



Achieve with us.

APPLICATION FOR EMPLOYMENT

711 E. Cook Street, Portage, WI 53901 www.arcofcolumbiacounty.org
(608) 742-0260 phone (608) 742-0261 (fax) Email: adminarc@verizon.net

This application shall not be construed as a contract

Position applying for (please check all that apply) Current Date: _____

- Caregiver
- Floater
- Manager

Do you desire:

- Full Time employment? _____
- Part time? _____
- On-call/Floater hours _____

What shift are you most interested in (Please check all that apply)

- 3pm-9pm M-F
- 40 hour weekend – Fri 3pm-Sun 9pm
- 16 hour weekend – Sat-Sun 8am-4pm, 9am-5pm, 11am-7pm (depending on facility worked)
- Overnight shift – 9pm-9am Sun-Mon, or Tues- Wed-Thurs, or 10p-6a Sun-Thurs
- On call/Floater all locations

PERSONAL DATA:

Name _____

Last _____ First _____ Middle _____

Present _____

Address _____

Number _____ Street _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email: _____

Social Security Number _____ Do you have a car available for your use? _____

Do you have a valid driver's license? _____ State _____ License number _____

Are you an insured driver? _____ Name of insurance company _____

Have you had any traffic violations in the past three years? _____

If so, complete information in the table below for each incident within the last three years? We do conduct annual driver record checks of employees.

Date of citation	Type of citation	Resolution-paid fine, jail time, lost license, other (explain)

WORK EXPERIENCE:

Current or Most Recent Employer

1: Employer Name **AND** Supervisor Name _____

Employer Address _____

Employer City, State, Zip _____

Employer Phone: _____

Start Date _____ End Date _____ Reason for leaving _____

Your Job Title: _____

Did you supervise staff? _____ If yes, how many? _____

Description of responsibilities: _____

May we contact this employer? (Circle one) YES NO

If no, explain: _____

Previous Employer

#2: Employer Name **AND** Supervisor

Name _____

Employer Address _____

Employer City, State, Zip _____

Employer Phone: _____

Start Date _____ End Date _____ Reason for leaving _____

Your Job Title: _____

Did you supervise staff? _____ If yes, how many? _____

Description of responsibilities: _____

May we contact this employer? (Circle one) YES NO

If no, explain _____

Previous Employer

#3: Employer Name **AND** Supervisor

Name _____

Employer Address _____

Employer City, State, Zip _____

Employer Phone: _____

Start Date _____ End Date _____ Reason for leaving _____

Your Job Title: _____

Did you supervise staff? _____ If yes, how many? _____

Description of responsibilities: _____

May we contact this employer? (Circle one) YES NO

If no, explain: _____

Have you ever been asked to leave a position? If so, which position? Explain: _____

EDUCATION: (Please list high school and any post high school education)

Name of school	Location	Did you graduate	Degree Earned

Other professional certifications related to this position: Please check appropriate certification if you have the certification, and "yes" or "no" whether you can provide a hard copy of the certification paperwork.

- Standard Precautions _____ Yes _____ No (Can provide copy of cert?)
- Medication Management _____ Yes _____ No (Can provide copy of cert?)
- Dietary Management _____ Yes _____ No (Can provide copy of cert?)
- First Aid _____ Yes _____ No (Can provide copy of cert?)
- CPR _____ Yes _____ No (Can provide copy of cert?)
- Fire Safety _____ Yes _____ No (Can provide copy of cert?)
- Block One –client rights, needs assessment, client behaviors ____ Yes ____ No
- Supportive Home Care _____ Yes _____ No (Can provide copy of cert?)
- Certified Nursing Assistant (C.N.A.) _____ Yes _____ No (Can provide license?)

EMPLOYEE PHYSICAL QUESTIONNAIRE:

Date of last physical examination (routine checkup) _____

Personal History:

Do you have any allergies? Yes _____ No _____

If yes, what are they? _____

Do you have any restrictions?(Including lifting, bending, sitting, standing)

Yes _____ No _____

If yes, will these restrictions interfere with your ability to perform the job (some of our facilities have wheelchair residents who require additional physical involvement) – please explain _____

Can you provide documentation from a medical doctor on these restrictions? Yes ____ No ____

T.B. Skin test is required annually and will be done at Columbia County Nursing Service.

DHSS 03. Have you had a TB skin test within the last year? Yes _____ No _____

If so, can you provide a copy of your results? _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this questionnaire, along with the release of any medical information requested by the Arc of Columbia County from any medical provider I have seen or used in the past. In the event of employment, I understand that false or misleading information given on this physical questionnaire may result in discharge.

Signature of Applicant _____
Date _____

(This form must be reviewed by the Arc's Executive Director prior to employee beginning work.)

Arc Executive Director

Date

REFERENCES: (Please list 2 business references and 1 personal reference)

Business Reference # 1:

Name _____ Phone: _____

Address _____

City, State, Zip _____

What was your relationship with this reference? (Please check one)

- Supervisor (you supervised them)
- Supervisee (they supervised you)
- Co-worker
- Other

If other, explain: _____

Business Reference # 2:

Name _____ Phone: _____

Address _____

City, State, Zip _____

What was your relationship with this reference? (Please check one)

- Supervisor (you supervised them)
- Supervisee (they supervised you)
- Co-worker
- Other

If other, explain: _____

Personal Reference # 3:

Name _____ Phone: _____

Address _____

City, State, Zip _____

What was your relationship with this reference? (Please check one)

- Friend
- Relative
- Clergy
- Other

If other, explain: _____

Our residential programs operate 24 hours a day, seven days a week. This includes holidays and weekends and some positions require a split shift position. Employees may be required to work different hours or more hours as deemed necessary by either the Executive Director or Program Manager

Will you be able to meet these requirements? _____

If hired when could you start? _____

PLEASE READ CAREFULLY BEFORE SIGNING

I authorize the Arc to investigate my previous experience and qualifications and hereby release any parties furnishing such information from any resulting liabilities for damage. I believe the foregoing information to be a truthful and complete statement of the facts with the understanding that if found false, it may prevent my being hired, or may cause dismissal, if hired.

Signature _____ ***Date*** _____

If you are hired, it will be necessary for you to provide proof that you are free from communicable disease. HSS 83.13. This can be accomplished by showing proof of a Tuberculin Test or Chest X-ray within 60 days of employment.

If you are hired, you will be required to complete a pre-employment drug and alcohol screening. If you are hired, we will conduct a post-employment driver record check.

All qualified applicants will receive consideration without regard to race, color, religion, sex, national origin, age, ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, marital status or military participation. All employees are expected to support our goals and program activities.

REQUEST FOR PERSONAL REFERENCE (CONFIDENTIAL)

I have applied to the Arc of Columbia County, Inc. for the position of (please check one):

- Caregiver
- Floater
- Manager

You have my authorization to release any and all information which you may have concerning my employment history, job performance, and personal characteristics. I hereby release you from any damage that may result from furnishing this information to The Arc of Columbia County, Inc.

Signature

Date

TO: _____

RE: EMPLOYEE REFERENCE INQUIRY FOR _____

Applying for the position of _____

How long have you known this person, and in what capacity (friend, neighbor, clergy, etc)?

What is your opinion of this person as far as her/his (Please complete or write on back side your comments).

Personality

(including initiative, attitude, integrity, etc). _____

Capability

(including organization, conscience, follow-through, etc). _____

Emotional Stability

(including cooperation, reliability, relationship building with clients and co-workers, handling of stress management and conflict, etc). _____

Personal appearance

(Dress, hygiene, presentation to the public). _____

Do you know of any reason why this person should not be hired as a Caregiver/Floater/Manager?

Comments: (Please use reverse side for additional comments)

Signature

Date

REQUEST FOR BUSINESS REFERENCE # 1 (CONFIDENTIAL)

I have applied to the Arc of Columbia County, Inc. for the position of _____.

You have my authorization to release any and all information which you may have concerning my employment history, job performance, and personal characteristics. I hereby release you from any damage that may result from furnishing this information to The Arc of Columbia County, Inc.

Signature Date

1. How long have you known the applicant? _____
Dates of employment _____

2. Position of individual in your organization? _____

3. How would you rate his/her overall work performance?
_____ Excellent _____ Good _____ Fair _____ Poor

Using the scale below, please rate the applicant and add any comments that you feel are pertinent to this request.

4 – Excellent; 3-Good; 2-Fair; 1-Poor; 0 – Not applicable

A. Ability to accept responsibility	4	3	2	1	0
B. Ability to work independently	4	3	2	1	0
C. Ability to take initiative	4	3	2	1	0
D. Ability to show good judgment	4	3	2	1	0
E. Relationships with others	4	3	2	1	0
F. Coping with stress	4	3	2	1	0
G. Attendance	4	3	2	1	0
H. Punctuality	4	3	2	1	0
I. Skill in position	4	3	2	1	0
J. Willingness to follow policy	4	3	2	1	0

Comments: _____

Reason for leaving: _____

Would you rehire this person? _____

If not, why not? _____

Any additional information you can provide regarding the applicant's strengths and weaknesses in working with individuals with disabilities would be appreciated. (Please use reverse side).

Comments: _____

Signature Date Agency and Title

REQUEST FOR BUSINESS REFERENCE # 2 (CONFIDENTIAL)

I have applied to the Arc of Columbia County, Inc. for the position of _____

You have my authorization to release any and all information which you may have concerning my employment history, job performance, and personal characteristics. I hereby release you from any damage that may result from furnishing this information to The Arc of Columbia County, Inc.

Signature

Date

1. How long have you known the applicant? _____
Dates of employment _____

2. Position of individual in your organization? _____

3. How would you rate his/her overall work performance?
_____ Excellent _____ Good _____ Fair _____ Poor

Using the scale below, please rate the applicant and add any comments that you feel are pertinent to this request.

4 – Excellent; 3-Good; 2-Fair; 1-Poor; 0 – Not applicable

A. Ability to accept responsibility	4	3	2	1	0
B. Ability to work independently	4	3	2	1	0
C. Ability to take initiative	4	3	2	1	0
D. Ability to show good judgment	4	3	2	1	0
E. Relationships with others	4	3	2	1	0
F. Coping with stress	4	3	2	1	0
G. Attendance	4	3	2	1	0
H. Punctuality	4	3	2	1	0
I. Skill in position	4	3	2	1	0
J. Willingness to follow policy	4	3	2	1	0

Comments: _____

Reason for leaving: _____

Would you rehire this person? _____

If not, why not? _____

Any additional information you can provide regarding the applicant's strengths and weaknesses in working with individuals with disabilities would be appreciated. (Please use reverse side).

Comments: _____

Signature

Date

Agency and Title

(Saved under forms and personnel)