

Polk County Employment Application

<p style="text-align: center;">MAIL APPLICATIONS TO:</p> <p>Golden Age Manor 220 Scholl Court Amery, WI 54001 (715) 268-7107 – PHONE (715) 485-9176 – JOBLINE erinfo@co.polk.wi.us - E-Mail (E-mail apps must have a signature)</p> <p>** You must complete a new application even if you have applied for another position in the past. Also, we are unable to accept faxed applications.**</p>	<p style="text-align: center;">ATTENTION:</p> <p>To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.</p> <ul style="list-style-type: none"> Incomplete applications <u>MAY NOT BE CONSIDERED.</u> If resume is submitted, <u>DO NOT</u> write "see resume." DATE and SIGN this application. Please list a minimum of ten years' prior experience and education. Please complete application in blue or black ink. <p>You are not required to furnish any information, which is prohibited by federal, state or local law.</p>
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Applying for Position of:	
Today's Date:	
Date Available:	

Personal

Social Security Number:	- - -	(Used only to distinguish you from other applicants)
Name:		
	Last	First
	Middle	
Present Address:		
	No.	Street
	City	State Zip
Home Phone:	() -	Cell Phone:
	() -	E-mail:
Do you have access to a vehicle (required for some positions)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Drivers License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	License #
		State
Please check other Classes you currently hold: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Endorsements:		
Do you have a relative working for Polk County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what department?		
Have you been convicted of a misdemeanor or felony (Do not include juvenile convictions or petty misdemeanors)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, for what have you been convicted, when, and where? Also, if there were extenuating circumstances of which we should be aware, please state (This information will not be used to bar you from employment if the conviction is occupationally irrelevant.)		
Are you a U.S. Citizen or, if not, do you have permission to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch		
Dates of Service	Do you have a service connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(To qualify for veterans preference proof of service disability, an honorable discharge will be required if you are selected for interview)		

Education and Training

Select highest grade/year completed in high school: _____ Please check: Diploma GED None
 Name and Location of High School: _____ Graduated: Yes No
 Number of Years in College/University _____

List training Beyond High School: College or University, Nursing, Business College or other schools you have attended. Under Credits earned, indicate number of hours and Q for Quarter hours and S for Semester hours.

Name and Location	Dates Attended		Credits Earned	Major Field (s)	Degree	
	From	To			Type MA-BS etc	YEAR

Describe any Education or Training you have had which is not covered above. Such as vocational, trade or business school. Correspondence courses. Services Schools, In-service training – give dates, number of hours or credits completed.

SPECIAL SKILLS AND QUALIFICATIONS

SERVED FORMAL APPRENTICESHIP: <input type="checkbox"/> Yes <input type="checkbox"/> No What Trade: How Long: When: Where:	If the position requires a license, certification, registration or similar credential, ATTACH a PHOTOCOPY of the credential and complete the information below. Credentialing Organization: Profession: Number:
OFFICE WORK The following information must be provided if you are applying for positions requiring typing ability. A performance test may be required. Number of words per minute, typing Experience in Transcribing Mechanically recorded material? <input type="checkbox"/> Yes <input type="checkbox"/> No	LIST MEMBERSHIPS in Professional or Technical Associations
LIST OFFICE MACHINES other than typewriter which you can operate skillfully.	LIST ANY AWARDS or HONORS received
Word Processing or other computer experience Hardware: Software:	PERTINENT VOLUNTEER WORK

WORK EXPERIENCE

This information may be used to determine if your application is accepted. Be specific. Part or all of your rating may be based on this information. Start with your present or most recent job, including service in the armed forces and any self-employment. For part time work, show the average number of hours worked per month. Indicate any change in job title under the same employer as a separate position.

May we contact your current Employer? Yes No

Present or Most Recent Employer	Kind of Business	Location (City and State)
Your Title	Reasons for Leaving or considering leaving	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time Part time hours average per month
Contact information for reference (Preferably your Supervisor) NAME: TITLE: ADDRESS: PHONE NO:		EMPLOYED From (mo/yr) To: (mo/yr)
		MONTHLY SALARY Beginning Ending
Your Major Duties and/or Activities		
Your Major Duties or Activities: 1. _____ 2. _____		3. _____ 4. _____ 5. _____

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Contact information for reference (Preferably your Supervisor) NAME: TITLE: ADDRESS: PHONE NO:		EMPLOYED From (mo/yr) To: (mo/yr)
		MONTHLY SALARY Beginning Ending
Your Major Duties and/or Activities		
Your Major Duties or Activities: 1. _____ 2. _____		3. _____ 4. _____ 5. _____

WORK EXPERIENCE Cont'd

This information may be used to determine if your application is accepted. Be specific. Part or all of your rating may be based on this information. Start with your present or most recent job, including service in the armed forces and any self-employment. For part time work, show the average number of hours worked per month. Indicate any change in job title under the same employer as a separate position.

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		From (mo/yr)	To: (mo/yr)
		MONTHLY SALARY	
		Beginning	Ending
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		MONTHLY SALARY	
		Beginning	Ending
Your Major Duties and/or Activities			
Your Major Duties or Activities: 1. _____ 2. _____		3. _____ 4. _____ 5. _____	

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

CERTIFICATION

<p>SIGN YOUR NAME HERE. Your signature affirms that all the information on this application is true to the best of your knowledge. Any false statement may lead to disqualification or dismissal. You also give Polk County permission to contact any of the persons or institutions listed in order to verify employment, receive information on quality of work and/or to conduct a personal background check.</p>	
Name	Date

NON-DISCRIMINATION POLICY

Polk County is an equal opportunity employer. It is the policy of Polk County to utilize employment practices consistent with state and federal fair employment laws. Polk County will make reasonable accommodation for disabled applicants. If you need assistance in the application process or you feel you have been discriminated against in the application, recruitment and selection process contact the Affirmative Action Officer, Polk County Courthouse, Balsam Lake, WI 54810

This form is an application for employment and is not a promise of employment. Unless individual contracts or collective bargaining agreements state to the contrary, employment positions with the County are terminable at the will of the County or the employee at any time for any reason. Nothing contained in this document or any oral statement by County employees as agents shall abrogate this condition of employment.

VOLUNTARY SURVEY

This form is not a part of your application for employment and will stay separate from the application. Your answers will neither help nor hinder your chance for employment with Polk County. They will, however, help us to assess our recruiting effort as well as to monitor the progress of Polk County's Affirmative Action efforts. Filling out this form is voluntary. We ask your cooperation in providing us with the following information.

PLEASE PRINT OR TYPE

1. NAME: _____
Last First M.I.

2. ADDRESS: _____
No. Street City State Zip

3. POSITION(S) APPLYING FOR: _____

4. GENDER: Please check Male Female

5. DATE OF BIRTH: _____

6 RACIAL GROUP: How do you describe yourself in terms of the following groups?

<p><input type="checkbox"/> A White, not of Hispanic origin-Peoples having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p><input type="checkbox"/> B Black or African American, not of Hispanic origin-Peoples having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> C Asian-Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, and the Philippine Islands.</p> <p><input type="checkbox"/> D Native Hawaiian or Other Pacific Islander-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> E Hispanic or Latino (all races)-Persons of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish culture or origin, regardless of race. Portuguese individuals should be excluded from this category and classified according to race.</p>	<p><input type="checkbox"/> F Hispanic or Latino (white race only)-A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the white race.</p> <p><input type="checkbox"/> G Hispanic or Latino (all other races)-A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than white.</p> <p><input type="checkbox"/> H American Indian or Alaskan Native-A person with origins in any of the original peoples of North America and South America (including Central America) who maintains cultural identification through tribal affiliation or has community attachment.</p> <p><input type="checkbox"/> I Race Missing or Unknown-Applies to applicants only when a resume or application that is screened is received with no racial or ethnic identification, and no further contact is made with the applicant.</p>
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7. VETERAN STATUS: (please check one)

A. None *B. Veteran – branch of service* _____ *C. Active Reserves*

Years _____ *Type of Discharge* _____

8. The American 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

9. RECRUITMENT: How did you hear about the job in which you are applying for?

<p><input type="checkbox"/> A Polk County Internet Website</p> <p><input type="checkbox"/> B WI Job Net</p>	<p><input type="checkbox"/> C Local Area paper:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Leader <input type="checkbox"/> Advertiser</p> <p style="margin-left: 20px;"><input type="checkbox"/> Ledger <input type="checkbox"/> Amery Free Press</p> <p style="margin-left: 20px;"><input type="checkbox"/> Osceola Sun</p> <p><input type="checkbox"/> D Other</p>
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BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT YOUR ANSWERS.

Check the box that applies to you.

- Employee / Contractor (including new applicant) Household member / lives on premises - but not a client
- Applicant for a license or certification or registration (including continuation or renewal) Other – Specify:

NOTE: If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) regulated facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name – (First and Middle)	Name – (Last)	Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)		
Any Other Names By Which You Have Been Known (Including Maiden Name)		Birth Date	Gender (M / F)	Race
Address Street, City, State, ZIP Code			Social Security Number(s)	
Business Name and Address - Employer or Care Provider (Entity)				

SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
<p>1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts?</p> <p>➤ If Yes, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.</p>		
<p>2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.)</p> <p>➤ If Yes, list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.</p>		
<p>3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked:</p> <p><input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.)</p> <p>➤ If Yes, explain, including when and where it happened.</p>		
<p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> <p>➤ If Yes, explain, including when and where it happened.</p>		

(continued on next page)

SECTION A (continued)	YES	NO
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? ➤ If Yes , explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person ? ➤ If Yes , explain, including when and where it happened.		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➤ If Yes , explain, including credential name, limitations or restrictions, and time period.		
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? ➤ If Yes , explain, including when and where it happened.		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? ➤ If Yes , explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If yes, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.		
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➤ If Yes , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? ➤ If Yes , list the review date and the review result. You may be asked to provide a copy of the review decision.		

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

SIGNATURE	Date Signed
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