

DIRECTIONS FOR COMPLETING THE BACKGROUND INVESTIGATION FORM

1. Read and sign the GENERAL INFORMATION STATEMENT which immediately follows this page.
2. When completing this form, please PRINT CLEARLY. Use only BLACK ink.
3. Make sure that you sign all release forms so that the background investigation may be completed in a timely manner.
4. If you find there is not enough space to answer a specific question, provide as much information as the space permits. Then continue your response on an individual sheet of paper. Include the number of the question and maintain the same format as in the background investigation form.
5. If the question does not apply to you, please write N/A (not applicable).
6. Include any requested documents.
7. Again, be sure that you sign all forms.

Call the City at 920-756-2250, if you have any questions.

GENERAL INFORMATION STATEMENT

As an applicant finalist for employment as the _____ with City of Brillion, you are being asked to provide information about yourself which will be used in evaluating your suitability for employment with the department. The purpose of this request for information is to obtain information about you to permit the department to thoroughly analyze your qualifications and suitability for employment with us. Attached are several documents which require your signature and/or personal information about you. You are being requested to sign these documents and complete the information in order to permit this department to fully consider your suitability for employment with us. You are not legally required to supply any of the data requested or to sign any of the releases and authorization forms. Should you not provide that information, the department will be unable to fully and adequately determine your suitability for employment with this agency which will in turn reduce the chance you may have for employment with this agency.

The data which you are being asked to provide is defined as public data as listed under the Government Data Practices Act which includes, YOUR NAME, SALARY, CONTRACT FEES, ACTUAL GROSS PENSION, VALUE AND NATURE OF EMPLOYER PAID FRINGE BENEFITS, BASIS FOR AND AMOUNT OF ANY COMPENSATION, INCLUDING EXPENSE REIMBURSEMENT, IN ADDITION TO SALARY, JOB TITLE, JOB DESCRIPTION, EDUCATION AND TRAINING BACKGROUND, PRIOR WORKING EXPERIENCE, DATA OF FIRST AND LAST EMPLOYMENT, STATUS OF ANY COMPLAINTS OR CHARGES AGAINST THE EMPLOYEE, WHETHER THE COMPLAINT OR CHARGE RESULTED IN ANY DISCIPLINARY ACTION, FINAL DISPOSITION FOR ANY DISCIPLINARY ACTION AND SUPPORTING DOCUMENTATION, WORK LOCATION, WORK TELEPHONE NUMBER, BADGE NUMBER, HONORS AND AWARDS RECEIVED, PAYROLL TIME SHEETS OR OTHER COMPARABLE DATA THAT IS ONLY USED TO ACCOUNT FOR EMPLOYEE'S WORK TIME FOR PAYROLL PURPOSES, EXCEPT TO THE EXTENT THAT RELEASE OF TIME SHEET DATA WOULD REVEAL THE EMPLOYEE'S REASON FOR USE OF SICK OR OTHER MEDICAL LEAVE OR NONPUBLIC DATA, AND CITY AND COUNTY RESIDENCE. PUBLIC DATA IS DATA WHICH IS AVAILABLE TO ANY PERSON UPON REQUEST. The remaining data which you provide is considered to be private data as defined in Wisconsin Statutes 103.13 and 146.82, which you would be entitled to have access to. A third party is entitled to such data only with your consent, or pursuant to court order or statutory provision.

The authorizations, for information which you sign and the data you provide, may be conveyed to third parties. To the extent they reveal private information, they will be disclosed only to the extent that is necessary to do so to complete this employment investigation.

I HAVE READ AND UNDERSTAND THE ABOVE.

Signature Of Applicant _____ Date _____

PERSONAL DATA

1. What is your full name?

(LAST) (FIRST) (MIDDLE)

2. Give any other names you have used or been known by, and give reasons for the change (if none so state).

3. Where were you born? _____
(CITY) (STATE) (ZIP)

4. Please include a copy of your birth certificate.

5. Social Security Number: _____

6. Do you wear contact lenses or glasses? Yes ____ No ____ If yes, please explain:

RESIDENCE

7. Your current address? _____
STREET ADDRESS) (APT. #)

(CITY) (COUNTY) (STATE) (ZIP)

Phone # Home () ____ - ____ Phone # Work () ____ - ____

8. How long have you resided there? _____
With whom do you reside? _____

9. If you reside with someone other than spouse or parents, please list: _____
(FULL NAME) (DATE OF BIRTH) (OCCUPATION)

List his/her place of employment and address below:

(FULL NAME) (DATE OF BIRTH) (OCCUPATION)

List his/her place of employment and address below:

10. In chronological order, list each and every place in which you have lived during the past ten (10) years, beginning with your present address. (Include all address while you were in school or the military.

FROM	TO	ADDRESS

CITIZENSHIP

11. Are you native born or naturalized citizen? Please check one: Native born _____
 Naturalized _____ If you are naturalized citizen, fill-in the following:

Country of birth _____ Port or place of
 departure to the USA _____
 Date of departure _____

How were you transported to the USA? Please check one Ship _____ Plane _____ Train _____ Other _____
 Name of transport conveyance you arrived on _____
 Port or place of entry in USA _____
 Date of entry _____

Name and address of person who sponsored you on arrival _____
 First address after arrival _____
 How did you obtain citizenship? _____

(COMPLETE IMMIGRATION AND NATURALIZATION FORM ATTACHED AT END)

FAMILY RELATIONSHIPS

12. Are you single, married, separated, divorced, widow, or widower?
 Please indicate here: _____

13. If you have been married more than once, please give the following information:

Name Of Spouse (maiden if used now) Address Phone Number

14. Were you ever the parent of any children (including deceased)? Yes _____ No _____

15. If married, list the following information:

 (SPOUSE FULL NAME) (DATE OF BIRTH) (ADDRESS)

 (HOME PHONE) (WORK PHONE) (EMPLOYER'S NAME & ADDRESS)

16. List names of friends or associates. DO NOT include former employers or school teachers.

(NAME) (ADDRESS) (CITY) (STATE) (ZIP)

(HOME PHONE) (WORK PHONE) (EMPLOYER'S NAME & ADDRESS)

(NAME) (ADDRESS) (CITY) (STATE) (ZIP)

(HOME PHONE) (WORK PHONE) (EMPLOYER'S NAME & ADDRESS)

17. List no more than three (3) public employees that you might be acquainted with:

(NAME) (ADDRESS) (CITY) (STATE) (ZIP)

(HOME PHONE) (WORK PHONE) (EMPLOYER'S NAME & ADDRESS)

(NAME) (ADDRESS) (CITY) (STATE) (ZIP)

(HOME PHONE) (WORK PHONE) (EMPLOYER'S NAME & ADDRESS)

(NAME) (ADDRESS) (CITY) (STATE) (ZIP)

(HOME PHONE) (WORK PHONE) (EMPLOYER'S NAME & ADDRESS)

EDUCATION

18. List chronologically (earliest dates first) all schools and colleges you have attended:

FROM	TO	NAME OF SCHOOL & ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. What college degree(s) do you possess?

Undergraduate major in _____ Grade point average
(cumulative) _____ Total credits achieved towards degree _____ Graduate Major

NOTE: APPLICANT WILL SUPPLY COPIES OF ALL DIPLOMAS OR DEGREES UPON COMPLETION OF THIS APPLICATION BOOKLET.

20. Other than English, what language(s) do you: Speak _____
Understand _____

21. List any problems with school (absenteeism, tardiness, poor grades, other disciplinary problems), including college:

DATE	SCHOOL	PROBLEM	BRIEF EXPLANATION

22. List all awards received from high school and college:

MILITARY AND SELECTIVE SERVICE

23. If you are a male and were born after 1960, have you registered with the Selective Service? Yes _____
No _____ If Yes, provide Selective Service Number: _____ If No, please explain why:

24. Have you ever served in an active military organization of the United States? Yes _____ No _____ If
Yes, give details: _____

25. Have you ever served in a military organization of any foreign government? Yes _____ No _____ If
Yes, give details: _____

26. Give branch of service: _____ Military specialty:

27. Rank held: _____ Service Serial # : _____
Name of commanding officer at time of discharge: _____

28. Did you ever apply for the military, but later were disqualified from testing process? Yes _____
No _____ If Yes, please explain:

29. Give period(s) of active service:

From _____ To _____
From _____ To _____
From _____ To _____

30. List medals or decorations awarded from the service to you:

31. How many discharges/separations from the service were you given? Discharges _____
Separations _____

32. What is the type of your discharge(s) or separation(s):
(honorable, dishonorable, honorable conditions, medical, etc. Be exact. _____ Reason:

33. Were you ever court marshaled, tried or charged, or where you the subject of a summary court, deck
court, captain's mast, company punishment, or any other disciplinary action? Yes _____ No _____ If
Yes, how many times? _____ Give details of charges, agency concerned, dates, and dispositions:

34. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the
United States, any foreign government, or the National Guard of any state? Yes _____ No _____ If Yes,
state which, active or inactive _____ Branch _____

Regiment _____ Unit _____ Rank _____ Address _____

To _____ From _____

EMPLOYMENT

35. Present employer: _____

(NAME OF CO.) (PHONE #)

(ADDRESS) (CITY) (STATE) (ZIP)

Name of your present supervisor _____

Date hired _____ What position or duties do you have?

Can your current employer be contacted prior to a job offer? Yes _____ No _____ If No, please
explain: _____

36. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate
member? Yes _____ No _____ If Yes, give details:

37. List below, chronologically (earliest dates first), each and every place you were previously employed, since the age of 16. OMIT NONE. Give correct full addresses. Give dates of idleness between periods of employment in proper sequence. (Include all part-time employment.)

FROM	TO	NAME & ADDRESS OF EMPLOYER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

38. Were you ever discharged or asked to resign from employment? Yes _____ No _____ If Yes, please complete the following:

EMPLOYER _____

DATE LEFT _____

REASON FOR LEAVING _____

39. Were you ever subjected to disciplinary action in connection with any employment? Yes _____ No _____ If Yes, give details:

40. Have you ever possessed a professional or occupational license, permit, or certificate? Yes _____ No _____ If Yes, give details:

41. Has any license or permit (excluding driver's license or learner permit) issued by any city, state, or federal agency, ever been denied, revoked, suspended, or canceled to you, or to any corporation or partnership of which you were an officer, director, or partner? Yes _____ No _____ If Yes, give details: _____

42. List below every professional or social organization in which you are or were a member.

FROM	TO	NAME & ADDRESS OF ORGANIZATION

43. Have you ever been examined or treated for a nervous or mental disorder by a physician or at a clinic, hospital, sanitarium, or other institution or while in the military service? Yes ____ No ____ If Yes, give details:

FINANCIAL HISTORY

44. Have you any garnishment, wage assignment, or judgment pending against you? Yes ____ No ____ If Yes, complete the following:

WHAT TYPE	WITH WHOM: NAME & ADDRESS

WHEN	ORIGINAL AMOUNT	PRESENT PAYMENTS	MONTHLY PAYMENT	AMOUNT OF ARREARS

45. Have you ever received a student loan from a governmental or private agency? Yes ____ No ____ If Yes, give details: _____

46. Did you ever default on such loan? Yes ____ No ____ If Yes, give details: _____

47. Have you ever been bonded? Yes _____ No _____ If Yes, with respect to each time bonded, state details below:

DATE	BY WHOM	REASON FOR BONDING	NAME AND ADDRESS

48. Have you ever refused a bond? Yes _____ No _____ If Yes, by whom and why?

49. What is your present salary? \$ _____ Hourly rate? \$ _____

50. Do you have any income from any other source other than your principal occupation? Yes _____ No _____
 If Yes, how much? \$ _____ How often? _____
 Source _____

51. Do you own any real estate? Yes _____ No _____ Location of same:

LITIGATION

52. Were you ever a party to a civil action or proceeding in this state or elsewhere, or have you been named in a notice of claim that you may be a defendant in a civil action or proceeding? Yes _____ No _____ Indicate below civil action or proceeding.

DATE	ACTION OR PROCEEDING	AS PLAINTIFF, DEFENDANT PETITIONER, RESPONDENT	COURT DISPOSITION

53. Have you ever been named as a defendant in a criminal proceeding? Yes _____ No _____ If Yes, give details: _____

54. As an adult, have you ever been convicted for any violation of the criminal law? Yes _____

No ____ If Yes, complete the information below:

DATE	VIOLATION LOCATION	COURT DISPOSITION	YOUR AGE THEN	POLICE DEPT. CONCERNED

MOTOR VEHICLE & DRIVER'S LICENSE HISTORY

55. As an adult, have you ever received a citation for violation of the traffic laws in this state or any other state (exclude parking violations)? Yes ____ No ____ If Yes, complete the information below:

DATE	VIOLATION LOCATION	COURT DISPOSITION	YOUR AGE THEN	POLICE DEPT. CONCERNED

56. Was your driver's license or other vehicle operator's license ever revoked? Yes ____ No ____ Suspended? Yes ____ No ____

If you answered Yes to either one of the above, complete the below:

Which license: _____
 When: _____ Where: _____
 Why: _____

57. Have you ever been involved in a motor vehicle accident? Yes ____ No ____ If Yes, state details: _____

58. Do you or did you ever possess a Wisconsin Driver's License? Yes ____ No ____ If Yes, complete the following: Driver's license number _____
 Type of license _____ Year of expiration _____

59. Do you or did you ever possess a driver's license from another state? Yes ____ No ____ If Yes, complete the following: Name of state _____
 Type of license _____ Year of expiration _____

I CERTIFY THAT ALL OF THE STATEMENTS BY ME IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT ANY FALSE INFORMATION ON THIS APPLICATION MAY BE CAUSE FOR REJECTION. IF EMPLOYED, IT MAY RESULT IN DISCIPLINARY ACTION OR DISMISSAL.

(SIGNATURE OF APPLICANT)

(DATE)