



# Northwest Community Action, Inc.

312 N Main St. Badger, MN 56714

Phone: (218) 528-3258

Fax: (218) 528-3259

*An Equal Opportunity/Affirmative Action employer*

## Employment Application

Please complete entire employment application for consideration of employment.

### APPLICANT DATA:

Date:

/ /

Position applying for:

Full Name:

LAST

FIRST

MIDDLE

Address:

City:

State:

Zip:

Phone: ( )

Mobile/Other Phone: ( )

E-Mail Address:

Date available to start: / /

Type of employment desired: Full-time Part Time Temporary Seasonal

Are you of legal age to work? Yes No

Are you legally eligible for employment in the U.S.A.? Yes No (If yes, verification will be required.)

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

### EDUCATION:

High School:

Address:

Did you graduate? Yes No

GED? Yes No

College:

Address:

Did you graduate? Yes No If no, how many years completed? \_\_\_\_\_

Degree:

Other:

Address:

Did you graduate? Yes No If no, how many years completed? \_\_\_\_\_

Degree:

### REFERENCES:

Name:

Phone: ( )

Company:

Address:

Relationship:

Name:

Phone: ( )

Company:

Address:

Relationship:

Name:

Phone: ( )

Company:

Address:

Relationship:

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for reference? Yes No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for reference? Yes No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for reference? Yes No

*I certify that my answers are true and complete to the best of my knowledge. I authorize Northwest Community Action, Inc. to make such investigations and inquiries of my personal, employment, or educational and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.*

*In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT REFERENCE CHECK CONSENT AND AUTHORIZATION TO RELEASE FORM**

*Please read the information below carefully and completely.*

With my application for employment with Northwest Community Action, Inc. I authorize Northwest Community Action, Inc. to conducted reference checks from either previous or current employers.

I further authorize Northwest Community Action, Inc. and have provided employment references for which Northwest Community Action, Inc. is being authorized to conduct reference checks with my previous or current employer. It is to my understanding that the employment reference checks may either be verbal or written inquiries of employment performance, professional demeanor, rehire eligibility, dates of employment and salary.

My signature below authorizes my previous or current employer references to release information regarding my employment record with their company and may provide additional information that is related to my application for employment with Northwest Community Action, Inc.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Northwest Community Action, Inc.

312 N Main St. Badger, MN 56714

Phone: (218) 528-3258

Fax: (218) 528-3259

*An Equal Opportunity/Affirmative Action employer*

### To be completed for Substitute inquiry ONLY

Please complete the following information below:

1. Name: \_\_\_\_\_
  
2. Please indicated the center(s) preference you are available to substitute at:
  - Badger, MN
  - Baudette, MN
  - Greenbush, MN
  - Grygla, MN
  - Karlstad, MN
  - Roseau, MN
  - Viking, MN
  - Warroad, MN
  
3. Please identify your substitute type:
  - Teacher
  - Para Professional
  
4. Please provide the best two ways to contact you when needed:

Primary:

Secondary:



## Northwest Community Action, Inc.

312 N Main St. Badger, MN 56714

Phone: (218) 528-3258

Fax: (218) 528-3259

*An Equal Opportunity/Affirmative Action employer*

### Voluntary Self Identification

Please read carefully:

Because we do business with the United States Government, we must provide equal opportunity to qualified individuals for potential employment with Northwest Community Action, Inc.

Below are questions to help us measure how the agency is doing as an equal opportunity employer. The questions below are asking you information about your race, gender and if you have or had a disability. Any answers provided will be kept private and will not be used against you during consideration of employment. You are not required to provide any of the following information; the Voluntary Self Identification and Voluntary Self Identification of Disability is completely voluntary.

Please complete the following Voluntary Self Identification and Voluntary Self Identification of Disability.

1. Gender:

- Male
- Female
- I decline to Identify

2. Ethnic Origin:

- Black or African American
- White
- American Indian or Alaska Native
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Asian
- Multi-race/Two or more races
- I decline to Identify

3. Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

4. Referral Sources:

- Newspaper
- NWCA Website
- Other: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Position for which you are applying for: \_\_\_\_\_