

**RELEASE AUTHORIZATION**  
**ONLY UPON RECEIVING A JOB OFFER, SHOULD AN**  
**APPLICANT COMPLETE THE FOLLOWING**

\_\_\_\_\_  
 Today's Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Please print your full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purposes.

\_\_\_\_\_  
 Please print other last names you have used

\_\_\_\_\_  
 Home address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Driver's license number

\_\_\_\_\_  
 Name as it appears on license

\_\_\_\_\_  
 Issuing State

**Security**

Have you used any other name(s) or Social Security number(s) than the one on this form?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of, and/or served time for a felony in the past seven years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

(In accordance with City policy, this information will be reviewed only insofar as it substantially relates to the circumstances of the particular job and time since last conviction.)

**GENERAL INFORMATION**

NOTICE: Applicants, except those certified for final employment, may request, in writing, that their identity as an applicant NOT be publicly revealed. [Wis. Stat. 19.36(7)]

I. In connection with my application for employment, I understand that an investigative report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by City policy, and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, criminal record, education, credit, and previous employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and be given the name of the agency or source of the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies.

IV. I hereby authorize, without reservation, to any law enforcement agency, institution, information service bureau, employer or insurance company contracted by the City of Waukesha to furnish information described in Section I.

**AFFIRMATIVE ACTION QUESTIONNAIRE**

The purpose of this section is to assist in monitoring our Affirmative Action Program and to aid in complying with required governmental recordkeeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide this information, please complete the following:

Title of position applying for:  
 \_\_\_\_\_

**Sex:** \_\_\_ Male \_\_\_ Female

**Race:** \_\_\_ Asian \_\_\_ Black \_\_\_ White \_\_\_ Hispanic \_\_\_ Other

**Veterans/U.S. Military Status:**

\_\_\_ Non-Veteran \_\_\_ Pre-Vietnam Veteran  
 \_\_\_ Vietnam Era Veteran \_\_\_ Post-Vietnam Veteran  
 \_\_\_ Other

**Active National Guard Reservist:** \_\_\_ Yes \_\_\_ No