	From (mm/yyyy)	To (mm/yyyy)	
<i>High School(s)</i>			
<i>College(s)</i>			

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	<i>Annual Salary/Wages:</i>
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	<i>Annual Salary/Wages:</i>
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	<i>Annual Salary/Wages:</i>
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

4. MILITARY SERVICE

Branch of Service	From (mm/yyyy)	To (mm/yyyy)	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty

Honorably Discharged from Military Service? Yes No Not Applicable

5. REFERENCES

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicants Signature

Date Signed

Under the provisions of § 19.36, Wis. Stats., I request that my identity as an applicant for this position not be revealed without my consent or until required under law.

Applicants Signature

Date Signed



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AUTHORIZATION FOR RELEASE OF INFORMATION
(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the **MENOMONIE POLICE DEPARTMENT** or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Any previous employer
6. Present employer
7. Any school, college, university, or other educational institution
8. Any law enforcement or jail officer
9. Military Record Centers
10. Any private citizen who has knowledge of individual
11. Any Local, State, or Federal Government Agency

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. _____
3. _____

This release is executed to authorize the **MENOMONIE POLICE DEPARTMENT**, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose

Signature- Full name

Date

Address- Street and Number

City, State, Zip

Witness Signature



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