

Application for Employment

We consider applicants for all positions 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.

KEWAUNEE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

POSITION APPLIED FOR:

DATE OF APPLICATION

PERSONAL DATA

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
()	()		
Telephone Number	Alternate Number	Social Security Number	

1) HAVE YOU BEEN KNOWN BY ANY OTHER NAME? If so, please indicate:

2) IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? YES NO

3) HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? YES NO

If yes, give date _____

4) HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? YES NO

5) ARE YOU CURRENTLY EMPLOYED? YES NO

6) MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

7) ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? (Proof of citizenship or immigration status will be required upon employment) YES NO

8) HAVE YOU EVER HAD ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY? YES NO
If yes, please describe: _____

9) ARE YOU ABLE TO PERFORM ALL THE FUNCTIONS/DUTIES OF THE JOB YOU ARE APPLYING FOR? YES NO

If no, please identify which essential functions you are unable to perform. _____

10) HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES NO
(Conviction will not necessarily disqualify an applicant from employment)

11) DO YOU HAVE ANY CRIMINAL CHARGES PENDING, OTHER THAN MINOR TRAFFIC VIOLATIONS?
 YES NO (Pending criminal charges are not an automatic bar to employment. Each case is considered on its merits)
If yes, please explain: _____

LIST EDUCATION, LICENSES, CERTIFICATES AND DEGREES RELATED TO THE POSITION SOUGHT

INSTITUTION(S) ATTENDED	CURRICULUM	DEGREES, CERTIFICATES EARNED

EMPLOYMENT RECORD

(Including military experience if job related. List employment beginning with present or last job.)

COMPANY NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ () _____	SPECIFIC DUTIES
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JOB TITLE _____

SUPERVISOR _____

DATES EMPLOYED: FROM (Mo./Yr.) _____ TO (Mo./Yr.) _____	REASON FOR LEAVING
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SALARY: STARTING : \$ _____	ENDING: \$ _____
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COMPANY NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ () _____	SPECIFIC DUTIES
--	-----------------

JOB TITLE _____

SUPERVISOR _____

DATES EMPLOYED: FROM (Mo./Yr.) _____ TO (Mo./Yr.) _____	REASON FOR LEAVING
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SALARY: STARTING : \$ _____	ENDING: \$ _____
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COMPANY NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ () _____	SPECIFIC DUTIES
--	-----------------

JOB TITLE _____

SUPERVISOR _____

DATES EMPLOYED: FROM (Mo./Yr.) _____ TO (Mo./Yr.) _____	REASON FOR LEAVING
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SALARY: STARTING : \$ _____	ENDING: \$ _____
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AS AN EMPLOYEE HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN? YES NO IF YES, EXPLAIN (attach additional page)

Special Skills and Qualifications
 Summarize special job-related skills and qualifications acquired from employment or other experience.

NEPOTISM

The employment of immediate family members in a supervisor-subordinate relationship may cause serious conflicts and problems with favoritism and employee morale. In addition to claims of partiality in treatment at work, personal conflicts from outside the work environment can be carried into day to day working relationships.

No person shall be employed, promoted, or transferred to any department or agency of Kewaunee County when the employment, promotion or transfer will result in a supervisor-subordinate relationship between immediate family members. Immediate family is defined as wife, husband, father, step father, mother, step mother, guardian, sister, step sister, brother, step brother, child, step child, aunt, uncle, grandchild, grandparent, father-in-law, mother-in-law, sister-in-law, or brother-in-law.

If a violation of this policy is established after employment, through marriage or other means, the individuals concerned will decide who is to be transferred or terminated. If that decision is not made within 30 calendar days, management will decide.

This policy does not apply to temporary employees.

NOTE: This information will not be shared with those individuals involved in the interviewing process

ADDITIONAL EMPLOYEE INFORMATION

NAME: _____ DATE _____
Last First MI

JOB TITLE: _____ DEPT: _____

(THE FOLLOWING INFORMATION IS NOT REQUESTED ON OUR EMPLOYMENT APPLICATION)

PLEASE COMPLETE THE FOLLOWING FOR INCLUSION IN YOUR PERSONNEL FILE:

1. Date of Birth: _____
Month Date Year

2. RACIAL/ETHNIC IDENTIFICATION: Check the box that most accurately describes your sex and racial/ethnic identity. (Select Only One) Please note that, if necessary, verification must be provided.

White, not of Hispanic origin - persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

A. _____ Male G. _____ Female

Black, not of Hispanic origin - persons having origins in any of the Black racial groups of Africa.

B. _____ Male H. _____ Female

Hispanic - persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.

C. _____ Male I. _____ Female

Asian or Pacific Islander - persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands. (For example, China, India, Japan, Korea, the Philippine Islands and Samoa.)

D. _____ Male J. _____ Female

American Indian* or Alaskan Native - persons having origins in any of the original peoples of North American and who maintain cultural identification through tribal affiliation or community recognition.

E. _____ Male K. _____ Female

* Name of Tribe: _____

* Agency or reservation where tribal enrollment records are kept: _____

3. Kewaunee 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 Kewaunee County? _____ yes _____ no If yes, please specify:

Name Relationship Position

Other Comments: _____

**AUTHORIZATION AND ACKNOWLEDGEMENT
FOR EMPLOYMENT WITH
KEWAUNEE 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. I agree that Kewaunee County shall not be held liable in any respect if my employment is 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 Kewaunee County any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Kewaunee County including a check of my fingerprints and 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.

I further understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to an appointment to a position with Kewaunee County. Refusal to participate will result in the rejection of my application.

Applicant's Signature

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER