

# 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](mailto: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 Us Before?	
<input type="checkbox"/> No <input type="checkbox"/> Yes      If Yes, what dates _____	

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

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.....(Please indicate times available ____:____ -- ____:____ ) <input type="checkbox"/> Monday.....(Please indicate times available ____:____ -- ____:____ ) <input type="checkbox"/> Tuesday.....(Please indicate times available ____:____ -- ____:____ ) <input type="checkbox"/> Wednesday.....(Please indicate times available ____:____ -- ____:____ ) <input type="checkbox"/> Thursday.....(Please indicate times available ____:____ -- ____:____ ) <input type="checkbox"/> Friday.....(Please indicate times available ____:____ -- ____:____ ) <input type="checkbox"/> Saturday.....(Please indicate times available ____:____ -- ____:____ )		
What day are you available to start: _____		
What is your desired salary range? _____ Current salary range: _____		

Can you provide proof of your academic achievements? .....  Yes  No

**EDUCATION:**

	High School	Undergraduate College	Graduate Professional	Other (Please Specify)
<b>School Name</b>				
<b>School Address</b>				
<b>Course(s) of Study</b>				
<b>Years Completed</b>				
<b>Diploma Degree</b>				

**EMPLOYMENT:**

Employer	Dates Employed	Job Title	Wage/Salary Starting	Wage/Salary Ending
Address				
Telephone				
Reason for leaving				
Employer	Dates Employed	Job Title	Wage/Salary Starting	Wage/Salary Ending
Address				
Telephone				
Reason for leaving				

Employer	Dates Employed	Job Title	Wage/Salary Starting	Wage/Salary Ending
Address				
Telephone				
Reason for leaving				

Employer	Dates Employed	Job Title	Wage/Salary Starting	Wage/Salary Ending
Address				
Telephone				
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



130 West Division Street • P.O. Box 787 • Maple Lake, MN 55358  
 (320) 963-6500 • Fax (320) 963-5745 • TDD 1-800-627-3529  
 Office Hours: Monday - Friday 8:00 a.m. - 4:30 p.m.  
 E-mail: wcca@wccaweb.com

## An Equal Opportunity, Affirmative Action Employer

### *Employment Data Record*

*During employment, employees are treated without regards to race, color, religion, gender, sexual orientation, national origin, age, marital or veteran status, medical condition or handicap, sexual preference, gender identity, or any other legally protected status.*

*As an employee with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.*

*The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. It is not used for any other purpose. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.*

***PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOTE AFFECT ANY EMPLOYMENT DECISION.***

### VOLUNTARY SURVEY

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

Government agencies at times require periodic reports on the gender, ethnicity, handicap, veteran and other protected statuses of employees. This is for statistical analysis with respect to the success of the Affirmative Action program.

**SUBMISSION OF THIS INFORMATION IS VOLUNTARY AND WILL NOT AFFECT EMPLOYMENT DECISIONS.**

If you wish to mail this form separately from your application, please send it to the above address. Thank you.

Applicant's Name (optional):		
Position applied for:		
If currently employed by WCCA, please list your current job:		
Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Check one of the following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Latino or Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Multicultural Minority (you identify as more than one race)		
Are you a person with a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check if any of the following apply: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual		

