

APPLICATION A PROCEDURE

Revised 4/25/08

1. **APPLICATION:** Please fill in ALL appropriate information and designate which position you are applying for along with a current telephone number. Please supply accurate and complete information of all sections of the application. **FAILURE TO COMPLETE ALL APPROPRIATE SECTIONS WILL RESULT IN NON-PROCESSING OF THE APPLICATION.**

2. **EMPLOYMENT REFERENCE FORM:** Please PRINT your name and position at the top of this page and WRITE your signature and current date on this form by the "X". Distribution of work evaluation is completed by the Academy.

3. **AFFIRMATIVE ACTION QUESTIONNAIRE:** This information is voluntary; however it helps to ensure a systematic means of evaluating Affirmative Action goal attainment. (Information is confidential and kept separate from application.)

4. **CHARACTER REFERENCES:** 3 character references concerning the applicant's character, emotional stability, and competence must be submitted to complete the application. References are at the end of this application and available through Human Resources. Please distribute to references and have them complete and mail back to APA in the envelopes provided. References may not be related to the applicant. **References must be on record before employer is allowed, by law, to offer employment.**

5. **REQUIRED DOCUMENTS UPON HIRE:** If you are subsequently hired, the following documents will be REQUIRED to be brought to New Employee Orientation:
 - a. High School diploma or transcript, or college diploma or transcript (does not need to be an official transcript).
 - b. Two forms of identification will be needed such as US Passport, OR a State-issued drivers license or ID card, school ID card with photo, voters registration card, military ID or draft record, military dependent ID card, Native American tribal document AND Social Security card, original or certified copy of birth certificate, Native American tribal document, certificate of birth abroad issued by Dept. of State.
 - c. Copies of results of tuberculosis tests administered within the past year.
 - d. Voided check

RETURN THE COMPLETED APPLICATION TO THE FACILITY TO WHICH YOU ARE APPLYING:

EAU CLAIRE ACADEMY
550 N. Dewey St.
Eau Claire, WI 54703
715-834-6681

MILWAUKEE ACADEMY
9501 Watertown Plank Rd.
Wauwatosa, WI 53213-0397
414-257-3141

AURORA PLAINS ACADEMY
1400 E. 10th St
Plankinton, SD 57368
605-942-5437

WYALUSING ACADEMY
601 S. Beaumont Rd.
Prairie du Chien, WI 53821
608-326-6481

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? <input type="checkbox"/> Advertisement: <input type="checkbox"/> Television <input type="checkbox"/> Newspaper <input type="checkbox"/> Other: _____ <input type="checkbox"/> Employment/State Agency <input type="checkbox"/> Walk In <input type="checkbox"/> Relative <input type="checkbox"/> Friend/Employee Referral: Referred by _____		
Last Name _____	First Name _____	Middle Name _____
Address _____		
City _____	State _____	Zip Code _____
E-Mail _____@_____		
Telephone Number(s) Home: _____ - _____ - _____ Cell: _____ - _____ - _____ Work: _____ - _____ - _____		
Social Security Number: _____ - _____ - _____ Driver's License Number: _____ State of Issue: _____		
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Variable Shift <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary - From _____ To _____		
On what date would you be available for work? _____		

Have you ever filed an application with us before? ____ YES ____ NO If yes, give 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 US citizen, or do you have an entry permit which allows you to lawfully work in the US? ____ YES ____ NO

Are you at least 21 years old? ____ YES ____ NO

Have you ever been accused of abusing a child? ____ YES ____ NO

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 ____ No If yes, please 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	
City	Starting	
State Zip	Ending	
Telephone - -	Supervisor:	
Job Title		
Reason for leaving:		

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

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

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

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 statements or omissions by me in the 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 (60) 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: _____

EMPLOYMENT REFERENCE

(PLACE AN X IN THE BOX NEXT TO THE ACADEMY YOU ARE APPLYING TO)

- Eau Claire Academy, 550 N. Dewey St., Eau Claire, WI 54703 ~ 715-834-6681
- Wyalusing Academy, 601 S. Beaumont Rd., Prairie du Chien, WI 53821 ~ 608-326-6481
- Milwaukee Academy, 9501 Watertown Plank Rd., Wauwatosa, WI 53213 ~ 414-257-3141
- Aurora Plains Academy, 1400 E. 10th St., Plankinton, SD 57368 ~ 608-942-5437

_____ has applied for the position of _____
At Aurora Plains Academy, a residential treatment center for emotionally disturbed adolescents. The applicant would be directly involved in the day-to-day care of these youngsters. You were listed by the applicant as a PREVIOUS EMPLOYER. We would appreciate your completion of the following evaluation. Your statements are in strictest confidence and will not be shared with the applicant.

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION TO THE AURORA PLAINS ACADEMY.

X _____
Applicant's Signature Date

THIS SECTION TO BE COMPLETED BY THE PREVIOUS EMPLOYER

	UNSATISFACTORY	COMPETENT	ABOVE AVERAGE	UNABLE TO ANSWER
ATTENDENCE				
INITIATIVE				
JOB KNOWLEDGE				
QUALITY OF WORK				

APPLICANT'S STRONG POINTS:

APPLICANT'S WEAK POINTS:

Dates of Employment: From _____ To _____

Position individual held in your organization: _____

Reason for termination of employment: _____

Would you rehire? Yes No

Do you have any additional comments that might aid us in our evaluation?

Thank you for your assistance.

Previous employer's Signature/Title

CLINCARE CORPORATION IS AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS FOR COMPLETEING PERMISSION FORM

1. Each applicant and all other required persons age 10 years or older must complete and sign a Permission to screen for Reports of Abuse or Neglect form.
2. From choices listed, mark correct box to indicate the appropriate facility/provider type. If an application has been filed, but the license/registration has not yet been issued, mark two boxes - application filed & facility type.
3. List on the first blank line of this form the type of license or registration or employment position for which you have applied (this will vary for each person). Examples are, but are not limited to:

Family Day Care applicant	Adoption Applicant	Child to applicant	Teacher	Facility Director
Facility/Program Administrator	Foster Care applicant	Site Assistant	Volunteer	Facility Driver
Secondary Child Care worker	Spouse of applicant	Site Coordinator	Facility Cook	GFDC Operator
Other household member	Youth Care Worker			

4. List your full name on the appropriate line. This would be your current legal first, middle, and last name. The listing of your date of birth must include the month, day, and year you were born.
5. List your maiden name on the appropriate line. If this section does not apply to you, write N/A (meaning not applicable) in this area.
6. List any other names you have used on the appropriate line. Examples of such name would be nicknames; any abbreviated versions of your full name (i.e. William/Bob or Edward/Ed); previously married names; a birth name; or any other names that have been used.
7. List your social security number, or X appropriate Male/Female blank, and list your race.
8. List all addresses from any place you have lived **SINCE BIRTH** on the appropriate lines. All information is important, but if you are not able to remember the complete address for a previous living location, **you must always include the City and State**. Always include the **Beginning and Ending Dates** for each address location.
9. List the full name and date of birth for all of your own children (even if the children do not live with you now). Do not list the names of other people's children for whom you provide care (i.e. daycare children, foster children).
10. **SIGN your name** at the bottom of the form. If the screening is for a person under 18 years of age, this person's parent or legal guardian must sign the form. **Include** your current mailing address at the bottom of the form.
11. Complete the Agency Information by listing the agency's name as it appears on their license, agency complete mailing address and telephone number, and the agency's license number as it appears on their license. If the agency has applied for a license but has not yet received its beginning license, mark where indicated.
12. Return your completed permission form to the appropriate agency.

If any information is found that would prohibit the issuance of a child welfare license or registration or prohibit employment with a licensed or registered child welfare agency, the individual will be notified of the screening results and be informed of their right to request a hearing on the matter. Once proper notification has been accomplished, the Department will notify the licensed or registered agency of the screening results.

Failure to list all information or complete all questions will delay the screening process.

Check box that corresponds with facility type for this request ----- -->

- Residential Treatment Center
- Adoption
- Family Day Care Home
- Independent Living Prep Program
- Day Care Center
- Group Family Day Care Home
- Group Care Center for Minors
- Relative Placement
- Before & After School Center
- Child Placement Agency
- Head Start Program
- License/Registration
- Foster Home
- Intensive Residential Tx Ctr.
- Application filed Also mark corresponding facility type
- Shelter Care Facility
- Other

PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT

In connection with my application/approval, as a(n) _____ I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided since birth. My signature authorizes the South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information related to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the South Dakota Department of Social Services.

Full Legal Name: _____

Date of Birth: _____ Maiden Name: _____

Other Names Used: _____

Social Security Number: _____ Male: _____ Female: _____ Race: _____

List All Prior Addresses: (Since birth in chronological order with birthplace first)

Street Address	City	County	State	Dates

List Full Name (first, last, birth) and Date of Birth of ALL you OWN Children:

(Do not list other people's children for whom you might provide daycare)

Name	Date of Birth	Name	Date of Birth

The Department of Social Services, it's staff and agents are released from any and all liability based upon information transmitted through this authorization, as long as such information is given in good faith.

Signed: _____ Date: _____

Address: _____

EMPLOYMENT WITH LICENSED/REGISTERED CHILD WELFARE AGENCY

My signature further authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the agency listed below.

Agency Name and Phone Number

Aurora Plains Academy
(605) 942-5437

Agency Mailing Address

1400 E. 10th Street
Plankinton, SD 57368

Agency License Number

- N/A - DSS field office/Head Start
- N/A - license not yet issued

DECLARATION OF PRIOR CRIMINAL CONVICTION AND MILITARY HISTORY

As required by SDCL 26-6-14.5 for employment, residence or presence in a child welfare agency, this declaration must be completed and retained in the employee/provider/volunteer file. For foster homes licensed by DSS, a copy of the form should be submitted with DCI and FBI fingerprint cards to the Office of Child Protection Services, 700 Governors Drive, Pierre, SD 57501-2291.

The following comprises a complete history of prior criminal convictions for:

Name: _____

Social Security Number: _____ Birthdate: _____

Crime Convicted of	Date of Conviction	Sentence or Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following is a complete history of military service for _____
(Name)

Branch of Service	Dates of Service	Type of Discharge
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby declare and affirm under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief.

Signed this _____ th day of _____, 20____

Agency Return Address

Signature

Agency Name

Street Address and/or PO Box Number

Street Address and/or PO Box Number

City State Zip

City State Zip

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.

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): _____

ATTENDANCE ACKNOWLEDGEMENT

1. If I want time off I must have hours of vacation accrued, request vacation time, and receive approval for it.
2. I will notify the Core Staff Supervisor of any pending conflicts and request to be scheduled to avoid the conflict. I understand that requests may not be possible to honor.
3. I am responsible for using shift changes for any time off a completed schedule that I require; it is not the supervisor's responsibility to change a schedule to accommodate.
4. Shift changes need to be pre-approved and have signatures to verify them. Any changes without approval will result in a guidance and counseling form.
5. Shift Changes are not the same as dropping a shift. I am not to drop weekend shifts by arranging for someone to work my hours without trading a shift, as available workers may be needed in another area.
6. I am aware that I cannot be scheduled off of my assigned weekend without the use of vacation time or a shift trade.
7. I understand that my extra-curricular activities are my responsibility, and time off to pursue them is not the responsibility of APA. Any scheduling to allow for them still requires that I work the amount of hours and days expected of my position.
8. I understand that "having tickets" for a trip, plans for holidays, the wish to attend school celebrations, such as Homecoming, sports leagues or teams, and hobbies are my responsibility to schedule, not APA's. For my employer, my job is the priority, and as an employee I need to recognize that I am responsible to arrange for leisure activities when not required to work.
9. Part-time Youth Care Workers: I am responsible for every other weekend and a minimum of 1 shift during the week.

I have read and understand the above guidelines of attendance expectations for the Childcare Department.

Signature: _____

Date: _____

CHARACTER REFERENCE

Aurora Plains Academy
1400 E 10th St.
Plankinton, SD 57368

Dear Sir or Madam:

_____ has applied for the position of *Residential Treatment Worker* at Aurora Plains Academy, a residential treatment center for emotionally disturbed children and adolescents. The applicant would be directly involved in the day-to-day care of these children and adolescents. You were listed by the applicant as a **CHARACTER REFERENCE**. We would appreciate your completion of the following evaluation. Your statements will not be shared with the applicant and will be held in strictest confidence. (*Character references are required by the State of South Dakota*)

	Unsatisfactory	Competent	Above Average	Unable to Answer
Ability to accept suggestions				
Ability to accept criticism				
Personal appearances				
Conduct				
Cooperation				
Individual Initiative				

Applicant's Strong Points:

Applicant's Weak Points:

Do you have any reason why this individual should NOT be employed with emotionally disturbed children?
_____ No _____ Yes (if yes, please explain)

How long have you known this applicant? _____

Do you have any additional comments that might aid us in our evaluation?

Your statements will be in the strictest confidence and will not be shared with the applicant.

Please re-fold this self-addressed stamped evaluation and return to us. Thank you for your assistance.

Character Reference Signature

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Aurora Plains Academy
1400 E 10th St.
Plankinton, SD 57368

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