



EMPLOYMENT APPLICATION

CENTRO DE LA COMUNIDAD UNIDA/UNITED COMMUNITY CENTER
1028 S. 9th Street - Milwaukee, WI 53204 - (414) 384-3100

We are an Equal Opportunity Employer and all qualified applicants will receive equal consideration regardless of race, religion, color, gender, handicap, marital status, age, national origin or veteran status.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should re-inquire as to whether or not applicants are being accepted.

Please Print

POSITION APPLIED FOR: _____ **DATE:** _____

How were you referred or how did you hear about the position applying for: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: __ (____) _____ Home Cell Social Security Number: _____

How long have you lived at this address? _____ (If less than three years, please list prior address below)

Address: _____
Street City State Zip Code

EDUCATION

HIGH SCHOOL	
Name/City & State	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
Name, if different, while attending school	

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL					
Name of School	City & State	Date of Attendance		Major/Minor Course of Study	Type of Degree
		From	To		

JOB-RELATED TRAINING OR COURSE WORK (Vocational, Trade, Governmental, Business, Armed Forces, etc.)					
Name of School	City & State	Date of Attendance		Major/Minor Course of Study	Type of Degree
		From	To		

LINCENSURE, REGISTRATION, CERTIFICATION (Drivers License, Teacher Certification, RN, LPN, PE, CPA, etc.)					
Name of School	City & State	Date of Attendance		Major/Minor Course of Study	Type of Degree
		From	To		

PERIODS OF EMPLOYMENT

Describe your work experience in detail beginning with your most current job. List your knowledge, skills, and abilities that best demonstration your qualifications for this position. All information in this section must be completed. Resumes may be attached to provide additional information.

Name of Present Employer: _____ Current Salary _____
Address: _____ Phone No.: () _____
Your Job Title: _____ Supervisor's Name: _____
From: ____/____/____ To: ____/____/____ Hours per week: _____ (_____)
Month Day Year Month Day Year Name if different while employed
Duties and Responsibilities: _____

Reason for Leaving: _____

Name of: _____ Current Salary _____
Address: _____ Phone No.: () _____
Your Job Title: _____ Supervisor's Name: _____
From: ____/____/____ To: ____/____/____ Hours per week: _____ (_____)
Month Day Year Month Day Year Name if different while employed
Duties and Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Current Salary _____
Address: _____ Phone No.: () _____
Your Job Title: _____ Supervisor's Name: _____
From: ____/____/____ To: ____/____/____ Hours per week: _____ (_____)
Month Day Year Month Day Year Name if different while employed
Duties and Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Current Salary _____
Address: _____ Phone No.: () _____
Your Job Title: _____ Supervisor's Name: _____
From: ____/____/____ To: ____/____/____ Hours per week: _____ (_____)
Month Day Year Month Day Year Name if different while employed
Duties and Responsibilities: _____

Reason for Leaving: _____

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List the KSAs you possess and believe are relevant to the position you are seeking. Example: machinery, computer skills, fluency in language(s), etc.

CITIZENSHIP

The State of Wisconsin hires only U.S. Citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN? Yes No

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? Yes No

BACKGROUND INFORMATION

Have you ever been convicted of any violation(s) of law, including moving traffic violations: Yes No

Do you have any pending charges or cases open in which a decision has not been made yet? Yes No

If yes to either question above, please provide the description of the offense, date of charge, date of conviction, pending charges, County, City or State of

Conviction: _____

RELATIVES

To your knowledge, do you have any relatives working in this agency? Yes No

If yes, please complete information below.

Name: _____ Dept: _____ Relationship: _____

Name: _____ Dept: _____ Relationship: _____

Name: _____ Dept: _____ Relationship: _____

REFERENCES

List the names of professional references that will verify your work experience. Do not list family members or friends.

Name	Title	Phone No.	Years Known

CERTIFICATION

I certify that the information given herein is complete and accurate to the best of my knowledge. I understand that any false or misleading information given in my application or the withholding of information may result in immediate discharge.

I recognize that employment with this employer is at will. At will means that I may terminate my employment at any time for any reason and the employer retains the same right. I agree that neither this application nor any other documents constitutes an employment contract.

I authorize the contact of all my previous employers and the educational and professional references listed herein and request any and all of my former employers to furnish a complete history of my service with them, together with any information they may have concerning my personal character, habits, ability, disposition, etc., and particularly a statement of the cause of separation of my employment with such party. I hereby release the above parties from any and all liability for damages of whatever nature on account of furnishing, receiving, or acting upon requested information.

I also understand that if hired, I am required to abide by all rules, policies, and regulations of the employer. I certify that I will be able to meet the attendance requirement for this position and that I have the ability to perform all of the job related functions of the position.

Signature of Applicant: _____

Date: _____