



# Community Alternatives

503 S. Main Street  
Shawano, WI 54166  
Office – 715-526-5566 ~ Fax – 715-524-5574

# Employment Application

## PERSONAL INFORMATION

Last Name		First Name		Middle Initial	
Street Address		City		State/Zip	
Phone		Alternate Phone		Social Security Number	
List any names used if different on this application.					
Position Applying For		I am Seeking <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Date You Can Start	Desired Salary
Are you at least 18 years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you legally authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a present member of the National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please explain in concise detail below, giving dates and nature of the offense. NOTE: A "Yes" answer to the above question does not necessarily disqualify an applicant for employment. _____					
Are you employed at the present time? <input type="checkbox"/> Yes <input type="checkbox"/> No			If employed are we able to contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied or worked with our agency in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a valid WI driver's license in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your driver's license number? _____ Expires _____			Can you provide proof of vehicle insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What shifts are you willing to work? <input type="checkbox"/> Any <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Overnight			Are you willing to work: Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No    Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you available for overtime hours if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			What days are you unable to work? _____		
Are you able to meet the attendance requirements of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you been referred to Community Alternatives: <input type="checkbox"/> Yes <input type="checkbox"/> No    By Whom? _____		

## EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper, if necessary. No more than 10 years of employment history is recommended.

Employer Name/Address:	Position Title/Duties/Skills:	Start Date:	End Date:
		Reason For Leaving:	
Pay: \$ _____ Per: _____	Supervisor: _____ Phone: _____		
Employer Name/Address:	Position Title/Duties/Skills:	Start Date:	End Date:
		Reason For Leaving:	
Pay: \$ _____ Per: _____	Supervisor: _____ Phone: _____		
Employer Name/Address:	Position Title/Duties/Skills:	Start Date:	End Date:
		Reason For Leaving:	
Pay: \$ _____ Per: _____	Supervisor: _____ Phone: _____		

Which of the jobs listed in your employment history did you like best? \_\_\_\_\_

Which of the jobs listed in your employment history did you like the least? \_\_\_\_\_

### EDUCATION

Education	Institution Name/Address	Years Completed	Field of Study or Degree	Graduated
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional				<input type="checkbox"/> Yes <input type="checkbox"/> No

### SKILLS & QUALIFICATIONS

Please list any special Training/Skills/Qualifications - List all job related training or skills you possesses such as personal abilities, honors, professional licenses, certifications, First Aid, CPR, Fire Safety, Medication Administration, Resident Rights or registrations that should be considered:

\_\_\_\_\_

Do you speak or write a language other than English (if required for this job)?  Yes  No

Do you have any sign language experience (if required for this job)?  Yes  No

### REFERENCES

Name	Address	Phone	Business	Years Known	Relationship

***PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY***

- Non-discrimination policy: Community Alternatives does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, veteran status, disability, sexual orientation and any other protected categories. No question on this application is intended to secure information to be used for such discrimination.
- I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Community Alternatives unless I have indicated to the contrary. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if I am hired, in my dismissal from employment.
- In consideration of my employment, I agree to conform to the rules and standards of Community Alternatives, as amended from time to time at Community Alternatives' sole discretion. I understand that in accepting this application, Community Alternatives is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
- I understand that no employee or representative of Community Alternatives has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also understand that all offers of employment are contingent upon proof of my identity, legal ability to work in the United States, successful completion of pre-employment screening and satisfactory reference checks.
- I authorize Community Alternatives to investigate any information, including my employment history, educational background, credit history and record of criminal convictions that it believes is relevant to my employment application. My former employers, education institutions, and personal references may provide information that they may have about me in response to inquiry from Community Alternatives. I also understand that any offer of employment is conditioned on the completion of pre-employment tests, background checks and documentation. I will, upon request, sign all necessary consent forms.

I understand that all inquiries on this application must be completed and if any inquire is left blank, my application will be rejected. I also acknowledge that I have read and understand all of the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature	Date
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