

# Instructions to electronically fill out Employment Application

**IMPORTANT:** You must have Adobe Reader to electronically fill out Application.

In order to electronically fill out, sign and submit application, you will need to **download and save application to your computer.**

Please Google how to download a PDF from your browser if having difficulties, as each browser type has different methods.

***SAVE** and review completed application, prior to printing or sending as an attachment in email.*

If you are unable to do this, you may print the application and complete it in written form.

Thank you,

Trempealeau County Human Resources Department



# Trempealeau County

## APPLICATION FOR EMPLOYMENT

Human Resources Department  
36245 Main Street, PO Box 67  
Whitehall, WI 54773  
Phone: (715) 538-2311  
Fax: (715) 538-4776  
Email: hr@co.trempealeau.wi.us

Position applying for: \_\_\_\_\_

<b>PERSONAL DATA</b>	FIRST NAME			M.I.	LAST	
	FORMER/MAIDEN NAME					
	ADDRESS (Street number and name)					
	CITY		STATE	ZIP	PHONE	
<b>GENERAL INFORMATION</b>	EMAIL					
	<ul style="list-style-type: none"> <li>• Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____</li> <li>• When are you available to begin employment? _____</li> <li>• Do you speak any languages other than English? If so, what language and level of fluency? _____</li> </ul>					
	<ul style="list-style-type: none"> <li>• Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Are you a former employee of Trempealeau County? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>					
	If yes, please indicate: Department _____ Date Separated _____					
	<ul style="list-style-type: none"> <li>• Have you ever been convicted of any unlawful offense, other than a minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>					
	If yes, please explain: _____ <b>NOTE:</b> A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.					
<ul style="list-style-type: none"> <li>• Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Do you have a valid commercial driver's license (CDL)? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>						

List Endorsements: \_\_\_\_\_

## EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job.  
 Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work.  
 Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week.  
 Incomplete information will result in the disqualification of your application.

**If more room is needed please provide a resume in addition to the application.**

May we contact your present employer?  Yes  No

<b>A</b>	Employer: (Present or most recent)		Address:		Phone No:	
	Job Title:		Name of Supervisor:		# supervised by you:	
	Date employed: (mo/yr)	Starting Salary	Ending Salary	Reason for leaving:		
	Date separated: (mo/yr)		Job duties: (Be specific)			
	<input type="checkbox"/> Full-time ____ # Years ____ #Months					
	<input type="checkbox"/> Part-time ____ # Years ____ #Months					
	If part-time, number of hours per week					

<b>B</b>	Employer:		Address:		Phone No:	
	Job Title:		Name of Supervisor:		# supervised by you:	
	Date employed: (mo/yr)	Starting Salary	Ending Salary	Reason for leaving:		
	Date separated: (mo/yr)		Job duties: (Be specific)			
	<input type="checkbox"/> Full-time ____ # Years ____ #Months					
	<input type="checkbox"/> Part-time ____ # Years ____ #Months					
	If part-time, number of hours per week					

<b>C</b>	Employer:		Address:		Phone No:	
	Job Title:		Name of Supervisor:		# supervised by you:	
	Date employed: (mo/yr)	Starting Salary	Ending Salary	Reason for leaving:		
	Date separated: (mo/yr)		Job duties: (Be specific)			
	<input type="checkbox"/> Full-time ____ # Years ____ #Months					
	<input type="checkbox"/> Part-time ____ # Years ____ #Months					
	If part-time, number of hours per week					

<b>D</b>	Employer:		Address:		Phone No:	
	Job Title:		Name of Supervisor:		# supervised by you:	
	Date employed: (mo/yr)	Starting Salary	Ending Salary	Reason for leaving:		
	Date separated: (mo/yr)		Job duties: (Be specific)			
	<input type="checkbox"/> Full-time ____ # Years ____ #Months					
	<input type="checkbox"/> Part-time ____ # Years ____ #Months					
	If part-time, number of hours per week					

## PREPARATION & PERFORMANCE

	HIGH SCHOOL	VOCATIONAL / TECHNICAL SCHOOL	COLLEGE / UNIVERSITY	GRADUATE / PROFESSIONAL
School Name				
School Name continued (if needed)				
Location (city, state)				
Enter the number of years completed for each level of education				
List credit hours received (S)-Semester (Q)-Quarter				
Diploma/Degree received				
Course of study				

**EDUCATION**

List fields of work for which you have been registered, licensed, or certified. (Including driving, Reg. and CDL)

License: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp Date: \_\_\_\_\_

License: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRAINING**

List internships, specific courses, workshops, training and /or rotations you may have had that relate to the position you are applying for. Include credit hours of CEU's if applicable.

\_\_\_\_\_

\_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work for our County. Include any professional licenses or skill.

**SKILL**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Typing  | <input type="checkbox"/> Copy machine          | <input type="checkbox"/> Multi-line Switchboard |
| <input type="checkbox"/> Email   | <input type="checkbox"/> Data entry            | <input type="checkbox"/> Financial/Banking      |
| <input type="checkbox"/> Transcription   | <input type="checkbox"/> 10-key adding machine | <input type="checkbox"/> Fax                    |
| <input type="checkbox"/> Insurance/Billing                                       |  |   |
| <input type="checkbox"/> Computer Programming (specific language and equipment): |  |   |
| _____  |  | <input type="checkbox"/> Electrician            |
| <input type="checkbox"/> Other _____   |  | <input type="checkbox"/> HVAC                   |

List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying such as co-worker, teacher, etc. DO NOT repeat the names of supervisors previously listed.

**REFERENCES**

Name	Address (city and state)	Phone

## CERTIFICATION OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. I understand that any incomplete, 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 Trempealeau County may be terminated. I understand that employment with Trempealeau County is at-will and I agree that Trempealeau 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.

In addition, I give the following Authorization to Release Information. I also authorize pertinent former employers, companies, schools, agencies, municipalities or persons to give to Trempealeau County any information requested regarding my employment, character, experience and qualifications, and/or suitability for employment with the County, 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 understand that my name and other pertinent information may be released to the general public and to the news media if this information is requested according to the requirements stated in Wisconsin's Open Records Law. Skill and drug testing may be required depending upon the position for which you are applying. 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, which may include substance abuse screening (drug testing), prior to employment with Trempealeau County. Refusal to participate in such examination will result in the rejection of my application. Finally, I have read and understand the description of the job I am applying for and I certify that I am able to perform all the required functions of the job.

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① Sign Name Here

① Date

**You may submit your application by email to [hr@co.trempealeau.wi.us](mailto:hr@co.trempealeau.wi.us)** - Please see instructions on first page.

You are welcome to attach other documents that you would like to include with your application (cover letter, resume, additional references, etc.).

Please note, all attachments should be properly named. Attachments with titles such as "Document" or "Document1" will be blocked by our anti-virus filters.

Applications are only accepted for currently posted positions, prior to closing deadline. You may receive a confirmation email, that your application was received. If not, you may follow up at [hr@co.trempealeau.wi.us](mailto:hr@co.trempealeau.wi.us) or call (715)538-2311 ext. 224.

## APPLICANT DATA SURVEY (OPTIONAL)

Trempealeau County is committed to non-discrimination in employment. To assist in this effort, we ask your voluntary cooperation in responding to the questions below. The data collected will be used for statistical and affirmative action purposes only. Responses will not be used in evaluating your application.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Position applying for: \_\_\_\_\_

How did you find out about this recruitment? (check only one)

- |  |   |
|--|---|
| <input type="checkbox"/> Newspaper ad    | <input type="checkbox"/> JobNet web page              |
| <input type="checkbox"/> County web page | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Friend/Relative |   |

I do  I do not wish to provide the following information

**1. Are you**

- Male  
 Female

**2. Ethnicity:**

Are you Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin unique to the Americas, regardless of race)?

- Yes  
 No

**3. Race:** (not Hispanic or Latino)

- African American/Black:* A person having origins in any of the black racial groups of Africa.
- American Indian/Alaska Native:* A person having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
- Asian:* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Philippine Islands, and Vietnam.
- Native Hawaiian or Other Pacific Islander:* A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White/Caucasian:* A person having origins in any of the original peoples of Europe, North Africa, the Middle East, or Southwest Asia.
- Two or more races:* A person who identifies with more than one of the five races listed above.  
If you select this option, please indicate a primary race: \_\_\_\_\_

**4. Do you have a disability as defined by the Americans with Disabilities Act (ADA)?**

All disability status information will be treated as confidential.

- Yes  
 No

**5. Have you ever been on active duty in the U.S. Armed Forces?**

- Yes  
 No

**6. If you have been on active duty in the U.S. Armed Forces, which, if any, apply?**

- |   |   |
|---|---|
| <input type="checkbox"/> Vietnam Era veteran      | <input type="checkbox"/> Other protected veteran    |
| <input type="checkbox"/> Special disabled veteran | <input type="checkbox"/> Recently separated veteran |