Burnett County Family Resource Center, Inc.

**FRC Employment Application Form**

The Burnett County Family Resource Center is an Equal Opportunity Employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a resume’.

Name (first, middle, last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date you can start work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary desired\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a High School Diploma or Equivalent? \_\_\_\_Yes \_\_\_\_No

Check all that you are willing to work: \_\_\_\_Part Time \_\_\_\_Full Time \_\_\_\_Days \_\_\_\_Eves

Are you authorized to work in the U.S. on an unrestricted basis? \_\_\_\_Yes \_\_\_\_No

Have you ever been convicted of a felony? (Convictions do not necessarily disqualify an applicant for employment) \_\_\_\_Yes \_\_\_\_No If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position you are applying for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been told the essential functions of the job or have you viewed a copy of the job description listing the essential functions of the job? \_\_\_\_Yes \_\_\_\_No If yes, can you perform these essential functions of the job with or without reasonable accommodations? \_\_\_Yes \_\_\_No

Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs and military training.

School Name Degree Address/City/State

| School |  |  |  |
| --- | --- | --- | --- |
| School |  |  |  |
| Other |  |  |  |

Special Skills: List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References: Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don’t have three professional references, then list personal, unrelated references.

| Name | Address/City/State | Phone | Relationship |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Work History: Start with your present or most recent employment and work back. Use a separate sheet if necessary (include paid and unpaid positions). May we contact your present employer? \_\_\_\_Yes \_\_\_\_No \_\_\_\_\_N/A

| Job Title #1 | Start Date | End Date |
| --- | --- | --- |
| Company Name | Supervisors Name | Phone # |
| City | State | Zip |
| Duties | | |
| Reason for leaving | Starting Salary | Ending Salary |

| Job Title #2 | Start Date | End Date |
| --- | --- | --- |
| Company Name | Supervisors Name | Phone # |
| City | State | Zip |
| Duties | | |
| Reason for leaving | Starting Salary | Ending Salary |

| Job Title #3 | Start Date | End Date |
| --- | --- | --- |
| Company Name | Supervisors Name | Phone # |
| City | State | Zip |
| Duties | | |
| Reason for leaving | Starting Salary | Ending Salary |

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the FRC to investigate any of the facts set forth in this application and release the FRC from any liability. I authorize the FRC to contact any listed references on this application. **I authorize the FRC to complete a WI DOJ Criminal Background Check as well as National Sex Offender Registry check.** I acknowledge and understand that the company is an “at will” employer. Therefore, any employee may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature Date

For office use only:

Interview conducted \_\_\_\_Yes \_\_\_\_No If yes, complete the following:

3 References checked \_\_\_\_Yes \_\_\_\_No

Criminal History Background check done \_\_\_Yes \_\_\_\_No

National Sex Offender Registry checked \_\_\_\_Yes \_\_\_\_No

A copy of the FRC Child Sexual Abuse Prevention Policy has been given \_\_\_\_Yes \_\_\_\_No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Signature Date