



1101 Barnett Rd, Suite 108
Ladysmith, WI. 54848
Phone: (715) 532-1000

APPLICATION FOR EMPLOYMENT

This Commission is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this Commission to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, this Commission intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

PLEASE PRINT PLAINLY – BE SURE TO SIGN THIS APPLICATION

County _____ Date _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Other where you can be reached: _____

Have you been previously employed by this Commission? _____ Yes _____ No

If yes, when? _____ In what capacity? _____

Who referred you to this Commission? _____ Our Advertisement _____ Job Service _____ Internet
_____ Employment Agency _____ Friend/Relative _____ No One

Do any of your relatives work for our Commission? _____ Yes _____ No

If yes, please list: _____

Are any of your relatives Board Members? _____ Yes _____ No

If yes, please list: _____

EMPLOYMENT DESIRED

Position (s) applied for _____

Full time _____ Part time _____ Date available to start _____

Do you have a valid driver's license and reliable transportation should the job require travel? ___ Yes ___ No

PERSONAL DATA

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

If under 18, can you, after employment, submit a work permit? _____ Yes _____ No

Were you ever convicted of a crime anywhere, including in Federal, State, Local, Military and/or Tribal Courts? _____ Yes _____ No

If yes, please explain: (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment).

List any professional, trade, business or civic activities, offices held, hobbies or personal interests (Exclude those which indicate race, color, religion, sex or national origin):

List any other skills, specialized or vocational training (i.e. computer knowledge, communication, leadership, etc.), experiences or reasons why you feel you are qualified for the position for which you are applying:

EDUCATION

	<u>Name and Location of School</u>	<u>No/Years Completed</u>	<u>Did you graduate</u>	<u>Course of Study</u>	<u>Degree</u>
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Tech School	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

REFERENCES

List three people (no relatives) you have worked with and whom we may contact for a reference.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

EMPLOYMENT HISTORY

Please give accurate and complete information. Start with present or most recent employer:

Company Name _____ Phone No. _____

Address _____ Employed from ___/___ to ___/___

Name of Supervisor _____

Position and Responsibilities _____

Reason for Leaving _____

Company Name _____ Phone No. _____

Address _____ Employed from ___/___ to ___/___

Name of Supervisor _____

Position and Responsibilities _____

Reason for Leaving _____

Company Name _____ Phone No. _____

Address _____ Employed from ___/___ to ___/___

Name of Supervisor _____

Position and Responsibilities _____

Reason for Leaving _____

May we communicate with your present employer? _____ Yes _____ No

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE YOU SIGN YOUR NAME.

I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct to the best of knowledge and belief, and are made in good faith. I authorize the Rusk County Transit Commission to make any investigations and inquiries into my employment history and other related matters as may be necessary in arriving at an employment decision. I release from liability, employers, schools, law enforcement agencies and any other sources disclosing information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in the application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without recourse against this Commission.

(Please initial here). _____

I further understand that this application and any other Commission documents, including employee handbooks, are not intended to create and do not create, an employment contract between the Commission and myself.

(Please initial here). _____

If employed, I agree to abide by all of the work and safety rules of the Commission. I understand that this Commission is committed to maintaining a drug-free workplace. I am aware that the Commission **MAY** require a drug test as a part of the hiring process. Also, if employed, I realize that the Commission **MAY** conduct random drug testing of employees. I have read, understand and agree to the above statement.

(Please initial here). _____

I understand that all employees are considered "AT WILL" employees as that term has been interpreted by the State of Wisconsin and its adjudicative and legislative authorities.

SIGN HERE _____ DATE _____