



Indianhead Community Action Agency, Inc.
1000 West College Avenue
Ladysmith, WI 54848
Phone: 715-532-4222
www.indianheadcaa.org

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.

PLEASE PRINT CLEARLY -BE SURE TO SIGN THIS APPLICATION

Date County in which you live

Name: First Middle Last

Address: Street City State Zip

Phone (Primary): Phone (Secondary):

Email Address:

Have you been previously employed by this Agency? Yes No

If yes, when? In what capacity?

How did you learn about the position you are applying for with the Agency? Facebook Indeed Friend/Relative ICAA Employee ICAA Website WI Job Service LinkedIn Other Source(s)

Are any of your relatives working for the Agency? Yes No

If yes, please list:

Are any of your relatives ICAA Board Member? Yes No

If yes, please list:

EMPLOYMENT DESIRED

Position(s) you are applying for:

Full Time Part Time Date available to start:

EXPERIENCE AND SKILLS

List any professional, trade, business or civic activities, offices held, hobbies or personal interests that you feel would be an asset to the position you are applying for (**exclude those which indicate race, color, religion, sex, national origin or any other protected class**): _____

List any 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:

EDUCATION

<u>Name of School Attended</u>	<u>City, State</u>	<u># of Years Completed</u>	<u>Course of Study</u>	<u>Did you Graduate</u>	<u>Degree</u>
High School _____	_____	_____	_____	_____	_____
HSED/GED _____	_____	_____	_____	_____	_____
Tech/Vocational _____	_____	_____	_____	_____	_____
College _____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

PROFESSIONAL CERTIFICATIONS

	<u>Earned</u>	<u>In Progress</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

List three (3) people (not relatives) you have worked with and whom we may contact for a reference.

_____	_____	_____
Name	Address	Phone Number
_____	_____	_____
Name	Address	Phone Number
_____	_____	_____
Name	Address	Phone Number

EMPLOYMENT HISTORY

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

Company Name _____ Phone Number _____
Company Address _____
Name of Supervisor _____ Start Date ___/___/___ to ___/___/___ End Date _____
Position and Responsibilities _____
Reason for Leaving _____

Company Name _____ Phone Number _____
Company Address _____
Name of Supervisor _____ Start Date ___/___/___ to ___/___/___ End Date _____
Position and Responsibilities _____
Reason for Leaving _____

Company Name _____ Phone Number _____
Company Address _____
Name of Supervisor _____ Start Date ___/___/___ to ___/___/___ End Date _____
Position and Responsibilities _____
Reason for Leaving _____

If you are currently employed, may we contact 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 part of the hiring process. Also, if employed, I realize that the Agency **MAY** conduct random and/or suspicion 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 _____