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| **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**  How did you learn of this position?

**documents such as cover letter or resume as listed above.**

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|  | County Website |  | Another Website |
|  | County Employee |  | Other |
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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.

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| **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?  Yes  No | | | | | | |
| Have you previously been employed by  Winnebago County? | | |  | | Yes |  | No | If yes, was employment under a different name? | | |  | Yes |  | No | | |
| If yes, what dates, position, and department? | | |  | |  |  |  | If yes, what was different name? | | |  |  | |  |  | |

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| **2. EDUCATION** | | | | |
| Name of School and Location | Graduated (Yes) | Graduated (No) | Degree Received | Field of Major Study |
| High School |  |  | N/A | N/A |
| Tech |  |  |  |  |
| College |  |  |  |  |
| Other |  |  |  |  |

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| **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:

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| **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: |  |
| Street | To: | Job Duties |
| City, State | Full Time |  |
| Supervisor's Name/Telephone Number: | Part Time | Reason for Leaving |
|  | Annual Salary/Wage |  |
|  |  |  |
| Name | From: | Your Job Title |
| Street | To: | Job Duties |
| City, State | Full Time |  |
| Supervisor's Name/Telephone Number: | Part Time | Reason for Leaving |
|  | Annual Salary/Wage |  |
|  |  |  |
| Name | From: | Your Job Title |
| Street | To: | Job Duties |
| City, State | Full Time |  |
| Supervisor's Name/Telephone Number: | Part Time | Reason for Leaving |
|  | Annual Salary/Wage |  |
|  |  |  |
| Name | From: | Your Job Title |
| Street | To: | Job Duties |
| City, State | Full Time |  |
| Supervisor's Name/Telephone Number: | Part Time | Reason for Leaving |
|  | Annual Salary/Wage |  |
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**If currently employed, may we contact that employer?    Yes      No**

Please use a separate sheet of paper for additional employers.

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| **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:  (     )    - |  |

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| **6. SPECIALIZED CLERICAL SKILLS** | | | | |
| Words per minute: | Typing: |  |  |  |

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? |  | Yes |  | No | Do you have a valid driver’s license? |  | Yes |  | No |
| If you are applying for a job involving truck driving or operating heavy equipment, do you have a current Commercial Driver’s License? |  | Yes |  | 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:

Dump truck  Tandem truck  Skid steer  Chain saw

Pick-up truck  Riding mower  Tractor  Fork lift

Grader  Dozer/Crawler  Backhoe  Welder

Scraper  Snow plow  Large/small roller

Bus  Front end loader  Articulated loader

Others (please list):

|  |
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| **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 18th 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.

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NAME (print): Date:

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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**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Birth** | Month | Date | Year |

|  |  |  |
| --- | --- | --- |
| **Sex:** |  | Male |
|  |  | Female |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnic Origin:** |  | White/Caucasian |  | Black/African American |
|  |  | Oriental/Asian American |  | American Indian/Native American |
|  |  | Hispanic/Spanish Surnamed |  | Other |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

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

**JOB GROUP/APPLICATION CODE SYSTEM--Use a code(s) for position(s) desired on front page**

**A ADMINISTRATIVE POSITIONS (State Title)** **SL SKILLED LABOR**

SL1 Equipment Operator

**P PROFESSIONAL POSITIONS** SL2 Mechanic

(College or Technical Degree) SL3 Carpenter/Painter

P1 Legal SL4 Electrician/HVAC/Plumber

P2 RN/LPN

P3 Financial/Accounting

P4A Social Work Specialist (BA or BSW) **GL GENERAL LABOR**

P4B Social Work Specialist (Masters) GL1 Facilities Associate

P5 Other (State Title) GL2 Maintenance

GL3 Custodian

**T TECHNICAL**

**S SECRETARIAL** T1 Conservation Technician

S1 Legal Secretary T2 Bridge and Engineering Manager

S2 Judicial Associate-Lead T3 Computer-related (State Title)

T4 Other (State Title)

**C CLERICAL**

C1 Small Claims Specialist **SP HUMAN SERVICES/PARA-PROFESSIONAL** C2 Financial Associate SP1 Crisis Center Specialist

C3 Administrative Associate SP2 Economic Support Specialist

C4 Records & Transcription Associate SP3 Home Consultant

C5 Records Associate SP4 Mental Health Technician

C6 Court Assistant SP5 Other (State Title)

C7 Child Support Specialist

C8 Public Health Aide **PVHC PARK VIEW HEALTH CENTER**

C9 Veterans Benefits Specialist PV1 Nurse Aide

C10 Other (State Title) PV2 RN/LPN

PV3 Food Service Assistant

**LE LAW ENFORCEMENT** PV4 Custodian

LE1 Corrections Officer PV5 Hospitality Aide

LE2 Dispatcher PV6 Other (State Title)

LE3 Booking Security Associate

LE4 Reserve Officer **TEMPORARY POSITIONS**

LE5 Patrol Officer TEMP1 Economic Support Specialist

TEMP2 Financial Associate

**SEAS SEASONAL POSITIONS** TEMP3 Administrative Associate

SEAS1 Laborer TEMP4 Social Work Specialist

SEAS2 Park Ranger TEMP5 Records & Transcription Associate BT Bridgetender TEMP6 Facilities Associate