

EMPLOYMENT APPLICATION

City of Lake Geneva 626 Geneva Street Lake Geneva, WI 53147 PH: (262) 248-3673

PH: (262) 248-3673 FAX: (262) 248-4715

st Name	First Name		Middle
ddress	City		State/Zip
elephone ()	Email Addre	ss	
iver's License #:			
osition(s) applying for:			
ate Available:	Full Time	Part Time	Temporary
e you a U.S. Citizen or do you have a U.S. w	vork permit? Yes	No	
e you at least 18 years of age? Yes	No		
the job requires it: Do you have a valid driver	's license? Yes	No	
ave you ever been convicted of any violations ne City does not use a conviction record unless it is subs			
yes, please explain, including when and whe	re (Use additional s	sheet if neces	sary.)
DUCATION AND TRAINING:			
rcle the highest grade completed in school 1 2 3 4 5 6 7 8 9 10 11 12	Did you graduate h Yes	igh school?	No
ame and Location of High School	Have you passed a Yes	a G.E.D. Equi	valency? No
			-

TRAINING BEYOND HIGH SCHOOL – college, university, technical school, military school, or other schools you have attended. Please list below.

Name	Location	Dates Attended	Major Field	GPA/Base	Degree Earned

WORK EXPERIENCE May	we contact your present employer?	Yes No
	and be certain to include service in under the same employer. Begin v	
1. Employer	Kind of Business	Location
Name/Address/Phone of Supervisor	Employed from to Reason for leaving:	Salary: Beginning \$ per Ending \$ per
Your Duties		
2. Employer	Kind of Business	Location
Name/Address/Phone of Supervisor	Employed from to Reason for leaving:	Salary: Beginning \$ per Ending \$ per
Your Duties		
	Kind of Business	Location
3. Employer	Kind of Business	

4 Employer	Lind of Dunings	Location		
4. Employer	Kind of Business	Location		
	<u> </u>			
Name/Address/Phone of Supervisor	Employed from to	Salary:		
	Reason for leaving:	Beginning \$ per Ending \$ per		
		μ. Επαιτίχ φ μετ		
Your Duties				
Equal Opportunity Statement				
		d does not discriminate on the basis of		
race, color, religion, national original				
condition, arrest or conviction rec	eived, age or any other area a	as prescribed below.		
Confidentiality				
Confidentiality				
I haraby request that this applica	tion he kent confidential to the	e degree allowed under Wisconsin		
	•	•		
and subject to public inspection.	, that this application may be a	an open record under Wisconsin laws		
and subject to public inspection.				
Signature	Date	е		
		<u> </u>		
Certification Statement				
•	• •	yment record, and I hereby release all		
persons providing this information from any liability or damages. Photocopies of release are				
acceptable. I certify that all answers to questions in this application are true and I agree that my				
misstatements or omissions of material fact will cause forfeiture on my part of all rights to any				
employment in the City service. The City of Lake Geneva has a policy of pre-employment drug				
screening. Further, I understand	and agree that my employme	ent is for no definite period and may,		
regardless of the date of paymen	it of my wages and salary, be	terminated at any time without		
previous notice.				
0: 4				
Signature	Date	e		

LAKE GENEVA POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF INFORMATION

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

I,, fully rec	ognize that the City of Lake Geneva has the need to conduct
reference checks to verify information regarding a ca	andidate for appointment that cannot be verified through
examination. I understand that a reference check into	o all aspects of my qualifications will be conducted. I
understand that although some of the information is	a matter of public record, or would otherwise be accessible
to me, this information will be inextricably interwoven	with other confidential data to which I would not be privy, in
compliance with and pursuant to Section 103.13 of the	he Wisconsin State Statutes. I hereby authorize an employee
of the Lake Geneva Police Department or other auth	orized representative bearing this release, within one year of
its date, to obtain information and records pertaining	to me, including but not limited to, psychological
evaluations, internal investigations, citizen complaint	s, written reports, background investigations, and
evaluations.	

By signing the release and waiver below, I respectfully request and hereby authorize the City of Lake Geneva, or any representative thereof, to be provided and view any and all information you may have form or concerning the following:

- Employment history, including without limitation all disciplinary records, performance evaluations and any other matters contained in my personnel file and/or contained in any other files, documents or records that pertain to my employment;
- > Scholastic records, from any school, college, university and other educational institutions;
- Records from Municipal, State and Federal agencies;
- Law enforcement agencies, including arrest, criminal and driving records (Such records will not necessarily bar employment, and factors such as the age of the offense, seriousness and nature of the violation, relation to the job applied for, and evidence of rehabilitation will be taken into consideration);
- Credit agencies, shall be conducted in accordance with the Fair Credit Reporting Act and amendments thereto:
- Medical tests and records, in compliance with the Americans with Disabilities Act, upon conditional offer of employment, physical examinations, drug tests, etc. shall be conducted, with medical information maintained as confidential;
- > Reference checks and background investigations.

The undersigned hereby authorizes any person or legal entity who may be contacted by the City of Lake Geneva to release and transmit any information, data or opinions they may have. The undersigned further agrees to hold harmless and release from liability under any and all causes of legal action the City of Lake Geneva, its agents and employees, as well as persons, companies, schools, and others supplying such information, for any statements, acts, or omissions in the course of the investigation into the above referenced categories. On behalf of myself, my heirs, assigns and successors interest, I forever hereby release the above parties and hold them harmless from liability or damage whatsoever, which may result because of responses to this request for information under any and all possible causes of legal action, by any and all persons who shall request and/or furnish any information.

I hereby waive the right I have to bargain for difference waiver of liability terms.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release. I hereby knowingly, voluntarily, specifically, and permanently waive any rights I may have to examine, review, or to otherwise discover the contents of information received from references and all documents related thereto, whether by request, appeal, grievance, or by legal process.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files until you receive signed written instructions to the contrary.

Exceptions to this blanket authorization

 Any medical information in th offer of employment (per Ame 			il subsequent to a conditional
2			
3			
Date	Signature (Full N	ame)	
Address (Street and Number)	City St	ate ZIP	
Date of Birth:	Witness:		