



Wisconsin Youth Company Application

Applicant Name: _____ Today's Date: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Home Phone: _____ Alternate Phone: _____

Over 18 years of age: Yes No E-mail Address: _____

Are you eligible to obtain employment in the United States, if offered this position? Yes No

(If offered the position, you will be required to provide documentation to verify eligibility.)

Position(s) applied for: _____

Part 1 - Education

IMPORTANT: All applications must include a post high school transcript or a high school transcript or diploma if post high school education has not been completed. (Need not be an official copy with application.) Please explain your education background (begin with high school). Attach additional sheets if necessary. Please note, an official transcript may be required if offered employment.

High School:

Name of school: _____ City & State: _____

High School Diploma or G.E.D. obtained: Yes No

Post High School:

Name of school: _____ City & State: _____

Number of Years Attended: _____ Areas of Study: _____

Degree obtained or credits toward degree: _____

Name of School: _____ City & State: _____

Number of Years Attended: _____ Areas of Study: _____

Degree obtained or credits toward degree: _____

Please describe any other training or continuing education credits you have had which might be relevant to the position you are applying for:

Part 2 - Employment History

Past work history: Please provide a full record of all employment (paid and volunteer), explaining any gaps in employment. Describe any positions that directly relate to the position you are applying for (include positions with Wisconsin Youth Company if applicable). Please indicate if any employment was under a different name.

1. Employer: _____ Phone: _____
Address: _____ Zip: _____
Position: _____ Duties: _____

Employment dates: _____ Reason for leaving: _____

May we contact this employer? Yes No

2. Employer: _____ Phone: _____
Address: _____ Zip: _____
Position: _____ Duties: _____

Employment dates: _____ Reason for leaving: _____

May we contact this employer? Yes No

3. Employer: _____ Phone: _____
Address: _____ Zip: _____
Position: _____ Duties: _____

Employment dates: _____ Reason for leaving: _____

May we contact this employer? Yes No

4. Employer: _____ Phone: _____
Address: _____ Zip: _____
Position: _____ Duties: _____

Employment dates: _____ Reason for leaving: _____

May we contact this employer? Yes No

Part 3 – References

Please list the FULL NAME, ADDRESS, CURRENT PHONE NUMBER and EMAIL (if known) of at least two work related references:

Name: _____

Name: _____

Position Title: _____

Position Title: _____

Company Name: _____

Company Name: _____

Address: _____

Address: _____

Phone: (_____) _____

Phone: (_____) _____

Alternate Phone: (_____) _____

Alternate Phone: (_____) _____

Email: _____

Email: _____

Name: _____

Name: _____

Position Title: _____

Position Title: _____

Company Name: _____

Company Name: _____

Address: _____

Address: _____

Phone: (_____) _____

Phone: (_____) _____

Alternate Phone: (_____) _____

Alternate Phone: (_____) _____

Email: _____

Email: _____

Part 4 – Authorization

All applicants should read this certification carefully before signing:

I certify that I have never been convicted nor do I have any pending charges of child abuse, neglect or crimes against sexual morality involving children.

I understand that if I am offered a position, that offer is contingent on the successful completion of a background check.

I authorize Wisconsin Youth Company personnel to contact the references I have indicated as part of this application.

I will provide written verification of all certifications and relevant training.

I authorize investigation of all statements herein, including any checks of criminal records, and release Wisconsin Youth Company and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee.

I also understand that untrue, misleading, or omitted information relating to this application or in other documents completed by me may result in dismissal, regardless of the time of discovery by Wisconsin Youth Company.

I certify that the information provided in this application is correct to the best of my knowledge.



Applicant Signature

Date

Please mail applications for Dane County to:

Wisconsin Youth Company, Inc.
Attn: Hiring Committee
1201 McKenna Blvd.
Madison, WI 53719
608-276-9782

Please mail applications for Waukesha County to:

Wisconsin Youth Company, Inc.
Attn: Hiring Committee
1800 Dolphin Dr. Suite 200
Waukesha, WI 53186
262-547-8770



Wisconsin Youth Company Application: AFTER SCHOOL Addendum

Applicant Name: _____ Today's Date: _____

Phone Number: _____ Email: _____

How did you learn about our AFTER SCHOOL programs (be specific)? _____

Position Interest: *please rank in order of preference. (1st, 2nd, etc.)*

_____ Site Supervisor (Minimum age requirement: 21)

_____ Group Leader (Minimum age requirement: 18)

Do you meet the minimum age requirement for the position in which you are interested? Yes No

List the child-related course work you have completed: _____

Do you have access to a vehicle? (required for site supervisor positions) Yes No

Have you worked at least 240 hours in state licensed child care centers or state licensed after school programs?

Yes No

Location: *below, please rank the school districts where you would consider working.*

Dane County

_____ Madison _____ Middleton _____ Mt. Horeb _____ McFarland
 _____ Stoughton _____ Waunakee

Waukesha County

_____ New Berlin _____ Waukesha _____ Merton _____ Kettle Moraine

Availability:

Days and hours vary by location. In Dane County most programs operate in the afternoon, although some do have morning hours. In Waukesha County most programs have before and after school hours of operations. Please indicate the time of each day you would be available to work between 6:30 a.m. and 6 p.m. Please be as complete with your information as possible.

Monday a.m.	Tuesday a.m.	Wednesday a.m.	Thursday a.m.	Friday a.m.
Monday p.m.	Tuesday p.m.	Wednesday p.m.	Thursday p.m.	Friday p.m.

How many hours per week would you prefer to work? _____

Are you available for the full school year?

Fall Semester Yes No

Spring Semester Yes No

If "no" please explain: _____

Day long programs are also available on non-school days and during holiday break periods. Are you available for these additional opportunities? Yes No

Certifications: *please check all that apply.*

_____ Standard First Aid: expires: _____

_____ Child CPR: expires: _____

_____ Adult CPR: expires: _____

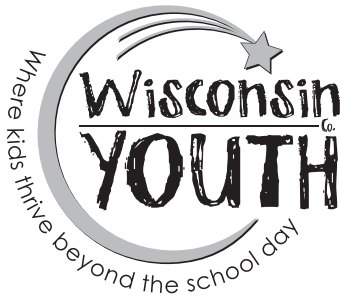
_____ Shaken Baby Certification: expires: _____

_____ Registry Certificate Level: _____

_____ Other: _____

The Wisconsin Youth Company has summer employment opportunities please check the box below if you would like more information regarding employment during the summer months.

Yes, I am interested in learning more about summer employment.



Affirmative Action Survey

Wisconsin Youth Company is an Equal Opportunity Employer. As required by law, we must record certain information to be made part of our Affirmative Action Program.

In conducting this survey, you are advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resource Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please check the terms which you consider applicable to yourself.

I do not wish to self-identify at this time. (If you checked this box, please skip questions 1-3.)

1. I am

Male

Female

2. I consider myself to be

Hispanic / Latino

White (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

Native Hawaiian or Pacific Islander (not Hispanic or Latino)

Asian (not Hispanic or Latino)

American Indian or Alaskan Native (not Hispanic or Latino)

Two or More Races (not Hispanic or Latino)

3. I consider myself to

Have a Disability

Not Have a Disability

4. How did you hear about our opening? **Please check one and specify where if applicable:**

I am a current employee

Newspaper ad: _____

Website: _____

Referral By: _____

Other: _____

Office Use Only:

Date Received _____

Position _____
