

# PRICE COUNTY EMPLOYMENT APPLICATION

Position Applying For: \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Office Use Only: \_\_\_\_\_

**\*\* 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 Personnel Department will not be considered for the open positions. Price County Personnel Department 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
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relevant licenses or certificates for the position applied for and year obtained.

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE\*\*

*List all employment chronologically beginning with present or most recent employment first. Include full-time, part-time, volunteer and military experience. Please explain any gaps in your employment history. If necessary, print out and complete additional Employment Experience page.*

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

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

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

## GENERAL INFORMATION \*\*

Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen and/or legally authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Wisconsin Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to a vehicle (if required for position)?	<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? <i>A position description identifying the essential functions of this position is available from the Personnel Department upon request.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
There are times that management may mandate overtime or change the usual work schedule due to operational needs. If offered employment with Price County, will you be available to work the hours and times required for your position?	<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 Site _____	
<input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Other _____	

## CERTIFICATION OF CANDIDATE INFORMATION\*\*

I understand and acknowledge that Price County will make a thorough investigation of my work history and may, if applicable for the position for which I have applied, verify my driver's license record, criminal history record and all data given in my application for employment, related papers, or oral interviews. I consent to and authorize information requested by Price County or its agents and I release from liability any person giving or receiving any such information.

Furthermore, 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 Price County has adopted a Drug Free Work Environment that requires all candidates for employment undergo a drug-screening test prior to starting employment and while employed, if required for the position, submit to drug screening per Price County and/or DOT policy. A positive drug screen result will disqualify a candidate from employment and, if a current employee, may result in termination of employment.

\_\_\_\_\_  
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: \_\_\_\_\_

# AUTHORIZATION FOR RELEASE OF INFORMATION \*\*

**INDIVIDUAL SUBJECT OF RECORD**

(Please Print)

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

**INFORMATION RELEASED TO**

**Price County  
Personnel Department  
126 Cherry Street Rm. 1  
Phillips, WI 54555**

Please list any former name(s) records may be listed under: \_\_\_\_\_

Office Use Only: \_\_\_\_\_

**SPECIFIC RECORDS AUTHORIZED FOR RELEASE**

- |  |  |
|--|--|
| 1. Present employer(s)   | 5. Criminal history record               |
| 2. Former employer(s)  | 6. Caregiver/ eWiSACWIS background check |
| 3. Any school, college, university, or other educational institution |  |
| 4. Personal references   | 7. Driver's license and driving record   |

**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 listed sources. I understand that when determining my eligibility and/or suitability for employment Price County, in compliance with State and Federal laws, will only gather and use information that is applicable for the position for which I have applied. 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