

EMPLOYMENT APPLICATION

Lussier Community Education Center, Inc.

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER, AA/EOE

The Lussier Community Education Center does not discriminate against individuals based on race, religion, marital status, age, color, sex, disability/handicap, national origin or ancestry, income level or source of income, arrest record or conviction record, less than honorable discharge, gender identity, physical appearance, sexual orientation, political beliefs, student status, or other non-merit-based protected by law.

55 S. Gammon Rd., Madison, WI 53717
 Tel: (608) 833-4979 Fax: (608) 833-6919
 Email: Jobs@LCECmadison.org

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 previously employed by LCEC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide position title and dates of employment: _____ | | |
| Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 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 SKILLS & EDUCATION 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.

| | |
|---|-------------------------|
| EMPLOYER NAME | EMPLOYER ADDRESS |
| YOUR JOB TITLE | |
| NAME, EMAIL OR PHONE# OF SUPERVISOR | |
| DATES OF EMPLOYMENT STARTING MONTH/YEAR _____ ENDING MONTH/YEAR _____ | |
| HOURS PER WEEK _____ | |
| YOUR DUTIES & RESPONSIBILITIES | |
| Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|-------------------------|
| EMPLOYER NAME | EMPLOYER ADDRESS |
| YOUR JOB TITLE | |
| NAME, EMAIL OR PHONE# OF SUPERVISOR | |
| DATES OF EMPLOYMENT STARTING MONTH/YEAR _____ ENDING MONTH/YEAR _____ HOURS PER WEEK _____ | |
| YOUR DUTIES & RESPONSIBILITIES | |
| Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMPLOYER NAME | EMPLOYER ADDRESS |
| YOUR JOB TITLE | |
| NAME, EMAIL OR PHONE# OF SUPERVISOR | |
| DATES OF EMPLOYMENT STARTING MONTH/YEAR _____ ENDING MONTH/YEAR _____ HOURS PER WEEK _____ | |
| YOUR DUTIES & RESPONSIBILITIES | |
| Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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.

Reference 1 Name: _____

Reference 1 Email: _____

Reference 1 Phone: _____

Reference 2 Name: _____

Reference 2 Email: _____

Reference 2 Phone: _____

Reference 3 Name: _____

Reference 3 Email: _____

Reference 3 Phone: _____

LinkedIn URL (optional)

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. YOU CAN REQUEST A COPY OF THE AFFIRMATIVE ACTION PLAN FOR CITY OF MADISON COMMUNITY BASED ORGANIZATIONS SUBMITTED BY THE LUSSIER COMMUNITY EDUCATION CENTER.

NAME _____

POSITION APPLIED _____

HOW DID YOU HEAR ABOUT US? _____

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

RACIAL GROUP:

| | |
|--|-------------------------------------|
| | AMERICAN INDIAN OR NATIVE ALASKAN |
| | ASIAN |
| | BLACK OR AFRICAN AMERICAN |
| | NATIVE HAWAIIAN OR PACIFIC ISLANDER |
| | MIDDLE EASTERN OR NORTH AFRICAN |
| | WHITE |
| | MULTI-RACIAL |
| | OTHER |

GENDER:

| | |
|--|--------------------------|
| | MALE |
| | FEMALE |
| | NON-BINARY / GENDERQEEER |

ARE YOU HISPANIC/LATINO? _____ YES _____ NO

SIGNATURE _____

DATE _____