



P.O. Box 192  
Waupaca, Wisconsin 54981

Business Office 715-258-1440  
Social Services 715-258-1451  
www.tomorrowchildrenwi.org

We consider applications for all positions with Tomorrow’s Children, Inc. (“Tomorrow’s Children”) without regard to race, color, religion, creed, gender, sex, sexual orientation, national origin, ancestry, age, disability/handicap, genetic information, arrest or conviction record, marital or veteran status, use or non-use of lawful products, or any other legally protected status. We do not collect, use or disclose genetic information.

**PLEASE PRINT**

Date of application: \_\_\_\_\_

This application for employment for the position listed below shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period will need to complete a new application.

Position applied for: \_\_\_\_\_

How did you become aware of this position? \_\_\_\_\_

Name: _____			
Present Address: _____			
Street	City	Zip	
Permanent Address: _____			
Street	City	Zip	
Telephone Number: _____			
Best time to contact you at this number is: _____			

Are you at least 18 years of age?  yes  no

Are you at least 21 years of age?  yes  no

State licensing regulations require a minimum age differential between client and worker. (Only used for unit placement)

Have you ever filed an application with us before?  yes  no

If yes, give date \_\_\_\_\_

Are you currently employed?  yes  no

May we contact your present employer?  yes  no

Are you legally eligible to work in the United States?  yes  no

Will you now or in the future require sponsorship for an employment visa?  yes  no

It is unlawful for Tomorrow's Children to hire individuals that are not authorized to work in the United States. If hired, you must provide proof of your work authorization within three days after you begin employment.

On what date are you available to start working? \_\_\_\_\_

What hours are you available for work? \_\_\_\_\_

Within the next six months, do you have any times currently scheduled that you are not available for work?  yes  no

If yes, please list dates \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  yes  no

Do you have any criminal charges pending against you?  yes  no

If you answered yes to either criminal background inquiry above, provide the date, county and state of the pending charge or conviction, the type of charge or conviction, and provide an explanation (attach additional sheets if needed). A pending charge or prior conviction will not automatically bar you from employment, and will only be considered if it is substantially related to the position or assignment applied for. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

<b>Education</b> Name & Address of School	Course of Study	No. of Years Completed	Diploma/ Degree Attained
High School			
Technical School			
Undergraduate College/University			
Graduate/ Professional			
Other (Specify)			

List academic honors, key accomplishments, extracurricular activities, offices held, etc.: (Do not include any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

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**EMPLOYMENT EXPERIENCE**

List below **your employment history for the last 5 years**; start with your current employment. This section must be completed even if you supply a resume.

Employer	Dates Employed		Work Performed
	Starting	Final	
Address			
City		State	
Telephone Number(s)			
First Position Held			
Last Position Held			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	Starting	Final	
Address			
City		State	
Telephone Number(s)			
First Position Held			
Last Position Held			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	Starting	Final	
Address			
City		State	
Telephone Number(s)			
First Position Held			
Last Position Held			
Supervisor			
Reason for Leaving			

Employer	Dates Employed		Work Performed
	Starting	Final	
Address			
City State			
Telephone Number(s)			
First Position Held			
Last Position Held			
Supervisor			
Reason for Leaving			

**REFERENCES**

Provide full name, address, and telephone number of three references who are not related to you and who you have known for at least one year. Please exclude previous employers.

Name	Address	Telephone #
1. _____		
2. _____		
3. _____		

**Note: Do not answer the next two questions until you have read the job description of the position you are applying for.**

Do you fulfill all of the essential qualifications as listed on the job description?  yes  no

If no, please explain: \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying?  yes  no

If no, please explain: \_\_\_\_\_

Tomorrow’s Children, as an equal opportunity employer, makes reasonable accommodation to the known physical or mental limitations of otherwise qualified applicants or employees with a disability.

Special Skills and Qualifications

Summarize special job-related skills, qualifications, memberships, certifications, volunteer, or school experiences: (Do not list those that reveal your race, creed, color, national origin, age, or other protected status.)

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State any additional information you feel may be helpful to us in considering your application.

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**APPLICANT’S CERTIFICATION, AUTHORIZATION AND RELEASE**

I certify that all information submitted in this application and in any resume provided by me to Tomorrow’s Children is true and complete and that I have not knowingly withheld, nor will I withhold, any information that would affect my application for employment. I agree that making false or misleading statements or failing to disclose requested information on my application or resume will disqualify me from further consideration for employment or result in my immediate discharge if discovered at a later date.

I authorize investigations of all statements contained in this application and all information obtained during the application and interview process for employment as may be necessary in arriving at an employment decision and as required by licensing regulations. I release all parties from all liability for any damage that may result from furnishing the same to Tomorrow’s Children.

I understand that Tomorrow’s Children is under no obligation to consider or reconsider this application at any time, and that acceptance of my application does not constitute an offer of employment. If hired, I agree to abide by all of Tomorrow’s Children’s rules and regulations, and I understand and acknowledge that any employment relationship with Tomorrow’s Children is “at will,” which means that an employee may resign at any time and Tomorrow’s Children may discharge an employee at any time with or without cause or notice. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing and signed by the Tomorrow’s Children Board of Directors.

I understand that in order to qualify for employment, state licensing requirements include a background check, references from all employers in the past 5 years, personal references and a physical examination verifying that I am free of communicable disease (paid by the employer). Offers of at-will employment with Tomorrow’s Children are contingent upon, among other things, successfully passing a post-offer pre-employment drug test.

By signing this application, I affirm that I have read the statements listed above and agree to the terms and conditions herein.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant