

WAUPACA COUNTY EMPLOYMENT APPLICATION

Submit applications to:
Waupaca County HR Department
811 Harding Street, Waupaca, WI 54981

Telephone: 715-258-6210
Fax: 715-258-6330
E-Mail: melissa.stoiber@co.waupaca.wi.us

Waupaca County is an equal opportunity employer.

All hiring, promotion practices, and other terms and conditions of employment shall be maintained and conducted in a manner which does not illegally discriminate on the basis of age, race, religion, color, disability, pregnancy, marital status, sex, national origin, ancestry, or any other legally protected status.

APPLICATION INSTRUCTIONS:

- Please print in ink or type
- This application must be fully completed to be considered for employment. Incomplete applications may be rejected.
- If more space is needed, please indicate this on the application form and attach the additional paper to the application.
- Applications received after the deadline will not be considered.
- A separate application is required for each position.

POSITION APPLIED FOR: _____ **DATE:** _____

PERSONAL INFORMATION

Last Name:	First	MI	Former name(s):
Mailing Address:			Social Security Number - -
City, State, Zip:			E-mail address:
Best time to call you at home is:	Home Phone () -		Cellular Phone (Optional) () -
May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Phone () -		Best time to call you at work is:
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been employed by Waupaca County before? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, give dates:		Department:	Position:
Are you interested in: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Are you interested in (Lakeview Manor Applicants Only): Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift <input type="checkbox"/>			Date available to begin work:
Can you travel if position required it? Yes <input type="checkbox"/> No <input type="checkbox"/>	Wisconsin Drivers License: Yes <input type="checkbox"/> No <input type="checkbox"/>		Commercial Drivers License: Yes <input type="checkbox"/> No <input type="checkbox"/> CDL Classes: Endorsements:
Are you currently receiving or have you applied for an annuity under the Wisconsin Retirement System? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you related to any existing employee of Waupaca County and if so what is the nature of the relationship (spouse, parent, child, etc.) _____			
How did you learn about this position? Friend/Relative: _____ Visit Personnel Office: _____ Newspaper (please specify) _____ Other (Please specify): _____ Waupaca County Website: _____ Other Website (Please specify): _____			

EMPLOYMENT HISTORY

Give a complete record of any employment, self-employment, military service or volunteer experience you have had in the past 10 years. Please 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. Please note that it is the policy of Waupaca County to contact an applicant's current employer only after that applicant has been deemed a finalist for a position.

Name of Employer	Telephone () -	Employed (Mo. & Yr.) From To
Address		Hours per Week
Name of Supervisor/Title:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you have Supervisory Responsibilities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, # Supervised: _____
Your Job Title: Describe Your Work:		Reason for Leaving:

Name of Employer	Telephone () -	Employed (Mo. & Yr.) From To
Address		Hours per Week
Name of Supervisor/Title:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you have Supervisory Responsibilities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, # Supervised: _____
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Your Job Title: Describe Your Work:		Reason for Leaving:

(For additional employers, please use a separate piece of paper)

Explain any gaps in employment:

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY (Major)	NUMBER OF YEARS COMPLETED	DEGREE OR DIPLOMA ACHIEVED
High		Not Applicable		
College				
Graduate				
Other				

REFERENCES

List 3 Personal Or Professional References. Do NOT include family members	Name	Occupation	Phone Number	Best Time to Call	Years Known
	1.				
	2.				
	3.				

RECORD OF LAW ENFORCEMENT CONVICTIONS

Have you ever been convicted of an offense other than minor traffic violations? Yes _____ No _____. If yes, list details below. Use additional sheet if necessary. Convictions are not an automatic bar to employment. This information will only be used if relevant to the position for which you are applying.

DATE	MUNICIPAL/COUNTY/STATE	LAW VIOLATED	(DISPOSITION: Bail, Forfeited, Fined, etc.)

SPECIAL SKILLS AND QUALIFICATIONS

Describe any specialized training, apprenticeship, job-related skills and extra-curricular activities: (equipment operated, software programs, foreign languages, professional licenses, etc.)

PROFESSIONAL OR CIVIC ORGANIZATION MEMBERSHIP

List professional, trade, business or civic activities and office held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Please provide any other information which you feel pertinent to this application:

Waupaca County requires a pre-employment physical examination and for certain positions a pre-employment drug test may be required. Waupaca County reserves the right to test all applicants for job related skills.

AUTHORIZATION AND SIGNATURE

I hereby certify that the answers given by me to the questions and statements on this application are true and correct. I hereby authorize the County to contact references, past or present employers, persons, schools, law enforcement agencies and other sources of information, which may be relevant to my application for employment.

This application is good only for the position I am applying for at this time. To be considered for future positions, a new application must be completed at the time the position is being recruited.

Employees of Emergency Management Department, Sheriff's Office, and Highway Department (excluding the Highway Department's clerical and engineering staff) must become residents of Waupaca County. Failure to comply with this condition of employment within the time frame allowed will result in termination.

It is understood and agreed that any misrepresentation, false statement or omissions by myself in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the County.

Persons offered certain positions may be required to pass a drug/alcohol, medical, physical fitness, psychological, criminal background check, or other job related examination.

I hereby acknowledge that I have read and understand the statements above.

Applicant's Name (Print) _____

Applicant's Signature: _____ Date: _____

If you need any special accommodations for an interview, please request this in advance. Thank you for completing this application and for your interest in employment with Waupaca County.