

R.A.D.D. LLC
 Recreational Activities for the
 Developmentally Disabled

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 Phone: 262-633-0291 • Fax: 262-633-0299
 Email: program.coordinator@radd-cpa.org
 • Website: www.radd-cpa.org



EMPLOYMENT APPLICATION

POSITION APPLYING FOR:
 (Please check all that apply)

- | | | | |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> Adult Swim | <input type="checkbox"/> Cooking Class | <input type="checkbox"/> Adult Overnight Respite | <input type="checkbox"/> Youth Overnight Respite |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Dance Club | <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Youth Day Respite |
| <input type="checkbox"/> Admirals | <input type="checkbox"/> Movies | <input type="checkbox"/> Dinner & Movies | <input type="checkbox"/> Ice Cream Club |
| <input type="checkbox"/> Jo's Crafts | <input type="checkbox"/> Bingo | <input type="checkbox"/> Day Service | |

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

Cerebral Palsy Agency of Racine

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

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

NAME	PHONE	EMAIL
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ADDRESS	CITY	ZIP CODE
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NAME	PHONE	EMAIL
------	-------	-------

ADDRESS	CITY	ZIP CODE
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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

Cerebral Palsy Agency of Racine