

Please open this fillable form in Adobe Reader



APPLICATION FOR EMPLOYMENT

Wright County Community Action is an affirmative action and equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, disability, age, sexual orientation, gender identity, national origin, veteran status, or genetic information. WCCA is committed to providing access, equal opportunity and reasonable accommodation for individuals with disabilities in employment, its services, programs, and activities. To request reasonable accommodation, contact Human Resources at wcca@wccaweb.com.

(PLEASE PRINT OR TYPE)

| | |
|--|----------------------|
| Position Applied For: | Date of Application: |
| How Did You Learn About This Opening: | |
| <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> WCCA Website <input type="checkbox"/> Social Media <input type="checkbox"/> Indeed <input type="checkbox"/> MCN Job Board <input type="checkbox"/> Edpost.com <input type="checkbox"/> Other _____ | |
| Have You Filled Out an Application With Us Before: | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what date _____ | |
| Have You Been Employed With WCCA Before? | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what dates _____ | |

| | | |
|-------------------|---------------|----------------|
| Last Name | First Name | Middle Initial |
| Street Address | City | State |
| Home Phone Number | Email Address | Zip Code |

| | | |
|---|------------------------------|-----------------------------|
| Can you provide required proof of eligibility to work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you willing to undergo a background check as a condition of hire? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you willing to work: | | |
| <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call / As Needed | | |
| What is your availability: | | |
| <input type="checkbox"/> Sunday | Times available _____ | -- _____ |
| <input type="checkbox"/> Monday | Times available _____ | -- _____ |
| <input type="checkbox"/> Tuesday..... | Times available _____ | -- _____ |
| <input type="checkbox"/> Wednesday..... | Times available _____ | -- _____ |
| <input type="checkbox"/> Thursday..... | Times available _____ | -- _____ |
| <input type="checkbox"/> Friday..... | Times available _____ | -- _____ |
| <input type="checkbox"/> Saturday..... | Times available _____ | -- _____ |
| What day are you available to start: _____ | | |
| What is your desired salary range? _____ | | |

Can you provide proof of your academic achievements? Yes No

EDUCATION:

| | High School | Undergraduate College | Graduate Professional | Other (Please Specify) |
|---------------------------|-------------|-----------------------|-----------------------|------------------------|
| School Name | | | | |
| School Address | | | | |
| Course(s) of Study | | | | |
| Years Completed | | | | |
| Diploma Degree | | | | |

EMPLOYMENT:

| | | | |
|--------------------|-----------|------------|----------|
| Employer Name | Job Title | Start Date | End Date |
| Telephone | Address | | |
| Tasks/Duties | | | |
| Reason For Leaving | | | |

| | | | |
|--------------------|-----------|------------|----------|
| Employer Name | Job Title | Start Date | End Date |
| Telephone | Address | | |
| Tasks/Duties | | | |
| Reason For Leaving | | | |

| | | | |
|--------------------|-----------|------------|----------|
| Employer Name | Job Title | Start Date | End Date |
| Telephone | Address | | |
| Tasks/Duties | | | |
| Reason For Leaving | | | |

Describe any specialized training, internships, or certifications that may pertain to this role.

Describe any job-related training received in the United States Military.

Describe any other special skills and qualifications acquired from employment or other experience that may pertain to this role.

Are you fluent in another language besides English? Please describe below.

References

| | | |
|--|---------|-------|
| Name | Address | Phone |
| <input type="checkbox"/> Professional Reference <input type="checkbox"/> Personal Reference | Email | |
| Name | Address | Phone |
| <input type="checkbox"/> Professional Reference <input type="checkbox"/> Personal Reference | Email | |
| Name | Address | Phone |
| <input type="checkbox"/> Professional Reference <input type="checkbox"/> Personal Reference | Email | |

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Email this application, your cover letter and your resume to recruitment@wccaweb.com

Voluntary Self-Identification Survey Form Applicant – Affirmative Action Employer

TO ALL APPLICANTS:

Wright County Community Action is an Affirmative Action/Equal Employment Employer and as such, we are required to collect and maintain information related to applicants in order to meet governmental recordkeeping and reporting requirements and to monitor the effectiveness of our outreach, recruitment, and other employment practices.

We are asking you to help us meet our obligations by providing the information listed on the following pages. Please note that the information will be used only in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to do so will not result in any adverse treatment. The information you provide will be held in strict confidence except that:**

- 1) Necessary management and supervisory personnel may be informed to ensure proper placement and to provide reasonable job accommodations;
- 2) First aid and safety personnel may be informed to the extent appropriate, if the condition might require emergency treatment; and
- 3) Government officials investigating affirmative action program compliance may have access to reported information.

Thank you for your cooperation in this important initiative.

“Wright County Community Action, Inc. abides by the requirements of federal laws which prohibit discrimination of individuals with the following legally protected status: race, color, religion, sex, sexual orientation, gender identity, national origin, disability and protected veterans. Wright County Community Action, Inc. also abides by affirmative action requirements to employ and advance in employment qualified individuals without regard to race and sex (per Executive Order 11246), disability (per 41CFR 60-741.5(a), and protected veteran status (per 41CFR 60-300.5(a)).



General Information

Name: _____

Position Applied for: _____ Date: _____

Gender, Ethnicity and Race Information

| | |
|---------------|--|
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> I choose not to disclose this information |
|---------------|--|

| | |
|------------------|--|
| Ethnicity | <input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) <input type="checkbox"/> Not Hispanic or Latino (if not Hispanic or Latino, please address race below) <input type="checkbox"/> I choose not to disclose this information |
|------------------|--|

| | |
|--|--|
| Race (do not respond if you selected Hispanic or Latino above) | <input type="checkbox"/> White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa <input type="checkbox"/> Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment <input type="checkbox"/> Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races <input type="checkbox"/> I choose not to disclose this information |
|--|--|

Disability Status

| | |
|--------------------------|--|
| Disability Status | <input type="checkbox"/> Yes, I have a disability, or have had one in the past <input type="checkbox"/> No, I do not have a disability and have not had one in the past <input type="checkbox"/> I choose not to disclose this information |
|--------------------------|--|



Protected Veterans

| | |
|---|---|
| Disabled Veteran | A “disabled veteran” is one of the following: A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or A person who was discharged or released from active duty because of a service-connected disability. |
| Recently Separated Veteran | A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service. |
| Active Duty Wartime or Campaign Badge Veteran | An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. |
| Armed Forces Service Medal Veteran | An “armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. |

| | |
|-----------------------|---|
| Veteran Status | <input type="checkbox"/> I am a Protected Veteran <input type="checkbox"/> I am not a Protected Veteran <input type="checkbox"/> I choose not to disclose the information |
|-----------------------|---|

If you are a disabled veteran, you may use the space below to tell us about:

1. Any special skills, knowledge, or abilities which may qualify you for positions within Wright County Community Action, Inc. so that you can be considered for positions of that kind, and

2. Any reasonable accommodation that you may need because of a disability which would enable you to engage in the application process or perform the essential functions of the job properly and safely. This might include, but is not limited to, a change to application or work procedures, documents in an alternate format, sign language interpreter, or specialized equipment.

