



PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

E-MAIL: _____ **PHONE:** _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

Southwest CAP Policy prohibits placing employees in positions in which they would be supervised by a member of their family. State the name of any relatives working for CAP or Serving on the Board of Directors.

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying? NO YES – Explain:

If you need a reasonable accommodation to participate in an interview, please contact Southwest CAP.

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

Number of years attended: _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

Number of years attended: _____

GRADUATE? YES NO **DEGREE:** _____

Other Formal Training Program or Certifications: _____

CITY / STATE: _____

Number of years attended: _____

DEGREE/CERTIFICATION: _____

Other Formal Training Program or Certifications: _____

CITY/STATE: _____

Number of years attended: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____ **PHONE:** _____
Company / Individual

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY **ENDING PAY:** \$ _____ HOUR SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____ **PHONE:** _____
Company / Individual

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY **ENDING PAY:** \$ _____ HOUR SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____ **PHONE:** _____
Company / Individual

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY **ENDING PAY:** \$ _____ HOUR SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____



REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ **RANK AT DISCHARGE:** _____

FROM: _____ **TO:** _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

Head Start and Child Care Applicants ONLY: Have you ever been convicted of child abuse?

YES NO



EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

Other Experience

Please list and describe other experiences of skills you have that may be useful in the position for which you are applying:

Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion, or national origin)

DISCLAIMER AND SIGNATURE

Southwest CAP is an "At Will" employer. Employment can be terminated at any time, with or without cause, and with or without notice by either the employee or Southwest CAP.

Southwest CAP is an Equal Opportunity Employer. The information requested is needed for a legally permissible reason, including without limitation, a bona fide occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age and citizenship. The laws of Wisconsin prohibit discrimination based upon ancestry or marital status. The Americans with Disabilities Act prohibits discrimination against job applicants with disabilities who are qualified to perform the essential activities of the job and requires employers to provide individual with a reasonable accommodation to enable them to meet legitimate job criteria.

I, the Applicant, certify that my answers are true and complete to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If Southwest CAP decides to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize Southwest CAP to do so. If a report is obtained, Southwest CAP must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

SIGNATURE _____ DATE _____

PRINT NAME _____

