

# WASHBURN COUNTY

## Application for Employment

An Equal Opportunity Employer

Submit Completed Application to:  
 Washburn County Department of Administration/Personnel  
 PO Box 337 · Shell Lake, WI 54871  
 Fax: 715-468-4628 - Email: adminper@co.washburn.wi.us

Please print or write legibly. A resume does not replace a completed application.

<b>POSITION FOR WHICH YOU ARE APPLYING</b>				<b>DATE</b>	
LAST NAME		FIRST NAME		MIDDLE NAME	
HAVE YOU BEEN KNOWN BY ANY OTHER NAME? IF SO, PLEASE INDICATE:					
PRESENT ADDRESS (Number, Street)			APT	CITY	
				STATE	ZIP CODE
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		EMAIL ADDRESS	
IF ANY MEMBER OF YOUR FAMILY IS CURRENTLY EMPLOYED BY WASHBURN COUNTY, PROVIDE NAME AND RELATIONSHIP				ARE YOU PRESENTLY EMPLOYED BY WASHBURN COUNTY?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
WHAT TYPES OF EMPLOYMENT ARE YOU SEEKING? (Check only those you will accept)			IF THE JOB REQUIRES UNUSUAL HOURS (including weekends and nights) WOULD YOU BE WILLING TO ACCEPT IT?		
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> MAY BE WILLING TO ACCEPT A TEMPORARY OR SEASONAL POSITION			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			WHEN WILL YOU BE AVAILABLE FOR EMPLOYMENT?		
IF THE JOB REQUIRES USE OF A MOTOR VEHICLE, DO YOU HAVE A VALID WISCONSIN DRIVER'S LICENSE? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>					
IF THE JOB REQUIRES IT, DO YOU HAVE ACCESS TO A CAR? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>					
ARE YOU A UNITED STATES CITIZEN OR DO YOU HAVE PERMISSION TO WORK IN THE UNITED STATES FROM THE U.S. IMMIGRATION AND NATURALIZATION SERVICE? YOU WILL BE REQUIRED TO PROVIDE PROOF, IF HIRED. <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>					
IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>					
HAVE YOU FILLED OUT AN APPLICATION WITH WASHBURN COUNTY BEFORE? IF SO, GIVE THE DATE: <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>					
HAVE YOU BEEN EMPLOYED BY WASHBURN COUNTY BEFORE? IF SO, GIVE THE DATE: <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>					
ARE YOU CURRENTLY EMPLOYED? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>					
MAY WE CONTACT YOUR CURRENT OR PREVIOUS EMPLOYERS? IF NO, NAME AND EXPLAIN EXCEPTIONS <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>					
HAVE YOU HAD ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY? IF YES, PLEASE DESCRIBE: <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>					
PLEASE TELL US HOW YOU HEARD OF THIS JOB OPENING.					

## EDUCATION AND TRAINING

<b>GRAMMAR &amp; HIGH SCHOOL</b> (select the highest year completed) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<b>NAME &amp; LOCATION OF HIGH SCHOOL</b>	<b>GRADUATED OR EQUIVALENT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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### COLLEGE, UNIVERSITY, BUSINESS, VOCATION, OR OTHER SCHOOLS ATTENDED

NAME & LOCATION OF INSTITUTION	DATES ATTENDED		COURSE OF STUDY GIVE MAJOR, MINOR, TYPES OF PROGRAMS PURSUED	DEGREE, DIPLOMA OR CREDITS EARNED
	FROM	TO		

DESCRIBE ANY EDUCATION OR TRAINING YOU HAVE HAD WHICH IS NOT COVERED ABOVE, SUCH AS CORRESPONDENCE COURSES, SERVICE SCHOOLS, INSERVICE TRAINING. GIVE DATES.

INDICATE ACADEMIC HONORS OR OTHER SCHOOL ACHIEVEMENTS WHICH MAY BE HELPFUL IN EVALUATING YOUR BACKGROUND.

IF CURRENTLY LICENSED OR REGISTERED TO PRACTICE IN WISCONSIN AS A MEMBER OF SOME PROFESSION OR TRADE, INDICATE TYPE OF LICENSE OR REGISTRATION.

LIST MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS.

TYPING SPEED	DICTATION SPEED	OFFICE MACHINES YOU OPERATE
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DESCRIBE HERE TO WHAT EXTENT YOUR TRAINING AND EXPERIENCE HAVE GIVEN YOU THE TECHNICAL KNOWLEDGE, SKILL AND INTEREST TO PERFORM THE TYPE OF WORK FOR WHICH YOU ARE APPLYING.

**WORK EXPERIENCE**

Give a complete record of any employment, self-employment, military service, or volunteer experience you have had in the past 10 years. You may include positions beyond the 10-year period if they are related to the position for which you are applying. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position.

PRESENT OR MOST RECENT EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, State, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME, TITLE & PHONE NUMBER OF SUPERVISOR	
YOUR DUTIES		FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME _____ hours per _____	
		BEGINNING PAY	ENDING PAY
		\$ _____ PER _____	\$ _____ PER _____

EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, State, Zip Code)	REASONS FOR LEAVING	NAME, TITLE & PHONE NUMBER OF SUPERVISOR	
YOUR DUTIES		FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME _____ hours per _____	
		BEGINNING PAY	ENDING PAY
		\$ _____ PER _____	\$ _____ PER _____

EMPLOYER	YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, State, Zip Code)	REASONS FOR LEAVING	NAME, TITLE & PHONE NUMBER OF SUPERVISOR	
YOUR DUTIES		FROM (Month & Year)	TO (Month & Year)
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME _____ hours per _____	
		BEGINNING PAY	ENDING PAY
		\$ _____ PER _____	\$ _____ PER _____

USE A SEPARATE SHEET TO CONTINUE WITH ANY ADDITIONAL QUALIFYING EMPLOYMENT DATA, USING SAME FORMAT AS ABOVE.

**REFERENCES**

List two business and two personal references that we may contact at this time who are NOT related to you and have definite knowledge of your qualifications for the position that you are applying. Do not give names of supervisors listed under experience.

NAME, TITLE, BUSINESS OR OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME, TITLE, BUSINESS OR OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME, TITLE, BUSINESS OR OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME, TITLE, BUSINESS OR OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH WASHBURN COUNTY**

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, I may be terminated. I agree that Washburn County shall not be held liable in any respect if my employment is terminated because of false, incomplete, or misleading statements, answers, or omissions made by me in this application. I also authorize pertinent companies, agencies, municipalities or persons to give Washburn County any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Washburn County including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever. I further understand that I may be asked to undergo substance abuse screening prior to appointment to a position with Washburn County and, additionally, that if offered employment I may be asked to undergo a physical examination. Refusal to participate will result in the rejection of my application.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By submitting this form electronically, you are vouching that the facts contained therein are true and correct. If your application results in employment with Washburn County, you will be asked to personally sign this form.

Washburn County considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

**AFFIRMATIVE ACTION INFORMATION**

Qualified applicants and employees are considered for and during employment without regard to race, color, religion, sex, national origin, age, marital and veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status.

In order for us to comply with Federal Equal Employment Opportunity record keeping and reporting requirements, please answer the questions below. This form will be kept in a confidential file separate from other application materials and will not be used by anyone during the interview process. Completion of this form is purely voluntary. No adverse consequences will follow if you choose not to complete the form.

TITLE OF POSITION FOR WHICH YOU ARE APPLYING _____	DATE _____
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NAME: \_\_\_\_\_ SEX:  MALE  FEMALE

Racial/Ethnic Identification: Check the box that most accurately describes your racial/ethnic identity. (Make only one selection.)

- White, not of Hispanic origin.** Persons having origins of any of the original people of Europe, North Africa, or the Middle East
- Black, not of Hispanic origin.** Persons having origins of any of the Black racial groups of Africa
- Hispanic.** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race
- Asian or Pacific Islander.** Persons having origins of any of the original people of the Far East, Southeast Asia, the Indian sub-continent or the Pacific Islands. (For example: China, Japan, Korea, the Philippine Islands and Samoa).
- American Indian or Alaskan Native.** Persons having origins of any of the original people of North America and who maintain cultural identification through tribal affiliation and community recognition.

Veteran Status:  Non-Veteran  Vietnam Veteran (8/64 through 7/75)  Other Veteran

Martial Status:  Married  Single

Disability:  Yes  No  Do Not Wish to Answer

If yes, please describe:

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Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

# Washburn County

## Authorization to Conduct a Background Check

By signing below, I authorize pertinent companies, agencies, municipalities or persons to give Washburn County any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Washburn County. Please know that this information will be held in strict confidence and will not be shared or disseminated in any manner to any third party not directly involved in the hiring decision. We do not sell or distribute confidential identifying information for any purpose and will use this information solely for the purpose of the background check.

NAME \_\_\_\_\_  
Last First Middle Initial

ADDRESS \_\_\_\_\_  
Street City Zip

PHONE \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Have you ever used or been known by any other names (including maiden or other married names)? NO  YES  - If yes, what names have you used?

By signing below, I also swear or affirm the following (check one):

I have not been convicted of a felony and there are currently no outstanding criminal charges pending against me.

I have been convicted of a felony and/or there are current outstanding criminal charges pending against me. (If you checked the box for this statement, please provide background information including date(s) of conviction(s) or arrest(s), and type of criminal offense).

Wisconsin Fair Employment Act Statutes, sections 111.31 to 111.395 prohibits discrimination because of criminal record or pending charges, unless the record or charge substantially related to the circumstances of the particular job or licensed activity.

I certify to the best of my knowledge that these responses are true and complete.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date