



CAP Services

Transforming People and Communities

5499 Highway 10 East, Suite A
 Stevens Point, WI 54482
 715-343-7500 · FAX 715-343-7520
 jobs@capmail.org

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

P E R S O N A L	Last Name		First Name	Middle	Date
	Street Address				Contact Telephone
	City, State, ZIP				Other Telephone
	Have you ever been employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what position and when?				Pay Expected
	Position Desired				Are you of legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what hours can you work?				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				When will you be available to begin work?

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Finished	Did you graduate?	Degree or Diploma
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Courses, Licenses and/or Certificates
(Other training, skills, licenses, and/or certifications that relate to the position you are seeking.)

CAP Services' Mission is to bring about a permanent increase in the ability of low-income individuals to become economically and emotionally self-sufficient.

EMPLOYMENT

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

1	Company Name		Telephone
	Address		Employed (Month & Year) From _____ To _____
	Name of Supervisor		Reason for Leaving
	Job Title	Rate of Pay	
	Describe Your Work		
			Number of Hours Per Week

2	Company Name		Telephone
	Address		Employed (Month & Year) From _____ To _____
	Name of Supervisor		Reason for Leaving
	Job Title	Rate of Pay	
	Describe Your Work		
			Number of Hours Per Week

3	Company Name		Telephone
	Address		Employed (Month & Year) From _____ To _____
	Name of Supervisor		Reason for Leaving
	Job Title	Rate of Pay	
	Describe Your Work		
			Number of Hours Per Week

4	Company Name		Telephone
	Address		Employed (Month & Year) From _____ To _____
	Name of Supervisor		Reason for Leaving
	Job Title	Rate of Pay	
	Describe Your Work		
			Number of Hours Per Week

<p>CAP Services may contact the employers listed on the opposite page, unless you indicate those you do not want CAP to contact.</p>	DO NOT CONTACT	
	Employer Number(s)	Reason

CAP Services 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 American's 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.

CAP Services is required by law to conduct a criminal record check to verify your responses.

For Head Start, Family Crisis Center and Family Development applicants ONLY:

Do you have any pending or prior criminal arrests and charges related to child *sexual* abuse? If yes, disposition of charge: No Yes

Have you ever been convicted of child abuse and/or neglect? No Yes

Have you ever been convicted of a violent felony? No Yes

For Finance Department applicants ONLY:

Have you ever been convicted of a money-related felony? If yes, please explain: No Yes

CAP Services' policy prohibits placing employees in positions in which they would be supervised by a member of their family. State the name and relationship of any relative 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?
If yes, what accommodations can be made to allow you to perform the job? No Yes

If you are in need of a reasonable accommodation to participate in an interview, please contact CAP Services, 5499 Highway 10 East, Suite A, Stevens Point, WI 54482. 715-343-7500.

S I G N A T U R E	<p>The information provided on the Application of Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal. I authorize CAP Services to investigate any statements in my application for employment or resume.</p>
	<p>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.</p>
	<p>If CAP decides to engage an investigative consumer reporting agency to report on my credit and personal history, I authorized CAP Services to do so. If a report is obtained, CAP must provide, at my request, the name of the agency so I may obtain from then the nature and substance of the information contained in the report.</p>
	<p>Signature _____ Date _____</p>

