

Recreational Activities for the Developmentally Disabled

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Employee Application

Activity Applying For (Select all that apply):

<input type="checkbox"/> Camp Kinder	<input type="checkbox"/> Respite	<input type="checkbox"/> Aquasize
<input type="checkbox"/> Dance Club	<input type="checkbox"/> Bowling Club	<input type="checkbox"/> Cooking Class
<input type="checkbox"/> Sunshine Club	<input type="checkbox"/> Walk n Roll	<input type="checkbox"/> Other (please explain)

EXPLANATION OF WORKER LEVELS

Level 1 - Work with clients who are independent and need little supervision

Level 2 - Work with clients who are semi-independent and need assistance dressing and with bathroom hygiene.

Level 3 - Work with clients who are dependent and need help feeding, cleaning, dressing, require diaper changing, and may need assistance transferring.

Position Applying For (Select all that apply):

<input type="checkbox"/> Activity Director	<input type="checkbox"/> Activity Assistant Director	<input type="checkbox"/> Activity Staff
<input type="checkbox"/> Level 1 Worker	<input type="checkbox"/> Level 2 Worker	<input type="checkbox"/> Level 3 Worker

Contact Information

Name:	
Permanent Address:	
City, State, Zip Code:	
Mailing Address:	
City, State, Zip Code	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Where did you hear about RADD (please list/specify)?

Previous residence(s) for the last 5 years:

Street Address:	
City, State, Zip Code, Years:	
Street Address:	
City, State, Zip Code, Years:	
Street Address:	
City, State, Zip Code, Years:	

Employment History

Employer:		Address	
Contact:	Phone:	Employment Dates:	
Title:	Responsibilities:		
Employer:		Address	
Contact:	Phone:	Employment Dates:	
Title:	Responsibilities:		
Employer:		Address	
Contact:	Phone:	Employment Dates:	
Title:	Responsibilities:		

Educational History

___ High School	___ AA/AS Degree	___ BA/BS Degree	___ Other
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Current Level in School:

List of any Degrees/Certificates that may benefit RADD:

Previous Experience

Why do you want to work for RADD? What previous experience do you have working with people living with special needs?

Special Skills or Qualifications

Summarize special skills, certifications, trainings and/or qualifications you have acquired from employment, previous volunteer work, through other activities, including hobbies, music or sports.

___ CPR certification	___ Lifeguard	___ First Aid	___ CNA
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References

Please provide 3 references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications, character, experience and ability (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

Name (first, last): _____ Phone number: () _____ - _____
 Address: _____ Email: _____
 Relationship: _____ Organization: _____

Name (first, last): _____ Phone number: () _____ - _____
 Address: _____ Email: _____
 Relationship: _____ Organization: _____

Name (first, last): _____ Phone number: () _____ - _____
 Address: _____ Email: _____
 Relationship: _____ Organization: _____

Person to Notify in Case of Emergency

Name:	
Street Address:	
City, State, Zip Code:	
Home/Work/Cell Phone:	
E-Mail Address:	

Name:	
Street Address:	
City, State, Zip Code:	
Home/Work/Cell Phone:	
E-Mail Address:	

Background Check

To ensure the safety of our clients, all employees are required to complete a Background Information Disclosure (BID)

Have you ever been convicted of a felony? ___ Yes ___ No If yes, please explain:

Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize RADD to contact the references with regard to my application to become a RADD employee. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it.

Signature: _____ Date: _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in working with us.

<i>Office Use Only:</i> Background Check: C-CAPS: Proof of certifications:
