



AN EQUAL OPPORTUNITY EMPLOYER

# Southwestern Wisconsin Community Action Program, Inc.

149 N Iowa St., Dodgeville, WI 53533  
608-935-2326 FAX: 608-935-2876  
Website: [www.swcap.org](http://www.swcap.org)

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Last First M.I.*

Address: \_\_\_\_\_

*Street Address Apartment/Unit #*

*City State ZIP Code*

Phone: ( ) E-mail Address:

Date Available: Business/Cell No.: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when?

Have you ever been convicted of a felony? YES  NO

If yes, explain:

### Education

High School: Address: Did you graduate? YES  NO  Degree: From: To:

College: Address: Did you graduate? YES  NO  Degree: From: To:

Other: Address: Did you graduate? YES  NO  Degree: From: To:

Other special training or skills (software, languages, machine operation, etc.)

### References

Do not include past or current employers already listed or persons to whom you are related.

Please list three professional references.

Full Name: Relationship: Company: Phone: ( ) Address:

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Full Name:

Relationship:

Company:

Phone: (    )

Address:

**Previous Employment**

Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company:

Phone: (    )

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

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Company:

Phone: (    )

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

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Company:

Phone: (    )

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

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**Military Service**

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

Describe any training relevant to the position for which you are applying.

### 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)

Southwest CAP is an Equal Opportunity Employer. The information requested is needed for a legally permissible reason, including without limitation, a bonafide 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.

For Head Start and child care applicants ONLY: Have you ever been convicted of child abuse?  NO  YES – Explain:

For Finance Department applicants ONLY: Have you ever been convicted of a money-related felony?  NO  YES – Explain:

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 are in need of a reasonable accommodation to participate in an interview, please contact Southwest CAP.

**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.

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal.*

*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: \_\_\_\_\_