

# Employment Application

## *Authorization for Release of Information*

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I, (print name: First, M.I., Last ) \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, to a Village of Kronenwetter representative, a duly authorized agent of the Village of Kronenwetter whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records regarding driving status and drivers record as maintained by the Department of Transportation with the State as listed where the applicant has an operator's license. Also included are records of complaint, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, whatsoever located in any case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, including access to my educational files and my employee personnel files, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Village of Kronenwetter to consider in determining my suitability for employment by the Village. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Village of Kronenwetter. I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

Please provide the following information so that the Village of Kronenwetter can take appropriate steps to verify your credentials. No personally identifiable information will be released; it will be held in confidence by the Village.

FULL LEGAL NAME: \_\_\_\_\_  
FIRST M.I. LAST

PRIOR NAME: \_\_\_\_\_  
FIRST M.I. LAST

PRIOR STATE OF RESIDENCE: \_\_\_\_\_  
STATE DATE FROM DATE TO

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DRIVER'S LICENSE # & STATE OF ISSUANCE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

The Village requires an original signed copy to be sent to:

Village of Kronenwetter  
1582 Kronenwetter Drive  
Kronenwetter, WI 54455