



Langlade County Economic Development Corporation

Langlade County Economic Development Corporation is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference, age, marital status, pregnancy, disability, or any other legally protected status.

Important Instructions: This application must be received by 4:00 p.m. CST on the deadline date to be considered. Incomplete or illegible applications will not be considered. A resume' will be accepted as a supplement to the application form, but will not substitute for it. If more space is needed, please indicate this on the application form and attach the additional paper to the application. This application should be filled out by the applicant only. Applicants who need assistance with filling out the application form should inform the person who provided this form. Langlade County Economic Development Corporation may use the given information in the application to investigate the applicant's previous employment and background.

Mail or Email Application Materials to:
 Langlade County Economic Development Corporation
 312 Forrest Avenue
 Antigo, WI 54409
 Phone: 715-623-2085
aclose@co.langlade.wi.us
www.langladecountyedc.org

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

May we contact you at work: _____ Work Phone: _____ What Hours: _____

Position Applied for: _____
 Date Available _____

Are you a United States citizen, or do you have papers from the U.S. government permitting you to work?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you at least 18 years of age? (Employment may be subject to verification that you meet state and federal minimum age requirements. Employees under 18 shall have a work permit)	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If hired, would you be able to work nights and or weekends? "Reasonable accommodations will be made for religious beliefs or practices, unless doing so would create an undue hardship on the operations of the LCEDC."	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you able to perform all the duties listed in the position description, with or without reasonable accommodation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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"A conviction will not necessarily disqualify you from employment. It will be considered only as it may relate to the job you are seeking".
If you answered 'yes' to any of the following questions, please provide an explanation.

Have you ever been convicted of an ordinance violation, misdemeanor, or felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been suspended, terminated, discharged or resigned to avoid being discharged?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you had periods in which you were not employed during the last 10 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment #1

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous Employment #2

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous Employment #3

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Skills

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

Please read carefully before signing. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Langlade County Economic Development Corporation to hire me. If I am hired, I understand that either Langlade County Economic Development Corporation or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Langlade County Economic Development Corporation has the authority to make any assurance to the contrary. I attest with my signature below that I have given to Langlade County Economic Development Corporation true and complete information on this application. No requested information has been concealed. I authorize Langlade County Economic Development Corporation to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE. I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____