



Indianhead Community Action Agency, Inc.  
P.O. Box 40  
Ladysmith, WI. 54848  
Phone: (715) 532-4222  
Fax: (715) 532-7808  
TDD: (715) 532-6333  
[www.indianheadcaa.org](http://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. As an equal opportunity employer, this Agency intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Persons with disabilities may request any needed accommodation.

#### PLEASE PRINT PLAINLY – BE SURE TO SIGN THIS APPLICATION

County (where you live) \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Other where you can be reached: \_\_\_\_\_

Have you been previously employed by this Agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_ In what capacity? \_\_\_\_\_

How did you learn about the job opening/Agency: \_\_\_\_\_ Our advertisement \_\_\_\_\_ Job Service  
\_\_\_\_\_ Employment Agency \_\_\_\_\_ Friend/Relative \_\_\_\_\_ No One

Internet site – Which site: \_\_\_\_\_

\_\_\_\_\_

Do any of your relatives work for our Agency: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

Are any of your relatives Board Members or Policy Council Members? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position(s) applied for \_\_\_\_\_

Full time \_\_\_\_\_ Part time \_\_\_\_\_ Date available to start \_\_\_\_\_

**PERSONAL DATA**

List any professional, trade, business or civic activities, offices held, hobbies or personal interests (**exclude those which indicate race, color, religion, sex, national origin or any other protected class**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**EMPLOYMENT HISTORY**

Please give accurate and complete information. Start with present or most recent employer:

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Supervisor \_\_\_\_\_

Position and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Supervisor \_\_\_\_\_

Position and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Supervisor \_\_\_\_\_

Position and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

**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.

SIGN HERE \_\_\_\_\_ DATE \_\_\_\_\_

**IF YOU ARE APPLYING FOR A POSITION WITH THE HEAD START PROGRAM, PLEASE COMPLETE THIS SECTION.**

**Head Start Performance Standards state that we must provide parents with opportunities to participate in the Program as employees and that parents must receive preference for Head Start employment vacancies for which they are qualified.**

Are you a former Head Start parent? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when: \_\_\_\_\_

Are you a present Head Start parent? \_\_\_\_\_ Yes \_\_\_\_\_ No