



Date Received

Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Positions Applied For		Date of Application		
How did you learn about us?	Friend/Relative	Employee (current or former)	Advertisement <i>please list</i>	
	Class Presentation	Job Center of Wisconsin	Job Fair	Other <i>please list</i>

Last Name	First Name	Middle Name		
Address	City	State	Zip Code	
Telephone Number(s)	Email			

Best time to contact you at home is.....		AM
		PM
Are you over 18 years of age?	Yes	No
Have you ever filed an application with us before?	Yes	No
If yes, give date		
Have you ever been employed with us before?	Yes	No
If yes, give date		
Do any of your friends or relatives, other than spouse, work here?	Yes	No
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?	Yes	No
<i>Proof of citizenship or immigration status will be required upon employment</i>		
Date available to work	What is your desired salary range?	
Are you available to work:	Full-Time	Part-Time Temporary
Shift	1 st (7:30/8:00 am – 3:30/4:00 pm)	2 nd (3:30/4:00 pm – 9:00/12:00 pm) 3 rd (12:00 am – 7:30/8:00 am)
Are you currently on "lay-off" status and subject to recall?	Yes	No
Can you travel if the job requires it?.....	Yes	No
Have you ever been convicted of a felony?.....	Yes	No
<i>A criminal record does not constitute an automatic bar to employment, but will be considered if only it applies to the job in question.</i>		

Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities including any professional, trade, business or civic activities and offices held.

Personal References

Name

Phone #/Email

Address

City

State

Zip Code

Name

Phone #/Email

Address

City

State

Zip Code

Name

Phone #/Email

Address

City

State

Zip Code

Employment Experience

Please continue on a separate sheet of paper if you need additional space.

Start with your present or last job. Include any job-related military service assignments and volunteer activities for the last 5 years. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If applicable at the end indicate reason for absence of employment.

Employer	Dates Employed	From	To
Supervisor Name & Email	Phone	Fax	
Address	City	State	Zip Code
Job Title			
Reason for Leaving	Work Performed		

Employer	Dates Employed	From	To
Supervisor Name & Email	Phone	Fax	
Address	City	State	Zip Code
Job Title			
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Employer	Dates Employed	From	To
Supervisor Name & Email	Phone	Fax	
Address	City	State	Zip Code
Job Title			
Reason for Leaving	Work Performed		

Chileda is an equal opportunity employer. This information is VOLUNTARY and will be used to assist us in our civil rights compliance.

Race: Asian Native American Pacific Islander White
 African American Hispanic/Latino Other

Veteran: Yes No

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

Yes No

Applicant's Statement

I certify that answers given herein are true and complete.

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 time 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 "at 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

Date



Confidential Reference Request

The undersigned, an applicant for employment with Chileda Institute, Inc., hereby authorizes the disclosure of any personal, educational, or employment information for use in determining suitability for employment. I release any and all parties from any claim for damages as a result of any disclosure of any information to Chileda Institute, Inc.. A copy of this authorization is deemed as valid as the original bearing my signature.

Applicant's Name

Applicant's Signature

Date

This is to serve as (please check one) **Employment Reference** **Personal Reference**

Applicant's Social Security Number

Employment Reference (to be completed by current or past employers)

Dates of Employment From

Dates of Employment To

Company Name

Name of individual completing form

Title of individual completing form

Does your company policy allow the release of information beyond verification of dates of employment? Yes No
If "Yes" please continue this section. If "No" please sign, date and return this form.

Eligible for re-hire? Yes No

Position(s) Held

Please rate the applicant on the following areas using the scale below. ❶ Poor ❷ Fair ❸ Satisfactory ❹ Above Average ❺ Outstanding

Rating and Comments

Quality of Work

Initiative

Judgment/Reasoning

Dependability

Cooperation

Attendance

Do you know of any reason the applicant should not be hired to work in the proximity of children or young adults with development disabilities?
Yes No

Personal Reference (to be completed by those listed as personal references)

How long have you known the applicant and in what capacity?

Do you feel comfortable in recommending this individual for employment at Chileda (please include comments below)? Yes No

Do you know of any reason the applicant should not be hired to work in the proximity of children or young adults with developmental disabilities?
Yes No

Certification (to be completed by ALL references)

To your knowledge has the applicant ever been implicated or convicted in a child or client abuse case? Yes No

Thank you for your prompt cooperation!

Reference Signature

Date