



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

Please complete all the information in its entirety. If a question is not applicable, please indicate it as such.

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.](#)

Thank you for your interest in employment with Clark County.

APPLICATION FOR EMPLOYMENT
CLARK COUNTY
Clark County Courthouse
517 Court Street, Neillsville, WI 54456

APPLICANT INFORMATION:

First Name		Last Name		Middle Initial
Address 1				
Address 2				
City		State		Zip
Phone Number		Cell Number		Email
Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please list type of Visa:		
Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please indicate date of birth:		

POSITION INFORMATION:

Position Applying For		Date Available for Work
Type of Work Desired	Shift Desired	
Current Salary (*Required)		
Where did you hear of this employment opportunity? <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Shopper <input type="checkbox"/> Thorp Courier <input type="checkbox"/> Clark County Press <input type="checkbox"/> Tribune Phonograph <input type="checkbox"/> O-W Enterprise</div><div><input type="checkbox"/> Job Center <input type="checkbox"/> TRG <input type="checkbox"/> Friend <input type="checkbox"/> Other</div></div>		

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		Supervisor Name and Title	
May we contact this employer for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain
Phone Number		Dates of Employment	
Address			
City		State	Zip Code
Position (s) Held (if multiple, please indicate dates for each)			
Type of Position Worked		Number of Employees Supervised?	
Reason for leaving			
Duties performed			

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Employer's Name			Supervisor Name and Title	
May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain	
Phone Number		Dates of Employment		
Address				
City		State	Zip Code	
Position (s) Held (if multiple, please indicate dates for each)				
Type of Position Worked			Number of Employees Supervised?	
Reason for leaving				
Duties performed				

Employer's Name			Supervisor Name and Title	
May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain	
Phone Number		Dates of Employment		
Address				
City		State	Zip Code	
Position (s) Held (if multiple, please indicate dates for each)				
Type of Position Worked			Number of Employees Supervised?	
Reason for leaving				
Duties performed				

Please list any professional licenses or certifications:			
Type	State	Expiration Date	License/Registration Number
Type	State	Expiration Date	License/Registration Number
Type	State	Expiration Date	License/Registration Number

EDUCATION:

Do you have a High School Diploma/HSED or GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Type of School	Name and Location (Name, City & State)	Course of Study	Yr. Completed	Did you Graduate?	Year Graduated	Diploma or Degree

Please list any other applicable/related coursework or training:

ADDITIONAL INFORMATION:

Please list all office machines, heavy equipment, or any other equipment related to the job you are applying for that you are skill in operating (i.e. personal computer, dictation equipment, front-end loader, etc.):

Do you possess a valid driver's license?		License Number and State of Issuance	
Do you possess a valid commercial driver's license?		If "yes," please check all subclasses	<input type="checkbox"/> Class A- Commercial Motor Vehicle <input type="checkbox"/> Class B- Commercial Motor Vehicle <input type="checkbox"/> Class C- Commercial Motor Vehicle <input type="checkbox"/> Class D- Regular (Auto, Light, Moped) <input type="checkbox"/> Class M- Motorcycle
License Number and State of Issuance			
Endorsements: <input type="checkbox"/> P- Transporting Passengers <input type="checkbox"/> T- Doubles and Triples <input type="checkbox"/> N- Tank Vehicles		<input type="checkbox"/> S- School Bus <input type="checkbox"/> F- Farm Services	

☐ H- Hazardous 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?

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Please describe any additional job-related skills or abilities you may possess, which are not mentioned above. This information may include extracurricular activities, volunteer work, etc. Please indicate length of time involved with any groups or committees.

Please list three (3) references which are neither a relative nor a supervisor whom we may contact in regard to your qualifications.

Name	Title/Occupation & Relationship – (i.e. how you know this person – teacher, co-worker, etc.)	Company Name/Address	Contact Information
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PLEASE READ CAREFULLY BEFORE SIGNING

I authorize Clark County, at the time of my application for employment or during the course of my employment, to obtain information from any source indicated regarding my education, experience, competence, character as it relates to the position for which I applied or in which I may be employed unless otherwise stated. I certify that the information contained in this application is true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of the application. I agree that all statements made may be investigated. I also understand that I may be required to successfully complete a medical exam for initial and continued employment.

Applicant Signature	Date
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CLARK COUNTY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER