

Please Submit Application to:

Family Promise of  
the Chippewa Valley  
Attn: Executive Director  
309 E Lake Street,  
Eau Claire, WI 54701

## APPLICATION FOR EMPLOYMENT

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Last Name	First	Middle	Date
Street Address			Home Phone ( )
City, State, Zip			Cellphone ( )
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____			Email Address
Hours available/able to work? (circle all that apply) Days Evenings Overnights Weekends			Employment Desired (circle all that apply) Part-time Full-time
Are you legally eligible for employment in the United States? Yes No <input type="checkbox"/> <input type="checkbox"/>			Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about this position?			When will you be available to begin work?
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.			Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what name?
What is especially interesting to you about this job?			

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School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business /Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

# EMPLOYMENT

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

1	Company Name	Telephone (      )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	May we contact them?
	State Job Title and Describe Your Work _____	Reason for leaving

2	Company Name	Telephone (      )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	May we contact them?
	State Job Title and Describe Your Work _____	Reason for leaving

3	Company Name	Telephone (      )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	May we contact them?
	State Job Title and Describe Your Work _____	Reason for leaving

4	Company Name	Telephone (      )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	May we contact them?
	State Job Title and Describe Your Work _____	Reason for leaving

## Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.  
(Exclude those which may disclose your race, color, religion, age or national origin)

## Applicant's Signature

### **Please read and understand this statement before signing your application:**

The information I have provided in this Application for Employment is true, correct, and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions, and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

**I fully understand and accept all terms and conditions in the above statement.**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature