

**NOTICE:** This form is required under 230.16(1) Wis. Stats. for all conservation warden and natural resources officer applicants. The Department of Natural Resources uses this information to complete the employment background investigation for law enforcement officers as outlined in LES 2.01, Wis. Adm. Code.

Failure to complete this form may result in disqualification from further consideration for this position. Personal identifying information (PI data), will be used for no other purpose and will not be provided to requesters under Wisconsin's Open Records laws. **Any misstatement on this form will result in your disqualification from further consideration for this position; or, if discovered after employment begins, may be grounds for your discharge. Conviction of any offense will not necessarily preclude employment unless circumstances substantially relate to the requirements of the position for which you are applying.** DNR complies with the Americans with Disabilities Act.

**INSTRUCTIONS:** Type or print clearly in black ink. Fill out this form completely. Your answer to any particular question may not necessarily eliminate you from consideration. If a question does not apply to you, write "N/A" in the space provided.

Legal Name: Last	First	Middle Name	Social Security Number	
Resident Street Address (Where you can be contacted personally)			Mailing Address (If Different)	
E-mail Address			County of Residence	
(Area Code) Work Telephone Number			Place of Birth	
(Area Code) Home Telephone Number			Birth Date (Month/Day/Year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
(Area Code) Cellular Telephone Number			List any aliases, nicknames, maiden name of your present legal name	
Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Entrance Requirements**

Prior to appointment to this position a person who has received a conditional offer of employment **must agree to submit to medical and eyesight examinations, fitness for duty test, psychological examinations and a drug screen by physicians and psychologists of the state's choice.**

**Do you agree and consent to participate in these examinations and tests?**     Yes     No

**Certification Statement**

I certify the responses and information provided in the Civil Service application and examination I participated in are truthful and accurate.

I am able to verify and document the experiences and proficiencies I claimed in the Civil Service examination for this position.

I certify to the best of my knowledge the information in this document is true and complete. I understand any misstatement or omission of information forfeits my right to employment for the position for which I am applying; may be grounds for discharge if discovered after employment begins, and may affect future consideration for other positions in the department.

**Applicant Signature**

**Date**

### Employment History

1. Were you ever terminated from employment?  Yes  No (If yes, on a separate sheet of a paper, provide a summary and attach it to this questionnaire.)
  
2. Have you resigned after being informed your employer intended to terminate or discipline you?  Yes  No (If yes, on a separate sheet of a paper, provide a summary and attach it to this questionnaire.)
  
3. Were you given discipline in connection with any employment?  Yes  No (If yes, on a separate sheet of a paper, provide a summary and attach it to this questionnaire.)
  
4. Have you ever been the subject of an internal affairs investigation?  Yes  No How many? \_\_\_\_ (If yes, on a separate sheet of a paper, provide a summary of each investigation and attach it to this questionnaire.)
  
5. Have you ever been disqualified from employment due to a previous background investigation?  Yes  No (If yes, on a separate sheet of a paper, provide a summary and attach it to this questionnaire.)
  
6. If necessary, would you be willing to secure your personnel file from a previous employer for us to review?  Yes  No
  
7. Have you ever been suspended from employment, either with or without pay?  Yes  No If yes, on a separate sheet of a paper, provide a summary and attach it to this questionnaire.)
  
8. Have you ever received an oral or written reprimand from an employer or other organization?  Yes  No If yes, on a separate sheet of a paper, provide a summary and attach it to this questionnaire.)
  
9. Have you ever failed to give 2 weeks' notice prior to ending an employment relationship?  Yes  No If yes, on a separate sheet of a paper, provide a summary and attach it to this questionnaire.)
  
10. List the special skills, abilities, experiences, hobbies, etc., do you have which may enhance your qualifications for this position.

11. Are you presently a permanent, classified State of Wisconsin employee?  Yes  No If yes, complete the following:

Class Title	Agency	Pay Range	Seniority Date

**List all employers beginning with your current or most recent employer and work back in time. Include all part time employers. Account for all time periods. Make additional copies of this page if necessary.**

Present Employer: Name and Address (If unemployed indicate dates).	Employment Dates: From (Month/Year):  To (Month/Year):	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact them at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Beginning Salary: \$_____ per ____ Ending Salary: \$_____ per ____
Position Held: Duties:  <b>Reason for Leaving:</b>	Name, Title & Telephone of Supervisor  List three co-workers with their address and phone number:	
Employer Name and Address (If unemployed indicate dates).	Employment Dates: From (Month/Year):  To (Month/Year):	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact them at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Beginning Salary: \$_____ per ____ Ending Salary: \$_____ per ____
Position Held: Duties:  <b>Reason for Leaving:</b>	Name, Title & Telephone of Supervisor  List three co-workers with their address and phone number:	
Employer Name and Address (If unemployed indicate dates).	Employment Dates: From (Month/Year):  To (Month/Year):	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact them at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Beginning Salary: \$_____ per ____ Ending Salary: \$_____ per ____
Position Held: Duties:  <b>Reason for Leaving:</b>	Name, Title & Telephone of Supervisor  List three co-workers with their address and phone number:	
Employer Name and Address (If unemployed indicate dates).	Employment Dates: From (Month/Year):  To (Month/Year):	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact them at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Beginning Salary: \$_____ per ____ Ending Salary: \$_____ per ____
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Employer Name and Address (If unemployed indicate dates).	Employment Dates: From (Month/Year)  To (Month/Year)	Is this business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact them at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Beginning Salary: \$ _____ per ____ Ending Salary: \$ _____ per ____
Position Held: Duties:  <b>Reason for Leaving:</b>	Name, Title & Telephone of Supervisor  List three co-workers with their address and phone number:	

**If additional employment needs to be documented make copies of this sheet and attach them to the completed questionnaire.**

**NOTE:** If you indicate at this time you would not want us to contact a current or past employer we will honor that request for as long as we can during the course of the background investigation. However, at some point during the background investigation we will contact all your current and past employers.



As an adult, have you ever been fingerprinted?  Yes  No If yes, complete the following:

Date	Agency and Location	Reason for Fingerprinting

As an adult, have you ever received a pardon for a crime?  Yes  No If yes, complete the following:

Date	Location		Offense	Age Then	Police Agency Involved
	State	County			

Are there any charges (violations) pending against you?  Yes  No If yes, please explain.

Were you ever convicted before a juvenile court for any act that would have been a crime if committed by an adult?  
 Yes  No If yes, please explain.

Do you have any criminal action pending against you?  Yes  No

Have you ever been on court-ordered probation?  Yes  No

Have you ever been terminated from a job?  Yes  No

Have you ever participated in a deferred prosecution or first offender program as a result of a conviction?  Yes  No If yes, please explain.

Have you ever been placed on court probation as an adult?  Yes  No If yes, please explain.

As an adult, have you had any contact with a law enforcement agency as a witness, suspect, or as a subject of an investigation?  Yes  No

If yes, please provide the following information: (If additional entries are needed attach separate sheet(s) using the following format.)

**NOTE: Failure to list all of your contacts with an agency is falsification by omission and could render you ineligible to continue in the hiring process.**

Date	Location	Circumstances	Agency Involved

**Military Service**

Have you ever served in the U. S. Armed Forces, including U. S. Coast Guard?  Yes  No If yes, complete the following:

Name Used During Service (Last, First and Middle)	Social Security No.

**Chronology of Military Service**

Branch of Service (e.g., Air Force, Army)	Dates of Active Service		Unit of Assignment & Address starting with most recent	Type of Discharge
	Date Entered	Date Released		

List all locations where you were stationed and/or deployed including the dates (attached additional pages if needed).

Location	Date

Were you ever disciplined while in military service (including court martial, captain's masts, Article 15, or other non-judicial actions)?  Yes  No If yes, please complete the following:

Charge	Unit	Date	Age at Time	Disposition (reduction, chapter, restriction, confinement, loss of pay)

Has your discharge or separation notice ever been corrected or changed?  Yes  No

What was the nature of the change? Changed from: \_\_\_\_\_ to: \_\_\_\_\_

List all medals and decorations awarded you as a member of the Armed Forces.

Have you ever applied for Department of Defense Security Clearance?  Yes  No

If yes, indicate date of investigation: \_\_\_\_\_ type of clearance: \_\_\_\_\_

Have you ever had a Department of Defense Security Clearance suspended or revoked?  Yes  No If yes, provide details on a separate sheet and attach.

**Please attach a certified copy of all discharge and separation papers (DD 214-copy 4, NGB 22-copy 4).**

**Peace Officer Certification or Licensing**

List any prior law enforcement or criminal justice employment experience:

Are you currently or have you ever been certified or licensed as a peace officer/law enforcement officer?  Yes  No  
If yes, please provide the following information:

What state was your certification issued in? \_\_\_\_\_

License No. (if applicable) \_\_\_\_\_

Date Certification or License issued: \_\_\_\_\_

Expiration date (if applicable): \_\_\_\_\_

Full or part-time? \_\_\_\_\_

Current Status. (Please attach a photocopy of your license certification and current renewal card.)

- Valid - Active Status                       Valid - Inactive Status                       Lapsed  
 Surrendered                                       Suspended                                       Revoked

If you have ever applied for employment with other law enforcement agencies or been the subject of a background investigation conducted by a law enforcement agency or other organization that was considering you for employment, provide the following information (if needed, attach additional sheet(s) with the additional information in the same format).

<b>Name of Agency:</b>	<b>Date (month/year)</b>
<b>Complete Address, Zip Code</b>	<b>Telephone No.</b>
<b>Status and/or Results (for DNR office use):</b>	<b>Submitted Application only? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>  <b>Medical Examination Completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Background Completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Personal Information**

What marks or tattoos do you have? Indicate where they are located and the nature of the mark or tattoo.

List the required information for your father, mother, sisters, and brothers. Attach separate sheet for additional entries.

Relationship	Name	Address	Occupation	Telephone

List the required information for your significant other, spouse, and ex-spouse. Attach separate sheet if additional entries.

Relationship	Name	Address	Occupation	Telephone

**Current Roommates/Housemates**

List all persons who currently live in the same household with you including your spouse and children (if not listed above or under references). Attach separate sheet if additional entries.

Name	Relationship	Occupation	Place of Employment

**Past Roommates/Housemates**

List the names of those you have shared a residence with (other than family members) during the last five (5) years. Attach separate sheet if additional entries.

Name	Phone Number	Address (if known)

**Personal References**

Give three references (not relatives, fellow employees or school teachers) who are responsible adults of reputable standing in their communities. **DO NOT LIST LAW ENFORCEMENT REFERENCES IN THIS SECTION.**

Name AND COMPLETE Address	(Area Code) Home Telephone	(Area Code) Work Telephone	Occupation	Best Time To Contact

**Social References**

Give three social references, not in law enforcement or not listed in personal references.

Name AND COMPLETE Address	(Area Code) Home Telephone	(Area Code) Work Telephone	Occupation	Best Time To Contact

**Conservation Warden References**

List the names of all Wisconsin Conservation Wardens who have more than a casual knowledge of you. Attach separate sheet if additional entries.

Name	Name

**Law Enforcement References**

List the names of other law enforcement officers you know personally and who would have personal knowledge of you. Attach separate sheet if additional entries.

Name	Department	Address (If Known)	Telephone

What marks or tattoos do you have? Indicate where they are located and the nature of the mark or tattoo.

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**Organization Memberships**

List all professional, sportsmen or civic organizations that you are a member or have been a member of (examples: American Legion, Optimists, Kiwanis, Ducks Unlimited, etc.). Attach separate sheet if additional entries.

Membership Dates		Organization Name	Type of Organization	Telephone No. of Contact
From	To			

**Driving History**

Do you hold a valid driver's license?  Yes  No

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Do you hold a valid driver's license from other states than listed above?  Yes  No If yes, list those states:

Circle the number of traffic violations you have been convicted of in the past 5 years (do not include parking violations).

0    1    2    3    4    5    6    7    8    9    10

Circle the number of traffic crashes or accidents you have had in the past 5 years (include those that were not reported to law enforcement).

0    1    2    3    4    5    6    7    8    9    10

Have you ever had your driver's license suspended, revoked or restricted?  Yes  No If yes, please explain:

Have you ever had auto insurance withdrawn, cancelled, revoked or refused?  Yes  No If yes, please explain:

Have you ever been refused or denied a driver's license?  Yes  No If yes, please explain:



Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give landlord's name, address and telephone number		
Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give landlord's name, address and telephone number		
Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give landlord's name, address and telephone number		
Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give landlord's name, address and telephone number		
Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give landlord's name, address and telephone number		
Dates (Mo/Yr)		Street Address (Apt. No.) City, State AND Zip Code
From	To	
If rented, give landlord's name, address and telephone number		

Please list locations in which you spend a regular part of your free time, example: parent's residence, friend's residence, cabin or recreational property, or hometown, any location where you spend time.

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**Education History**

The Department requires an applicant for employment as a conservation warden to possess, at a minimum 120 accredited college credits, or, 60 credits and 2 years of law enforcement work experience.

Do you have at least 120 accredited college credits?  Yes  No If no, do you have at least 60 college credits and 2 years of law enforcement work experience?  Yes  No

Check the appropriate box regarding your highest education level:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 2 Year Associate degree                                  | <input type="checkbox"/> 120 or more college credits    | <input type="checkbox"/> Masters Degree   |
| <input type="checkbox"/> 60 or more accredited college-level credits              | <input type="checkbox"/> Bachelor's (B.A., B.S.) degree | <input type="checkbox"/> Ph.D., JD, et al |
| <input type="checkbox"/> I do not have 60 fully accredited college-level credits. |   |   |

Who was your college advisor? \_\_\_\_\_

Name of College: \_\_\_\_\_

Provide the following information. Attach separate sheet if additional entries in any of these categories:

High School Name AND Address	Date (Mo/Yr)		Diploma/Degree Granted (Mo/Yr)
	From	To	

Colleges/Universities Give Name AND Address	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

Graduate School - Give Name AND Address	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

Vocational/Technical/Trade/Business School Give Name AND Address	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

Miscellaneous Education Give Name AND Address	Date (Mo/Yr)		Major Field of Study	Diploma/Degree Granted (Mo/Yr)	Credits
	From	To			

**List all internship and/or apprenticeship programs you have been a part of (high school and college)**

Date	School	Department Involved	Advisor address and telephone Number

**List all academic or other school awards received during high school and college:**

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**List any clubs, organizations or associations you actively participated in during your post high school education:**

Name of Group	School Address & Phone	Group Contact Person	Organization's Purpose

**List any problems with school (absenteeism, tardiness, poor grades, suspensions or other disciplinary problems), including college. (Be very specific.)**

Date	Name of School & Phone	Problem	Brief Explanation

**Employment or Education Gaps**

Please account for periods of time which are not covered by your employment and/or education history:

From	To	Reason

**Financial History**

Provide the names and address of the individuals, companies or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, and other debts and payments. Include account numbers where applicable. Attach separate sheet if additional entries.

Type of Account	Name AND Address of Creditor	Account Number	Total Balance	Monthly Payment

Do you have a savings, checking, or money market account?  Yes  No If yes, complete the following - Attach separate sheet if additional entries.

Name of Institution AND Address	Account Number	Type of Account

Have you ever filed for bankruptcy or declared bankruptcy?  Yes  No If yes, give details:  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had any garnishment, wage attachment, or civil judgment against you?  Yes  No If yes, give details:  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been declared delinquent in child support payments ordered by the court?  Yes  No If yes, give details:  
 \_\_\_\_\_  
 \_\_\_\_\_

**End of Questionnaire**