

JACKIE NITSCHKE CENTER, INC.

<p>The Jackie Nitschke Center, Inc. c/o Executive Director 630 Cherry Street Green Bay, WI 54301 (920) 435-2093 www.jackienitschkecenter.com/</p>	<p>APPLICATION FOR EMPLOYMENT</p> <p>AN EQUAL OPPORTUNITY EMPLOYER</p>	<p>For Office Use Only</p>
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Please print in ink. Answer all questions completely. Incomplete applications may be rejected.
**** Any application received after the deadline will not be considered ****
A separate application is required for each position.

Name: (Last) (First) (Middle)	Home Phone: () - Cell Phone: () -																
Address: (Street) (Apt #)	Business Phone: () - Can we contact you at this #? Yes No																
(City) (State) (Zip)	Email:																
Position Applied for:																	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Limited Term Employment (LTE)																	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	When will you be available for employment?																
List any relatives employed by the Jackie Nitschke Center Inc.: <hr/> <p><i>The Jackie Nitschke Center Inc .may prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.</i></p>																	
Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you possess a valid Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____																	
LIST ANY MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS:	Current License, Certification OR Registration as a Member of a Trade or Profession:																
Please list ALL instances in which you were convicted of a crime (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment. Use additional sheets if necessary. <i>Approximate</i> dates may be listed: <input type="checkbox"/> CHECK HERE IF NONE ← THIS BOX MUST BE CHECKED OR SECTION BELOW MUST BE COMPLETED																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 25%;">Location</th> <th style="width: 30%;">Charge</th> <th style="width: 30%;">Disposition of Case</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Location	Charge	Disposition of Case													
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<p><i>NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.</i></p>																	
DID YOU GRADUATE FROM HIGH SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Location of School: _____ If no, have you passed a high school equivalency or GED test? <input type="checkbox"/> Yes <input type="checkbox"/> No Location and Date of Test: _____																	
Foreign Language (spoken or read with proficiency): <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Other: _____																	
List all computer software which you can operate proficiently: _____ _____																	

TRAINING BEYOND HIGH SCHOOL: College or University, Nursing, Business College, or other schools you have attended.						
College, University or School — Name and Location	Dates Attended (Month/Year)		Presently Attending	Major Field	Type of Degree (If Rec'd)	GPA
	From	To				
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe any education or training you have had which is not covered above; such as vocational school, correspondence courses, service schools, in-service training. Please provide dates.						

WORK EXPERIENCE: Give a complete record, from most current to least current, of any employment, self-employment, military service, volunteer or internship experience you have had in the past 10 years. You may include positions beyond the 10 year period if they are related to the position for which you are applying. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position. Responses stating "See Resume" are not acceptable. All boxes must be completed regardless if you have attached a resume. Use additional sheets if necessary

From (Mo./ Yr.)	Title of your PRESENT/MOST RECENT position:		PRIMARY DUTIES:
To (Mo. / Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Present Salary	No. of employees you supervise:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If we contact your present employer, will your position be endangered? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Reason for Leaving or Considering Change:

From (Mo. / Yr.)	Title of position held:		PRIMARY DUTIES:
To (Mo. / Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		

Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving or Considering Change:
From (Mo. / Yr.)	Title of position held:		PRIMARY DUTIES:
To (Mo. / Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (Mo. / Yr.)	Title of position held:		PRIMARY DUTIES:
To (Mo. / Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (Mo. / Yr.)	Title of position held:		PRIMARY DUTIES:
To (Mo. / Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been suspended or discharged from any position? Yes No

If yes, provide employer name, date and explanation: _____

Please explain any gaps in employment: _____

AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

Initial: _____
I hereby certify that all statements made on, or in connection with, my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Initial: _____
I authorize any person contacted to provide the Jackie Nitschke Center, Inc. any and all information regarding my employment, education, and other information concerning any of the subjects covered by the application which may include but not be limited to: Application of employment; performance evaluations; work records; wage rates; supervisors' comments; results of any and all tests; disciplinary reports or letters; and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the Jackie Nitschke Center, Inc. to request employment records from my present and/or former employer(s). I release and hold harmless the Jackie Nitschke Center, Inc., their officers, agents, and employees, and the person(s) providing the information, from any liability, related to the providing of this information.

Initial: _____
I understand that I may be required to successfully pass a drug test and/or pre-employment physical exam to gain employment or continue employment with the Jackie Nitschke Center, Inc.. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the Jackie Nitschke Center, Inc., and consent to the release of the test results to the Jackie Nitschke Center, Inc. I hereby release and hold harmless the Jackie Nitschke Center, Inc., their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or pre-employment exam and decisions concerning employment based upon the results of these tests.

Initial: _____
I authorize the Jackie Nitschke Center, Inc., its officers, agents, and employees to conduct a background check (including criminal) prior to making a decision regarding employment. I release and hold harmless the Jackie Nitschke Center, Inc., their officers, agents, and employees, and the person(s) providing the information, from any liability, related to the performance or result of this check.

Initial: _____
If accepted for employment, I agree that my status as an employee depends upon my successful performance and that I am an "at-will" employee. In addition, I understand that the Jackie Nitschke Center, Inc. maintains a drug-free and violence-free workplace.

Applicant's Signature

Date

If you need reasonable accommodation anytime during the application process, please notify the individual assisting you in the processing of this application.

The Jackie Nitschke Center, Inc. is committed to the equality of opportunity for all people. It is the policy of the Jackie Nitschke Center, Inc. to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification, and except where conviction and/or arrest record substantially relates to the circumstance of positions applied for. Rev. August, 2012