

Northeastern Wisconsin

APPLICATION FOR EMPLOYMENT	
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Name:			Date:	
(last)	(first)			
Address:				
(street address)	(c	ity)	(state)	(zip)
Phone:	Alternate Pl	none:		
Email Address:	_ Social Se	curity Numbe	er:	
Direct Care position preferred for:	Full Time	Part Time	Date you	can start:
Please specify what shift or hours within t (morning shift 7-3, evening shift 3-11, over	~		to work or	n each day below.
Monday:	Tue	sday:		
Wednesday:	Thu	rsday:		
Friday:	Sat	urday:		
Sunday:				
Referred By:		Are you 1	8 years of a	age? Yes/No
Do you have a valid driver's license? Yes/I Please list all driving violations and appro		vithin the past	t 7 years:	
Do you have a legal right to work in the U	I.S.? Yes/No			
Have you applied here before? When?				
Have you worked for any Adult & Teen C				
If so, when & where?				
Have you sought treatment for, or been an in the past two years? Yes/No	rrested for any	offense involv	ving alcoho	l or illegal drug use
If yes, please explain:				
ATCNEW strictly prohibits all tobacco use du property.	iring working he	ours, and at any	y time withi	n sight of ATCNEW
Are you able to refrain from tobacco use d	luring working	hours? Yes/N	lo	_

Have you been convicted of a criminal offense (not including traffic violation)? Yes/No If yes, please list all convictions and an explanation. Answering yes will not necessarily exclude you from consideration.

EDUCATION AND FORMAL TRAINING

Do you have a high school diploma? Yes/No If no, do you have a GED certificate? Yes/No

Special License and Certificates

EMPLOYMENT HISTORY

Please list below your last work experience, paid or unpaid. Describe your job separately, emphasizing your specific tasks and supervisor, technical or other responsibilities performed. Give special attention to work experience relating to the position for which you are applying. Explain significant breaks in work experience.

Name of Employer:			
Address:			
Name of Supervisor:		Telephone:	
Position Held:		Dates of Employment:	
Starting Salary:	Ending Salary:	Full-time/ Part-time	
Duties (be specific):			
Reason for leaving:			
May we contact this employ	er at this time? Yes/No	If no, explain:	
Briefly explain why you desi	re employment with ATCNEW.	Use additional paper if necessary:	

APPLICANT'S STATEMENT

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading information, my application may be rejected, my name removed from consideration or my employment with Adult & Teen Challenge Northeastern Wisconsin terminated.

I understand that ATCNEW is a faith-based organization founded on Christian principles and if my application for employment is accepted, I will be working in an environment that is Christian in nature. Although my religious beliefs and practices may differ from those of ATCNEW, I agree that I will respect the religious views of ATCNEW and its leadership and will abide by the bylaws, policies, and procedures of ATCNEW. Moreover, I will refrain from promoting any beliefs or publicly demonstrating any behavior that contradicts the teaching, philosophy, or beliefs of the ATCNEW program during working hours, or while on ATNEW property.

I agree that I will settle any and all previous unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for employment, employment and/or cessation of employment with ATCNEW, exclusively by binding arbitration in accordance with the Rules for the Resolution of Employment Disputes issues by the American Arbitration Association (AAA) in effect on the date that a request for arbitration is made by either ATCNEW or me. By way of example only, such claims include claims under federal, state, and local statutory or common law, such as Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1694, as amended, including he amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the law of contract and the law of tort. All administrative costs of arbitration shall be borne equally by the parties.

I understand that this employment application and any other company documents are not contracts of employment. I understand that my employment with ATCNEW is "at will", and that with Adult & Teen Challenge Northeastern Wisconsin or myself may end my employment at any time.

Print	Name:
Signa	ture:

Date:__

Authorization to Release Information

I understand that in processing my application with Adult & Teen Challenge Northeastern Wisconsin, an investigation may be made in which information is obtained through personal interviews, written requests, and a review of information held by employers, acquaintances, and law enforcement or other government agencies. I authorize you to verify my past employment and related data provided on this application or through the interview process. I further understand and waive my right of privacy in this investigation and release and hold harmless Adult & Teen Challenge Northeastern Wisconsin and its agents from any liability.

I understand that several consumer reports may be requested and may include information as to my character, work habits, credit, academic credential verification, job performance, experience, and reasons for termination. Further, I understand that you may be requesting information concerning my workers' compensation claims (post job offer), motor vehicle operations history and criminal history from various private and public sources along with other public records that are available.

I HEREBY AUTHORIZE AND RELEASE FROM ALL LIABILITY, WITHOUT RESERVATION, Adult & Teen Challenge Northeastern Wisconsin, PREMIER EMPLOMENT SCREENING SERVICES, OR OTHER AGENTS OF Adult & Teen Challenge Northeastern Wisconsin, AND ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE/FEDERAL AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER, EMPLOYEE, INSURANCE COMPANY OR PERSONS GATHERING OR FURNISHING THE ABOVE INFORMATION.

According to the Fair Credit Reporting Act, I am entitled to know if employment will be and is ultimately denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised by this employer and be given the name of the agency or source of information.

	Last	Fir	st	Middle
Maiden/Previous Name(s	s)			
Date of Birth/	/	Social Sec (For identifica	tion purposes	ber only)
City		State	_ Z ip	County
		•		u have lived in for the past 5 years.
Driver's License Numb	er			State Issued
I understand the	at a facsimile (fa	x) or photographic c	copy of thi	State Issueds release will be as valid as the original.

ATCNEW SURVEY

Thank you for your interest in Adult & Teen Challenge Northeastern Wisconsin.

In order for us to get to know you better, please answer the following questions.

Thank you!

How did you hear about our job opportunity?

How familiar are you with Adult & Teen Challenge?

Are you attending a local church?

Have you read out statement of faith, located on the careers page?

Please share your current base salary expectations

What skills, knowledge and experience from prior positions and education have prepared you for this role?