Diagram

Description automatically generated**EAU CLAIRE AREA HMONG MUTUAL**

## **ASSISTANCE ASSOCIATION, INC**

1320 W CLAIREMONT AVE EAU CLAIRE, WI 54701 | PH: 715.832.8420 | FAX: 715.832.0612 | WWW.ECAHMAA.ORG

## *The Eau Claire Area Hmong Mutual Assistance Association, Inc. is an Equal Opportunity/Affirmative Action Employer. Employment offers are made based on qualifications, and without regard to race, sex, religion, national or ethnic origin, disability status, or sexual orientation.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | | | | | | | | | | | |
| Full Name: | | | | | | | | | | | | | | Date of Birth: | | |
| **Last First M.I.** | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | |
| **Street City State Zip Code Apartment/Unit #** | | | | | | | | | | | | | | | | |
| Phone: | | | | | | | | | | E-mail Address: | | | | | | |
| Date Available: | | Social Security No. | | | | | | | | | | | Desired salary: | | | |
| Position Applied for: | | | | | | | | | | | | | | | | |
| **Are you a citizen of the United States?** | | | | **YES** | | **NO** | | **If no, are you authorized to work in the U.S.?** | | | | | | | **YES** | **NO** |
| **Have you ever worked for this company?** | | | | **YES** | | **NO** | | If yes, when? | | | | | | | | |
| **Have you ever been convicted of a felony?** | | | | **YES** | | **NO** | | **If yes, explain::** | | | | | | | | |
| **Education** | | | | | | | | | | | | | | | | |
| High School: | | | | | Address: | | | | | | | | | | | |
| From: | To: | | **Did you graduate?** | | | | **YES** | | | | **NO** | Degree: | | | | |
| College: | | | | | Address: | | | | | | | | | | | |
| From: | To: | | **Did you graduate?** | | | | **YES** | | | | **NO** | Degree: | | | | |
| Other: | | | | | Address: | | | | | | | | | | | |
| From: | To: | | **Did you graduate?** | | | | **YES** | | | | **NO** | Degree: | | | | |
| **References** *(Please list three professional references.)* | | | | | | | | | | | | | | | | |
| Full Name: | | | | | | | | | Relationship: | | | | | | | |
| Company: | | | | | | | | | | | | Phone: | | | | |
| Address: | | | | | | | | | | | | | | | | |
| Full Name: | | | | | | | | | Relationship: | | | | | | | |
| Company: | | | | | | | | | | | | Phone: | | | | |
| Address: | | | | | | | | | | | | | | | | |
| Full Name: | | | | | | | | | Relationship: | | | | | | | |
| Company: | | | | | | | | | | | | Phone: | | | | |
| **Address:** | | | | | | | | | | | | | | | | |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Previous Employment** | | | | | | | | |
| 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  No** | | | | | | | | |
| 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  No** | | | | | | | | |
| 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  No** | | | | | | | | |
| **Military Service** | | | | | | | | |
| Branch: | | | | | From: | | | To: |
| Rank at Discharge: | | | | Type of Discharge: | | | | |
| If other than honorable, explain: | | | | | | | | |
| **Disclaimer and Signature** | | | | | | | | |
| **I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination of my employment with the Eau Claire Hmong Mutual Assistance Association, Inc. I understand that a background check will be conducted if I am considered for employment with the Eau Claire Hmong Mutual Assistance Association, Inc.** | | | | | | | | |
| Signature: | | | | | | | Date: | |
| **AGENCY USE ONLY** | | | | | | | | |
| **Background Check completed: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Hired: \_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluation Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |