

## Adams County Affirmative Action Voluntary Self Identification Form

Adams County is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) applicants are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Personnel Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

### Section 1 General Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Section 2 Please check all that apply

#### Ethnicity

- Hispanic/Latino
- Not Hispanic/Latino

#### Gender

- Male
- Female

#### Race

- African American or African
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- White
- More than one race

#### \*\*Veteran Status

- Vietnam Era Veteran
- Special Disabled Veteran
- Other protected Veteran
- Recently Separated Veteran
- Armed Forces Service Medal

Primary Language \_\_\_\_\_

#### Other

- Individual with Disabilities\*\*
- Accommodations needed

I do not wish to Self-Identify

How did you hear of our current opening? \_\_\_\_\_

\*\* These two categories only need to be answered if specifically recruiting for applicants in those categories.

# ADAMS COUNTY

Adams County Personnel Department 400 Main Street, PO Box 48 Friendship, WI 53934 Phone: (608) 339-4547 Fax: (608) 339-4509 Web Page: <a href="http://www.co.adams.wi.gov">www.co.adams.wi.gov</a>	<b>APPLICATION FOR EMPLOYMENT</b>  AN EQUAL OPPORTUNITY EMPLOYER	For Office Use Only
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**IMPORTANT INSTRUCTIONS:** This application must be received in the Personnel Department the deadline date to be considered. Please fill out the application completely. You may choose to attach a resume as a supplement. However, please do not enter "See Resume" when completing this document. A separate application must be submitted for each position for which you are applying. Thank you for your interest in Adams County employment opportunities.

Name: _____ (Last) (First) (Middle)	Home Phone: ( ) _____ Cell Phone: ( ) _____
Address: _____ (Street) (Apt #)	Business Phone: ( ) _____ May we contact you at this #? <input type="checkbox"/> Yes <input type="checkbox"/> No
(City) (State) (Zip Code)	E-mail Address: _____

**Title of Position Applying for:**

Full Time    
  Part Time    
  On-Call/ Relief Hours    
  Temporary/Limited Term employment (LTE)

Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	When will you be available for employment? _____
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Have you ever been employed by Adams County?      Yes      No  
 If yes; when, in what position, and in what Department?  
 \_\_\_\_\_

List any relatives employed by Adams County or serving as elected or appointed officials of Adams County:  
 \_\_\_\_\_

*Adams County may prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.*

Do you possess a valid Driver's License?      Yes      No  
 Do you possess a valid Commercial Driver's License?      Yes      No     Type: \_\_\_\_\_  
 Do you possess a Health Field License?      Yes      No     Type: \_\_\_\_\_

LIST MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS:	IF CURRENTLY LICENSED OR REGISTERED TO PRACTICE IN WISCONSIN AS A MEMBER OF SOME PROFESSION OR TRADE, INDICATE TYPE OF LICENSE OR REGISTRATION AND NUMBER:
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Have you ever been convicted of an ordinance violation, misdemeanor, or felony?      Yes      No     If yes, please explain:  
 Are there any ordinance, felony or misdemeanor violation charges presently pending against you?      Yes      No     If yes, please explain:  
 Have you ever had a traffic violation or are any pending against you (including speeding violations, seatbelt violations, etc.)      Yes      No  
 If yes, please explain:

**NOTE:** Any affirmative responses above do not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position. All positions require conviction or arrest information to evaluate circumstances of the offense.

**SPECIAL SKILLS:**

Typing Speed \_\_\_\_\_ WPM

List all computer software which you can operate skillfully: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

Did you graduate from High School?  Yes  No Name/Location of School: \_\_\_\_\_

If "No", have you passed a High School Equivalency or GED Test?  Yes  No

Location and Date of Test: \_\_\_\_\_

**TRAINING BEYOND HIGH SCHOOL: Accredited College or University, Nursing, Business College, or other schools you have attended.**

College, University or School – Name and Location	Date Attended (Month/Year) From To	Presently Attending	Major Field	Type of Degree (If Rec'd)	GPA
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Describe any education or training you have had which is not covered above; such as vocational school, correspondence courses, service schools, in-service training. Please provide dates.

\_\_\_\_\_

**WORK EXPERIENCE:** Give a complete record, from most current to least current, of any employment, self-employment, military service or volunteer experience you have had in the past 10 years. You may include positions beyond the 10 year period if they are related to the position for which you are applying. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position. Responses stating "See Resume" are not acceptable. All boxes must be completed regardless if you have attached a resume.

From (Month & Year)	Title of position held:		<b>PRIMARY DUTIES:</b>	
To (Month & Year)	Employer's Name (Company Name)	Phone No.		
Hours Each Week:	Street Address: City, State, Zip:			
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor			
Starting Salary	Name and Title of Next Higher Supervisor			
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving or Considering Change:

From (Month & Year)	Title of position held:		<b>PRIMARY DUTIES:</b>
To (Month & Year)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Street Address: City, State, Zip:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

From (Month & Year)	Title of position held:		<b>PRIMARY DUTIES:</b>
To (Month & Year)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Street Address: City, State, Zip:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

From (Month & Year)	Title of position held:		<b>PRIMARY DUTIES:</b>
To (Month & Year)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Street Address: City, State, Zip:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

USE A SEPARATE SHEET TO CONTINUE WITH ADDITIONAL QUALIFYING EMPLOYMENT DATA, USING SAME FORMAT AS ABOVE.

Have you ever been suspended/discharged from any position?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

Name \_\_\_\_\_ No. of years acquainted \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Position/Title/Profession \_\_\_\_\_  
Telephone number \_\_\_\_\_

Name \_\_\_\_\_ No. of years acquainted \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Position/Title/Profession \_\_\_\_\_  
Telephone number \_\_\_\_\_

Name \_\_\_\_\_ No. of years acquainted \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Position/Title/Profession \_\_\_\_\_  
Telephone number \_\_\_\_\_

Name \_\_\_\_\_ No. of years acquainted \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Position/Title/Profession \_\_\_\_\_  
Telephone number \_\_\_\_\_

Name \_\_\_\_\_ No. of years acquainted \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Position/Title/Profession \_\_\_\_\_  
Telephone number \_\_\_\_\_

Name \_\_\_\_\_ No. of years acquainted \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Position/Title/Profession \_\_\_\_\_  
Telephone number \_\_\_\_\_

## AUTHORIZATION AND CERTIFICATION

**READ CAREFULLY BEFORE SIGNING:**

I hereby certify that all statements made on, or in connection with, my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

I authorize any person contacted to provide Adams County any and all information regarding my employment, education, and other information concerning any of the subjects covered by the application which may include but not be limited to: Application of employment; performance evaluations; work records; wage rates; supervisor' comments; results of any and all tests' disciplinary reports or letters; and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by Adams County to request employment records from my present and/or former employer(s). I release and hold harmless Adams County, their officers, agents, and employees, and the person(s) providing the information, from any liability, related to the providing of this information.

I understand that I may be required to successfully pass a drug test and/or pre-employment physical exam to gain employment or continue employment with Adams County. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by Adams County, and consent to the release of the test results to Adams County. I hereby release and hold harmless Adams County, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or pre-employment exam and decisions concerning employment based upon the results of these tests.

I authorize Adams County, its officers, agents and employees to conduct a background check (including criminal) prior to making a decision regarding employment. I release and hold harmless Adams County, their officers, agents, and employees, and the person(s) providing the information, from any liability related to the performance or result of this check.

If accepted for employment, I agree that my status as an employee depends upon my successful performance during a probationary period and that I am an "at-will" employee during this probationary period. In addition, I understand that Adams County maintains a drug-free and violence-free workplace.

I understand Adams County will not reimburse me for interview or re-location expenses. All expenses shall be applicant's responsibility.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

*If you need reasonable accommodation anytime during this application process,  
please notify the Adams County Personnel Department.*

*Adams County is committed to the equality of opportunity for all people. It is the policy of Adams County to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful product off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification, and except where conviction and/or arrest record substantially relates to the circumstance of positions applied for.*