



SHEBOYGAN COUNTY HUMAN RESOURCES DEPARTMENT

508 NEW YORK AVENUE, SHEBOYGAN, WI 53081

APPLICATION FOR EMPLOYMENT

Sheboygan County is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, genetic make-up, or any other legally protected status.

INSTRUCTIONS (please read carefully):

1. Applications are accepted for current open positions.
2. A separate application must be completed and submitted for each position for which you seek consideration.
3. Cover letter and resume are required, along with a fully and accurately completed application for employment.
4. Applicants needing assistance in completing the form may contact the Human Resources staff or call (920) 459-3105.

Applicant Full Name	
Address	
City, State, ZIP	
Home Phone #	
Cell Phone #	
Email Address	

Are you at least 18 years of age?	Are you legally eligible to work in the United States?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A conviction may be relevant if substantially related to the job, but will not necessarily disqualify an applicant from possible employment.

Do you currently have a pending criminal charge against you or have you ever been convicted of a crime, either a misdemeanor or a felony?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please provide date(s) and type(s) of conviction(s):

EMPLOYMENT DESIRED

Position Applying For:

Position Location:

How did you learn of this position?

<input type="checkbox"/> Walk In	<input type="checkbox"/> Sheboygan County Website	<input type="checkbox"/> Social Media (Facebook/LinkedIn)
<input type="checkbox"/> Job Center of Wisconsin	<input type="checkbox"/> CareerBuilder	Other: _____
<input type="checkbox"/> County Employee (indicate name):		

Start Date:	Salary Desired:	Are you employed now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If applying for a position involving shifts, what shift(s) are you available? Please check all that apply.

<input type="checkbox"/> First/Days	<input type="checkbox"/> Second/Afternoons	<input type="checkbox"/> Thirds/Nights
Have you been previously employed by Sheboygan County?		If so, when and where?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

FORMAL EDUCATION

LEVEL	ADDRESS	DID YOU GRADUATE?	COURSE OF STUDY/MAJOR	CREDITS EARNED
High School				
College/University				
Military				

Additional or Specialized Education (if any):

FORMER EMPLOYERS List below your former employers, starting with the most recent.

Dates	Name & Address of Employer/Name of Supervisor	Salary	Position	Reason for Leaving

REFERENCES List three persons not related to you whom you have worked with and know your work.

Name	Business	Address	Phone #

SKILLS

If the job you are applying for required the driving of a vehicle, please provide the following information:

Do you have a valid Wisconsin driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial Driver's License (CDL):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List CDL Endorsements:	
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Please list any additional skills or abilities applicable to the position for which you are applying: (include clerical, computer, mechanical, medical, etc.)

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For office or clerical positions, state your approximate keyboarding speed (test may be required) Words per Minutes:	
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Are you able to perform all the duties of, and work the schedule required for the position you are applying for, with or without reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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CONSENT

In considering my application for employment, the county may verify the information on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any information necessary concerning my background. I understand that, if employed, any misrepresentation of fact on this application could result in dismissal, no matter how long after employment the misrepresentation is discovered. I understand that any offer of employment will be contingent upon satisfactory completion of a drug screening, background check, and a physical examination at the county's expense if required.

I hereby affirm that the foregoing information is true and correct.

<input type="checkbox"/> If this is checked, then I request that the County not contact my present employer without my specific consent.
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Signature	Date
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CONFIDENTIALITY

I hereby request this application be kept confidential to the degree permitted by Wisconsin law. I understand, however, that if I become a finalist for a position that this application will become public record.

Signature	Date
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APPLICANT DATA RECORD

Applicants are considered 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.

The Americans with Disabilities Act (ADA) cover individuals that "have a mental or physical impairment that substantially limits one or more major life activities, have a record of such impairment, or who are regarded as having such impairment."

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government recordkeeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

Position Applied For:					
Last Name:		First Name:		Middle I:	
Address:		City:		State:	ZIP:

VOLUNTARY SURVEY

Government agencies at times required periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Gender:				
<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Ethnic Origin:				
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian/Alaskan Native
Vietnam Era Veteran:				
<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Disabled Veteran:				
<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Handicapped Individual:				
<input type="checkbox"/> Yes	<input type="checkbox"/> No			