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? ☐ **Yes** ☐ **No**

If yes, provide month and year _____

Have you been previously employed by LCEC? ☐ **Yes** ☐ **No**

If yes, provide position title and dates of employment: _____

Are you authorized to work in the United States? ☐ **Yes** ☐ **No**

Type of Employment you are seeking (check all that apply)

☐ **Full Time** ☐ **Part Time** ☐ **Seasonal** ☐ **Temporary** ☐ **AmeriCorps** ☐ **Internship**

EDUCATION, VOLUNTEERING & TRAINING

If you provide a resume with your application, this section is not required.

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. If you provide a resume with your application, this section is not required.

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? ☐ **Yes** ☐ **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? ☐ **Yes** ☐ **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? ☐ **Yes** ☐ **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 consent to a Caregiver Background Check. 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 and that you consent to a background check.

☐ **I understand**

Please provide the following information:

Gender: _____
Race: _____
Date of Birth: _____

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 / GENDERQEER

ARE YOU HISPANIC/LATINO? ☐ YES ☐ NO

SIGNATURE _____ **DATE** _____