



OFFICE USE ONLY
 DATE RECD:
 INITIALS:

APPLICATION FOR EMPLOYMENT

Administrative Office: 525 Second Street, Glenwood City, WI 54013-0308, 715/265-4271, Westcap@wcap.org

POSITION(S) APPLIED FOR:

DATE OF APPLICATION:

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

CITY

STATE

ZIP CODE

Daytime OR Work Phone: () -	Evening OR Home Phone: () -
Email Address:	
Have you ever been employed with us before? YES <input type="checkbox"/> or NO <input type="checkbox"/> If yes, please give date: Title:	
May we contact your present employer? YES <input type="checkbox"/> or NO <input type="checkbox"/>	
Are you available to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Have you been convicted of a felony? YES <input type="checkbox"/> or NO <input type="checkbox"/> <i>Such conviction may be relevant if job related, but will not necessarily disqualify an applicant from employment.</i> If yes, please explain:	

EDUCATION

	High School	Technical College/University	Graduate/Professional
School Name & Location			
Diploma/Degree			
Describe any specialized training, apprenticeship, & computer skills			
Describe 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 which indicate any protected status. If you need additional space, please attach information including cover letter, resume, and references if requested.

Name of Company/Employer:	Dates Employed:	Responsibilities/Work Performed:
Telephone: () -		
Address:		
Job Title:	Salary:	
Supervisor:		
Reason for Leaving:		
Name of Company/Employer:	Dates Employed:	Responsibilities/Work Performed:
Telephone: () -		
Address:		
Job Title:	Salary:	
Supervisor:		
Reason for Leaving:		
Name of Company/Employer:	Dates Employed:	Responsibilities/Work Performed:
Telephone: () -		
Address:		
Job Title:	Salary:	
Supervisor:		
Reason for Leaving:		

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 West CAP completes pre-employment drug screenings and criminal checks on all new hires. West CAP may perform driver checks for insurability purposes, credit checks, and pre-employment health screenings based on the position applied.

Applicant Signature: _____ **Date:** _____

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APPLICANT AFFIRMATIVE ACTION DATA

West CAP is an equal opportunity organization and no otherwise qualified applicant for service or service participant, employment applicant or current employee shall be excluded for participation, be denied benefits, or otherwise be subject to discrimination in any manner. Federal laws, Presidential Executive Orders, and state and local laws designed to protect employees, job applicants, and program applicant from discrimination on the bases of race, religion, color, sex (including pregnancy, gender identity, and sexual orientation), parental status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, or other non-merit based factors. These protections extend to all program management practices and decisions, including recruitment and hiring practices, appraisal systems, promotions, and training and career development programs.

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. This data will be physically separated from the remainder of your job application before the 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.

APPLICANT PRINTED NAME:

1. POSITION YOU APPLIED FOR:

2. DATE YOU FILED APPLICATION:

3. HOW DID YOU BECOME AWARE OF THIS POSITION? Newspaper WI Job Service West CAP Web Site

A relative/friend employed here Other Please Explain:

4. DO YOU HAVE A PHYSICAL, MENTAL OR ENVIRONMENTAL HANDICAP? YES OR NO

If yes, please explain:

5. GENDER: Female OR Male

6. AGE: BIRTHDATE:

7. COUNTY YOU LIVE IN: STATE (if not Wisconsin):

8. ETHNIC GROUP: Hispanic Non-Hispanic Other Please List:

9. RACE: Black Hispanic American Indian White Asian/Pacific Islander

Other Please List:

9. ARE YOU LOW-INCOME? YES OR NO

10. ARE YOU A VETERAN? YES OR NO

Check any that apply: Vietnam Era Veteran Disabled Veteran