



Oconto County Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position Applied For: _____ Date: _____

How Did You Learn About Us? Advertisement Friend Facebook Walk-In
County Website Employment Agency Relative Twitter Other

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Email: _____

Are you 18 years of age or older? Yes No

Have you ever filled out an application with us before? Yes No If yes, give date: _____

Have you ever been employed with us before? Yes No If yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? *Proof of Citizenship or immigration status will be required upon employment.* Yes No

Can you perform the job for which you are applying, with or without reasonable accommodation?
Yes No

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify applicant from employment.

If yes, please explain:



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Education

High School: _____ Course of Study: _____

College: _____ Degree: _____

Professional: _____ Degree: _____

Other (Specify): _____ Degree: _____

Foreign Language you speak, read, and/or write: _____

Describe specialized training,
apprenticeship, skills, and
extracurricular activities:

Describe any job-related
Training received in the
United States Military:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

If you need additional space, please continue on a separate sheet of paper.

1. Employer: _____ Dates Employed:

Address: _____ From: _____ To: _____

Telephone #: _____ Hourly Rate/Salary: _____

Job Title: _____ Supervisor: _____

Work
Performed:

Reason for Leaving: _____



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2. Employer: _____ Dates Employed: _____
Address: _____ From: _____ To: _____
Telephone #: _____ Hourly Rate/Salary: _____
Job Title: _____ Supervisor: _____
Work Performed: _____
Reason for Leaving: _____

3. Employer: _____ Dates Employed: _____
Address: _____ From: _____ To: _____
Telephone #: _____ Hourly Rate/Salary: _____
Job Title: _____ Supervisor: _____
Work Performed: _____
Reason for Leaving: _____

4. Employer: _____ Dates Employed: _____
Address: _____ From: _____ To: _____
Telephone #: _____ Hourly Rate/Salary: _____
Job Title: _____ Supervisor: _____
Work Performed: _____
Reason for Leaving: _____

List Professional, trade, business,
or civic activities and offices held:
*You may exclude membership which would
reveal gender, race, religion, national origin,
age, ancestry, disability, or other protected
status.*

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or union contract, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Interviewed Yes No If yes, date: _____

Remarks:

Employed: Yes No If yes, date: _____

Job Title: _____ Department: _____

Dept. Head: _____ Date: _____

Notes: