

BROWN COUNTY

<p>Brown County Human Resources Northern Building, Room 620 305 E. Walnut Street; PO Box 23600 Green Bay, WI 54305-3600 Phone: (920) 448-4065 TDD: (920) 448-3001 * FAX: (920) 448-6277 Automated Job Line: (920) 448-6276 Web Page: www.co.brown.wi.us</p>	<p>APPLICATION FOR EMPLOYMENT</p> <p>AN EQUAL OPPORTUNITY EMPLOYER</p>	<p>For Office Use Only</p>
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IMPORTANT INSTRUCTIONS: This application must be received in the Human Resources Department by 4:30 p.m. CST on the deadline date to be considered. Please fill out the application completely. You may choose to attach a resume as a supplement. However, please do not enter "See Resume" when completing this document. A separate application must be submitted for each position for which you are applying. Thank you for your interest in Brown County employment opportunities.

Name: (Last) (First) (Middle)	Home Phone: () - Cell Phone: () -
Address: (Street) (Apt #)	Business Phone: () - Can we contact you at this #? <input type="checkbox"/> Yes <input type="checkbox"/> No
(City) (State) (Zip Code)	E-mail Address:

POSITION TITLE ►

Full Time
 Part-Time
 On-Call/Relief Hours
 Temporary/Limited Term Employment (LTE)

Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	When will you be available for employment?
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been employed by Brown County? Yes No
 If yes; when, in what position, and in what department? _____

List any relatives employed by Brown County or serving as elected or appointed officials of Brown County:

Brown County may prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.

Do you possess a valid Driver's License? Yes No
 Do you possess a valid Commercial Driver's License? Yes No Type: _____
 Do you possess a Health Field License? Yes No Type: _____

LIST MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS:

IF CURRENTLY LICENSED OR REGISTERED TO PRACTICE IN WISCONSIN AS A MEMBER OF SOME PROFESSION OR TRADE, INDICATE TYPE OF LICENSE OR REGISTRATION AND NUMBER:

Have you ever been convicted of an ordinance violation, misdemeanor, or felony? Yes No If yes, please explain: _____
 Are there any ordinance, felony, or misdemeanor violation charges presently pending against you? Yes No If yes, please explain: _____
 Have you ever had a traffic violation or are any pending against you (including speeding violations, seatbelt violations, etc.) Yes No
 If yes, please explain:

NOTE: Any affirmative responses above do not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position. All positions require conviction or arrest information to evaluate circumstances of the offense.

SPECIAL SKILLS:
 Typing Speed _____ WPM (words per minute)
 List all computer software which you can operate skillfully: _____

EDUCATION:
 Did you graduate from High School? Yes No Name/Location of School: _____
 If "No", have you passed a High School Equivalency or GED test? Yes No
 Location and Date of Test: _____

TRAINING BEYOND HIGH SCHOOL: College or University, Nursing, Business College, or other schools you have attended.

College, University or School — Name and Location	Dates Attended (Month/Year)		Presently Attending	Major Field	Type of Degree (If Rec'd)	GPA
	From	To				
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Describe any education or training you have had which is not covered above; such as vocational school, correspondence courses, service schools, in-service training. Please provide dates.

WORK EXPERIENCE: Give a complete record, from most current to least current, of any employment, self-employment, military service or volunteer experience you have had in the past 10 years. You may include positions beyond the 10 year period if they are related to the position for which you are applying. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position. Responses stating "See Resume" are not acceptable. All boxes must be completed regardless if you have attached a resume.

From (Month & Year)	Title of position held:		PRIMARY DUTIES:	
To (Month & Year)	Employer's Name (Company Name)	Phone No.		
Hours Each Week:	Street Address			
	City, State, Zip			
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor			
Starting Salary	Name and Title of Next Higher Supervisor			
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If we contact your present employer, will your position be endangered? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving or Considering Change:

From (Month & Year)	Title of position held:		PRIMARY DUTIES:
To (Month & Year)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Street Address		
	City, State, Zip		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving or Considering Change:

From (Month & Year)	Title of position held:		PRIMARY DUTIES:
To (Month & Year)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Street Address		
	City, State, Zip		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving or Considering Change:

From (Month & Year)	Title of position held:		PRIMARY DUTIES:
To (Month & Year)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Street Address		
	City, State, Zip		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving or Considering Change:

USE A SEPARATE SHEET TO CONTINUE WITH ADDITIONAL QUALIFYING EMPLOYMENT DATA, USING SAME FORMAT AS ABOVE.

Have you ever been suspended/discharged from any position? Yes No

If yes, please explain: _____

AUTHORIZATION AND CERTIFICATION

READ CAREFULLY BEFORE SIGNING:

I hereby certify that all statements made on, or in connection with, my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

I authorize any person contacted to provide Brown County any and all information regarding my employment, education, and other information concerning any of the subjects covered by the application which may include but not be limited to: Application of employment; performance evaluations; work records; wage rates; supervisors' comments; results of any and all tests; disciplinary reports or letters; and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by Brown County to request employment records from my present and/or former employer(s). I release and hold harmless Brown County, their officers, agents, and employees, and the person(s) providing the information, from any liability, related to the providing of this information.

I understand that I may be required to successfully pass a drug test and/or pre-employment physical exam to gain employment or continue employment with Brown County. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by Brown County, and consent to the release of the test results to Brown County. I hereby release and hold harmless Brown County, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or pre-employment exam and decisions concerning employment based upon the results of these tests.

I authorize Brown County, its officers, agents, and employees to conduct a background check (including criminal) prior to making a decision regarding employment. I release and hold harmless Brown County, their officers, agents, and employees, and the person(s) providing the information, from any liability related to the performance or result of this check.

If accepted for employment, I agree that my status as an employee depends upon my successful performance during a probationary period and that I am an "at-will" employee during this probationary period. In addition, I understand that Brown County maintains a drug-free and violence-free workplace.

Applicant's Signature

Date

*If you need reasonable accommodation anytime during the application process,
please notify the Brown County Human Resources Department.*

Brown County is committed to the equality of opportunity for all people. It is the policy of Brown County to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification, and except where conviction and/or arrest record substantially relates to the circumstance of positions applied for.

APPLICANT INFORMATION

POSITION APPLIED FOR: _____

NAME:

(First)

(M.I.)

(Last)

ADDRESS:

(Street)

(Apt. #)

(City)

(State)

(Zip Code)

AFFIRMATIVE ACTION / EQUAL EMPLOYMENT OPPORTUNITY DATA

The following information will be used only for research and reporting purposes for Brown County and the Federal Government in accordance with applicable laws and regulations. This information is voluntary and there will be no adverse consequences for not responding. This information is **confidential** and is kept separate from this application. It will not be a consideration for employment.

Sex: Male Female

Age: Under 40 40 or Over

Ethnic Origin:

- American Indian/Alaskan Native
- Black/African American (Not of Hispanic origin)
- White/Caucasian/European/North African/Middle Eastern or Indian Subcontinent
- Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
- Asian American/Pacific Islander/Far Eastern or Southeastern Asian
(i.e., China, Japan, Korea, Philippine Islands, Samoa)

Veteran Status:

- Non Veteran
- Veteran
- Disabled Veteran (Disability less than 30%)
- Special Disabled Veteran (Disability 30% or greater)

WHERE DID YOU FIRST LEARN ABOUT THIS JOB? (PLEASE CHECK ONE)

- Brown County Job Line
- Brown County Web Site
- Job Center
- Newspaper: *(Please specify)* _____
- Magazine/Journal: *(Please specify)* _____
- Industry Web Site: *(Please specify)* _____
- Open Positions List posted at: _____
- Other: *(Please specify)* _____

Thank you for your interest in Brown County employment.

An Equal Opportunity Employer