

**ASHLAND COUNTY APPLICATION
FOR EMPLOYMENT**

We consider applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non job related medical condition or handicap, or any other legally protected status.

ASHLAND COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

(Please Print)

Position Applied For:

Date of Application

Job description attached to this form.

PERSONAL DATA

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Telephone Number

Alternate Number

1. Is there any other name you have been known by that would be required to adequately check your past employment and/or educational history? If so, please indicate:

2. Have you ever filed an application with us before? Yes _____ No _____
If yes, give date _____

3. Have you ever been employed with us before? Yes _____ No _____
If yes, give date _____

4. Are you currently employed? Yes _____ No _____

5. May we contact your present employer? Yes _____ No _____

6. You understand that you will be required to furnish proof of citizenship or immigration status prior to employment. Yes _____ No _____

7. Have you ever had any job-related training in the United States Military? Yes _____ No _____

If yes, please describe: _____

8. Are you able to perform the essential functions of the job with or without reasonable accommodations?
Yes _____ No _____

9. Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment and will only be considered in relation to specific job requirements).
Yes _____ No _____

10. Do you have any criminal charges pending, other than minor traffic violations?
Yes _____ No _____
(Pending criminal charges are not an automatic bar to employment and will only be considered in relation to specific job requirements). If yes, please explain _____

11. Do you presently have a valid Wisconsin Drivers License or means of available transportation?
Yes _____ No _____

12. Circle the highest grade or year completed in school.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Name and location of high school _____

13. Do you have a high school diploma or a GED equivalent? Yes _____ No _____

14. Do you have any post-secondary education? Yes _____ No _____
What colleges or technical schools did you attend?

Field of Study _____

Degrees or certificates conferred? _____

15. Any other relevant experience? Yes _____ No _____

Volunteer projects? Yes _____ No _____

WORK EXPERIENCE: Provide a complete description. This information will be use to determine if your application is accepted. Be specific. Start with your most recent job. BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES. For part-time work, show the average number of hours per month. Indicate any changes in job title under same employer as a separate position. You may also attach a separate sheet (DILHR JSD 5012) with additional information.

| | | |
|--------------|--|-----------------------------|
| Employer | Kind of Business | Location (Numbered Street) |
| Your Title | Reason for Leaving | Location (City, State, Zip) |
| Your Duties: | Name of Supervisor: | |
| | Total Time Employed: Full-Time Part-Time | |
| | From (Month & Year) | To (Month & Year) |
| | Check one: Monthly Salary Beginning: \$ Hourly Salary Ending: \$ | |

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| | Check one: Monthly Salary Beginning: \$ Hourly Salary Ending: \$ | |

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? YES NO

| REFERENCES | | |
|------------|---------|-------|
| NAME | ADDRESS | PHONE |
| NAME | ADDRESS | PHONE |
| NAME | ADDRESS | PHONE |

Please list any organization to which you belong or have belonged and any honors or awards you have received that you regard as relevant to the job or jobs for which you are applying: _____

SIGNATURE: _____

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH ASHLAND COUNTY

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, I may be terminated because of false, incomplete or misleading statements, answers, or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities, or persons to give to Ashland County any information requested regarding my employment, character, experience, and qualifications and/or suitability for employment with Ashland County including a check of my police record for the purpose of considering my suitability

for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

Signature _____ Date _____

ASHLAND COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Ashland County does not allow immediate family members to supervise another family member in the work environment. In other circumstances, family members may be barred from working together for reasons of safety or security or other business necessity.

Are you related to anyone currently employed by Ashland County? Yes _____ No _____

If yes, please specify:

| Name | Relationship | Position |
|------|--------------|----------|
|------|--------------|----------|

Signature