## **Application for Employment**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

KEWAUNEE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

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		(PLEASE PRINT)			
POS	SITION APPLIED FOR:			DATE OF APPLICATION	
		PERSONAL DATA			
Last Name		First Name	Mido	Middle Name	
Add	lress	City	State	Zip Code	
( Tele	) ephone Number	( ) Alternate Number	Social	Security Number	
1) F	HAVE YOU BEEN KNOWN BY ANY	OTHER NAME? If so, please inc	dicate:		
	F YOU ARE UNDER 18 YEARS OF WORK? YES		UIRED PROOF OF YOU	R ELIGIBILITY TO	
	HAVE YOU EVER FILED AN APPLIC f yes, give date				
	HAVE YOU EVER BEEN EMPLOYER				
5) A	RE YOU CURRENTLY EMPLOYED	? YES NO			
6) N	MAY WE CONTACT YOUR PRESEN	IT EMPLOYER? YES	NO		
-	RE YOU PREVENTED FROM LAV			,	
	IAVE YOU EVER HAD ANY JOB-REL yes, please describe:	ATED TRAINING IN THE UNITED			
	RE YOU ABLE TO PERFORM ALL				
lf	no, please identify which essential fu	inctions you are unable to perform	n		
-	HAVE YOU BEEN CONVICTED OF Conviction will not necessarily disqua			NO NO	
	DO YOU HAVE ANY CRIMINAL CHA	criminal charges are not an automa	atic bar to employment. Each	case is considered on its	
	s) If yes, please explain:				

LIST EDUCATION, LICENSES, CERTIFICATES AND DEGREES RELATED TO THE POSITION SOUGHT INSTITUTION(S) ATTENDED CURRICULUM DEGREES, CERTIFICATES EARNED **EMPLOYMENT RECORD** (Including military experience if job related. List employment beginning with present or last job.) SPECIFIC DUTIES **COMPANY** NAME \_\_ \_\_\_\_ STATE \_\_\_\_\_ ZIP\_\_\_\_\_ (\_\_\_ CITY JOB TITLE **SUPERVISOR** REASON FOR LEAVING DATES EMPLOYED: FROM (Mo./Yr.) TO (Mo./Yr.) SALARY: STARTING: \$ **ENDING: \$** SPECIFIC DUTIES COMPANY NAME \_\_ ADDRESS STATE CITY JOB TITLE **SUPERVISOR** REASON FOR LEAVING DATES EMPLOYED: FROM (Mo./Yr.) TO (Mo./Yr.) SALARY: STARTING: \$ **ENDING: \$** SPECIFIC DUTIES **COMPANY** \_\_\_\_\_\_ STATE \_\_\_\_\_ ZIP\_\_\_\_\_ ( JOB TITLE **SUPERVISOR** REASON FOR LEAVING TO (Mo./Yr.) DATES EMPLOYED: FROM (Mo./Yr.) SALARY: STARTING: \$ **ENDING: \$** AS AN EMPLOYEE HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, EXPLAIN (attach additional page) Special Skills and Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

## AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH KEWAUNEE 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. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that Kewaunee 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 companies, schools, agencies, municipalities or persons to give to Kewaunee County any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Kewaunee 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 orgaization 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 Kewaunee County. Refusal to participate will result in the rejection of my application.

Applicant's Signature	
Date	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NOTE: This information will not be shared with those individuals involved in the interviewing process

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	<u>A</u> I	DITIONAL EMPL	OYEE IN	<u>FORMATION</u>	Œ.
NAME:				DATE	
Last	Fir	st	МІ	20 =	
			+5		
JOB TITLE:				DEPT:	
THE FOLLO	WING INFORMA	TION IS NOT REQ	UESTED C	ON OUR EMPLOYMEN	LAPPLICATION)
PLEASE COMPLETE THE FOL	LOWING FOR I	NCLUSION IN YOU	IR PERSOI	NNEL FILE:	
			1		(0)
1. Date of Birth: Month	a)				
Month	Date	Year			
<ol> <li>RACIAL/ETHNIC IDENTIFIC One) Please note that, if necessary</li> <li>White, not of Hispanic origin</li> </ol>	essary, verification	on must be provided	1.	<u>.</u>	a)
vitine, not of riispaine origin	persons naving				Allica, of the Middle Last.
		A Male	e G	Female	
Black, not of Hispanic origin -	persons having	origins in any of the	Black racia	al groups of Africa.	
		B Male	e Н	_ Female	
Hispanic - persons of Mexicar	, Puerto Rican,	Cuban, Central or S	outh Ameri	ican, or Spanish culture	or origin, regardless of race.
		C Male		-	
Asian or Pacific Islander - person the Pacific Islands. (For exa					
		D Male	J	Female	
American Indian* or Alaskan N identification through tribal affil			of the origi	inal peoples of North A	nerican and who maintain cultu
2		E Male	K	Female	
* Name of Tribe:					-
* Agency or reservation where tri	bal enrollment re	cords are kept:			
Kewaunee County does not all circumstances, family members					
Are you related to anyone curre	ntly employed b	y Kewaunee County	/?	yes no If ye	s, please specify:
Name		Relationship			Position
		•		(4)	
Other Comments:				*	

## **NEPOTISM**

The employment of immediate family members in a supervisor-subordinate relationship may cause serious conflicts and problems with favoritism and employee morale. In addition to claims of partiality in treatment at work, personal conflicts from outside the work environment can be carried into day to day working relationships.

No person shall be employed, promoted, or transferred to any department or agency of Kewaunee county when the employment, promotion or transfer will result in a supervisor-subordinate relationship between immediate family members. Immediate family is defined as wife, husband, father, step father, mother, step mother, guardian, sister, step sister, brother, step brother, child, step child, aunt, uncle, grandchild, grandparent, father-in-law, mother-in-law, sister-in-law, or brother-in-law.

If a violation of this policy is established after employment, through marriage or other means, the individuals concerned will decide who is to be transferred or terminated. If that decision is not made within 30 calendar days, management will decide.

This policy does not apply to temporary employees.