

Langlade County Application for Employment

Langlade County is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference, age, marital status, pregnancy, disability, or any other legally protected status.

Important Instructions: This application must be received in the Human Resources Department by 4:30 p.m. CST on the deadline date to be considered. Incomplete or illegible applications will not be considered. A resume' will be accepted as a supplement to the application form, but will not substitute for it. If more space is needed, please indicate this on the application form and attach the additional paper to the application. This application should be filled out by the applicant only. Applicants who need assistance with filling out the application form should inform the person who provided this form. Langlade County may use the given information in the application to investigate the applicant's previous employment and background.

Mail Application Materials to:

Human Resources
 Langlade County Government
 800 Clermont Street
 Antigo, WI 54409
 Phone: (715) 627-6277
 Fax: (715) 627-6277
www.co.langlade.wi.us

Langlade County requires pre-employment drug testing and reserves the right to test all applicants for job related skills. For certain positions, a pre-employment medical exam and/or alcohol test may be required.

Personal Information					
Last Name:		First Name:		Middle Name:	
Street Address:		City:		State:	Zip Code:
E-Mail Address:				Home Phone:	
				Cell Phone:	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone:		What Hours?	
List any relatives employed by or serving as elected or appointed officials of Langlade County and their relationship to you.					
(Langlade County may prohibit employment of an individual if he or she would be directly supervising or receiving direct supervision from a family member.)					

Referral Source (Please provide detail when possible)	
<input type="checkbox"/> Newspaper:	<input type="checkbox"/> Employee:
<input type="checkbox"/> Web site:	<input type="checkbox"/> Bulletin Board:
<input type="checkbox"/> Professional Journal:	<input type="checkbox"/> Walk-in:
<input type="checkbox"/> Other:	

Langlade County – Human Resources Dept. Personnel Use Only	
	Date Received:

Employment Information		
Position Applied For:	Department:	Date Available for work?
Have you ever been employed by or applied for employment with Langlade County? (If yes, when, in what position and what department?)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed now? (If yes, may we inquire of your present employer?)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, would you be available to work overtime?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, would you be able to work nights and or weekends? "Reasonable accommodation will be made for religious beliefs or practices, unless doing so would create an undue hardship on the operations of the county."		<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Acceptable; (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual		
Are you at least 18 years of age? (Employment may be subject to verification that you meet state and federal minimum age requirements. Employees under 18 shall have a work permit.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States citizen, or do you have papers from the U.S. government permitting you to work? (Verification will be required at the time of employment.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform all of the duties listed in the position description, with or without reasonable accommodation?		<input type="checkbox"/> Yes <input type="checkbox"/> No

A 'yes' answer to any of the following questions does not necessarily disqualify an applicant from the selection process.
If you answered 'yes' to any of the following questions, please provide an explanation.

Have you ever been convicted of an ordinance violation, misdemeanor, or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been suspended, terminated, discharged or resigned to avoid being discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had periods in which you were not employed during the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education & Training		
High School:		
Highest Level Completed	Name and Location of High School	Graduated?
<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED/HSED		<input type="checkbox"/> Yes <input type="checkbox"/> No

Education and/or Training Beyond High School					
Name and Location of Institution	Dates Attended		Major Field of Study:	GPA	Degree Conferred & Year
	From	To			
Relevant coursework:					
Additional Skills and/or training:					

Special Skills

- Word Processing (WPM____) Data Entry Calculator
 Software Packages: _____
 Database/Programming Languages: _____
 Professional licensures/certifications & Expiration Dates: _____
 Heavy Equipment: _____
 Other: _____

Driver's License

Please refer to the position description for the position for which you are applying.
If business travel and/or driver's licensing is required, please complete this section.

Do you have a vehicle available for work related business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Wisconsin driver's license? DL#	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the position requires, do you have a valid Wisconsin Commercial Driver's license (CDL)? (If yes, please list endorsements)	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any moving violations within the previous five (5) years: "A violation or conviction will not necessarily disqualify you from employment. It will be considered only as it may relate to the job you are seeking."	
Do you have or can you make arrangements to obtain vehicle insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Professional References

Please provide us with four (4) references that would be able to describe your work abilities, qualifications, skills, and/or educational background. Please do not submit names of friends, relatives, spouses, or significant others.

Name	Telephone Number	Occupation	Nature of Relationship

Work History

Please complete this section in its entirety. 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.

Employer Name:		Position Title:		Type of Business:	
Address of Business: (Street, City, ZIP)		Reason for Leaving:		Name, Title & Phone of Supervisor:	
Employment Dates:		Start Salary:	Ending Salary:	Hours Per Week:	May we contact, prior to an offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	To:				
Description of Duties:					

Employer Name:		Position Title:		Type of Business:	
Address of Business: (Street, City, ZIP)		Reason for Leaving:		Name, Title & Phone of Supervisor:	
Employment Dates:		Start Salary:	Ending Salary:	Hours Per Week:	May we contact, prior to an offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	To:				
Description of Duties:					

Employer Name:		Position Title:		Type of Business:	
Address of Business: (Street, City, ZIP)		Reason for Leaving:		Name, Title & Phone of Supervisor:	
Employment Dates:		Start Salary:	Ending Salary:	Hours Per Week:	May we contact, prior to an offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	To:				
Description of Duties:					

Employer Name:		Position Title:		Type of Business:	
Address of Business: (Street, City, ZIP)		Reason for Leaving:		Name, Title & Phone of Supervisor:	
Employment Dates:		Start Salary:	Ending Salary:	Hours Per Week:	May we contact, prior to an offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	To:				
Description of Duties:					

LANGLADE COUNTY

AUTHORIZATION TO RELEASE INFORMATION AND ACKNOWLEDGMENT FOR EMPLOYMENT

I have carefully reviewed the job description for the position I have applied for. I certify that I completely understand the physical/mental requirements and the environmental factors of the job I am applying for. I certify that I am physically and mentally capable of performing the functions of the job I am applying for with or without the following accommodations (leave blank if no accommodations are necessary):

I have read the employment application and I completely understand each and every question asked. I certify that the answers given by me in the 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, my employment with Langlade County may be terminated. I agree that Langlade 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 former employers, companies, schools, agencies, municipalities or persons to give to Langlade County any information requested regarding my employment, character, experience and qualifications, and/or suitability for employment, including a check of my fingerprints, police record and background for purposes 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 to ascertain my eligibility for employment I may be asked to undergo a physical examination, which may include substance abuse screening (drug testing), prior to employment with Langlade County. Refusal to participate in such examination will result in the rejection of my application.

A copy of this authorization is as valid as the original and should be recognized as such.

Name (printed or typed)	Signature:	Date:
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Open Records Disclosure (Optional)

This section is optional: Under Section 19.36 (7) of the Wisconsin Statutes, the names of "final candidates" must be open to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to being a "final candidate" they can do so by making a request in writing.

Accordingly, I hereby request that my employment application and all related information references and documents remain confidential to the extent allowed by Wisconsin Statutes.

Name (printed or typed)	Signature:	Date:
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Thank you for completing this application and for your interest in employment with Langlade County.