ADULT OVER
AGE 18 YEARS

ROLLING HILLS

Rehabilitation Center – Special Care Home
14345 County Hwy B ▪ Sparta, Wisconsin 54656 (608) 269-8800 ▪ Fax (608) 269-4386
www.rollinghillsrehab.org

I, _____ authorize the following states to disclose all criminal history record information to Monroe County Rolling Hills Rehab Center for the purpose of being employed with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Please list any states you have resided in within the last (3) three years.

_____ _____
State Residency Dates

_____ _____
State Residency Dates

_____ _____
State Residency Dates

_____ _____
Signature Date

Official Application of Monroe County

EEO/AA/ADA Employer

Please complete all sections of the application and return complete form to:
Monroe County Personnel Office, 124 North Court Street, Sparta, WI 54656.
Failure to do so will result in the rejection of your application. (Please type or print legibly in ink.)

Position Applied for:	**Department:**		**Date:**
Name, Last:	**First:**		**MI:**
Address, Street:	**City:**	**State:**	**ZIP:**
Phone Number:	**E-Mail:**		

List days and hours you are NOT available to work: _____
When will you be available for employment? _____
Have you ever been convicted of a felony? ☐Yes or ☐No If Yes, when? _____
Where?_____ For what? _____
List extenuating circumstances on a separate sheet and attach to application.
A conviction will not necessarily preclude you from employment.

Are you legally eligible for employment in the United States? ☐Yes or ☐ No

Do you have any relatives employed by or elected to Monroe County positions? ☐Yes or ☐ No
If yes, list name, department and relationship: _____

Check highest grade completed: High School: ☐ 9 ☐ 10 ☐ 11 ☐ 12
College: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Name of High School: _____
Post Graduate: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Address: _____
Vocational: ☐ 1 ☐ 2 ☐ 3 ☐ 4 If not a high school graduate, do you have a GED? _____
List any schools beyond high school that you have attended and attach proof of degree, i.e., diploma,
Transcripts (do not have to be certified copies).

Name/Location	# of years	Credits	Major	Type of Degree

If applicable, words per minute typing: _____ Dictaphone Experience: _____
List office machines and computers you can operate proficiently:_____
Certain jobs require a valid Wisconsin driver's license, do you have one? ☐ Yes or ☐ No
If no, do you posses an out of state drivers license? ☐ Yes or ☐ No If yes, what state? _____
If commercial driver's license is required: Class(es): _____ Endorsements: _____
Professional certifications: Type: _____ Registration # _____ State _____
List languages you are fluent in: _____
If applicable, list types of machinery or equipment you can operate: _____
_____

WORK HISTORY: Please list all employment **dating back at least ten years** beginning with the most recent employer. You may attach additional sheets if necessary. **NOTE: <u>DO NOT REFER TO RESUME</u>**. A resume may be attached, but does not substitute for the county application.

DATES OF EMPLOYMENT	NAME AND ADDRESS OF COMPANY	JOB TITLE AND BRIEF DESCRIPTION OF DUTIES	
From: _____ month/year To: _____ month/year _____hours per week Wage: $_____		TITLE:	
		Supervisor Name/Phone #	Reason for Leaving
From: _____ month/year To: _____ month/year _____hours per week Wage: $_____		TITLE:	
		Supervisor Name/Phone #	Reason for Leaving
From: _____ month/year To: _____ month/year _____hours per week Wage: _____		TITLE:	
		Supervisor Name/Phone #	Reason for Leaving
From: _____ month/year To: _____ month/year _____ hours per week Wage: $_____		TITLE:	
		Supervisor Name/Phone #	Reason for Leaving
From: _____ month/year To: _____ month/year _____hours per week Wage: $_____		TITLE:	
		Supervisor Name/Phone #	Reason for Leaving
From: _____ month/year To: _____ month/year _____ hours per week Wage: $_____		TITLE:	
		Supervisor Name/Phone #	Reason for Leaving

PROFESSIONAL REFERENCES: List three persons familiar with your professional ability whom we may contact **(NO RELATIVES OR CURRENT AND PAST SUPERVISORS).**

NAME AND ADDRESS	TELEPHONE NUMBER	TITLE	YEARS KNOWN
	HOME:		
	WORK:		
	HOME:		
	WORK:		
	HOME:		
	WORK:		

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH MONROE COUNTY

I certify that the answers given by me in this application, including attachments, are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that Monroe County shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, educational institutions, current and previous employers, municipalities, licensing authority, medical institutions, or persons to give to Monroe County any information requested regarding my employment, character, experience and qualifications, and/or suitability for employment with Monroe County including a check of my fingerprints and police 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 understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I hereby release an individual or institution from any and all liability for damages of whatever kind, which may at any time result from me, my heirs, or family because of the compliance within this authorization. In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to an appointment to a position with Monroe County. Refusal to participate will result in the rejection of my application.

I understand that Monroe County will contact my current employer only if I am a finalist, and that Monroe County will notify me prior to contacting my current employer.

Monroe County considers applicants for positions without regard to age, sex, race, creed, color, national origin, ancestry, disability, marital or veteran status, sexual preference, arrest and conviction record, or any other legally protected status, except where requirements constitute a bona fide occupational qualification. The Wisconsin Open Records law requires the release of the finalist candidates' names upon request. If you wish to keep your application confidential prior to becoming a finalist, please indicate in a letter accompanying your application.

_____ _____

Applicant's Signature (handwritten required) Date

If you need special accommodations for the interview, please contact the Personnel Department prior to the interview date.

3/2011