



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 (____) _____ Email _____

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