



Marquette County Employment Application Form

**PLEASE PRINT ALL INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

For Office Use Only	
Keyboarding	
Clerical	
Computer	

PLEASE COMPLETE PAGES 1-4 Date _____

Name _____

Last
First
Middle

Present Address _____

Number
Street
City
State
Zip

How long at this address? _____

Telephone No. () _____ **Driver's License No.** _____

If under 18, can you furnish a work permit? Yes No

Position applied for (1) _____ Days/hours available to work:
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

salary desired (be specific) (2) _____

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME TEMPORARY

When are you available for work? _____ Can you travel if a job requires it? Yes No

Are you working now? Yes No Are you on a lay-off and subject to recall? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

EDUCATION:

Type of School	Name of School	Location (Complete mailing address)	Years Completed	Major & Degree
High School				
College				
Business or Trade School				
Professional School				

WORK EXPERIENCE Please list your work experience beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____	Name of last supervisor	Employment dates		Pay or salary
Address _____				
City, State, Zip _____		From	Start	
Phone number _____		To	Final	
Your last job title				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

Name of employer _____	Name of last supervisor	Employment dates		Pay or salary
Address _____				
City, State, Zip _____		From	Start	
Phone number _____		To	Final	
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Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

Name of employer _____	Name of last supervisor	Employment dates		Pay or salary
Address _____				
City, State, Zip _____		From	Start	
Phone number _____		To	Final	
Your last job title				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

AUTHORIZATION AND CERTIFICATION

Please carefully read the following statements and initial each one where indicated. If you have a question regarding any of the statements, please ask prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by the statements below.

_____ I hereby certify that all statements made on or in connection with my application are true, complete and
initial correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

_____ I authorize the County of Marquette to contact any of the persons or organizations referenced in my
initial application materials. I also authorize any person contacted to provide to the County of Marquette any and all information regarding my employment, education, or any other information concerning any of the subjects covered by the application. I agree to execute employment records release authorization forms as may be required by the County of Marquette requesting employment records from my present and/or former employer(s).

_____ I understand that I may be required to successfully pass a drug test to gain employment or continue
initial employment with the County of Marquette. I consent freely and voluntarily to participate in required drug test(s), at a location selected by the County of Marquette. I also consent to the release of the test(s) results to the County of Marquette. I hereby release and hold harmless the County of Marquette, its officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, except for their negligence, arising from the drug test(s) and decisions concerning employment based upon the results of this test(s). In addition, I understand that the County of Marquette maintains a drug-free and a smoke-free workplace.

_____ I understand that if certain positions have particular security requirements or if the County of Marquette
initial determines there is a Bona Fide Occupational Qualification inherent in the position which requires certain information, a police background check seeking that information may be conducted prior to making a decision regarding employment. I authorize the County of Marquette, its officers, agents, and employees to conduct such a check if I am applying for one of these positions, and I release and hold harmless the County of Marquette, its officers, agents, and employees from any liability, except for its negligence, related to the performance or result of this check.

_____ If accepted for employment under a bargaining agreement, I agree that my status as an employee depends upon
initial successful performance during a probationary period and that I am an "at-will" employee during this probationary period.

_____ If accepted for employment not covered under a bargaining agreement, I understand that I
initial will always be an "at-will" employee.

Applicants Signature

Date

Thank you for your interest in employment with the County of Marquette

AN EQUAL OPPORTUNITY EMPLOYER