

CITY OF PORT WASHINGTON
100 West Grand Avenue, Port Washington, WI 53074-0307

Department: _____

Applicant's Authorization and Acknowledgment

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying résumé, if any) to provide any relevant information to the City of Port Washington that may be required to enable the City of Port Washington to arrive at an employment decision. I understand that I may be required to submit to a pre-employment physical examination, including substance abuse screening, prior to appointment. I agree that the results of such examinations and screening may be released to the City of Port Washington only for consideration of my employment. I consent freely and voluntarily to participate in required drug tests and/or pre-employment physical examination. I understand that I may be fingerprinted and a criminal record check made of local, state, or federal authorities and that a conviction is not an automatic bar to my employment.

PLEASE NOTE: Under Wisconsin State Statutes, the identity of applicants must be revealed unless a request for confidentiality is received from the applicant. If you desire for your employment application and all related references and documents to remain confidential to the extent allowed by Wisconsin Statutes, you must provide written request for confidentiality. If no written request is received from applicants, the applicants' names must be disclosed. Wisconsin Statutes do require if request is made for the names of the finalists considered for employment, they be provided to those requesting such information.

OPTIONAL: I request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes since they would tend to reveal my identity.

Signature of Applicant: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

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

I hereby empower an employee of the City of Port Washington or other authorized representative 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 law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any previous employer
5. Present employer
6. Any school, college, university or other educational institution.

I hereby release any Municipal, State, Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. Exceptions to this blanket authorization:

1. _____
2. _____
3. _____
4. _____

**COMPLETE ONLY IF YOU ARE
AT LEAST 18 YEARS OF AGE.**

Signature: _____

PLEASE PRINT (please state your full name, no nicknames):

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Driver's License # _____ State Issued: _____

Street Address: _____

City: _____ State _____ Zip: _____

Witness: _____ Date: _____