



**TRAVEL REQUIREMENT**

Position may require work at an offsite location. A valid Wisconsin driver's license and a reliable vehicle *or* an alternate, effective means of transportation is required.

Are you able to meet the travel requirement? \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

**BACKGROUND**

Have you *ever* been convicted of a crime\*? \_\_\_ Yes \_\_\_ No

If yes, list date(s) and crime: \_\_\_\_\_

Do you have any pending charges against you at this time\*? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

*\*A yes answer does not automatically disqualify you from employment. The nature of the offense, date and type of job for which you are applying will be considered.*

**EDUCATIONAL HISTORY**

High School: \_\_\_\_\_  
Name City State ZIP

College/Technical School: \_\_\_\_\_ Major: \_\_\_\_\_  
Name City State ZIP

Circle highest grade completed: High School College Post Graduate  
1 2 3 4 1 2 3 4 1 2 3 4

**PROFESSIONAL LICENSE AND/OR CERTIFICATION**

Job offer of applicable position is made contingent upon proof/verification of these credentials.

Type: \_\_\_\_\_ Number: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Issue Date: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Type: \_\_\_\_\_ Number: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Issue Date: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

**MILITARY RECORD**

Branch of Service: \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Duties and skills acquired: \_\_\_\_\_

Date of discharge: \_\_\_/\_\_\_/\_\_\_

**EMPLOYMENT HISTORY. Provide the last five to ten years of employment**, beginning with current or most recent employer, paid and/or unpaid. **Explain** reason for gaps in employment, if applicable. **All** information must be completed even if you are submitting a resume.

1. **From:** \_\_\_/\_\_\_/\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_

Employer Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Phone (with area code): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Starting Wage: \$\_\_\_\_\_ Ending Wage: \$\_\_\_\_\_ May be contacted: \_\_\_ Yes \_\_\_ No

**Explain** reason for leaving **or** gap in employment: \_\_\_\_\_

2. **From:** \_\_\_/\_\_\_/\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_

Employer Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Phone (with area code): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Starting Wage: \$\_\_\_\_\_ Ending Wage: \$\_\_\_\_\_ May be contacted: \_\_\_ Yes \_\_\_ No

**Explain** reason for leaving **or** gap in employment: \_\_\_\_\_

3. **From:** \_\_\_/\_\_\_/\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_

Employer Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Phone (with area code): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Starting Wage: \$\_\_\_\_\_ Ending Wage: \$\_\_\_\_\_ May be contacted: \_\_\_ Yes \_\_\_ No

**Explain** reason for leaving **or** gap in employment: \_\_\_\_\_

4. **From:** \_\_\_/\_\_\_/\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_

Employer Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Phone (with area code): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Starting Wage: \$\_\_\_\_\_ Ending Wage: \$\_\_\_\_\_ May be contacted: \_\_\_ Yes \_\_\_ No

**Explain** reason for leaving **or** gap in employment: \_\_\_\_\_

5. **From:** \_\_\_/\_\_\_/\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_

Employer Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Phone (with area code): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Starting Wage: \$\_\_\_\_\_ Ending Wage: \$\_\_\_\_\_ May be contacted: \_\_\_ Yes \_\_\_ No

**Explain** reason for leaving **or** gap in employment: \_\_\_\_\_

6. **From:** \_\_\_/\_\_\_/\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_

Employer Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Phone (with area code): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Starting Wage: \$\_\_\_\_\_ Ending Wage: \$\_\_\_\_\_ May be contacted: \_\_\_ Yes \_\_\_ No

**Explain** reason for leaving **or** gap in employment: \_\_\_\_\_



**Carefully read this section prior to providing signature.**

Midstate Independent Living Choices, Inc. (MILC) is a public non-profit agency serving persons with disabilities of all ages. MILC is operated by staff and board composed primarily of people with disabilities. MILC serves 11 counties in Wisconsin: Adams, Florence, Forest, Langlade, Lincoln, Marathon, Oneida, Portage, Taylor, Vilas or Wood counties. MILC staff provides Information and Referral, Advocacy, Independent Living Skills Training, Peer Support, Assistive Technology, Architectural Accessibility, Community Education, Recreational, Benefits Counseling and Employment Services to assist people with disabilities in making an informed decision on their disability-related needs. Services are consumer directed. The individual decides which services they wish to participate in and work with staff to establish goals and determine steps to meet those goals.

As an equal opportunity employer, MILC does not discriminate against qualified applicants in hiring or promoting qualified employees on the basis of age (over 40), race, religion, creed, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest record, conviction record, sexual orientation, marital status, pregnancy or childbirth, military participation, genetic testing, submitting to honesty testing, or use or non use of lawful products off MILCs premises during non-working hours.

***Please initial that you have read and understand the following statements:***

\_\_\_\_ I hereby authorize persons, schools, my current employer and/or previous employers and organizations named in this application and accompanying resume and any supporting documents, if any, to provide relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.

\_\_\_\_ I understand in addition to the required caregiver background check, in accordance with the U.S. Fair Credit Reporting Act, an investigative consumer report (background check) may be conducted by Verified Credentials, Inc. and I authorize the investigation(s) that may be required at any time, prior to or in the course of employment, in connection with an employment decision.

\_\_\_\_ If hired, I consent to any Drug Testing that may be required at any time in the course of my employment to determine my ability to perform the duties of my job or other jobs with Midstate Independent Living Choices, Inc.

\_\_\_\_ If hired, I agree to adhere to the personnel policies and rules and understand that violation of these may lead to my dismissal.

\_\_\_\_ I hereby affirm that the information provided on this application and any supporting documents, if any, are true and complete. I understand that any false or misleading representation or omissions may disqualify me from further consideration for employment and may result in discharge, even if discovered at a later date.

\_\_\_\_ I understand that this employment application and any related Midstate Independent Living Choices, Inc. documents are not contracts of employment and, if hired, I may voluntarily leave employment at any time for any reason and, likewise, Midstate Independent Living Choices, Inc. may terminate my employment at any time for any reason. Any representations to the contrary in any related Midstate Independent Living Choices, Inc. document or by a representative of Midstate Independent Living Choices, Inc. should be relied upon or be construed as Midstate Independent Living Choices, Inc. policy.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**MIDSTATE INDEPENDENT LIVING CHOICES  
INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES**

**Midstate Independent Living Choices** is committed to the employment and advancement of minorities, women, 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 Affirmative Action Plan. The information you provide is used solely for government reporting purposes. This form is confidential and will be maintained separate from your application form. **Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity.**

**I DO NOT WISH TO VOLUNTARILY PROVIDE THIS INFORMATION**

**Applicant Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** Male Female

**Position applying for:** \_\_\_\_\_

**Referral Source: (check one)**

Advertisement (list publication) \_\_\_\_\_  
 Internet site (list site) \_\_\_\_\_  
 Walk in       Job Center       Current employee       Consumer referral  
 School       DVR       Other: \_\_\_\_\_

**Disability Status: (check one)**

Are you a person with a disability who has a physical or mental impairment that substantially limits one or more of your major life activities; has a record of such impairment; and whose disability was not acquired during military service?       Yes       No

**Ethnic Group: (check one)**       Hispanic/Latino       Not Hispanic/Latino

**Race: (check one)**

American Indian or Alaskan Native       Asian       Black       Hispanic  
 Native Hawaiian or other Pacific Islanders       White       Two or more races

**Veteran Status\*:** (check one)       Not a Veteran

**Armed Forces Service Medal veteran.** A veteran who, while serving on active duty in the U.S. military ground, naval, or air service, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).

**Disabled veteran.** A veteran who served on active duty in the U.S. military ground, naval, or air service, and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.

**Recently separated veteran.** Any veteran who served on active duty during the three-year period beginning on the date of such veteran's discharge or release from active duty.

**Other protected veteran.** Any other veteran who served on active duty in the U.S. military ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

\*From the U.S. Department of Labor, Federal Contracts-Equal Opportunity in Employment: Employment Non-discrimination and Equal Opportunity for Covered Veterans <http://www.dol.gov/compliance/guide/vietvets.htm>  
r:\hr documents\application materials\affirmative action vol survey.docx Updated 11/2015