

EDUCATION

High School:	Location:
Last year completed:	Diploma or Degree, explain:
College/Technical Training:	Location:
Last year completed:	Diploma or Degree, explain:

GENERAL

Are you employed now? Yes No	May we contact your present employer? Yes No
Salary desired:	Date you can start:
Contact in case of an emergency:	
Address:	Relation: Phone:
List any friends or relative working for us:	
Do you have reliable transportation? Yes No	
Have you ever been denied a license, permit, or privilege to operate a motor vehicle? No Yes, explain:	
Has any license, permit or privilege ever been suspended, denied or revoked? No Yes, explain:	
Have you ever been convicted of a crime other than minor traffic violations? No Yes, explain:	

REFERENCE AND JOB HISTORY INFORMATION**List employers beginning with most recent**

• Employer:	Supervisor:
Address:	Phone:
Dates employed:	Present or last salary:
Type of work performed:	Reason for leaving:
• Employer:	Supervisor:
Address:	Phone:
Dated employed:	Present or last salary:
Type of work performed:	Reason for leaving:
• Employer:	Supervisor:
Address:	Phone:
Dates employed:	Present or last salary:
Type of work performed:	Reason for leaving:

AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask the Personnel Assistant prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

_____ I hereby certify that all the statements made on, or in connection with, my application are true, complete and correct to the best of my knowledge and belief without omissions of any kind. I agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal. I agree that Vilas County shall not be liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.

_____ I authorize any person contacted to provide Vilas 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 limited to: Application of employment; performance evaluations; work records; wage rates; supervisors' comments; results of any and all tests; disciplinary reports or letters; and complaints or allegations regarding any records from my present and/or former employers. I release and hold harmless Vilas County, its officers, agents, and employees, and the persons 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 Vilas County. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by Vilas County, and consent to the release of the test results to Vilas County. I hereby release and hold harmless Vilas County, its officers, agents and employees, and the laboratory, its 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 result of these tests.

_____ I authorize Vilas 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 Vilas County, its officers, agents and employees, and the persons 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 Vilas County maintains a drug-free and violence-free workplace.

Signature _____ Date _____

***If you need reasonable accommodations anytime during the application process, please notify the
Human Resources Department***

Vilas County is committed to the equality of opportunity for all people. It is the policy of Vilas 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, member in the National Guard or any other reserve component of the United States or State military forces, use or non-use of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bonafide occupational qualification, and except where conviction and/or arrest record substantially relates to the circumstance of positions applied for.

**Attach Resume and additional pages if necessary.
Equal Opportunity Employer**

**RELEASE OF INFORMATION
AUTHORIZATION AGREEMENT**

Name _____

Address _____

Phone # _____ DOB _____

TO WHOM IT MAY CONCERN:

I am an applicant for a position with Vilas County. Vilas County needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all-relevant information concerning my personal and employment history is disclosed to the Vilas County Personnel Department.

I hereby authorize any representative of Vilas County bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Vilas County, whether said records are of public, private, or confidential nature. The intent of the authorization is to give my consent for full and complete disclosure. I reiterate and emphasize the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for Vilas County to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigator files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others, from liability or damages that may result from furnishing the information requested, including any liability or damage pursuit to any state or federal laws. I hereby release you, as the custodian of such records of _____ (name of employer) organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or of Vilas County regardless of any agreement I may have made with you previously to the contrary. The law

enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of Vilas County's acceptance and processing of my application for employment, I agree to hold Vilas County, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with Vilas County. I understand that information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by Vilas County in conjunction with employment procedures.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid for a period of 1 year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature _____ Date _____

REFERENCES

Use the following space to provide Vilas County with at least three (3) references.