



OZAUKEE COUNTY

APPLICATION FOR EMPLOYMENT

<http://www.co.ozaukee.wi.us/jobs.aspx>
AN EQUAL OPPORTUNITY EMPLOYER

Ozaukee County Human Resources Dept.
121 West Main Street, PO Box 994
Port Washington, WI 53074

Phone (local): (262) 284-8321
Phone (metro): (262) 238-8321
TDD: (262) 284-8200
Fax (local): (262) 284-8328
Fax (metro): (262) 238-8328
Job Hotline (local): (262) 284-8322
Job Hotline (metro): (262) 238-8322

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disabilities, sexual orientation or any other legally protected status.

DATE: _____ EMAIL ADDRESS: _____

POSITION YOU ARE APPLYING FOR:	<input type="checkbox"/> Full Time <input type="checkbox"/> On-Call/Relief Hours <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Limited Term Employment
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PERSONAL

Name: (Last) (First) (M.I.)	Home Phone:
Address: (Street) (Apt #)	Business Phone:
(City) (State) (Zip)	May we contact you at this # <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security #:	
List any other names you have been known by:	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are under 18 years of age, can you provide required Proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	When will you be available for employment? _____
Have you ever been employed by Ozaukee County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes; when, in what position, and in what department? _____	
Are you currently related to anyone employed by Ozaukee County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list names: _____	
Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____	
Do you possess a valid Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____	
Do you have access to a licensed vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently 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:	
<p><i>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.</i></p>	

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? Yes No Name/Location of School: _____

If no, have you passed a high school equivalency or GED test? Yes No Location and Date of Test: _____

TRAINING BEYOND HIGH SCHOOL: College or University, Nursing, Business College, or other schools you have attended.

College, University or School – Name and Location	Dates Attended (Month/Year)		Presently Attending	Major Field	Type of Degree (If Rec'd)
	From	To			
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Describe any education or training you have had which is not covered above; such as vocational school, correspondence courses, service schools, inservice training. Please provide dates.

SPECIAL SKILLS OR QUALIFICATIONS

This information must be provided if you are applying for a position requiring these skills.

List computer programs you are familiar with:

Other computer skills (e.g.: internet, desktop publishing):

Describe here to what extent your training and experience have given you the technical knowledge, skill and interest to perform the type of work for which you are applying.

List any Memberships in Professional or Technical Associations:

Current License or Registration as a member of a trade or profession:

REFERENCES

List persons who are familiar with your qualifications and background. (No relatives)

Name	Telephone	Nature of Relationship
1.		
2.		
3.		

EMPLOYMENT RECORD

IMPORTANT: You must complete the employment sections of this application. Use additional sheets, if necessary.
You may attach a resume to further explain your qualifications.

(Please complete by beginning with last or current employer, then next to last, etc.)

If currently employed, may we contact that employer? Yes No

Name of Employer:	Phone:	Dates of Employment:: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ hours per _____)	Beginning Pay: \$ _____ per _____	Ending Pay: \$ _____ per _____
Description/Duties:		

Name of Employer:	Phone:	Dates of Employment:: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ hours per _____)	Beginning Pay: \$ _____ per _____	Ending Pay: \$ _____ per _____
Description/Duties:		

Name of Employer:	Phone:	Dates of Employment:: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ hours per _____)	Beginning Pay: \$ _____ per _____	Ending Pay: \$ _____ per _____
Description/Duties:		

Name of Employer:	Phone:	Dates of Employment:: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ hours per _____)	Beginning Pay: \$ _____ per _____	Ending Pay: \$ _____ per _____
Description/Duties:		
Name of Employer:	Phone:	Dates of Employment:: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
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<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ hours per _____)	Beginning Pay: \$ _____ per _____	Ending Pay: \$ _____ per _____
Description/Duties:		

EMERGENCY NOTIFICATION INFORMATION

Person to be notified in case of emergency:

Name: _____ Relationship: _____ Telephone: _____

Address: _____

APPLICANT'S AUTHORIZATION AND ACKNOWLEDGMENT

I certify that the information provided on this application (and accompanying resume, if any) is true, correct and complete to the best of my knowledge without omissions of any kind. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information to Ozaukee County that may be required to enable Ozaukee County to arrive at an employment decision.

I understand that I may be required to submit to a pre-employment physical examination, including substance abuse screening, prior to appointment. I agree that the results of such examinations and screening may be released to Ozaukee County only for consideration of my employment.

I consent freely and voluntarily to participate in required drug tests and/or pre-employment physical examination.

I understand that I may be fingerprinted and a criminal record check made of local, state or federal authorities and that a conviction is not an automatic bar to my employment.

Signature of Applicant: _____ Date: _____

PLEASE NOTE: Under Wisconsin State Statutes, the identity of applicants must be revealed unless a request for confidentiality is received from the applicant. If you desire for your employment application and all related references and documents to remain confidential to the extent allowed by Wisconsin Statutes, you must provide written request for confidentiality. If no written request is received from applicants, the applicants names must be disclosed. Wisconsin Statutes does require if request is made for the names of the finalist considered for employment, they be provided to those requesting such information.

OPTIONAL: I request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes since they would tend to reveal my identity.

Signature of Applicant: _____ Date: _____

