

SAWYER COUNTY

Courthouse
10610 Main Street, SUITE 23
Hayward, WI 54843

Position: _____

Department: _____

APPLICATION FOR EMPLOYMENT

Name of Applicant

Telephone Number

Address

Alternate Phone Number

City, State, Zip Code

SAWYER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Sawyer County considers applicants for all positions without regard to race, color, creed, sex, national origin, age, ancestry, marital status, disability, sexual orientation, arrest record, conviction record, membership in the National Guard, state defense force, or any other reserve component of the military forces of the United States or this state, or the use or non-use of lawful products off the employer's premises during non-working hours, or any other legally protected status.

CERTIFICATION, AUTHORIZATION & RELEASE

I certify that the information given by me on this application is true and correct and without omissions to the best of my knowledge. I understand and agree that any misrepresentation or deliberate omission of a fact during the application process may result in a rejection of my application or, if employed, a termination from employment.

I further understand that the County will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I consent to and authorize release of information requested by the County or its agents and I release from liability any person giving or receiving any such information.

I agree that my employment may be terminated by the County at any time during probation without liability for wages or salary except such as may have been earned at the date of such termination unless otherwise agreed to in writing.

Although County management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime or work schedules other than usual work hours as business needs dictate. I understand and accept these conditions of employment, if hired.

Receipt of the application by the County for consideration does not constitute a promise to interview or to offer employment with Sawyer County. I also understand that the County does not accept personal resumes alone for consideration in the employment process and will consider this application as completed, along with a resume if submitted, when reviewing candidates for an employment vacancy.

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 Sawyer County and that I may be subject to substance abuse screening after employment. I understand that refusal to participate in a requested pre-employment substance abuse screening will result in the rejection of my application.

Signature of Applicant

Date

EMPLOYMENT HISTORY

Begin with most recent - - at least past ten years

Employed from: _____ to: _____ Job Title: _____

Company Name: _____ Duties: _____

Company Address: _____

City/State/Zip: _____

Supervisor Name: _____ Starting Annual Salary or Hourly Wage: _____

Supervisor Phone#: _____ Ending Annual Salary or Hourly Wage: _____

Reason for Leaving: _____

May we contact employer/supervisor? _____yes _____no

Employed from: _____ to: _____ Job Title: _____

Company Name: _____ Duties: _____

Company Address: _____

City/State/Zip: _____

Supervisor Name: _____ Starting Annual Salary or Hourly Wage: _____

Supervisor Phone#: _____ Ending Annual Salary or Hourly Wage: _____

Reason for Leaving: _____

Employed from: _____ to: _____ Job Title: _____

Company Name: _____ Duties: _____

Company Address: _____

City/State/Zip: _____

Supervisor Name: _____ Starting Annual Salary or Hourly Wage: _____

Supervisor Phone#: _____ Ending Annual Salary or Hourly Wage: _____

Reason for Leaving: _____

Employed from: _____ to: _____ Job Title: _____

Company Name: _____ Duties: _____

Company Address: _____

City/State/Zip: _____

Supervisor Name: _____ Starting Annual Salary or Hourly Wage: _____

Supervisor Phone#: _____ Ending Annual Salary or Hourly Wage: _____

Reason for Leaving: _____

EDUCATIONAL BACKGROUND

Name of School Address Degree/s Major/s

High School _____

College _____

Graduate _____

Technical _____

License/s or Certification/s Held: _____

MILITARY SERVICE

Branch of Service	Mo/Yr Served From To	Active Duty or Reserve?	Highest Grade	Skill Specialty or Primary Duty
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List Special Schools Attended/Skills Acquired During Military Service: _____

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU THINK WOULD ESPECIALLY QUALIFY YOU FOR EMPLOYMENT WITH THE COUNTY?

PROFESSIONAL REFERENCES

Avoid Using Relatives

Name of Reference: _____ Position: _____

Address: _____ Telephone Number: _____

City/State/Zip: _____ How long has this person known you? _____

Name of Reference: _____ Position: _____

Address: _____ Telephone Number: _____

City/State/Zip: _____ How long has this person known you? _____

Name of Reference: _____ Position: _____

Address: _____ Telephone Number: _____

City/State/Zip: _____ How long has this person known you? _____

GENERAL INFORMATION

1. Are you at least 18 years of age? yes no
2. Have you ever been employed by this County? yes no
 - (a). If yes, from _____ to _____.
 - (b). In what department? _____
 - (c). In what position? _____
 - (d). Reason for leaving? _____
3. **FOR DEPUTY SHERIFF APPLICANTS ONLY:** Do you understand that you must reside within 15 miles of the Sawyer County line if hired? yes no
4. Are you willing to work: evenings shifts weekends overtime
5. Are you willing to be on-call for emergencies? yes no
6. Are you willing to receive special training for this position? yes no
7. The Personnel/Administrative Policies of Sawyer County contain the following provisions pertaining to the hiring of relatives:
 - a. Sawyer County believes it is improper for a person to be hired by the County because he or she is a relative of a County official or employee.
 - b. Sawyer County understands that a person, otherwise qualified, should not be denied employment with the County because he or she is related to a County official or employee. A problem arises only when the County official or employee is involved, directly or indirectly, in the hiring, promotion or supervision of a relative.
 - c. No County official or employee may use his or her office to bring about the County's employment of a relative.
 - d. Under no circumstances will the County hire a relative in a supervisor/supervisee relationship.
 - e. County Board Supervisors may not serve on committees that govern a department hiring or employing a relative.
 - f. For the purpose of this policy, "relative" means spouse, father, mother, father-in-law, mother-in-law, son, daughter, son-in-law, daughter-in-law, brother, sister, brother-in-law, sister-in-law, uncle, aunt, uncle-in-law, aunt-in-law, nephew, niece, nephew-in-law and niece-in-law.

Are you related to anyone who is currently employed by, or an elected official of, Sawyer County? yes no
 If yes, specify:

Name of Relative(s)	Relationship	Department	Position
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8. Do you have a valid driver's license? If yes, issued by what State? _____
 Driver's License # _____ Do you have current automobile liability insurance?
 Do you have a CDL license? If yes, what classifications? _____
9. Have you ever been bonded? If yes, on what jobs? _____
10. Have you ever been convicted of, or plead no contest to, any felony or misdemeanor for violation of any federal law, any Wisconsin law, any laws of any other states or ordinances of any municipality or are there any criminal charges pending against you? yes no (It is not necessary to include minor traffic violations)

If yes, please list jurisdiction (location), date(s), and charges(s): _____

Criminal charges are not an automatic bar to employment. Each charge is considered on a case-by-case basis in relationship to the position in compliance with state or federal law.

FOR OFFICE USE ONLY:

Date Application Received: _____ Reviewed by: _____

Comments: _____

Interview: no yes; if yes, when? _____ Hired? yes no

**Authorization of Background Investigation and
Disclosure of Records for Employment Purposes**

To the recipient of this Authorization:

I, _____, ("Applicant") authorize **Sawyer County** and its designated agents and representatives to conduct a comprehensive investigation of my background for employment, promotion, reassignment or retention as an employee.

I understand the scope of the investigation performed by **Sawyer County** may include, but is not necessarily limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, if applicable, including traffic citations and registration; and any other records relevant to my qualifications for employment, regardless of whether such record is considered a public record.

In connection with this investigation, I authorize the complete release of any and all records or data pertaining to me, including both verbal and written information, to **Sawyer County** which any individual, company, firm, corporation or public agency in receipt of this Authorization may have.

I further hereby release and hold harmless any individual, company, or institution and all individuals connected therewith, including **Sawyer County**, from any and all liability whatsoever that might otherwise be incurred in furnishing any information pursuant to this Authorization.

A photocopy reproduction of this Authorization, when supplied by an employee of **Sawyer County**, shall be for all intents and purposes as valid as the original. The recipient of this Authorization may retain the provided copy for its files.

Applicant Information (please print legibly):

1. Name (Full) _____

2. Any and All Former Names

3. Social Security Number _____ - _____ - _____

4. Date of Birth _____ / _____ / _____

5. Telephone Number () _____

6. Current Street Address _____

City _____, State _____ Zip _____

7. Driver's License Number _____ State Issued _____

8. Name on Driver's License _____

9. May we contact your current employer? _____

10. May we contact your current supervisor? _____

11. May we contact your previous employers? _____

12. May we contact your previous supervisors? _____

13. Prior residences, past ten (10) years:

a. _____
From _____ / _____ / _____ To _____ / _____ / _____

b. _____
From _____ / _____ / _____ To _____ / _____ / _____

c. _____
From _____ / _____ / _____ To _____ / _____ / _____

d. _____
From _____ / _____ / _____ To _____ / _____ / _____

By signing below, I acknowledge that I have read and understand the statements above. I am also certifying that the above information is true and correct. Unless revoked, this authorization remains in effect until the time stated below. I understand that I may revoke this authorization, in writing, at any time except in regard to any information previously released as a result of this authorization.

This Authorization expires on this specific date: _____ / _____ / _____

Applicant Signature

Date