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**PROGRAM STAFF AND SUBSTITUTE APPLICATION FORM**

Applicant Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

Current Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Over 18 years of age:  Yes  No E-mail Address: \_\_\_\_\_

Community applied for (check all applicable):

- Madison  Middleton  Mt. Horeb  Stoughton  Waunakee  
 Arrowhead Area  New Berlin  Kettle Moraine area  Waukesha

Position applied for: \_\_\_\_\_

How did you learn about AFTER SCHOOL? \_\_\_\_\_

Who referred you? \_\_\_\_\_

**PART 1 - POSITION INTEREST**

1. Days and hours vary by location. Note: *Dane County programs are primarily in the afternoon.* Please indicate the times each day you would be available to work between 6:15 a.m. and 6:15 p.m.: (Please be accurate in completing the table below.)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
6:15 a.m.					
6:15 p.m.					

2. How many hours per week would you prefer to work: \_\_\_\_\_



### PART 3 - WORK EXPERIENCE

Please list any work experience (either paid or volunteer) which you feel help demonstrate your ability to work with school-age children in a childcare or recreational setting.

#### 1. Most recent related employment:

Dates of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Complete name and address of employer:

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Number of hours per week worked: \_\_\_\_\_  Paid  Volunteer?

Age of group worked with:  0-5  5-10  11-15

Disabled population:  Yes  No

Duties: \_\_\_\_\_

\_\_\_\_\_

#### 2. Prior employment:

Dates of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Complete name and address of employer:

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Number of hours per week worked: \_\_\_\_\_  Paid  Volunteer?

Age of group worked with:  0-5  5-10  11-15

Disabled population:  Yes  No

Duties: \_\_\_\_\_

\_\_\_\_\_

3. What additional **experience** do you have working with school-age children?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 4 - REFERENCES**

Please give the names, addresses and phone numbers of at least two (preferably work-related) references:

_____	_____
_____	_____
_____	_____
_____	_____

How does this person know you?

How does this person know you?

_____	_____
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**PART 5 - CERTIFICATION**

PLEASE READ CAREFULLY AND SIGN:

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

I understand that if hired I will be asked to supply transcripts verifying that I have received the child-related training required.

I understand that if hired, I will be asked to provide evidence from a physician that I am free of communicable illness and am physically able to do the job for which I am hired.

I understand that if hired, a criminal background check will be done.

I authorize AFTER SCHOOL personnel to contact the references I have provided as part of this application.

I certify that the information provided within this application is correct to the best of my knowledge.

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

# 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 remove it and mail 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  **AFRICAN AMERICAN**  
 **ASIAN**  
 **HISPANIC or CHICANO**  
 **NATIVE AMERICAN or ALEUT**  
 **WHITE or OTHER**
  
3. I consider myself to be  **HANDICAPPED**  
 **NON-HANDICAPPED**