

## Employment Application 2096 RED ARROW TRAIL



MADISON, WI 53711 (608) 275-6740 FAX: (608) 275-6756 www.reachdane.org

Name		Dat	e
Address	City	Stat	e Zip Code
Phone Number Em	ail Address		
Position desired	Sala	y desired \$_	
MADISON AREA LOCATION: East North South West	OTHER LOCATIONS: DeForest Stoughton	Sun Prairie Green County	
Employment preference? Full-time Part-time	Temporary		
Are you 18 years or older? Yes No			
Are you legally eligible for employment in the USA? Yes  If you are not a U.S. citizen, what is your visa status?			
Date available for employment? Preferred Schedule (Ex: 8 am-4 pm): Employment may require unusual hours (including nights and w	veekends) are you willing t	o accept this? _	Yes No
Have you ever applied at Reach Dane/Reach Green before Have you ever worked at Reach Dane/Reach Green or I If yes, When? Past Position Are you now, or have you ever been the parent of a child Yes No If yes, give date(s) of enrollment/ch	Dane County Parent Co	uncil before? _	Yes No -
Have you ever been convicted of child abuse, sexual assault or (The state of Wisconsin requires the completion of background			
Do you have valid WI Driver's license?		YES	NO
Do you have a clear motor vehicle record?  If not, please explain:		YES	NO
ii not, piease explain.			
For Social Service Positions:	For Transportation	Positions:	
Do you have access to insured transportation?		u lift a minimu	n of 40 lbs?
YES NO		YES	NO
Do you own an insured auto?  YES NO	Do you have 0		d S Endorsements?

Current and Past Employment
Please list below (even if listed on resume) present and past employment, beginning with the most recent position.

Have you ever worked at any of these organ Name(s) used and which organizations:	izations under a different name? YES	NO
Employer:	Position:	Dates Employed:
Address:	Supervisor:	May we contact for Reference? YES NO
Phone:	Reason for Leaving:	Pay Rate:
Email: Job Duties:		
Employer:	Position:	Dates Employed:
Address:	Supervisor:	May we contact for Reference? YES NO
Phone: Email:	Reason for Leaving:	Pay Rate:
Job Duties:		
Employer:	Position:	Dates Employed:
Address:	Supervisor:	May we contact for Reference? YES NO
Phone:	Reason for Leaving:	Pay Rate:
Email: Job Duties:		
Employer:	Position:	Dates Employed:
Address:	Supervisor:	May we contact for Reference? YES NO
Phone:	Reason for Leaving:	Pay Rate:
Email: Job Duties:		

## Education and Training Graduated HS or GED/HSED? \_\_\_\_ Yes \_\_\_ No

Education beyond High School: (College, University, Vocational or other schools).

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Name of Educat	tional Insti	tute:	Location:			Degree/Major?
Graduated?	YES	NO	Current Student?	YES	NO	Credits Earned:
Name of Educat	tional Insti	tute:	Location:			Degree/Major?
Graduated?	YES	NO	Current Student?	YES	NO	Credits Earned:
Name of Educat	tional Insti	tute:	Location:			Degree/Major?
Graduated?	YES	NO	Current Student?	YES	NO	Credits Earned:
Relative Courses Are the courses	s to positior in the days	n: or evenings?				
Do you speak an (The	ny language e ability to	e(s) other than Eng communicate in	lish? Yes English is considere	No La	anguage sential	es: function of all positions)
Profession	al Regis	stration (Job re	elated and consistent	with bus	iness n	ecessity)
Type Type		State State		_ Lic. N _ Lic. N	0 0	Exp. Date Exp. Date
Has your profess If yes, describe	sional licens	se ever been susp	ended or revoked? _	Yes	1	No
Describe any releasesociations.	evant traini	ng or experience n	ot covered above. Li	st memb	erships	or honors in professional or technical
How were y	ou refe	rred to this	company?			
1 Online	Job Posting	(specify)				
		y (specify)				
6 OTHER		:Ull y)				

## References

Please list the names professional references (not related to you) who can testify to your ability to perform in the potential work area. (Students please include academic/clinical references.)

	Reference Name:	Business:	Relationship:			
REF 1	Phone:	Email:	Email:			
	Reference Name:	Business:	Relationship:			
REF 2	Phone:	Email:	Email:			
	Reference Name:	Business:	Relationship:			
REF 3	Phone:	Email:				
REF 4	Reference Name:	Business:	Relationship:			
	Phone:	Email:				
	Authorizati	on Polosso and Cortif	ication			
	Authorizati	on, Release and Certif	ication			
I unders misrepro dismissa stateme all liabili	esentation or omission of facts shall be sui al after employment. I authorize a represe	category.  not guarantee a job interview fficient cause for removal fro entative of Reach Dane/Reach by release such person, corp uthorize listed employers and	or offer of employment. I understand that m consideration for employment or for the Green to investigate, without liability, all oration, or other organization from any and direferences, without liability, to make full			
I unders must rea conside	stand this application will be considered ac apply for employment. I must contact the red for any specific opening that occurs wi d understand this authorization, release an	tive for six months, and that Human Resources Departm thin that period. I acknowled	if I wish to be considered after that time, I ent if I wish to have my application			
Signatu	ignature Date					
For C	Office Use Only					
	Position Offered:		Date Filled:			
	Pay Rate: PT/					
	Supervisor:					
	Program:		Location:			
	Job Code: Expense		Grant #:			
	Full/Part Year:					
	Comments:					