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: / /

Full Name: _____
LAST FIRST MIDDLE

Position applying for:

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: _____

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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
   ☐ Grygla, 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:

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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: _____