

APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

the rainbow project inc.

Child & Family Counseling & Resource Clinic

831 EAST WASHINGTON AVENUE

MADISON, WI 53703-2935

**Please type OR print, & answer ALL questions.
APPLICATIONS ARE CONSIDERED CURRENT FOR 30-DAYS.**

POSITION APPLYING FOR...

DATE...

PERSONAL INFORMATION...

NAME: (last, first, middle) _____

ADDRESS: (street) _____

(city, state, zip code): _____

TELEPHONE NUMBER: (day) (_____) _____ - _____

(evening) (_____) _____ - _____

EMAIL ADDRESS: _____

Are you 18-years old OR older?

Yes No

Are you a U.S. citizen OR otherwise currently authorized to obtain lawful employment in this country?

Yes No

IF the job desired requires the use of a motor vehicle, do you have a valid Wisconsin driver's license?

Yes No

Have you ever pleaded guilty to OR been convicted of a misdemeanor OR felony?

Yes No

IF yes, provide further information as to the offense/s, date, location of court, & circumstances. IF the job you are applying for requires you to operate a motor vehicle, include traffic convictions. The Rainbow Project, Inc. will consider your record ONLY as it may substantially relate to the job for which you are applying...

EDUCATION & TRAINING...

This information will be used ONLY where relevant & to assist in determining what positions might be appropriate for consideration...

EDUCATION	NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
GRADUATE, TRADE, OR BUSINESS SCHOOL				

Please describe ANY other training you consider relevant to the position for which you are applying...

Please check the appropriate box to indicate your licensure Status in Wisconsin...

- LCSW
- LPC
- LMFT
- Other (please specify) _____
- I am NOT currently licensed

WORK EXPERIENCE/FORMER EMPLOYERS...

Provide complete information. Be specific. Start with your current OR most recent job. Include self-employment & military service. For part-time work, please include the average number of hours per month. Include ANY changes in job title for the same employer as a separate position. Attach additional sheets, IF necessary.

Are you employed now?

Yes No

IF so, may we inquire of your present employer?

Yes No

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	Total Time Employed	
	From (Month & Year)	To (Month & Year)
	Last Rate of Pay	Reason For Leaving

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Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
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	Total Time Employed	
	From (Month & Year)	To (Month & Year)
	Last Rate of Pay	Reason For Leaving

REFERENCES...

Persons NOT related to you.

NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS	YEARS ACQUAINTED

**Your application will NOT be processed unless you have read & signed the
Authorization, Release & Certification on page 5.**

AUTHORIZATION, RELEASE & CERTIFICATION...

I certify that ALL information on this application is true, complete, & correct to the best of my knowledge. I understand that ANY false OR misleading statements by me, OR material omissions of information requested of me, may result in rejection of my application OR, IF employed, my immediate dismissal.

I hereby give permission to The Rainbow Project, Inc. to seek to verify & supplement the information set forth in the application. I release from ALL liability OR legal claims every person seeking OR providing information, whether oral OR written. A copy (photocopy, fax, electronic) of this release shall be as valid as the original, & may be relied upon by ALL persons providing information.

I understand that employment with The Rainbow Project, Inc. is NOT contractual, & is at-will. I understand & agree that, IF hired, I may voluntarily leave employment at ANY time, & may be terminated at ANY time without prior notice for ANY reason, OR for no reason. I understand that ANY oral OR written statements that I may claim to have been made to me now OR in the future inconsistent with the provisions of this paragraph, are expressly disavowed & revoked by the company, & should NOT be relied upon by me as an applicant for employment, OR as an employee, IF hired.

I understand this application will be considered inactive after thirty days.

I certify I have read (OR have had read to me) & understand this Authorization, Release, & Certification.

APPLICANT'S NAME: (please print) _____

APPLICANT'S SIGNATURE: _____

DATE: _____

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