

City of Madison Employment Screening Authorization

For Position of: _____ Department: _____

Completion of this form is voluntary. The collection of this information is necessary to determine your suitability for initial employment or promotion/transfer by the City of Madison, WI. For that purpose, this **Authorization** may be used to acquire information from organizations and individuals, including governmental and educational agencies, pertaining to your current and past employment or other official records. The information so obtained shall be used only for purposes consistent and in compliance with the laws of the State of Wisconsin and the ordinances of the City of Madison, WI.

Applicant name: _____ Date of Birth: _____
(Please print)

Mailing Address: _____
(Street) (City)

(State) (Zip)

Social Security Number: _____ Home Phone Number: (_____) _____
(Area Code)

This constitutes my **Consent and Authorization** to the **disclosure of any information or records** (excluding all medical records) to any duly authorized employment official and to a person acting on behalf of the entity of the City of Madison, WI, by any person, corporation, agency, association or governmental or educational entity, concerning my character, employment history (including any history of threatening or violent behavior in the workplace), official records (including conviction records and educational records), or military service as may be relevant or meaningful to a determination of my suitability for initial employment or promotion/transfer by the City of Madison, WI.

This **Authorization** is voluntarily signed and given with full knowledge and understanding of its meaning and with the understanding that the City of Madison WI, will take all reasonable measures to protect the described information against unauthorized disclosure to any persons not having a legitimate need for it in the discharge of official business of the City of Madison, the State of Wisconsin, the United States, and their agencies and instrumentalities.

A copy of this Authorization shall be as effective and valid as the original. This Authorization shall be valid until the Eligibility List for this position expires.

Date: _____ Applicant Signature: _____

Date: _____ Witness Signature: _____

Attachment to APM 2-25
Rev. 3/04/2008; 02/01/2006; 10/15/1999; Effective 10/16/1996