



Application for Employment

Please fill out this form completely and print and fax or mail when completed:

ACT: P.O Box 259691 Madison, WI 53745 Fax: 1-608-221-5299

Prospective employees will receive consideration without discrimination due to race, creed, color, sexual orientation, age, national origin, or handicap. ACT is an equal opportunity employer.

Last Name	First	Middle	Date
Current Street Address			Home Phone
City, State, Zip			Cell Phone
Are you 18 years of age? ___yes ___no If not, then employment is subject to verification of minimum legal age.			Social Security Number - -
Are you legally eligible for employment in the United States?			How did learn of our organization?
Are you currently employed? If yes, where?			May we contact your current employer?
Have you ever been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? ___yes ___no If "yes" describe in full:			
Do you have any allergies that may make working in some home environments difficult?			
Do you have access to transportation? Please list (car, bus line)		Do you have car insurance?	
Driver's License Number:	State:	Do you have any driving violations?	Please note:
Job duties vary with each client and may include: Lifting up to 50 lbs., dealing with individuals with challenging behaviors, and driving within 30 miles of Dane county. Are there any reasons for which you might not be able to perform the job duties (with reasonable accommodation)?			
Please note concerns, if any:			

Education

School	Name and Location	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
High School					
Trade School					
College					
Other					

Military: Complete if you served in the U.S. Armed Forces

Branch of Service:	Describe any Special training:	Rank at Discharge:
Period of Active Duty Start:	Period of Active Duty end:	Final Discharge Date:

Experience

Please describe any classes you have taken related to children, child development, and developmental disorders:

Please describe any experiences you have had working with children or young adults:

Please describe any experiences you have had with individuals with autism spectrum disorders or other developmental disorders:

Employment History: Begin with most recent

Name of present or last employer:				
Address:		City:	State:	Zip:
Starting Date:	Leaving Date:		Job Title:	
Starting Pay:	Current or Pay on Leaving:		May we contact your supervisor? _____ Yes _____ No	
Supervisor Name:	Title:		Phone:	
Description of your job duties:				
Reason for Leaving:				

Name of employer:				
Address:		City:	State:	Zip:
Starting Date:	Leaving Date:		Job Title:	
Starting Pay:	Pay on Leaving:		May we contact your supervisor? _____ Yes _____ No	
Supervisor Name:	Title:		Phone:	
Description of your job duties:				
Reason for Leaving:				

Name of employer:				
Address:		City:	State:	Zip:
Starting Date:	Leaving Date:		Job Title:	
Starting Pay:	Pay on Leaving:		May we contact your supervisor? _____ Yes _____ No	
Supervisor Name:	Title:		Phone:	
Description of your job duties:				
Reason for Leaving:				

References

Please list any additional professional references we may contact

Name	Address	Business	Phone

Openings with ACT vary. To help us determine if your availability matches our current needs, please complete the following information:

Desired number of hours each week:
When could you start?
Please indicate to the best of your ability how long you may be interested in employment. For example, if you know you will be leaving in a few months, please note this. Short term and long term positions may be available:
Transportation: _____car _____need placement on bus line Any transportation concerns?

Please fill in the following schedule and note times you would be available to work

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

The information in the Application for Employment is true, correct, and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage in investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date **Signature**

Once we receive your application we will contact you to set up an interview.

If we do not have any current openings, we will contact you to let you know. Would you like us to keep your information on file in these circumstances and call you if future openings become available?

_____ **Yes** _____ **No**

Thank you for taking the time to apply with Achieving Collaborative Treatment.

Please feel free to contact us if you have any questions 1-608-443-7032.