|  |  |
| --- | --- |
| G:\Technology\Graphics\Logos\WCASA\wcasa_name_email signature.png | WI Coalition Against Sexual Assault |

# Employment Application Date:

## APPLICANT INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | |  | | | | | | |  | |
|  | Last | | | | First | | | | | | | M.I. | |
| Address: | |  | | | | | | | | | | | |
|  | | Street Address | | | | | | | | | | | |
|  | |  | | | | | | |  |  | | | |
|  | | City | | | | | | | State | ZIP Code | | | |
| Phone: | |  | | Email: | | |  | | | | | | |
| Are you authorized to work in the U.S.? | | | YES | | | NO | | Are you 18 years or older? | | | YES | | NO |

## DESIRED EMPLOYMENT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Position applied for: |  | | | | | | |
| Date you can start: |  | | | Desired Salary: | $ | | |
| Are you employed now? | | YES | NO | If so, may we contact your present employer? | | YES | NO |

## EDUCATION & SKILLS

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| High School: | |  | | | | Location: |  | | | |
| From: |  | | To: |  | Did you graduate? | | YES | NO | Primary Focus of Study |  |
| College: |  | | | | | Location: |  | | | |
| From: |  | | To: |  | Did you graduate? | | YES | NO | Primary Focus of Study |  |
| Describe any special training or experience you may have that is related to the position for which you are applying. | | | | | | | | | | |
| Describe any special skills you have that you believe this agency would be interested in. | | | | | | | | | | |
| Describe the types of computer software with which you are familiar. | | | | | | | | | | |
| Can you read or write in any language other than English? If yes, which language? | | | | | | | | | | |

## PREVIOUS EMPLOYMENT

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company |  | | | | | | | | | Phone |  |
| Job Title |  | | | | | | | | | Supervisor |  |
| Responsibilities | | |  | | | | | | | | |
| From | |  | | To |  | Reason for Leaving | | |  | | |
| May we contact your previous supervisor for a reference? | | | | | | | YES | NO | |  | |
| Company |  | | | | | | | | | Phone |  |
| Job Title |  | | | | | | | | | Supervisor |  |
| Responsibilities | | |  | | | | | | | | |
| From | |  | | To |  | Reason for Leaving | | |  | | |
| May we contact your previous supervisor for a reference? | | | | | | | YES | NO | |  | |
| Company |  | | | | | | | | | Phone |  |
| Job Title |  | | | | | | | | | Supervisor |  |
| Responsibilities | | |  | | | | | | | | |
| From | |  | | To |  | Reason for Leaving | | |  | | |
| May we contact your previous supervisor for a reference? | | | | | | | YES | NO | |  | |

## REFERENCES (Below, please provide the names of three persons to whom you are not related)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name and Employer | Address | Phone |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

## PLEASE SIGN AND DATE THE FOLLOWING STATEMENT:

|  |  |
| --- | --- |
| “I certify that this information is true and I agree that my misstatements or omissions of material fact will cause forfeiture on my part of all rights to any employment in the service of WCASA. I understand that WCASA conducts background checks on all staff, volunteers and board members.” *(You will not be denied employment solely because of a conviction record.)* | |
|  |  |
| *Signature* | *Date* |

**ABOUT WCASA**

The mission of WCASA is to create the social change necessary to end sexual violence. WCASA is a membership agency comprised of organizations and individuals working to end sexual violence in Wisconsin. Among these are the 56 sexual assault service provider (SASP) agencies throughout the state that offer support, advocacy and information to victims of sexual assault and their families. WCASA also works to create the social change necessary to ensure a future where no child, woman or man is ever sexually violated again.

**WCASA STATEMENT OF NON-DISCRIMINATION IN EMPLOYMENT**

WCASA is committed to employment practices that are not discriminatory as to race, color, creed, religion, national origin, age, gender, physical or mental disabilities, source of income, marital status, sexual orientation, physical appearance, political beliefs, student status, less than honorable discharge or any factor unrelated to job performance. As well, WCASA is committed to providing reasonable accommodation for religion beliefs or convictions, and accommodations available/made available to persons with disabilities to compete for and perform job duties. WCASA also does not discriminate against persons with criminal records, which are occupationally irrelevant. WCASA further acknowledges that all services will be provided and administered in a non-discriminatory manner.

**FOR AFFIRMATIVE ACTION PURPOSES ONLY**

Please complete the following demographic information. All information given to WI Coalition Against Sexual Assault, Inc. on this form will remain confidential and will only be used in aggregate form to assess our diversification and affirmative action efforts. It will not be used to discriminate against any applicant.

Gender:

Race/Ethnicity:  African American

Asian

Caucasian

Latino/Latina

Native American

Other

Do you work with or are you the support person for someone with development disabilities?

Yes  No

Are you a U.S. Citizen?

Yes  No

Are you a former victim of sexual assault?

Yes  No

Date of Birth (month/day/year):