

MENOMINEE COUNTY EMPLOYMENT APPLICATION

INSTRUCTIONS: Please fill this application out completely. A resume may not be substituted for this official application, either in whole or in part. Late, incomplete and/or unsigned applications will be screened out. Send completed applications and attachments to: Menominee County, Attn: Administrative Coordinator, P.O. Box 279, Keshena, WI 54135 or ltourtillott@co.menominee.wi.us

Which position are you applying for?	Date of Application:
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A. Contact Information

First Name:		Middle Name:		Last Name:	
P.O. Box or Street Address:		Apt/Suite #:	City:		State:
Zip Code:		Primary Phone Number:		Alternate Phone Number:	
E-Mail Address:					
Can notices and correspondence be sent to your e-mail address in lieu of regular mail?			When is the best time to contact you?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Other: _____		
Name of Emergency Contact:		Relationship of Emergency Contact:		Emergency Contact Phone #:	

B. Employment Information

Are you legally eligible for employment in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you previously worked for Menominee County, please list the last position you held, your dates of employment, and reason for leaving							
Department:	Position:	From:	To:	Reason for leaving:			
How soon can you start if you are offered the position?							
<input type="checkbox"/> After I provide a 2-week notice to my employer <input type="checkbox"/> Immediately <input type="checkbox"/> Other: _____							

C. Driving Record Information

Do you currently have a valid Wisconsin driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No		No, but I currently hold a valid license in the State of: _____	
Please note that the job posting may require you to attach a copy of your driver's license to this application.					
Which Class of Drivers License do you hold?			If applicable, what CDL endorsements do you have?		
<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> N/A			_____ <input type="checkbox"/> N/A		
Do you currently own a vehicle?		Do you have a <i>minimum</i> of liability insurance coverage on your vehicle? Please note that the job posting may require you to attach proof of insurance to this application.			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			

D. Education

The job description may require you to attach copies of your official transcripts.

School:	Name and Location:	Program/Major:	Did you graduate?	Type of degree received:
High School		Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

E. Licenses or Certifications Please describe any professional or special licenses or certifications you possess:

License or Certification:	Issued by:	Issue Date:	Expiration Date:

F. Special Skills and Qualification Describe any specialized training, apprenticeships, and/or job-related skills you have.

G. Employment History Please list your last three employers below, beginning with your most recent employer first.

1 Name of Employer:		Address:			Phone Number:	
Start Date:	End Date:	Hourly Wage:	Hours Per Week:	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	# of People Supervised: <input type="checkbox"/> N/A	
Job Title:		Brief Description of Duties Performed:				
Reason for Leaving:				<input type="checkbox"/> Still Employed	May we contact this <input type="checkbox"/> Yes <input type="checkbox"/> No employer?	

2 Name of Employer:		Address:			Phone Number:	
Start Date:	End Date:	Hourly Wage:	Hours Per Week:	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	# of People Supervised: <input type="checkbox"/> N/A	
Job Title:		Brief Description of Duties Performed:				
Reason for Leaving:				<input type="checkbox"/> Still Employed	May we contact this <input type="checkbox"/> Yes <input type="checkbox"/> No employer?	

3 Name of Employer:		Address:			Phone Number:	
Start Date:	End Date:	Hourly Wage:	Hours Per Week:	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	# of People Supervised: <input type="checkbox"/> N/A	
Job Title:		Brief Description of Duties Performed:				
Reason for Leaving:				<input type="checkbox"/> Still Employed	May we contact this <input type="checkbox"/> Yes <input type="checkbox"/> No employer?	

H. Employment Gaps Please describe any significant gaps in employment.

I. Military Service

If you are a military veteran, which branch did you serve in? Army Navy Marines Air Force Coast Guard Space Force

Are you currently serving in the National Guard or Reserves? Yes No

J. References				
List two professional and one personal references. Do not include family members.				
Name:	Occupation:	Type of Reference:	Phone Number:	Years Known:
		<input type="checkbox"/> Professional <input type="checkbox"/> Personal		
		<input type="checkbox"/> Professional <input type="checkbox"/> Personal		
		<input type="checkbox"/> Professional <input type="checkbox"/> Personal		

K. Interview Schedule We cannot guarantee we can accommodate your schedule or that interviews will be held in-person/remotely.

Which days of the week and times work best for you if you are granted an interview? (AM=8 to Noon | PM=1PM to 4PM). Select all that apply.

Any Day & Time	Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AM PM	AM PM	AM PM	AM PM	AM PM

Are you able to conduct video-enabled interviews remotely using Zoom or other video-conferencing software? Yes No

L. Notice of Job Opportunity How did you hear about this position opening?

Employment Agency
 State Employment Office
 Family/Friend
 Website
 E-Mail
 Other: _____
 Newspaper Ad
 College Placement Office
 Bulletin Board
 Other Employer
 Video Kiosk
 Targeted Recruitment

M. Authorization & Signature

By signing and submitting this application to Menominee County, you voluntarily agree to the following:

Agree Disagree
 The answers given by me to the questions and statements on this application are true and correct. I understand that any untruthful statements may result in rejection of my application and/or subsequent termination of employment.

Agree Disagree
 Menominee County has my permission to contact references, past or present employers (except as noted above), persons, schools, law enforcement agencies, departments of motor vehicles, and other sources of information which may be relevant to my application for employment. Accordingly, I will provide Menominee County my social security number, date of birth, drivers license number, and such other information as may be necessary for Menominee County to perform records or reference checks required of the position. I further give my consent to past or present employers (except as noted above), persons, schools, law enforcement agencies, departments of motor vehicles, and other sources of information to release information requested by Menominee County.


Agree Disagree
 I will submit to a pre-employment drug test.

Agree Disagree
 If I am hired by Menominee County, I will carefully read and conform to the County's work rules and regulations.

Agree Disagree
 I understand and agree that if I am hired, my employment is "at will", and my position with the County and my compensation can be terminated at any time.

Note: If you fail to check any of the statements above or disagree with any of the statements, your application will be rejected.

ELECTRONIC SIGNATURE CERTIFICATION. This application must be signed manually and scanned or signed electronically utilizing Adobe Acrobat signature feature only. By signing your name electronically on this application, you are agreeing that your electronic signature is the legal equivalent of your manual

Applicant's Printed Name:	Applicant's Manual or Electronic Signature:	Date:
		

Non-Discrimination: Menominee County does not discriminate based upon sex, age, race, handicap, sexual orientation, creed, color, marital status, national origin, ancestry or arrest and conviction record.

***** Remember to attach your resume, transcripts, driver's license, and/or any other information requested in the job posting *****