



APPLICATION FOR EMPLOYMENT

*Established 1986
An Employee Owned Company
Equal Employment Opportunity/Affirmative Action Employer*

Aurora Community Services

Comprised of:

Aurora Community Counseling (ACC)

Aurora Community Health (ACH)

Aurora Residential Alternative (ARA)

Aurora Vocational Services (AVS)

For office use only:

Date Received: _____ Name: _____ Date/Time of interview: _____

Personal Information

PLEASE PRINT CLEARLY

Date: _____

Name: _____

Other Names Known By Including Maiden Name: _____

Present Address: _____

Street or P.O. Box

City, State, Zip

Permanent Address: _____

Phone Number: _____ Cell Number: _____

E-mail address: _____

Position applying for: _____ What area? _____

Where did you hear of us? _____

Have you previously applied or been employed by Aurora? Yes No when? _____

You must be 18 years of age or over for employment. Do you meet this requirement? Yes No

Are you eligible for work in the US? No

Availability: Specify the hours you are available to work on each day of the week.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From ____ to ____	From ____ to ____	From ____ to ____	From ____ to ____	From ____ to ____	From ____ to ____	From ____ to ____

Part-time _____ Full-time _____ # Hours/week _____ First date available _____

We require employees to work every other weekend. Are you able to meet this requirement? Yes No

Do you have reliable transportation to get to work? Yes No

Education

Did you graduate from high school or complete a GED? Yes No Where: _____

List any school beyond high school that you have attended (college, vocational, business...).

Name/Address	From	To	Major(s)	Degrees Earned	Graduation Date

Describe in paragraph form other education, training or volunteer work, which you feel is relevant to the job for which you are applying:

Can you lift 50 lbs. with or without reasonable accommodations? Yes No

If requested, would you agree to have a complete physical at the expense of ACS? Yes No

Work Experience

Provide a complete employment history starting with your most recent job. Be specific. Include service in the armed forces and any self-employment. Indicate any changes in job title and duties under the same employer as a separate position. Use additional pieces of paper if necessary.

COMPANY AND ADDRESS	POSITION & DUTIES	SUPERVISOR & PHONE	DATES EMPLOYED	REASON FOR LEAVING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	Ending _____ wage \$ _____

COMPANY AND ADDRESS	POSITION & DUTIES	SUPERVISOR & PHONE	DATES EMPLOYED	REASON FOR LEAVING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	Ending _____ wage \$ _____

COMPANY AND ADDRESS	POSITION & DUTIES	SUPERVISOR & PHONE	DATES EMPLOYED	REASON FOR LEAVING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	Ending _____ wage \$ _____

Are there any employers you do not want us to contact? If so, specify employer and reason: _____

Were you ever discharged or asked to resign from any position? Yes _____ No _____ If yes, when/why? _____

Employer's Name & Address: _____

References- List 2 school, work or personal references who we may contact. Do not list people who are related to you.

NAME	TELEPHONE NUMBER	HOW LONG HAVE YOU KNOWN THIS PERSON?	RELATIONSHIP TO YOU	TYPE OF REFERENCE <input type="checkbox"/> SCHOOL <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL
_____	_____	_____	_____	_____

NAME	TELEPHONE NUMBER	HOW LONG HAVE YOU KNOWN THIS PERSON?	RELATIONSHIP TO YOU	TYPE OF REFERENCE <input type="checkbox"/> SCHOOL <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL
_____	_____	_____	_____	_____

YOUR EMPLOYMENT WITH AURORA MAY BE CONTINGENT ON YOUR DRIVING RECORD

Do you have a valid driver's license? Yes No

Have you ever had a driver's license revoked or suspended? Yes No

If yes, when, and for what reason: _____

Have you been convicted of an OWI/DWI in the past five years? Yes No Date of conviction: _____

List any vehicle accidents/traffic citations (other than parking violations) you have received over the past 5 years. If None, please write None in space provided.

Have you ever been convicted of offenses that would directly relate to the particular job for which you are now applying?

_____ If so, give details below.

Note 1: Examples of actions that will be considered in making a determination that an act substantially relates to the care of adults or minors, the funds or property of adults or minors or activities of the adult family home are: abuse, neglect, sexual assault, indecent exposure, lewd and lascivious behavior, or any crime involving non-consensual sexual conduct; child abuse, sexual exploitation of children, child abduction, child neglect, contributing to the delinquency or neglect of a child, enticing a child, enticing a child for immoral purposes, exposing a minor to pornography or other harmful materials, incest, or any crime involving children as victims or participants; armed robbery, aggravated battery, false imprisonment, kidnapping, homicide, any crimes involving bodily harm or threat of bodily harm, any crime involving the use of a dangerous weapon or any crime evidencing disregard to health and safety; cruelty, neglect or abandonment of animals and instigating fights between animals; burglary, extortion, forgery, concealing identity, embezzlement and arson; crimes involving a substantial misrepresentation of any material fact to the public including bribery, fraud, racketeering or allowing an establishment to be used for illegal purposes; offenses involving narcotics, alcohol or controlled substances that result in a felony conviction, operating a motor vehicle while under the influence of an intoxicant or other drug, operating after revocation and leaving the scene of an accident after injury or death to a person or damage to a vehicle driven or attended by any person.

Note 2: Wisconsin's Fair Employment Act, ss.111.31 to 111.395, Stats., prohibits discrimination because of a criminal record or pending charge, unless the record or charge substantially relates to the circumstances of the particular job or licensed activity.

Date of Offense	Location	Charges	Penalties

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION AND/OR BACKGROUND CHARACTER VERIFICATION FORM SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO AURORA COMMUNITY SERVICES.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 90 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

IF EMPLOYED, I WILL BE REQUIRED TO COMPLETE AN EMPLOYMENT VERIFICATION FORM (I-9) AND WITHIN THREE DAYS SHOW SATISFACTORY EVIDENCE OF IDENTITY AND ELIGIBILITY FOR EMPLOYMENT.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND/OR SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

SIGNATURE OF APPLICANT

DATE