

Polk County Employment Application

<p style="text-align: center;">MAIL APPLICATIONS TO:</p> <p>Department of Employee Relations 100 Polk County Plaza, Suite 229 Balsam Lake, WI 54810 (715) 485-9270 – 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

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

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. _____

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. _____

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. _____

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.

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)		EMPLOYED
NAME: TITLE: ADDRESS: PHONE NO:		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.
<hr/>		
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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)		EMPLOYED
NAME: TITLE: ADDRESS: PHONE NO:		From (mo/yr) To: (mo/yr)
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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>	
<p style="height: 45px;"></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> |
|--|---|

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: _____ Leader _____ Advertiser _____ Ledger _____ Amery Free Press _____ Osceola Sun</p> <p><input type="checkbox"/> D _____ Other</p>
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