



a WISCONSIN YOUTH COMPANY program

# AFTER SCHOOL

## School Year

### Application Form

#### Part 1 - Personal Information

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax \_\_\_\_\_

Current or School Address \_\_\_\_\_  
Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current or School Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

School E-mail Address \_\_\_\_\_ School Fax \_\_\_\_\_

How did you learn about our AFTER SCHOOL programs (be specific)? \_\_\_\_\_

#### Part 2 - Position Interest: Please rank in order of preference. (1<sup>st</sup>, 2<sup>nd</sup>, etc.)

Site Supervisor (Min. age req: 21)       Site Specialist (Min. age req: 18)

Do you meet the minimum age requirement for the position in which you are interested? \_\_\_\_ Yes \_\_\_\_ No

Do you have access to a vehicle? (Recommended for Site Supervisor positions) \_\_\_\_ Yes \_\_\_\_ No

#### Part 3 - Location: Please rank below the communities where you would consider working

##### Dane County

Madison    Middleton    Mt. Horeb    McFarland    Stoughton    Waunakee

Dodgeville    Ridgeway

##### Waukesha County

New Berlin    Waukesha    Merton    Nashotah    Wales    Dousman

Delafield    Genesee Depot

## Part 4 - Availability

Days and hours vary by location. In Dane county most programs are primarily in the afternoon, although some do have morning hours. In Waukesha County most programs also have before school hours of operations. Please indicate the times of each day you would be available to work between 6:30 a.m. and 6:00 p.m. Please be as complete with your information as possible.

Monday	a.m.	Tuesday	a.m.	Wednesday	a.m.	Thursday	a.m.	Friday	a.m.
	p.m.		p.m.		p.m.		p.m.		p.m.

How many hours per week would you prefer to work? \_\_\_\_\_

Are you available for the full school year? Fall Semester \_\_\_ Yes \_\_\_ No Spring Semester \_\_\_ Yes \_\_\_ No

If "No", please explain: \_\_\_\_\_

Are you interested in summer employment opportunities with Wisconsin Youth Company? \_\_\_ Yes \_\_\_ No

Day long programs are also available on non-school days and during holiday break periods. Are you interested in these additional opportunities? \_\_\_ Yes \_\_\_ No

## Part 5 - Education

**IMPORTANT: All applications must include a post high school transcript (need not be an official copy).**

Please explain you Education Background (begin with high school. Attach additional sheets if necessary).

Name of School: \_\_\_\_\_ City & State: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Areas of Study: \_\_\_\_\_

Degree Obtained or Years Toward Degree: \_\_\_\_\_

Name of School: \_\_\_\_\_ City & State: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Areas of Study: \_\_\_\_\_

Degree Obtained or Years Toward Degree: \_\_\_\_\_

Name of School: \_\_\_\_\_ City & State: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Areas of Study: \_\_\_\_\_

Degree Obtained or Years Toward Degree: \_\_\_\_\_

**Please list any specific post high school course work, workshops or trainings that are relevant to working with children in a group setting:**

Child Development: \_\_\_\_\_

Early Childhood or Elementary Education: \_\_\_\_\_

Physical Education or Recreation (involving children): \_\_\_\_\_

Supervision or Group Management: \_\_\_\_\_

Other: \_\_\_\_\_

**Part 6 - Certifications:** Please check all that apply.

Standard First Aid: expires: \_\_\_\_\_

Child CPR: expires: \_\_\_\_\_

Adult CPR: expires: \_\_\_\_\_

Other: \_\_\_\_\_

**Please bring all certification cards to your scheduled interview.**

## Part 7 - Employment History

**Past Work History:** Please provide a full record of all employment (paid and volunteer), explaining any gaps in employment, including any positions in which you have worked directly with children, starting with the most recent (include positions with Wisconsin Youth Company if applicable). You may use a separate sheet if necessary, or attach your resume.

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
Employment Dates: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
Employment Dates: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
Employment Dates: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
Employment Dates: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

I have attached a resume.     I have attached additional employment information.

**References:** Included with this application packet are two Reference Release and Reference Forms along with two Wisconsin Youth Company addressed envelopes. Reference Release and Reference Forms are available on our website and can be downloaded. You are responsible for completing the top half of the Reference Release Forms and giving or mailing these materials to two relevant work related references. The completed references should be mailed directly by the references to Wisconsin Youth Company. Please list the FULL NAME, ADDRESS, CURRENT PHONE NUMBER and EMAIL (if known) of the two individuals you have sent the reference materials to. **Note: Your application cannot be processed without this information. Job offers are in part contingent upon the receipt of two favorable references.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Part 8 - Approved Driver Interest (Optional)

Are you willing to become an approved driver of Wisconsin Youth Company vehicles? (Must be 21 or older)  Yes  No  
If so, do you have a valid Driver's License and can you provide proof of valid auto insurance?  Yes  No

### Part 9 - Acknowledgement

**All Applicants should read this certification carefully and sign:**

I certify that I have never been convicted of child abuse or crimes against sexual morality involving children.

I understand that a criminal background check will be done if I am offered a position.

I have included any post high school transcript with this application.

I have completed the top half of the Reference Release Forms and have mailed the Reference Release and Reference Forms to two work references.

I authorize Wisconsin Youth Company personnel to contact the references I have indicated as part of this application.

I will provide Wisconsin Youth Company a copy of my driving record if I will be driving company owned vehicles. In order to be reimbursed mileage I understand that I need to have a valid driver's license and proof of valid auto insurance.

I understand that, if hired, I will be asked to provide evidence that I am free of communicable illness and am physically able to do the job for which I am hired including an acknowledgement of a negative T.B. skin test signed by a physician more than 1 year prior to or within 30 days after my date of hire.

I will provide written verification of all certifications and relevant training.

I authorize investigation of all statements herein, including any checks of criminal records, and release Wisconsin Youth Company and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee. I also understand that untrue, misleading, or omitted information relating to this application or in other documents completed by me may result in dismissal, regardless of the time of discovery by Wisconsin Youth Company.

I certify that the information provided above is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail applications for Dane County  
AFTER SCHOOL school year programs to:

**Wisconsin Youth Company, Inc.**  
**Attention: Nora Bergeon-Capps**  
**1201 McKenna Blvd.**  
**Madison, WI 53719**  
  
**608-276-9782 ext. 29 or 800-238-1174**  
**ncapps@wisconsinyouthcompany.org**

Please mail applications for Waukesha County  
AFTER SCHOOL school year programs to:

**Wisconsin Youth Company, Inc.**  
**Attention: CindySue Nielsen**  
**1800 Dolphin Dr., Suite 200**  
**Waukesha, WI 53186**  
  
**262-547-8770 ext. 13 or 800-552-8878**  
**csnielsen@wisconsinyouthcompany.org**



# Affirmative Action Survey

The following information will be used for affirmative action reporting purposes only, and is not part of this application form. It will be removed before your application is screened and read or, if you prefer, you may mail it separately. In no case will this information be used for selection purposes.

Please check the terms which you consider applicable to yourself.

1. I am  MALE  
 FEMALE
  
2. I consider myself to be  HISPANIC / LATINO  
 NON-HISPANIC / NON-LATINO
  
3. I consider myself to be  AFRICAN AMERICAN  
 ASIAN  
 AMERICAN INDIAN or ALASKAN NATIVE  
 WHITE  
 OTHER
  
4. I consider myself to  HAVE A DISABILITY  
 NOT HAVE A DISABILITY