



**BUFFALO COUNTY EMPLOYMENT APPLICATION
AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER**

**ADMINISTRATION OFFICE
407 S. 2ND ST.
ALMA, WI 54610
PHONE: 608-685-6234 FAX: 608-685-6300**

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: _____

TODAY'S DATE: _____

How did you hear about this position?

Newspaper County Website Job Service Other: _____

PERSONAL

NAME: _____
 LAST FIRST MIDDLE INITIAL

ADDRESS: _____
 STREET CITY STATE ZIP

E-MAIL ADDRESS: _____

PHONE: _____ ARE YOU 18 YEARS OF AGE OR OLDER? _____

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 From: To:
Supervisor	Starting Salary	Ending Salary
Description of Duties		
Reason for Leaving	Number of People You Supervised	Professional: Non-Professional:

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

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 No	Not Applicable
COLLEGE				Yes No Date:	
GRADUATE				Yes No 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

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.

NAME, TITLE, BUSINESS: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

NAME, TITLE, BUSINESS: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

NAME, TITLE, BUSINESS: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

**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

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: _____

AUTHORIZATION FOR ALL APPLICANTS

I certify that my answers are true and complete to the best of my knowledge and the 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 characteristics, 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 reasons with or without notice.

Applicant Signature

Date

OPEN RECORDS LAW

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.

Applicant Signature

Date

CONFIDENTIAL

Employee EEO Self-Identification Form



Completion of this form is voluntary.

Buffalo County is an Affirmative Action, Equal Employment Opportunity Employer and is committed to a policy of nondiscrimination and compliance with employment laws. To judge the effectiveness of our recruitment efforts for affirmative action, we request you voluntarily provide us with the following information. The data is used for EEO reporting purposes only and will not be used in the decision to hire or promote. Failure to disclose the data will have no effect on hiring decisions.

APPLICANT NAME: _____

POSITION YOU ARE APPLYING FOR: _____

GENDER: Male Female

ETHNIC GROUP (Please select only one):

- American Indian or Alaskan Native (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino)
- White (not Hispanic or Latino)
- Two or More Races
- I do not wish to answer

VETERAN STATUS:

- I identify as one or more of the classifications of protected veteran listed below
- I am not a protected veteran
- I do not wish to answer

Description of Protected Veteran Categories:

- “Disabled Veteran” means a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
- “Recently Separated Veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.
- “Active Duty Wartime or Campaign Badge Veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- “Armed Forces Service Medal Veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.