



201 MELBY STREET • WESTBY, WISCONSIN 54667 • PHONE: 608-634-3104 • FAX: 608-634-3134 • WWW.COULEECAP.ORG

Application For Employment

COMPLETE ALL SECTIONS. WRITE IN "N/A" IF REQUESTED INFORMATION IS NOT APPLICABLE.

1. Name (Last, first, middle)			
2. Address			
Street or RFD #	City	State	Zip Code

3. Position desired
4. Telephone #
5. Email

ANSWER ITEMS 6 THROUGH 10 BY PLACING AN "X" IN PROPER COLUMN. PROVIDE DETAIL WHERE APPLICABLE.

	YES	NO
6. Do you have a legal right to work in the United States permanently?.....		
7. A. Do any members of your immediate family serve on the Couleecap, Inc. Board of Directors?.....		
B. Are any members of your immediate family currently employed by Couleecap, Inc.?.....		
Note: Immediate family is defined as spouse, parent, child, sibling, father-in-law, mother-in-law, brother-in-law, sister-in-law, grandparent, grandchild, aunt, uncle, niece, nephew, stepparent, stepchild, son-in-law and daughter-in-law.		
C. If 7A or 7B was answered "Yes", give name of family member.		
8. Have you been employed by Couleecap, Inc. before?.....		
If "Yes", give position(s) held and dates.		
9. A. Are you available for work immediately?.....		
If "No", on what date would you be available? _____		
B. Are you available to work full time?.....		
part time?.....		
temporary?.....		
10. A. Can you travel if the job requires it?.....		
B. Do you have dependable transportation?.....		
C. Do you hold a valid driver's license?.....		
D. Do you carry auto insurance coverage?.....		

11. EDUCATION	HIGH SCHOOL	TECHNICAL SCHOOL/COLLEGE	GRADUATE/PROF.
School Name & Address			
Years Completed			
Diploma/Degree			
Describe Course of Study			

Describe specialized training, skills, apprenticeships:

12. EXPERIENCE: BEGIN WITH CURRENT OR MOST RECENT JOB OR VOLUNTEER EXPERIENCE AND WORK BACK. ACCOUNT FOR PERIODS OF UNEMPLOYMENT EXCEEDING THREE MONTHS ON THE LAST LINE OF EXPERIENCE BLOCKS IN ORDER OF OCCURRENCE.

Name & Address of Employer: Telephone:	Dates of Employment (month & year) From _____ To _____	Reason for leaving
	Title of Position	Name of Immediate Supervisor
	Salary or Earnings Beginning \$ _____ per _____ Ending \$ _____ per _____	May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of work (describe specific duties, responsibilities and accomplishments in job)

Name & Address of Employer: Telephone:	Dates of Employment (month & year) From _____ To _____	Reason for leaving
	Title of Position	Name of Immediate Supervisor
	Salary or Earnings Beginning \$ _____ per _____ Ending \$ _____ per _____	May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of work (describe specific duties, responsibilities and accomplishments in job)

Name & Address of Employer: Telephone:	Dates of Employment (month & year) From _____ To _____	Reason for leaving
	Title of Position	Name of Immediate Supervisor
	Salary or Earnings Beginning \$ _____ per _____ Ending \$ _____ per _____	May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of work (describe specific duties, responsibilities and accomplishments in job)

13. Other Professional References (not former employers or relatives)

Full Name	Present Business or Home Address	Telephone #	Business/Occupation

A FALSE, INCOMPLETE, OR DISHONEST ANSWER TO ANY QUESTION ON THIS APPLICATION WILL BE GROUNDS FOR RATING AN APPLICANT INELIGIBLE FOR EMPLOYMENT WITH THIS AGENCY, OR FOR DISMISSAL AFTER EMPLOYMENT. ALL STATEMENTS ON THIS APPLICATION ARE SUBJECT TO INVESTIGATION (EXCEPT WHERE NOTED IN #12 ABOVE). ALL INFORMATION WILL BE CONSIDERED IN DETERMINING AN APPLICANT'S ELIGIBILITY FOR EMPLOYMENT WITH THIS AGENCY. I RELEASE COULEECAP, INC., FROM ALL CLAIMS AND LIABILITIES REGARDING REFERENCES GIVEN. I UNDERSTAND ALSO, THAT IF HIRED, I WILL BE REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE ORGANIZATION. I UNDERSTAND THAT MY EMPLOYMENT WOULD BE FOR NO SPECIFIC PERIOD OF TIME AND THAT I MAY BE TERMINATED AT ANY TIME.

Signature of Applicant

Date

**COULEECAP IS AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER.
AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST.
COULEECAP IS COMMITTED TO QUALITY SERVICE AND CONTINUOUS IMPROVEMENT.**

AFFIRMATIVE ACTION SURVEY

Couleecap, Inc. 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 requested 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 Couleecap	_____ Internet
_____ I am an employee of Couleecap	_____ 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
_____ More than One Race	_____ 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

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