



Indianhead Community Action Agency, Inc.

P.O. Box 40
Ladysmith, WI 54848
Phone: (715) 532-5594
Fax: (715) 532-7808
TDD: (715) 532-6333

APPLICATION FOR EMPLOYMENT

This Agency is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this Agency to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, this Agency intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

PLEASE PRINT PLAINLY – BE SURE TO SIGN THIS APPLICATION

County _____ Date _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Other where you can be reached: _____

Have you been previously employed by this Agency? ____ Yes ____ No

If yes, when? _____ In what capacity? _____

Who referred you to this Agency? ____ Our advertisement ____ Job Service ____ Internet
____ Employment Agency ____ Friend/Relative ____ No One

Do any of your relatives work for our Agency? ____ Yes ____ No

If yes, please list: _____

Are any of your relatives Board Members or Policy Council Members? ____ Yes ____ No

If yes, please list: _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Full time _____ Part time _____ Date available to start _____

Do you have a valid driver's license and reliable transportation should the job require travel? ____ Yes ____ No

PERSONAL DATA

Are you legally eligible for employment in the United States? ____ Yes ____ No

If under 18, can you, after employment, submit a work permit? ____ Yes ____ No

Were you ever convicted of a crime anywhere, including in Federal, State, Local, Military and/or Tribal Courts? ____ Yes ____ No

If yes, please explain: (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment).

List any professional, trade, business or civic activities, offices held, hobbies or personal interests (exclude those which indicate race, color, religion, sex or national origin):

List any other skills, specialized or vocational training (i.e. computer knowledge, communication, leadership, etc.), experiences or reasons why you feel you are qualified for the position for which you are applying:

EMPLOYMENT HISTORY

Please give accurate and complete information. Start with present or most recent employer:

Company Name _____ Phone No. _____

Address _____ Employed from ___/___ to ___/___

Name of Supervisor _____

Position and Responsibilities _____

Reason for Leaving _____

Company Name _____ Phone No. _____

Address _____ Employed from ___/___ to ___/___

Name of Supervisor _____

Position and Responsibilities _____

Reason for Leaving _____

Company Name _____ Phone No. _____

Address _____ Employed from ___/___ to ___/___

Name of Supervisor _____

Position and Responsibilities _____

Reason for Leaving _____

May we communicate with your present employer? ___ Yes ___ No

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE YOU SIGN YOUR NAME.

I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct to the best of knowledge and belief, and are made in good faith. I authorize the Indianhead Community Action Agency to make any investigations and inquiries into my employment history and other related matters as may be necessary in arriving at an employment decision. I release from liability, employers, schools, law enforcement agencies and any other sources disclosing information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in the Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without recourse against this Agency.

(Please initial here). _____

I further understand that this Application and any other Agency documents, including employee handbooks, are not intended to create and do not create, an employment contract between the Agency and myself.

(Please initial here). _____

If employed, I agree to abide by all of the work and safety rules of the Agency. I understand that this Agency is committed to maintaining a drug-free workplace. I am aware that the Agency **MAY** require a drug test as a part of the hiring process. Also, if employed, I realize that the Agency **MAY** conduct random drug testing of employees. I have read, understand and agree to the above statement.

(Please initial here). _____

I understand that all employees are considered "AT WILL" employees as that term has been interpreted by the State of Wisconsin and its adjudicative and legislative authorities.

SIGN HERE _____ DATE _____

IF YOU ARE APPLYING FOR A POSITION WITH THE HEAD START PROGRAM, PLEASE COMPLETE THIS SECTION.

Head Start Performance Standards state that we must provide parents with opportunities to participate in the Program as employees and that parents must receive preference for Head Start employment vacancies for which they are qualified.

Are you a former Head Start parent? ____ Yes ____ No

If yes, when: _____

Are you a present Head Start parent? ____ Yes ____ No