

REFERENCES (Please list at least 2 former employer references we may contact):

NAME	COMPANY	REFERENCE'S POSITION	PHONE
------	---------	----------------------	-------

NAME	COMPANY	REFERENCE'S POSITION	PHONE
------	---------	----------------------	-------

NAME	COMPANY	REFERENCE'S POSITION	PHONE
------	---------	----------------------	-------

=====

Have you ever been convicted as an adult for any violations of law? YES NO Pursuant to City of Eau Claire policy, a criminal record will not be an automatic bar to employment and will only be considered as it relates to specific jobs.

If you checked yes, list all:

Date and Place	Nature of Offense	Disposition
----------------	-------------------	-------------

NOTICE TO APPLICANTS

PUBLIC RECORDS RELEASE OF IDENTITY AND APPLICATION INFORMATION

Wisconsin Statutes require public employers to treat the identity of applicants and applicable information as a public record if a request for information is made under the law. However, you may request by checking the appropriate box below that your identity and applicable information remain confidential and that information will not be released, unless you become a final candidate (as defined by state statute). Then, your identity may be disclosed as required under the public records law.

Yes (Maintain confidentiality, unless you are a finalist per the law.)

No (Do not maintain confidentiality.)

CERTIFICATION STATEMENT: (Please read, sign and date the following statement.)

I am aware that a thorough investigation of my entire background, which may include, but not be limited to, an investigative credit report, a criminal background check, a driver's license record check, and/or a reference check, is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the L.E. Phillips Memorial Public Library or its agent upon presentation of this or copy thereof. I understand that the background check might be done either before or after an employment decision is reached and, in fact, could conceivably be done on multiple occasions during employment.

I hereby certify that all answers to the above questions are true and I agree and understand that any false statements contained in this Application may cause rejection of this application or termination of employment.

DATE: _____

SIGNATURE: _____