

North/Eastside
S E N I O R
Coalition

Application for Employment

Date _____

Position applied for _____

Applicant Information

Name _____

Complete Address _____

Telephone _____ Times to call _____

Employment Experience (*start with most recent employer*)

Name of Employer _____

Supervisor _____ Telephone () _____

Complete Address _____

Dates Employed _____

Position Title _____

Name of Employer _____

Supervisor _____ Telephone () _____

Complete Address _____

Dates Employed _____

Position Title _____

Name of Employer _____

Supervisor _____ Telephone () _____

Complete Address _____

Dates Employed _____

Position Title _____

Name of Employer _____

Supervisor _____ Telephone () _____

Complete Address _____

Dates Employed _____

Position Title _____

(over)

Life Experience (list any life experience that helps to qualify you for this position)

Volunteer Experience (that helps to qualify you for this position)

Where did you hear about this position opening?

Education

High School _____ Was diploma awarded? _____

College or University(ies) _____

Degrees received _____

Other educational/training experience _____

Do you have a valid Wisconsin Driver's License? _____

*If employed, you will be asked to complete an Employment Eligibility Verification (Form I-9) from the Immigration and Naturalization Service. If employed, NESCO will do a criminal background check in response to the City of Madison's ordinance on protection of vulnerable populations. You will also be asked to sign a statement indicating any criminal convictions related to the victimization of others. An Affirmative Action Request is included with this application; **completion of this form is voluntary.** Resumes and cover letters should be attached.*

References

As part of this application process, you authorize NESCO to make any investigation of your employment history and any other information related to your suitability for employment and authorizes any employment references to disclose to NESCO any such information they have regarding you. Signing this application releases NESCO, its Board, and its agents (as well as all providers of information) from any liability and for any damage which may result from the furnishing and receiving of this information.

Name _____ Title _____

Work phone _____ **or** Home phone _____

Name _____ Title _____

Work phone _____ **or** Home phone _____

Name _____ Title _____

Work phone _____ **or** Home phone _____

Signature of applicant _____ Date _____

Return to:

North/Eastside Senior Coalition, 1625 Northport Dr #125, Madison WI 53704 (608) 243-5252

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Affirmative Action Information

The North/Eastside Senior Coalition has adopted an Affirmative Action Policy. We request you provide the following information for affirmative action purposes (*it will not be used in the decision to hire or promote*). **Completion of this form is voluntary.**

Gender

Male
 Female

Race

White
 African-American
 Asian/Pacific Islander
 Native American/Alaskan Native
 Hispanic (included also in White)

Disabled

Yes
 No

Position applied for: _____

Applicant's signature: _____

Date: _____

Please return this form with your application.