

3262 Church Street, Stevens Point, WI 54481 715-344-4210 V/TTY 800-382-8484 V/TTY 715-344-4799 FAX

Applications are available in alternative, accessible formats, as is assistance in completing the application. This application will remain active for ninety (90) days from the original date of submission.

<u>APPLICATION FOR EMPLOYMENT – Personal Assistant Services (PAS)</u>

Please print all information.

Position apply									
How did you h Referred by:		-		t Print 	Ad(Other			
	All inf	ormation m	ust be comp	leted even if	you are su	bmitting a i	esume.		
PERSONAL I	NFORMA	TION - Ple	ease list full	legal name a	s it appears	on your So	cial Security ca	ard.	
Name:									
]	Last			First			Middle Initial		
Other names us	ed (includi	ing maiden i	name):						
other names as	ea (meraar	ing maraon i							
Physical Addre					4		G		
	Stree	Ι		Ci	ty		State	ZIP	
Mailing address	S (if different f	rom physical ad							
			Stree	et/P.O. Box	City		State	ZIP	
Phone Number	(with area	code):							
	(ele one: cell		ther	Alt	ernate/messag	e phone	
Have you reside	ed outside	of Wisconsi	n in the last	7 veers?	Vac	No			
If yes, list th				•					
Have you ever				s No / Posit	ion:				
n yes, n	(OIII/_		0/	/ 1 0310	.1011.				
If hired, can yo	u furnish p	roof of eligi	bility to wo	rk in the Uni	ted States?	Yes	No		
Are you 18 yea	rs of age o	r over?	Vac	No					
Ale you 16 yea	is of age of	TOVEL!	_ 165	_ 110					
<u>AVAILABILI</u>									
Total hours ava	ilable per v	week:	Ava	ailable to star	t:/	/			
Γ	CTINI	MON	TOTAL	WED	THE	EDI	CAT		
From	SUN	MON	TUE	WED	THUR	FRI	SAT		
_		<u> </u>							

TRAVEL REQUIREMENT	<u>r</u>				
Position may require work at	an offsite location. A v	valid Wisconsii	n driver's license a	nd a reliable v	ehicle <i>or</i> an
alternate, effective means of t	ransportation is require	ed.			
Are you able to meet the trave	el requirement? Y	es No E	xplain:		
If travel to an offsite location	is required, how many	miles <i>one wa</i> y	are you willing to	drive?	miles
	•	•	,		
BACKGROUND	1 6 4 40 57	3.7			
Have you <u>ever</u> been convicted If yes, list date(s) and	d of a crime*? Ye crime:				
Do you have any pending cha	arges against you at this	s time*?	Yes No		
If was avalaine					
*A yes answer does not automat	tically disqualify you from	m employment.	The nature of the off	ense, date and t	ype of job for
which you are applying will be o	considered.				
EDUCATIONAL HISTORY	V				
EDUCATIONAL HISTOR	<u> </u>				
High School:					
Name		City		State	ZIP
College/Technical School:			G	Major:	
	Name	City	State ZIP		
Circle highest grade complete	ed. High School	Colleg	e Post Grad	uate	
Chele inghest grade complete	1 2 3 4		1234	date	
	120.	123.	1231		
PROFESSIONAL LICENS	E AND/OR CERTIF	ICATION (C.	N.A., R.N., L.P.N	., C.M.A., etc.))
Job offer of applicable position	on is made contingent u	upon proof/veri	fication of these cr	redentials.	
Т	NT 1		Charle Issue	. J.	
Type:	Number:		State Issue	ea:	
issue Date/	Expiration Date/	/			
Type:	Number:		State Issue	ed:	
Issue Date://	Expiration Date: /	/			
					
MILITARY RECORD					
D 1 CC '			, , ,	, ,	
Branch of Service:		From _	/ to	_//	
Duties and skills acquired:					
1					

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.

From:/ to/_					
Employer Name:			ie:		
Address:					
Street	City	State			
Phone (with area code):					
Starting Wage: \$ End			ontacted: _		
Explain reason for leaving <i>or</i> gap	p in employment:				
. From:/ to/_	/				
Employer Name:		Supervisor's Nam	ie:		
Address:		1			
Street	City	State	ZIP		
Phone (with area code):	•				
Starting Wage: \$ End	Jing wage: 5	May be co	macted: _	res _	NO
Explain reason for leaving <i>or</i> gap	p in employment:				
s. From:/ to/_	/				
Employer Name:		Supervisor's Nam	ie.		
Address:Street	City	State	710		
70 12 0 0 0	City				
Phone (with area code):		Position/Title:			
Starting Wage: \$ End	ding Wage: \$	May be co	ontacted: _	Yes _	No
Employer Name:Address:		Supervisor's Nam			
Street	City				
Phone (with area code):	•				
Starting Wage: \$ End					NO
Explain reason for leaving <i>or</i> gaps. From: / to/	/				
Employer Name:		Supervisor's Nam	ie:		
Addrage.					
Address:					
Street	City	State			
Street	City	State			
Street	City	State		Yes	
Street Phone (with area code): Starting Wage: \$ End Explain reason for leaving or gap	City ding Wage: \$	State Position/Title: May be co	ontacted: _	Yes	 No
Street Phone (with area code): End Starting Wage: \$ End Explain reason for leaving or gap	City ding Wage: \$ p in employment:	State Position/Title: May be co	ontacted: _	Yes	No
Street Phone (with area code): End Starting Wage: \$ End Explain reason for leaving or gay From:/ to/	City ding Wage: \$ p in employment:	State Position/Title: May be co	ontacted: _		
Street Phone (with area code): Starting Wage: \$ Enc Explain reason for leaving or gay From:/ to/ Employer Name:	City ding Wage: \$ p in employment:	State Position/Title: May be co	ontacted: _		
Street Phone (with area code): Starting Wage: \$ Enc Explain reason for leaving or gap From:/ to/_ Employer Name: Address:	City ding Wage: \$ p in employment:	State Position/Title: May be co	ontacted:		
Street Phone (with area code): Starting Wage: \$ End Explain reason for leaving or gay From:/ to/_ Employer Name: Address: Street	City ding Wage: \$ p in employment: / City	State Position/Title: May be co	ontacted:		
Street Phone (with area code): Starting Wage: \$ End Explain reason for leaving or gay From:/ to/_ Employer Name: Address: Street Phone (with area code):	City ding Wage: \$ p in employment: / City	State Position/Title: May be co Supervisor's Nam State Position/Title:	ontacted:ee:		
Street Phone (with area code): Starting Wage: \$ End Explain reason for leaving or gay 5. From:/ to/_ Employer Name: Address: Street	City ding Wage: \$ p in employment: / City	State Position/Title: May be co Supervisor's Nam State Position/Title:	ontacted:ee:		

PROFESSIONAL REFERENCES
Please list three (3) professional references. Professional references include current and/or past supervisor, co-worker, teacher, etc. *Do not* include friends or family.

1. Name:			Years Known:	Position/Title: _	
Address: _	G			710	
	Street	City	State	ZIP	
Phone numl	ber (with area code):				
2. Name:			Years Known:	Position/Title: _	
Address: _					
	Street	City	State	ZIP	
Phone numl	ber (with area code):				
3. Name:			Years Known:	Position/Title:	
Address:					
	Street	City	State	ZIP	
Phone numl	ber (with area code):				
such as add race, nation	ude any other informa litional experiences, sl nal origin, sex, religion acteristic protected by	kills, qualification, age, disability	ons, etc. You may exc	lude all informati	on indicative of

Carefully read this section prior to providing signature

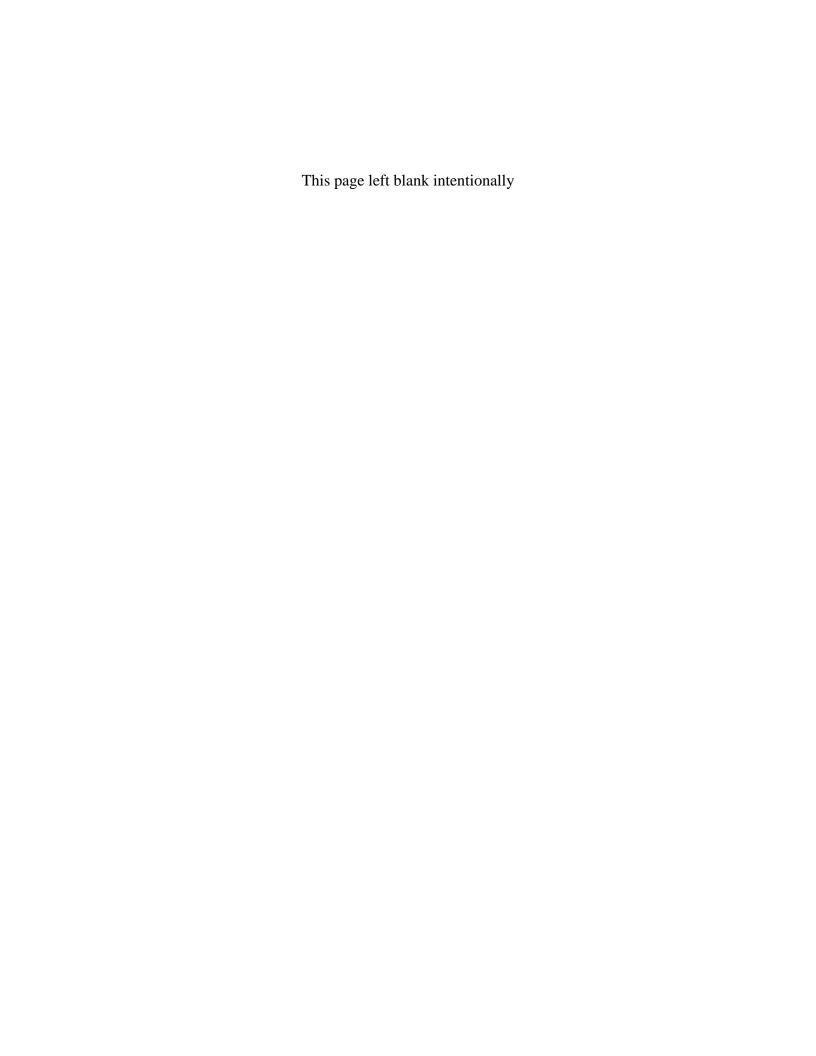
Midstate Independent Living Choices' (MILC) **Personal Assistant Services** (PAS) program provides assistance to adults and children with disabilities. Services are provided in the comfort of the individual's home and determined by the consumer's needs through a Plan of Care. The position may require travel. Assistance can range from simple personal needs to complex personal care. PAS employee's are generally assigned to a series of short-term assignments and may be assigned multiple consumers. An assignment may end with little or no advance notice.

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 <u>initial</u> that you have read and understand the following statements:
I understand a work assignment may end with little or no advance notice <i>AND</i> there may be a delay before the next assignment begins <i>AND</i> a new assignment may require different shifts and/or travel distances <i>OR</i> there may not be additional assignments immediately available.
I understand that work assignment shifts and/or travel distance are subject to change.
I herby 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 personal 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.

Date: ____/___/

Signature of applicant:



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 VOLUNTARI	LY PROVIDE THIS INFO	ORMATION	
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 Iob Center	Current employee	Cons	umer referral
Walk in Job Center School DVR	Other:	Cons	
<u>Disability Status</u> : (check one)			
Are you a person with a disability who has a			
of your major life activities; has a record of s		disability wa	s not acquired during
military service? Yes N	0		
Ethnic Group: (check one) Hispanic	/Latino Not Hi	spanic/Latino	
Race: (check one)			
American Indian or Alaskan Native	Asian Bl	ack	_ Hispanic
Native Hawaiian or other Pacific Island			
<u>Veteran Status*</u> : (check one)			
Armed Forces Service Medal veteran			
ground, naval, or air service, participated in a			ch an Armed Forces
Service Medal was awarded pursuant to Exec	· ·		
Disabled veteran. A veteran who serv	•		
and is entitled to disability compensation (or			
disability compensation) under laws adminis		terans Affairs	s, or was discharged or
released from active duty because of a servic	•	. 11	
Recently separated veteran. Any veter			three-year period
beginning on the date of such veteran's disch			I C:1:40 1
Other protected veteran. Any other v		•	• •
naval, or air service during a war or in a cam authorized.	paign of expedition for which	in a campaigr	i bauge has been
aunonzeu.			

*From the U.S. Department of Labor, Federal Contracts-Equal Opportunity in Employment: Employment Non-discrimination and Equal Opportunity for Covered Veterans $\underline{\text{http://www.dol.gov/compliance/guide/vietvets.htm}}$