

Child Development Center of St. Joseph

EMPLOYMENT APPLICATION

We are a drug free work environment.

EQUAL OPPORTUNITY EMPLOYER

All qualified applicants will receive equal consideration regardless of race, color, sex, marital status, national origin, disability, age, religion or any other protected basis as prohibited by law.

PERSONAL INFORMATION

NAME: (LAST / FIRST / MIDDLE) _____ PREVIOUS LAST NAME: _____

PRESENT ADDRESS: _____ CITY _____ STATE _____ ZIPCODE _____

PHONE NUMBER: () _____ NUMBER WHERE MESSAGE CAN BE LEFT () _____

SOCIAL SECURITY NUMBER _____ ARE YOU AT LEAST 16 YEARS OF AGE? YES NO

ARE YOU A CITIZEN OF THE U.S.: YES NO DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S.? YES NO

DO YOU HAVE FRIENDS OR RELATIVES IN OUR EMPLOY? YES NO IF YES, NAME: _____

RELATIONSHIP _____ WHERE EMPLOYED? _____ IN WHAT ROLE? _____

HAVE YOU EVER WORKED FOR VILLA ST. FRANCIS? YES NO

WHEN? FROM _____ TO _____ IN WHAT ROLE? _____

DO YOU HOLD A VALID DRIVER'S LICENSE? YES NO

POSITION INFORMATION

POSITION APPLYING FOR: _____

CHECK ALL THAT APPLY: I CAN WORK FT PT - IF PT, HOW MANY HOURS/WEEK? _____ ON CALL TEMPORARY

TEMPORARY - TIME PERIOD AVAILABLE _____ SHIFT - RANK IN ORDER OF PREFERENCE: 1ST 2ND 3RD

WHAT HOURS ARE YOU AVAILABLE TO WORK? _____

WILL YOU WORK ALTERNATING WEEKENDS? YES NO SALARY REQUIREMENTS: _____ DATE AVAILABLE _____

Thank you for your interest in the Child Development Center of St. Joseph (Center). We are pleased you have chosen to apply with us. Your application will be reviewed by an HR representative and should we be interested in your qualifications, you will be contacted within 1 to 2 weeks to set up a personal interview. Due to the volume of applications we receive, we regret that we are only able to contact those people we are interested in interviewing. If you are not contacted, your application will be kept on file for a period of six months. Best of luck in your job search.

**Child Development Center of St. Joseph
1600 W. Oklahoma Ave., Milwaukee, WI 53215**

PRINT NAME	LAST	FIRST	MIDDLE	DATE
SOCIAL SECURITY NUMBER		PREVIOUS LAST NAME(S)		

I, _____, do hereby consent to and authorize employers to release the information requested within this reference form. I hereby hold harmless and release said employer from any liability in releasing this information to the Child Development Center of St. Joseph.

Sign your name (do not print): _____ Date: _____

DO NOT COMPLETE THE SECTION BELOW

FORMER EMPLOYER NAME			
ADDRESS	CITY	STATE	ZIPCODE
EMPLOYED AS	FROM	TO	

The above person has applied for a position as _____.
 Would you kindly assist us in determining his/her qualifications by checking the following items? Please note that the applicant has signed above to authorize release of this information. It is understood that any information received will be held in confidence and we will be pleased to reciprocate if the occasion arises. Thank you.

Human Resources Representative _____

PREVIOUS EMPLOYER - COMPLETE THIS SECTION

Employed from _____ to _____ as _____

	EXCELLENT <small>(CLEARLY EXCEEDING SATISFACTORY PERFORMANCE LEVEL)</small>	ABOVE AVERAGE	SATISFACTORY	MARGINAL <small>(ONLY MEETING MINIMAL PERFORMANCE LEVEL)</small>	UNSATISFACTORY <small>(BELOW MINIMAL PERFORMANCE LEVEL)</small>
Work Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance / Punctuality / Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason for termination: _____

Would you re-employ? Yes No If not, why? _____

Remarks: (use back, if necessary): _____

Date: _____ Signature: _____ Title: _____

INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSE

The Child Development Center of St. Joseph (Center) is committed to afford all qualified individuals an equal opportunity to pursue employment and advancement opportunities. There shall be no discrimination against any person or group based upon race, color, religion, national origin, sex, age, disability, veteran status or other kinds of discrimination prohibited by applicable law.

As a government contractor with an affirmative action program, we comply with government regulations including affirmative action responsibilities where they apply.

The purpose of this form is to comply with government record keeping, reporting and other legal requirements.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. This form is confidential and will be maintained separately from your application form.

Please Print

POSITION APPLIED FOR (LIST ONLY ONE)

WHAT IS YOUR RACE / ETHNIC ORIGIN?

CAUCASIAN BLACK ASIAN / PACIFIC ISLANDER AMERICAN INDIAN / ALASKAN NATIVE HISPANIC

SEX

MALE FEMALE

YES NO

 Are you a Vietnam Era Veteran? (as defined below)

A person who served on active duty for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged with other than a dishonorable discharge.

 Are you a disabled veteran? (as defined below)

A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

 Do you have a mental or physical handicap? (as defined below)

A person who has a mental or physical impairment which substantially limits one or more major life activities, or who has a record of such impairment, or who is perceived as having such an impairment.

REFERRAL SOURCE (Why did you apply at the Center? Check all that apply)

ADVERTISEMENT

MAIL NEWSPAPER OPEN HOUSE EMPLOYEE FRIEND

INSTRUCTOR RELATIVE WALK-IN OTHER (PLEASE SPECIFY)

PREVIOUS EMPLOYMENT RECORD

List present or most recent position first, then next recent, etc. (Include all part-time jobs.)

CURRENT OR MORE RECENT EMPLOYER'S NAME 1.		(AREA CODE) ()	TELEPHONE
ADDRESS - STREET		CITY	STATE ZIPCODE
DEPARTMENT	SUPERVISOR'S NAME AND TITLE		
DATES WORKED FROM:	TO:	TOTAL TIME WORKED YEARS MONTHS	EARNINGS START: FINAL:
JOB TITLE	DUTIES PERFORMED		
REASON FOR LEAVING		MAY WE CONTACT YOUR CURRENT EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER'S NAME 2.		(AREA CODE) ()	TELEPHONE
ADDRESS - STREET		CITY	STATE ZIPCODE
DEPARTMENT	SUPERVISOR'S NAME AND TITLE		
DATES WORKED FROM:	TO:	TOTAL TIME WORKED YEARS MONTHS	EARNINGS START: FINAL:
JOB TITLE	DUTIES PERFORMED		
REASON FOR LEAVING			

EMPLOYER'S NAME 3.		(AREA CODE) ()	TELEPHONE
ADDRESS - STREET		CITY	STATE ZIPCODE
DEPARTMENT	SUPERVISOR'S NAME AND TITLE		
DATES WORKED FROM:	TO:	TOTAL TIME WORKED YEARS MONTHS	EARNINGS START: FINAL:
JOB TITLE	DUTIES PERFORMED		
REASON FOR LEAVING			

LIST RECORD OF EMPLOYMENT NOT SHOWN ABOVE AS FOLLOWS:

FROM DATE	TO DATE	NAME AND ADDRESS OF EMPLOYER	TYPE OF BUSINESS	POSITION HELD	SALARY	REASON FOR LEAVING

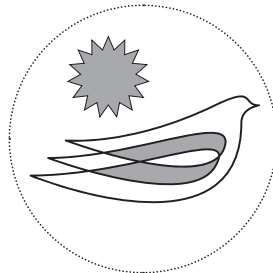
OTHER SKILLS, QUALIFICATIONS OR EXPERIENCES WHICH YOU BELIEVE MAY BE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING: _____

HAVE YOU EVER BEEN CONVICTED FOR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO IF YES, LIST DATES AND NATURE OF OFFENSE.

ARE YOU THE SUBJECT OF ANY PENDING CHARGES IN A COURT OF LAW? YES NO IF YES, LIST DATES AND NATURE OF CHARGES.

- I certify that the information provided by me on this application is true and correct without misrepresentation or omission of any kind whatsoever, and I understand that if any of this information is discovered to be incorrect, false or misleading, or if there are any misrepresentations or omissions of any kind whatsoever, it will be sufficient cause for cancellation of further employment consideration or my discharge at any time, and I agree that the Center shall not be liable in any respect if my employment is terminated for any of those reasons.
- I understand that the Center will verify the information provided on this application including education, employment, pending charge and criminal conviction information in the State of Wisconsin and all other states resided in within the past 10 years.
- I understand my admission to a pending charge, conviction record for a felony, misdemeanor or ordinance violation (other than traffic) does not necessarily disqualify me from employment since the nature of the offense, date and type of job for which I am applying will be considered.
- I authorize all persons, employers, schools and organizations listed above to give any information to the Center that they may have regarding me. I hereby release those employers, schools and organizations and all individuals connected with them from all liability including any claim for damages for releasing this information to the Center.
- I understand that if offered a position with the Center, I must satisfactorily complete a physical assessment, which includes an examination and a drug screen as a condition of employment.
- By signing this application, I understand that no contract exists between the Center and me. My employment will be “at will”, which means that either I or the Center may terminate the employment relationship for any reason at anytime without liability.

Signature of Applicant: _____ Date: _____



Child Development Center of St Joseph