

Employment Application

The Southwestern Wisconsin Community Action Program is an Equal Opportunity Employer. The information requested in this employment application is needed for legally permissible reasons, including, without limitation, determination of *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 individuals with a reasonable accommodation to enable them to meet legitimate job criteria.

Applicant Information

Name (last name, first name, middle name)		Date	
Street Address		City	State
			ZIP Code
Email Address	Mobile Telephone		Home Telephone

Are you legally authorized to work in the United States?

☐ Yes ☐ No

You will be required to provide proof of work authorization.

Examples: Wisconsin REAL ID, Wisconsin Driver's License, United States Passport with work endorsement, USCIS Permanent Resident Card, USCIS Employment Authorization Card.

Are you at least 18 years old?

☐ Yes ☐ No

If under 18, consideration for employment is subject to verification of meeting state and federal age requirements and evidence of a valid work permit.

Have you ever applied for employment with SWCAP before?

☐ Yes ☐ No

If yes, when:

If yes, what position?

Position Information

Name of Position You're Applying for?	Are you applying for: <input type="checkbox"/> Full-time employment <input type="checkbox"/> Part-time employment	What rate of pay are you looking for?
How did you learn about the position opening?	If offered a position, what date would you be available?	

What computer software, or other tools or equipment, do you know how to use very well that you feel would be important to the job?

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Employment History: Start with most recent. Include additional sheets as needed, or copy of resume.		
Employer Name	Start Date	End Date
Employer Address		Telephone Number
Your Job Title	Your Supervisor's Name	
Summary of Your Job Duties		
Reason for Leaving	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name	Start Date	End Date
Employer Address		Telephone Number
Your Job Title	Your Supervisor's Name	
Summary of Your Job Duties		
Reason for Leaving	May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name	Start Date	End Date
Employer Address		Telephone Number
Your Job Title	Your Supervisor's Name	
Summary of Your Job Duties		
Reason for Leaving	May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Education				
School	Name & City	Number of Years Attended	Major areas of study	Diploma or Degree
High School				
College or Technical School				
Graduate School				
Other Formal Education				

Professional Training: List training relevant to the job for which you're applying.			
Name of course or workshop	Who sponsored it?	What skills did you learn?	When did you attend?

Professional References: Do not list friends or family. List professional associates familiar with your qualifications to perform the work for which you're applying.			
Name	Relationship to You	Telephone Number	Email Address

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Military Service		
Branch of Service		Rank at Discharge
Date Started Service	Date Ended Service	Was your discharge honorable? <input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable If Other, explain:
Summarize skills gained in Military Service relevant to the position for which you're applying		
Other Experience		
Summarize other skills or experience (such as volunteer experience) that may be useful in the position for which you are applying.		
Attestations and Signature		
<ol style="list-style-type: none"> 1. With my signature, below, I attest that all of the information given in this application is true and correct to the best of my knowledge. I understand that misrepresentations or omissions of any kind may result in denial of employment or may be cause for subsequent dismissal from employment if I am hired. 2. I authorize SWCAP to investigate my responses on this application and contact parties named in this application for purposes of obtaining information about my application for employment. I authorize SWCAP to engage public sources of information, at SWCAP's discretion, to investigate my eligibility and qualification for employment. I voluntarily and knowingly release and hold harmless any person or organization that provides information about my application for employment. 3. I understand that, if I receive a job offer, SWCAP may require additional screenings or examinations. I understand that I will be notified of the specific requirements should they become pertinent to my application for employment. 4. Whether I become employed with SWCAP or not, I understand that this application is not, and may not be considered as, a contract of employment. I understand that SWCAP is an at-will employer where employment may be ended by either the employee or employer with or without cause, with or without notice, unless specifically provided for in a written contract of employment. I understand that only SWCAP's Executive Director has the authority to enter into a written contract of employment. 		
Applicant's Signature		Date

Please submit completed application to employment@swcap.org or mail it to:
 SWCAP Employment, 149 N. Iowa St., Dodgeville, WI 53533.

AFFIRMATIVE ACTION SURVEY

SWCAP is an equal opportunity employer and strives to comply with all government regulations and affirmative action responsibilities. Applicants are considered for all positions and employees are treated during employment without regard to race, color, sex, national origin, age, marital or veteran status, sexual orientation, or disabling condition.

We are required to collect data on this questionnaire for record keeping and to document affirmative action efforts. While your reply will be most helpful to us in carrying out our administrative responsibilities, return of this form is entirely voluntary.

This questionnaire will be detached from your application upon receipt. This information will not be seen or used by people involved in screening or in the interviewing processes for applicants. This data will be kept in a confidential file separate from your job application.

Thank you for your cooperation!

I chose to NOT complete this form.

1. Position Applied for: _____ Date _____

2. How did you first find out about this job opening?

_____ Advertisement	_____ Friend/Relative
_____ Job Service	_____ Walk-In/Inquiry
_____ From an employee of SWCAP	_____ Internet
_____ I am an employee of SWCAP	_____ SWCAP website
_____ Other	

3. Gender: _____ Male _____ Female _____

4. Age 40 or Older: _____ Yes _____ No

5. Race:

_____ African American or African	_____ American Indian or Alaska Native
_____ Asian	_____ Native Hawaiian or Other Pacific Islander
_____ White	_____ Other Race
_____ Two or more races	_____ Unknown

Ethnicity:

_____ Hispanic/Latino _____ Not Hispanic/Latino _____ Unknown

6. Disability or Handicap: _____ Yes _____ No (Please DO NOT tell us the disability or handicap you have – just whether or not you have a disability or handicap or perceive yourself as having one)

7. Veteran: Yes No Vietnam Era Veteran: Yes No

SWCAP IS AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER.
AUXILIARY AIDES AND SERVICES AVAILABLE UPON REQUEST.