

East Madison Community Center
 8 Straubel Court ■ Madison, WI 53704 ■ (608)249-0861
 Email: info@eastmadisoncc.org
 Website: www.eastmadisoncc.org

Employment Application

Thank you for your interest in working at the East Madison Community Center. Please complete this form and return it as directed, or call 608-249-0861 for further information.

Please Print Clearly

First Name: _____ Last Name: _____
 Social Security Number: _____
 Address (Number, Street): _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Email Address: _____

TITLE OF POSITION FOR WHICH YOU ARE APPLYING _____
 Have you ever applied for employment with EMCC? YES NO
 Previously or currently employed by EMCC? YES NO Position _____

EDUCATION

School	Names & Locations	Dates attended	Degree/Diploma
Graduate			
Undergraduate			
Business/Trade/Technical			
High School			
Education, training or special skills not covered above.			

EXPERIENCE

List volunteer, professional or civic activities and office held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.)

Please describe how your education and experience have given you the knowledge, skills and interest to perform the type of work for which you are applying:

References: Give name, address and telephone number of professional references.

1. _____
2. _____
3. _____

If you are considered for employment with EMCC, you will be asked to fill out a Background Information Form which deals with criminal record. Wisconsin's Fair Employment Law, S. 111.31-111.395, Wisconsin Statutes, prohibits discrimination because of criminal record or pending charge, unless the record or charge substantially relates to the circumstance of the particular job or licensed activity.

EMPLOYMENT HISTORY (Starting with the most recent job)

Employer: _____ Address: _____
Your Job Title: _____
Supervisor's Name: _____ Phone No.: (____) _____
FROM: ____/____/____ TO: ____/____/____
_ Full-Time _ Part-Time ___ Hours per week
Rate of Pay: Beginning \$ _____ per _____ Ending \$ _____ per _____
Duties and Responsibilities

Reason for leaving or considering leaving:

Employer: _____ Address: _____
Your Job Title: _____
Supervisor's Name: _____ Phone No.: (____) _____
FROM: ____/____/____ TO: ____/____/____
_ Full-Time _ Part-Time ___ Hours per week
Rate of Pay: Beginning \$ _____ per _____ Ending \$ _____ per _____
Duties and Responsibilities

Reason for leaving or considering leaving:



Employer: _____ Address: _____
Your Job Title: _____
Supervisor's Name: _____ Phone No.: (____) _____
FROM: ____/____/____ TO: ____/____/____
_ Full-Time _ Part-Time ___ Hours per week
Rate of Pay: Beginning \$ _____ per _____ Ending \$ _____ per _____
Duties and Responsibilities

Reason for leaving or considering leaving:

May we obtain references from the employers name above? _ YES _ NO
If no, name and explain reasons:

I certify that all the information given on this application is true and complete, to the best of my knowledge, and agree that any false or missing information may disqualify me for this position.

Signature

Date

FOR OFFICE USE ONLY	
Submitted Date _____	Typing (WPM) _____
Interview Time/Date _____	Date of Hiring _____