

EQUAL OPPORTUNITY EMPLOYERS

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

Important: The information requested below is used to aid us in determining your qualifications for the position. It is important that this data be as complete as possible in order that you receive maximum consideration. Please list present and past full and part-time employment. Give special attention to experience relating to the job for which you are applying. Be sure to give volunteer work and any related self-employment and military service. You need not go back beyond 10 years unless you feel prior experience is reasonably related to the position for which you are applying. Use additional sheets if necessary. You may also attach a brief resume to further explain your qualifications.

From (Mo. & Yr.)	Title of your PRESENT position	Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties	Address	
How long employed?		Name & Title of Supervisor	
Hours worked per week		Can we contact your present employer? Yes - No -	

Starting Salary	Present Salary	Reason for leaving or considering change
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From (Mo. & Yr.)	Title of position held	Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties	Address	
How long employed?		Name & Title of Supervisor	
Hours worked per week		Reason for leaving	
Starting Salary	Last Salary		

From (Mo. & Yr.)	Title of position held	Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties	Address	
How long employed?		Name & Title of Supervisor	
Hours worked per week		Reason for leaving	
Starting Salary	Last Salary		

From (Mo. & Yr.)	Title of position held	Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties	Address	
How long employed?		Name & Title of Supervisor	
Hours worked per week		Reason for leaving	
Starting Salary	Last Salary		

PERSONAL REFERENCES

Name & Occupation	Address	Phone

CERTIFICATION STATEMENT: *(Read carefully before signing)* All information provided by me is true and correct to the best of my knowledge I understand that false statements, omissions or misrepresentations may be cause for rejection or, if employed, may be cause for my immediate dismissal. By signing below I also authorize the Village of Brooklyn and its assigns ("the Village") to perform a background check on all information provided by me on this application, including but not limited to information relating to pending criminal charges, past criminal convictions, and education and employment history. I further authorize any holder of information pertaining to the information supplied by me on this application to release such information to the Village, which shall remain confidential pursuant to Wisconsin law. I understand and agree that the Village shall not be held liable in any respect for any actions taken by the Village to check such information, nor shall the Village be held liable in any respect if my employment is either denied or terminated as a result of any false statements, answers, or omissions made by me on this application or on any other document submitted in connection with my application for employment.

I understand this is a preliminary application and not a contract to employ me. If employed, I agree to comply with all rules of the Village as a condition of continued employment.

Signature of Applicant

Date

Authorization for Release of Information

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

VILLAGE OF BROOKLYN
210 Commercial St.
Brooklyn, WI 53521

Employing Agency

I hereby authorize and empower an employee of the Village of Brooklyn or other authorized representative thereof bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal agencies,
2. Any current or previous landlord or place of residence contracts and contacts,
3. Any banking or financial institutions,
4. Any place of business (for purposes of obtaining credit or employment data),
5. Credit rating bureaus or institutions maintaining individual credit rating files,
6. Any previous employer or military service contacts,
7. Present employer(s),
8. Any school, college, university or other educational institution,
9. Any individual employed by a past or present employer.

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 the Village of Brooklyn, 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.

Applicant: _____
(Please Print)

Date: _____ Date of Birth: _____ Sex: _____ Race: _____

Address: _____

Signature: _____

Witness: _____ Date: _____