

EAU CLAIRE ACADEMY
APPLICATION
COVER PAGE

Applicants are advised to keep this page of the application. All other pages are to be completed and returned to:

EAU CLAIRE ACADEMY
550 North Dewey Street
Eau Claire, WI 54703
715.834.6681
FAX 715.834.9954

Eau Claire Academy is an **affirmative action compliant equal opportunity** employer. All applicants are considered for positions regardless of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Eau Claire Academy has **zero tolerance for abuse of children.**

The staff at Eau Claire Academy serves as role models for the children who receive services here. As role models, **employee appearance** is required to be within mainstream standards. Clothing, accessories, jewelry, hairstyles, and visible tattoos are disallowed if they are immodest, theatrical in nature or represent/suggest a negative subculture. Jewelry for piercing in any visible locations other than ears may not be worn during working hours. Please review your ability to adhere to these requirements as you consider applying for employment with Eau Claire Academy.

PROCEDURE

1. **Application** – please complete all sections. Incomplete applications will not be processed.
 2. **Affirmative Action Questionnaire** – required – information is kept confidential.
 3. **Employment Reference Form** – please complete only the top section: print your name and position and write your signature. **This form must remain with the application;** Eau Claire Academy will contact your former employer(s) with it.
 4. **Background Information Disclosure** – required – mandated by the State of Wisconsin. Section A, Number 2 of the Background Information Disclosure does NOT need to be answered.
 5. **Required Documents Upon Hire** – required to be brought the first day of employment:
 - High School Diploma or Transcript (or College diploma or transcript)
 - Driver's License (for purposes of obtaining driving record)
 - Two forms of identification such as:

<u>ONE FROM THIS COLUMN</u>	<u>AND ONE FROM THIS COLUMN</u>
<input type="radio"/> state issued drivers license or ID card	<input type="radio"/> Native American Tribal document
<input type="radio"/> school ID card with photo	<input type="radio"/> Social Security card
<input type="radio"/> voters registration card	<input type="radio"/> Original or certified copy of birth certificate,
<input type="radio"/> military ID	<input type="radio"/> Native American tribal document
- OR** US passport (no other form of identification required if passport brought in)

APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

WE HAVE ZERO TOLERANCE FOR ABUSE OF CHILDREN

Position(s) Applied For: _____

Date of Application: _____

How did you learn about us?

Advertisement

Relative

Referred by: _____

Friend

Walk In

Employment Agency

Other (specify) _____

Last Name ~ First Name ~ Middle Name _____

Address _____

City _____

State _____

Zip Code _____

Telephone Number(s)

Home _____ - _____ - _____

Cell _____ - _____ - _____

Business _____ - _____ - _____

Email _____

@ _____

Have you ever filed an application with us before? ___YES ___NO If yes, gave date: _____

Have you ever been employed with us before? ___YES ___NO If yes, give dates: _____ to _____

Are you currently employed? ___YES ___NO May we contact your present employer? ___YES ___NO

Are you a United States citizen, or do you have an entry permit which allows you to lawfully work in the United States? ___YES ___NO

Are you at least 21 years old? ___YES ___NO

Have you ever abused or been accused of abusing a child? _____YES _____NO

On what date would you be available for work? _____

Are you available to work:

Full time

Part time

Variable shift

Temporary – From _____ to _____

EDUCATION

Name (Print) _____

	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
High School	Name City State/Zip			
Undergraduate College	Name City State/Zip			
Graduate Professional	Name City State/Zip			
Other (specify)	Name City State/Zip			

RELEVANT SKILLS

List any special skills or qualifications which you feel are relevant to the job for which you are applying: _____

MILITARY TRAINING

Describe any job related training received in the United States military.

Branch: _____ From _____ to _____

What were your duties? _____

Did you receive any specialized training? Yes If yes, describe: _____

EMPLOYMENT EXPERIENCE

Name (Print) _____

Please give **accurate** and **complete** information. Start with your present or last job.

Employer	Dates Employed From to	Responsibilities:
Address	Salary – Hourly rate Starting Ending	
City St Zip		
Telephone - -	Supervisor ↓	
Job Title		
Reason for leaving:		

Employer	Dates Employed From to	Responsibilities:
Address	Salary – Hourly rate Starting Ending	
City St Zip		
Telephone - -	Supervisor ↓	
Job Title		
Reason for leaving:		

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City St Zip		
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Job Title		
Reason for leaving:		

Employer	Dates Employed From to	Responsibilities:
Address	Salary – Hourly rate Starting Ending	
City St Zip		
Telephone - -	Supervisor ↓	
Job Title		
Reason for leaving:		

Additional Information

Character references – complete all information

Name	Telephone Number(s) - -
Street Address	Telephone Number(s) - -
City/State/Zip	

Name	Telephone Number(s) - -
Street Address	Telephone Number(s) - -
City/State/Zip	

Name	Telephone Number(s) - -
Street Address	Telephone Number(s) - -
City/State/Zip	

Applicant's Statement

Please read the following statements carefully before you sign your name.

*I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this Company.

I have read, understand and agree to the above statement. _____ (Initial here)

I further understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Company.

I have read, understand and agree to the above statement. _____ (Initial here)

I understand that this application will remain on file for sixty days for consideration. After sixty days, if I am still interested in a position with this Company, it will be necessary for me to complete a new application form.

Print Name _____

Signature of Applicant _____

Date _____

DIRECT CARE POSITION APPLICANTS

PLEASE ANSWER THE FOLLOWING QUESTIONS IN ONE OR TWO PARAGRAPHS IN THE SPACE PROVIDED.

1. Why are you interested in working with emotionally disturbed adolescents?
2. What types of jobs or experiences have you had that would relate to working with adolescents?
3. What are your strong points?
4. What are your weak points?
5. Who is/are your role model(s)?

Print Name _____

ATTENTION STUDENTS

PLEASE PROVIDE YOUR CURRENT CLASS SCHEDULE
ON THE FORM PROVIDED

Thank you

XXXXXXXX	MON	TUES	WED	THURS	FRI	SAT	SUN
8:00 A.M.							
8:30 A.M.							
9:00 A.M.							
9:30 A.M.							
10:00 A.M.							
10:30 A.M.							
11:00 A.M.							
11:30 A.M.							
12:00 P.M.							
12:30 P.M.							
1:00 P.M.							
1:30 P.M.							
2:00 P.M.							
2:30 P.M.							
3:00 P.M.							
3:30 P.M.							
4:00 P.M.							
4:30 P.M.							
5:00 P.M.							
5:30 P.M.							
6:00 P.M.							
6:30 P.M.							
7:00 P.M.							
7:30 P.M.							

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Wis. Stat. § 48.685 and Wis. Admin. Code § DCF 12.03. Pursuant to Wis. Stat. § 48.685, this form must be completed prior to licensure, certification, employment or non-client residency and is only valid for 120 days. Failure to comply may result in a denial or revocation of your license or certification; denial or termination of your employment or contract; or denial or revocation of the license or certification for a child care center location at which you reside.

Providing your social security number (SSN) is voluntary; not providing it could result in an information processing delay. Personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. §15.04(1)(m)].

PLEASE PRINT OR TYPE YOUR ANSWERS. ATTACH ADDITIONAL PAGES IF NEEDED.

Check the box that applies to you.

Current or Prospective Employee / Contractor
 Applicant for a license or certification (including continuation or renewal)

Household member / lives on premises – but not a client (anyone 12 years of age and over).

Other – Specify:

Name – (First and Middle)		Name – (Last)		Position Title (If applicable)	
Any Other Names By Which You Have Been Known (Including Maiden Name)				Birth Date	Gender (M / F)
Race American Indian or Alaskan Native Asian or Pacific Islander		Black White	Unknown	Social Security Number(s)	
Home Address			City	State	Zip Code

Name and address of Potential Employer, Licensing Agency, Certifying Agency, or the child care center at which you reside or will reside.

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, county, local, military, and tribal courts? Have you ever been convicted of another offense such as a municipal ordinance violation or a civil offense under a local ordinance? ➤ If Yes , list each pending charge or conviction, when it occurred, the date or arrest and conviction if applicable, and the city and state where the court is located. You may be asked to supply additional information including certified copy of the judgment of conviction, a copy of the criminal complaint or any other relevant court or police documents.		
2. Were you ever adjudicated delinquent by a court of law, including tribal court, on or after your 12 th birthday and before your 18 th birthday, for a crime or other offense such as a municipal ordinance violation or a civil offense under a local ordinance? ➤ If Yes , list each crime or offense, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.		
3. Are you currently under community supervision by a state, federal or tribal agency (i.e. probation, extended supervision or parole)? ➤ If Yes , provide the name, address and phone number of the agency.		

Last Name –

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
<p>4. Are you currently, or have you ever been, required to be registered on a state, tribal or national sex offender registry?</p> <p>➤ If Yes, explain, including the location, reason for registration and length of time required to be registered.</p>		
<p>5. Are you currently the subject of a child abuse or neglect investigation by a government or regulatory agency?</p> <p>➤ If Yes, explain and provide the name of the agency conducting the investigation.</p>		
<p>6. Has any government or regulatory agency (other than the police) ever found that you abused or neglected a child?</p> <p>➤ If Yes, explain, including when and where it happened and the name of the agency that made the finding.</p>		
<p>7. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> <p>➤ If Yes, explain, including when and where it happened.</p>		
<p>8. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?</p> <p>➤ If Yes, explain, including when and where it happened.</p>		
<p>9. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?</p> <p>➤ If Yes, explain, including when and where it happened.</p>		
<p>10. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?</p> <p>➤ If Yes, explain, including credential name, limitations or restrictions, and time period.</p>		
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
<p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?</p> <p>➤ If Yes, explain, including when and where it happened.</p>		
<p>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?</p> <p>➤ If Yes, explain, including when and where it happened and the reason.</p>		
<p>3. Have you been discharged from a branch of the U.S. Armed Forces, including any reserve component?</p> <p>➤ If yes, indicate the year of discharge: _____</p> <p>➤ Attach a copy of your DD214 if you were discharged within the last 3 years.</p>		

Last Name –

SECTION B – OTHER REQUIRED INFORMATION	YES	NO
4. Have you resided outside of Wisconsin in the last 5 years? > If Yes , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? > If Yes , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services or the Department Children and Families , a county department, a private child placing agency, school board or tribe? > If Yes , list the review date, the result, the agency that conducted the review and attach a copy of the review decision.		

A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in a forfeiture and other sanctions as provided by law.

SIGNATURE	Date Signed
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Invitation to Identify for Affirmative Action Purposes

Our organization is committed to the employment and advancement of minorities, females, 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 company's Affirmative Action Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts.

Applicant Name: _____ Date: _____

Position Applied For: _____

PLEASE CHECK ONE:

Male

Female

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

White

Asian

Hispanic or Latino (All Races)

Black/African American

Native Hawaiian or Other
Pacific Islander

Hispanic or Latino (White Race Only)

American Indian or Alaskan Native

Hispanic or Latino (All Other Races)

HOW WERE YOU REFERRED TO THIS JOB:

Advertisement

School/College

Employee Referral

State Job Service

Employment Agency

Temporary Agency

Government Agency

Walk In

Recruiter

Other (Please Specify): _____