

**EMPLOYMENT APPLICATION  
 JUNEAU COUNTY HUMAN RESOURCES  
 220 EAST STATE STREET, ROOM 205, MAUSTON, WI 53948  
 608-847-9344**

**POSITION APPLIED FOR** \_\_\_\_\_

**DATE** \_\_\_\_\_

Name (Last, First, Middle)	Social Security Number
Current Address (Street, City, State, Zip)	
Telephone Number	Email Address

Are you a United States citizen or a permanent resident alien?  United States Citizen  Permanent Resident Alien  
 If not, what is your immigrant status? \_\_\_\_\_ (If you are hired, you will be required to submit verification of your legal right to work in the United States.)

Have you filed an application with us before?  Yes  No If so, when? \_\_\_\_\_

Date available to begin employment: \_\_\_\_\_

Please check employment preference:  Full time  Part time  Temporary

Driver's License Number: \_\_\_\_\_ Is this license Wisconsin or Out-of-State?  Wisconsin  Out-of-State

CDL Classifications \_\_\_\_\_ CDL Endorsements \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

**EDUCATION**

School	Name and Location of School	Major Field	Highest Grade Completed	Degree or Diploma Earned
High School				
College				
Graduate				

Professional license/Registration \_\_\_\_\_

List any other education, training, specific skills, certificates and licenses that you possess related to this job:

\_\_\_\_\_

List any machines or equipments that you are qualified/experienced at operating: Include typing speed.

\_\_\_\_\_

### EMPLOYMENT HISTORY

Are you currently employed?  Yes  No May we contact your current employer?  Yes  No

List any previous names used in employment history: \_\_\_\_\_

List your previous employment below, if applicable:

Company Name	Telephone	Dates of Employments
Address		Job Title/Position
Supervisor's Name		Ending Salary
Describe work		Reason for leaving

Company Name	Telephone	Dates of Employments
Address <small>Click here to enter text.</small>		Job Title/Position
Supervisor's Name		Ending Salary
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Describe work		Reason for leaving

**PROFESSIONAL REFERENCES:** List three persons familiar with your professional ability whom we may contact (NO RELATIVES OR CURRENT AND PAST SUPERVISORS).

NAME	ADDRESS	BUSINESS	TELEPHONE NUMBER

Have you ever been involuntarily terminated from a job?  Yes  No If yes, provide name of employer and a brief explanation of the circumstances. \_\_\_\_\_

Have you been convicted of a felony or a misdemeanor in the last 10 years?  Yes  No

If yes, when? \_\_\_\_\_

If yes, for what have you been convicted? \_\_\_\_\_

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 will render this application void, and if employed will result in termination. I agree that Juneau County shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application and through this process.

I also authorize pertinent companies, schools, agencies or persons to give any information requested regarding my employment, character, experience, qualifications and/or suitability for employment. 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 I will not request copies of such information. In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I understand that any offer of employment or continued employment, if hired, may be conditional upon passing a physical examination, including substance abuse screening. Refusal to participate will result in termination or denial of employment.

Qualified applicants receive equal consideration and no question asked is for the purpose of excluding an applicant due to age, race, religion, creed, color, handicap, marital status, sex, sexual preference, national origin, ancestry, arrest, or conviction record as prohibited by law or regulation. JUNEAU COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The application will remain on file for 6 months from the date of application. Incomplete applications will not be processed. Juneau County will not accept the telephone updates of applications.

**JUNEAU COUNTY RELEASE OF INFORMATION**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**  
(for official use only, not to be released to unauthorized individuals)

Information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omission(s) may be cause for rejections or may be cause for subsequent dismissal if I am hired.

I authorize a representative of Juneau County within six months of the date on this application, to obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies
2. Selective Service System
3. Any banking Institution
4. Any place of business (purpose of obtaining credit or employment data)
5. Credit rating bureaus or institutions maintaining individual credit rating files
6. Any previous employer
7. Present employer (unless otherwise requested)
8. Personal references as provided on application
9. Any school, college, university or other educational institution
10. Any law enforcement certification or licensing board of Wisconsin or any other state

**Exceptions to this blanket authorization**

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act)
- 2.
- 3.

This release is executed to authorize Juneau County, as a prospective employer, to obtain information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Applicant Signature

Date

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## INSERT TO APPLICATION FOR EMPLOYMENT WITH JUNEAU COUNTY

Position applying: \_\_\_\_\_ Date: \_\_\_\_\_

### Affirmative Action Information

In order for us to measure the progress of our Affirmative Action Program as established by our County Board of Supervisors, we request that you provide the following information. The State of Wisconsin permits us to ask applicants to voluntarily declare such information provided it is used only for statistical purposes. This section will be detached from your application form and kept confidential.

Sex:  Male  Female

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

How do you describe yourself in the following terms:  American Indian/Native American  White Caucasian  
 Mexican American/Spanish Surnamed  Black/Afro American Negro  Latin American/Chino-Porto Rican   
Oriental/Asian American  Other

Veteran Status:  Non-Veteran  Vietnam Era 8/1964-1/1977  Other

Marital Status:  Married  Single

Handicap: \_\_\_\_\_

How did you hear about this vacancy? \_\_\_\_\_