

EMPLOYMENT APPLICATION

Lussier Community Education Center, Inc.

AN EQUAL OPPORTUNITY EMPLOYER, AA/EOE

The Lussier Community Education Center does not discriminate against individuals based on race, national origin, gender, physical disability, religion, sexual orientation, age, or any characteristics protected by law.

55 S. Gammon Road, Madison, WI 53717
(608) 833-4979 Fax: (608) 833-6919

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

Last Name	First Name	Middle Name
Position Applied For		Available Start Date
Street Address		
City	State	Zip Code
Email Address	Phone Number	Date of Application
Have you ever applied for employment with LCEC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide month and year _____		
Have you been reviously employed by LCEC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide position title _____		
Type of Employment you are seeking (check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> AmeriCorps <input type="checkbox"/> Internship		

EDUCATION, VOLUNTEERING & 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			

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.

EMPLOYMENT HISTORY

Please start with your current or most recent employer.

If you are submitting a resume alongside the application, this section is not required.

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

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YOUR JOB TITLE	NAME & EMAIL OR PHONE# OF SUPERVISOR
REASONS FOR LEAVING OR CONSIDERING LEAVING	DATES OF EMPLOYMENT Starting Month/Year _____ Ending Month/Year _____ HOURS PER WEEK _____

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YOUR DUTIES & RESPONSIBILITIES

May we obtain references from all your employers listed in this application? Yes No
If no, please explain which employers we can contact and why we can't contact a certain employer:

REFERENCES: Provide the names, emails, and phone numbers of three references who are not related to you and are not previous employers. Options could include previous coworkers, mentors, colleagues, volunteer supervisors, friends, or teachers/professors. If you have told us that you would like us to not contact any of your previous employers, the following 3 references are required.

1. _____

2. _____

3. _____

LinkedIn URL (optional)

COVER LETTER OR WRITING SAMPLE

Please write your answer below or attach a cover letter or writing sample to your application that answers the following question.

Please express exactly why you are interested in this position and working at the LCEC. 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.

COVER LETTER OR WRITING SAMPLE CONT...

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. By checking "I understand" you are verifying that you are aware of this.

I understand

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. COMPLETION IS OPTIONAL.

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 _____

HOW DID YOU HEAR ABOUT US? _____

DO YOU CONSIDER YOURSELF HANDICAPPED OR DISABLED? _____ YES _____ NO

IF YES, WHAT IS YOUR DISABILITY? _____

GENDER:

	AGENDER
	CISGENDER- FEMALE
	CISGENDER - MALE
	GENDERQUEER
	GENDER-FLUID
	GENDER NON-CONFORMING
	NON-BINARY
	TRANSGENDER - FEMALE
	TRANSGENDER - MALE
	OTHER

ARE YOU HISPANIC/LATINO? _____ YES _____ NO

ETHNIC GROUP:

	AMERICAN INDIAN OR NATIVE ALASKAN
	ASIAN
	BLACK OR AFRICAN AMERICAN
	NATIVE HAWAIIAN OR PACIFIC ISLANDER
	MIDDLE EASTERN OR NORTH AFRICAN
	WHITE
	MIXED
	OTHER

SIGNATURE _____

DATE _____