



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 Wisconsin which you live

Name: First Middle Last

Address: Street City State Zip

Phone (Cell): 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 Friend/Relative ICAA Employee ICAA Website Indeed 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

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

PROFESSIONAL CERTIFICATES

Earned

In Progress

REFERENCES

Name	Address or Email	Phone Number
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If you are employed, may we contact your current employer?

YES

NO

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 _____
Responsibilities _____
Reason for Leaving _____

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

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

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. By digitally signing or typing your name in the signature block is agreeing to the terms set forth in the document.

SIGN HERE

DATE