

APPLICATION FOR EMPLOYMENT WITH WAUSHARA COUNTY

This application for employment shall be considered only for position applied for. Applications must be complete and legible for further consideration. Do not state "See resume" in application.

Deadline: Tuesday, February 7, 2012

The County considers applicants for position without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. Waushara County recognizes the Americans with Disabilities Act and will make reasonable accommodations for people with disabilities.

(Please type or print neatly) Date of Application: _____

Position title: **MENTOR-MENTAL HEALTH TECH (full-time)**

Last Name: _____ First Name: _____ Middle Name: _____

Alias or nicknames, maiden name: _____

Current Address: _____ City: _____ State: ____ Zip: _____

Previous address if current address is less than five years old: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____
(if different than above)

Telephone Number(s) Home: _____ Cell _____ Work: _____

Email address: _____

I have carefully reviewed the job description for the position applied for. []Yes[]No

I certify that I completely understand the physical/mental requirements and the environmental factors of the job I am applying for. []Yes []No

I certify that I am physically and mentally capable of performing the functions of the job I am applying for with or without the following accommodations (if accommodations are necessary, please be as specific as possible). []Yes []No _____

Have you ever filed an application with Waushara County before?

[]Yes []No If yes, when _____

Have you ever been employed with Waushara County before?

[]Yes []No If yes, when _____

Are you currently employed? []Yes []No May we contact your present employer? []Yes []No

If NO, please explain. _____

Date available for work? _____ Are you available to work: []Full time []Part time

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?

[]Yes []No Proof of citizenship or immigration status will be required upon employment.

Can you travel if a job requires it? []Yes []No

Driver's License Number _____ **Exp. Date** _____

Have you been convicted of a felony within the last 7 years? []Yes []No Conviction will not necessarily disqualify an applicant from employment. Job description will define applicable requirements. If yes, please explain. _____

EQUAL OPPORTUNITY EMPLOYER

EDUCATION	Elementary School	High School	Undergraduate College/University	Graduate Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	
Diploma/Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills & extra-curricular activities:

Describe any honors you have received:

Based on the requirements listed in the job description, state any additional information you feel may be helpful to us in considering your application:

List professional, trade, business or civic activities and offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

IF JOB DESCRIPTION REQUIRES BILINGUAL SKILLS, PLEASE COMPLETE THE FOLLOWING:

Indicate any foreign languages you can speak, read and/or write and the level of accomplishment.

Have you ever had any job-related training in the United States military? [] Yes [] No

If yes, please describe _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status. Add sheets as necessary. All jobs should be listed. Be as specific as possible.

1. Employer: _____ Address: _____

Telephone Number(s): _____ Supervisor: _____

Job Title: _____ Dates of Service: _____

Starting Hourly Rate of Pay: _____ Final Hourly Rate or Current: _____

Job Duties: _____

Currently working for this employer: Yes No If no, reason for leaving: _____

2. Employer: _____ Address: _____

Telephone Number(s): _____ Supervisor: _____

Job Title: _____ Dates of Service: _____

Starting Hourly Rate of Pay: _____ Final Hourly Rate or Current: _____

Job Duties: _____

Currently working for this employer: Yes No If no, reason for leaving: _____

3. Employer: _____ Address: _____

Telephone Number(s): _____ Supervisor: _____

Job Title: _____ Dates of Service: _____

Starting Hourly Rate of Pay: _____ Final Hourly Rate or Current: _____

Job Duties: _____

Currently working for this employer: Yes No If no, reason for leaving: _____

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

SPECIAL SKILLS AND QUALIFICATIONS

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

APPLICANT'S STATEMENT (Please read the following carefully before signing the application.) I have read the employment application and I completely understand each and every question asked. I certify that the answers given by me in the application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, my employment with Waushara County may be terminated. I agree that Waushara County 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 former employers, companies, schools, agencies, municipalities or persons to give to Waushara County any information requested regarding my employment, character, experience and qualifications, and/or suitability for employment, including a check of my fingerprints, police record and background for purposes 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 further understand that to ascertain my eligibility for employment I may be asked to undergo a physical examination, which may include substance abuse screening (drug testing), prior to employment with Waushara County. Refusal to participate in such examination will result in the rejection of my application.

I further understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing. Employment is at will and not for any specific time or duration. Employment can be terminated with or without reason at any time.

I understand that I may be contacted via my email address in regards to this application process.

I acknowledge that I have read or have had this application read to me in its entirety. I understand that I must have a witness to my signature on this application. I understand that if there is no witness signature, my application may be dropped from further consideration.

A copy of this authorization is as valid as the original and should be recognized as such.

Applicant

Witness

Date: _____

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