

# APPLICATION FOR EMPLOYMENT

## Positive Alternatives Inc.

603 Terrill Road  
Menomonie, WI 54751  
Phone: (715) 235-9552  
Fax: (715) 235-1075

*Positive Alternatives is a United Way Member Agency*

- Resident Counselor  
 Volunteer/Practicum  
 Other

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**(PLEASE PRINT)**

Position Applied For:			Date of Application:		
How did you learn about us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> University/Placement Office _____			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-in			
<input type="checkbox"/> Other _____					
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip
Permanent/Parent's Address					
Telephone Number(s)/Cell		Social Security Number		E-Mail Address	

If you are under 18 years of age, can you provide proof of your eligibility to work?

- Yes       No       Not Applicable

Do you have reliable transportation, valid driver's license and insurance?

- Yes       No

Are you currently employed?

- Yes       No

May we contact your present employer?

- Yes       No       Not Applicable

Have you ever applied to this agency?

- Yes       No       If so, when? \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

How many hours/week do you prefer to work?

- 3-5     5-10     10-18     19-27     28-36

Have you lived in Wisconsin since your 18<sup>th</sup> birthday?

- Yes       No

If no, what other states have you lived in since your 18<sup>th</sup> birthday? \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?

Yes                       No

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain

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**Education**

	Name and address of school	Course of study	Years completed	Diploma Degree
High School				
Undergraduate School				
Graduate School				
Other (Specify)				

**Skills**

*Please indicate those areas in which you have had training or experience, including any volunteer or community service work.*

Experience		Applicable Vocational Fields
Years	Months	
		Business, Accounting, Marketing
		Home Economics (Housekeeping, Nutrition, etc.)
		Journalism/Communications
		Law
		Other Health fields (Including Therapy and Laboratory)
		Outreach work
		Teaching (Including Day Care)
		Secretarial, Clerical
		Social work (Counseling)
		Teacher's Aide
		Tutoring
		Trade Skills (Including Carpentry, Plumbing and Construction)
		Other (Specify)

Briefly describe any filed work experience associated with academic courses, apprenticeship programs, on-the-job training, or teaching experience, etc.

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**Employment Experience**

Employer Name:	Dates Employed	Hourly Rate/Salary	Work Performed
Address:	From:	Starting:	
Telephone Number(s):	To:	Final:	
Job Title:			
Reason For Leaving:			

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**Interests and Hobbies**

Describe any interests, hobbies, skills, organized athletics, recreational programs or activities that would be of interest to adolescents.

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**Motivation Statement**

Briefly describe why you wish to work for our agency. Please state what you hope to **gain from** and **give to** this agency.

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State any additional information you feel may be helpful to us in considering your application.

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**References**

1. \_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_  
(Address)

2. \_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_  
(Address)

3. \_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_  
(Address)

4. \_\_\_\_\_  
(Name) (Phone)

\_\_\_\_\_  
(Address)

**Emergency Contact Person**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Applicant's Statement

I verify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 period should inquire as to whether or not applicants are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "and will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_  
(Interviewer/Date)

Employed  Yes  No Date of Employment \_\_\_\_\_  
Hourly Rate \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
(Name and Title/Date)

Position(s) Applied for is Open  Yes  No

Position(s) Considered for: \_\_\_\_\_  
Date: \_\_\_\_\_

Notes:

**APPLICANT: DO NOT REMOVE THIS SHEET**  
**REQUEST FOR RACIAL AND ETHNIC DATA**

The information on this page is not part of the regular application form. It is requested solely for the purpose of determining compliance with federal civil rights laws. Your response will not affect consideration of your application. By providing this information you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Completion of this form is voluntary; failure to respond will in no way affect our review of your application.

The provisions of the Privacy Act cover the information requested on this detachable section.

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Date of Birth: \_\_\_\_\_

Instructions: Please categorize yourself by placing an "X" next to the proper category.

Male     Female

Black not Hispanic origin (a person having origins in any of the Black racial groups of Africa).

Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race).

White not of Hispanic origins (having origins in any of the original people of Europe, North America or the Middle East).

Asian     Other

Disabled – Disability means any condition or characteristic that renders a person disabled. A disabled person is one that 1) has a physical, sensory or mental impairment which substantially limits one or more major life activities, 2) has a record of such, 3) is regarded as having a disability – WI Human Rights Act.

I prefer not to respond.