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| --- | --- | --- |
| Last Name      | First Name      | Middle Initial      |

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| dsp-shield-logo-revised-2013-cmyk**NON-SWORN APPLICANT BACKGROUND PROFILE**SP4406 1/2019 | Wisconsin Department of TransportationDivision of State Patrol |

The Division of State Patrol (DSP) requires the information in this profile for the purpose of employment consideration.

**Instructions** This background profile must be completely filled out. Ensure all questions have been answered. Failure to complete this form as instructed will result in disqualification. There are very few automatic bases for rejection. However, deliberate misstatements or omissions, may result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. Deliberately withholding or misrepresenting job-relevant information is a basis for failing your background investigation or, if discovered after employment, may be grounds for discharge.

Complete this form using a computer. Do not leave any question blank. If more space is needed to answer a question, attach additional pages. Include your name in the upper right hand corner of each additional page. Save the completed form and send it as an email attachment to: DOTStatePatrolJobs@dot.wi.gov. Place your last name, first name and middle initial in the *subject line* of your email. Please retain a copy for your records.

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| **NAME** | Last Name      | First Name      | Middle Name      |
| Legal Name      | Maiden Name       |
| Aliases      | Nicknames      |
| List any other name(s) you have used      |
| **PLACE OF BIRTH** | Date of Birth (m/d/yyyy)      | County which you were born      |
| City and State you were born      | List any other dates of birth you have used      |
| **CURRENT ADDRESS** | Street Address       | County in which you reside       |
| City, State, ZIP Code      |
| **PHONE NUMBERS** | (Area Code) Home Telephone Number       | (Area Code) Cell Phone Number       |
| (Area Code) Work Phone Number       | Other Phone Number(s) where you can be contacted      |
| May we contact you at work[ ]  Yes [ ]  No | What is the best way to contact you?Telephone: [ ]  Home [ ]  Cell [ ]  Work *or*[ ]  Visit Residence [ ]  Home Email [ ]  Work Email | Best Time to Contact You      [ ]  am [ ]  pm |
| **EMAIL ADDRESS** | Personal Email      | Work Email      |
| **SPOUSE orSIGNIFICANT OTHER** | Name of your spouse or significant other (Last, First, Middle)      |
| Address of your spouse or significant other, if different than yours (Street, City, State and ZIP Code)      |

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| **I. DRIVER AND MOTOR VEHICLE INFORMATION** |
| [ ]  Yes [ ]  No | Do you currently possess a valid driver license? If yes, complete the following. |
| Driver License Number      | State Issued     | Expiration Date (m/d/yyyy)      |
| [ ]  Yes [ ]  No | Have you ever been issued a driver license from any other state? If yes, indicate the state issued.      |
| [ ]  Yes [ ]  No | Has your driver license and/or driver privileges ever been suspended? If yes, explain and give details including dates.       |
| [ ]  Yes [ ]  No | Has your driver license and/or driver privileges ever been revoked? If yes, explain and give details including dates.       |
| [ ]  Yes [ ]  No | Have you ever been classified as a Habitual Traffic Offender? If yes, explain and give details including dates.      |
| [ ]  Yes [ ]  No | Have you ever been cited for an alcohol related driving offense? If yes, explain and give details including dates.       |
| [ ]  Yes [ ]  No | Have you ever had a driver license issued to you under a different name? If yes, explain and give details including dates.       |
| [ ]  Yes [ ]  No | Have you ever been refused a driver license by another state? If yes, explain and give details including dates.      |
| [ ]  Yes [ ]  No | Have you ever been involved, as a driver, in a motor vehicle accident during the past ten (10) years? If yes, explain and provide the following details. |
| **Date of Accident** (m/d/yyyy) | **Enforcement/Jurisdiction** | **City and State of Accident** | **Disposition** |
|       |       |       |       |
|       |       |       |       |
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| **II. CRIMINAL/CIVIL/JUDICIAL HISTORY** |
| List all non-traffic convictions you have had as an adult starting with the most recent. Examples of these include, but are not limited to, felony crimes, misdemeanor crimes, Municipal Court Citations, Civil Summons and violations of State Statutes, County and City ordinances, Department of Natural Resources and Internal Revenue Service laws. Omit None. **Note:** Conviction of any offense will not necessarily preclude employment of an applicant unless circumstances substantially relate to the requirements of the position. |
| **1.** | Type of Violation      | Date of Violation (m/d/yyyy)      | Issuing Agency      |
| Describe Incident      | City and State of Violation      | Disposition      |
| **2.** | Type of Violation      | Date of Violation (m/d/yyyy)      | Issuing Agency      |
| Describe Incident      | City and State of Violation      | Disposition      |
| **3.** | Type of Violation      | Date of Violation (m/d/yyyy)      | Issuing Agency      |
| Describe Incident      | City and State of Violation      | Disposition      |
| **4.** | Type of Violation      | Date of Violation (m/d/yyyy)      | Issuing Agency      |
| Describe Incident      | City and State of Violation      | Disposition      |
| **5.** | Type of Violation      | Date of Violation (m/d/yyyy)      | Issuing Agency      |
| Describe Incident      | City and State of Violation      | Disposition      |
| [ ]  Yes [ ]  No | Have you ever been convicted of a crime that was reduced from a felony to a misdemeanor? If yes, provide details including dates, issuing agency, city, state and an explanation.      |
| [ ]  Yes [ ]  No | Have you ever been convicted of a domestic violence related offense? If yes, please explain and provide details including dates.      |
| [ ]  Yes [ ]  No | Has a warrant ever been issued for your arrest? If yes, please explain and provide details including date(s).      |
| [ ]  Yes [ ]  No | Have you ever failed to appear in court when properly ordered to do so? If yes, please explain and provide details including dates.      |
| [ ]  Yes [ ]  No | Have you ever had a restraining order and/or injunction issued against you? If yes, please explain and provide details including dates.      |
| [ ]  Yes [ ]  No | Are you presently under indictment or a defendant in any pending criminal or civil action(s)? If yes, please explain and provide details including dates.       |
| [ ]  Yes [ ]  No | Have you ever been named as a party in a civil action or proceeding as a plaintiff or defendant (i.e. bankruptcy, eviction, action resulting from nonpayment of monies owed, small claims, etc.) If yes, please explain and provide details including dates.      |
| [ ]  Yes [ ]  No | As an adult, have you ever been fingerprinted? If yes, provide the date, location and the reason for fingerprinting.      |
| [ ]  Yes [ ]  No | As an adult have you had any contact with a police agency, such as being a victim, witness, suspect, etc? If yes, complete the following information. |
| **Date** (m/d/yyyy) | **Police Agency Involved** | **Circumstances** |
|       |       |       |
|       |       |       |
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| **III. GANG AFFILIATIONS** |
| [ ]  Yes [ ]  No | A “criminal” gang” is defined as a group of three or more persons who have a common identifying sign, symbol or name whose members individually or collectively engage in a pattern of criminal activity. Have you ever been affiliated or have had a membership with any gang? If yes, please provide the following information. |
| **Gang Name** | **Years of Affiliation/Membership** | **List Identifying Marks, Symbols or Tattoos**  |
|       |       |       |
|       |       |       |
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| **IV. EMPLOYMENT HISTORY AND COMMUNITY INVOLVEMENT** |
| Describe your work experiences and the ways in which you have been employed and involved with your community. Employment history includes summer and part-time jobs, college internships and volunteering. List all employers beginning with the most recent. Account for all time periods except absences for medical reasons. If unemployed**,** indicate date(s). If you are documenting community involvement, complete all that applies.  |
| **1.** | Name of Employer      | (Area Code) Telephone Number      | Is this business still active[ ]  Yes [ ]  No |
| Street Address      | From (m/yyyy)      | To (m/yyyy)      |
| City, State, ZIP Code       | Starting Salary      | Ending Salary      |
| Title of Position Held      | Hours Worked Per Week      | Type of Position[ ]  Employee [ ]  Intern [ ]  Volunteer |
| Describe Your Duties      |
| Name of Your Supervisor      | (Area Code) Telephone Number      | Email Address      |
| Name of Additional Contact      | (Area Code) Telephone Number      | Email Address      |
| [ ]  Yes [ ]  No | Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality of work? If yes, explain and give details of all circumstances.      |
| [ ]  Yes [ ]  No | Were you disciplined, reprimanded or suspended by this employer? If yes, provide details.      |
| [ ]  Yes [ ]  No | Did you resign from this position? If yes, provide details.      |
| [ ]  Yes [ ]  No | Did you resign in lieu of termination? If yes, provide details.      |
| [ ]  Yes [ ]  No | Were you terminated from this position? If yes, provide details.      |
| **2.** | Name of Employer      | (Area Code) Telephone Number      | Is this business still active[ ]  Yes [ ]  No |
| Street Address      | From (m/yyyy)      | To (m/yyyy)      |
| City, State, ZIP Code       | Starting Salary      | Ending Salary      |
| Title of Position Held      | Hours Worked Per Week      | Type of Position[ ]  Employee [ ]  Intern [ ]  Volunteer |
| Describe Your Duties      |
| Name of Your Supervisor      | (Area Code) Telephone Number      | Email Address      |
| Name of Additional Contact      | (Area Code) Telephone Number      | Email Address      |
| [ ]  Yes [ ]  No | Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality of work? If yes, explain and give details of all circumstances.      |
| [ ]  Yes [ ]  No | Were you disciplined, reprimanded or suspended by this employer? If yes, provide details.      |
| [ ]  Yes [ ]  No | Did you resign from this position? If yes, provide details.      |
| [ ]  Yes [ ]  No | Did you resign in lieu of termination? If yes, provide details.      |
| [ ]  Yes [ ]  No | Were you terminated from this position? If yes, provide details.      |

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| **IV. EMPLOYMENT HISTORY AND COMMUNITY INVOLVEMENT** *(continued)* |
| **3.** | Name of Employer      | (Area Code) Telephone Number      | Is this business still active[ ]  Yes [ ]  No |
| Street Address      | From (m/yyyy)      | To (m/yyyy)      |
| City, State, ZIP Code       | Starting Salary      | Ending Salary      |
| Title of Position Held      | Hours Worked Per Week      | Type of Position[ ]  Employee [ ]  Intern [ ]  Volunteer |
| Describe Your Duties      |
| Name of Your Supervisor      | (Area Code) Telephone Number      | Email Address      |
| Name of Additional Contact      | (Area Code) Telephone Number      | Email Address      |
| [ ]  Yes [ ]  No | Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality of work? If yes, explain and give details of all circumstances.      |
| [ ]  Yes [ ]  No | Were you disciplined, reprimanded or suspended by this employer? If yes, provide details.      |
| [ ]  Yes [ ]  No | Did you resign from this position? If yes, provide details.      |
| [ ]  Yes [ ]  No | Did you resign in lieu of termination? If yes, provide details.      |
| [ ]  Yes [ ]  No | Were you terminated from this position? If yes, provide details.      |
| **4.** | Name of Employer      | (Area Code) Telephone Number      | Is this business still active[ ]  Yes [ ]  No |
| Street Address      | From (m/yyyy)      | To (m/yyyy)      |
| City, State, ZIP Code       | Starting Salary      | Ending Salary      |
| Title of Position Held      | Hours Worked Per Week      | Type of Position[ ]  Employee [ ]  Intern [ ]  Volunteer |
| Describe Your Duties      |
| Name of Your Supervisor      | (Area Code) Telephone Number      | Email Address      |
| Name of Additional Contact      | (Area Code) Telephone Number      | Email Address      |
| [ ]  Yes [ ]  No | Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality of work? If yes, explain and give details of all circumstances.      |
| [ ]  Yes [ ]  No | Were you disciplined, reprimanded or suspended by this employer? If yes, provide details.      |
| [ ]  Yes [ ]  No | Did you resign from this position? If yes, provide details.      |
| [ ]  Yes [ ]  No | Did you resign in lieu of termination? If yes, provide details.      |
| [ ]  Yes [ ]  No | Were you terminated from this position? If yes, provide details.      |

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| **IV. EMPLOYMENT HISTORY AND COMMUNITY INVOLVEMENT** *(continued)* |
| **5.** | Name of Employer      | (Area Code) Telephone Number      | Is this business still active[ ]  Yes [ ]  No |
| Street Address      | From (m/yyyy)      | To (m/yyyy)      |
| City, State, ZIP Code       | Starting Salary      | Ending Salary      |
| Title of Position Held      | Hours Worked Per Week      | Type of Position[ ]  Employee [ ]  Intern [ ]  Volunteer |
| Describe Your Duties      |
| Name of Your Supervisor      | (Area Code) Telephone Number      | Email Address      |
| Name of Additional Contact      | (Area Code) Telephone Number      | Email Address      |
| [ ]  Yes [ ]  No | Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality of work? If yes, explain and give details of all circumstances.      |
| [ ]  Yes [ ]  No | Were you disciplined, reprimanded or suspended by this employer? If yes, provide details.      |
| [ ]  Yes [ ]  No | Did you resign from this position? If yes, provide details.      |
| [ ]  Yes [ ]  No | Did you resign in lieu of termination? If yes, provide details.      |
| [ ]  Yes [ ]  No | Were you terminated from this position? If yes, provide details.      |
| **6.** | Name of Employer      | (Area Code) Telephone Number      | Is this business still active[ ]  Yes [ ]  No |
| Street Address      | From (m/yyyy)      | To (m/yyyy)      |
| City, State, ZIP Code       | Starting Salary      | Ending Salary      |
| Title of Position Held      | Hours Worked Per Week      | Type of Position[ ]  Employee [ ]  Intern [ ]  Volunteer |
| Describe Your Duties      |
| Name of Your Supervisor      | (Area Code) Telephone Number      | Email Address      |
| Name of Additional Contact      | (Area Code) Telephone Number      | Email Address      |
| [ ]  Yes [ ]  No | Did this employer ever advise you of any problems, or did you have any problems such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers and/or being below required standards for quantity and/or quality of work? If yes, explain and give details of all circumstances.      |
| [ ]  Yes [ ]  No | Were you disciplined, reprimanded or suspended by this employer? If yes, provide details.      |
| [ ]  Yes [ ]  No | Did you resign from this position? If yes, provide details.      |
| [ ]  Yes [ ]  No | Did you resign in lieu of termination? If yes, provide details.      |
| [ ]  Yes [ ]  No | Were you terminated from this position? If yes, provide details.      |

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| **V. RESIDENCY HISTORY** |
| List chronologically, starting with your most recent address, all places you have lived as an adult. Include addresses while attending school, the military and all addresses away from home, etc.  |
| **1.** | Street Address      | Type[ ]  School [ ]  Home [ ]  Military |
| City, State and ZIP Code      | From (m/yyyy)      | To (m/yyyy)      |
| *If you paid* ***RENT****, also provide the following information:* |
| Landlord or Mortgage Holder      | (Area Code) Telephone Number      |
| Complete Address, City, State and ZIP Code      | Email Address *(if known)*      |
| [ ]  Yes [ ]  No | Was a formal eviction action commenced against you? If yes, please provide details.      |
| **2.** | Street Address      | Type[ ]  School [ ]  Home [ ]  Military |
| City, State and ZIP Code      | From (m/yyyy)      | To (m/yyyy)      |
| *If you paid* ***RENT****, also provide the following information:* |
| Landlord or Mortgage Holder      | (Area Code) Telephone Number      |
| Complete Address, City, State and ZIP Code      | Email Address *(if known)*      |
| [ ]  Yes [ ]  No | Was a formal eviction action commenced against you? If yes, please provide details.      |
| **3.** | Street Address      | Type[ ]  School [ ]  Home [ ]  Military |
| City, State and ZIP Code      | From (m/yyyy)      | To (m/yyyy)      |
| *If you paid* ***RENT****, also provide the following information:* |
| Landlord or Mortgage Holder      | (Area Code) Telephone Number      |
| Complete Address, City, State and ZIP Code      | Email Address *(if known)*      |
| [ ]  Yes [ ]  No | Was a formal eviction action commenced against you? If yes, please provide details.      |
| **4.** | Street Address      | Type[ ]  School [ ]  Home [ ]  Military |
| City, State and ZIP Code      | From (m/yyyy)      | To (m/yyyy)      |
| *If you paid* ***RENT****, also provide the following information:* |
| Landlord or Mortgage Holder      | (Area Code) Telephone Number      |
| Complete Address, City, State and ZIP Code      | Email Address *(if known)*      |
| [ ]  Yes [ ]  No | Was a formal eviction action commenced against you? If yes, please provide details.      |
| **5.** | Street Address      | Type[ ]  School [ ]  Home [ ]  Military |
| City, State and ZIP Code      | From (m/yyyy)      | To (m/yyyy)      |
| *If you paid* ***RENT****, also provide the following information:* |
| Landlord or Mortgage Holder      | (Area Code) Telephone Number      |
| Complete Address, City, State and ZIP Code      | Email Address *(if known)*      |
| [ ]  Yes [ ]  No | Was a formal eviction action commenced against you? If yes, please provide details.      |

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| **VI. LAW ENFORCEMENT AND LAW ENFORCEMENT RELATED APPLICATIONS** |
| [ ]  Yes [ ]  No  | Have you ever applied for a law enforcement OR LAW ENFORCEMENT RELATED position with the Wisconsin State Patrol or any other agency? If yes, please provide the following information: |
| *List all agencies with which you have applied including the State Patrol. Start with the most recent.*  |
| **Name of Agency** | **Name of Background Investigator** | **Date and Status of Application** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
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| **VII. MILITARY SERVICE** |
| [ ]  Yes [ ]  No | Have you registered with Selective Service? |
| [ ]  Yes [ ]  No | Have you served in the United States Armed Forces? If **yes**, please complete the following information. If **no**, continue to the next section of this profile.  |
| **Dates of Service** | **Branch of Service***(Indicate Army, Navy, Marines, Air Force or Cost Guard)* | **Service Component***(Indicate Regular, Reserve or National Guard)* | **Rank** | **Service Number** |
| **From**(m/yyyy) | **To**(m/yyyy) |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| [ ]  Yes [ ]  No | Do you have Service in Active Duty Status? If **yes**, list all time periods of basic training, initial active duty, deployments/call-ups, etc., for which you were issued a DD214 upon release from active duty status |
| **Date Entered** (m/d/yyyy) | **Date Released** (m/d/yyyy) | **Duty Station/Location** | **Rank** | **Service Number** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Important!!!! You must attach a copy of DD214 (long form) for each period of active duty status indicating the type of Separation and Character of Service.** |
| [ ]  Yes [ ]  No | Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military? If yes, describe the circumstances      |
| [ ]  Yes [ ]  No | 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? If, yes, how many times? Give details of charges, agency concerned, dates and dispositions.       |

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| **VIII. REFERENCES** |
| During the course of the background investigation, people who know you may be asked to comment on your suitability for this position. Inquiries will be confined to job-relevant matters.  |
| **List all individuals who are members of a law enforcement agency who you know personally and who would have personal knowledge of you.**  |
| **Officer’s Name** | **Department** | **(Area Code) Telephone Number** | **Email Address** |
|       |       |       |       |
|       |       |       |       |
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| **IX. PERSONAL HISTORY AND CERTIFICATION STATEMENT**  |
| [ ]  Yes [ ]  No | 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? If yes, please explain.      |
| [ ]  Yes [ ]  No | Prior to final appointment, some 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? |
| [ ]  By checking this box, I certify that this profile is true and complete. I understand that providing false information, omitting facts, either intentionally or unintentionally, and/or any acts of untruthfulness may result in immediate disqualification or if discovered after employment, may be grounds for discharge. |
| **X**       |  |       |
|  (Applicant’s Signature) |  | (Date – m/d/yyyy) |