

BUFFALO COUNTY EMPLOYMENT APPLICATION

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

PERSONNEL DEPARTMENT
407 South Second Street
Alma, WI 54610
PHONE: 608-685-6234
FAX: 608-685-6300
www.buffalocounty.com

Important: Read carefully before filling out your application.

Please type or print plainly in ink. **This application must be complete to be considered for employment.** You may attach a resume, but the resume may not be substituted for this official application in whole or in part. We will not refer to the resume for incomplete application answers. Study the essential qualifications listed in the position announcement. If you believe that you meet these qualifications, complete this application. Answer all questions applicable to the position for which you are applying. Be thorough. Your answers determine whether you will be considered for the position. Your completed application, together with any additional information specified in the position announcement, must be received not later than 4:30 p.m. on the closing date specified in the announcement. **Incomplete or unsigned applications will not be processed.**

POSITION APPLYING FOR: _____ DATE COMPLETED: _____

How did you hear about this position?

- Newspaper/Bulletin/Magazine (please name publication) _____
 County Employee County Web Site County Hotline Job Service Other (specify) _____

PERSONAL

NAME: _____

LAST

FIRST

MIDDLE INITIAL

ADDRESS: _____

STREET

CITY

STATE

ZIP

E-MAIL ADDRESS: _____

SOCIAL SECURITY NO: ____ - ____ - ____ ARE YOU 18 YEARS OF AGE OR OLDER? ____

DAYTIME PHONE: _____ OTHER PHONE: _____

Are you legally eligible for employment in the United States? Yes No

Have you ever been convicted of offenses that would be directly related to the particular job for which you are now applying? Yes No If yes, please give conviction, dates, and location.

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

EXPERIENCE

Are you presently employed? Yes No May we contact your current employer? Yes No

EXPERIENCE: Account for ALL TIME for at least the past 10 years, including relevant volunteer experience. If you were employed under another name, include the name by which you were known to your employer. In addition, you may list any earlier experience relevant to this position. Part-time work will be pro-rated in determining experience qualifications. **Only those jobs listed will be considered in evaluating your qualifications. THIS SECTION MUST BE FULLY COMPLETED EVEN IF YOU SUBMIT A RESUME.** Please explain any gaps in employment.

Name of Employer	Job Title	Hours Worked Per Week
Address, City, St.	Phone	Dates of Employment
Supervisor	From: Starting Salary	To: Ending Salary
Description of Duties		
Reason for Leaving	Number of People You Supervised Professional Non-Professional	

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For additional employment history, use a separate sheet.

EDUCATION					
SCHOOL	NAME AND LOCATION	COURSE OF STUDY	CREDITS EARNED	DID YOU GRADUATE?	LIST TYPE OF DEGREE, DIPLOMA OR CERTIFICATE
HIGH SCHOOL OR EQUIVALENT		Not Applicable	Not Applicable	Yes <input type="checkbox"/> No <input type="checkbox"/>	Not Applicable
TECHNICAL OR VOCATIONAL				Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	
COLLEGE				Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	
GRADUATE				Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	

List below any Continuing Education or Inservice Training you have completed relevant to the job for which you are applying not covered above.

Describe your Training and Experience that gives you the knowledge, skills, abilities, and interest to perform the type of work for which you are applying.

REFERENCES
<p>List three persons we may contact at this time who are NOT related to you and have definite knowledge of your qualifications for the position for which you are applying. Do not give names of supervisors listed under EXPERIENCE.</p> <p>NAME, TITLE, BUSINESS or OCCUPATION: _____ ADDRESS: _____ PHONE: _____ E-MAIL: _____</p> <p>NAME, TITLE, BUSINESS or OCCUPATION: _____ ADDRESS: _____ PHONE: _____ E-MAIL: _____</p> <p>NAME, TITLE, BUSINESS or OCCUPATION: _____ ADDRESS: _____ PHONE: _____ E-MAIL: _____</p>

**COMPLETE THE SECTIONS APPLICABLE TO THE POSITION
YOU ARE APPLYING FOR**

Are you currently certified, registered, or licensed for this position? Yes No

If yes, list name, number, date issued, and expiration date. _____

Do you have a valid Driver's License? Yes No License #: _____

Do you have a Commercial Driver's License? Yes No

If yes, please list which Classifications/Endorsements you hold: _____

Typing: _____ words per minute Data Entry: 10-Key Alpha-Numeric

List Office Equipment you can operate: _____

List Computer Software Programs you can operate: _____

Describe other Skills you possess related to this position: _____

FOR LAW ENFORCEMENT/JAILER/DISPATCHER APPLICANTS ONLY:

VETERAN STATUS: Non-Veteran Veteran Dates of Service _____

Where is discharge recorded? _____

Service connected disability? Yes No If yes, what percentage of disability? _____

Spouse of a disabled veteran? Yes No If yes, what percentage of disability? _____

Unmarried spouse of a Veteran killed in action or who died of a service-connected disability? Yes No

AUTHORIZATION FOR ALL APPLICANTS

I hereby authorize investigation of all statements contained in this application and agree that if any misrepresentation, falsification or omission of fact has been made by me herein or the results of an investigation are not satisfactory for any reason, any offer of employment made to me by Buffalo County may be terminated immediately without any obligation or liability to me.

In connection with my application for employment, I authorize Buffalo County and any agent acting on its behalf, to conduct an inquiry as to my record with any or all of my former employers, references, and any or all educational institutions. Moreover, I hereby release Buffalo County, and any agent acting on its behalf, from any and all liability resulting from requesting such information.

Former employers named herein are authorized to give information regarding my employment. They are hereby released from all liability for issuing such information.

Employment as a Telecommunicator, Jailer, Patrol Deputy, Process Server, or Investigator in the Sheriff's Department is contingent upon the completion of a county paid physical examination, which includes testing for the presence of alcohol and illegal substances, and a county paid psychological examination. Most positions in the Highway, Forest and Parks, and Transportation Departments require a Commercial Driver's License. Federal Law requires that employment in safety sensitive positions is contingent upon completion of a county paid pre-employment test for alcohol and illegal substances, and ongoing testing. If offered a position requiring testing/examinations, are you willing to take, and do you consent to, these tests/examinations? Yes No . If no, please explain.

I hereby acknowledge that I have read and understand the foregoing.

Signature of Applicant _____

Date _____

Revised 5/04

Office of County Administration



Personnel Advisor
Brenda Creighton
608-685-6208

Sonya J. Hansen
Administrative Coordinator
407 South Second Street PO Box 494
Alma, WI 54610-0494
Email: sonya.hansen@buffalocounty.com
Phone (608) 685-6235 Fax (608) 685-6300

Financial Advisor
Lisa Schuh
608-685-6207

Administrative Assistant: Amber Leininger
608-685-6234

TO: ALL BUFFALO COUNTY EMPLOYMENT APPLICANTS

RE: OPEN RECORDS LAW

FROM: BUFFALO COUNTY ADMINISTRATION

According to the 1991-1992 Biennial Sessions Senate Bill Act 317, Wisconsin Statutes 19.36 (7)(a), applicants for public employment can choose to have their application withheld from open records and possible publication by area news services.

Also, due to Act 317, if an applicant is selected as a finalist for the public position and the applicant is interviewed with other finalists, the name and other pertinent information will become public record and may be used by the news media.

Please indicate below with an "X" if you wish to have your name remain confidential initially.

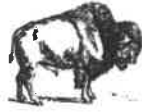
Please sign your name on the line below and return with your application. Thank you for your cooperation.

_____ My name is to remain confidential if requested by the public or news media. I understand that if I am considered one of the final candidates my name will then be released under the open records law.

Signature

Date

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Lisa Schuh
608-685-6207

Email: sonya.hansen@co.buffalo.wi.us
Phone (608) 685-6235 Fax (608) 685-6300

Administrative Assistant: Amber Leininger
608-685-6234

To: Department Heads, Supervisory Personnel Employees, and Applicants for Employment

SUBJECT: EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Buffalo County to provide equal opportunity in employment to all qualified employees and applicants for employment. Buffalo County does not discriminate on the basis of age, race, creed, color, disability, marital status, sex, national origin, ancestry, sexual orientation, arrest record, conviction record, military service, use or non-use of lawful products off the employer's premises during nonworking hours, or any other legally-protected class status. Positive action is required from all employees to help ensure Buffalo County complies with its obligations under state and federal law and does not discriminate with regard to application procedures, hiring, advancement, discharge, compensation, training, or other terms and conditions of employment.

In accordance with the Americans with Disabilities Act (ADA), Buffalo County will reasonably accommodate qualified individuals with a disability so that the individual can perform the essential functions of his/her job. An individual who can accommodate for a job without undue hardship will be given the same consideration for a position as any other applicant.

Safety standards apply to all applicants and employees. Applicants or employees, who pose a direct threat to the health or safety of other individuals in the workplace, when such threat cannot be eliminated by a reasonable accommodation, shall have their employment status reviewed.

Buffalo County prohibits any form of retaliation for making a report in good faith about issues associated with equal employment opportunity and reasonable accommodation.

T. Mary Anne McMillan Well
Buffalo County Chairperson

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired I may be released from employment.

I understand that the County may require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests.

I understand that the County may as part of the hiring process request an investigative consumer report from a third party entity or agency including information concerning my character, general reputation, personal characteristic, credit records, and mode of living. I may make a written request to the County to provide me with additional information regarding the nature and scope of any such report.

I understand that employment with your County is "at will" and nothing in the interview or hiring process, this application, or your County policies are intended to create an employment contract between myself and the County. Employment may be terminated by either party at any time for any reason with or without notice.

Signature

Date