

CEREBRAL PALSY OF MIDEAST WISCONSIN  
36 BROAD ST SUITE 120, P O BOX 1241  
OSHKOSH, WI 54903-1241  
920-424-4071 OR 800-261-1895

Branch Offices  
120 N. Morrison Suite 103, Appleton, WI 54911 920-993-1950  
402 E. Division St., PO Box 674, Wautoma, WI 54982-0262 920-787-4350

**APPLICATION FOR EMPLOYMENT - PLEASE PRINT  
AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER**

REFERRAL SOURCE: EXTERNAL ADVERTISEMENT \_\_\_\_\_  
EMPLOYEE \_\_\_\_\_  
WALK IN \_\_\_\_\_ OTHER \_\_\_\_\_

CIRCLE ONE: OUT OF HOME RESPITE CAMP COUNSELOR  
INDEPENDENT LIVING OTHER \_\_\_\_\_

Type of Employment desired (circle one): Full Time Part Time

Date Available to Start \_\_\_\_\_

Date Application Filled Out \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you at least 18 years of age YES NO

Have you filed an application here before? YES NO If yes give date \_\_\_\_\_

Have you ever been employed here before? YES NO If yes give dates \_\_\_\_\_

Are you legally eligible for employment in this country? YES NO  
(Proof of US citizenship or immigration status will be required upon employment.)

Have you been convicted of a felony or misdemeanor in the last seven years? YES NO  
(Convictions do not constitute automatic bar to employment)  
If yes, please state date, place and nature of convictions  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license? YES NO Do you have auto insurance? YES NO

Drivers license number \_\_\_\_\_ State \_\_\_\_\_

Driving History: \_\_\_\_\_

**EMPLOYMENT HISTORY**

**PLEASE LIST YOUR LAST THREE EMPLOYERS, ASSIGNMENTS, MILITARY EXPERIENCE, OR VOLUNTEER ACTIVITIES. BEGIN WITH YOUR MOST RECENT OR CURRENT EMPLOYER**

Employer/Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date started \_\_\_\_\_ Date ended \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_  
May we contact them for a reference? YES NO LATER Current Pay Rate: \_\_\_\_\_  
Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer/Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date started \_\_\_\_\_ Date ended \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_  
May we contact them for a reference? YES NO LATER Current Pay Rate: \_\_\_\_\_  
Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer/Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date started \_\_\_\_\_ Date ended \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_  
May we contact them for a reference? YES NO LATER Current Pay Rate: \_\_\_\_\_  
Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer/Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date started \_\_\_\_\_ Date ended \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_  
May we contact them for a reference? YES NO LATER Current Pay Rate: \_\_\_\_\_  
Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

### EDUCATIONAL BACKGROUND

List all schools attended, number of years completed, indicate certification, license, degree or diploma received, major or minor if applicable.

School/Location	Number of years completed	Certification, license or degree	Major	Minor
High School	9,10,11,12			
Technical College	1,2,3,4			
College/University	1,2,3,4			

List business or professional organizations of which you are a member (omit those indicating race, creed, color, sex, national origin or other protected status.)

---



---

Please list 3 **PERSONAL** references (not friends or relatives, can use co-workers, supervisors, minister, teachers, etc.) with their **COMPLETE HOME PHONE NUMBER AND HOME MAILING ADDRESS:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

**EMPLOYEE RESPONSIBILITY TO THE ORGANIZATION:**

**Please be sure to read the following statements carefully, initial and sign this application.**

I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that omitting requested information or giving false information on my application, in my interview(s) or in the process of my preemployment evaluation may result in rejection of my application, withdrawal of a job offer, or termination, if I am hired.

**Initials:** \_\_\_\_\_

I authorize investigation of all statements in this application may be necessary in arriving at an employment decision, including a police/criminal record check from the Wisconsin Department of Justice and any other appropriate Agency(s) to comply with HFS Chapter 12. I hereby release from liability the employer(s) and its representatives for seeking and furnishing such information.

**Initials**\_\_\_\_\_

I understand that if offered a job, I will be required to:

1. Undergo a physical health exam and communicable disease screening by a physician designated by the Employer, which may affect decisions whether I can do the essential functions of the job.
2. Undergo and pass a criminal record, driving record and reference checks.
3. And, after placement, complete and receive certification in any and all employee training required and requested by the Employer.

**Initials** \_\_\_\_\_

I understand the organization is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state, or federal law.

**Initials**\_\_\_\_\_

I understand that this application does not represent an offer of, or contract for employment. I understand that employment with this Agency is "at will" and that no guarantee of job exists. If employed, I may terminate employment at any time for any reason, and the company may terminate my employment at any time, for no reason or for any reason not contrary to law. **Initials**\_\_\_\_\_

This application is current for 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application. **Initials**\_\_\_\_\_

\_\_\_\_\_  
Printed Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

Name (Please Print) \_\_\_\_\_

Days available to work? Check all those that apply.

Monday  Tuesday  Wednesday  Thursday  Friday  
 Saturday  Sunday

Please rank in order of preference (1 being first choice) the hours you wish to work.

- 7a-3p, 8a-4p
- 3p-11p, 4p-8p
- 11p-7a,
- Split shift
- Live-in attendant
- Weekend relief attendant

Please list what experience or skills you have in:  
Meal Preparation (Please list everything in the last meal you prepared)

Cleaning

Personal Cares

Transfer Assistance - circle all those that you have done.

1 Person    2 Person    3 Person    Hoyer Lift    Marie Lift    Sara Lift    Gait Belt