



**APPLICATION
FOR EMPLOYMENT**
www.co.ozaukee.wi.us/jobboard.html
 AN EQUAL OPPORTUNITY EMPLOYER

Ozaukee County Human Resources Dept.
 121 West Main Street, PO Box 994
 Port Washington, WI 53074

Phone (local): (262) 284-8321
 Phone (metro): (262) 238-8321
 TDD: (262) 284-8200
 Fax (local): (262) 284-8328
 Fax (metro): (262) 238-8328
 Job Hotline (local): (262) 284-8322
 Job Hotline (metro): (262) 238-8322

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disabilities, sexual orientation or any other legally protected status.

DATE: _____

POSITION YOU ARE APPLYING FOR: Full Time On-Call/Relief Hours
 _____ Part Time Temporary/Limited Term

PERSONAL

Name (Last): _____	(First): _____	(M.I.): _____	Home Phone: _____
Address (Street): _____		(Apt #): _____	Business Phone: _____
		May we contact you at this # Yes No	
(City): _____	(State): _____	(Zip): _____	Social Security #: _____
List any other names you have been known by: _____			
Are you legally eligible for employment in the United States? Yes No		When will you be available for employment?	
If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No			
Have you ever been employed by Ozaukee County? Yes No			
If yes; when, in what position, and in what department? _____			
Are you currently related to anyone employed by Ozaukee County? Yes No			
If yes, please list names: _____			
Do you possess a valid Driver's License?	Yes	No	Number: _____
Do you possess a valid Commercial Driver's License?	Yes	No	Number: _____
Do you have access to a licensed vehicle?	Yes	No	

Do you currently have a pending criminal charge against you and/or have you ever been convicted of a crime, either misdemeanor or felony? Yes No		
If yes, please explain: <small>NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.</small>		
Person to be notified in case of emergency:		
Name: _____	Relationship: _____	Telephone: _____
Address: _____		

EDUCATION

Did you graduate from high school? Yes No Name/Location of School:

If no, have you passed a high school equivalency or GED test? Yes No Location and Date of Test:

TRAINING BEYOND HIGH SCHOOL: College or University, Nursing, Business College, or other schools you have attended.

College, University or School – Name and Location	Dates Attended (Month/Year) From To	Presently Attending	Major Field	Type of Degree (If Rec'd)
		Yes		
		Yes		
		Yes		

Describe any education or training you have had which is not covered above; such as vocational school, correspondence courses, service schools, in-service training. Please provide dates.

SPECIAL SKILLS OR QUALIFICATIONS

This information must be provided if you are applying for a position requiring these skills.

List computer programs you are familiar with:

Other computer skills (e.g.: internet, desktop publishing):

Describe here to what extent your training and experience have given you the technical knowledge, skill and interest to perform the type of work for which you are applying:

List any Memberships in Professional or Technical Associations:

Current License or Registration as a member of a trade or profession:

REFERENCES

List persons who are familiar with your qualifications and background. (No relatives)

Name	Telephone	Nature of Relationship
1.		
2.		
3.		

EMPLOYMENT RECORD

IMPORTANT: You must complete the employment sections of this application. Use additional sheets, if necessary. You may attach a resume to further explain your qualifications.

(Please complete by beginning with last or current employer, then next to last, etc.)

If currently employed, may we contact that employer? Yes No

Name of Employer:	Phone:	Dates of Employment: From: To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
Full Time Part Time (hours per)	Beginning Pay: \$ per	Ending Pay: \$ per
Description/Duties:		

Name of Employer:	Phone:	Dates of Employment: From: To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
Full Time Part Time (hours per)	Beginning Pay: \$ per	Ending Pay: \$ per
Description/Duties:		

Name of Employer:	Phone:	Dates of Employment: From: To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
Full Time Part Time (hours per)	Beginning Pay: \$ per	Ending Pay: \$ per
Description/Duties:		

APPLICANT'S AUTHORIZATION AND ACKNOWLEDGMENT

I certify that the information provided on this application (and accompanying resume, if any) is true, correct and complete to the best of my knowledge without omissions of any kind. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information to Ozaukee County that may be required to enable Ozaukee County to arrive at an employment decision.

I understand that I may be required to submit to a pre-employment physical examination, including substance abuse screening, prior to appointment. I agree that the results of such examinations and screening may be released to Ozaukee County only for consideration of my employment.

I consent freely and voluntarily to participate in required drug tests and/or pre-employment physical examination.

I understand that I may be fingerprinted and a criminal record check made of local, state or federal authorities and that a conviction is not an automatic bar to my employment.

Signature of Applicant: _____ Date: _____

PLEASE NOTE: Under Wisconsin State Statutes, the identity of applicants must be revealed unless a request for confidentiality is received from the applicant. If you desire for your employment application and all related references and documents to remain confidential to the extent allowed by Wisconsin Statutes, you must provide written request for confidentiality. If no written request is received from applicants, the applicants names must be disclosed. Wisconsin Statutes does require if request is made for the names of the finalist considered for employment, they be provided to those requesting such information.

OPTIONAL: I request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes since they would tend to reveal my identity.

Signature of Applicant: _____ Date: _____

AFFIRMATIVE ACTION / EQUAL EMPLOYMENT OPPORTUNITY DATA

The following information will be used only for research and reporting purposes for Ozaukee County and the Federal Government in accordance with applicable laws and regulations. This information is voluntary and there will be no adverse consequences for not responding. This information is **confidential** and is kept separate from this application. It will not be a consideration for employment.

Sex:	Male	Female	Birthdate:
Ethnic Origin:	American Indian/Alaskan Native Black/African American (Not of Hispanic origin) White/Caucasian/European/North African/Middle Eastern or Indian Subcontinent Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American Asian American/Pacific Islander/Far Eastern or Southeastern Asian (ie., China, Japan, Korea, Philippine Islands, Samoa)		Veteran Status:
			Non Veteran Veteran Disabled Veteran (Disability less than 30%) Special Disabled Veteran (Disability 30% or greater)

The Americans with Disabilities Act (ADA) defines an individual with a disability as "one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or who is regarded as having such an impairment."

Based on this definition, are you an individual with a disability? Yes No

Ozaukee County is committed to the equality of opportunity for all people. It is the policy of Ozaukee County to provide equal employment opportunities for all individuals, on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

How did you learn of this position?

Newspaper(please identify):

Employee

Walk-In

Employment Agency

Job Line

Internet

Internal Posting

Other (please identify):