

Regular Application For Employment



Marinette County

Human Resources
1926 Hall Avenue
Marinette, WI 54143-1717

PLEASE PRINT IN INK OR TYPE

Marinette 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, creed, political or religious affiliation, color, disability, marital status, gender, sexual orientation, national origin, ancestry, arrest record or conviction record.

Please print in ink. Answer all questions completely. Incomplete applications may be rejected. Any application submitted after the deadline will not be considered. A separate application is needed for each position applied for.

POSITION APPLYING FOR: _____

DATE: ___/___/___

PERSONAL	Last Name _____		First _____	Middle Initial _____	Former/Maiden Name(s) _____	
	Street Address _____				Phone (include area code) _____	
	City, State, ZIP _____				Email Address _____	
	Date available to begin work: ___/___/___		Can you travel if the job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	SS Number: _____ - _____ - _____		Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been employed by Marinette County before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Driver's License Number: _____ State _____		Are you fluent in languages besides English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give date and former name: _____	
	Do you hold a commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, list language(s): _____		Expected Salary/Hourly Rate: \$ _____	
	Type _____					
	Endorsements: _____					
	Are you interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			Are you available for: <input type="checkbox"/> Shift work <input type="checkbox"/> Weekend work <input type="checkbox"/> Overtime		
High School Diploma/GED Date: ___/___/___			*Attach sheet if more space is needed*			
Education Beyond High School:						
Name of School _____						
Field of Study _____		Dates of Attendance ___/___/___ - ___/___/___				
Education Attained (check one; if unable to provide proof do not check)						
<input type="checkbox"/> Attendance Only		<input type="checkbox"/> Technical Diploma/Degree		<input type="checkbox"/> Bachelor's Degree		
<input type="checkbox"/> License/Certificate		<input type="checkbox"/> Associate's Degree		<input type="checkbox"/> Master's Degree		
Name of School _____						
Field of Study _____		Dates of Attendance ___/___/___ - ___/___/___				
Education Attained (check one; if unable to provide proof do not check)						
<input type="checkbox"/> Attendance Only		<input type="checkbox"/> Technical Diploma/Degree		<input type="checkbox"/> Bachelor's Degree		
<input type="checkbox"/> License/Certificate		<input type="checkbox"/> Associate's Degree		<input type="checkbox"/> Master's Degree		
Do you have a pending criminal charge against you and/or have you ever been convicted of a crime, either misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please explain: _____						
<small>NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.</small>						

Have you had any Traffic Incidents, Violations, Forfeitures or Accidents in the past 5 years? YES NO

If yes, please list below, attach sheet if more space is needed:

Date of Incident (month/year)	Incident/Violation Description	State Incident/Violation Took Place	Penalty (if any) (forfeited bond, collateral and/or points)

Have you had a license from a different state within the last 5 years? YES NO (if Yes, please list which state and previous driver's license number)

State: _____ Driver's License Number: _____

****If you are unsure of your driver record history, please verify with applicable DMV before submitting application.**

MILITARY	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES		Branch of Service
	Describe your duties and any special training		Period of Active Duty (Month & Year)
			From _____ To _____
	Rank at Discharge	Type Discharge	
			Date of Final Discharge

OTHER SKILLS	List any additional skills related to the job for which you are applying.

Employment History *Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. Account for ALL TIME. Indicate name used if different than name on this application. DO NOT REFER US TO YOUR RESUME! Resume and application are separated during selection and you will appear unqualified if you do not complete this section in its entirety.*

Are you presently employed? Yes No May we contact your present employer? Yes No

Company Name	Company Telephone	Employed (month and year) From _____ To _____
Company Address		Weekly pay Start _____ Last _____
Name of Your Supervisor	Your Job Title	Hours per week
Responsibilities		Reason for leaving

Company Name	Company Telephone	Employed (month and year) From _____ To _____
Company Address		Weekly pay Start _____ Last _____
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Company Name	Company Telephone	Employed (month and year) From _____ To _____
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Responsibilities		Reason for leaving

Company Name	Company Telephone	Employed (month and year) From _____ To _____
Company Address		Weekly pay Start _____ Last _____
Name of Your Supervisor	Your Job Title	Hours per week
Responsibilities		Reason for leaving

AUTHORIZATION AND RELEASE

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I hereby authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the person, company, or former employer from all liability for any damage that may result from utilization of such information.

I hereby agree to submit to any lawful drug, or skills testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. As a condition of employment, I understand I am required to comply with Marinette County's drug-free workplace policy. I also understand that this application is not, and is not intended to be a contract for continued employment.

I understand this authorization and release is valid for three years from the date of my completing the application or throughout my employment, whichever is later.

Date _____/_____/_____

PRINT Name _____

Signature _____

It is the policy of Marinette County not to discriminate against any employee or applicant for employment, nor does Marinette County tolerate harassment of any kind because of race, religion, color, national origin, sexual orientation, pregnancy, age or gender. This policy applies not only to employment, but also to promotion, demotion, transfer, recruitment, termination and other personal matters.

It is the policy of Marinette County to provide equal employment opportunities for all individuals, on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State Military Forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources Representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

_____ I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my
Initial knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if
hired, dismissal.

_____ I understand that I will be required to successfully pass a drug test to gain employment or continue employment with Marinette County I
Initial consent freely and voluntarily to participate in required drug tests, at a location selected by Marinette County I hereby release and
consent to the release of the test results to Marinette County I hereby release and hold harmless Marinette County, its officers, agents,
and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests
and decisions concerning employment based upon the results of these test. If employed by Marinette County, I understand that I am
required to comply with Marinette County's drug-free workplace policy and refusal to submit to such testing will result in disciplinary
action, up to and including discharge.

PRINT NAME

Signature

Date