



OUTAGAMIE COUNTY HUMAN RESOURCES DEPARTMENT
410 South Walnut Street, Appleton WI 54911 or hrmail@co.outagamie.wi.us

APPLICATION FOR EMPLOYMENT

Outagamie 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. A separate application must be completed and submitted for each position for which you seek consideration.
2. Applications are only accepted for open positions. Unsolicited applications will not be accepted.
3. Applications must be fully and accurately completed. "See Resume" is not an acceptable response.
4. Applicants needing assistance in completing the form should inform the Human Resources staff or call (920) 832-1668.

Name Last, First, M.I.	E-mail Address
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Street	City	State	Zip
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Home Phone	Cell Phone	Business Phone	Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
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A conviction may be relevant if substantially related to the job, but will not necessarily disqualify an applicant from possible employment.

Have you ever been convicted of a crime other than minor traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide date/s and type/s of conviction/s:
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<u>EMPLOYMENT DESIRED</u> Position Applied For:	File #, if known:
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How did you first learn of this position?

<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Posting Board	<input type="checkbox"/> Outagamie County Web Site
<input type="checkbox"/> County Employee	<input type="checkbox"/> Walk In	<input type="checkbox"/> Job Center of Wisconsin
<input type="checkbox"/> Other		

Date you can start	Salary desired:	Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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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"/> Third/Nights	Have you previously been employed by Outagamie County? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, when and where?
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FORMAL EDUCATION

LEVEL	CITY AND STATE	GRADUATE? (YES OR NO)	MAJOR
High School			
College / Univ.			
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
1.			
2.			
3.			

SKILLS

If the job you are applying for requires the driving of a vehicle, please provide the following information:	Wisconsin Drivers License: _____
	Commercial Drivers License: Yes <input type="checkbox"/> No <input type="checkbox"/> List CDL Endorsements: _____

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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READ CAREFULLY BEFORE SIGNING

I understand that misrepresentation or omission of facts on this application may be cause for dismissal. I further understand that this employment application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment under proper notice, and may be terminated by the employer at any given time and for any reason. I authorize investigation of all statements and employment information contained in this application, and I hold blameless all who give or receive such information.

SIGNATURE

DATE

** PLEASE INCLUDE BUT DO NOT STAPLE THIS FORM TO YOUR APPLICATION **

OUTAGAMIE COUNTY APPLICANT INFORMATION FORM

THIS FORM IS VOLUNTARY. HOWEVER, THE INFORMATION IS HELPFUL IN ALLOWING US TO MEET STATE AND FEDERAL DATA COLLECTION REQUIREMENTS. THIS FORM IS NOT A PART OF YOUR APPLICATION FORM AND WILL BE SEPARATED FROM THE APPLICATION. YOUR ANSWERS WILL NEITHER HELP NOR HINDER YOUR CHANCES FOR EMPLOYMENT WITH THE COUNTY.

Position Applying For: _____

Gender: Male
 Female

Veteran: Yes
 No

Ethnic Origin: Caucasian Black
 Asian American Indian
 Hispanic Other

Disability: Yes
 No

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

THANK YOU FOR YOUR COOPERATION
OUTAGAMIE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

You may: 1) **print** this completed form and mail it to the address on the top of the application or
 2) **save** the file **and attach** it to an e-mail to the address on the top of the application.