



Describe any training you have that is not covered, such as correspondence courses, in-service training, or volunteer work which you feel is relevant to the job for which you are applying. Also include relevant licenses, certificates, typing speed, dictation rate and office machines you operate. Be specific. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**      May we contact your present employer?      Yes      No

Provide a complete description, and be certain to include service in the armed forces. Also, please indicate any changes in position under the same employer. Begin with your most recent employer.

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 \_\_\_\_\_

\_\_\_\_\_

3. Employer	Kind of Business	Location
Name/Address/Phone of Supervisor	Employed from _____ to _____ Reason for leaving:	Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____

Your Duties \_\_\_\_\_

\_\_\_\_\_

4. Employer	Kind of Business	Location
Name/Address/Phone of Supervisor	Employed from _____ to _____ Reason for leaving:	Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____

Your Duties \_\_\_\_\_

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### Equal Opportunity Statement

The City of Lake Geneva is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, handicap, physical condition, arrest or conviction received, age or any other area as prescribed below.

### Confidentiality

I hereby request that this application be kept confidential to the degree allowed under Wisconsin Statutes. I understand, however, that this application may be an open record under Wisconsin laws and subject to public inspection.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Certification Statement

I authorize the investigation of my personal character or employment 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 employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LAKE GENEVA POLICE DEPARTMENT**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

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

I, \_\_\_\_\_, fully recognize that the City of Lake Geneva has the need to conduct reference checks to verify information regarding a candidate for appointment that cannot be verified through examination. I understand that a reference check into 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 Wisconsin State Statutes. I hereby authorize an employee of the Lake Geneva Police Department or other authorized 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 complaints, 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**

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. \_\_\_\_\_

\_\_\_\_\_

Date Signature (Full Name)

\_\_\_\_\_

Address (Street and Number) City State ZIP

Date of Birth: \_\_\_\_\_ Witness: \_\_\_\_\_