



VILAS COUNTY HUMAN RESOURCES DEPARTMENT
 330 COURT STREET, EAGLE RIVER, WI 54521

APPLICATION FOR EMPLOYMENT

Vilas County is an Equal Opportunity Employer. We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, genetic make-up, or any other legally protected status.

INSTRUCTIONS: (please read carefully):

1. A separate application must be completed and submitted for each position in which you seek consideration.
2. Applications will only be accepted for current vacancies. Unsolicited applications will be rejected.
3. Resumes and cover letters may be submitted in conjunction with an application, not in place of.
4. Applications must be fully and accurately completed. "See resume" is not an acceptable response.
5. All offers will be contingent upon the verification of lawful employment status as required by the Immigration Reform and Control Act of 1986 (If hired, you must present documentation establishing your U.S. employment eligibility within three business days of start date).
6. Applicants needing assistance in completing this form should contact the HR Department at 715-479-3797.

Date:	Last Name:	First Name:	M.I.:
Address:		City:	State: Zip:
Cell Phone #:	Home Phone #:	Email address:	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid WI driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid CDL license (if applicable to position applying for)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, CDL Endorsements:	
<i>An arrest or conviction may be relevant if substantially related to the job, but will not necessarily disqualify an applicant from possible employment:</i>			
Do you currently have a pending criminal charge against you or have you ever been convicted of a crime, either a misdemeanor or a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide date(s) and type(s) of charge/conviction(s):	

Position applying for:	Have you ever applied for, or been employed with, Vilas County before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
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How did you learn of this position? Please be as specific as possible.

Date you can start:	Salary/Wage desired:	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No
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List any friends or relatives working for us:

<u>Education Level</u>	<u>Address</u>	<u>Did you Graduate?</u>	<u>Course of Study/Major</u>
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Military		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional or specialized education (if any):

Please list any additional skills or abilities applicable to the position for which you are applying: (i.e., clerical, computer, mechanical, etc.)

Are you able to perform all the duties of, and work the schedule required for the position you are applying for, with or without reasonable accommodation? Yes No

Former Employers: List below your former employers, starting with the most recent. Please attach an additional sheet if necessary.

<u>Dates</u>	<u>Name & Address of Employer</u> <u>Name of Supervisor</u>	<u>Present or Last Salary</u>	<u>Position</u>	<u>Reason for Leaving</u>

References: List three persons not related to you, whom you have worked with and know your work.

<u>Name</u>	<u>Business</u>	<u>Address</u>	<u>Phone #</u>
1.			
2.			
3.			

Sharing of Application Data: Vilas County encourages the cooperation and collaboration with other Counties. As such, we invite our candidates to allow us to share their applicant information with other Counties for similar positions. Please indicate the Counties with which you authorize our sharing of your data. Please note, your election to share (or not share) your data will not impact our consideration for the position for which you are currently applying.

I authorize Vilas County to share my applicant information with all Counties recruiting for similar positions.

I authorize Vilas County to share my applicant information with only the following Counties for similar positions: _____

I do not authorize Vilas County to share my applicant information with other Counties recruiting for similar positions.

Authorization and Certification:

In considering my application for employment, the County may verify the information on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any information necessary concerning my background. I understand that any misrepresentation of fact on this application subjects me to disqualification for, or if hired, dismissal, no matter how long after employment the misrepresentation is discovered. I understand that any offer of employment will be contingent upon satisfactory completion of a drug screening, background check (including criminal), and a physical examination at the County's expense if required.

I hereby affirm that the foregoing information is true, complete, and correct to the best of my knowledge and belief without omissions of any kind.

I release and hold harmless Vilas County, its officers, agents, and employees, and the persons providing any supplemental information, from any liability related to the information supplied or obtained during the recruitment and selection process of this application.

If accepted for employment, I agree that I am an "at will" employee. I also understand that Vilas County maintains a drug-free and violence free-workplace.

If this is checked , then I request the County not contact my present employer without my specific consent.

APPLICANT SIGNATURE: _____ DATE: _____

Confidentiality:

I hereby request this application be kept confidential to the degree permitted by Wisconsin law. I understand, however, that if I become a final candidate for a position, this application will be subject to disclosure upon request.

APPLICANT SIGNATURE: _____ DATE: _____

**RELEASE OF INFORMATION
AUTHORIZATION AGREEMENT**

Name _____; Address _____; Date of Birth _____

TO WHOM IT MAY CONCERN:

I am an applicant for a position with Vilas County. Vilas County needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history is disclosed to the Vilas County Human Resources Department.

I hereby authorize any representative of Vilas County bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Vilas County, whether said records are of public, private, or confidential nature. The intent of the authorization is to give my consent for full and complete disclosure. I reiterate and emphasize the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for Vilas County to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigator files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others, from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of the organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or of Vilas County regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of Vilas County's acceptance and processing of my application for employment, I agree to hold Vilas County, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with Vilas County.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by Vilas County in conjunction with employment procedures.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature. This release is valid for a period of 1 year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature _____

Date _____