

City of GREEN LAKE



November 1, 2020

Applicant:

Legislation requires that Employment Applications for local government positions be kept confidential if the applicant requests confidentiality in writing. It is not the intention of the City of Green Lake to disclose names of those who apply for employment. However, if asked, we are required to disclose the names of those who have not submitted a request for confidentiality.

If you wish to claim confidentiality, please fill out the bottom portion of this letter, and return it with your employment application.

Sincerely,

Barbara L Dugenske
Clerk-Treasurer

I, _____, request that my name and employment application be kept confidential.

Date _____ Signature _____



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 Green Lake, or other authorized representative thereof bearing this release, to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Any previous employer
3. Present employer
4. Any school, college university, or other educational institution
5. Any law enforcement or jail officer

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 City of Green Lake, 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.

Date

Print - Full Name

Date of Birth

Signature-Full Name

Address - Street and Number

City State Zip

Witness: _____
Signature

**CITY OF GREEN LAKE
APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap or any other legally protected status.

APPLICANT INFORMATION (PLEASE PRINT)

Date of Application _____

Name _____

Address _____

City/State/Zip Code _____

Telephone Number _____ Alternate Number _____

Are you a United States citizen or a permanent resident alien? _____ Yes _____ No
(In accordance with the Immigration Reform and Control Act of 1986, the City will employ only those persons legally authorized to work in the United States. Employment, if offered, is conditional upon this individual's ability to establish verification of identity and authorization to work in the United States.)

Position for which you are applying _____

On what date would you be available for work _____

Are you available to work: _____ Full-Time _____ Part-Time _____ Temporary

EDUCATION	NAME/LOCATION OF SCHOOL	HIGHEST GRADE COMPLETED	DEGREE/DIPLOMA EARNED	COURSE STUDIES
HIGH SCHOOL				
COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER				

MILITARY STATUS (check all that apply):

- Enlisted / active duty
- Enlisted or commissioned reserve or National Guard Service -- active duty for training only

Have you had any job-related training in the United States Military? _____

List any licenses, registrations and/or certificates you possess that are related to the job you are applying for (such as driver's license, professional certificates, post graduate training, etc.)

Describe any position-related training, apprenticeship skills, volunteer, or extra-curricular activities as relates to the job that you are applying for:

Describe any honors you have received _____

List professional, trade, or business memberships and offices held (you may want to exclude membership which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status)

EMPLOYMENT EXPERIENCE: Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer Name/ Phone Number	Address/Dates of Employment	Position	Salary	Reason(s) for Leaving
1.				
2.				
3.				
4.				
5.				

May we contact your current employer? _____

If you have been convicted of an offense other than minor traffic violations, list details below:

Charge	Date	Location	Court	Disposition of case

NOTE: Convictions are not an automatic bar to employment, but are reviewed in relation to the job applied for. Convictions not reported may be cause for discharge.

REFERENCES

Name	Address	Business	Phone Number
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree that the City of Green Lake, Wisconsin, shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application. I understand, also, that I am required to abide by all rules and regulations of the employer. I understand that any offer of employment or continued employment, if hired, may be conditioned upon the results of a physical examination, including potential substance abuse screening. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act.

Signature of Applicant

Date



FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange Interview: ____ Yes ____ No

Remarks _____

Interviewer _____ Date _____

Employed: ____ Yes ____ No Date of Employment _____

Job Title _____ Compensation _____ Department _____

By _____ Date _____

Name & Title