



Goodman
Community Center

Irwin A. and Robert D. Goodman
Community Center, Inc.
goodmancenter.org

149 Waubesa St.
Madison, WI 53704
608-241-1574

*Partially funded by
the City of Madison, CDGB and
the United Way of Dane County.*

Employment Application

An Equal Opportunity / Affirmative Action Plan Employer

SUBMIT FORM

Position you are applying for: _____ Date _____

CONTACT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Alternate Phone _____ Email _____

EMPLOYMENT BACKGROUND

Type of employment desired (check all that apply): Permanent Temporary Full-time Part-time

Are you legally eligible for employment in this country? Yes No

Have you ever applied for employment with the Goodman Community Center? If yes, month and year _____

Have you been previously employed by the Goodman Community Center? Yes No

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

Please give names, telephone numbers and email address of three references who are not related to you.

First reference

Name: _____ Phone Number: _____

Email: _____ How do you know this person? _____

Second reference

Name: _____ Phone Number: _____

Email: _____ How do you know this person? _____

Third reference

Name: _____ Phone Number: _____

Email: _____ How do you know this person? _____

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 you present or most recent employer, Explain any gap in employment in the comment section below. Use a separate sheet or include a resume if more space is needed.

EMPLOYER 1:

Employer _____ Address _____

Type of Business _____ Job Title _____

Reason for leaving _____

Supervisor Name _____ Supervisor Phone _____

Supervisor Email _____ May we contact for a reference? Yes No

Your duties and responsibilities

Dates of Employment: From _____ To _____ • _____ Hours per _____

Beginning rate of pay: \$ _____ per _____ • Ending rate of pay: \$ _____ per _____

EMPLOYER 2:

Employer _____ Address _____

Type of Business _____ Job Title _____

Reason for leaving _____

Supervisor Name _____ Supervisor Phone _____

Supervisor Email _____ May we contact for a reference? Yes No

Your duties and responsibilities

Dates of Employment: From _____ To _____ • _____ Hours per _____

Beginning rate of pay: \$ _____ per _____ • Ending rate of pay: \$ _____ per _____

EMPLOYER 3:

Employer _____ Address _____

Type of Business _____ Job Title _____

Reason for leaving _____

Supervisor Name _____ Supervisor Phone _____

Supervisor Email _____ May we contact for a reference? Yes No

Your duties and responsibilities

Dates of Employment: From _____ To _____ • _____ Hours per _____

Beginning rate of pay: \$ _____ per _____ • Ending rate of pay: \$ _____ per _____

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 prior notice.

Signature of applicant _____ Date _____



Goodman
Community Center

Irwin A. and Robert D. Goodman
Community Center, Inc.
goodmancenter.org

149 Waubesa St.
Madison, WI 53704
608-241-1574

*Partially funded by
the City of Madison, CDGB and
the United Way of Dane County.*

Affirmative Action Questionnaire

The information below is requested for affirmative actions 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 our 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 understand 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: Black/African American Asian Hispanic/Latino American Indian/Native American
 White Native Hawaiian/Pacific Islander Two or more races

Referral Source

Please specify the name of the person, site or organization.

Person to Person _____ Print Ad _____ Website _____

Employment Agency _____ Other _____

Signature _____ Date _____