



3262 Church Street, Stevens Point, WI 54481
715-344-4210 V/TTY 800-382-8484 V/TTY 715-344-4414 FAX

*Applications are available in alternative, accessible formats, as is assistance in completing the application.
This application will remain active for ninety (90) days from the original date of submission.*

APPLICATION FOR EMPLOYMENT – Independent Living Services Program
Please print all information.

Position applying for: _____
How did you hear of the position? ___ JobNet ___ Print Ad ___ Other _____
Referred by: _____

All information must be completed even if you are submitting a resume.

PERSONAL INFORMATION. Please list full legal name as it appears on your Social Security card.

Name: _____
Last First Middle Initial

Other names used (including maiden name): _____

Physical Address: _____
Street City State ZIP

Mailing address (if different from physical address): _____
Street/P.O. Box City State ZIP

Phone Number (with area code): _____
Check one: Cell Home Alternate/message phone

E-mail address: _____

Have you resided outside of Wisconsin in the last 7 years? ___ Yes ___ No

If yes, list the state(s) with county, and date(s) you lived there. _____

Have you ever worked for MILC before? ___ Yes ___ No

If yes, from _____ to _____ Position: _____

If hired, can you furnish proof of eligibility to work in the United States? ___ Yes ___ No

Are you 18 years of age or over? ___ Yes ___ No

AVAILABILITY

Total hours available per week: _____ Available to start: _____

Please indicate a.m. or p.m.

	SUN	MON	TUE	WED	THUR	FRI	SAT
From							
To							

TRAVEL REQUIREMENT

Position may require work at an offsite location. A valid Wisconsin driver's license and a reliable vehicle *or* an alternate, effective means of transportation is required.

Are you able to meet the travel requirement? ___ Yes ___ No Explain: _____

BACKGROUND

Have you *ever* been convicted of a crime*? ___ Yes ___ No

If yes, list date(s) and crime: _____

Do you have any pending charges against you at this time*? ___ Yes ___ No

If yes, explain: _____

**A yes answer does not automatically disqualify you from employment. The nature of the offense, date and type of job for which you are applying will be considered.*

EDUCATIONAL HISTORY

High School: _____
Name City State ZIP

College/Technical School
Name City State ZIP Major: _____

Highest grade level completed:
High School 1 2 3 4 College 1 2 3 4 Post Graduate 1 2 3 4 5+

PROFESSIONAL LICENSE AND/OR CERTIFICATION

Job offer of applicable position is made contingent upon proof/verification of these credentials.

Type: _____ Number: _____ State Issued: _____
Issue Date: _____ Expiration Date: _____

Type: _____ Number: _____ State Issued: _____
Issue Date: _____ Expiration Date: _____

MILITARY RECORD

Branch of Service: _____ From _____ to _____
Duties and skills acquired: _____
Date of discharge: _____

EMPLOYMENT HISTORY. Provide the last five to ten years of employment, beginning with current or most recent employer, paid and/or unpaid. **All** information must be completed even if you are submitting a resume.

1. From _____ to _____ Job Title: _____
Employer Name: _____ Supervisor: _____
Address: _____
Street City State ZIP
Phone (with area code): _____ Fax or email: _____
Explain reason for leaving *or* gap in employment: _____
May be contacted: ___ Yes ___ No

2. From: _____ to _____ Job Title: _____
Employer Name: _____ Supervisor: _____
Address: _____
Street City State ZIP
Phone (with area code): _____ Fax or email: _____
Explain reason for leaving *or* gap in employment: _____
May be contacted: ___ Yes ___ No

3. From: _____ to _____ Job Title: _____
Employer Name: _____ Supervisor: _____
Address: _____
Street City State ZIP
Phone (with area code): _____ Fax or email: _____
Explain reason for leaving *or* gap in employment: _____
May be contacted: ___ Yes ___ No

4. From: _____ to _____ Job Title: _____
Employer Name: _____ Supervisor: _____
Address: _____
Street City State ZIP
Phone (with area code): _____ Fax or email: _____
Explain reason for leaving *or* gap in employment: _____
May be contacted: ___ Yes ___ No

5. From: _____ to _____ Job Title: _____
Employer Name: _____ Supervisor: _____
Address: _____
Street City State ZIP
Phone (with area code): _____ Fax or email: _____
Explain reason for leaving *or* gap in employment: _____
May be contacted: ___ Yes ___ No

PROFESSIONAL REFERENCES. Please list three (3) professional references. Professional references include current and/or past supervisor, co-worker, teacher, etc. **Do not include friends or family.**

1. Name: _____ Years Known: _____ Job Title: _____

Address: _____
Street City State ZIP

Phone (with area code): _____ Email: _____

2. Name: _____ Years Known: _____ Job Title: _____

Address: _____
Street City State ZIP

Phone (with area code): _____ Email: _____

3. Name: _____ Years Known: _____ Job Title: _____

Address: _____
Street City State ZIP

Phone (with area code): _____ Email: _____

Please include any other information you think may be helpful to us in considering you for employment, such as additional experiences, skills, qualifications, etc. You may exclude all information indicative of race, national origin, sex, religion, age, disability, marital status, sexual orientation, veteran status or any other characteristic protected by law.

Carefully read this section prior to providing signature.

Midstate Independent Living Choices, Inc. (MILC) is a public non-profit agency serving persons with disabilities of all ages.

As an equal opportunity employer, MILC does not discriminate against qualified applicants in hiring or promoting qualified employees on the basis of age (over 40), race, religion, creed, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest record, conviction record, sexual orientation, marital status, pregnancy or childbirth, military participation, genetic testing, submitting to honesty testing, or use or non-use of lawful products off MILCs premises during non-working hours.

Please initial that you have read and understand the following statements:

____ I hereby authorize persons, schools, my current employer and/or previous employers and organizations named in this application and accompanying resume and any supporting documents, if any, to provide relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.

____ I understand in addition to the required caregiver background check, in accordance with the U.S. Fair Credit Reporting Act, an investigative consumer report (background check) may be conducted by Verified Credentials, Inc. and I authorize the investigation(s) that may be required at any time, prior to or in the course of employment, in connection with an employment decision.

____ If hired, I consent to any Drug Testing that may be required at any time in the course of my employment to determine my ability to perform the duties of my job or other jobs with Midstate Independent Living Choices, Inc.

____ If hired, I agree to adhere to the personnel policies and rules and understand that violation of these may lead to my dismissal.

____ I hereby affirm that the information provided on this application and any supporting documents, if any, are true and complete. I understand that any false or misleading representation or omissions may disqualify me from further consideration for employment and may result in discharge, even if discovered at a later date.

____ I understand that this employment application and any related Midstate Independent Living Choices, Inc. documents are not contracts of employment and, if hired, I may voluntarily leave employment at any time for any reason and, likewise, Midstate Independent Living Choices, Inc. may terminate my employment at any time for any reason. Any representations to the contrary in any related Midstate Independent Living Choices, Inc. document or by a representative of Midstate Independent Living Choices, Inc. should be relied upon or be construed as Midstate Independent Living Choices, Inc. policy.

Once the document has been signed, you will be unable to go back and make corrections. Please make sure everything is correct before you provide your signature.

***Signature of applicant:** _____ **Date:**

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**MIDSTATE INDEPENDENT LIVING CHOICES
INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES**

Midstate Independent Living Choices is committed to the employment and advancement of minorities, women, individuals with disabilities, and veterans. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our Affirmative Action Plan. The information you provide is used solely for government reporting purposes. This form is confidential and will be maintained separate from your application form.

Applicant Name (Print): _____ **Date:** _____

Position applying for: _____

Referral Source: (check one)

Advertisement (list publication) _____

Internet site (list site) _____

Walk in Job Center Current employee Consumer referral

School DVR Other: _____

Completion of this section is voluntary and in no way affects the decision regarding your employment opportunity.

I DO NOT WISH TO VOLUNTARILY PROVIDE THIS INFORMATION

Date of birth: _____ **Gender:** Male Female

Disability Status: (check one)

Are you a person with a disability who has a physical or mental impairment that substantially limits one or more of your major life activities; has a record of such impairment; and whose disability was not acquired during military service? Yes No

Ethnic Group: (check one) Hispanic/Latino Not Hispanic/Latino

Race: (check one)

American Indian or Alaskan Native Asian Black Hispanic

Native Hawaiian or other Pacific Islanders White Two or more races

Veteran Status*: (check one)

Not a Veteran

Armed Forces Service Medal veteran. A veteran who, while serving on active duty in the U.S. military ground, naval, or air service, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).

Disabled veteran. A veteran who served on active duty in the U.S. military ground, naval, or air service, and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.

Recently separated veteran. Any veteran who served on active duty during the three-year period beginning on the date of such veteran's discharge or release from active duty.

Other protected veteran. Any other veteran who served on active duty in the U.S. military ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

*From the U.S. Department of Labor, Federal Contracts-Equal Opportunity in Employment: Employment Non-discrimination and Equal Opportunity for Covered Veterans <http://www.dol.gov/compliance/guide/vietvets.htm>