



705 East Timber Dr, Rhinelander, WI 54501

Application for Employment

The Human Service Center of Forest, Oneida and Vilas Counties is an Equal Opportunity and EEO/Affirmative Action employer, committed to the equality of opportunity for all people. It is the policy of The Human Service Center to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States military forces, use or nonuse of lawful products off the employer’s premises during non-work hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification, and except where conviction and/or arrest record substantially relates to the circumstance of positions applied for.

If you need reasonable accommodation anytime during the application process, please notify the Human Resource & Operations Manager of The Human Service Center at (715) 365-3935.

The Human Service Center will keep all information on your application for employment as confidential as it is legally possible. If you are selected as a final candidate for the position for which you are applying, your name must be released, under law, if requested.

Please type or print and complete the entire application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each section in its entirety. Please do not indicate to “see resume.” Applications with missing or invalid job titles will not be considered for any position.

Position Applying For:	If offered the position, when could you start?	If temporary or part-time, list days/hours of availability:
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Personal Information			
Last Name:	First Name:	Middle Name:	
Address:	City:	State:	Zip:
Email Address:	Home Phone:	Alternate Phone:	

Eligibility & Information

Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously been employed by The Human Service Center? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list dates of employment and positions held:
Do you know anyone employed by The Human Service Center? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list names and relationships:		
Do you have access to an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid Wisconsin Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have, or can you make arrangements to obtain, insurance coverage meeting the County's minimum liability insurance requirements on your personal vehicle? (\$100,000 per person; \$300,000 per accident bodily injury; \$50,000 per accident property damage; or \$300,000 combined single limit) <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any moving traffic violations within the previous five (5) years:			
Are you currently licensed or registered to practice in the State of Wisconsin as a member of a specific profession or trade? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> If yes, please indicate type of license or registration, number and expiration date:			
How did you learn about this employment opportunity at The Human Service Center? <input type="checkbox"/> HSC Website <input type="checkbox"/> Ad in local paper - Name: <input type="checkbox"/> Walk-in <input type="checkbox"/> Referral by employee <input type="checkbox"/> Wisconsin Department of Workforce Development/Jobnet <input type="checkbox"/> On-line Employment site – Name: <input type="checkbox"/> Other. Please list:			

Education

Name of School	City/State	Did You Graduate?	If no, anticipated graduation date	Degree Received	Major	GPA
		<input type="checkbox"/> Yes				
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes				
		<input type="checkbox"/> No				
		<input type="checkbox"/> Yes				
		<input type="checkbox"/> No				

Skills: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge and note your level of proficiency (basic, intermediate, expert). If this is a clerical position, please include typing speed.

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Work Experience: Please detail your work history for the past 10 years. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. You may include positions beyond the 10-year period if they are related to the position for which you are applying. Please explain any gaps in employment. Include full-time military or volunteer commitments. **Please do not complete this section with the notation "See Resume".**

Work Experience			
Organization Name and Address:	Dates Employed (most recent position) Include Month and Year From: To:	Title:	
Full time: <input type="checkbox"/> Yes <input type="checkbox"/> No If part-time, list number of hours per week:	Primary Duties:		
Starting Salary: Ending Salary:	Reason for Leaving or Considering Change:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name, Title, and Phone Number:		Other Reference Name, Title and Phone Number:	
Organization Name and Address:	Dates Employed (most recent position) Include Month and Year From: To:	Title:	
Full time: <input type="checkbox"/> Yes <input type="checkbox"/> No If part-time, list number of hours per week:	Primary Duties:		
Starting Salary: Ending Salary:	Reason for Leaving or Considering Change:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name, Title, and Phone Number:		Other Reference Name, Title and Phone Number:	

Organization Name and Address:	Dates Employed (most recent position) Include Month and Year From: To:	Title:	
Full time: <input type="checkbox"/> Yes <input type="checkbox"/> No If part-time, list number of hours per week:	Primary Duties:		
Starting Salary: Ending Salary:	Reason for Leaving or Considering Change:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name, Title, and Phone Number:		Other Reference Name, Title and Phone Number:	
Organization Name and Address:	Dates Employed (most recent position) Include Month and Year From: To:	Title:	
Full time: <input type="checkbox"/> Yes <input type="checkbox"/> No If part-time, list number of hours per week:	Primary Duties:		
Starting Salary: Ending Salary:	Reason for Leaving or Considering Change:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name, Title, and Phone Number:		Other Reference Name, Title and Phone Number:	

List, on a separate sheet, any other relevant employer not shown above.

If you are applying for a specialized position such as a Service Facilitator, Therapist, Clinical Substance Abuse Counselor, etc., please complete the following questions.

1. Which of the following best describes your level of education in Social Work or a counseling related field? Please be sure that you have included this in the education section of your application.

- Some coursework in Social Work or counseling related field, but no degree.
 Associate's Degree in a counseling related field.
 Bachelor's Degree in a counseling related field.
 Master's Degree in a counseling related field.
 None of the above.

2. Which of the following licenses do you hold? Check all that apply.

- Clinical Social Worker
 Professional Counselor
 Marriage and Family Therapist
 I can identify a path that I am currently taking toward licensure in one of these areas.
 None of the above.
 Other. Please specify:

3. If you responded, "I can identify a path that I am currently taking toward licensure in one of these areas" to the previous question, #2, please identify the path you are taking and toward what goal. For any other response to the previous question, please indicate "n/a".

4. Do you have AODA Certification? Yes No

If yes, please specify: SAC-IT SAC CSAC Cl. Sup. IT Intermediate Cl. Sup.
 Independent Cl. Sup.

5. Do you have previous experience in Comprehensive Community Services (CCS)?

Yes No

6. Please identify the employer(s) that you considered in your response to question #5. Also indicate the dates that you worked there and your title and duties. The employer should also be included in the Work Experience section of your application. If you responded “no” to question #5 above, please indicate “n/a”

7. Describe any personal experience you have with Evidence-Based Approaches working with individuals who are dually diagnosed with mental illness and AODA issues. In your response, please include the name of the employer(s) where you gained the experience and dates of employment. If you have no experience, please indicate “n/a”.

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements made may render this application void. If I am employed and it is subsequently discovered that any information given by me in this application is incomplete, misleading or incorrect, I may be terminated. I agree that The Human Service Center shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers, or omissions made by me in this application.

I also authorize pertinent companies: schools, State, county or Federal agencies; municipalities; or persons to give The Human Service Center any information requested regarding my employment, character, experience, and qualifications and/or suitability for employment with The Human Service Center. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I also understand that this position requires a six-month probationary period during which The Human Service Center will have the opportunity to assess the knowledge, skills, and competencies I have claimed in this Application.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

Signature of Applicant

Date

The Human Service Center Equal Employment Opportunity Information Disclosure Form

The Human Service Center is an Equal Opportunity Employer. We consider all applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference, age, marital status, pregnancy, disability, or any other legally protected status.

The following information is needed for the following purposes:

- To complete various government reports and implement equal employment opportunity and affirmative actions programs.
- To monitor and prevent discrimination on the basis of race, color, religion, sex, national origin, sexual preference, age, marital status, pregnancy, disability, or any other legally protected status.

The information furnished on this form will not and legally cannot be used adversely against an applicant for employment, except that age, sex, and physical or mental ability may be considered when relevant to the position for which you are applying. This document will not be kept with the employment application, and will not be shared with those individuals involved in the interview process. It shall be maintained as a confidential record of the Human Resources Department.

Please Supply The Following Information		
Last Name:	First Name:	Middle Name:
Position Applied For:	Date of Birth:	Maiden Name (If Applicable):
Social Security Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race (Please Check One)		
<input type="checkbox"/> American Indian/Native American (including Alaskan Natives) <input type="checkbox"/> African American or African Origin		
<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White not of Hispanic Origin <input type="checkbox"/> Native Hawaiian or Pacific Islander		
Other:		
Disability:		
The Americans With Disabilities Act (ADA) defines an individual with a disability as “one who has a physical or mental impairment that substantially limits one or more major life activities [such as hearing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning, thinking or working], has a record of such impairment, or who is regarded as having such an impairment.” Based on this definition, are you an individual with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		

The completion of “The Human Service Center Equal Employment Opportunity Information Disclosure Form” is voluntary, and there will be no adverse consequences for not completing this form.