

Wisconsin Department of Safety and Professional Services

Mail To: 1400 E. Washington Avenue Madison, WI 53703
FAX #: (608) 261-7083E-Mail:
Phone #: (608) 266-2112 Website:

CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. An **\$8.00** fee is required in addition to application fees. This form cannot be faxed.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession for which you are applying: _____

Last Name First Name MI Former / Maiden Name(s)

Address (number, street, city, state, zip)

Mailing Address (if different)

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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month day year

Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information Sex: ☐ M Ethnic: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan
is required to check criminal ☐ F ☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander
information records. ☐ Hispanic ☐ Other

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of federal, state or local law or municipal ordinance of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated.

It is your responsibility to submit the following:

- certified copies of the police report or criminal complaint
- judgment of conviction and sentencing
- verification of compliance with all terms of each sentence, including chemical dependency assessments (if ordered by the court)
- personal statement describing each offense listed below along with an explanation of the penalties imposed and verification that you completed all requirements.

CONVICTIONS DATE OF CONVICTION LOCATION (City/State)

Attach additional sheet(s) if necessary.