

# PRICE COUNTY EMPLOYMENT APPLICATION

Position \_\_\_\_\_

Name _____	Telephone Number _____
Address _____	Home _____
_____	Work _____
_____	Email _____

**\*\* PLEASE NOTE:** *You may submit a resume along with this application form. HOWEVER, you must fully complete ALL sections of the application form before it will be accepted by Price County for consideration of employment. DO NOT reference your resume on the application form. Incomplete and/or incorrectly completed applications which are received by the Human Resources Department will not be considered for the open positions. Price County Human Resources WILL NOT notify the candidate when an incomplete and/or incorrectly completed application is received.*

## EDUCATION and TRAINING\*\*

Do you have a high school diploma or GED equivalency?  Yes  No

Name and Location (city and state)  
of High School or GED Testing \_\_\_\_\_

Post high school training:

Name & Location	Dates Attended	Credits Earned	Major Field	Degree/Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Relevant licenses or certificates, indicate year obtained.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE\*\*

List all employment chronologically beginning with present or most recent employment first. Include any part-time or volunteer experience. Please provide an explanation of any gaps in your employment history.

_____ Employer Name	_____ Location	_____ Kind of business
_____ Your Title	From _____ To _____ Employment Dates (Mo/Year)	<input type="checkbox"/> Full- time <input type="checkbox"/> Part-time
_____ Supervisor's Name	_____ Supervisor's Telephone Number	_____ Reason for Leaving
DUTIES PERFORMED _____		
_____		
_____		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

_____ Employer Name	_____ Location	_____ Kind of business
_____ Your Title	From _____ To _____ Employment Dates (Mo/Year)	<input type="checkbox"/> Full- time <input type="checkbox"/> Part-time
_____ Supervisor's Name	_____ Supervisor's Telephone Number	_____ Reason for Leaving
DUTIES PERFORMED _____		
_____		
_____		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

_____ Employer Name	_____ Location	_____ Kind of business
_____ Your Title	From _____ To _____ Employment Dates (Mo/Year)	<input type="checkbox"/> Full- time <input type="checkbox"/> Part-time
_____ Supervisor's Name	_____ Supervisor's Telephone Number	_____ Reason for Leaving
DUTIES PERFORMED _____		
_____		
_____		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## GENERAL INFORMATION\*\*

Are you over age 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid Wisconsin Drivers License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a United States Veteran of two years active duty or statutorily exempt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any relatives who are presently employed by Price County? If yes, please identify _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked for Price County in any capacity (i.e. former employee, Summer hire, project employee, contractor, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? A position description identifying the essential functions of this position is available upon request.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How did you become aware of this position vacancy?	<input type="checkbox"/> Employee	<input type="checkbox"/> Internet
<input type="checkbox"/> Newspaper _____	<input type="checkbox"/> Other _____	

## CONVICTION RECORD\*\*

The position for which you are an applicant is one in which an individual's conviction of a law violation may be a factor in evaluating potential job performance. All applicants interviewed for this position will be asked to provide information about any conviction records or pending charges. This information will be retained in your application file, **which is confidential**.

1. Are there any traffic charges pending against you other than non-moving violations?  Yes  No
2. Have you ever been convicted of or fined for any traffic offenses other than non-moving violations?  Yes  No
3. Are there any criminal charges or municipal ordinance charges pending against you?  Yes  No
4. Have you ever been convicted of or fined for any municipal ordinance charges?  Yes  No
5. Have you ever been convicted of or fined for any criminal charges?  Yes  No

**If you answered yes to any of the Questions 1 – 5, please explain:**

Nature of the offense \_\_\_\_\_ Date of offense \_\_\_\_\_  
Name and location of court \_\_\_\_\_ Date of conviction \_\_\_\_\_

Nature of the offense \_\_\_\_\_ Date of offense \_\_\_\_\_  
Name and location of court \_\_\_\_\_ Date of conviction \_\_\_\_\_

Nature of the offense \_\_\_\_\_ Date of offense \_\_\_\_\_  
Name and location of court \_\_\_\_\_ Date of conviction \_\_\_\_\_

I AGREE THAT PRICE COUNTY MAY CHECK MY RECORDS REGARDING THIS INFORMATION. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION SHOWN ABOVE IS TRUE AND COMPLETE.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**CERTIFICATION AND CONFIDENTIAL  
INFORMATION RELEASE AUTHORIZATION\*\***

I certify that the information given by me on this application is true and correct without omissions to the best of my knowledge. I understand and agree that any misrepresentations or deliberate omissions of fact during the application/hiring process may result in a rejection of my application, or if employed, a termination from employment.

I further understand that the County will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I consent to and authorize information requested by the County or its agents and I release from liability any person giving or receiving any such information.

I understand that due to business needs, it may be necessary at times for management to mandate overtime. I understand this is within management's rights as dictated by the needs of the County.

I further understand that Price County has adopted a Drug Free Work Environment that requires that all candidates for employment undergo a drug-screening test prior to appointment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Under the provisions of section 19.36, Wisconsin Statutes, I request that my identity as an applicant for the position of \_\_\_\_\_ not be revealed without my consent or until required under law.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**INDIVIDUAL WHO IS SUBJECT OF RECORD**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**INFORMATION RELEASED TO**

**Price County  
Human Resources Department  
Price County Courthouse  
126 Cherry Street Rm. 1  
Phillips, WI 54555**

**SPECIFIC RECORDS AUTHORIZED FOR RELEASE**

1. Present employer(s)
2. Former employer(s)
3. Any school, college, university, or other educational institution
4. Personal references

**PURPOSE OR NEED FOR RELEASE OF INFORMATION**

As evidence of my desire to obtain a position with Price County, I hereby authorize any official representative of Price County, bearing this release, to obtain information and records pertaining to me and my qualifications whether such information is public, private, or confidential in nature from any or all of the above sources. I understand that the above information is necessary for determining my eligibility or suitability to obtain employment with Price County. I hereby release any individual or institution, including its officers, employers, or related personnel, both individually or collectively, from any and all liability from damages of whatever kind, which may at any time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it. A photocopy of this release will be valid as an original thereof.

As evidenced by my signature below, I hereby authorize disclosure of records to the person(s) or agency(s) as specified above.

\_\_\_\_\_  
Signature of individual who is subject of record

\_\_\_\_\_  
Date signed