



**EAST CENTRAL WISCONSIN REGIONAL PLANNING COMMISSION (ECWRPC)  
APPLICATION FOR EMPLOYMENT**

ECWRPC is an equal opportunity employer. ECWRPC does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

**PERSONAL INFORMATION**

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name:

Date:

Address:

Email:

Phone:

Are you eligible to work in the U.S?      Yes      No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)

Yes      No

Have you ever been terminated from employment or asked to resign by an employer?

Yes      No

**If yes**, please provide company names and details:

Have you ever been convicted of a crime? (This information is only considered for final applicants and only then if the conviction substantially relates to the job.)

Yes      No

**If yes**, please explain the details of the conviction - offense, location, date, and sentence:

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?      Yes      No

*Further employment may be contingent on successful completion of a background check.*

**EMPLOYMENT INFORMATION**

Date you can start:

Salary desired:

Position desired:

Are you currently employed?      Yes      No      May we inquire of your present employer? If

If presently employed, why are you considering leaving?

**REFERRAL SOURCE**

How did you hear about us?      Walk In      Advertisement      Referral      Other:

Have you ever worked for this company before?

Yes      No      Explain:

Do you know anyone who works for our company?      Yes      No

If yes, who?

**EDUCATION**

**High School:**

City/State:

Did you graduate? Yes      No

**Post-Secondary Education:**

City/State:

Degree Received:

Major/Minor:

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

**Employer 1:**

Phone:

Address:

Job Title:

From:

To:

Immediate supervisor:

Summarize the nature of the work performed and job responsibilities:

Reason for leaving:

**Employer 2:**

Phone:

Address:

Job Title:

From:

To:

Immediate supervisor:

Summarize the nature of the work performed and job responsibilities:

Reason for leaving:

**Employer 3:**

Phone:

Address:

Job Title:

From:

To:

Immediate supervisor:

Summarize the nature of the work performed and job responsibilities:

Reason for leaving:

Please list any special skills; experience and/or training that would enhance your ability to perform the position applied for:

**REFERENCES**

Give the names of three persons not related to you, whom you have known at least three (3) years.

Full Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_

**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for ECWRPC to hire me. If I am hired, I understand that either ECWRPC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of ECWRPC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to ECWRPC true and complete information on this application. No requested information has been concealed. I authorize ECWRPC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

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

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.**