

# Recreational Activities for the Developmentally Disabled

5801 Washington Ave, Suite 103, Racine, WI 53406  
Phone: 262-633-0291 • Fax: 262-633-0299  
Email: info@radd-cpa.org • Website: www.radd-cpa.org



## EMPLOYMENT APPLICATION

**POSITION APPLYING FOR:**  
(Please check all that apply)

- Aquasize Class
- Bowling Club
- Camp Kinder

- Cooking Class
- Dance Club
- Day Respite

- Overnight Respite
- Sunshine Club
- Movie Night

### EXPLANATION OF WORK

**16 AND OLDER ARE REQUIRED TO CHANGE AND TRANSFER PARTICIPANTS  
THERE ARE NO LONGER 1-2 AND 3 LEVEL WORKERS WE ARE A TEAM AND ARE REQUIRED  
TO DO THE SAME JOB EXPECTATIONS.**

### PERSONAL INFORMATION

LAST NAME	FIRST NAME	MI
MAILING ADDRESS	CITY	ZIP CODE
PERMANENT STREET ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	ZIP CODE
HOME PHONE (AREA CODE & NUMBER)	CELL PHONE (AREA CODE & NUMBER)	
E MAIL ADDRESS		

### PERSONAL BACKGROUND HISTORY

Previous residence(s) for last 5 years:

Address: _____	City: _____	State: _____	Years: _____
Address: _____	City: _____	State: _____	Years: _____
Address: _____	City: _____	State: _____	Years: _____

### EMPLOYMENT HISTORY

EMPLOYER	ADDRESS	CONTACT	PHONE
EMPLOYMENT DATES	TITLE	RESPONSIBILITIES	

  

EMPLOYER	ADDRESS	CONTACT	PHONE
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EMPLOYER	ADDRESS	CONTACT	PHONE
EMPLOYMENT DATES	TITLE	RESPONSIBILITIES	

**PERSONAL REFERENCES**

Please provide the contact information of 3 persons (not relatives) who have knowledge of your character, experience and ability:

NAME	PHONE	EMAIL
ADDRESS	CITY	ZIP CODE

  

NAME	PHONE	EMAIL
ADDRESS	CITY	ZIP CODE

  

NAME	PHONE	EMAIL
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**EDUCATIONAL HISTORY**

Highest level of education completed: \_\_\_\_\_ Current level in school: \_\_\_\_\_

Please list any degrees or certificates which you feel may provide benefit to RADD: \_\_\_\_\_

**CURRENT CERTIFICATES / LICENSES**

CPR Certification: Expiration: \_\_\_\_\_  Lifeguard  CNA  Medication Administration Certificate

First Aid Certification: Expiration: \_\_\_\_\_  Other: \_\_\_\_\_

**KNOWLEDGE, SKILLS, AND ABILITIES**

Do you have any new special skills / talents that you would be willing to share?  Yes  No

If so, please describe: \_\_\_\_\_

Do you have any new experience working with individuals with special needs?  Yes  No

If so, please describe: \_\_\_\_\_

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

Describe any special knowledge, skills and abilities that you possess or have gained that are not listed above and that you feel would provide benefit to the program that you are applying for:

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

Why are you applying for this position?

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

**PERSONAL BACKGROUND HISTORY**

Have you ever been convicted, fined, placed on probation or imprisoned?  Yes  No

If yes, please explain: (Use a separate sheet if necessary) \_\_\_\_\_

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

I authorize investigation of all statements herein, including any checks of criminal records, and release the agency and all others from liability in connection with same. I understand that, if employed, that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*RADD is an equal opportunity employer*