



Application for Employment

West CAP
 525 Second Street ♦ PO Box 308
 Glenwood City, WI 54013
 Phone: 715.265.4271 Fax: 715.265.7031

Office Use Only
Date Rec'd: _____
Initials: _____

Please Print Clearly

Position(s) applied for: _____ Date: _____

Last Name _____ First Name _____ M.I. _____

Address (Number, Street) _____ City _____ State _____ Zip _____

Daytime OR Work Phone: _____ Evening OR Home Phone: _____

Have you ever been employed with us before? Yes No

If yes, please give date: _____ to _____ Title: _____

May we contact your present employer? Yes No

On what date would you be available for work? _____

Can you travel if a position requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Such conviction may be relevant if job related, but will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

EDUCATION

	High School				Tech College/Univ.					Graduate/Professional			
School name & location													
Years Completed	9	10	11	12	1	2	3	4	5+	1	2	3	4
Diploma/Degree (Course of study)													
Describe any specialized training and/or skills													
List any honors you have received and extra- curricular activities													

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, national origin, handicap or other protected status. If you need additional space, please attach a separate sheet of paper.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone ()			
Job Title	Salary		
Supervisor			
Reason for leaving			
Employer	Dates Employed		
Address	From	To	
Telephone ()			
Job Title	Salary		
Supervisor			
Reason for leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone ()			
Job Title	Salary		
Supervisor			
Reason for leaving			

We may contact the employers listed about unless you indicate those you do not want us to contact.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application for employment will only be considered for the position for which I am now applying, and any future applications are my responsibility. I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. I also certify that I have no relative who is a member of West CAP Board of Directors, or management staff in charge of the position or department into which I seek employment. If employed, I understand that any false or misleading information in my application or interview(s) may result in my dismissal. I also understand that I am required to abide by all rules and regulations of the employer.

Applicant's signature: _____ Date: _____

If you wish, you may make your resume part of this application by attaching it.



WORKING TOWARD THE ELIMINATION OF POVERTY IN
BARRON, CHIPPEWA, DUNN, PEPIN, PIERCE, POLK,
AND ST. CROIX COUNTIES.

APPLICANT AFFIRMATIVE ACTION DATA

West CAP

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Applicants are considered for positions, and employees are treated during employment, without regard to their race, color, creed, religion, sex, national origin or ancestry, age, marital status, sexual orientation, military status, or any on-job-related handicap or medical condition. Completion of this form is voluntary; however, the information you provide here will help in our affirmative action efforts to remove any possible past discrimination, and help us to comply with governmental record-keeping requirements. These data will be physically separated from the remainder of your job application is considered for possible employment and forwarded to the Equal Opportunity Officer. All affirmative action information will be kept in a confidential file, separate from the rest of your application information during the hiring process.

Please print clearly

Position applied for: _____ Date: _____

Applicant Name: _____

How did you become aware of this position?

Newspaper Job Service West CAP employee Other, please explain below

Do you have a physical, mental, or environmental disability? Yes No

If yes, please explain: _____

Gender: Female Male

Age: _____ Birthdate: _____

County you live in: _____ State (if not Wisconsin): _____

Ethnic group: Black Hispanic American Indian Pacific Islander White

Other, please explain _____

Are you low-income? Yes No

Are you a veteran? Yes No

Check any that apply: Vietnam Era Veteran Disabled Veteran