

Barron County Developmental Services, Inc.

175 N Lake Street, Barron, WI 54812 | Phone (715) 537-5341 | Fax (715) 537-5608

We appreciate your interest in our organization. A clear understanding of your background and work history will aid us in determining your eligibility for employment in our organization. Barron County Developmental Services, in accordance with State and Federal Law, DOES NOT DISCRIMINATE.

Applicants requiring reasonable accommodation for the application and/or interview process need to notify the Program Manager.

Date: _____ Drivers License No. _____ State: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Are you legally eligible for employment in the U.S.A.? _____ (Proof of US Citizenship or immigration status is required at hire)

State age if under 18 _____ Can you furnish a work permit? _____

Position(s) Applying for: _____

Are you looking to work Full-Time? _____ Part-Time? _____ Either? _____

Specify Days/Hours you are available: _____

Were you previously employed by us or an affiliate? _____ If yes, when? _____

On what date will you be available for work? _____

Is there a criminal charge, felony or misdemeanor, currently pending against you which would substantially relate to the position you are applying? _____ If yes, please give a brief explanatory statement

RECORD OF EDUCATION

	Name & Address of School	Course of Study	Years Completed	Did You Graduate?	Diploma Or Degree
High School					
College					

	Name & Address of School	Course of Study	Years Completed	Did You Graduate?	Diploma Or Degree
Other Certifications, Trainings, Licenses, Military Exp.					

PERSONAL REFERENCES			
Name and Occupation	Address	Phone Number	Years Known

List below the past 3 employers beginning with the most recent.

Name & Address of Company	From		To		Describe the Work You Did	Starting Wage	Reason for Leaving
	Mo	Yr	Mo	Yr		\$	
						Ending Wage	
						\$	
					Name of Supervisor		

Name & Address of Company	From		To		Describe the Work You Did	Starting Wage	Reason for Leaving
	Mo	Yr	Mo	Yr		\$	
						Ending Wage	
						\$	
					Name of Supervisor		

Name & Address of Company	From		To		Describe the Work You Did	Starting Wage	Reason for Leaving		
	Mo	Yr	Mo	Yr		\$			
						Ending Wage			
						\$			
						Name of Supervisor			

Describe your experiences working with individuals with disabilities:

I certify all information I have provided to apply for and secure employment with Barron County Developmental Services is true, complete and correct. I expressly authorize, without reservation, Catholic Charities Bureau/Barron County Developmental Services, its representatives and agents to; contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of information provided by me in this application process. I understand that Barron County Developmental Services does not unlawfully discriminate in employment and no question on this application is used to limit or excuse an applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. I understand that any information provided me that is false, incomplete or misrepresented, will be sufficient cause to cancel consideration or discharge from employment. I certify that I have read, understood, and accept all terms of the Applicant Statement.

Signature of Applicant _____ Date: _____

(Typing your name in the above space constitutes a signature)

AN EQUAL OPPORTUNITY EMPLOYER

Please fill out this form online and save it to your device. You can then attach the PDF to an email and email the completed form to:

programgmt.bcpsi@chibardun.net

Thank you for your interest in employment at Barron County Developmental Services, Inc.