



Goodman
Community Center

Goodman Community Center
149 Waubesa St.
Madison, WI 53704
608-241-1574
www.goodmancenter.org

Employment Application

An Equal Opportunity/Affirmative Action Plan Employer

Position you are applying for:

Instructions: Please complete all pages completely and accurately. Print clearly all information using type or ink.			
Last Name	First Name	Middle	Date
Street Address			Home Phone ()
City	State	Zip	Alternate Phone ()
Are you legally eligible for employment in this country? ____ Yes ____ No			E-Mail
Have you ever applied for employment with the Goodman Community Center? If yes, Month and year _____			Employment desired:
Have you been previously employed by the Goodman Community Center? ____ Yes ____ No Position:			Permanent ____ Temporary ____
			Full-time ____ Part-time ____

Education

School	Name and location	Dates Attended	Degree/Diploma
High school			
Business, trade, technical			
College			
Graduate			
Education, training or special skills not covered above:			

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

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

REFERENCES: Give names, addresses and telephone numbers of three references who are not related to you:

- 1.
- 2.
- 3.

If you are considered for employment with the Goodman Community Center, you will be asked to fill out a Criminal Background Information Form through the State of Wisconsin. Wisconsin's fair employment law, s.111.31-111.395 prohibits discrimination because of criminal record or pending charges, unless the record or charge substantially relates to the circumstances of the particular job or licensed activity.

WORK EXPERIENCE: Start with your present or most recent employer. Explain any gaps in employment in comment section below. Use separate sheet if more space is needed (using the same format).

EMPLOYER/ADDRESS

KIND OF BUSINESS

YOUR JOB TITLE

REASON FOR LEAVING

NAME, TITLE, & PHONE # OF SUPERVISOR

YOUR DUTIES AND RESPONSIBILITIES:

Dates of Employment:

From _____ To _____

_____ Hours per _____

Rate of Pay:

Beginning:

\$ _____ per _____

Ending:

\$ _____ per _____

May we contact for reference? ____ Yes ____ No

EMPLOYER/ADDRESS

KIND OF BUSINESS

YOUR JOB TITLE

REASON FOR LEAVING

NAME, TITLE, & PHONE # OF SUPERVISOR

YOUR DUTIES AND RESPONSIBILITIES:

Dates of Employment:

From _____ To _____

_____ Hours per _____

Rate of Pay:

Beginning:

\$ _____ per _____

Ending:

\$ _____ per _____

May we contact for reference? ____ Yes ____ No	
EMPLOYER/ADDRESS	KIND OF BUSINESS
YOUR JOB TITLE	REASON FOR LEAVING
NAME, TITLE, & PHONE # OF SUPERVISOR	
YOUR DUTIES AND RESPONSIBILITIES:	Dates of Employment: From _____ To _____ Hours per _____ Rate of Pay: Beginning: \$ _____ per _____ Ending: \$ _____ per _____
May we contact for reference? ____ Yes ____ No	

I certify that all information provided on this application is true and I understand that any falsification or willful omission may result in immediate termination or refusal of employment. I authorize the Goodman Community Center to contact my references, employers (as indicated on the application) and others referred to in this application to obtain any relevant information regarding my potential employment.

I understand the Goodman Community Center may terminate my employment at any time, with or without cause and without prior notice.

Signature of applicant

Date

AFFIRMATIVE ACTION

Information requested for affirmative action use only and shall remain confidential.

The information below is voluntary and will be used only for the purpose of reporting to various Affirmative Action, Equal Opportunity and Civil Rights compliance contract agencies. It will also be used to monitor the Goodman Community Center's Equal Opportunity and Affirmative Action efforts. If you choose to fill out this page, please mark the appropriate boxes.

Name: _____

Position Applied for _____ Date _____

Do you consider yourself handicapped? Yes No

What is your disability?

Based on your understanding of the position description, do you feel that your disability status will adversely affect your ability to perform satisfactorily the assigned position?

Yes No

Sex: Male Female

Ethnic Group:

- African American
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Hispanic
- Caucasian

Referral Source:

- Person to Person (please identify)
- Newspaper Ad (state which paper)
- Job Bulletin Board (please specify)
- Employment Agency (Please Identify)
- Other (please identify)

Signature: _____ Date: _____