

**KINSHIP OF POLK COUNTY
EMPLOYMENT APPLICATION
PLEASE PRINT OR TYPE ALL INFORMATION**

APPLICATION FOR POSITION OF:	DATE AVAILABLE:
WHAT HOURS OR DAYS ARE YOU AVAILABLE TO WORK? (BASED ON DAY AND EVENING HOURS)	

If you need special accommodations to fill out this application due to a handicapping condition, please ask for assistance. Reasonable accommodations will be made.

PERSONAL

Name _____ Date _____	
Last	First Middle
Present Address _____ Phone No. _____	
No. Street	City State Zip
Do you have access to a car? (a vehicle is required for this position).....Yes No (circle one)	
Do you have a valid driver's license?.....Yes No	
Are you legally entitled to work in the United States? YES NO	
For some positions it may be required that employees possess certain capabilities. Do you have any handicap or condition that would affect your ability to perform the functions of the job for which you are applying? _____ If yes, please explain limitations imposed by the condition and any accommodations needed for you to perform this job. (Reasonable accommodations will be made to provide handicapped applicants equal opportunity.) _____	
HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATIONS OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO	
For what have you been convicted, when, and where? Please list all convictions and circumstances:	

Criminal background checks are performed on all employees and volunteers. Employment with Kinship is contingent upon satisfactory clearance of criminal background check. A conviction does not serve as an automatic bar to employment. The recency and job relatedness of the criminal conviction will be considered in making any employment decision.	

SPECIAL SKILLS AND QUALIFICATIONS

PLEASE LIST ANY SPECIAL SKILLS PERTINENT TO THIS POSITION: (training, workshops, certifications or licenses, memberships in related professional organizations or associations, and pertinent volunteer work. Include details and approximate dates attended/involved)

REFERENCES (Give the names of three persons not related to you, whom you have known for at least one year.)

NAME	ADDRESS	PHONE	BUSINESS	# of YEARS KNOWN

FORMER EMPLOYERS

List below complete employment history within the past five years. Attach additional pages or resume if necessary.

Month, year	Name and address of employer & supervisor's name	Salary	Position	Reason for leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I understand that it will be necessary for Kinship of Polk County, Inc. to investigate my background and to check my character references. I hereby give written consent for this information exchange and authorize such agencies or persons to release any requested by Kinship of Polk County, Inc. I understand that the agencies or persons to be contacted may be employers, personal references and those involved in a criminal records background check. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts may result in dismissal. Further, I understand and agree that my employment is for no definite period, and may, regardless of the day of payment of my wages and salary, be terminated at anytime with or without cause, and without prior notice.

SIGNATURE _____ DATE _____

EOE/AFFIRMATIVE ACTION EMPLOYER

Return to: Kinship of Polk County
 PO Box 68
 Balsam Lake, WI 54810
 715-405-3900