

DOUGLAS COUNTY EMPLOYMENT APPLICATION



PLEASE ANSWER EVERY QUESTION LEGIBLY!

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. 14th Street, Suite 301, Superior, WI 54880
Phone (715) 395-1429 Fax (715) 395-1312
Please visit our website at 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: County Administrator, 1316 N. 14th 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.

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
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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 Douglas County or another 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, other than your supervisors, 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



