



County of Grant
State of Wisconsin

Grant County Application for Employment

THIS FACILITY
MAY DO
DRUG TESTING

Position Applying For _____

Date of Application _____

The following information is requested in order to help us make the best possible placement with Grant County. All portions of this application pertaining to you must be completed. Grant County does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, disability, sexual orientation or any other characteristic protected by law.

PERSONAL DATA:

Name _____
Last First Initial

Home phone () _____

Address _____
Street/PO Box

Other phone () _____

Email address _____

City State Zip Code

Are you 18 years or older?

☐ Yes

☐ No

Are you legally eligible for employment in the United States?

☐ Yes

☐ No

Do you have a valid Driver's License?

☐ Yes

☐ No

Do you have a CDL (if required)?

☐ Yes

☐ No

Have you ever been convicted of a crime other than minor traffic violations?
(A criminal record will be considered only as it relates to the job applied for.)

☐ Yes

☐ No

If yes, please explain:

Are you related to any employee of Grant County?

☐ Yes

☐ No

If yes, please list his/her name and your relationship.

Have you worked for a WRS (Wisconsin Retirement System) participant in the past? ☐ Yes ☐ No

EDUCATION AND TRAINING:

School	Name and Location	(Optional) Dates Attended From: To:	Course of Study and Degree	Graduated
High School/GED		_____ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University		_____ MO YR MO YR		<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School		_____ MO YR MO YR		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business, Trade, Vocational or Other		_____ MO YR MO YR		<input type="checkbox"/> Yes <input type="checkbox"/> No

List Additional Skills Acquired:

EMPLOYMENT RECORD:

Please complete by beginning with last or current employer, then next to last, etc.

If currently employed, may we contact that employer? ☐ Yes ☐ No

Employer	Phone	Dates of Employment From To	
Address	Salary (Optional)	Hours/Week	Supervisor
Reason for Leaving	Job Title		
Description/Duties			

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Address	Salary (Optional)	Hours/Week	Supervisor
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Reason for Leaving	Job Title		
Description/Duties			

(Use a separate sheet for additional employers.)

MILITARY SERVICE RECORD:

Have you ever been in the armed forces? ☐ Yes ☐ No

If yes, what branch? _____

Dates of duty: From _____ To _____

Rank at Discharge: _____

What were your duties in the service (include special training and duty station)?

REFERENCES:

List persons who are familiar with your qualifications and background. (No relatives)

	Name	Address/Phone	Business or Occupation
1.	_____		
2.	_____		
3.	_____		

SUMMARY

Please summarize any special skills or qualification you have acquired that will support your application for this position.

PLEASE READ THE PARAGRAPHS BELOW BEFORE SIGNING:

CERTIFICATE OF APPLICANT: I hereby certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact herein subjects me to disqualification or dismissal. I understand that employment with Grant County is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at anytime with or without cause.

I authorize all Persons, Schools, Companies, Corporations, Municipalities, Agencies, or other Organizations to give to Grant County any information requested concerning my employment, character, experience, and qualifications and/or suitability for employment with Grant County, including a check of my fingerprints, motor vehicle record and criminal record for the purpose of considering my suitability for hire. I hereby forever release, discharge, and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I agree to release all parties from all claims under any laws, including civil rights information. I agree to release all parties from all claims under any laws, including civil rights laws, arising from providing and receiving such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I understand that Grant County is committed to maintain a drug-free workplace. Grant County may require a drug test as a part of the hiring process. Grant County may conduct post-accident, reasonable suspicion, periodic and/or random drug or alcohol testing to its employees.

Signature of Applicant _____ **Date** _____

OPTIONAL:

I request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes since they would tend to reveal my identity.

Signature of Applicant _____ Date _____

Submit completed application to:

Grant County Personnel Department

111 S. Jefferson St.

PO Box 529

Lancaster, WI 53813

Email: employment@co.grant.wi.gov

Fax: (608)723-4595; Phone: (608)723-2540

If submitting your application materials via US Mail, please make sure you have enough postage as to not cause delay in processing.

How did you hear about this employment opportunity?

- ☐ Facebook (www.facebook.com/GrantCountyEmploymentOpportunities)
- ☐ Shopping News
- ☐ Other Newspaper: _____
- ☐ Grant County Website (www.co.grant.wi.gov www.co.grant.wi.gov/docs_by_cat_type.asp?doccatid=111&locid=147)
- ☐ Orchard Manor Website (www.omanor.com)
- ☐ Job Center of Wisconsin Website (www.jobcenterofwisconsin.com)
- ☐ School
- ☐ Posting or email at my place of employment
- ☐ Friend / Relative
- ☐ Other: _____



Grant County

Drug and Alcohol Background Check

Complete only if applying for CDL required positions.

CDL Applicant Acknowledgement of Pre-Employment Drug Testing (49 CFR Part 655.17)

I understand that as part of my application for employment with Grant County, I must successfully complete a U.S. Department of Transportation (USDOT) drug test as required by 49 CFR Part 655.41. I further understand that a verified negative drug test result must be obtained by the employer, prior to performance of any safety-sensitive function, as defined by 49 CFR Part 655.4.

Applicant Name (Print): _____

Applicant Signature: _____

Date: ____/____/____

Questions for CDL Applicants (49 CFR Part 40.25 and 40.311)

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by USDOT agency drug and alcohol testing rules during the past two years? ☐Yes ☐No
2. If yes, have you been evaluated by a Substance Abuse Professional (SAP) as required by 49 CFR Part 40, Subpart O (40.285)? ☐Yes ☐No
(Note: If yes, a written report from the SAP is required.)
3. If yes, did you complete USDOT's Return-to-Duty process, including follow-up testing, as required by 49 CFR Part 40, Subpart O)? ☐Yes ☐No
(Note: If yes, a written report from the SAP is required.)