

MILWAUKEE ACADEMY
APPLICATION
COVER PAGE

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

MILWAUKEE ACADEMY
8915 W. Capitol Dr.
Milwaukee, WI 53222
414.257.3141
FAX 414.257.3151

Milwaukee 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.

Milwaukee Academy has **zero tolerance for abuse of children**.

The staff at Milwaukee 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. Excessively large jewelry for piercings in any visible locations may not be worn during working hours. Please review your ability to adhere to these requirements as you consider applying for employment with Milwaukee 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**; Milwaukee 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>
<ul style="list-style-type: none">○ state issued drivers license or ID card○ school ID card with photo○ voters registration card○ military ID	<ul style="list-style-type: none">○ Native American Tribal document○ Social Security card○ Original or certified copy of birth certificate,○ 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 (5YRS.) Name (Print) _____

List ALL employers from past **FIVE** years. Please give **accurate** and **complete** information. Start with your present or last job.

Employer	Dates Employed From to	Responsibilities:
Address		
City St Zip		
Telephone - -	Supervisor ↓	
Job Title		
Reason for leaving:		

Employer	Dates Employed From to	Responsibilities:
Address		
City St Zip		
Telephone - -	Supervisor ↓	
Job Title		
Reason for leaving:		

Employer	Dates Employed From to	Responsibilities:
Address		
City St Zip		
Telephone - -	Supervisor ↓	
Job Title		
Reason for leaving:		

Employer	Dates Employed From to	Responsibilities:
Address		
City St Zip		
Telephone - -	Supervisor ↓	
Job Title		
Reason for leaving:		

Employer	Dates Employed From to	Responsibilities:
Address		
City St Zip		
Telephone - -	Supervisor ↓	
Job Title		
Reason for leaving:		

Additional Information

Character references – complete all information. Please **do not include family members** or duplicate anyone from the list on the previous page.

Name	Telephone Number - -
Relationship	E-mail Address

Name	Telephone Number - -
Relationship	E-mail Address

Name	Telephone Number - -
Relationship	E-mail Address

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 _____

PERSONAL REFERENCE

_____ has applied for the position of _____ at Milwaukee Academy, a residential treatment center for adolescents with emotional and behavioral disorders. The applicant would be directly involved in the day-to-day care of our residential youth. You were listed by the applicant as a PERSONAL REFERENCE. We would appreciate your completion of the area below. Your statements are in strictest confidence and will not be shared with the applicant.

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION TO:

Milwaukee Academy, 8915 W. Capitol Dr., Milwaukee, WI 53222 ~ 414.257.3141

X _____ XXX-XX-_____
Applicant's Signature Last 4 digits of SS# Date

THIS SECTION TO BE COMPLETED BY RESPONDENT

Respondent Name: _____

Relationship to Employee: _____ Duration known: _____

APPLICANT'S STRONG POINTS:

APPLICANT'S WEAK POINTS:

ANY CONCERNS ABOUT WORKING WITH CHILDREN:

OTHER COMMENTS:

Thank you for your assistance.

Reference completed by

CLINICARE CORPORATION IS AN EQUAL OPPORTUNITY EMPLOYER

Date Mailed	Date Received	1 st Phone Follow-up		2 nd Phone Follow-up	
		Date	Time	Date	Time

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.							

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): _____