

APPLICATION FOR EMPLOYMENT

Positive Alternatives Inc.

2860 Williams Avenue
River Falls, WI 54022
Phone: (715) 426-2224
Fax: (715) 426-2225

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

1370 60th Avenue
Amery, WI 54001
Phone: (715) 268-7997
Fax: (715) 268-7973

110 24th Street So, Ste. B
Wisconsin Rapids, WI 54494
Phone: (715) 712-1617
Fax: (715) 712-1605

“Positive Alternatives is a United Way Member Agency”

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"/> University/Placement Office _____			
<input type="checkbox"/> Agency Website	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Other Website _____			
<input type="checkbox"/> Agency Face Book	<input type="checkbox"/> Indeed.com	<input type="checkbox"/> Other _____			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip
Permanent/Parent's Address					
Contact Number(s)		Social Security Number		E-mail Address	

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

N/A Yes No

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

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 40

Have you lived in Wisconsin since your 18th birthday?

Yes No

If no, what other states have you lived in since your 18th 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

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.

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. _____

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.

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

References

1.	_____	_____	_____
	(Name)	(Phone)	(e-mail address)

	(Address)		
2.	_____	_____	_____
	(Name)	(Phone)	(e-mail address)

	(Address)		
3.	_____	_____	_____
	(Name)	(Phone)	(e-mail address)

	(Address)		
4.	_____	_____	_____
	(Name)	(Phone)	(e-mail address)

	(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 applications 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.

All applicants will be notified regarding the status of their application within two weeks of position closing or receiving of the application.

Signature of Applicant

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.

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).

- American Indian or Alaskan Native (a person having origins in nay of the original peoples of North America and who maintains cultural identifications through tribal affiliation or community recognition).

- 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.