



*Transforming People
and Communities*

2900 Hoover Road, Suite A
Stevens Point, WI 54481
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				Email Address
	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 transform people and communities to advance social and economic justice.

EMPLOYMENT

Please provide an accurate, full employment history starting with your present or most recent employer. Use additional paper if needed.

1	Company Name	Telephone
	Address	Employed (Month & Year) From _____ To _____
	Name of Supervisor	May we Contact - Yes / No
	Job Title	
	Describe Your Work	Reason for Leaving
		Number of Hours Per Week

2	Company Name	Telephone
	Address	Employed (Month & Year) From _____ To _____
	Name of Supervisor	May we Contact Yes / No
	Job Title	
	Describe Your Work	Reason for Leaving
		Number of Hours Per Week

3	Company Name	Telephone
	Address	Employed (Month & Year) From _____ To _____
	Name of Supervisor	May we Contact - Yes / No
	Job Title	
	Describe Your Work	Reason for Leaving
		Number of Hours Per Week

4	Company Name	Telephone
	Address	Employed (Month & Year) From _____ To _____
	Name of Supervisor	May we Contact - Yes / No
	Job Title	
	Describe Your Work	Reason for Leaving
		Number of Hours Per Week

<p>Please provide (3) three references with at least (1) being business related.</p> <p>CAP Services may contact the references listed to verify the information provided in your application.</p>	REFERENCES		
	Name	Contact / Phone Number	Relationship - Business/Personal

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. It is the policy of CAP Services 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, CAP Services 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. Disabled applicants may request any needed accommodation.

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

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

If you are in need of a reasonable accommodation to participate in an interview, please contact CAP Services, 2900 Hoover Rd, 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 authorize 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 them the nature and substance of the information contained in the report.</p>
	<p>Signature _____ Date _____</p>

