BURNETT COUNTY EMPLOYMENT APPLICATION

Submit Completed Application to:

Burnett County Government Center
Human Resources/Administration Office
7410 County Rd. K #116
Siren, WI 54872
Phone (715) 349-2181 **Fax** (715) 349-2180

Burnett County is an Equal Opportunity Employer

PRINT OR WRITE LEGIBLY

TITLE OF POSITION FOR WHICH YOU ARE APPLYING _____ **DATE** _____

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER

HAVE YOU BEEN KNOWN BY ANY OTHER NAME? IF SO, PLEASE INDICATE: _____

PRESENT ADDRESS (Number, Street)	APT	CITY	STATE	ZIP CODE

HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	EMAIL ADDRESS (Optional)

IF ANY MEMBER OF YOUR FAMILY IS NOW EMPLOYED BY BURNETT COUNTY, GIVE NAME, RELATIONSHIP AND WHERE EMPLOYED. _____

ARE YOU A CURRENT COUNTY EMPLOYEE? ☐ YES ☐ NO

WHAT TYPES OF EMPLOYMENT ARE YOU SEEKING? (Checking only those you will accept)

- ☐ REGULAR (Full-Time)
- ☐ PART-TIME
- ☐ MAY BE WILLING TO ACCEPT A TEMPORARY OR SEASONAL POSITION

IF THE JOB REQUIRES UNUSUAL HOURS (including weekends and nights) WOULD YOU BE WILLING TO ACCEPT IT? ☐ YES ☐ NO

WHEN WILL YOU BE AVAILABLE FOR EMPLOYMENT? _____

IF THE JOB REQUIRES USE OF A MOTOR VEHICLE, DO YOU HAVE A VALID WISCONSIN DRIVER'S LICENSE? ☐ YES ☐ NO

IF THE JOB REQUIRES IT, DO YOU HAVE ACCESS TO A CAR? ☐ YES ☐ NO

ARE YOU A UNITED STATES CITIZEN OR DO YOU HAVE PAPERS FROM THE UNITED STATES GOVERNMENT PERMITTING YOU TO WORK? ☐ YES ☐ NO

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

HAVE YOU FILLED OUT AN APPLICATION WITH BURNETT COUNTY BEFORE? IF SO, GIVE THE DATE: _____ ☐ YES ☐ NO

HAVE YOU BEEN EMPLOYED BY BURNETT COUNTY BEFORE? IF SO, GIVE THE DATE: _____ ☐ YES ☐ NO

ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO

MAY WE CONTACT YOUR CURRENT OR PREVIOUS EMPLOYERS? IF NO, NAME AND EXPLAIN EXCEPTIONS ☐ YES ☐ NO

_____

HAVE YOU HAD ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY? IF YES, PLEASE DESCRIBE: ☐ YES ☐ NO

_____

DO YOU HAVE ANY LIMITATIONS WHICH WOULD PRECLUDE OR HINDER YOU IN PERFORMING THE ESSENTIAL FUNCTIONS/DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING? IF YES, PLEASE DESCRIBE: ☐ YES ☐ NO

_____

HAVE YOU EVER BEEN CONVICTED OF OFFENSES THAT WOULD BE DIRECTLY RELATED TO THE PARTICULAR JOB FOR WHICH YOU ARE NOW APPLYING? IF YES, PLEASE GIVE CONVICTION, DATES, AND LOCATION. ☐ YES ☐ NO

_____

Wisconsin Fair Employment Act Statutes, sections 111.31 to 111.395 prohibits discrimination because of criminal record or pending charges, unless the record or charge substantially related to the circumstances of the particular job or licensed activity.

EDUCATION AND TRAINING

GRAMMAR & HIGH SCHOOL (select the highest year completed)	NAME & LOCATION OF HIGH SCHOOL	GRADUATED?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 11 ○ 12		☐ YES ☐ NO

TRAINING BEYOND HIGH SCHOOL:
COLLEGE, UNIVERSITY, BUSINESS, VOCATIONAL, OR OTHER SCHOOLS

SELECT THE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 11 ○ 12

NAME & LOCATION OF INSTITUTION	DATES ATTENDED		CREDITS EARNED	MAJOR FIELD & REMARKS	DEGREES Month & Year Received
	FROM	TO			

DESCRIBE ANY EDUCATION OR TRAINING YOU HAVE HAD WHICH IS NOT COVERED ABOVE, SUCH AS CORRESPONDENCE COURSES, SERVICE SCHOOLS, INSERVICE TRAINING. GIVE DATES.

INDICATE ACADEMIC HONORS OR OTHER SCHOOL ACHIEVEMENTS WHICH MAY BE HELPFUL IN EVALUATING YOUR BACKGROUND.

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

LIST MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS.

TYPING SPEED	DICTATION SPEED	OFFICE MACHINES YOU OPERATE

DESCRIBE HERE TO WHAT EXTENT YOUR TRAINING AND EXPERIENCE HAVE GIVEN YOU THE TECHNICAL KNOWLEDGE, SKILL AND INTEREST TO PERFORM THE TYPE OF WORK FOR WHICH YOU ARE APPLYING.

WORK EXPERIENCE

Give a complete record 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.

PRESENT OR MOST RECENT EMPLOYER	YOUR TITLE	KIND OF BUSINESS
ADDRESS OF BUSINESS (Street, City, State, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME, TITLE & PHONE NUMBER OF SUPERVISOR

YOUR DUTIES	FROM (Month & Year)	TO (Month & Year)
	☐ FULL-TIME ☐ PART-TIME (_____ hours per _____)	
	BEGINNING PAY	ENDING PAY
	$ _____ PER _____	$ _____ PER _____

EMPLOYER	YOUR TITLE	KIND OF BUSINESS
ADDRESS OF BUSINESS (Street, City, State, Zip Code)	REASONS FOR LEAVING	NAME, TITLE & PHONE NUMBER OF SUPERVISOR

YOUR DUTIES	FROM (Month & Year)	TO (Month & Year)
	☐ FULL-TIME ☐ PART-TIME (_____ hours per _____)	
	BEGINNING PAY	ENDING PAY
	$ _____ PER _____	$ _____ PER _____

EMPLOYER	YOUR TITLE	KIND OF BUSINESS
ADDRESS OF BUSINESS (Street, City, State, Zip Code)	REASONS FOR LEAVING	NAME, TITLE & PHONE NUMBER OF SUPERVISOR

YOUR DUTIES	FROM (Month & Year)	TO (Month & Year)
	☐ FULL-TIME ☐ PART-TIME (_____ hours per _____)	
	BEGINNING PAY	ENDING PAY
	$ _____ PER _____	$ _____ PER _____

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

REFERENCES

List two business and two personal references that we may contact at this time who are NOT related to you and have definite knowledge of your qualifications for the position that you are applying. Do not give names of supervisors listed under experience.

NAME, TITLE, BUSINESS OR OCCUPATION: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

NAME, TITLE, BUSINESS OR OCCUPATION: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

NAME, TITLE, BUSINESS OR OCCUPATION: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

NAME, TITLE, BUSINESS OR OCCUPATION: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH BURNETT 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 Burnett 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, agencies, municipalities or persons to give Burnett County any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Burnett 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. I understand that employment may be contingent upon satisfactory completion of a physical and psychological evaluation and substance abuse screening at the County's expense if required . Refusal to participate will result in the rejection of my application**.**

Applicant's Signature: _____ **Date:** _____

By submitting this form electronically, you are vouching that the facts contained therein are true and correct

If your application results in employment with Burnett County, you will be asked to personally sign this form.

Burnett County considers 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.

AFFIRMATIVE ACTION INFORMATION

Qualified applicants and employees are considered for and during employment without regard to race, color, religion, sex, national origin, age, marital and veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status.

In order for us to comply with Federal Equal Employment Opportunity record keeping and reporting requirements, please answer the questions below. This form will be kept in a confidential file separate from other application materials and will not be used by anyone during the interview process. Completion of this form is purely voluntary. No adverse consequences will follow if you choose not to complete the form.

TITLE OF POSITION FOR WHICH YOU ARE APPLYING _____ **DATE** _____

NAME: _____ **SEX:** ☐ **MALE** ☐ **FEMALE**

Racial/Ethnic Identification: Check the box that most accurately describes your racial/ethnic identity. (Make only one selection.)

☐ **White, not of Hispanic origin.** Persons having origins of any of the original people of Europe, North Africa, or the Middle East.

☐ **Black, not of Hispanic origin.** Persons having origins of any of the Black racial groups of Africa

☐ **Hispanic.** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.

☐ **Asian or Pacific Islander. Persons having origins of any of the original people of the Far East, Southeast Asia, the Indian sub-continent or the Pacific Islands. (For example: China, Japan, Korea, the Philippine Islands and Samoa.)**

☐ **American Indian or Alaskan Native.** Persons having origins of any of the original people of North America and who maintain cultural identification through tribal affiliation and community recognition.

Veteran Status: ☐ **Non-Veteran** ☐ **Vietnam Veteran (8/64 through 7/75)** ☐ **Other Veteran**

Martial Status: ☐ **Married** ☐ **Single** ☐ **Head of Household**

Handicap: ☐ **Yes** ☐ **No**

If yes, please describe:

_____