**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |