



# 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:

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## 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)
- \_\_\_\_\_ Lead Youth Leader - Kettle Moraine Middle School U (Minimum age requirement: 21)

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, please list the licensed location(s):  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.

<b>Monday a.m.</b>	<b>Tuesday a.m.</b>	<b>Wednesday a.m.</b>	<b>Thursday a.m.</b>	<b>Friday a.m.</b>
<b>Monday p.m.</b>	<b>Tuesday p.m.</b>	<b>Wednesday p.m.</b>	<b>Thursday p.m.</b>	<b>Friday p.m.</b>

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: \_\_\_\_\_

<b>Office Use Only:</b> Date Received _____ Position _____ _____
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