

REACHING YOUR POTENTIAL LLC

Karen Corona-Londre, Psy.D., BCBA

Clinical Psychologist, Behavioral Analyst

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Tracey Cowley, MA, BCBA

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Julie L. Stowe – Administrator

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715-896-0094

Lisa L. Rufsholm – HR Director

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715-896-9551

APPLICATION FOR EMPLOYMENT

Name (Last) _____ (First) _____ (Middle) _____

Date _____

Street Address _____

City _____ State _____ ZIP _____

Phone number _____ Social Security # _____

Position applied for _____

How did you hear about our company? _____

When can you start? _____ How many hours a week are you looking for? _____

How long are you willing to commit to working with us if you are offered the position? _____

Are you 18 years or older? Yes No

Do you have reliable transportation? Yes No Email address: _____

Please indicate areas/locations you are willing to work in _____

Do you have experience working with individuals with autism? Yes No

If so, please describe

Do you have experience working with children with disabilities? Yes No

If yes, please describe

This position has the following requirements:

1. You will be physically active and do activities including: grasping, kneeling, walking, reaching, crouching, sitting, bending and squatting. You may also have to deflect, calm, redirect or run.
2. You must provide proof of receiving the first dose of a two-dose COVID-19 vaccine or a one-dose COVID-19 vaccine prior to starting in-home training. OR provide exemption based on recognized medical conditions or religious beliefs, observances, or practices.

*Are you able to meet both requirements? Yes No

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Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes No

If yes, please describe conditions. _____

EDUCATION

<u>School Name and Location</u>	<u>Graduated? (Y or N)</u>	<u>Major</u>	<u>Degree</u>
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

HOURS AVAILABLE TO WORK

	Mornings	Afternoons	Evenings
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			

FORMER EMPLOYERS

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

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Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

REFERENCES

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

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Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that Reaching Your Potential LLC and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with Reaching Your Potential LLC, I will comply with all rules and regulations as set by Reaching Your Potential LLC in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to Reaching Your Potential LLC that verifies my right to work in the United States on the first day of employment.

I also consent to a criminal background check conducted by Reaching Your Potential LLC.

I understand that employment at Reaching Your Potential LLC is “at will,” which means that either I or Reaching Your Potential LLC can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ **Date** _____

Reaching Your Potential, LLC, Equal Employer Opportunity Statement

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subject to discrimination in employment in any manner on the basis of age (over 40), race, religion(1), color, sex, national origin or ancestry, disability of association with a person with a disability, arrest record, conviction record, sexual orientation, marital status, pregnancy or childbirth, military participation, genetic testing, submitting to honesty testing, or use or non-use of lawful products off the employers premises during non-working hours. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, or for opposing discrimination in the workplace.

All employees are expected to support goals and programmatic activities relating to nondiscrimination in employment.

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EQUAL EMPLOYMENT OPPORTUNITY DATA

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the regulatory agencies on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a confidential file and are not a part of your application for employment or personnel file. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

NAME: _____ **DATE:** _____

POSITION APPLIED FOR: _____ - _____

SEX Male Female

RACE/ETHNIC IDENTIFICATION

- Black** (Not of Hispanic Origin) – All persons having origins in any of the black racial groups of Africa.
- Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia and the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samona.
- American Indian or Alaska Native** – All persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.
- Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. (Includes those with Hispanic surnames.)
- White** - (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

VETERAN'S STATUS

Vietnam Era Veteran Disabled Veteran Other

DISABILITY STATUS – Please check if you have a physical or mental disability that substantially limits one or more of your life's activities, if you have a record of any disability, or if you are regarded as having a disability.

YES NO

Please identify the accommodation(s) Reaching Your Potential, LLC could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, alteration of certain duties relating to the job, or other accommodation(s).

REFERRAL SOURCE Advertisement Employee Employment Agency Friend Internet Other
