

Lussier Community Education Center, Inc.  
55 S. Gammon Road, Madison, WI 53717  
(608)833-4979 Fax: (608) 833-6919

**EMPLOYMENT APPLICATION**

**AN EQUAL OPPORTUNITY EMPLOYER  
AA/EOE**

*Please complete all pages completely and accurately. Print clearly in ink or type.*

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>
<b>Position Applied For:</b>		
<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email Address or Phone Number</b>	<b>Date of Application</b>	
<b>Have you ever applied for employment with LCEC? ___ Yes ___ No</b> If yes, month and year _____		
<b>Previously employed by LCEC ___ Yes ___ No</b> If yes, position _____		
<b>Type of Employment you are seeking:</b> ___ Full Time ___ Part Time ___ Other		

## EDUCATION & TRAINING

SCHOOL	NAME & LOCATION OF SCHOOL	DATES ATTENDED	DEGREE/DIPLOMA
GRADUATE OR PROFESSIONAL			
COLLEGE/ UNIVERSITY			
BUSINESS, TRADE, VOCATIONAL OR TECHNICAL SCHOOL			
HIGH SCHOOL			
OTHER TRAINING, EDUCATION, SKILLS NOT COVERED ABOVE			

## EMPLOYMENT HISTORY

*Please start with your current or most recent employer.*

May we obtain references from your employers listed in this application? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain:

<b>EMPLOYER</b>	<b>ADDRESS</b>
<b>YOUR JOB TITLE</b>	<b>NAME , EMAIL OR PHONE# OF SUPERVISOR</b>
<b>REASONS FOR LEAVING OR CONSIDERING LEAVING</b>	<b>DATES OF EMPLOYMENT</b> <div style="text-align: right;">Starting Month/Year _____</div> <div style="text-align: right;">Ending Month/Year _____</div> <b>HOURS PER WEEK</b> _____
<b>YOUR DUTIES &amp; RESPONSIBILITIES:</b>	

<b>EMPLOYER</b>	<b>ADDRESS</b>
<b>YOUR JOB TITLE</b>	<b>NAME , EMAIL OR PHONE# OF SUPERVISOR</b>
<b>REASONS FOR LEAVING OR CONSIDERING LEAVING</b>	<b>DATES OF EMPLOYMENT</b> Starting Month/Year _____ Ending Month/Year _____  <b>HOURS PER WEEK</b> _____

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**YOUR DUTIES & RESPONSIBILITIES:**

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

Describe to what extent your training and experience have given you the technical knowledge, skill, and interest to perform the type of work you are applying for:

**REFERENCES:** Provide the names, addresses and telephone numbers of three references who are not related to you and are not previous employers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If you are considered for employment with Lussier Community Education Center, Inc., you will be asked to fill out a Background Information Form. 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.

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. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## AFFIRMATIVE ACTION

### INFORMATION REQUESTED FOR AFFIRMATIVE ACTION USE ONLY AND SHALL REMAIN CONFIDENTIAL.

WE COLLECT VOLUNTARY AND CONFIDENTIAL INFORMATION TO BE USED FOR THE PURPOSE OF REPORTING TO VARIOUS AFFIRMATIVE ACTION, EQUAL OPPORTUNITY AND CIVIL RIGHTS COMPLIANCE CONTRACT AGENCIES. IT WILL ALSO BE USED TO MONITOR THIS AGENCY'S EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EFFORTS. COMPLETING THIS INFORMATION IS OPTIONAL.

NAME \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

DO YOU CONSIDER YOURSELF HANDICAPPED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT IS YOUR DISABILITY? \_\_\_\_\_

BASED ON YOUR UNDERSTANDING OF THE POSITION DESCRIPTION, DO YOU FEEL THAT YOUR HANDICAPPED STATUS WILL ADVERSELY AFFECT YOUR ABILITY TO PERFORM SATISFACTORILY THE ASSIGNED POSITION? \_\_\_\_\_ YES \_\_\_\_\_ NO

SEX: \_\_\_\_\_ FEMALE \_\_\_\_\_ MALE

ETHNIC GROUP:

\_\_\_\_\_ BLACK - Not of Hispanic origin. All persons having origins in the any of the Black racial groups of Africa.

\_\_\_\_\_ ASIAN OR PACIFIC ISLANDER – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

\_\_\_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE – All persons having origin in any of the original peoples of North America and who maintain cultural identification through tribal association or community recognition.

\_\_\_\_\_ HISPANIC – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ WHITE – Not of Hispanic origin. All persons having origins in any of the peoples of Europe, North Africa, or the Middle East.

REFERRAL SOURCE: PERSON TO PERSON (Please identify) \_\_\_\_\_

NEWSPAPER AD (Name of newspaper) \_\_\_\_\_

JOB WEBSITE (Please Identify) \_\_\_\_\_

OTHER (Please Identify) \_\_\_\_\_

SIGNATURE \_\_\_\_\_