



39 N. Sophia Street
Fond du Lac, WI 54935
920.923.1743
www.solutionsfdl.com

Complete and submit an agency application (below) to:

Solutions Center Shelter & Support Services Inc.
Attn: Carin O'Rourke, Program Director
39 N. Sophia Street
Fond du Lac, WI 54935

Or email to:

carinf@solutionsfdl.com

Please include a cover letter and resume if, and when, applicable.

OUR MISSION

To provide safety, offer support and restore hope to those affected by domestic abuse and homelessness.



Employment Application

Name _____ Today's Date _____
 (Last) (First) (Middle Initial)

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Date of Birth _____ Email _____

Please list any names you have used in the past _____

Please check if you have attached a resume.

PLACEMENT PREFERENCES

What position(s) are you applying for?

Please summarize any special skills, talents or experiences you have related to your interest:

AVAILABILITY (Please circle)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>
<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>
<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>
<i>Overnight</i>	<i>Overnight</i>	<i>Overnight</i>	<i>Overnight</i>	<i>Overnight</i>	<i>Overnight</i>	<i>Overnight</i>

I have no preference.

BACKGROUND

Have you received services from Solutions Center in the past year? YES NO
 If yes, please list staff member & date of contact _____

Have you ever been convicted of a felony? YES NO
 If yes, please explain _____

Do you have any friends or relatives currently working for Solutions Center? YES NO
 If so, please list _____

EDUCATION

High School _____
Years Completed _____ Did you graduate? _____
College/Technical School _____ Major _____
Date of graduation/expected graduation _____
Degree obtained/working toward _____

EMPLOYMENT

Most recent employer _____ Supervisor _____
Length of Employment _____ Phone Number _____
Address _____
Position & Duties _____
Reason for Leaving _____ May we contact? _____

Previous employer _____ Supervisor _____
Length of Employment _____ Phone Number _____
Address _____
Position & Duties _____
Reason for Leaving _____ May we contact? _____

Previous employer _____ Supervisor _____
Length of Employment _____ Phone Number _____
Address _____
Position & Duties _____
Reason for Leaving _____ May we contact? _____

REFERENCES

Please list three people (other than relatives) who would provide you with a professional reference.

Name _____ Name _____
Address _____ Address _____
Phone _____ Phone _____
Email _____ Email _____
Relationship _____ Relationship _____

Name _____
Address _____
Phone _____
Email _____
Relationship _____

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment. In addition, they may share any pertinent information, personal or otherwise. I release them from all liability for any damage that may result from furnishing this information.

Your signature _____ Date _____