

**ONEIDA COUNTY  
LABOR RELATIONS AND EMPLOYEE SERVICES DEPARTMENT**

P.O. Box 400  
Rhineland, WI 54501  
Telephone: (715) 369-6154

**An Equal Opportunity Employer**

**APPLICATION  
FOR  
EMPLOYMENT**

**INSTRUCTIONS: Please read carefully.**

TO THE APPLICANT:

We appreciate your interest in employment with Oneida County and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

Oneida County does not discriminate against persons in regard to programs, nor employment, based upon, nor because of sex, age, race, handicap, sexual orientation, creed, color, marital status, national origin, ancestry or arrest and conviction record.

NOTE: PERSONS SELECTED FOR EMPLOYMENT WILL BE GIVEN A MEDICAL EXAM, INCLUDING SUBSTANCE ABUSE SCREENING. Any offer of employment is contingent upon evaluation and approval of data received.

It is the policy of Oneida County to use only the information provided on this application. A resume may not be substituted for this official application in whole or in part.

All information given on this application shall be kept as confidential as it is legally possible, if you are selected as a final candidate for a position, your name must be released under the law if requested.

Your application will be kept in the active file for a period of six (6) months. If you desire to keep it active beyond that time, you will be required to bring the application up-to-date or to fill out a new application.

NAME:

Last

First

Middle

ADDRESS:

No. and Street

City

State

Zip

TELEPHONE NO:

( )

TELEPHONE NO. WHERE YOU CAN BE REACHED DURING THE DAY

( )

EMAIL ADDRESS

POSITION(S) APPLIED FOR

DATE YOU CAN START

ARE YOU APPLYING FOR

FULL TIME

PART-TIME

TEMPORARY

SUMMER

WAGES EXPECTED

If part-time or temporary, specify day/hours:

Have you ever been employed by Oneida County?  Yes  No If yes, please indicate date(s) of employment and department(s) worked in.

Give name(s) of any relative(s) employed by Oneida County, with position and relationship.

EDUCATION & TRAINING		Check the last year of formal education which you completed.										
		4	5	6	7	8	9	10	11	12	13	14
EDUCATION	NAME AND LOCATION OF SCHOOL	MAJOR COURSE OF STUDY		YEARS COMPLETED		DATE OF GRADUATION						
High School/ GED						MONTH   YEAR						
						(Optional)						
Business/ Vocational/ Technical												
Military/ Correspondence												
College/ University												
Other (Specify)												

Have you ever been convicted of offenses which relate reasonably to fitness to perform the particular job being applied for?  Yes  No. If yes, give details below. (Use additional sheets if necessary).

DATE OF OFFENSE	PLACE	CHARGES	PENALTIES

Conviction record will not automatically exclude you from employment. Factors such as age at the time of the offense, rehabilitation efforts, and recency and seriousness of the offense will be taken into account. The relationship between the offense and the job for which you are applying will be evaluated carefully.

Are you prevented from lawfully becoming employed in Oneida County because of visa or immigration status? (Proof of citizenship or immigration will be required upon employment).

Yes  No

Do you have responsibilities that would prevent you from travelling, working unusual hours, or overtime if required by the job?  Yes  No

If you are under 18 years of age, can you provide proof of your eligibility to work?  Yes  No

Are there any other experiences, skill or qualifications which you feel would especially qualify you for employment which you think would be of interest to us in considering your application. Exclude names of organizations which may indicate race, color, religion, sex, sexual orientation or national origin, marital or veteran status, or the presence of non-job related medical condition(s) or handicap(s)

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**EMPLOYMENT HISTORY:** Give details of work experience, including apprenticeships, summer work, and misc. jobs, List most recent employer first. **COMPLETE ALL SECTIONS.**

Employer:	Dates of Employment		Duties Performed:
Address:	From (Mo/Yr)	To (Mo/Yr)	
Telephone No:			
Supervisor:	Wage Rate/Salary		Job title:
May we contact for reference?      Yes      No			Reason for leaving?

Employer:	Dates of Employment		Duties Performed:
Address:	From (Mo/Yr)	To (Mo/Yr)	
Telephone No:			
Supervisor:	Wage Rate/Salary		Job title:
May we contact for reference?      Yes      No			Reason for leaving?

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Address:	From (Mo/Yr)	To (Mo/Yr)	
Telephone No:			
Supervisor:	Wage Rate/Salary		Job title:
May we contact for reference?      Yes      No			Reason for leaving?

List, on a separate sheet, any other employment not shown above.

**REFERENCES:** List references other than relatives/former employers whom you have known for at least one year.

NAME	ADDRESS & TELEPHONE NO.	OCCUPATION	YEARS ACQUAINTED

**IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING**

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 Oneida County shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statement, answers or omissions made by me in this application.

I also authorize pertinent companies: schools, State, County or Federal agencies: municipalities: or persons to give to Oneida County any information requested regarding my employment, character, experience, credit record, and qualifications and/or suitability for employment with Oneida County, including a check of my fingerprints and police records for the purpose of considering by 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 final appointment to a position with Oneida County, Refusal to participate will result in the rejection of my application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## ONEIDA COUNTY – SKILLS CHECKLIST

When we evaluate your application in filling vacancies, we try to match your skills, abilities and special licenses or permits with the requirements of the vacant position. For example, while some positions require high output typing ability, others require a very modest typing ability or none at all and still other positions may require a commercial driver's license. The same situation applies to transcription skills, telephone usage, knowledge and skills with certain office equipment, etc.

We have developed this checklist so that you may describe your skills, abilities and special licenses or permits. Working together we can better assure that you are considered for positions which require your skills, abilities and special license or permit. We think that this cooperative approach makes for more successful employees who will enjoy working for Oneida County.

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At approximately what level can you operate a typewriter/keyboard?

Hunt & Peck	25wpm	40wpm	50wpm	60wpm	70+wpm
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Do you have:

-Touch ability with an adding machine?	Yes	No	
-Skill with a calculator?	Yes	No	
-Experience transcribing from a dictation machine?	Yes	No	
-Knowledge, ability and experience with bookkeeping/accounting?			
Single entry	Yes	No	Years of experience _____
Double entry	Yes	No	Years of experience _____
Payroll systems	Yes	No	Years of experience _____
Cost accounting	Yes	No	Years of experience _____

Experience meeting and dealing effectively with the public, handling complaints, providing information, answering questions, etc.?  Yes  No If yes, please describe: \_\_\_\_\_

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Please list, by name, the office equipment you have a working knowledge of. Listing types of equipment/programs and years of experience for each.

-Photocopiers \_\_\_\_\_

-Computers – Pcs (Please be specific with type)

Software \_\_\_\_\_

Hardware \_\_\_\_\_

Mainframe \_\_\_\_\_

-Other Equipment \_\_\_\_\_

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List all heavy equipment or other equipment related to the position you are applying for that you are skilled in operating: \_\_\_\_\_  
\_\_\_\_\_

Do you possess a valid driver's license?  Yes  No

License # \_\_\_\_\_ State \_\_\_\_\_

Do you possess a valid Commercial Driver's License?  Yes  No

License # \_\_\_\_\_ State \_\_\_\_\_

What level classified license do you currently hold?

A  B  C  D  M (Please check all that apply)

Check appropriate endorsement(s) received:

"T" Double/Triple Trailers  "N" Tank Vehicles

"H" Hazardous Materials  "P" Passengers

"X" Hazardous Materials & Tankers  "S" School Buses

Have you passed the CDL special knowledge and skill tests regarding air brakes?  Yes  No

Please list any other special license, permit, or certifications you possess which may be applicable to the position you are applying for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_