



Marathon City – Administrator
311 Walnut Street PO Box 487
Marathon City, WI 54448
(715) 443-2221

Submission Date:	
Accepted By:	

Law Enforcement Personal History Form

Applicant: _____

IMPORTANT INSTRUCTIONS

This application is a permanent record. All information must be typed or neatly printed **by the applicant**, using **black ink only**. Illegible or incomplete applications will not be accepted. Do not write in shaded areas.

The documents listed below must accompany the completed Personal History Form. Missing documents must be addressed by the applicant in written form. Personal resume` is welcomed.

DOCUMENTS
Copy of College Transcripts (for all institutions attended)
Copy of Law Enforcement Training Records
Copies of Your Last Three Job Performance Evaluations
Copy of Awards / Accolades Received (if applicable)
Copies of Law Enforcement Certifications (such as firearms instructor, FTO, etc.)
Copies of Military Discharge papers (e.g DD214)

Deadline Date for Acceptance of Application: APRIL 14, 2023 4:00 P.M.

Mail completed application to: Village of Marathon City
Attn. Andrew R Kurtz
PO Box 487
Marathon, WI 54448

Prior to filling out this application, a photocopy should be made in the event additional space is needed to include all the information required. Applicants must complete all sections of the application. Failure to complete all sections may disqualify you from consideration for employment with the Marathon City Police Department.

IMPORTANT INSTRUCTIONS (CONTINUED)

It is compulsory that all information requested be supplied in the manner specified. Each question on this application must be answered, leave no blanks. If a question does not apply, enter DNA. ***An incomplete application will not be accepted.***

1. Carefully read the form and answer each question completely.
2. List zip codes and area codes for all requested addresses and telephone numbers.
3. Print full first and last names of all references:
4. Complete all information on educational background. List all colleges or universities attended.
5. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages.
6. ***Any false statements or omissions*** made on this questionnaire may cause your name to be removed from the eligibility list or be cause for immediate termination, if an appointment is made.
7. You are required to report within five (5) days to the Village of Marathon City Police Department any changes to information on this Personal History Form. Failure to do so may cause your name to be removed from the eligibility list or be cause for immediate termination, if an appointment is made.

I have read and understand the instructions provided.

Applicant's signature: _____ Date: _____

MARATHON CITY POLICE DEPARTMENT

Personal History Form for Law Enforcement Applicants

1- PERSONAL

Full Legal Name	Last	First	Middle
Social Security No.			

List The Current Address Where You Physically Reside (not a mailing address)			
Number, Street, & Apt. No.	City	State	Zip Code
Name of the County Where Your Reside	Own Rent Other: Explain	How Long Have You Resided There? From: To:	

List Your Residence & Work Phone Numbers (include area codes & extension if applicable)			
Residence (area code)	Work (area code)	Pager or Beeper (area code)	Cellular Phone

List A Mailing Address If Unable To Obtain Mail At Your Residence			
Mailing Address	City	State	Zip Code

List All Names (aliases and nicknames) You Have Used Or Have Been Known By (include maiden name)		
Last	First	Middle
Last	First	Middle
Last	First	Middle

2 –RESIDENTIAL RECORD

List all residences you've lived in after age 18 to include college dorms and military installations. Begin with the most recent. If more space is needed, please use a separate sheet of paper.

Number, Street, & Apt. No.	City	State	Zip Code
Name of the County Where Your Reside	Own Rent Other: Explain	From:	To:

Number, Street, & Apt. No.	City	State	Zip Code
Name of the County Where Your Reside	Own Rent Other: Explain	From:	To:

Number, Street, & Apt. No.	City	State	Zip Code
Name of the County Where Your Reside	Own Rent Other: Explain	From:	To:

Number, Street, & Apt. No.	City	State	Zip Code
Name of the County Where Your Reside	Own Rent Other: Explain	From:	To:

Number, Street, & Apt. No.	City	State	Zip Code
Name of the County Where Your Reside	Own Rent Other: Explain	From:	To:

Number, Street, & Apt. No.	City	State	Zip Code
Name of the County Where Your Reside	Own Rent Other: Explain	From:	To:

2 –EMPLOYMENT RECORD

Please provide a complete record of employment, self-employment, military service or volunteer experience over the past 10 years starting with the most recent. Please provide as much information as possible. If additional space is needed to list all your employment, please list them on a separate sheet of paper.

Beginning with your most recent position, account for all employment over the past ten years..			
From: Month:		Year:	
To: Month:		Year:	
Full Time	Part Time	Seasonal	If Part Time /Seasonal List Total Number of Hours Worked:
Employer's Name and Street Address			
City		State	Zip Code
			Work Phone (area code)
Job Title /Position	Supervisor's Name and Phone Number		Reason for changing employment?

From: Month:		Year:	
To: Month:		Year:	
Full Time	Part Time	Seasonal	If Part Time /Seasonal List Total Number of Hours Worked:
Employer's Name and Street Address			
City		State	Zip Code
			Work Phone (area code)
Job Title /Position	Supervisor's Name and Phone Number		Reason for changing employment?

From: Month:		Year:	
To: Month:		Year:	
Full Time	Part Time	Seasonal	If Part Time /Seasonal List Total Number of Hours Worked:
Employer's Name and Street Address			
City		State	Zip Code
			Work Phone (area code)
Job Title /Position	Supervisor's Name and Phone Number		Reason for changing employment?

From: Month: _____ Year: _____			To: Month: _____ Year: _____	
Full Time Part Time Seasonal			If Part Time /Seasonal List Total Number of Hours Worked:	
Employer's Name and Street Address				
City		State	Zip Code	Work Phone (area code)
Job Title /Position	Supervisor's Name and Phone Number		Reason for changing employment?	

From: Month: _____ Year: _____			To: Month: _____ Year: _____	
Full Time Part Time Seasonal			If Part Time /Seasonal List Total Number of Hours Worked:	
Employer's Name and Street Address				
City		State	Zip Code	Work Phone (area code)
Job Title /Position	Supervisor's Name and Phone Number		Reason for changing employment?	

Please account for any periods of time which are not covered by your educational or employment history. If a period of absence is for a health related matter, do not respond to this question.

From:	To:	Reason:
From:	To:	Reason:
From:	To:	Reason:

1. Have you ever held employment under another name? Yes No
 If "yes", please give details (include when, where, name at time of employment, etc.).

3- EMPLOYER DISCIPLINARY ACTION

Have you ever received disciplinary action in which you were suspended, reprimanded, transferred, dismissed, terminated or been permitted to resign from any job(s) or position(s) rather than being terminated? Yes No	
If you answered "Yes" complete the following.	Phone Number (area code)
Date of Disciplinary Action	Type of Disciplinary Action Received
If Suspension Indicate the Duration	Reason for Discipline (do not include any medical information)

Employer / Company Name / Address		Phone Number (area code)
Date of Disciplinary Action	Type of Disciplinary Action Received	
If Suspension Indicate the Duration	Reason for Discipline (do not include any medical information)	

Employer / Company Name / Address		Phone Number (area code)
Date of Disciplinary Action	Type of Disciplinary Action Received	
If Suspension Indicate the Duration	Reason for Discipline (do not include any medical information)	

Employer / Company Name / Address		Phone Number (area code)
Date of Disciplinary Action	Type of Disciplinary Action Received	
If Suspension Indicate the Duration	Reason for Discipline (do not include any medical information)	

4- PRIOR APPLICATIONS WITH OTHER POLICE AGENCIES (Include applications made to MCPD)

In addition to this application, are you currently seeking a job with any other Law Enforcement Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes", complete the following. Check all boxes that apply.		
Date Applied	Department/Agency(include complete address)	Submitted application only Took written test Failed written test Oral Interview Took agility test Failed agility test Submitted Personal History Form Background investigation done Background pending Took polygraph Disqualified Was not selected Hired or offer made Withdrew application Expired from list Other
Date Applied	Department/Agency(include complete address)	Submitted application only Took written test Failed written test Oral Interview Took agility test Failed agility test Submitted Personal History Form Background investigation done Background pending Took polygraph Disqualified Was not selected Hired or offer made Expired from list Other
Date Applied	Department/Agency(include complete address)	Submitted application only Took written test Failed written test Oral Interview Took agility test Failed agility test Submitted Personal History Form Background investigation done Background pending Took polygraph Disqualified Was not selected Hired or offer made Expired from list Other
Date Applied	Department/Agency(include complete address)	Submitted application only Took written test Failed written test Oral Interview Took agility test Failed agility test Submitted Personal History Form Background investigation done Background pending Took polygraph Disqualified Was not selected Hired or offer made Expired from list Other
Date Applied	Department/Agency(include complete address)	Submitted application only Took written test Failed written test Oral Interview Took agility test Failed agility test Submitted Personal History Form Background investigation done Background pending Took polygraph Disqualified Was not selected Hired or offer made Expired from list Other

7 - DRIVER'S RECORD

Driver's License No	Class	Endorsements	Restrictions	Expires
Address on License (include zip code)				

As a driver, have you been involved in a motor vehicle accident in the last three (3) years? **If you're a law enforcement officer, Do Not List Collisions During Pursuit Driving**
 Yes No If "yes", provide the following information.

Date	City & State	Was a police report taken?	Yes	No
		Did the accident cause injury to another person?	Yes	No
		Were you cited or arrested?	Yes	No
Police Agency that took the report		Was the accident a hit & run?	Yes	No

Date	City & State	Was a police report taken?	Yes	No
		Did the accident cause injury to another person?	Yes	No
		Were you cited or arrested?	Yes	No
Police Agency that took the report		Was the accident a hit & run?	Yes	No

Date	City & State	Was a police report taken?	Yes	No
		Did the accident cause injury to another person?	Yes	No
		Were you cited or arrested?	Yes	No
Police Agency that took the report		Was the accident a hit & run?	Yes	No

Date	City & State	Was a police report taken?	Yes	No
		Did the accident cause injury to another person?	Yes	No
		Were you cited or arrested?	Yes	No
Police Agency that took the report		Was the accident a hit & run?	Yes	No

Have you received any traffic tickets (other than parking) in the last three (3) years? Include Pending Citations Yes No If "yes" complete the following:				
Date	What law enforcement agency issued the ticket?	Violation		
Disposition		Points Assessed	Was your license suspended/revoked? Yes No If "yes", how long?	

Date	What law enforcement agency issued the ticket?	Violation		
Disposition		Points Assessed	Was your license suspended/revoked? Yes No If "yes", how long?	

Date	What law enforcement agency issued the ticket?	Violation
Disposition	Points Assessed	Was your license suspended/revoked? Yes No If "yes" how long?

Date	What law enforcement agency issued the ticket?	Violation
Disposition	Points Assessed	Was your license suspended/revoked? Yes No If "yes", how long?

Do you currently have or have you ever had outstanding parking tickets that have resulted in your vehicle registration being suspended due to unpaid citations? Yes No If "yes," explain:

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8 – PERSONAL HISTORY

1. Please list all convictions. Include relevant dates for felonies, misdemeanors, municipal ordinances, state or federal laws, or convictions by a military court-martial. In accordance with the law, any pending criminal charges or convictions will not be used or considered unless the circumstances are substantially related to the circumstances of being a police officer. Domestic violence convictions are automatic disqualifiers. Include any juvenile court convictions, as well as adjudications of delinquency. Do not include parking incidents.

Date	Charge	Law Enforcement Agency	Disposition

List any pending charges:

Date	Charge	Law Enforcement Agency

2. Have you ever been placed on court probation as an adult? Yes No If yes, answer below (include when, where, and why you were on probation):

When	Where and the name of your agent	Why

3. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action other than bankruptcy? Yes No If "yes", please explain:

ILLEGAL DRUG/CONTROLLED SUBSTANCE/NARCOTIC USE

It is not the intent of the Marathon City Police Department to solicit information in this section for the purposes of criminal prosecution. This section also does not include substances prescribed by your physician.

1. Have you ever used or experimented with marijuana? If "yes", answer below: Yes No

Date first used (to the best of your recollection)	Date last used

2. Have you ever used or experimented with any form of illegal drugs, controlled substances and/or narcotics including, but not limited to, Cocaine, PCP, Heroin, mescaline, LSD, Hashish, Opiates, Steroids, etc.? Yes No

If yes to either question, answer below (again, your best recollection will suffice):

Name of Controlled Substance/Narcotic/Prescription Drug	Date first used	Date last used

3. Have you ever sold marijuana? Yes No
 Have you ever cultivated or supplied marijuana? Yes No
 Have you ever sold or furnished any form of drug or narcotic? Yes No
 Have you ever manufactured any form of drug or narcotic? Yes No

If you answered “yes” to any of the above questions, please explain below. The above questions do not apply to legal activities engaged in as a licensed professional:

9 - REFERENCES

Please list as references two individuals who you have known for at least two years who have knowledge of you and your credentials. Examples are personal friends, friends of the family, neighbors or military acquaintances. **DO NOT** include relatives or individuals who belong to the law enforcement profession.

Name	Address (including zip code)		Home Phone No. (including area code)
Occupation			Work Phone No. (including area code)
Relationship	Age	How long have you known?	

Name	Address (including zip code)		Home Phone No. (including area code)
Occupation			Work Phone No. (including area code)
Relationship	Age	How long have you known?	

Please list no more than three (3) additional references. These individuals may either be members of law enforcement agencies (if you have such acquaintances) or other personal references who you are acquainted with and who have knowledge of you and your qualifications. Their address may be their residence or place of employment.

Name	Address (including zip code)		Home Phone No. (including area code)
Agency/Occupation			Work Phone No. (including area code)

		code)
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Name	Address (including zip code)	Home Phone No. (including area code)
Agency/Occupation		Work Phone No. (including area code)

Name	Address (including zip code)	Home Phone No. (including area code)
Agency/Occupation		Work Phone No. (including area code)

10 - MISCELLANEOUS

Have you ever been a member of any organization that:		
Advocates the violent overthrow of the government of the United States of America? Yes No		
Advocates a bias/hatred of individuals due to their race, ethnicity, gender, age, disability, sexual orientation or religious beliefs? Yes No		
If you answered "yes" to either question, list the organizations:		
Organization	Membership Dates	Position in Organization
	From To	

Organization	Membership Dates	Position in Organization
	From To	

Organization	Membership Dates	Position in Organization
	From To	

If you are married or have been divorced, please provide the following information in reference to the date and location of each:

	Date	County	State
Marriage			
Judgment of Divorce			

I understand that any conditional job or appointment tendered to me will be contingent upon the result of a thorough background investigation. I further understand that during the application process and/or background investigation, I am required to report to the Marathon City Police Department, any changes in my personal history covered in the Personal History Form within five business days. I am aware that failure to report any changes in my personal history may cause my name to be removed from further consideration.

Prior to submitting my Personal History Form, I reviewed it carefully for completeness and accuracy.

I hereby certify that all statements made in this Personal History Form are true and complete. I understand that any discrepancies, misstatements, omissions, and/or falsifications will be cause for disqualification, for my name to be removed from the eligibility list, or for immediate termination if an appointment has been made.

Applicant's Signature: _____ Date: _____