

EMPLOYMENT APPLICATION

COLUMBIA COUNTY HEALTH CARE CENTER - P.O. BOX 895 - WYOCENA WI 53969

PHONE: (608) 429-4241 FAX: (608) 429-2703

COUNTY WEBSITE: www.co.columbia.wi.us

HUMAN RESOURCE EMAIL: Lori.Aldridge@co.columbia.wi.us

POSITION APPLIED FOR

DATE

Name			Social Security Number		
<i>Last</i>		<i>First</i>	<i>Middle</i>		
Present Address			Telephone Number		
<i>Street/Mailing</i>					
<i>City, State Zip Code</i>			Alternate Number		
Email Address					

Are you a United States Citizen or a Permanent Resident Alien? Yes No

If not, what is your immigration status?

(If you are hired, you will be required to submit verification of your legal right to work in the United States.)

Have you filed an application with us before? Yes No If so, when?

Date available to begin employment Professional license/Registration

Please check employment preference Full time Part time Temporary Shift Preference

Can you travel if job required it? Yes No

Do you have a Driver's License? License Number

None Wisconsin Out-of-State CDL classifications CDL Endorsements

EDUCATION

School	Name and Location of School	Major Field	Highest Grade Completed	Degree or Diploma Earned
High School		Not Applicable		
College				
Graduate				

SPECIAL SKILLS AND QUALIFICATIONS

List any other education, training, specific skills, certificates, and licenses that you possess related to this job:

List any machines or equipment that you are qualified/experienced at operating:

List languages you use fluently: Speak:

Read:

Write:

EMPLOYMENT HISTORY

Are you presently employed? Yes No

May we contact your present employer Yes No

List any previous name(s) you have used in employment history

Below, list your last 10 years of employment, if applicable (**starting with most recent**):

Company Name	Telephone	Dates of employment
Address		Job Title/Position
Supervisor's Name		Salary (ending)
Describe work		Reason for leaving

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PERSONAL REFERENCES

(Do **not** include relatives or previous employers)

NAME	ADDRESS	BUSINESS	TELEPHONE

Have you ever been involuntarily terminated from a job before? Yes No

If yes, provide name of employer and a brief explanation of the circumstances;

Have you been convicted of a felony or a misdemeanor in the last 10-years? Yes No

If yes, when?

For what have you been convicted?

Are you subject to any pending criminal charges? Yes No

If yes, please explain:

I certify that the answers given to me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements will render this application void, and if employed will result in termination. I agree that Columbia County shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application and through this process.

I also authorize pertinent companies, schools, agencies or persons to give any information requested regarding my employment, character, experience, qualifications and/or suitability for employment. 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 I will not request copies of such information. In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I understand that any offer of employment or continued employment, if hired, may be conditional upon passing a physical examination, including substance abuse screening. Refusal to participate will result in termination or denial of employment.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice.

Qualified applicants receive equal consideration and no question asked is for the purpose of excluding an applicant due to age, race, religion, creed, color, handicap, marital status, sex, sexual preference, national origin, ancestry, arrest, or conviction record as prohibited by law or regulation. Columbia County is an EQUAL OPPORTUNITY EMPLOYER.

Signature of Applicant:

Date:

The application will remain on file for one (1) year from the date received. Incomplete applications will not be processed.

COLUMBIA COUNTY RELEASE OF INFORMATION

AUTHORIZATION FOR RELEASE OF INFORMATION

(for official use only, not to be released to unauthorized individuals)

Information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omission(s) may be cause for rejections or may be cause for subsequent dismissal if I am hired.

I authorize a representative of Columbia County within one year of the date on this application, to obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies
2. Selective Service System
3. Any banking Institution
4. Any place of business (purpose of obtaining credit or employment data)
5. Credit rating bureaus or institutions maintaining individual credit rating files
6. Any previous employer
7. Present employer (unless otherwise requested)
8. Personal references as provided on application
9. Any school, college, university or other educational institution
10. Any law enforcement certification or licensing board of Wisconsin or any other state

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act)
- 2.
- 3.

This release is executed to authorize Columbia County, as a prospective employer, to obtain information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Applicant Signature

Date