

# APPLICATION FOR EMPLOYMENT

Easter Seals Wisconsin

8001 Excelsior Dr., ▪ Suite 200 ▪ Madison, WI 53717

An Equal Employment Opportunity/Affirmative Action Employer

Please type or print, and answer all questions. Applications are considered current for only 30 days.

Only original application forms will be accepted.

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## • PERSONAL INFORMATION

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NAME:

DATE:

Last

First

Middle

ADDRESS:

Street

City

State

Zip

TELEPHONE: Day( )

Cell( )

Eve( )

Email: \_\_\_\_\_

(Please Circle)

Are you 18 years or older?

Yes No

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country?

Yes No

If the job desired requires the use of a motor vehicle, do you have a valid Wisconsin driver's license?

Yes No

Have you ever been convicted of a crime and/or are you subject to any pending criminal charges?

Yes No

If **yes**, please provide information concerning the offense(s), date of conviction, jurisdiction, and circumstances of the crime. If the job you are applying for requires you to operate a motor vehicle, include traffic offenses. Attach additional sheets if necessary.

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*(NOTE: For purposes of this inquiry, a "crime" includes a felony, misdemeanor or other offense. All criminal convictions and/or pending charges must be disclosed, but will only be considered to the extent they are substantially related to the circumstances of your proposed employment.)*

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## • EMPLOYMENT DESIRED

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POSITION:

DATE YOU  
CAN START:

SALARY/WAGE  
RATE DESIRED:

HAVE YOU EVER APPLIED TO  
THIS COMPANY BEFORE:

Yes

No

IF SO, WHEN?

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## • EDUCATION AND TRAINING

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(This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration.)

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			Yes No	
COLLEGE			Yes No	
TRADE OR BUSINESS SCHOOL			Yes No	

Describe any other training you consider relevant to the position for which you are applying:

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**• WORK EXPERIENCE/FORMER EMPLOYERS**

Provide complete information. Be specific. Start with your current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

**ARE YOU EMPLOYED NOW?**      Yes    No                      **IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?**      Yes    No

EMPLOYER	STREET ADDRESS	
Your Title	City, State & Zip	
Your Duties	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

EMPLOYER	STREET ADDRESS	
Your Title	City, State & Zip	
Your Duties	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

EMPLOYER	STREET ADDRESS	
Your Title	City, State & Zip	
Your Duties	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

EMPLOYER	STREET ADDRESS	
Your Title	City, State & Zip	
Your Duties	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

EMPLOYER	STREET ADDRESS	
Your Title	City, State & Zip	
Your Duties	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

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● **WORK REFERENCES** (Please provide past supervisors only)

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NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS OR OCCUPATION	YEARS ACQUAINTED/EMPLOYED

NOTE: Your application will not be processed unless you have read and signed the Authorization, Release and Certification on the next page.

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● **AUTHORIZATION, RELEASE AND CERTIFICATION**

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I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, or may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit for testing for controlled substances or other drugs.

I understand this application will be considered inactive after thirty (30) days from the date signed and that if I wish to be considered for future openings, I will need to reapply.

I certify that I have read (or have had read to me) and understand this authorization, release and certification.

APPLICANT'S  
SIGNATURE:

\_\_\_\_\_

APPLICANT'S NAME  
(PRINT OR TYPE):

\_\_\_\_\_

DATE SIGNED:

\_\_\_\_\_



# Easter Seals Wisconsin, Inc. Self-Identification Form

As an Equal Employment Opportunity/Affirmative Action Employer, it is the policy of Easter Seals Wisconsin, Inc. not to discriminate against any applicant or employee on the basis of race, creed, color, sex, religion, national origin, citizenship, age, veteran status, qualifying disability, genetic information, pregnancy, marital status, sexual orientation, sexual preference or identification, height, weight or for any other reason prohibited by applicable federal, state, or local laws or regulations.

As part of our obligations under various local, state or federal contracts or grants, we are required to collect certain demographic information on applicants and employees. Information requested on this sheet is for purposes of compliance with these recordkeeping requirements and to determine recruiting and employment patterns. If you wish to be identified, please provide any of the information requested on this form that you would like to submit. Such information will in no way affect the decision regarding your application for employment. If you do not wish to provide any information regarding your gender, race or ethnicity, then please fill out only the top portion and check the appropriate box. This sheet will be kept confidential and maintained separately from your application form.

**Completion of this sheet is voluntary and is not a requirement for employment.**

<b>Identification &amp; Easter Seals Employment Status/Interest</b>	
<b>Last Name</b>	<b>First Name</b>
<b>Position</b>	<b>Date</b>
<input type="checkbox"/> <b>I do not want to disclose the information requested below.</b>	
<b>Background Information</b> – Please check the box which most closely fits your background.	
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Ethnicity</b>	
Hispanic or Latino (Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>
<b>Race</b>	
Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)	<input type="checkbox"/>
Black or African American (A person having origins in any of the black racial groups of Africa.)	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander (Persons having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.)	<input type="checkbox"/>
White (Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.)	<input type="checkbox"/>
Two or More Races (Person who identify with more than one of the above races.)	<input type="checkbox"/>
<b>Veteran</b>	
Check One: <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Veteran of the Vietnam War <input type="checkbox"/> Other Veteran <input type="checkbox"/> Non-Veteran	