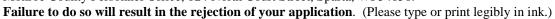
Official Application of Monroe County EEO/AA/ADA Employer

Please complete all sections of the application and return complete form to: Monroe County Personnel Office, 124 North Court Street, Sparta, WI 54656.





Position Applied for:		Department:		Date:		
Name, Last:		First:		MI:		
Address, Street:		City:		State:	ZIP:	
Phone Number:		E-Mail:				
List days and hours you are NOT available to work: When will you be available for employment? Have you ever been convicted of a felony?						
Name/Location	# of years	Credits	Major	Ty	ype of Degree	
If applicable, words per minute typing: List office machines and computers you can Certain jobs require a valid Wisconsin driver If no, do you posses an out of state drivers lic If commercial driver's license is required: C Professional certifications: Type: List languages you are fluent in: If applicable, list types of machinery or equip	operate profice 's license, do y cense? Yes 'lass(es): R	iently:you have one No	e? Yes or Eff yes, what state? Endorsements:	NoState		

WORK HISTORY: Please list all employment dating back at least ten years beginning with the most recent employer. You may attach additional sheets if necessary. NOTE: DO NOT REFER TO **RESUME**. A resume may be attached, but does not substitute for the county application.

DATES OF EMPLOYMENT	NAME AND ADDRESS OF COMPANY	JOB TITLE AND BRIEF DESCRIPTION OF DUTIES		
From: month/year		TITLE:		
To:month/year				
hours per week		Supervisor Name/Phone #	Reason for Leaving	
Wage: \$		Supervisor (value/Filone #	Reason for Leaving	
From: month/year		TITLE:		
To:month/year				
hours per week				
Wage: \$		Supervisor Name/Phone #	Reason for Leaving	
From: month/year		TITLE:		
To:month/year				
hours per week				
Wage:		Supervisor Name/Phone #	Reason for Leaving	
From: month/year		TITLE:		
To:month/year				
hours per week		Supervisor Name/Phone #	Reason for Leaving	
Wage: \$		Supervisor (Name/Prione #	Reason for Leaving	
From: month/year		TITLE:		
To:month/year				
hours per week				
Wage: \$		Supervisor Name/Phone #	Reason for Leaving	
From: month/year		TITLE:		
To:month/year				
hours per week				
Wage: \$		Supervisor Name/Phone #	Reason for Leaving	
PROFESSIONAL REFERE	ENCES: List three persons familiar with	your professional ability who	m we may contact (NO	

RELATIVES OR CURRENT AND PAST SUPERVISORS).

NAME AND ADDRESS	TELEPHONE NUMBER	TITLE	YEARS KNOWN
	HOME:		
	WORK:		
	HOME:		
	WORK:		
	HOME:		
	WORK:		

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH MONROE COUNTY

I certify that the answers given by me in this application, including attachments, 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 Monroe 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, educational institutions, current and previous employers, municipalities, licensing authority, medical institutions, or persons to give to Monroe County any information requested regarding my employment, character, experience and qualifications, and/or suitability for employment with Monroe 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.

I hereby release an individual or institution from any and all liability for damages of whatever kind, which may at any time result from me, my heirs, or family because of the compliance within this authorization. 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 Monroe County. Refusal to participate will result in the rejection of my application.

I understand that Monroe County will contact my current employer only if I am a finalist, and that Monroe County will notify me prior to contacting my current employer.

Monroe County considers applicants for positions without regard to age, sex, race, creed, color, national origin, ancestry, disability, marital or veteran status, sexual preference, arrest and conviction record, or any other legally protected status, except where requirements constitute a bona fide occupational qualification. The Wisconsin Open Records law requires the release of the finalist candidates' names upon request. If you wish to keep your application confidential prior to becoming a finalist, please indicate in a letter accompanying your application.

Applicant's Signature	(handwritten required)	 Date	

If you need special accommodations for the interview, please contact the Personnel Department prior to the interview date.