APPLICANT CONSENT AND DISCLOSURE FORM

Wisconsin's Fair Employment Law, ss. 111.31-111.395, Wis. Stats., prohibits discrimination because of a criminal conviction or pending charge. A criminal conviction or pending criminal charge may be a factor in the hiring decision. An actual check of conviction records and/or pending criminal charges will be conducted only if you are a finalist for the position. Such information will be considered only if there is a substantial relationship between the circumstances of the conviction and/or pending charge and the position for which the applicant applied. **Applicants who fail** to complete this form will not be further considered for employment. Note: Providing your social security number is one of the unique identifiers used to prevent incorrect matches.

NAME (Last, First, Middle)	DATE OF BIRTH (Month/Day/Year)		SOCIAL SECURITY NUMB	ER		
STREET ADDRESS	CITY, STATE, ZIP CODE					
OTHER NAMES YOU HAVE USED (including maiden)	DAY PHONE:		ETHNICITY			
POSITION SEEKING AND DEPARTMENT	EVENING PHONE:		GENDER Male			
If you are seeking a position that requires a valid driver's license, Milwaukee County will search motor vehicle records to review your driving record. Please list your Driver's License number, the expiration date, and the state that issued the license.						
DRIVER'S LICENSE NUMBER	E	XPIRATION DATE	STATE OF ISSUANCE			
Do you reside outside of Wisconsin or have you resided outside of Wisconsin in the last 3 years? NO YES If 'Yes', list each state and the dates you resided there.						
CITY & STATE		DATE OF RESIDEN	CE			
CITY & STATE		DATE OF RESIDEN	CE			
Milwaukee County may use a third-party vendor to obtain records from states other than Wisconsin.						
Do you have criminal charges pending against you? □ NO □						
Have you been convicted of, or pleaded 'no contest' to, or were guilty to a crime anywhere? Including federal, state, local, military, and/or tribal courts? ☐ NO ☐ YES						
If you answered "YES" to any of the above questions, please indicate the nature of the offense(s) below: (Attach additional pages if necessary)						
The nature of the offense(s)/charge(s)						
Date of offense(s)/charge(s)		Date of conviction				

Updated: May 22, 2018

Name and location of court					
Please discuss the details of the incident and the disposition/outcome (sentence, fine, probation, Huber, suspension).					
The nature of the offense(s)/charges(s)					
Date of offense	Date of convicts	ion			
Name and location of court					
Please discuss the details of the incident and the disp	osition/outcome	(sentence, fine, probation, Huber, suspension).			
The nature of the offense(s)/charges(s)					
Date of offense	Date of convicts	ion			
Name and location of court					
Please discuss the details of the incident and the disposition/outcome (sentence, fine, probation, Huber, suspension). The nature of the offense(s)/charges(s)					
Date of offense Date of conviction					
	Date of convict	IOII			
Name and location of court					
Please discuss the details of the incident and the disposition/outcome (sentence, fine, probation, Huber, suspension). A "NO" ANSWER TO ALL THE QUESTIONS ABOVE DOES NOT GUARANTEE EMPLOYMENT.					
By signing this form, I authorize the Milwaukee County Department of Human Resources or designee to conduct a background check and verify the information provided above. The background check may include inquiries on criminal history, motor vehicle records, employment history and/or education verification. I state that all the information is true and correct to the best of my knowledge and I understand that any falsification or omission of information may disqualify me for this position or, if hired, subject me to discipline up to and including discharge.					
APPLICANT SIGNATURE		DATE SIGNED			