

Deerfield Community Center
 10 Liberty Street, Suite 130
 Deerfield, WI 53531
 (608) 764-5935

EMPLOYMENT APPLICATION

An Equal Opportunity Employer Functioning Under an Affirmative Action Plan

Instructions: Please complete all pages completely and accurately. Print clearly all information in ink or type.

Title of Position for which you are applying: _____

Last Name	First	Middle	Date
Street Address			Home Phone () ()
City, State, Zip			Cell Phone () ()
Business Phone () ()			Social Security Number
Have you ever applied for employment with the Deerfield Community Center? ___ Yes ___ No If yes, month & year _____			
Previously or currently employed by DCC? ___ Yes ___ No Position: _____			Email Address

Education

School	Name & Location of School	Dates Attended	Degree/Diploma
Graduate			
College			
Business Trade Technical			
High School			
Education, Training, or Special Skills Not Covered Above: 			

Work Experience

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. Use a separate sheet if more space is needed (using the same format).

Employer:	Address:	Kind of Business:
Job Title:	Reasons for leaving :	Name, Title, Phone # of Supervisor:
Duties and Responsibilities:		Date of employment: From _____ to _____ ____ Full time ____ Part time ____ Hrs. per _____ Rate of Pay: Beginning _____ Ending _____

Employer:	Address:	Kind of Business:
Job Title:	Reasons for leaving :	Name, Title, Phone # of Supervisor:
Duties and Responsibilities:		Date of employment: From _____ to _____ ____ Full time ____ Part time ____ Hrs. per _____ Rate of Pay: Beginning _____ Ending _____

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Affirmative Action

Information Requested for Affirmative Action Use Only and Shall Remain Confidential

The information below is voluntary and will be used for the purpose of research and reporting to various affirmative action, equal opportunity and civil rights compliance contract agencies. It will also be used to monitor this agency's equal opportunity and affirmative action efforts. Please mark the appropriate box.

Name: _____

Positions Applied For: _____ Date: _____

Do you consider yourself handicapped? Yes No

If yes, what is your disability?: _____

Based on your understanding of the position description, do you feel that your handicapped status will adversely affect your ability to perform satisfactorily the assigned position? Yes No

Sex: Male Female

Ethnic Group:

BLACK (Not of Hispanic Origin) - All persons having origins in any of the Black racial groups of Africa.

ASIAN of PACIFIC ISLANDERS - All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

AMERICAN INDIAN OR ALASKAN NATIVE – All persons having origin in any of the original peoples of North America and who maintain culture identification through tribal association or community recognition.

HISPANIC – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

WHITE (Not of Hispanic Origin) – All persons having origins in any of the peoples of Europe, North Africa, or the Middle East.

Referral Source:

Person to person (Please Identify) _____

Newspaper Ad (Name of Source) _____

Job Bulletin Board (Please Identify) _____

Employment Agency (Please Identify) _____

Other (Please Identify) _____

Signature _____

Date _____