

# VILLAGE OF SHOREWOOD

## APPLICATION FOR EMPLOYMENT

3930 N. Murray Avenue  
Shorewood, Wisconsin 53211



### Instructions for Applicant:

1. Type responses or print responses in blue or black ink.
2. Please respond to all questions. Credit may not be given for incomplete information.
3. Date and sign where required.

**Title of Position Applying For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### APPLICANT INFORMATION

\_\_\_\_\_  
Last Name                      First Name                      Middle I.                      Any other names by which you have  
been known on official records.

\_\_\_\_\_  
Address Number and Street                      City and State                      Zip

\_\_\_\_\_  
Contact Phone Number                      Alternate Phone Number

\_\_\_\_\_  
Email Address                      Social Security Number

### GENERAL INFORMATION

Are you 18 years of age or older?                      Yes                       No

Are you eligible to work in the United States?                      Yes                       No

Have you ever applied for employment with the Village of Shorewood?                      Yes                       No

If so, what position(s): \_\_\_\_\_

Have you ever been employed with the Village of Shorewood?                      Yes                       No

If so, what position(s): \_\_\_\_\_

Are any of your relatives presently employed with the Village of Shorewood?                      Yes                       No

If so, please provide name and relationship: \_\_\_\_\_

Do you have a valid driver's license?                      Yes                       No

Do you have a Class B CDL (only answer if position applying for requires it)?                      Yes                       No

**GENERAL INFORMATION (continued...)**

Have you been convicted of a crime other than minor traffic violations? Yes  No

If yes, please list below the charge and date of conviction. Feel free to provide additional explanation if needed. 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. Your conviction record will be forwarded to the Shorewood Police Department.

Charge(s)	Date	Additional Explanation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are any criminal charges or proceedings pending against you? Yes  No

Have you ever been discharged from any employment or asked to resign? Yes  No

If yes, please explain: \_\_\_\_\_

Are you currently employed? Yes  No

If yes, may we contact your present employer for references? Yes  No

Type of employment you desire: Full-time  Part-time  Temporary  Seasonal

What is the first date you would be available to start: \_\_\_\_\_

If awarded the job, what is the hourly wage that you desire? \_\_\_\_\_

**How did you hear about this position (check all that apply)?**

- \_\_\_\_\_ Village of Shorewood website
- \_\_\_\_\_ Neighbor / Friend / Family / Colleague
- \_\_\_\_\_ League of Wisconsin Municipalities website
- \_\_\_\_\_ Civic Info Kiosk in the Village Center
- \_\_\_\_\_ Village of Shorewood Manager's Memo
- \_\_\_\_\_ Village of Shorewood Facebook page
- \_\_\_\_\_ Online Job Posting Website – If yes, which website: \_\_\_\_\_
- \_\_\_\_\_ Association or Organization page – If yes, which website: \_\_\_\_\_

## EDUCATION AND TRAINING

### High School

Name of School	Graduation Date	Years Attended	GPA
Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Address	City/State		
Have you passed a high school equivalency or G.E.D. test:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### College/University

Name of School	Graduation Date	Years Attended	GPA
Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Address	City/State		
Degree	Major(s)	Minor(s)	

### College/University

Name of School	Graduation Date	Years Attended	GPA
Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Address	City/State		
Degree	Major(s)	Minor(s)	

Have you had any job-related training in the United States Military? Yes  No

If so, please describe: \_\_\_\_\_

**Please include any specialized training, apprenticeships, certifications, licenses or other skills you possess that relate to the position that you are applying for:**

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# VILLAGE OF SHOREWOOD

## CRIMINAL BACKGROUND CHECK – AUTHORIZATION TO RELEASE INFORMATION

Read the authorization for release of information form below. Your completion of this document allows the Shorewood Police Department to investigate your background and gives your permission for the release of information from the sources listed herein. After affixing your signature to the release form you must print your name beneath your signature.

To whom it may concern:

I request and authorize you to provide to the Village of Shorewood and/or any representative thereof any and all information that you may have concerning the following:

1. Employment history, including without limitation all disciplinary records, performance evaluations, sick leave records, and any other matters contained in my personnel file;
2. Scholastic records;
3. All medical records in your possession and/or control, including records of physical or mental examination;
4. Financial and credit information;
5. Records maintained by any law enforcement agency, including but not limited to records of arrest and/or conviction, juvenile records, or those relating to traffic violations.
6. Residential history including information from past and present landlords and/or mortgage/property management company records.

This information is to be used to assist the Village of Shorewood in determining my qualifications and fitness for the position I am seeking. Please provide to the Village and/or any representative thereof, any information falling within the categories of records listed above, including any information which would otherwise be considered confidential or privileged, and permit the Village to make copies of that information.

Pursuant to Section 103.13 of the Wisconsin State Statutes, demand is hereby made that you provide access, and, upon request, copies of all relevant records in your possession to the bearer of this waiver.

I hereby release, and hold harmless, on behalf of myself, my heirs, assigns and successors interest forever, both you and/or your employer or organization from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I covenant not to sue you or your employer or organization for any information which is released in response to this request. In making these statements, I understand that information which you give may result in my not being employed

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files.

Print Name (Last, First, Middle): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_