

# DOUGLAS COUNTY EMPLOYMENT APPLICATION



PLEASE PRINT IN INK AND ANSWER EVERY QUESTION!

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Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Specify Position Desired: \_\_\_\_\_

Check Your Preference: Full Time  Part Time  Temp.

Date Available For Work: \_\_\_\_\_

How Were You Referred to Us? \_\_\_\_\_

Return Application to: **Douglas County Human Resource Department**  
1316 N. 14<sup>th</sup> Street, Suite 301, Superior, WI 54880  
(715) 395-1429

Please visit our website at [www.douglascountywi.org](http://www.douglascountywi.org)  
for more information about Douglas County or additional copies of this application.

***Affirmative Action/Equal Opportunity Employer***

Douglas County does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services or activities. Douglas County does not discriminate on the basis of disability in its hiring or employment practices. This notice is provided as required by Title II of the Americans With Disabilities Act of 1990. Questions, concerns, complaints, or requests for additional information regarding the ADA may be forwarded to the Douglas County.

***Administration/Human Resources Department***

Contact: Steve Koszarek, County Administrator, 1316 N. 14<sup>th</sup> St. Room 301 Government Center, Superior, WI 54880, (715) 395-1429.  
Hours available 8:00 am to 4:30 pm, Mon. through Fri. Individuals needing auxiliary aids for effective communication in programs and services of Douglas County are invited to make their needs and preferences known to the Administrative/Human Resources Department.

# EDUCATION

Type of School	Name and Location of School	Major Course	Minor Course	Did You Graduate? DEGREE	GPA
High School					
College or University					
Grad. School or Law School					
Business or Vocational					
Extension or Correspondence					
Service School					
Other					

# SKILLS

List any courses/subjects studied, apprenticeship, special skills, special training, technical and computer skills, certificates or licenses that you feel would help you in the position for which you are applying. (You may wish to include activities and positions held in professional societies or technical associations related to the applicable position.)

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### CLERICAL SKILLS - COMPLETE THIS SECTION ONLY IF APPLYING FOR CLERICAL POSITION

Indicate any office machine skills you have acquired through training and/or experience.

- |  |   |
|--|---|
| <input type="checkbox"/> Keyboarding      Speed _____ wpm<br><input type="checkbox"/> Word Processing<br><input type="checkbox"/> Calculator | <input type="checkbox"/> Data Entry Terminal Operation<br><input type="checkbox"/> Dictaphone Transcription<br><input type="checkbox"/> Other (specify) _____ |
|--|---|

# EMPLOYMENT HISTORY

Starting with PRESENT or MOST RECENT, list all previous employers. Include self-employment, military service, summer and part-time jobs. This may include VOLUNTEER EXPERIENCE that relates to the job for which you are applying. If necessary, use an additional sheet of paper. **If resume is submitted, do not write "see resume" or your application will be considered incomplete.**

Dates Employed: From	To	Position Title	Salary: Start	End
Company Name		Job Duties		
Number and Street				
City and State		Full Name of Supervisor	Telephone Number	

Reason for leaving. If discharged or asked to resign, please explain.

Dates Employed: From	To	Position Title	Salary: Start	End
Company Name		Job Duties		
Number and Street				
City and State		Full Name of Supervisor	Telephone Number	

Reason for leaving. If discharged or asked to resign, please explain.

Dates Employed: From	To	Position Title	Salary: Start	End
Company Name		Job Duties		
Number and Street				
City and State		Full Name of Supervisor	Telephone Number	

Reason for leaving. If discharged or asked to resign, please explain.

Dates Employed: From	To	Position Title	Salary: Start	End
Company Name		Job Duties		
Number and Street				
City and State		Full Name of Supervisor	Telephone Number	

Reason for leaving. If discharged or asked to resign, please explain.

Dates Employed: From	To	Position Title	Salary: Start	End
Company Name		Job Duties		
Number and Street				
City and State		Full Name of Supervisor	Telephone Number	

Reason for leaving. If discharged or asked to resign, please explain.

# GENERAL INFORMATION

Salary Requirements:

Veteran Status:  Non-Veteran  Veteran – Dates of Service \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

If no, do you have a legal right to work in the United States?  Yes  No

Have you ever applied at or been employed by a County in Wisconsin?  Yes  No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been convicted of a criminal offense involving dishonesty or breach of trust? A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.  Yes  No

If yes, please explain.

Have you ever been discharged or asked to resign from a position?  Yes  No

If yes, please explain.

May we contact your present employer?  Yes  No

Name two individuals who know your job-related strengths as well as your weaknesses.

Name	Company	Title	Phone
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Name	Company	Title	Phone
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## AUTHORIZATION

(Please read carefully before signing.)

**I CERTIFY THAT** all statements I have made on this application are true and complete to the best of my knowledge; I have withheld nothing that would, if disclosed, affect this application unfavorably.

**I UNDERSTAND THAT** any pertinent omission or misrepresentation of fact may result in refusal of employment or immediate dismissal; this employment application and any other Company documents or manuals do not constitute contracts of employment, and any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time and with just cause after probationary period has been completed.

I understand that persons selected for employment for certain positions may be required to pass a medical, physical fitness, psychological, and/or drug or alcohol examination and that any offer of employment is contingent upon evaluation and approval of data received via a pre-employment medical examination.

**I AUTHORIZE** the investigation of all statements I have made in this application; the release of references, grade transcripts and additional information pertinent to my employment from sources identified in this application.

**I HEREBY ACKNOWLEDGE THAT** I have read the above statement and understand it, and consent to any required testing.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE





## NOTICE TO ALL APPLICANTS

It is the intent of Douglas County to continue it's practice of being a leader in providing employment opportunity to all citizens without regard to race, color, creed, religion, national origin, sex, marital status, income level, disability, age or political affiliation.

No one in the employment selection process will have access to the information provided below. It will not affect you as an applicant, will not be given to anyone who makes hiring decisions and will not be placed in your personnel file if you are hired. The information will be strictly confidential for use with internal audit of employment practices and to meet federal fair employment regulation requirements. Your cooperation and assistance in our efforts to ensure equal employment opportunity is appreciated. Providing information regarding race, sex, age, veteran status and disability is voluntary. All other information must be completed.

### SECTION I

<b>TODAY'S DATE</b>		

<b>SOCIAL SECURITY NUMBER</b>							

<b>LAST NAME</b>												<b>FIRST NAME</b>												<b>MI</b>	

<b>ADDRESS 1 (Street Number and Name)</b>												<b>ADDRESS 2 (Apartment #, Box #, RR, etc.)</b>											

<b>CITY</b>												<b>STATE</b>						<b>ZIP</b>					

### SECTION II

Please check one job category that best describes the type of position your interests and experience would be most appropriately suited for. **(Check only one.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Official/Administrator                     | <input type="checkbox"/> Administrative        |
| <input type="checkbox"/> Professional                               | <input type="checkbox"/> Skilled Craft Worker  |
| <input type="checkbox"/> Technician (includes computer programmers) | <input type="checkbox"/> Service & Maintenance |
| <input type="checkbox"/> Protective Service Worker                  | <input type="checkbox"/> Para Professional     |
| <input type="checkbox"/> Specific Job _____                         |  |
- Please Specify

### SECTION III

How did you hear about employment with Douglas County?

- Community Agency, Agency Name \_\_\_\_\_
- Employment Agency, Agency Name \_\_\_\_\_
- State Employment Office
- Ad (please specify) \_\_\_\_\_
- High School Referral, School Name \_\_\_\_\_
- Secondary School Referral, Name \_\_\_\_\_
- College Recruitment, School Name \_\_\_\_\_
- Employee Referral or Former Employee
- Walked in
- Other \_\_\_\_\_

### SECTION IV

The information requested in this section is voluntary. However, absence of this data will limit our effectiveness in auditing employment practices to ensure full equality of opportunity in employment. If you choose not to provide this information, you must check the box below indicating your decision.

- I decline to provide personal information regarding race, sex, age, veteran status or disability even though I understand this information will not be available to anyone making hiring decisions and is to be used only in a confidential manner in order to comply with employment regulations and ensure equality in employment opportunity for all persons.

What Race/Ethnic Group Do You Consider Yourself?

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White, not of Hispanic origin              | <input type="checkbox"/> Hispanic    |
| <input type="checkbox"/> Black                          | <input type="checkbox"/> Asian/Indian Subcontinent/Pacific Islander | <input type="checkbox"/> Other _____ |

**SEX**

- Male  
 Female

**AGE GROUP**

- UNDER 40    46-49    55+  
 40-45    50-54

**VETERAN'S STATUS**

- Non-Veteran    Veteran    Qualified Disabled Veteran  
 Vietnam Era Veteran

**DO YOU HAVE A DISABILITY?**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> No                   | <input type="checkbox"/> Yes-Vision Impaired/Blind | <input type="checkbox"/> Yes-Diabetes          | <input type="checkbox"/> Yes-Learning Disorder |
| <input type="checkbox"/> Yes-Alcoholism/Drugs | <input type="checkbox"/> Yes-Cardiac               | <input type="checkbox"/> Yes-Epilepsy          | <input type="checkbox"/> Yes-Paralysis         |
| <input type="checkbox"/> Yes-Amputee          | <input type="checkbox"/> Yes-Deaf/Hearing Impaired | <input type="checkbox"/> Yes-Impaired Mobility | <input type="checkbox"/> Yes-Other _____       |