

CEP Employment Application

Application remains in effect for a period of 90 days. Any candidate wishing to be considered for employment beyond this time must re-apply.

Please include a resume to go along with the application. You may also include an additional file such as a cover letter.

Personal Data

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First

MI

Last

Address

Address Line 1

Address Line 2

City

State

Zip Code

Phone (Home)

Phone (Work)

Email

How did you learn about us?

Walk-In Advertisement Friend Employee

Type of Work Desired

What position are you applying for?

General Information

Are you available to work:

Full Time Part Time Temporary

On what date would you be available to work?

Can you furnish proof of your legal right to work in the United States? Yes No

Proof of citizenship or immigration status will be required upon employment, along with an I-9 form

If under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Education

School 1

Name of School

Type of School

- High School College
 Bus. or Trade School Professional School

Location of School

Address Line 1

Address Line 2

City

State

Zip Code

Degree Received

Major

**Number of Years
Completed**

**Grade Point
Average**

Describe any academic honors received

Describe any specialized training, apprenticeship, co-op, and skills

School 2

Name of School

Type of School

- High School College
 Bus. or Trade School Professional School

Location of School

Address Line 1

Address Line 2

City

State

Zip Code

Degree Received

Major

Number of Years Completed

Grade Point Average

Describe any academic honors received

Describe any specialized training, apprenticeship, co-op, and skills

School 3

Name of School

Type of School

High School

College

Bus. or Trade School

Professional School

Location of School

Address Line 1

Address Line 2

City

State

Zip Code

Degree Received

Major

Number of Years Completed

Grade Point Average

Describe any academic honors received

Describe any specialized training, apprenticeship, co-op, and skills

Military Data

Branch of Service

Dates of Service (Start) (End)

Have you ever had any job related training in the United States Military?

Yes No

If Yes, Describe

Special Skills & Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Is there anything that would prevent you from performing the essential functions of the job as set forth in the job description?

Yes No

If Yes, Describe

Honors and Activities

Please list all honors, civic, social and professional activities during your school and professional careers. You may omit those that indicate race, color, religion, age, sex, national origin, marital status, physical disability, or veteran status.

****Please include at least your previous 3 employers.****

Employment Data

Employer 1

Name of Employer

Employer Location

Address Line 1

Address Line 2

City

State

Zip Code

Job Title

Supervisor

Dates Employed
(Start)

Dates Employed (End)

Reason For Leaving

Work Performed

Employer 2

Name of Employer

Employer Location

Address Line 1

Address Line 2

City

State

Zip Code

Job Title

Supervisor

Dates Employed (Start)

Dates Employed (End)

Reason For Leaving

Work Performed

Employer 3

Name of Employer

Employer Location

Address Line 1

Address Line 2

City

State

Zip Code

Job Title

Supervisor

Dates Employed (Start)

Dates Employed (End)

Reason For Leaving

Work Performed

If you have a 2 year or longer break in service between jobs, please explain here

****Please include 3 personal (not relatives) references****

References

Reference 1

Name

First

Last

Company

Title

Phone

Email

Address

Address Line 1

Address Line 2

City

State

Zip Code

Reference 2

Name

First

Last

Company

Title

Phone

Email

Address

Address Line 1

Address Line 2

City

State

Zip Code

Reference 3

Name

First

Last

Company

Title

Phone

Email

Address

Address Line 1

Address Line 2

City

State

Zip Code

Employment Data Record

Employees are treated during employment without regard to race, color, religion, age, sex, national origin, marital or veteran status, medical condition or disability, or any other legally protected status.

The purpose for the Employment Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the sex, ethnicity, disability, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of our Affirmative Action program. Although completion of this Employment Data Record is optional, your assistance in providing the information is appreciated.

PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Election of Affirmative Action

Yes, I choose to be involved. No, I do not choose to be involved.

Signature of Applicant (Typed or Written)

Date

Position Applied For

Select One

Male Female Other

Select one of the following (ethnic origin)

Asian/Pacific Islander Hispanic African American Native American Caucasian

Regulations issued by the U.S. Department of Labor with respect to handicapped individuals, disabled veterans, and Vietnam era veterans require that federal contractors provide a self-identification opportunity to applicants for employment. Such self-identification and any information provided by the applicant is submitted (a) on a voluntary basis, (b) on a confidential basis, (c) for use only in accordance with regulations, and (d) without subjecting the individual to adverse treatment. If you wish to be identified, please provide any information you wish to submit. If an applicant or employee so identifies himself or herself, the company shall seek the advice of the applicant or employee regarding proper placement and appropriate accommodation.

Are you a person with a disability?

No Yes (Have a physical or mental impairment which substantially limits a major activity or have a history of such impairment)

Are you a disabled veteran?

No Yes (Entitled to disability compensation under law administered by Veteran's Administration for disability rated 30% or more OR discharged/released from active duty for disability incurred or aggravated in the line of active duty)

Are you a Vietnam Era veteran?

No Yes (Served in active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75 and was discharged/released with other than dishonorable discharge or for a service-connected disability)

Are you a special disabled veteran?

No Yes (Discharged/released from active duty because of service-connected disability OR entitled to disability compensation [or who, but for receipt of military retired pay, would be entitled to disability compensation] for a disability (I) rated at 30% or more, or (II) rated at 10% or 20% and under 38 U.S.C 1506 has been determined to have a serious employment handicap)

Equal Opportunity Statement

Northwest Wisconsin CEP provide equal opportunity to all qualified persons, without regard to race, color, religion, age, sex, national origin, marital or veteran status, disability or other legally protected status.

Certification of Agreement

As an applicant for employment with Northwest Wisconsin CEP, I certify that all information given on this application and accompanying documentation is true and correct. I understand that any misrepresentation or falsification of information or material omission will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at any later date. If

my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with and be bound by Northwest Wisconsin CEP policies, practices, safety and health rules. I understand that Northwest Wisconsin CEP is an employer at will and that my employment is not guaranteed for any term and that my employment may be terminated by the Company or myself at any time for any reason. No management official is authorized to make any oral assurance or promise of continued employment. I hereby give Northwest Wisconsin CEP the right to make a thorough investigation of my past employment, education, and activities and release from all liability all persons, companies and corporations supplying such information. I indemnify Northwest Wisconsin CEP against any liability that might result from making such investigation and acknowledge that the results of any investigation may be grounds for disqualifying me or terminating my employment.

I have read and full understand the contents of the above Certification and Agreement section. I certify this application with the below signature (typed or written)

Signature of Applicant

Date