

CRAWFORD COUNTY APPLICATION FOR EMPLOYMENT

Crawford County is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion or creed, sex, sexual orientation, national origin, age, marital or veteran status, arrest or conviction record, genetic background, the presence of a disability, or any other legally protected status which is not a bona fide occupational qualification.

POSITION APPLYING FOR: _____ DATE: _____

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Other Names by Which You have Been Known (e.g., Name Changes, Maiden, Aliases)		
Address		
City, State, Zip		
Phone Number	Alternate Phone Number	
E-mail Address (if you prefer to receive communications via e-mail)		

DRIVERS LICENSE INFORMATION

(Complete this section only if driving is a requirement of the position for which you are applying)

Driver's License Number: _____	State _____
Commercial Driver's License (CDL- Only provide if a CDL is required for the position you are applying for)	
Do you currently have a CDL?	Yes _____ No _____
Circle all Classes, Endorsements and Restrictions you presently have on your driver's license:	

EMPLOYMENT RECORD

List employment beginning with current or last job. This form is required to be filled out completely and to include all employment that you have held. This information is required in addition to your resume. Attach another page if necessary.

Company Name	Address	City, State
Position(s) Held	Supervisor Name/Telephone Number	Company Telephone Number
Dates employed From: _____ To: _____	Salary Starting	Salary Ending
Specific Duties:		
Reason for Leaving:		

Company Name	Address	City, State
Position(s) Held	Supervisor Name/Telephone Number	Company Telephone Number
Dates employed From: _____ To: _____	Salary Starting	Salary Ending
Specific Duties:		
Reason for Leaving:		

Company Name	Address	City, State
Position(s) Held	Supervisor Name/Telephone Number	Company Telephone Number
Dates employed From: _____ To: _____	Salary Starting	Salary Ending
Specific Duties:		
Reason for Leaving:		

REFERENCES

Please list at least three references who may have knowledge concerning your qualifications for this position. Do not include relatives, clergy, or personal friends who do not have specific knowledge of your job qualifications or performance.

REFERENCE INFORMATION

Name	
Address	
City, State, Zip	
Title-Position	
Daytime Phone	

Name	
Address	
City, State, Zip	
Title-Position	
Daytime Phone	

Name	
Address	
City, State, Zip	
Title-Position	
Daytime Phone	

AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the information provided and statements made by me as part of this application, or as part of any additional information provided in support of this application are complete, accurate and true to the best of my knowledge. I understand that any misleading or incorrect statements may render this application void and may preclude an offer of employment or may result in a withdrawal of an employment offer. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated because of false, incomplete, or misleading statements, answers or omissions made by me in this application. I agree that Crawford County shall not be held liable in any request if an offer of employment is precluded or my employment terminated because of false, incomplete, or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities or persons to give Crawford County any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Crawford County including a check on my fingerprints and conviction record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person organization for any good faith 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.

PRINT name clearly

Applicant's Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

To assist Crawford County with compliance of Federal and State Equal Employment Opportunity reporting, please answer the questions below.

This information is anonymous and will be separated from your application at the time your application is received. The information will be kept in a separate confidential file.

DISCLOSURE OF THIS INFORMATION IS ENTIRELY VOLUNTARY

POSITION APPLIED FOR: _____

Date of birth: _____

Sex: **Male:** _____ **Female:** _____

Do you identify yourself as disabled for Wisconsin Fair Employment/Equal Opportunity purposes?

Yes: _____ **No:** _____ **Not sure:** _____

Race/Ethnic Identification:

White: _____ (Not of Hispanic origin)

Black: _____ (Not of Hispanic origin)

Hispanic: _____

Native American: _____

Asian: _____

Marital Status: **Married:** _____ **Single:** _____

Divorced: _____ **Widowed:** _____

Veteran Status: **Vietnam Era Veteran:** _____

Disabled Veteran: _____