

Send to:

COMMUNITY PARTNERSHIPS, INC.

1334 Dewey Court • Madison, WI 53703
(608) 250-6634 • Fax (608) 250-6637

For Personnel Office Use Only
Date Received:

APPLICATION FOR EMPLOYMENT

The Community Partnerships, Inc., is an Equal Opportunity Employer. As such, it is our policy to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status or disability or any other basis prohibited by federal or state law. The Center intends to comply fully with all federal and state laws, and the information on this application will not be used for any purpose prohibited by law. If you are a person with a disability, you may request needed accommodation at any time during the recruitment or employment process.

IMPORTANT INSTRUCTIONS: The information on pages 1 through 5 of this form will be used to determine whether you meet the qualifications to be interviewed for a position. It is extremely important that you answer all questions accurately and completely and that your answers are provided on this form. **A resume cannot be substituted for this application.** Applicants reaching final employment consideration will be required to verify certain relevant information stated in their application (e.g., college transcripts, certifications, etc.).

TYPE OR PRINT CLEARLY

TITLE OF POSITION FOR WHICH YOU ARE APPLYING:				
Last Name	First Name	Middle Init.	Home Phone	Work Phone
Address		City	State	Zip
What type of employment are you seeking (Check only those you will accept) <input type="checkbox"/> Regular Full-Time (40 hours/week) <input type="checkbox"/> Regular Part-Time (between 20 & 40 hours/week) <input type="checkbox"/> Provisional (less than 20 hours/week)			If the job requires unusual hours (including week-ends and nights) would you be willing to accept it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When will you be available for employment (check one) <input type="checkbox"/> I am available now. <input type="checkbox"/> I will be available beginning: _____			If the job requires use of a motor vehicle, do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If the job requires it, do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been convicted of a crime other than a minor traffic offense? Yes No

If yes please explain, include location, date, and nature of offense.

EDUCATION & TRAINING

Elementary & High School (Circle highest year completed) 1 2 3 4 5 6 7 8 9 10 11 12	Name and Location of High School	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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TRAINING BEYOND HIGH SCHOOL

Name & Location of Institution	Major Field	Degree and Mo/Yr Received

Other education/training not covered above but which may be relevant to the position for which you are applying (i.e., internships, correspondence courses, service schools, etc.).

LICENSURE/CERTIFICATION:

Current Licensure/Certification	Expiration Date	Number

List memberships in professional or technical associations.

WORK EXPERIENCE: (Start with most recent job. Indicate any change in job title under the same employer as a separate position)

Present or most recent Employer		Title	
Address	May we contact this employer for a reference	Name, title, & Phone # of Supervisor	
Your Duties/Responsibilities:		Reason for Leaving	
		From (Mo/Yr)	To (Mo/Yr)
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship _____ hours per _____	

Employer		Title	
Address	May we contact this employer for a reference	Name, title, & Phone # of Supervisor	
Your Duties/Responsibilities:		Reason for Leaving	
		From (Mo/Yr)	To (Mo/Yr)
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship _____ hours per _____	
Employer		Title	
Address	May we contact this employer for a reference	Name, title, & Phone # of Supervisor	
Your Duties/Responsibilities:		Reason for Leaving	
		From (Mo/Yr)	To (Mo/Yr)
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship _____ hours per _____	
Employer		Title	
Address	May we contact this employer for a reference	Name, title, & Phone # of Supervisor	
Your Duties/Responsibilities:		Reason for Leaving	
		From (Mo/Yr)	To (Mo/Yr)
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship _____ hours per _____	
Use a separate sheet to continue with any additional employment data, using the same format as above.			

SKILLS/QUALIFICATIONS & OTHER EXPERIENCE:

List any special skills or qualifications that you possess that you feel are relevant to the job for which you are applying (i.e., clinical expertise, proficiency in second language, writing, computer, office machines, typing speed, etc.)

Briefly describe your life or work experience in specific cultural or cross-cultural settings. Please include a description of expertise or training acquired as a part of this experience.

Please describe your knowledge or experience in working with or around people who have experienced traumatic or stressful life events (if applicable to the open position).

List other volunteer work or life experience that you feel may be relevant to this position. Give approximate beginning and ending dates for any volunteer positions.

REFERENCES

Please list three people (not relatives) you have worked with that we may contact for a reference.

Name	Address	Phone

CERTIFICATION

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 (unless specifically stated above), persons, schools, law enforcement agencies and any other sources of information that 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 facility.

FURTHER, I understand and agree that, as a condition of my employment Community Partnerships, Inc., I will be required to submit information for a criminal history background check (WI Act 27) and for a driving record from the Department of Motor Vehicles, and my employment will be contingent upon the information received.

I have read, understand and agree to the above statements.

SIGN HERE: _____

DATE: _____