

# RADD

## Recreational Activities for the Developmentally Disabled

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### EMPLOYMENT APPLICATION

#### PROGRAM APPLYING FOR

- Adult Recreation       Camp Kinder       Dance Club       Bowling Club  
 Youth Respite       Sunshine Club       Other \_\_\_\_\_

#### POSTION APPLYING FOR

- Program Director       Program Assistant Director       Volunteer  
 Level 1 Worker       Level 2 Worker       Level 3 Worker

#### EXPLANATION OF WORKER LEVELS

**Level 1** - Work with clients who are independent and need little supervision

**Level 2** - Work with clients who are semi-independent and need assistance dressing and with bathroom hygiene. Level 2 participants are able to feed themselves.

**Level 3** - Work with clients who are dependent and need help feeding, cleaning, dressing, require diaper changing, and may need transferring.

#### PERSONAL INFORMATION

LAST NAME      FIRST NAME      MI      SOCIAL SECURITY NUMBER

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

#### EMPLOYMENT HISTORY

EMPLOYER      ADDRESS      CONTACT      PHONE

EMPLOYMENT DATES      TITLE      RESPONSIBILITIES

EMPLOYER      ADDRESS      CONTACT      PHONE

EMPLOYMENT DATES      TITLE      RESPONSIBILITIES

EMPLOYER      ADDRESS      CONTACT      PHONE

EMPLOYMENT DATES      TITLE      RESPONSIBILITIES

## PERSONAL REFERENCES

Please provide the name, address and phone number of 3 persons (not relatives) who have knowledge of your character, experience and ability:

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NAME	COMPLETE MAILING ADDRESS	PHONE
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NAME	COMPLETE MAILING ADDRESS	PHONE
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NAME	COMPLETE MAILING ADDRESS	PHONE
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## PERSONAL BACKGROUND HISTORY

Previous residence(s) for last 5 years:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_

## EDUCATIONAL HISTORY

Highest level of education completed:

High School       AA / AS Degree       BA / BS Degree       Other

Current level in school: \_\_\_\_\_

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

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## KNOWLEDGE, SKILLS AND ABILITIES

Do you play a musical instrument?       Yes       No

Do you have any other special skills / talents that you would be willing to share?

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

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

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

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

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**CURRENT CERTIFICATES / LICENSES**

CPR certification:  Yes  No Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

Lifeguard  First Aid  CNA

Certificate of authorization to administer medication  Other: \_\_\_\_\_

**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) \_\_\_\_\_

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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: \_\_\_\_\_