

FULL NAME: Last First Middle

Application for Appointment to the Position of

# Chief of Police

of the  
City of Madison, Wisconsin



We are pleased that you are interested in a position of trust with the City of Madison Police Department. We are an equal opportunity employer, and no question on this application is intended to secure information to be used for discriminatory purposes. **THIS FORM IS A PART OF THE EXAMINATION PROCESS AND IT IS IMPORTANT TO BE AS COMPLETE AS POSSIBLE.** Before completing the application, please see the Minimum Qualifications. You cannot be considered for the position unless you meet these requirements. If you are unclear on how to respond to any of these questions, it is your responsibility to check with the Atty. Scott Herrick at [snh@herricklaw.net](mailto:snh@herricklaw.net) for further information or clarification.

## GENERAL INSTRUCTIONS

- Send your completed application by mail to: Board of Police and Fire Commissioners, c/o Atty. Scott Herrick, 16 North Carroll Street, Suite 500, Madison WI 53703.
- Type or handprint in black or blue ink an answer to every question. Applications must be legible for full consideration.
- Provide complete and accurate information.
- If a question does not apply to you, mark N/A in the space provided.
- If space provided is insufficient, attach a separate sheet and reference the additional information to the section title.
- **It is your responsibility to notify the Board at the above address of any changes of address or phone number.**
- The Board will verify conviction record, driving records, places of employment and other information listed on this application.
- If you provide false information, or commit any omissions of fact, either intentionally or unintentionally, you will not be eligible for City of Madison employment. Failure to admit convictions, and/or any untruthfulness will result in immediate disqualification.
- You may direct questions to Atty. Scott Herrick at the above address, or by email at [snh@herricklaw.net](mailto:snh@herricklaw.net).

## PERSONAL (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

LAST NAME: (PRINT CLEARLY)		FIRST NAME:		MIDDLE NAME:
PRESENT ADDRESS (NUMBER, STREET):		CITY:	STATE:	ZIP CODE:
MAILING ADDRESS - IF DIFFERENT THAN ABOVE (NUMBER, STREET):		CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	WORK PHONE:	E-MAIL ADDRESS:	
PLACE OF BIRTH (CITY, STATE):				
ANY OTHER PREVIOUS NAMES:				
NAME AND PHONE OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY:				
Are you a U.S. citizen?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years of age?				<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have conversational fluency in any foreign language, please note this here:

**MOTOR VEHICLE OPERATION (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

Safe operation of a motor vehicle is essential to the position of Police Chief. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

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

Name on valid driver's license: \_\_\_\_\_

Class or Type of License: \_\_\_\_\_

License No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

- Do you have access to a motor vehicle? ☐ Yes ☐ No

2. How many years have you been a licensed driver? \_\_\_\_\_

Please provide an estimate as to how many miles you have driven in the past two years: \_\_\_\_\_

3. Have you held a license in any state other than Wisconsin? ☐ Yes ☐ No

List the states: \_\_\_\_\_

4. Has your license been suspended, revoked, or placed on negligent operator's probation (for other than medical reasons)? If "Yes," please give details (include what, when, where, why). ☐ Yes ☐ No

\_\_\_\_\_

5. Have you ever been refused a driver's license (for other than medical reasons) by any state? If "Yes," please explain (include when, where, why). ☐ Yes ☐ No

\_\_\_\_\_

6. Have you ever been involved in a motor vehicle accident as a driver? ☐ Yes ☐ No  
If "Yes," please provide the following information. List any additional accidents on the addendum.

DATE	LOCATION	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE RESPONDED? <input type="checkbox"/> Yes <input type="checkbox"/> No Police Agency: _____		

DATE	LOCATION	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
POLICE RESPONDED? <input type="checkbox"/> Yes <input type="checkbox"/> No Police Agency: _____		

7. If there is anything you wish to discuss about your driving record, please use the space below.

\_\_\_\_\_

**EDUCATION (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

Name and Location of HIGH SCHOOL:					Date You Graduated:
Your Name at Time of Attendance (if different than present):					
Name and Location of POST-HIGH SCHOOL INSTITUTION:					Date You Graduated:
Your Name at Time of Attendance (if different than present):					
Dates Attended:		GPA	Credits Earned	Degree (check one) <input type="checkbox"/> Associate <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Other	Field of Study
From	To				
If you did not graduate, explain:					
Name and Location of POST-HIGH SCHOOL INSTITUTION:					Date You Graduated:
Your Name at Time of Attendance (if different than present):					
Dates Attended:		GPA	Credits Earned	Degree (check one) <input type="checkbox"/> Associate <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Other	Field of Study
From	To				
If you did not graduate, explain:					
Name and Location of POST-HIGH SCHOOL INSTITUTION:					Date You Graduated:
Your Name at Time of Attendance (if different than present):					
Dates Attended:		GPA	Credits Earned	Degree (check one) <input type="checkbox"/> Associate <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Other	Field of Study
From	To				
If you did not graduate, explain:					
Describe any education or training not covered above (vocational school, correspondence courses, service schools, in-service training), which you feel is relevant to the job for which you are applying. Include relevant licenses, certificates or other information you feel might be pertinent to the position. (BE SPECIFIC)					

During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business, and vocational schools--any formal education beyond the high school level.) ☐ Yes    ☐ No

If "Yes", please explain (include school, date, and circumstances):

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**EMPLOYMENT AND EXPERIENCE (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

Please provide a complete record of any employment, self-employment, military service or volunteer experience since age 18 (starting with your most recent experience). For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, internship or volunteer. List all intervening periods of military service or unemployment (starting with the most recent). **There should not be any gaps in time!** Please provide us with as much information as possible.

DATE OF EMPLOYMENT / EXPERIENCE FROM (mm/yy) TO (mm/yy)		NAME AND COMPLETE ADDRESS OF EMPLOYER		NAME / PHONE OF SUPERVISOR	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)		LIST CO-WORKER(S) / PHONE	
Reason for leaving:					
DATE OF EMPLOYMENT / EXPERIENCE FROM (mm/yy) TO (mm/yy)		NAME AND COMPLETE ADDRESS OF EMPLOYER		NAME / PHONE OF SUPERVISOR	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)		LIST CO-WORKER(S) / PHONE	
Reason for leaving:					
DATE OF EMPLOYMENT / EXPERIENCE FROM (mm/yy) TO (mm/yy)		NAME AND COMPLETE ADDRESS OF EMPLOYER		NAME / PHONE OF SUPERVISOR	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)		LIST CO-WORKER(S) / PHONE	
Reason for leaving:					
DATE OF EMPLOYMENT / EXPERIENCE FROM (mm/yy) TO (mm/yy)		NAME AND COMPLETE ADDRESS OF EMPLOYER		NAME / PHONE OF SUPERVISOR	
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<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)		LIST CO-WORKER(S) / PHONE	
Reason for leaving:					
DATE OF EMPLOYMENT / EXPERIENCE FROM (mm/yy) TO (mm/yy)		NAME AND COMPLETE ADDRESS OF EMPLOYER		NAME / PHONE OF SUPERVISOR	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary:	TITLE OR DUTIES (FOR IDENTIFICATION PURPOSES)		LIST CO-WORKER(S) / PHONE	
Reason for leaving:					

Please account for 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

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

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2. Have you ever been fired, discharged, asked to resign or resigned after being informed by your employer you would be discharged? ☐ Yes ☐ No  
If "Yes," please give details (include when, where, name at time of employment, and circumstances).

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3. If you have never held employment, please explain on the addendum sheet.

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4. **Would any problem result if your present employer was contacted during the course of the background investigation?** ☐ Yes ☐ No  
If "Yes," please explain below:

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**MILITARY SERVICE\* (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

1. Have you ever served in the armed forces, National Guard or military reserves?

☐ Yes ☐ No

HIGHEST RANK ATTAINED	RANK DISCHARGED	SEPARATION CODE	RE-ENLISTMENT CODE	OCCUPATION
BRANCH OF SERVICE	SERVICE NUMBER	DATES OF SERVICE	TYPE OF DISCHARGE*	

\*City of Madison ordinances prohibit discrimination based on less than an honorable discharge. This is for purposes of the background check only; the City of Madison complies with all laws which prohibit discrimination based on past or current military service.

2. Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)?

☐ Yes ☐ No

AGENCY CHARGE	DATE	AGE AT TIME	DISPOSITION

3. Are you currently participating in any military reserve or National Guard program?

☐ Yes ☐ No

**IF YOU HAVE NOT ALREADY SUBMITTED FORM DD214,  
PLEASE FORWARD A COPY AS SOON AS POSSIBLE.**

4. Past or current military superiors or military acquaintances are potential sources of relevant information pertaining to your background. Please list only those individuals who know you well enough to provide accurate information about you.

NAME	CONTACT ADDRESS	CONTACT PHONE	YEARS KNOWN

**LEGAL (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

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1. Please list **ALL** convictions. Include relevant dates for felonies, misdemeanors, city/county ordinances, state or federal laws, or conviction 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 Chief. Domestic violence convictions are automatic disqualifiers. Include any juvenile court convictions, as well as adjudications of delinquency. **Include traffic violations.** (Do not include violations for parking incidents.)

DATE	CHARGE	POLICE AGENCY	DISPOSITION

List any pending charges (include traffic, if applicable):

DATE	CHARGE	POLICE AGENCY

2. Have you ever been placed on court probation as an adult? ☐ Yes ☐ No  
If "Yes," please give details (include when, where, why). Give dates of probation. Start with the most recent.

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3. Have you ever applied for a permit to carry a concealed weapon? ☐ Yes ☐ No  
If "Yes," please provide the following information:  
Permit granted? ☐ Yes ☐ No

Date: \_\_\_\_\_

Name of enforcement agency: \_\_\_\_\_

4. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action other than bankruptcy (i.e., small claims court, family court or collections)? ☐ Yes ☐ No  
If "Yes," please give details, (include when, where, name and location of court, circumstances).

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**ILLEGAL DRUG / CONTROLLED SUBSTANCE / NARCOTIC USE  
(IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)**

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**It is not the intent of the Madison Police Department to utilize information solicited in this section for criminal prosecution. This section does not include substances prescribed by your physician.**

1. Have you ever used or experimented with marijuana? ☐ Yes ☐ No

If "Yes," please provide the following information. Your best recollection will suffice.

Date first used: \_\_\_\_\_

Date last used: \_\_\_\_\_

2. Have you ever used or experimented with any form of illegal drugs, controlled substances and/or narcotics (amphetamines, barbiturates, hallucinogenics) such as Cocaine, Speed, PCP, Heroin, Mescaline, LSD, Hashish, Opiates, Steroids, etc. other than those drugs prescribed by your physician? ☐ Yes ☐ No

If "Yes," please provide the following information. Your best recollection will suffice.

NAME OF DRUG/CONTROLLED SUBSTANCE/NARCOTIC	DATE FIRST USED	DATE LAST USED

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 manufactured any form of drug or narcotic?

☐ Yes ☐ No

If you answered "Yes" to any of the above questions, please explain on an addendum. The above questions do not apply to legal activities engaged in as a licensed professional.

## HAVE YOU REMEMBERED?

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If you need any additional assistance or clarification in completing the application process, feel free to contact Atty. Scott Herrick at: Board of Police and Fire Commissioners, c/o Atty. Scott Herrick, 16 North Carroll Street, Suite 500, Madison WI 53703 or by email at [snh@herricklaw.net](mailto:snh@herricklaw.net).

**In order for your application to be considered, it must be complete.** An incomplete file will not be advanced for consideration unless/until all information requested has been submitted. A file is not complete without forwarding the following documents:

- If you are a high school graduate (or GED High School Equivalency) with **no additional college** courses taken, you will need to submit a copy of your high school transcript (or a copy of your high school equivalency scores if you meet education requirements on that basis).
  - A transcript from each post-high school educational institution. Note: Wisconsin's Law Enforcement Standards Board requires that you have a minimum of 60 semester college credits within five years of employment with any law enforcement agency in the State of Wisconsin. For purposes of completing the preliminary application, "unofficial" or student transcripts are acceptable. If you are advanced to the "background" phase of the hiring process, "official" transcripts will then be required.
  - You may provide a resume, letters of recommendation, or any other similar documentation.
  - If you are claiming Veterans Preference Points, please attach a copy of your DD214 form. (We understand that those still active in the armed forces will not have access to a DD214; submit the DD214 when separation has occurred.)
- ☐ Check here if any document will be delayed or if the institution wishes to mail it directly to the Madison Police Department. Please identify below the delayed documents:

## VETERAN INFORMATION

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### Veteran Status: (please check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Non Veteran                           | <input type="checkbox"/> Veteran claiming disability (DD214 Form and Veterans Disability Form must be attached) |
| <input type="checkbox"/> Veteran (DD214 Form must be attached) | <input type="checkbox"/> Other (specify service dates): _____   |

### Veterans Preference

THE CITY OF MADISON AWARDS VETERAN PREFERENCE POINTS BASED ON THE 1991 WISCONSIN ACT 101. A PREFERENCE SHALL BE GIVEN TO THOSE VETERANS AND TO THOSE SPOUSES OF VETERANS SPECIFIED WHO GAIN ELIGIBILITY ON ANY COMPETITIVE EMPLOYMENT REGISTER AND WHO DO NOT CURRENTLY HOLD A PERMANENT POSITION. VETERANS PREFERENCE MAY BE USED ONLY ONCE TO OBTAIN A PERMANENT POSITION WITH THE CITY OF MADISON. PREFERENCE MEANS THE FOLLOWING:

- Veteran, 10 points shall be added to his or her grade.
- Disabled Wartime Veteran, 15 points shall be added to his or her grade.
- Disabled Wartime Veteran Whose Disability is at least 30%, 20 points shall be added to his or her grade.
- Spouse of a Disabled Wartime Veteran Whose Disability is at least 70%, 10 points shall be added to the spouse's grade.
- Unremarried Spouse of a Veteran Who was Killed in Action, 10 points shall be added to the spouse's grade.
- Unremarried Spouse of a Veteran Who Died of a Service-Connected Disability, 10 points shall be added to the spouse's grade.

**Applications that do NOT have the required forms or materials attached at the time of filing will be considered incomplete and will NOT be eligible to receive Veterans Preference Points.**

### QUALIFYING DATES OF SERVICE: (please check appropriate date(s))

I had active service for at least one day during one of the following wartime periods:

- ☐ August 27, 1940 to July 25, 1947
- ☐ June 27, 1950 to January 31, 1955
- ☐ August 5, 1964 to January 1, 1977
- ☐ I served on active duty as a member of the Reserve or National Guard who was ordered to active duty because of the 1961 Berlin Crisis under Section I of Executive Order 10957.

I am entitled to the Armed Forces, Navy, or Marine Corps Expeditionary Medal or the Vietnam Service Medal for participation in the following campaigns that occurred within the inclusive dates indicated:

- ☐ Lebanon: July 1, 1958 to November 1, 1958
- ☐ Vietnam: July 1, 1958 to August 4, 1964
- ☐ Taiwan Straits: August 23, 1958 to January 1, 1959
- ☐ Quemoy and Matsu: August 23, 1958 to June 1, 1963
- ☐ Congo: July 14, 1960 to September 1, 1962
- ☐ Laos: April 19, 1961 to October 7, 1962
- ☐ Berlin: August 14, 1961 to June 1, 1963
- ☐ Cuba: October 24, 1962 to June 1, 1963
- ☐ Lebanon: August 1, 1982 to August 1, 1984
- ☐ Grenada: October 23, 1983 to November 21, 1983
- ☐ Operation Just Cause-Panama: December 20, 1989 to January 31, 1990
- ☐ Persian Gulf War/Desert Shield/Desert Storm: August 1, 1990, to date to be determined
- ☐ Operation Restore Hope-Somalia: December 9, 1992, to date to be determined
- ☐ Bosnia: December 1, 1995, to date to be determined
- ☐ Afghanistan War: September 11, 2001, to date to be determined
- ☐ Iraq War: March 19, 2003, to date to be determined
- ☐ Middle East Crisis: See S.45.34(2), Wis. Stats.
- ☐ I served for at least two continuous years on active duty under honorable conditions; or the full period of my initial service obligation; or was discharged or released after less than two years due to hardship; a service-connected disability or a reduction in the armed forces. Service did not have to occur during a specified war period or campaign.

## APPLICANT DATA SHEET

Last Name (print clearly)		First Name		Middle Name		Date	
Application for position of: _____ Police Chief _____		Department/Division: _____ Madison Police Department _____					
_____/_____/_____				_____-_____-_____			
Date of Birth (required)				Social Security Number (optional)			

**VETERAN STATUS:** (please check one)

- ☐ Non Veteran
 ☐ Veteran claiming disability (DD214 Form and Veterans Disability Form must be attached)
- ☐ Veteran (DD214 Form must be attached)
 ☐ Other (specify service dates):

The City of Madison has adopted an Affirmative Action Ordinance in compliance with State and Federal Law and City of Madison policies and ordinances. The disclosure of the following information is voluntary and allows us to meet federal government reporting requirements and evaluate the effectiveness of our recruitment efforts. This sheet will be removed from your application and the data will be kept confidential and will not be used in making employment decisions. Refusal to provide this information will not subject you to any adverse treatment.

(PLEASE CHECK THE APPROPRIATE CATEGORY)

RACIAL AND/OR ETHNIC HERITAGE:

- ☐ **White, not Hispanic/Latino origin.** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- ☐ **Black or African American, not Hispanic/Latino origin.** (A person having origins in any of the Black racial groups of Africa.)
- ☐ **Hispanic or Latino.** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
- ☐ **American Indian or Alaskan Native, not Hispanic/Latino origin.** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.)
- ☐ **Asian, not Hispanic/Latino origin.** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- ☐ **Native Hawaiian or Other Pacific Islander, not Hispanic/Latino origin.** (A person having origins in any of the original peoples of Hawaii, Guana, Samoa, or other Pacific Islands.)
- ☐ **Two or more races, not Hispanic/Latino origin.** (All persons who identify with more than one of the above races.)
- ☐ **Other** (specify)

GENDER: ☐ Male ☐ Female

DISABILITY: Do you have a disability? ☐ Yes ☐ No

The City of Madison considers a person with a disability anyone who meets the definition under either the American With Disabilities Act or the Wisconsin Fair Employment Act. You may contact the Occupational Accommodations Specialist at the number listed below if you need additional information.

If you need reasonable accommodation(s) during the application process due to disability related functional limitations, please notify City of Madison Human Resources Occupational Accommodations Specialist at (608) 267-1156: [sseverson@cityofmadison.com](mailto:sseverson@cityofmadison.com).

I need an accommodation in the hiring/examination process: ☐ Yes ☐ No

If yes, accommodation requested is (i.e., extended time, reader, alternative test format, other):

You will be required to provide written verification from a doctor or other authorized person confirming your disability and indicating reasonable accommodation.

HOW DID YOU LEARN OF THIS VACANCY?

- ☐ Recruiting Officer  
☐ Madison Police Officer  
☐ Internet: Please indicate the site: \_\_\_\_\_
- ☐ College Posting: Please indicate the institution: \_\_\_\_\_  
☐ Job Fair: Please indicate where: \_\_\_\_\_  
☐ On-Site Testing: Please indicate where: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

**APPLICATION CERTIFICATION STATEMENT:** (Please sign and date the following statement):

I certify that all answers to the questions in this application are true, and I agree that any misstatements or omissions of fact will cause forfeiture on my part of rights to employment in the City service.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Date

### ELECTRONIC APPLICATION CERTIFICATION STATEMENT

- ☐ By checking this box, I certify that all answers to the questions in this application are true, and I agree that any misstatements or omissions of fact will cause forfeiture on my part of rights to employment in the City service.

Date \_\_\_\_\_

## ESSAY QUESTIONS

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Instructions: Maximum of two pages for each numbered question below; 8-1/2" x 11" page, single-spaced, 1" margins, Times New Roman 11 font.

1. In many large cities, when confronted by a high volume of crime, police often adopt a policy of aggressive patrol. This usually consists of stopping and questioning large numbers of individuals in order to make the presence of the police felt and thereby hopefully deter individuals from engaging in any wrongdoing. The stop is often based on a pretext, such as a minor traffic violation or vehicle deficiency, which may then be used as a basis for a search of the driver, the occupants, and possibly the vehicle. How do you view such a response? What are its benefits? What are its costs?
2. The Madison Police Department has succeeded in recruiting and retaining highly qualified personnel. An extraordinarily high level of talent is now available at each level of the organization. Many officers are frustrated, in that they feel their chances of promotion within the department are few in number; whenever an opportunity comes up, competition is keen. While the department has achieved a high level of diversity at the officer rank, that diversity is not yet reflected at the higher ranks of the department.

After examination for one such rank, given the abundance of talent, at least six candidates are equally qualified for a vacancy in the higher rank. In the interest of achieving greater diversity, you appoint the candidate with minority status. How do you explain your decision to the disappointed candidates? And what steps do you take to maintain the support and interest of those candidates?

3. From most indications, the permanent assignment of officers to specific neighborhoods under the concept of community policing yields many positive results. But since these officers are usually relieved of the primary responsibility for responding most immediately to calls, officers who remain assigned to more traditional patrol readiness often feel put upon because they usually pick up a heavier load. This may create divisiveness within a police department, and ultimately reduce the overall quality of services rendered. How might one work to achieve the maximum benefits associated with having neighborhood police officers without creating this problem?
4. Even though police officers receive the same recruit training, widen their knowledge of law enforcement with ongoing instruction including community-policing techniques and sensitivity to cultural, racial, gender, and sexual differences, political and social conflicts inevitably occur among police officers and between ranks. Sometimes these conflicts are based on direct life experiences and other times on one's response to important events in our world.
  - a. What experiences have enabled you to leave your own political or social comfort zone, discover differences in others, and accept those differences as a balance that is important in our society?
  - b. How would you ensure that your administration is respectful of political and social differences among department personnel?
  - c. How would you ensure such respect throughout the department?