



Application for Employment

West CAP

525 Second Street + P.O. Box 308

Glenwood City, WI 54013

Phone: 715.265.4271 Fax: 715.265.7031

or email to westcap@wcap.org

Office Use Only
Date Received:
Initials:

Position(s) applied for:		Date:	
Last Name:		First Name:	
		M.I.	
Address:		City:	
		State:	
		Zip:	
Daytime/Work Phone:		Evening/Home Phone:	

Have you ever been employed with us before? Yes No

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

Have you been convicted of a felony? Yes No

Such information may be relevant if job related, but will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

EDUCATION

	High School	Tech College/University	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:	Supervisor:
Address:	Telephone:
Job Title:	Reason for leaving:
Dates Employed - From: To:	Salary:
Work Performed: _____ _____	
Employer:	Supervisor:
Address:	Telephone:
Job Title:	Reason for leaving:
Dates Employed - From: To:	Salary:
Work Performed: _____ _____	
Employer:	Supervisor:
Address:	Telephone:
Job Title:	Reason for leaving:
Dates Employed - From: To:	Salary:
Work Performed: _____ _____	

We may contact the employers listed, 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 cover letter and resume part of this application by attaching it.



Applicant Affirmative Action Data

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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. 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.

Position(s) applied for:		Date:
Last Name:	First Name:	M.I.

How did you become aware of this position?

- Newspaper Job Service West CAP Employee Other, please explain

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

If yes, please explain: _____

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age:	Birthdate:
Ethnic Group: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Other, please explain:		
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check any that apply: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran	

County you live in: _____ State: _____

Are you low-income? Yes No