

TOWN OF GENEVA

APPLICATION FOR OPERATOR'S LICENSE

FILE # _____ ORIGINAL _____ RENEWAL _____

NAME: _____ DATE OF BIRTH: ____/____/____
LAST FIRST MI M D Y

ADDRESS: _____ CITY: _____ STATE: _____
NUMBER & STREET

PLACE OF BIRTH: _____

TELEPHONE NUMBER: ____/____-____ SOCIAL SECURITY NUMBER: ____-____-____

MARITAL STATUS: SINGLE _____ MARRIED _____ IF YES, SPOUSE'S NAME: _____

CURRENT AND PREVIOUS EMPLOYMENT – PAST TWO YEARS: **IF DISCHARGED OR TERMINATED, WHY?**

NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____

REFERENCES:

NAME: _____ ADDRESS: _____ PHONE NUMBER: ____/____-____
NAME: _____ ADDRESS: _____ PHONE NUMBER: ____/____-____
NAME: _____ ADDRESS: _____ PHONE NUMBER: ____/____-____

LIST YOUR ADDRESS (ES) FOR THE PAST THREE YEARS:

ADDRESS: _____
ADDRESS: _____
ADDRESS: _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY LAWS OR ORDINANCES, INCLUDING TRAFFIC/PARKING? YES _____ NO _____
IF YES, LIST DATES AND REASONS: _____

ARE YOU A CONVICTED FELON: YES _____ NO _____ DO YOU HAVE ANY PENDING CRIMINAL CHARGES: YES _____ NO _____

NAME AND ADDRESS OF BUSINESS (ES) YOU WILL BE WORKING AT: _____

APPLICATION NEEDS TO BE NOTARIZED:

STATE OF WISCONSIN, COUNTY OF WALWORTH _____, BEING FIRST DULY SWORN ON OATH SAYS
APPLICANT'S NAME (PLEASE PRINT)
THAT HE/SHE IS THE PERSON WHO MADE AND SIGNED THE FOREGOING APPLICATION FOR AN OPERATOR'S LICENSE AND THAT ALL
STATEMENTS BY THE APPLICANT ARE TRUE.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____
MONTH

NOTARY PUBLIC, WALWORTH COUNTY, WI

APPLICANT'S SIGNATURE

OFFICIAL USE ONLY

RECOMMENDED FOR LICENSE: _____ DATE: ____/____/____
CHIEF OF POLICE

REASON FOR NOT RECOMMENDING LICENSE: _____

DATE APPROVED BY TOWN BOARD: ____/____/____ FEE PAID \$ _____ RECEIPT NO: _____ EXP. DATE: ____/____/____
M D Y M D Y

PROVISIONAL ISSUED: YES _____ NO _____ DATE: _____ NUMBER: _____

CRIMINAL HISTORY CHECKED: _____ DRIVER'S LICENSE CHECKED: _____ FELON: _____