

IMPACT

Employment Application



Please email the completed form to lpittman@impactinc.org with a subject of Job Application.

IMPACT is an Equal Opportunity Employer

APPLICANT INFORMATION									
Last Name			First			M.I.	Date		
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone			E-mail Address						
Fluent Languages Spoken			Date Available						
Are there other names under which you have worked or attended school?								YES	NO
Are you a citizen of the United States?								YES	NO
If no, are you authorized to work in the U.S.? (If hired, you will be required to provide proof of work authorization)								YES	NO
Are you at least 18 years old? If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.								YES	NO
<i>(We have removed this application question related to PAST criminal charges but do still require a pre-employment background check prior to formalizing an offer of employment.)</i>									
Are there any Pending criminal charges against you?								YES	NO
Have you ever applied to this company before?								YES	NO
Have you ever worked for this company before?								YES	NO
Position Applying for:				Salary Preference					
Are you looking for Full or Part-time?			Shift Preference			Available Start Date			
How were you referred to the company?			Agency	Walk-in	Friend/Relative	Website	School	Social Media	
			Other (please specify)						
COMPUTER SKILLS									
Please indicate which computer software programs and skills you have used and are comfortably familiar with:									
MS Word	Excel	Access	Outlook	PowerPoint	Windows 7	Windows 8	Windows 10		
Data Entry	Chat*	Texting*	Other (please specify)						
* used as part of employment									

EDUCATION

High School				Address			
From	To	Did you graduate?	YES	NO	Degree		
College				Address			
From	To	Did you graduate?	YES	NO	Degree		
Graduate School				Address			
From	To	Did you graduate?	YES	NO	Degree		
Other				Address			
From	To	Did you graduate?	YES	NO	Degree		

TRAINING COURSES *List any relevant training programs completed.*

Course/Seminar	Organization Sponsoring	Content	Date(s)

LICENSES AND CREDENTIALS

Do you currently have a valid Wisconsin Driver's License?	YES	NO
List any licenses and credentials you currently hold that relate to the job you are applying for:		

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

EMPLOYMENT HISTORY			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE – PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM
<ol style="list-style-type: none"> 1. 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 shall inquire as to whether or not applicants are being accepted at that time. 2. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired. 3. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and

knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

4. I understand that, before receiving a job offer, a background check and drug screening will be required.
5. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

I understand that my electronic signature is legally binding, just as if I had signed a paper document, and that my typed name in the signature box below is intended to be my electronic signature.

I Agree

Signature

Date

Thank you for your interest in IMPACT. Please return the completed form to hr@impactinc.org with a subject line of Job Application.

Invitation to Applicants to Self-Identify for Affirmative Action Related Purposes

This company (IMPACT) prepares affirmative action plans that cover females, minorities, persons with disabilities, and certain types of veterans. This survey is meant to help the company fulfill certain objectives in these affirmative action plans.

PLEASE NOTE: You are not required to complete any part of this form. The decision not to complete this form will NOT affect any opportunity for employment or benefits with the company. Any information you provide in this survey will be kept confidential and will not be used in any way that may adversely affect your employment with this company.

Affirmative Action Self-Identification	
Name:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Date:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Position you are applying for:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Please check the appropriate boxes:	
Race/Ethnic Origin	<input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander/Indian Subcontinent
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male

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