



Winnebago County Treasurer

126 S Clark St
641-585-2322 Office
641-585-1059 Fax

Winnebago County is an Equal Opportunity Employer

Applicant Information

Full Name:			Date:		
Last		First		M.I.	
Address:					
Street Address				Apartment/Unit #	
City				State	ZIP Code
Phone: ()		E-mail Address:			
Date Available:		Social Security No.:		Desired Salary: \$	

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: _____

Education

High School:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

SKILLS & QUALIFICATIONS

List any foreign language(s) you're able to speak, read or write fluently: _____

Describe any specialized training, apprenticeship, skills, job-related military training, extra-curricular and volunteer activities you have:

List any specialized skills you have in operating general office equipment, including computer software experience:

List any additional information you feel may be helpful in considering your application, including any additional licensures or training in the operation of specific equipment:

Present Job Date of Hire: Mo/Day/Yr.	Name of Employer		Type of business		
	Address: No. & Street		City	State	Zip Code
Your Position	Nature of Duties				
Final Salary	Supervisors: Name		Title	Reason for Seeking New Employment	
Previous Job Date of Hire: Mo/Day/Yr.	Name of Employer		Type of business		
	Address: No. & Street		City	State	Zip Code
Your Position	Nature of Duties				
Final Salary	Supervisors: Name		Title	Reason for Seeking New Employment	
Previous Job Date of Hire: Mo/Day/Yr.	Name of Employer		Type of business		
	Address: No. & Street		City	State	Zip Code
Your Position	Nature of Duties				
Final Salary	Supervisors: Name		Title	Reason for Seeking New Employment	

Previous Job Date of Hire: Mo/Day/Yr.	Name of Employer		Type of business		
	Address: No. & Street		City	State	Zip Code
Your Position	Nature of Duties				
Final Salary	Supervisors: Name		Title	Reason for Seeking New Employment	
Previous Job Date of Hire: Mo/Day/Yr.	Name of Employer		Type of business		
	Address: No. & Street		City	State	Zip Code
Your Position	Nature of Duties				
Final Salary	Supervisors: Name		Title	Reason for Seeking New Employment	

OTHER INFORMATION

Military	Branch		Rank	Duties
	Discharge: <input type="radio"/> Honorable <input type="radio"/> Other (Explain)			
Qualifications And Skills	Describe Any Equipment Extensively Operated By You (Office, Construction, Buses, Trucks, Etc.)			
	Current License: <input type="checkbox"/> Driver <input type="checkbox"/> Commercial Driver License <input type="checkbox"/> Chauffer <input type="checkbox"/> None		License Ever Suspended or Revoked? <input type="radio"/> Yes <input checked="" type="radio"/> No	
	No.:	State:	Date:	Reason:
Ever Convicted of A Crime (except minor traffic violations)? <input type="radio"/> Yes <input checked="" type="radio"/> No		Ever Collected Money or Bonded? <input type="radio"/> Yes <input checked="" type="radio"/> No For Whom:		
Dates:	Offenses:			
List Any Specialized Training, Certificates or Achievements:				
How did you hear about this employment opportunity?				
Do you have any relatives or friends currently employed by the County? <input type="radio"/> Yes (List names) <input checked="" type="radio"/> No				
Have you reviewed the job description or posting for the position sought?				

APPLICANT MAY INCLUDE ADDITIONAL INFORMATION WITH THIS APPLICATION

If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.

ACKNOWLEDGMENT

By submitting this application, I certify that this information is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations. I am aware that all statements submitted on this application are subject to investigation and verification. I authorize the persons, schools, agencies, employers, and other organizations named in this application to provide information requested by the County in its processing of this application. I agree to provide the County with any appropriate release or waivers that are requested by these other entities.

I understand that any false, inaccurate, or incomplete information in this application or in any subsequent interview, or a failure to disclose information requested in this application or in an interview will remove me from eligibility for employment with the County, and, if I am hired, such false, inaccurate, or incomplete information may subject me to immediate termination at any time of discovery by the County.

Signature

Date

APPLICANT ACKNOWLEDGEMENT

In applying for employment, I want the County to be fully informed of my previous record and I hereby authorize the County to investigate my background and to obtain any and all information which may concern me. I hereby release all persons, educational institutions, companies, law enforcement agencies, and other organizations or employers from any liability on account of furnishing such information.

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the Employer discovers the violation of its policy regarding application form dishonesty.

I certify that answers given herein are true and complete to the best of my knowledge.

Signature of Applicant _____

Date _____

FOR OFFICE USE ONLY

Application received on _____

Application received by _____

Application meets or exceeds minimum qualifications for position _____ Yes _____ No

If no, explain deficiencies: _____

