

D. POLICE DEPARTMENT INTERVIEW

When a vacancy exists or is anticipated, the Chief of Police will select candidates from the eligibility list for a finalist interview. The interview will be conducted by members of the department selected by the Chief of Police. The Chief will advise the PFC of changes in the eligibility list which may have resulted from the interviews with members of the department and/or background investigation.

E. BACKGROUND INVESTIGATION

If you are selected as a finalist, an extensive investigation of your background will be conducted. The background investigation may include interviews of former employers, review of previous employment personnel files, criminal background check, driving records, credit history, interviews with neighbors, references, etc. Any false or misleading information provided by you will be cause for rejection.

F. CONDITIONAL OFFER OF EMPLOYMENT

Upon successful completion of all other phases of the pre-employment process, you may be offered a conditional offer of employment. This offer is contingent upon satisfactory results from a Medical Examination, Psychological Examination and Drug Screening.

G. APPROVAL OF APPOINTMENT

Wisconsin Statutes provide that the Police and Fire Commission approve all appointments to the police department.

**WISCONSIN RAPIDS POLICE AND FIRE COMMISSION
POLICY AND PROCEDURES
PHYSICAL AGILITY TESTING**

This test is completed while wearing a weighted vest with total weight of 14 lbs. (to simulate bullet proof vest and duty belt). Participant will wear long pants and appropriate duty footwear for the test.

Physical Agility Testing Consists of:

1. Climb 68 stairs up-down
2. Run forward, backward, lateral right and lateral left for 20 yards each.
Must complete within 34 seconds
3. Overcome a 6 foot fence w/step
4. Run ¼ mile; must complete within 2:15 minutes
 - a. Evade a 35" surface (½ body must go over top)
 - b. Duck under a 4' hurdle
 - c. Jump over a 1' hurdle
5. Simulate CPR compressions on an adult on the floor, 2 minutes
6. Lift/carry 100 lbs. in a crate, waist height for 10 feet
7. Push 75 lbs. of force at waist level, 25 feet
8. Pull/drag 75 lbs. of force at waist level, 25 feet

WISCONSIN RAPIDS POLICE AND FIRE COMMISSION POLICE APPLICANT MATERIALS

To receive consideration for the position of entry level police officer, you must complete and return the attached materials not later than 4:30 p.m. on Friday, January 29, 2021. **Please note that all application materials, including all supporting documentation, must be received, in the order requested, for your application to be accepted.**

These materials include (in the following order):

1. Standard application for employment.
 - a. Attach copy of college or technical college transcript and diploma.
 - b. Attach copy of Wisconsin Certification of Basic Police Recruit Training (Form DJ-LE 302; Transcript of Basic Law Enforcement Training), if complete.
 - c. Attach a copy of valid Wisconsin driver's license.
2. Additional Information to Standard Application, including a current resume.
3. Release from Liability form. This form will be completed on date of physical agility test. **Do not return form at this time, as it is for your information only.**
4. Authorization for Release of Information.
5. Any additional materials which you may wish to submit.

All of the minimum requirements must be met at time of application. If you do not meet all of the requirements, you will not be invited to complete the other portions of the process.

**WISCONSIN RAPIDS
POLICE AND FIRE COMMISSION
POLICY AND PROCEDURES
APPLICATION FOR EMPLOYMENT
ENTRY-LEVEL POLICE OFFICER POSITIONS**

ADDITIONAL INFORMATION TO STANDARD APPLICATION

RECORD OF LAW VIOLATIONS

Have you ever been convicted of any violation of City Ordinances, State and Federal Laws?
 _____yes _____no

(Include Traffic Violations. Attach separate sheet if necessary.) Conviction record will not automatically exclude you from employment. Factors such as age at the time of the offense, rehabilitation efforts, and recency and seriousness of the crime will be taken into account. The relationship between the offense and the job for which you are applying will be evaluated carefully.

<u>DATE</u>	<u>COUNTY/STATE</u>	<u>LAW VIOLATED</u>	<u>DISPOSITION</u>

RESIDENCES (List all residences in the past twelve (12) years, beginning with your present address.)

<u>FROM (DATE)</u>	<u>TO (DATE)</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE/COUNTRY</u>

I certify that all statements on my application materials are complete and true to the best of my knowledge. I understand that any false statements or omissions of fact shall be sufficient cause for rejection of this application.

As part of the application process for an entry-level position with the Wisconsin Rapids Police Department, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are associated, credit reporting firms, local, state and federal law enforcement agencies, past employers, schools, etc. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, criminal convictions, driving record, etc.

By signing this form I acknowledge such investigative report may be made and give my consent to such investigation.

Signed

Date

**CITY OF WISCONSIN RAPIDS POLICE AND FIRE COMMISSION
RELEASE FROM LIABILITY**

WHEREAS, I the undersigned, have made application to the Police and Fire Commission of the City of Wisconsin Rapids for appointment as a police officer; and

WHEREAS, each applicant, as a prerequisite to consideration for such appointment, is required to undergo a physical agility test prescribed by the Police and Fire Commission; and

WHEREAS, all aspects of the physical agility test have been explained to me, and I fully understand that my participation therein is completely voluntary and that the City of Wisconsin Rapids, its officers, agents and employees assume no responsibility for personal injuries or damages which may in any manner occur to me as a result of my participation in the said physical agility test.

NOW, THEREFORE, in consideration of the premises, I the undersigned, for myself, my heirs, representatives, administrators and assigns do hereby release and forever discharge the City of Wisconsin Rapids, Wisconsin, a municipal corporation, its officers, agents, employees and assigns from any and all liability whatsoever on all claims, demands, damages, actions and causes of action whatsoever, which may hereafter accrue, whether known or unknown, anticipated or unanticipated, resulting from, or arising out of, or incident to my participation in the said physical agility test.

I have carefully read the foregoing release and know the contents thereof, and voluntarily sign the same.

Dated at Wisconsin Rapids, Wisconsin, this _____ day of _____, _____

Name (Please print clearly!)

Signature



AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the _____
Employing Agency

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. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any law enforcement or jail officer

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 _____,
Employing Agency

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.

Date

Signature - Full Name

Address - Street and Number

City State Zip

Witness: _____
Signature

VETERANS PREFERENCE SUPPLEMENT
FOR POLICE AND FIRE RECRUITMENT
CITY OF WISCONSIN RAPIDS

To claim veterans preference points, you must submit this completed form. Please carefully read the information below and complete the required sections on the reverse side. You must submit this completed form with your application. You need to complete this form only once, unless your status or active service period changes.

PREFERENCE POINTS: Qualifying veterans and certain spouses of veterans can be granted preference points on qualifying exam scores. These points will be added to your exam score if your score is a passing examination.

If you wish to claim veterans preference, complete Sections A, B, and C on the reverse side of this form. Provide personal information in Section A; identify the number of veterans preference points for which you are eligible in Section B; and mark the appropriate box for your (or your spouse's) period of active service in Section C. Note: You must complete all three sections to be eligible for veterans preference. After completing the form, submit it with your application. **If your name is placed on the passing examination, then the City will ask you to verify your eligibility for veterans preference points.**

VETERANS PREFERENCE SUPPLEMENT to the City of Wisconsin Rapids Application

Please read the information on the reverse side of this form before completing this page. Please print all requested information.

A. PERSONAL INFORMATION:

1. Social Security Number (or assigned 9-digit number)				
2. Last Name		3. First Name	4. Middle Initial	
5. Mailing Address		6. City	7. State	8. Zip Code
9. Day Phone ()		10. Evening Phone ()		

B. PREFERENCE POINTS: (CHECK ALL BOXES THAT APPLY):

Mark (X) the correct box below to tell us your status and the number of preference points you are eligible for.

- 1. I am a non-disabled veteran (10 points)
- 2. I am a disabled veteran whose disability is LESS THAN 30% and is service-connected (15 points)
- 3. I am a disabled veteran whose disability is 30% OR MORE and is service-connected (20 points)
- 4. I am a spouse of a disabled veteran whose disability is 70% OR MORE and is service-connected (10 points)
- 5. I am an un-remarried spouse of a veteran who was killed in action OR died from a service-connected disability (10 points)

C. ACTIVE SERVICE INFORMATION:

Mark (X) the correct box below to tell us the period in which you (or your spouse) served. (You must mark at least one box in order to receive the preference points indicated in Section B.)

- 99 – **Served for at least two continuous years on active duty under honorable conditions; or the full period of 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 war period or campaign.)

Active service for at least one day during one of the following wartime periods:

- 01 – August 27, 1940, to July 25, 1947
- 02 – June 27, 1950, to January 31, 1955
- 03 – August 5, 1964, to January 1, 1977
- 04 – 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
- 05 – Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990, to date to be determined)
- 06 – Afghanistan War (September 11, 2001, to date to be determined)
- 07 – Iraq War (March 19, 2003, to date to be determined)

Entitlement 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.

- 10 – Berlin August 14, 1961, to June 1, 1963
- 11 – Congo July 14, 1960, to September 1, 1962
- 12 – Cuba October 24, 1962, to June 1, 1963
- 13 – Grenada October 23, 1983, to November 21, 1983
- 14 – Laos April 19, 1961, to October 7, 1962
- 15 – Lebanon July 1, 1958, to November 1, 1958
- 16 – Lebanon August 1, 1982, to August 1, 1984
- 17 – Quemoy and Matsu August 23, 1958, to June 1, 1963
- 18 – Taiwan Straits August 23, 1958, to January 1, 1959
- 19 – Vietnam July 1, 1958, to August 4, 1964
- 20 – Middle East Crisis See s. 45.01(11)(b), Wis. Stats.
- 21 – Operation Just Cause - Panama December 20, 1989, to January 31, 1990
- 22 – Operation Restore Hope - Somalis December 9, 1992, to date to be determined
- 23 – Bosnia December 1, 1995, to date to be determined
- 24 – Operation Enduring Freedom September 11, 2001, to date to be determined

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

