

Office $-715-526-5566 \sim Fax - 715-526-5574$

Employment Application

	Ľ	ERSONAL I	NFORMATIC				
Last Name	First Name		Middle Initial				
Street Address	City		State/Zip				
Phone	Email Address So		Social Sect	Social Security Number			
List any names used if different on this	applicatio	on.					
Position Applying For		I am Seeking □ Full Time □] Part Time	Date You (Can Start	Desi	red Salary
Are you at least 18 years of Age?			Are you legally aut	horized to w	ork in the U	S?	
\Box Yes \Box No			Are you legally authorized to work in the US? □ Yes □ No				
Are you a Veteran?			Are you a present r	nember of th	mber of the National Guard or Reserves?		
□ Yes □ No			□ Yes □]] No			
Have you ever been convicted of a felor If "Yes" please explain in concise detai does not necessarily disqualify an applic	il below, g	☐ Yes giving dates and na mployment.	ature of the offense.				
Are you employed at the present time? \Box Yes \Box No			If employed are we	e able to cont ∃ No	act your pres	sent en	nployer?
Have you ever applied or worked wit	th our age	ency in the past?			s license in g	rood st	anding?
\Box Yes \Box No		ing in the parts	Do you have a valid WI driver's license in good standing?				
What is your driver's license number?			Can you provide proof of vehicle insurance?				
No. Expires:			□ Yes □ No				
What shifts are you willing to work?			Are you willing to work?				
□ Any □ Day □ Night □ Overnight			Holidays 🛛 Yes	🗆 No 🛛	Weekends	□ Yes	s 🗆 No
Are you available for overtime hours if required? What days are you unable to work? Yes No							
Are you able to meet the attendance requirements of the position?			Have you been referred to Community Alternatives? □ Yes □ No by Whom?				
	R	MPLOYME	NT HISTORY	7			
List most recent employment first. Incl listed here, in the summary following th history is recommended.	ude sumn nis section	ner or temporary jo 1 or on an extra she	bs. Be sure all your	experience of			employment
Employer Name/Address: P	Position T	itle/Duties/Skills:			Start Date:		End Date:
Pay: \$					Reason for	· Leavi	ng:
Per: S	Supervisor		Phone:				
Employer Name/Address: P	Position Title/Duties/Skills:			Start Date:		End Date:	
					Reason for	·Leavi	ng:
Pay: \$							
	Supervisor		Phone:				
Employer Name/Address: P	Position T	itle/Duties/Skills:			Start Date:		End Date:
					Reason for	Leavi	ng:
Pay: \$							

Per:	Supervisor:	Phone:	

which of the jobs listed in your emp	noyment mistory and you like th	e least?			
EDUCATION					
Education	Institution Name/Address	Years Completed	Field of Study	Graduated	
			or		
			Degree		
High School				□ Yes □ No	
College/University				\Box Yes \Box No	
Business/Technical				□ Yes □ No	
Additional				□ Yes □ No	
CIZILI C & ALLA LIFICATIONS					

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	Relationship
				Known	

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

- Community Alternatives is an Equal Employment Opportunity employer. We are committed to ensuring that no person is excluded from the participation in, denied the benefits of, or otherwise subjected to discrimination on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficiency (LEP) in any and all programs, activities or services administered by the Community Alternatives in accordance with Title VI of the Civil Rights Act of 1964 and related nondiscrimination authorities.
- 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