

Deerfield Community Center (DCC)

3 West Deerfield Street

PO Box 404

Deerfield, WI 53531

(608) 764-5935 phone

(608) 764-1347 fax Email directordcc@gmail.com

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: Email Address:
Street Address			Home Phone ()
City	State	Zip	Business Phone ()
Have you ever applied for employment with DCC? ___ Yes ___ No If yes, month and year _____ Previously or currently employed by DCC? ___ Yes ___ No Position _____			Social Security Number
Type of employment sought: ___ Full Time ___ Seasonal ___ Part Time			

EDUCATION

School	Name and Location	Dates Attended	Degree/Diploma
Graduate			
College			
Business or Trade School/University			
High School			
Education, training, or special skills not covered above:			

WORK EXPERIENCE

Please give an 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
Your Job Title	Reason for leaving or considering leaving	Name, Title, and Phone Number of Supervisor
Your Duties and Responsibilities		Dates of Employment From _____ To _____ _____ Full-time _____ Part-time Rate of Pay Beginning \$ _____ per _____ Ending \$ _____ per _____
Employer	Address	Kind of Business
Your Job Title	Reason for leaving or considering leaving	Name, Title, and Phone Number of Supervisor
Your Duties and Responsibilities		Dates of Employment From _____ To _____ _____ Full-time _____ Part-time Rate of Pay Beginning \$ _____ per _____ Ending \$ _____ per _____

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 _____

POSITION APPLIED FOR _____ DATE _____

DO YOU CONSIDER YOURSELF HANDICAPPED? _____ YES _____ NO

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: _____ FEMALE _____ MALE

ETHNIC GROUP:

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

_____ ASIAN OR PACIFIC ISLANDERS All person having origins in any of the original peoples 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 cultural 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 person having origins in any of the people of Europe, North Africa, or the Middle East.

REFERRAL SOURCE:

Signature _____ Date _____