



Administration Office  
 601 Atlas Ave, P.O. Box 7370  
 Madison, WI 53707-7370  
 Tel: (608) 223-0017  
 Fax: (608) 223-0019  
 www.correctionalservices.org

### EMPLOYMENT APPLICATION

#### GENERAL INFORMATION

Referral Source (If referred by a current employee, who?):		Date:
Name (First, MI, Last):		
Address:		
City, State, Zip Code:		
Phone Number:	E-mail Address:	Are you 18 years of age or older?
Have you ever worked for our agency before? If so, when?		
Some positions require a valid driver's license. If applicable, do you have a valid driver's license?		
Have you ever been disciplined or fired (including resignation in lieu of termination)? If yes, please explain:		

#### EMPLOYMENT DESIRED

Position applied for:	Salary/Wage Desired:
Ever applied to our agency before? If so, when?	Date Available:
Shift Preference(s):	Number of hours available per week:

#### EDUCATION, SKILLS, AND TRAINING

Name and Location (starting with most recent)	Years Attended	Graduated (Y/N)	Degree Earned

List any skills or trainings that are appropriate for the position you are applying for:

Professional Licenses, Certifications, or Registrations:

Please list all work experience, starting with current/most recent employment. **Do not write, "see resume".**

1. Employer Name, Address, and Phone:		
Position Title and Duties:		
Name of Supervisor:		May we contact this employer?
Start Month & Year:	End Month & Year:	Reason for leaving:

2. Employer Name, Address, and Phone:		
Position Title and Duties:		
Name of Supervisor:		May we contact this employer?
Start Month & Year:	End Month & Year:	Reason for leaving:

3. Employer Name, Address, and Phone:		
Position Title and Duties:		
Name of Supervisor:		May we contact this employer?
Start Month & Year:	End Month & Year:	Reason for leaving:

4. Employer Name, Address, and Phone:		
Position Title and Duties:		
Name of Supervisor:		May we contact this employer?
Start Month & Year:	End Month & Year:	Reason for leaving:

5. Employer Name, Address, and Phone:		
Position Title and Duties:		
Name of Supervisor:		May we contact this employer?
Start Month & Year:	End Month & Year:	Reason for leaving:

**ADDITIONAL QUESTIONS**

Please list any reasons known to you why you might be unable, with or without reasonable accommodation, to perform consistently and promptly, any of the job duties listed on the position description.

Given your experience and background, what assets would you bring to the position, if hired?

**REFERENCES**

Please list four (4) **professional** references who are not personal friends, relatives, or family members.

Name:	Title & Company Name:	Relationship:
Phone Number:	E-mail Address:	

Name:	Title & Company Name:	Relationship:
Phone Number:	E-mail Address:	

Name:	Title & Company Name:	Relationship:
Phone Number:	E-mail Address:	

Name:	Title & Company Name:	Relationship:
Phone Number:	E-mail Address:	

**In accordance with the Prison Rape Elimination Act (PREA)**, institutional employers such as jails, correctional facilities, and facilities for individuals with mental disabilities, **must make the following inquiries for applicants** for employment in a position who may have contact with correctional clients.

Have you ever worked in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? If yes, what is the name of the facility/facilities?  
 No  Yes:

Have you ever engaged in or been accused of engaging in sexual harassment or misconduct in any prior employment? If yes, please explain.  
 No  Yes:

Have you ever resigned/terminated during a pending investigation of substantial allegations that you engaged in any form of sexual harassment or misconduct? If yes, please explain.  
 No  Yes:

Have you ever engaged in sexual harassment or misconduct in a prison, jail, community corrections facility, or other institution? If yes, please explain.  
 No  Yes:

**I UNDERSTAND AND AGREE THAT:**

**INITIALS**

A. Any material misrepresentation or deliberate omission of a fact in my application may result in refusal to employ or, if employed, termination from employment.	
B. As an agency that provides correctional services, the circumstances of certain criminal convictions may substantially relate to the circumstances of some employment positions at ATTIC Correctional Services, Inc. (ACS). For that reason, ACS generally checks the conviction records of job applicants. In addition, ACS enters some contracts, including contracts with federal government agencies that include provisions relating to employment of persons with conviction records. However, a criminal conviction record does not constitute an automatic bar to employment. A conviction record will be considered only as it relates to the requirements of the job in question.	
C. It is my understanding that ACS will make a thorough investigation of my entire work, personal history and criminal convictions and may verify all data given in my application for employment, related papers or oral interview. I authorize such investigation and the giving and receiving of any information requested by this agency. I understand that this will include a criminal record check. I also release from liability any person giving or receiving such information. I understand that information provided by me or discovered during the hiring process including background checks may be provided to funders for the purpose of reviewing my eligibility for employment under their contract with ACS.	
D. Under the drug testing policy, candidates making application for any position may be asked to submit to drug testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. The offer of employment by ACS is conditional and based on the prospective employee testing negative for drugs. ACS will provide a "medical review officer" (MRO) function giving those who test "positive" an opportunity to provide a valid explanation. Refusal to provide a sample or refusing/failure to report for testing will result in the employee being disqualified for current employment opportunities.	
E. I understand that this is an application for employment and that no contract for employment is being offered.	
F. I understand that if I am employed, such employment is for an indefinite period of time and that ACS can change wages, benefits and conditions at any time. I further understand employment at ACS is on an at-will basis. As such, an employee's employment may be terminated by the employee or by ACS at any time for any reason. I also understand that no official or employee of ACS other than the CEO has the authority to enter any agreement to employ me on other than an employment at-will basis, and that any such agreement made by the CEO must be in writing.	
G. ACS is a participant in E-Verify®. The E-Verify® program is used to verify the identity and employment eligibility of all persons hired to work in the United States. Only after a contingent offer of employment has been made and accepted, will ACS provide the Social Security Administration and, if necessary, the Department of Homeland Security with the information from each new employee's Form I-9 to confirm work authorization.	

I have read, initialed, and understand all of the above.

Signature of Applicant:	Date:
-------------------------	-------

*ATTIC Correctional Services, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender/sex, marital status, sexual orientation, national origin, disability, veteran status, or any other legally protected class.*

## Affirmative Action: Voluntary Self Identification Form

Applicant Name:	Date:
Position Applied For:	Location:

In compliance with federal, state, and local requirements, ATTIC Correctional Services, Inc. has adopted an Affirmative Action Policy. Please provide the following information in order to help us determine the effectiveness of our recruitment efforts. The information requested is intended solely in connection with our affirmative action efforts. It is being requested on a voluntary basis and will be kept confidential and will be used only in accordance with the law. Refusal to provide information will not subject you to any adverse treatment.

<b>Gender:</b>	<b>Veteran Status:</b>
<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> <b>I do not wish to Self-Identify</b>	<input type="checkbox"/> <b>Protected Veteran</b> <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Active Duty Wartime or Campaign Badge Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran <input type="checkbox"/> <b>Other Veteran</b> <input type="checkbox"/> <b>Non-Veteran</b> <input type="checkbox"/> <b>I do not wish to Self-Identify</b>

<b>Race or Ethnic Identity:</b>
<input type="checkbox"/> <b>Hispanic or Latino</b> <i>(all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)</i> <input type="checkbox"/> <b>White</b> <i>(all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</i> <input type="checkbox"/> <b>Black or African American</b> <i>(all persons having origins in any Black African racial groups not of Hispanic origin)</i> <input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> <i>(all persons having origins in any of the original peoples of the Pacific Islands)</i> <input type="checkbox"/> <b>Asian</b> <i>(all persons having origins in any of the original people of the Far East, Southeast Asia, or Indian Subcontinent)</i> <input type="checkbox"/> <b>American Indian or Alaskan Native</b> <i>(all persons having origins in any of the original people of North America and maintaining identifiable tribal affiliations through membership and participation or community identification)</i> <input type="checkbox"/> <b>Two or More Races</b> <input type="checkbox"/> <b>I do not wish to Self-Identify</b>

<b>Disability Status:</b> Defined as a person who has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), has a record of such impairment(s), or is regarded as having such impairment(s).
<input type="checkbox"/> <b>I feel I do qualify</b> <input type="checkbox"/> <b>I feel I do not qualify</b> <input type="checkbox"/> <b>I do not wish to Self-Identify</b>