



Cerebral Palsy, Inc.
2801 South Webster Avenue
Green Bay, WI 54301

An Equal Opportunity Employer

It is the policy of Cerebral Palsy, Inc. to provide employment, training, compensation, promotion and other conditions of employment based on qualifications, without regard to race, color, religion, national origin, sex, age, marital status, sexual orientation, veteran status or disability.

Date _____

GENERAL INFORMATION

Please Print or Type

Name (First, Middle Initial, Last) (Area Code) Telephone Number

Street Address Apt. # Alternate Telephone Number

City/State/Zip Code E-mail Address

Have you ever been employed by this Organization? Yes No

If yes, when? _____

Have you ever applied here before? Yes No If yes, when? _____

Date Available for Work Are you 18 years of age or older? Yes No (If not, you will be required to obtain a work permit)

Type of Work Desired _____

Are you Applying for: Full-Time Part-Time If part-time, indicate the hours needed: /Week



1. Are you a United States citizen or do you otherwise have legal authorization to work in the United States which is not limited to a particular employer?

Yes No (Proof of authorization to work will be required only upon employment.)

2. Have you ever been convicted of, or pleaded guilty to, a crime? Yes No (This includes criminal traffic and drug offenses.) (Existence of a criminal record is not an automatic bar to employment.)

Describe in detail: _____

3. Do you currently have criminal charges pending? Yes No

Describe in detail: _____

4. Have you ever been terminated involuntarily? Yes No

If yes, please explain: _____

5. It is the policy of Cerebral Palsy, Inc. to promote a clean, healthy and safe work environment for our staff and clients. Therefore, the building and surrounding grounds are designated as smoke free.

6. Referred By: Newspaper Ad CP Website Internet Employee Walk-In Other

(Note: We comply with the Americans with Disabilities Act (ADA) and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Cerebral Palsy, Inc. will evaluate any disability or issues regarding accommodations that have been disclosed or identified, only if and after a conditional job offer is made, and will not be reviewed during the pre-offer interview.)

EMPLOYMENT RECORD

Starting with present or most **recent**, list all previous employers. Include self-employment, summer and part-time jobs. If you need more space, continue on a separate sheet.

Employer	Dates (Month/Year)	Duties
Company Name	From To	Duties:
Position		
Address	Beginning Salary: Ending Salary:	Supervisor:
City State Zip	Phone	Full-time/Part-time Hours/Week:
Reason for Leaving	Were you terminated involuntarily <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Company Name	From To	Duties:
Position		
Address	Beginning Salary: Ending Salary:	Supervisor:
City State Zip	Phone	Full-time/Part-time Hours/Week:
Reason for Leaving	Were you terminated involuntarily <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Company Name	From To	Duties:
Position		
Address	Beginning Salary: Ending Salary:	Supervisor:
City State Zip	Phone	Full-time/Part-time Hours/Week:
Reason for Leaving	Were you terminated involuntarily <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	

Account for all periods of unemployment for one month or more since you left school until the present time. If you need more space, continue on a separate sheet.

From (Month/Year)	To (Month/Year)	State What You Were Doing

If presently employed, why do you wish to change positions? _____

May we contact your present employer? Yes No

If ever employed or attended school under a different name, please indicate: _____

EDUCATION RECORD

Name	Location (Street Address/City/State/Zip)	Course/ Major	Years Completed	Dates Attended	If graduated Degree
(High School)		XXXX	1 2 3 4		XXXX
(Business/Technical School)			1 2 3 4		
(College/University)			1 2 3 4		
(Graduate School)			1 2 3 4		

SKILLS

Please list position-relevant information (computer skills, community activities, volunteer work experience, as well as, trade or professional licenses, certifications and other relevant skills and training).

REFERENCES

Name	Address	Phone	Position/Firm
1.			
2.			
3.			



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PLEASE READ BEFORE SIGNING

I understand and acknowledge that my employment is at-will, which means that either I or Cerebral Palsy, Inc. may terminate employment at any time and for any reason with or without notice. I also understand that no one has any authority to enter into any agreement contrary to the preceding sentence except for a written agreement signed by the Chief Executive Officer and notarized.

I hereby affirm that the information contained in this application (and resume, if any) is accurate and complete and I understand that any false or misleading information or omissions will disqualify me from employment consideration or result in termination of employment, regardless of when discovered.

I hereby authorize Cerebral Palsy, Inc. to (1) investigate all statements contained in this application and/or resume; (2) contact my former employers and other listed references or any other persons who can provide information relative to my employment consideration; (3) contact any persons or entities regarding my employment application; (4) and make any other inquiries that the employer deems relevant in arriving at a decision regarding my application for employment. I consent to any contacted person, including former employers, to provide information about me and I covenant not to sue any such person for information provided about me.

Applicant's Signature _____

Date _____