BUFFALO COUNTY
Wisconsin

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?
☐ Job Search Engine ☐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? A conviction will not necessarily preclude you from employment.
Yes ☐ No ☐ If yes, list where, when, and for what.

_____

_____

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, only contact them if I am considered a final candidate and after you have let me know you are contacting them

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.

Current or Most Recent Name of Employer	Job Title	Hours Worked Per Week
Address, City, St.	Phone	Start and End Dates:
Supervisor		Ending Pay
Description of Duties		
Reason for Leaving	Number of People You Supervised	

Next Most Recent Name of Employer	Job Title	Hours Worked Per Week
Address, City, St.	Phone	Start and End Dates:
Supervisor		Ending Pay
Description of Duties		
Reason for Leaving	Number of People You Supervised	

Next Most Recent Name of Employer	Job Title	Hours Worked Per Week
Address, City, St.	Phone	Start and End Dates:
Supervisor		Ending Pay

Description of Duties	
Reason for Leaving	Number of People You Supervised

For additional employment history, use a separate sheet.

EDUCATION

What is the highest level of education that you completed?

- ☐ Less than a high school diploma
- ☐ High school diploma or GED
- ☐ Some college, no degree
- ☐ Associate's degree/Diploma/Certificate
- ☐ Bachelor's Degree
- ☐ Master's Degree or higher

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	

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 people that 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: _____

HOW DO YOU KNOW THEM: _____

PHONE: _____ E-MAIL: _____

NAME: _____

HOW DO YOU KNOW THEM: _____

PHONE: _____ E-MAIL: _____

NAME: _____

HOW DO YOU KNOW THEM: _____

PHONE: _____ E-MAIL: _____

OTHER

Certain jobs require a valid driver's license, do you have one? Yes ☐ No ☐

If yes, what state was it issued in?_____

Do you have a commercial driver's license? Yes ☐ No ☐

If yes, list current classes and endorsements:_____

If the position you are applying for requires, do you have an active and unexpired certification, licensure or registration? Yes ☐ No ☐ ____Not applicable to position applying for

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

Typing: _____ words per minute (does not apply to highway or recycling non-office positions)

As it applies to the position that you are applying for, list office equipment, machinery, or other equipment you can operate: _____

List computer software programs you can operate: _____

Describe other skills you possess related to this position: _____

AUTHORIZATION AND ACKNOWLEDFGMENT FOR EMPLOYMENT WITH THE COUNTY OF BUFFALO

I certify that my answers, including attachments, 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 agree that County of Buffalo 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, educational institutions, current and previous employers, municipalities, licensing authority, medical institutions, or persons to give to County of Buffalo any information requested regarding my employment, character, experience and qualifications, and/or suitability for employment with County of Buffalo 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 County of Buffalo may require me to successfully complete a pre-employment substance test as a condition of employment and that continued employment may be based on the successful completion of similar tests.

I understand that County of Buffalo 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 County of Buffalo to provide me with additional information regarding the nature and scope of any such report.

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

I hereby release an individual or institution from any and all liability for damages of whatever kind, which may at any time result from me, my heirs, or family because of the compliance within this authorization. In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I understand that County of Buffalo will contact my current employer only if I am a finalist, and that County of Buffalo will notify me prior to contacting my current employer.

County of Buffalo considers applicants for positions without regard to age, sex, race, creed, color, national origin, ancestry, disability, marital or veteran status, sexual preference, arrest and conviction record, or any other legally protected status, except where requirements constitute a bona fide occupational qualification.

_____ _____

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.

The County of Buffalo is an Affirmative Action and Equal Employment Opportunity Employer and is committed to a policy of nondiscrimination and compliance with employment laws. In an attempt to judge the effectiveness of our recruitment efforts for affirmative action, we request you voluntarily provide us with the following information. This information will be removed from your application. The information is used for statistical 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