



Community Action Coalition for South Central Wisconsin, Inc.  
1717 N. Stoughton Road Madison, WI 53704-2605  
PHONE (608) 246-4730/ FAX (608) 246-4760/ TTY (608) 246-4768

## APPLICATION FOR EMPLOYMENT

The mission of Community Action Coalition for South Central Wisconsin, Inc. is to develop economic and social capacities of individuals, families and communities to reduce poverty in Dane, Jefferson and Waukesha Counties.

### CAC IS AN EQUAL OPPORTUNITY PROVIDER/ AFFIRMATIVE ACTION EMPLOYER

Applicants are considered for all positions without regard to age, sex, physical appearance, handicapping condition, race, color, religion, national origin or ancestry, arrest or conviction record, less-than-honorable discharge from the military, political beliefs, marital status, sexual orientation, income level or source of income or status as a student. If you need assistance completing this form or require this form to be completed in an alternative format, please contact CAC at 608 246-4730 Ext. 215 or TTY (608) 246-4768.

Please be as thorough as possible in completing this application form. Résumés are not accepted in place of the written application form. **Only information appearing in this format** will be considered during the screening process. If you need more space, you may add more pages.

PLEASE BE SURE YOUR RESPONSES ARE LEGIBLE. THANK YOU.

### GENERAL INFORMATION

Date of application \_\_\_\_\_

Position for which you are applying \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number and Street City State Zip code

Telephone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

If you are under the age of 18 and hired, can you furnish a work permit?  Yes  No  NA

Are you legally eligible to work in the United States of America?  Yes  No

Are you employed now?  Yes  No

If yes, may we contact your present employer?  Yes  No

## EMPLOYMENT HISTORY

Please begin with your present or most recent job; include military service assignments. Please be thorough, as résumés will not be considered in the initial screening process. CAC may contact the employers listed here; please notify us in writing if you do not wish us to contact an employer.

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip code \_\_\_\_\_  
Job title \_\_\_\_\_ Salary (optional) \_\_\_\_\_  
Dates \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Relevant work performed: (add more pages, if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip code \_\_\_\_\_  
Job title \_\_\_\_\_ Salary (optional) \_\_\_\_\_  
Dates \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Relevant work performed: (add more pages, if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip code \_\_\_\_\_  
Job title \_\_\_\_\_ Salary (optional) \_\_\_\_\_  
Dates \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Relevant work performed: (add more pages, if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip code \_\_\_\_\_  
Job title \_\_\_\_\_ Salary (optional) \_\_\_\_\_  
Dates \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Relevant work performed: (add more pages, if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VOLUNTEER ACTIVITIES

Organization \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip code \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Relevant work performed: (add more pages, if needed)

Organization \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip code \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Relevant work performed: (add more pages, if needed)

## FORMAL EDUCATION

High school or equivalent attended: \_\_\_\_\_  
 High School Diploma  GED  HSED \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

College/University attended: \_\_\_\_\_  
 Bachelor's degree  Master's degree  Doctorate degree \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
If no degree, number of years completed \_\_\_\_\_  
Major/course of study \_\_\_\_\_  
Professional license/certification \_\_\_\_\_

Business, trade or technical certificate school attended: \_\_\_\_\_  
Name of certificate/course of study \_\_\_\_\_

## TRAINING, SKILLS, AND SPECIAL FACTORS

If the job requires it, do you have a valid driver's license?  Yes  No  
If the job requires it, do you have immediate access to the use of an insured vehicle?  Yes  No  
If the job requires weekends and/or night hours, would you be willing to accept those hours?  Yes  No  
If the job requires it, do you have a working telephone?  Yes  No  
Do you have experience or training working on computers?  Yes  No  
If yes, please describe your experience, including number of years, type of software applications you have used and level of proficiency with each. You may include personal use as well as on the job or volunteer experience (add more pages if needed). \_\_\_\_\_

Are you fluent in or do you have some ability in a language other than English? (Sign, Spanish, Hmong, etc.)  
Please specify: \_\_\_\_\_  
Please describe any skills, knowledge or abilities related to the job for which you are applying (add more pages if needed). \_\_\_\_\_

## REFERENCES

Please list at least three references that CAC may contact and who are not considered family members.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company/Organization \_\_\_\_\_ City, State, Zip code \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company/Organization \_\_\_\_\_ City, State, Zip code \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company/Organization \_\_\_\_\_ City, State, Zip code \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company/Organization \_\_\_\_\_ City, State, Zip code \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

## AGREEMENT

### TRUE AND COMPLETE INFORMATION

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any false statement made by me in this application or in any part of the application process will be cause for CAC to reject my application, or, if I am hired, will be cause for my dismissal.

### INVESTIGATION

I authorize CAC to investigate all statements made in this application or in any documents or conversations related to this application. I understand that applications will be kept on file for 6 months. I further authorize CAC to request from all employers, references and schools named in this application or related documents any information necessary to evaluate my suitability for employment, and hereby authorize these employers, references and schools to release and furnish requested information. I understand that if I wish CAC to refrain from contacting anyone named in this application or related documents, I must make this request in writing at the time of application.

### EMPLOYMENT AT WILL

I understand that if I am hired, CAC has the legal right to terminate my employment at any time, with or without cause and with or without notice. I also understand that I have the same legal right to terminate my employment with CAC at any time, with or without cause and with or without notice.

### TERMS AND CONDITIONS OF EMPLOYMENT MAY BE CHANGED

I understand that any personnel policies in effect at the time of hire, whether in written or verbal form, may be revised by CAC with or without notice.

I understand that I must sign this agreement to be considered for employment with CAC.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date