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2096 RED ARROW TRAIL	
MADISON, WI 53711	
(608) 275-6740 FAX: (608) 275-6756	
www.reachdane.org	
HRDept@reachdane.org	

# **Employment Application**

		Date	
Name	Social Secur	ity #	
Address			_ Zip Code
Primary Phone Number:	-		·
Best time to reach you?:			
Email Address			
Position desired			
	ER LOCATIONS:		
		_ Green County _ Sun Prairie	
Are you 18 years or older? Yes No			
Are you legally eligible for employment in the USA? Yes	No		
If you are not a U.S. citizen, what is your visa status?			
Employment with this Agency requires unusual hours (includin Yes No	ig nights and week	kends) are you willing	to accept this?
Date available for employment?	Salary d	lesired	
Employment preference? Full-time Part-time		ary	
Preferred Starting hour: Preferred Finishing h	our:		
Have you ever applied at Dane County Parent Council before? When?	? Yes No	Where?	
Have you ever worked at Dane County Parent Council before When?	Yes No	Where?	
Are you now, or have you ever been the parent of a child enro Yes No If yes, give date(s) of enrollment/child's r			
Have you ever been convicted of child abuse, sexual assault of	or crimes against c	hildren or involving se	exual morality?
Yes No (The state of Wisconsin requires the completion of background	d information discl	osure (verification) pri	or to confirmation of
hire)			
For all tooching, narout involvement and appiel convice no	aitiona		
For all teaching, parent involvement and social service por Do you have a valid Wisconsin Driver's License: Yes	No		
Do you have access to insured transportation? Yes No No Yes No	lo		
For Transportation Specialist positions:			
Can you lift a minimum of 40 pounds? Yes No Do you have a valid WI driver's license? Yes No			
Do you have a valid Commercial Driver's License with P or S I			
Do you have a clear motor vehicle record? Yes N	io ii no, piease ex	.pialli	

## Employment

Please list below (even if listed on resume) present and past employment, beginning with the most recent position. Complete ALL items and be specific.

DATE: MONTH/ YEAR	NAME /ADDRESS/PHONE OF EMPLOYER	POSITION/PAY	DUTIES	REASON FOR LEAVING
From	Employer: Address/Phone No:			
То	Name of Supervisor:	Pay rate:		
From	Employer: Address/Phone No:			
То	Name of Supervisor:	Pay rate:		
From	Employer: Address/Phone No:			
То	Name of Supervisor:	Pay rate:		
From	Employer: Address/Phone No:			
То	Name of Supervisor:	Pay rate:		
From	Employer: Address/Phone No:			
То	Name of Supervisor:	Pay rate:		

May we obtain references from the employers named above? \_\_\_\_ Yes \_\_\_\_ No
Please identify any employer you do not wish us to contact:\_\_\_\_\_

Have you ever worked for these organizations under a different name? \_\_\_\_\_ Yes \_\_\_\_\_ No

Give name and organization(s):

# **Education and Training**

	r completed)	N	lame and location of high scho	pol
1 2 3 4 5 6 7 8 9	10 11 12			
Graduated HS? Yes	No or	GED?	Yes No	
Education beyond High School: Circle the number of years in co	(College, Univ ollege or Univers	ersity, Vocatior sity: 1 2	nal or other schools). 3 4 5 6 7 8	
Name and Location of Educatio			Did you graduate?	Degree & Major Field
Are you currently pursuing furth	er studies?	YesN	lo	
Are the courses in the days or e	evenings?			
Do vou speak anv language(s) (	other than Engli	sh? Yes	s No If yes, please ir	ndicate:
	ation (Job rel	ated and consis	stent with business necessi	ty)
Professional Registra				
Professional Registra	State State		Lic. No Lic. No	Exp. Date
Professional Registra Type Type Other Has your license ever been sus	State State pended or revol	ked? Ye	Lic. No Lic. No s No	ty) Exp. Date Exp. Date
Professional Registra         Type         Type         Other         Has your license ever been sus         If yes, describe         Describe any relevant training or	State State pended or revol	ked? Ye	Lic. No Lic. No s No re (give dates). List membe	Exp. Date
Professional Registra         Type         Type         Other         Has your license ever been sus         If yes, describe         Describe any relevant training or	State State pended or revol	ked? Ye	Lic. No Lic. No s No re (give dates). List membe	Exp. Date Exp. Date
Professional Registra Type Type Other Has your license ever been sus If yes, describe Describe any relevant training o	State State pended or revol	ked? Ye	Lic. No Lic. No s No re (give dates). List membe	Exp. Date Exp. Date
Professional Registra Type Type Other Has your license ever been sus If yes, describe Describe any relevant training o	State State pended or revol	ked? Ye	Lic. No Lic. No s No re (give dates). List membe	Exp. Date Exp. Date
Professional Registra         Type	State State pended or revol or experience no ed to this c	ked? Ye ot covered abov	Lic. No Lic. No s No //e (give dates). List membe	Exp. Date Exp. Date
Professional Registra         Type	State State pended or revol or experience no ed to this c pecify) unty Parent Cou	ked? Ye ot covered abov	Lic. No Lic. No s No /e (give dates). List membe	Exp. Date Exp. Date erships or honors in professional or
Professional Registra         Type	State pended or revol or experience nc ed to this c pecify) unty Parent Cou pecify)	ked? Ye ot covered abov	Lic. No Lic. No s No re (give dates). List membe	Exp. Date Exp. Date erships or honors in professional or
Professional Registra Type Type Other Has your license ever been sus If yes, describe Describe any relevant training o	State pended or revol or experience nc ed to this c pecify) unty Parent Cou pecify) fy)	ked? Ye ot covered abov	Lic. No Lic. No s No re (give dates). List membe	Exp. Date Exp. Date erships or honors in professional or

### References

Please list the names of three 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.) Please indicate your relationship to the listed references.

Name	Address/Business	Relationship	Telephone Number(s)

#### Please read carefully before signing:

#### Authorization, Release and Certification

All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age, handicap, marital status, source of income, class, physical characteristics, sexual orientation, or political beliefs, as required by federal, state or local laws. No information on this application will be used for the purpose of discrimination on the basis of any such protected category.

I understand that receipt of this application does not guarantee a job interview or offer of employment. I understand that misrepresentation or omission of facts shall be sufficient cause for removal from consideration for employment or for dismissal after employment. I authorize a representative of Dane County Parent Council to investigate, without liability, all statements contained in this application and hereby release such person, corporation, or other organization from any and all liability for providing such information. I also authorize listed employers and references, without liability, to make full response to any inquiries by the Dane County Parent Council in connection with my application for employment.

I understand this application will be considered active for six months, and that if I wish to be considered after that time, I must reapply for employment. I must contact the Human Resources Department if I wish to have my application considered for any specific opening that occurs within that period. I acknowledge that I have read (or have had read to me) and understand this authorization, release and certification.

Applicant's Signature _	 Date Signed

## For Office Use Only

Position Offered:		Date Filled:
Pay Rate:	PT/FT Hours:	Start Date:
Supervisor:		Orientation date:
Program:		Location:
Job Code:	Expense #:	Grant #:
Full/Part Year:		
Comments:		

Greetings,

Thank you so much for your interest in working at Reach Dane!

We value the diverse backgrounds and skills that each of our employees brings to the table, and we are committed to fostering an inclusive environment where everyone can thrive.

To honor everyone with transparency we want to share up front that, with the exception of bilingual positions, all job interviews are conducted in English.

We understand that this may present a challenge for some candidates, but we believe it is important to assess language proficiency as part of the interview process. To ensure the safety of children, families and staff, a minimum level of English language proficiency is needed. For example: The ability to read a child's allergy sheet, and ensure safe foods are delivered, or read emergency plans if a child were to have an immediate health need.

This decision is based on the need for consistent communication and collaboration within our multilingual workplace environment.

We appreciate your understanding and cooperation; we want to ensure fair and equitable hiring practices while maintaining our commitment to effective communication and teamwork.

If you are looking to build your English proficiency, these community resources may be helpful:

- Madison College
- Latino Academy of Workforce Development
- Literacy Network
- Catholic Multicultural Center
- Wisconsin English as a Second Language Institute (WESLI)

Please reach out with any questions.

Kind Regards, Human Resources Team