Employment Application

**Important Instructions:** The information presented on this form will determine the acceptance of your application. For this reason, it is extremely important that you answer all questions completely and accurately and that you relate your background as candidly and fully as possible to the duties and requirements described in the job announcement. You may attach a resume or other documentation. A separate application must be filed for each position for which you are applying. Applications reaching final employment consideration will be required to verify certain relevant information stated in the application for example, but not limited to, college transcripts, military discharge papers, etc.

If you are a person with a disability and need an accommodation at any time during the recruitment or employment process, you are responsible for informing us of your needs. Thank you for your interest in Safe Harbor Child Advocacy Center, Inc.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICATION FOR POSITION OF: | | | | | | | | | | |
| LAST NAME: (PRINT CLEARLY) | | | FIRST NAME: | | | | MIDDLE NAME: | | | |
| PRESENT ADDRESS (NUMBER, STREET): | | | | CITY: | | | STATE: | ZIPCODE: | | HOME PHONE number |
| MAILING ADDRESS - IF DIFFERENT THAN ABOVE (NUMBER, STREET): | | | | CITY: | | | STATE: | ZIPCODE: | | WORK PHONE NUMBER |
| SOCIAL SECURITY NUMBER | | | | | | | E-MAIL ADDRESS: | | | |
| Are you a U.S. citizen or a legal resident authorized to work in the U.S.? ◼ Yes ◼ No  If no, do you have an entry permit which allows you to work? ◼ Not Applicable ◼ Yes ◼ No  Are you at least 18 years of age? ◼ Yes ◼ No | | | | | | | | | | |
| If the job requires weekends and nights,  Would you be willing to accept it? | | What days are you NOT available for work? | | | | | | What hours are you NOT available for work? | | |
| ◼ Yes ◼ No | |
| Do you have a valid driver’s license?  ◼ Yes ◼ No | IF “YES,” GIVE DRIVER’S LICENSE NUMBER | | | | STATE | EXPIRATION DATE (M/D/Y) | | | Do you have access to a car?  ◼ Yes ◼ No | |
| Since your 17th birthday, have you ever been convicted of a felony, misdemeanor, or been convicted by military court‑  martial or any of the ordinance violations listed here: Disorderly Conduct, Damage to Property, Trespass, Retail Theft, ◼ Yes ◼ No  Procuring Alcohol for an Underage Person, Criminal Traffic Offenses or Obstructing a Peace Officer?  As a juvenile, have you ever been waived into adult court and convicted of any felony or misdemeanor? ◼ Yes ◼ No  Are you now subject to a pending charge? (Felony/Misdemeanor/Court Martial Offenses or any of the following ordinance  violations: Disorderly Conduct, Damage to Property, Trespass, Retail Theft, Procuring Alcohol for an Underage Person, ◼ Yes ◼ No  Criminal Traffic Offenses or Obstructing a Peace Officer) | | | | | | | | | | |
| Please list all convictions and all pending charges. (Felony/Misdemeanor/Court Martial Offenses or any of the following ordinance violations:  Disorderly Conduct, Damage to Property, Trespass, Retail Theft, Procuring Alcohol for an Underage Person, Criminal Traffic Offenses or  Obstructing a Peace Officer.) Include relevant dates. | | | | | | | | | | |
| In accordance with federal, state and local law, pending criminal charges or any convictions will not be considered unless they are substantially  related to circumstances of the position for which you are applying. | | | | | | | | | | |

♦ The provision of your social security number is not mandatory. It will be used only for applicant tracking purposes.

**EDUCATION & TRAINING**

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| TRAINING BEYOND HIGH SCHOOL (College or University, Business College, or other schools you have attended)  Under credits earned, indicate “Q” for Quarter Hours and “S” for Semester Hours | | | | | | CIRCLE THE NUMBER OF YEARS IN COLLEGE/UNIVERSITY | |
| 1 2 3 4 5 6 7 8 | |
| NAME & LOCATION OF INSTITUTION | DATES ATTENDED | | | MAJOR FIELD | | GPA/BASE | DEGREE CONFERRED & YEAR |
| FROM | TO | |
|  |  |  | |  | |  |  |
| NAME & LOCATION OF INSTITUTION | DATES ATTENDED | | | MAJOR FIELD  MAJOR FIELD | | GPA/BASE | DEGREE CONFERRED & YEAR |
| FROM | TO | |
|  |  |  | |  | |  |  |
| NAME & LOCATION OF INSTITUTION | DATES ATTENDED | | | | MAJOR FIELD | GPA/BASE | DEGREE CONFERRED & YEAR | |
| FROM | | TO | |
|  |  | |  | |  |  |  | |
| Describe any education or training not covered above for which you are applying such as, correspondence courses, service schools, in-service training. | | | | | | | | |
| Indicate Academic Honors or other school achievements, which may be helpful in evaluating your background. | | | | | | | | |
| If currently licensed or registered to practice in Wisconsin as a member of some profession or trade, indicate type of license or registration. | | | | | | | | |
| List memberships in professional or Technical associations. | | | | | | | | |
| Describe here to what extent your training and experience have given you the technical knowledge and interest to perform the type of work for which you are applying. | | | | | | | | |

### WORK EXPERIENCE – please do not use the statement ‘see resume’

Provide a complete description of your job duties. This information will be used to determine if you meet the minimum job qualifications. Start with your most recent job. List ALL of your employment history. (Additional employment data may be attached on a separate sheet.) Be certain to include service in the armed forces. For all work, show the average number of hours per week. For each job held, be sure to indicate your specific dates of employment to include month and year. Indicate any changes in job title under the same employer as a separate position. VOLUNTEER WORK EXPERIENCE TO BE CONSIDERED MUST INCLUDE NAMES OF INDIVIDUALS TO VERIFY TYPE OF WORK, AVERAGE HOURS PER WEEK, AND DATES.

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| --- | --- | --- | --- | --- |
| EMPLOYER | | DEPARTMENT/BUSINESS | MAJOR DUTIES | % TIME |
|  |  |
| YOUR TITLE  NAME, EMAIL & PHONE NO. OF SUPERVISOR | | REASON FOR LEAVING  CAN WE CONTACT THIS SUPERVISOR? YES/NO |
| TOTAL LENGTH OF TIME EMPLOYED  FULL-TIME: HRS. P/WK NO. OF YRS. MOS. | | |  |  |
| PART-TIME: HRS. P/WK NO. OF YRS. MOS. | | |
| FROM: (Month & Year) TO: (Month & Year) | | |  |  |
| SALARY: $ HOURLY MONTHLY ANNUALLY | | |  |  |
| EMPLOYER | DEPARTMENT/BUSINESS | | MAJOR DUTIES | % TIME |
|  |  | |  |  |
| YOUR TITLE | REASON FOR LEAVING  CAN WE CONTACT THIS SUPERVISOR? YES/NO | |
| NAME, EMAIL & PHONE NO. OF SUPERVISOR | | |  |  |
| TOTAL LENGTH OF TIME EMPLOYED | | |  |  |
| FULL-TIME: HRS. P/WK NO. OF YRS. MOS. | | |  |  |
| PART-TIME: HRS. P/WK NO. OF YRS. MOS. | | |  |  |
| FROM: (Month & Year) TO: (Month & Year) | | |  |  |
| SALARY: $ HOURLY MONTHLY ANNUALLY | | |  |  |
| EMPLOYER | DEPARTMENT/BUSINESS | | MAJOR DUTIES | % TIME |
|  |  | |  |  |
| YOUR TITLE | REASON FOR LEAVING  CAN WE CONTACT THIS SUPERVISOR? YES/NO | |
| NAME, EMAIL & PHONE NO. OF SUPERVISOR | | |  |  |
| TOTAL LENGTH OF TIME EMPLOYED | | |  |  |
| FULL-TIME: HRS. P/WK NO. OF YRS. MOS. | | |  |  |
| PART-TIME: HRS. P/WK NO. OF YRS. MOS. | | |  |  |
| FROM: (Month & Year) TO: (Month & Year) | | |  |  |
| SALARY: $ HOURLY MONTHLY ANNUALLY | | |  |  |

**Work Related References (other than Family or Immediate Supervisor)**

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| --- | --- | --- | --- |
| NAME | RELATIONSHIP | EMAIL ADDRESS | PHONE NO. |
| NAME | RELATIONSHIP | EMAIL ADDRESS | PHONE NO. |
| NAME | RELATIONSHIP | EMAIL ADDRESS | PHONE NO. |

###### CONFIDENTIALITY

Safe Harbor’s policy is to retain application information including applicant names in confidence. However, Wisconsin law requires that if applicants have not requested that their application information be held in confidence, and a person outside of Safe Harbor Child Advocacy Center, Inc. requests the release of such application information; this information, including the applicant’s name, must be released [Sections 19.36(7) and 19.42(7w), Stats]. This same law provides that the application information of those that become a finalist for Safe Harbor’s positions servicing under a contractual employment agreement must be released if so requested even if these finalists have stated that their application be held in confidence. Please check one of the boxes below.

* I request confidentiality of my name as a candidate for this position.
* I do not request confidentiality of my name as a candidate for this position.

Failure to indicate your preference will subject your name for release in accordance with the above statement.

###### Please read the paragraphs below carefully before signing

If you have any questions regarding this statement, please discuss with the Program Director before signing.

I certify that my answers to the questions are true to the best of my knowledge and am aware that misrepresentation or omission of facts called for on this form is cause for rejection of my application or immediate discharge from the organization’s service. I voluntarily give Safe Harbor Child Advocacy Center, Inc. the right to make a thorough investigation of past employment, agree to cooperate in such investigation and release from all liability of responsibility all persons, companies or corporations supplying such information.

I understand that this application for employment shall be considered active for a period of time not to exceed six (6) months.

It is herby understood and acknowledged 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 without cause. It is further understood that this ‘at will’ employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

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Applicant Signature Date

**PERMISSION FOR BACKGROUND CHECK**

I give my permission for Safe Harbor Child Advocacy Center, Inc. to conduct a background screening check with law enforcement, previous employers, and any other appropriate persons, to determine my suitability in employment at Safe Harbor. I understand that this permission is part of my application for employment with Safe Harbor Child Advocacy Center, Inc., and I understand that this information will only be used in regard to the completed application accompanying this form.

Full Legal Name (including middle name):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other names by which you have been known (including maiden name):

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Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Counties and other states lived in during the last five years:

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Signature