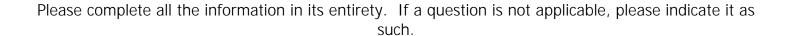


Clark County-Office of Personnel

517 Court Street - Room 205 • Neillsville, WI 54456 Phone (715) 743-5298 • Fax (715) 743-5159 • www.co.clark.wi.us

Directions for Completing the Clark County Application for Employment



Read the application carefully and ensure it is complete before signing. Applications which appear to have incomplete or inaccurate information may not be considered further during the recruitment process and filling of vacancies.

Please submit applications per the instructions on the job announcement.

APPLICATION FOR EMPLOYMENT CLARK COUNTY

Clark County Courthouse 517 Court Street, Neillsville, WI 54456

APPLICANT INFORMATION	N:										
First Name		Last Name						N	Middle Initial		
Address 1											
Address 2											
City			State	Э					Zip		
Phone Number	Cell Num	mber Email					nail				
Are you a US Citizen?	☐ Yes ☐ No	If no, pl	If no, please list type of Visa:								
Are you at least 18 years of age?	Yes	□No	If n	io, please	indicate	date o	f birth:				
POSITION INFORMATION:										1	
Position Applying For	<u>.</u>				Date Ava	ailable	for Work				
Type of Work Desired		Sh	nift De	esired							
Current Salary (*Required)											
Where did you hear of this employme	ent opportunity?										
☐ Shopper			Job	Center							
☐ Thorp Courier											
☐ Clark County P	☐ Clark County Press ☐ Friend										
☐ Tribune Phono	graph		Othe	er							
☐ O-W Enterprise)										
PROFESSIONAL/WORK EXPERIENCE: The information regarding your previous experience will be carefully reviewed to determine your qualifications in relation to the position for which you are applying. Please be specific in your responses. Please include in the description of your duties any supervisory responsibilities and any equipment operated, if applicable. Please list information with most recent experience first. Please list any additional pertinent employment, not shown above, on a separate sheet.											
Employer's Name				Supervis	or Name	e and T	itle				
May we contact this employer for a re	☐ Yes		□ No	If no	If no, please explain						
Phone Number	Dates of Employment					'					
Address											
City			Sta	te				Zip Co	ode		
Position (s) Held (if multiple, please indicate dates for each)											
Type of Position Worked		l			Number	of Em	ployees S	upervis	sed?		
Reason for leaving									ı		

Duties performed

Employer's Name								Superv	isor N	ame and Titl	е			
May we contact this	s employ	er for a	reference	e?		☐ Ye	es	□ No	ı	f no, please	explain	-		
Phone Number		Dates o				s of E	Employment							
Address														
City						State						Zip Code		
Position (s) Held (if	multiple	e, please	indicate	dates for e	each)									
Type of Position Wo	orked						Number of Employees Supervised?							
Reason for leaving														
Duties performed														
Employer's Name							Supervisor Name and Title							
	ve contact this employer for a reference?					□ Ye		☐ No			explain			
Phone Number		Dates of Employment												
Address														
City	State Zip Code													
Position (s) Held (if	multiple	e, please	indicate	dates for e	each)									
Type of Position Wo	orked	rked Number of Employees Supervised?												
Reason for leaving														
Duties performed														
Please list any	y profe	ession	al lice	nses or (certi	fica	tion	s:						
Type State						Expiration Date				License/Registration Number				
Type State		e			Expiration Date		License/Registration Number							
Type State			e			Exp	Expiration Date			License/Registration Number				

EDUCATION:							
	n School Diploma/HSED or G	SED?	☐ Yes	□No			
Type of School	Name and Location (Name, City & State)	Course of	Study	Yr. Completed	Did you Graduate?	Year Graduated	Diploma or Degree
T. 601.1					511	V 0 1 1 1	DI I
Type of School	Name and Location (Name, City & State)	Course of		Yr. Completed	Did you Graduate?	Year Graduated	Diploma or Degree
Type of School	Name and Location (Name, City & State)	Course of	Study	Yr. Completed	Did you Graduate	Year Graduated	Diploma or Degree
Diagram Patraca and American							
Please list any other	r applicable/related coursev	vork or trainii	<u>ng:</u>				
	INFORMATION: machines, heavy equipmen	t, or any oth	er eauipm	ent related to	the iob vou are app	olving for that you are:	skill in operating
	uter, dictation equipment, f				Jan Jan 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		
Do you possess a v	alid driver's license?		_icense Nı	umber and Sta	te of Issuance		
Do you possess a v	alid commercial driver's lice	nse?	If "yes	," please checl		Class A- Commercial Class B- Commercial Class C- Commercial	Motor Vehicle
						⊒ Class C- Commercial ⊒ Class D- Regular (Au ⊒ Class M- Motorcycle	
	d State of Issuance						
□ T- Da	ansporting Passengers oubles and Triples				S- School Bus F- Farm Services		
□ N- Ta	ank Vehicles						
☐ H- Hazardo	us Materials						

If you do not have one or either of these license, would you be eligible to obtain such a license if required by the position for which you are applying?

	nal job-related skills or abilities you may possess, which a		
extracurricular activities, voi	unteer work, etc. Please indicate length of time involved	with any groups or committees.	
Please list three (3) reference	ces which are neither a relative nor a supervisor whom we		qualifications.
Name	Title/Occupation & Relationship –	Company Name/Address	Contact Information
	(i.e. how you know this person – teacher, co-worker, etc.)		
Name	Title/Occupation & Relationship – (i.e. how you know this person – teacher, co-worker, etc.)	Company Name/Address	Contact Information
	(i.e. flow you know this person – teacher, co-worker, etc.)		
	TW 40		
Name	Title/Occupation & Relationship – (i.e. how you know this person – teacher, co-worker, etc.)	Company Name/ Address	Contact Information
	(i.e. now you know this person teacher, co-worker, etc.)		
	PLEASE READ CAREFULLY BEFO		
	the time of my application for employment or during the		
	my education, experience, competence, character as it rel		
	se stated. I certify that the information contained in this derstand that any falsification or omission of information is		
	statements made may be investigated. I also understand		
medical exam for initial and		y 1	,
Applicant Claretine			
Applicant Signature		Date	

CLARK COUNTY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER