

LINCOLN COUNTY

LINCOLN COUNTY ADMINISTRATION DEPARTMENT Lincoln County Service Center 801 N. Sales Street, Suite 205 Merrill, WI 54452-1632 Phone: 715-539-1010 Fax: 715-539-8053 Email: charlotte.krause@co.lincoln.wi.us	APPLICATION FOR EMPLOYMENT <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: fit-content;"> An Equal Opportunity Affirmative Action Employer </div>	For office use only: Date Received: <hr/> Interview: () Yes () No Date: <hr/>
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Important Instructions: This application must be received in the **Lincoln County Administration Department** by 4:30 p.m. on the deadline to be considered. Uploaded, faxed or emailed versions of the application will be accepted. Please answer each question as completely and accurately as possible. You may choose to attach a resume as a supplement. **However, please do not enter "See Resume" when completing this document. Thank you for your interest in Lincoln County.**

Name: (Last) (First) (Middle)	Home Phone: () Cell Phone: ()
Address: (Street) (Apt #)	Business Phone: () May we contact you at this # () Yes () No
(City) (State) (Zip Code)	E-mail address:
What is the title of the position you are applying for?	
Full-time Part-time Seasonal Temporary	
Where did you hear about us?	
<input type="checkbox"/> Lincoln County Website <input type="checkbox"/> Indeed <input type="checkbox"/> Current Employee <input type="checkbox"/> Tomahawk Leader Newspaper <input type="checkbox"/> Merrill Foto News <input type="checkbox"/> Merrill Courier Newspaper <input type="checkbox"/> Other:	
When can you start?	

() Yes	() No	Have you worked for Lincoln County, including Pine Crest Nursing Home, previously? If so, list position, department and beginning and ending dates:
() Yes	() No	Do you have any relatives currently working for Lincoln County in a Supervisory role?
() Yes State:	() No	Do you have a current valid driver's license?(If Applicable to Position)
() Yes State:	() No	Do you have a current valid Commercial Driver's License? If Yes, list CDL endorsements:
() Yes	() No	Are you under 18 years of age?
() Yes	() No	Do you have a legal right to work in the U.S.?

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 of test: _____

TRAINING BEYOND HIGH SCHOOL: College or University, Nursing, Business College or Technical School

College, University or School – Name and Location	# of Years Attended	Major Field	Type of Degree (if received)	GPA

Describe any education or training you have had which is not covered above (e.g. vocational school, in-service training) which may be applicable to the position you are applying for. Please include dates. If you wish to list relevant course work please do so as an attachment.

Check office machine skills acquired thru training or experience.

<input type="checkbox"/> Computer _____ WPM		Applications Used: Please check all that apply:	
<input type="checkbox"/> MS Word	<input type="checkbox"/> MS Excel	<input type="checkbox"/> Outlook	<input type="checkbox"/> Power point
Other Software:			
<input type="checkbox"/> Typewriter (WPM) _____	<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Calculator/Adding machine	<input type="checkbox"/> Telephone
<input type="checkbox"/> Copy Machine	<input type="checkbox"/> Facsimile (Fax)	<input type="checkbox"/> Other: Explain	

Certifications: Please list any certifications that may be applicable: (include any license or registration)

Work Experience: Starting with **PRESENT** or **MOST RECENT**, list all previous employers. Include self-employment, military service, summer or part-time jobs, or volunteer positions if related to the job for which you are applying. Use a separate sheet to continue with additional qualifying employment data, using the same format as below.

Title of position held:	From (Month & year)	PRIMARY DUTIES:
Employer's Name	To: (Month & year)	
Street Address	Hours per week	
City, State, Zip code	Ending Salary:	
Name and Title of Supervisor:	Phone Number:	
May we contact your present employer? () Yes () No If you respond "No" and it becomes necessary for us to contact your present employer, we will first contact you to get your authorization.		Reason for leaving or considering change:

Title of position held:	From (Month & year)	PRIMARY DUTIES:
Employer's Name	To: (Month & year)	
Street Address	Hours per week	
City, State, Zip code	Ending Salary:	
Name and Title of Supervisor:	Phone Number:	

Title of position held:	From (Month & year)	PRIMARY DUTIES:
Employer's Name	To: (Month & year)	
Street Address	Hours per week	
City, State, Zip code	Ending Salary:	
Name and Title of Supervisor:	Phone Number:	

MAY WE OBTAIN REFERENCES FROM THE EMPLOYERS LISTED ABOVE? () Yes () No If No, explain below:

References: Please list three people who are not related to you, who have known you for at least one year, can comment on your job performance, and that we may contact:

Name	Address	Phone Number
1.		
2.		
3.		

Confidentiality	
I hereby request that this application be kept confidential to the degree allowed under Wisconsin Statutes. I understand, however, that this application may be an open record under Wisconsin laws and subject to public inspection.	
Yes	No

Please Read Carefully Before Signing

I CERTIFY THAT all statements I have made on this application are true and complete to the best of my knowledge; I have withheld nothing that would, if disclosed, affect this application unfavorably.

I UNDERSTAND THAT any pertinent omission or misrepresentation of fact may result in refusal of employment or immediate dismissal; this employment application and any other County documents or manuals do not constitute contracts of employment, and any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee; any individual hired may voluntarily leave employment and may be terminated by the employer at any time either during or after probationary period has been completed.

I AUTHORIZE the investigation of all statements I have made in this application; the release of references, grade transcripts and additional information pertinent to my employment from sources identified in this application.

I HEREBY ACKNOWLEDGE THAT I have read the above statements and understand them.

Signature of Applicant

Date signed

Lincoln County is in partnership with North Central Health Care. If your application qualifies for an open position with North Central Health Care, your application will be forwarded to their facility unless you wish to opt out by initialing here. _____
