



# WINNEBAGO COUNTY APPLICATION FOR EMPLOYMENT

Human Resources Department, 112 Otter Ave., P.O. Box 2808 Oshkosh, WI 54903-2808  
Phone (920) 232-3460 Fax (920) 232-3461 Email [employment@winnebagocountywi.gov](mailto:employment@winnebagocountywi.gov)  
<https://www.winnebagocountywi.gov/human-resources/employment-opportunities>

Winnebago County does not discriminate in regard to race, color, religious or political beliefs or affiliation, national origin, marital or parental status, pregnancy, sex, sexual orientation, age, disability or any other non-merit factors except where age, sex or physical requirements constitute a demonstrable bona fide occupational qualification. If you need assistance in reading or completing this application, please contact any representative of the Human Resources Department. **Failure to complete all parts of this application may constitute grounds for your disqualification as an applicant for a position. Do not use "see attached" even if including a resume.**

Position(s) Applied For: \_\_\_\_\_

Date: \_\_\_\_\_

**To apply mail, fax, email, or drop off application and any other documents such as cover letter or resume as listed above.**

Notice: Applications must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Incomplete or illegible applications will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

How did you learn of this position?

- |  |  |
|--|--|
| <input type="checkbox"/> County Website  | <input type="checkbox"/> Another Website |
| <input type="checkbox"/> County Employee | <input type="checkbox"/> Other           |
| _____                                    | _____                                    |

## 1. PERSONAL INFORMATION

Name in Full (Last, First, Middle)				Cell Phone Number: ( ) -	
Address (Apartment, Street, P.O. Box)				Home Telephone Number: ( ) -	
City	State	Zip Code	E-Mail Address:	Daytime Telephone Number ( ) -	
Permanent Address (If different from above):				Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously been employed by Winnebago County?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was employment under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what dates, position, and department?			If yes, what was different name?		

## 2. EDUCATION

Name of School and Location	Graduated (Yes)	Graduated (No)	Degree Received	Field of Major Study
High School	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Tech	<input type="checkbox"/>	<input type="checkbox"/>		
College	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

## 3. LICENSING REQUIREMENTS

If you are applying for a position that requires a license or registration with the State (RN, LPN, CNA, COTA, Physician, Attorney, Electrician, Social Worker, etc.), is your license or registration current?  Yes  No

If yes, license title and current registration/number: \_\_\_\_\_

## 4. EMPLOYMENT HISTORY

Begin with current or most recent job, then list each previous employer in order. **All boxes must be completed.**

Name and Address of Employer	Dates	Your Job Title
Name	From:	Job Duties
Street	To:	
City, State	<input type="checkbox"/> Full Time	
Supervisor's Name/Telephone Number:	<input type="checkbox"/> Part Time	Reason for Leaving
	Annual Salary/Wage	
<hr/>		
Name	From:	Your Job Title
Street	To:	Job Duties
City, State	<input type="checkbox"/> Full Time	
Supervisor's Name/Telephone Number:	<input type="checkbox"/> Part Time	Reason for Leaving
	Annual Salary/Wage	
<hr/>		
Name	From:	Your Job Title
Street	To:	Job Duties
City, State	<input type="checkbox"/> Full Time	
Supervisor's Name/Telephone Number:	<input type="checkbox"/> Part Time	Reason for Leaving
	Annual Salary/Wage	
<hr/>		
Name	From:	Your Job Title
Street	To:	Job Duties
City, State	<input type="checkbox"/> Full Time	
Supervisor's Name/Telephone Number:	<input type="checkbox"/> Part Time	Reason for Leaving
	Annual Salary/Wage	

If currently employed, may we contact that employer?  Yes  No  
Please use a separate sheet of paper for additional employers.

## 5. REFERENCES

Work or education-related (former employers, supervisors, co-workers, school faculty). **No relatives/significant others.**

Name:	Occupation:
Address:	Nature of relationship:
City/State/Zip:	
Telephone Number: (     )     -	

Name:	Occupation:
Address:	Nature of relationship:
City/State/Zip:	
Telephone Number: (     )     -	

Name:	Occupation:
Address:	Nature of relationship:
City/State/Zip:	
Telephone Number: (     )     -	

## 6. SPECIALIZED CLERICAL SKILLS

Words per minute:	Typing:			
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Computer skills (List all software programs familiar with): \_\_\_\_\_

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List office machines or other equipment which you operate skillfully (e.g., transcription equipment, 10 key calculator): \_\_\_\_\_

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## 7. VEHICLE ACCESS AND EXPERIENCE

Do you have access to a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are applying for a job involving truck driving or operating heavy equipment, do you have a current Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which class(es) and/or endorsements?

If you are applying for a job where you need to drive your vehicle while on County business, you will be required to meet the County's minimum liability insurance requirements on your vehicle (\$100,000 each person bodily injury; \$300,000 each accident bodily injury; \$50,000 property damage liability).

Check the types of equipment that you are qualified to operate:

- |  |   |   |                                    |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Dump truck    | <input type="checkbox"/> Tandem truck     | <input type="checkbox"/> Skid steer         | <input type="checkbox"/> Chain saw |
| <input type="checkbox"/> Pick-up truck | <input type="checkbox"/> Riding mower     | <input type="checkbox"/> Tractor            | <input type="checkbox"/> Fork lift |
| <input type="checkbox"/> Grader        | <input type="checkbox"/> Dozer/Crawler    | <input type="checkbox"/> Backhoe            | <input type="checkbox"/> Welder    |
| <input type="checkbox"/> Scraper       | <input type="checkbox"/> Snow plow        | <input type="checkbox"/> Large/small roller |                                    |
| <input type="checkbox"/> Bus           | <input type="checkbox"/> Front end loader | <input type="checkbox"/> Articulated loader |                                    |

Others (please list): \_\_\_\_\_

## 8. ADDITIONAL INFORMATION

List additional skills acquired, honors, achievements, professional or trade organizations which you feel will be of importance in your work:

\_\_\_\_\_

Are you related to or cohabitate with any County employee or elected official?  Yes  No

If yes, please explain:

Name:	Relationship:	Department:

Have you ever been warned/disciplined for any of the following conditions in your previous or current employment?

**Attendance:**  Yes  No

**Performance Problems:**  Yes  No

**Inability to get along with others:**  Yes  No

**Have you ever been suspended or discharged from any position?**  Yes  No

**Do you have any gaps in employment in excess of 90 days?**  Yes  No

If yes to any of the items above, please explain (including date, location, employer, and situation):

The existence of a conviction record does not constitute an automatic bar to employment. A conviction will only be given consideration if the offenses are substantially related to the particular job or as otherwise allowed or required under the law.

List all convictions (including those received before your 18<sup>th</sup> birthday that were handled as adult offenses) with corresponding dates that you have received for all violations of law (felonies, misdemeanors, and traffic incidents/offenses):

**Information above this line will not be sent to references or employers.**

**PLEASE READ CAREFULLY BEFORE SIGNING**  
**Employment Application Affidavit/Information Release**

I hereby certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements, false information, or omissions of material fact herein subject me to disqualification or dismissal. I further understand that my classification as a regular employee depends upon successfully performing work assigned to me during a trial period or probationary period, where applicable. I also understand that regular attendance is required of me as a condition of continued employment.

I understand and agree that all information furnished in this application may be verified by Winnebago County. I also understand that any employment is subject to a satisfactory check of references and satisfactory results of a background check, drug screen, and any other required examinations.

I understand that Winnebago County may conduct a check on my background to verify the information I have furnished in my application for employment, which may include, but not be limited to, information from previous employers, references, school records, driving records, and any criminal records.

I understand that under Wisconsin law, employment applications are considered to be open public records. However, a provision of that law, Section 19.36 (7) (b), Statutes, allows an applicant to request in writing that his or her application not be open to the public. If such a request is made, an application will then normally only be open to public review, in spite of such a request, if a person becomes a "final candidate" for a position. A "final candidate" for the position is defined as being one of the five most qualified applicants for the position or all of the applicants for the position if five or less persons submit applications. If you become a final candidate for a position, your application will become an open record regardless of any request you have previously made for confidentiality.

Check if desired:

I request that my application not be open to the public to the extent possible under the Wisconsin Open Records Law.

I hereby voluntarily and knowingly authorize and request any current or former employer, educational institution, law enforcement agency, or other persons or organizations having personal knowledge about me to furnish Winnebago County with any and all information in their possession regarding me, in connection with an application for or retention of employment. Further, I hereby release from liability or responsibility all persons, companies and corporations supplying such information. Copies of this document will be considered as valid as an original thereof.

\_\_\_\_\_  
NAME (print):

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with Winnebago County will be based only on your merit and fitness and on no other consideration. Please note that one application is sufficient regardless of the number of positions for which you are applying. Your application will remain active for six (6) months from the date that you apply. This application was approved by the Winnebago County Affirmative Action Commission through an approved Affirmative Action Plan. Hiring is contingent on the successful completion of a pre-employment drug test.



**WINNEBAGO COUNTY APPLICATION FOR EMPLOYMENT**  
**Affirmative Action/EEO Supplemental Form**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTE:** Winnebago County has adopted an Affirmative Action Plan. In an attempt to judge the effectiveness of our recruitment efforts, we request that you provide the following information. This information will not be used in hiring or in any other employment decision. **Participation in providing this information is entirely voluntary.**

<b>Date of Birth</b>	Month	Date	Year

Male

**Sex:**

Female

How do you describe yourself in the following terms? Please check one.

- Ethnic Origin:**
- |  |  |
|--|--|
| <input type="checkbox"/> White/Caucasian           | <input type="checkbox"/> Black/African American          |
| <input type="checkbox"/> Oriental/Asian American   | <input type="checkbox"/> American Indian/Native American |
| <input type="checkbox"/> Hispanic/Spanish Surnamed | <input type="checkbox"/> Other                           |

Are you able to perform the essential functions of the job for which you are applying?

- Yes                       No

If no, please explain: \_\_\_\_\_

<b>JOB GROUP/APPLICATION CODE SYSTEM--Use a code(s) for position(s) desired on front page</b>			
<b>A</b>	<b>ADMINISTRATIVE POSITIONS (State Title)</b>	<b>SL</b>	<b>SKILLED LABOR</b>
<b>P</b>	<b>PROFESSIONAL POSITIONS</b> (College or Technical Degree)		SL1    Equipment Operator SL2    Mechanic SL3    Carpenter/Painter SL4    Electrician/HVAC/Plumber
	P1    Legal		
	P2    RN/LPN		
	P3    Financial/Accounting		
	P4A   Social Work Specialist (BA or BSW)	<b>GL</b>	<b>GENERAL LABOR</b>
	P4B   Social Work Specialist (Masters)	GL1	Facilities Associate
	P5    Other (State Title)	GL2	Maintenance
		GL3	Custodian
<b>S</b>	<b>SECRETARIAL</b>	<b>T</b>	<b>TECHNICAL</b>
	S1    Legal Secretary	T1	Conservation Technician
	S2    Judicial Associate-Lead	T2	Bridge and Engineering Manager
		T3	Computer-related (State Title)
		T4	Other (State Title)
<b>C</b>	<b>CLERICAL</b>	<b>SP</b>	<b>HUMAN SERVICES/PARA-PROFESSIONAL</b>
	C1    Small Claims Specialist	SP1	Crisis Center Specialist
	C2    Financial Associate	SP2	Economic Support Specialist
	C3    Administrative Associate	SP3	Home Consultant
	C4    Records & Transcription Associate	SP4	Mental Health Technician
	C5    Records Associate	SP5	Other (State Title)
	C6    Court Assistant		
	C7    Child Support Specialist	<b>PVHC</b>	<b>PARK VIEW HEALTH CENTER</b>
	C8    Public Health Aide	PV1	Nurse Aide
	C9    Veterans Benefits Specialist	PV2	RN/LPN
	C10   Other (State Title)	PV3	Food Service Assistant
		PV4	Custodian
<b>LE</b>	<b>LAW ENFORCEMENT</b>	PV5	Hospitality Aide
	LE1   Corrections Officer	PV6	Other (State Title)
	LE2   Dispatcher		
	LE3   Booking Security Associate	<b>TEMPORARY POSITIONS</b>	
	LE4   Reserve Officer	TEMP1	Economic Support Specialist
	LE5   Patrol Officer	TEMP2	Financial Associate
<b>SEAS</b>	<b>SEASONAL POSITIONS</b>	TEMP3	Administrative Associate
	SEAS1   Laborer	TEMP4	Social Work Specialist
	SEAS2   Park Ranger	TEMP5	Records & Transcription Associate
	BT    Bridgetender	TEMP6	Facilities Associate