

- 8). Have you ever had any job-related training in the United States Military? Yes No
 If yes, please describe _____

- 9). Can you perform the essential functions/duties of the job you applying for with or without reasonable accommodations? Yes No (This questions relates to the employment provisions of the American Disabilities Act (ADA).
 If no, please identify which essential functions you are unable to perform: _____

- 10). Have you been convicted of a felony within the last seven years? Yes No
 (Conviction will not necessarily disqualify an applicant from employment.)
- 11). Do you have any criminal charges pending, other than minor traffic violations? Yes No
 (Pending criminal charges are not an automatic bar to employment. Each case is considered on its merits.)
 If yes, please explain: _____

- 12). As an employee have you ever been discharged or asked to resign? Yes No
 If yes, explain (attach additional page if necessary):

List education, diploma, licenses, certificates, and degrees obtained beginning with the high school attended:

Institution(s) Attended Begin with High School	Curriculum	Diploma/Degree/Certificate Earned

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience:

EMPLOYMENT RECORD: List employment beginning with current or last job, including job related military experience. **This page must be completed.**

Company Name:		Company Address:			City	State	Zip Code
Job Title:		Supervisor:		Company Telephone Number:			
Dates Employed: From (Mo/Yr)		To (Mo/Yr)	Salary:	Starting \$	Ending \$		
Reason For Leaving:							
Specific Duties:							

Company Name:		Company Address:			City	State	Zip Code
Job Title:		Supervisor:		Company Telephone Number:			
Dates Employed: From (Mo/Yr)		To (Mo/Yr)	Salary:	Starting \$	Ending \$		
Reason for leaving:							
Specific Duties:							

Company Name:		Company Address:			City	State	Zip Code
Job Title:		Supervisor:		Company Telephone Number:			
Dates Employed: From (Mo/Yr)		To (Mo/Yr)	Salary:	Starting \$	Ending \$		
Reason For Leaving:							
Specific Duties:							

Company Name:		Company Address:			City	State	Zip Code
Job Title:		Supervisor:		Company Telephone Number			
Dates Employed: From (Mo/Yr)		To(Mo/Yr)	Salary:	Starting \$	Ending \$		
Reason For Leaving:							
Specific Duties:							

IOWA COUNTY does not allow immediate family members to supervise another family member in the work environment. Subject to Wisconsin law, family members may be barred from working together for reasons of safety or security or other business necessity.

Are you related to anyone employed by IOWA COUNTY? _____ Yes _____ No

If yes, please specify: _____

Name	Relationship	Position
_____	_____	_____
_____	_____	_____

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH IOWA COUNTY

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void and may preclude an offer of employment or may result in a withdrawal of an employment offer. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, I may be terminated because of false, incomplete, or misleading statements, answers, or omissions made by me in this application. I agree that Iowa County shall not be held liable in any request if an offer of employment is precluded or my employment terminated because of false, incomplete, or misleading statements, answers, or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities, or persons to give to IOWA COUNTY any information requested regarding my employment, character, experience, and qualifications and/or suitability for employment with IOWA COUNTY, 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.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to an appointment to a position with IOWA COUNTY. Refusal to participate will result in the rejection of my application.

Applicant's Signature

Date

IOWA COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

The Following Additional Employee Information is requested for the County's Affirmative Action Policy and Equal Employment Opportunity report. The information is not requested on our employment application and is *voluntarily* provided by the applicant. Furthermore, the information obtained will not be shared with those individuals involved in the interviewing process.

ADDITIONAL EMPLOYEE INFORMATION

Name: _____ Date: _____
Last First Middle

Job title applied for: _____ Dept: _____

THE FOLLOWING INFORMATION IS NOT REQUESTED ON OUR EMPLOYMENT APPLICATION

Please complete the following for inclusion in your personnel file, if you should be hired:

1). Date of Birth: _____
Month Date Year

2). RACIAL/ETHNIC IDENTIFICATION: Check the box that most accurately describes your sex and racial/ethnic identity. (SELECT ONLY ONE) Please note that, if necessary, verification must be provided.

WHITE, not of Hispanic origin – Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

A. _____ Male G. _____ Female

BLACK, not of hispanic origin – Persons having origins in any of the Black racial groups of Africa.

B. _____ Male H. _____ Female

Hispanic – Persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.

C. _____ Male I. _____ Female

Asian or Pacific Islander – Persons having origins in any of the original peoples of the Far East, Southeast Asian, the Indian Sub-continent, or the Pacific Islands. (For example, China, India, Japan, Korea, the Philippine Island, and Samoa.)

D. _____ Male J. _____ Female

American Indian* or Alaskan Native – Persons having origins in any of the original Peoples of North America and who maintain cultural identification through tribal Affiliation or community recognition.

E. _____ Male K. _____ Female

*Name of Tribe: _____

*Agency or reservation where tribal records are kept: _____