



Alternatives in Psychological Consultation, S.C.  
10045 W. Lisbon Ave  
Wauwatosa, WI 53222

Dear Applicant:

Thank you for your interest in Alternatives in Psychological Consultation.

We'd like to invite you to complete and return the enclosed application packet to formally apply for a position within one or more of our departments. Although your response does not guarantee an interview or employment, it is the next step in your candidacy.

After completing the paperwork, please mail, email, or hand deliver to:

APC  
Attn: HR Office  
10045 W. Lisbon Ave.  
Wauwatosa, WI 53222

Email: [baten@altlig.com](mailto:baten@altlig.com)

Once I've reviewed your application, I will forward the relevant information to the Director of the Department to which you are applying. From there you **may** be contacted for an interview; however, please understand this next process might take several weeks. We sincerely appreciate your patience during this time.

If you haven't received a response after five (5) weeks of returning your application packet, please call me at 414-358-7956, and I will be happy to research your application status. When leaving a message, be sure to indicate your:

- Name
- Submission date
- Contact information

Again, thank you for your interest in APC. I look forward to receiving your application soon.

Sincerely,

*Becky Aten*

Becky Aten  
Operations Specialist

If applying for one of the following positions, please be aware that specific requirements apply, in addition to those listed in the job posting and/or job description:

- Family Support Services Provider (e.g., Crisis Stabilizer, Parent Assistant, Supervised Visitation Worker)
- Targeted Case Manager
- Care Coordinator
- Certified Peer Specialist
- Outpatient Therapist
- Any other position working with clients in the office or community

For these positions, all applicants should be prepared to provide proof of the following upon request:

- Valid Wisconsin driver's license\*
- Current auto insurance\* with the following minimum liability limits:
  - Bodily Injury \$100,000 each person/\$300,000 each accident
  - Property Damage \$100,000 each accident
- An automobile in safe working order\*
- TB (Tuberculosis) test results showing that the applicant is free of communicable disease, required at hire and annually thereafter
- Immunization records\*\* for the following:
  - Measles
  - Mumps
  - Rubella
  - Varicella
  - Influenza, required annually

\*Exceptions may be available for positions not requiring regular travel for work or the transportation of clients.

\*\* Exceptions are available for medical or religious reasons. Documentation is required.



## Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position applied for: \_\_\_\_\_ Application Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Expected Pay: \_\_\_\_\_ Prefer:  Full-time (40+ hrs/wk)  Part-time (20-40 hrs/wk)  Either

List the days and times you are available to work: \_\_\_\_\_

Date available to start: \_\_\_\_\_

Who referred you to APC? \_\_\_\_\_

Have you submitted an application here before?  Yes  No

If yes, please give date (s) and position(s): \_\_\_\_\_

Have you ever been employed here?  Yes  No

If yes, please give date (s) and position(s): \_\_\_\_\_

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.)  Yes  No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?  Yes  No  I need more information about the job's "essential functions" to respond.

*(Note: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. This issue may be addressed at a later stage, to the extent permitted by law.)*

Will you travel if required?  Yes  No Will you work overtime if required?  Yes  No

Do you have a valid Wi driver's license?  Yes  No

Are you willing to submit to a background check?  Yes  No

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might in anyway restrict your ability to work for our Company?  Yes  No

If yes, please explain: \_\_\_\_\_



## Employment Experience

**Employer:** \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates Employed: from: \_\_\_\_\_ to: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What were the things you like least about the position? \_\_\_\_\_

**Employer:** \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates Employed: from: \_\_\_\_\_ to: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What were the things you like least about the position? \_\_\_\_\_

**Employer:** \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates Employed: from: \_\_\_\_\_ to: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What were the things you like least about the position? \_\_\_\_\_

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired or asked to resign from a job?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Education Background

**High School:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Course of Study:** \_\_\_\_\_ **Did you graduate?**  Yes  No **Degree or diploma:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Course of Study:** \_\_\_\_\_ **Did you graduate?**  Yes  No **Degree or diploma:** \_\_\_\_\_

**Graduate School:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Course of Study:** \_\_\_\_\_ **Did you graduate?**  Yes  No **Degree or diploma:** \_\_\_\_\_

**Vocational Training/Other:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Course of Study:** \_\_\_\_\_ **Did you graduate?**  Yes  No **Degree or diploma:** \_\_\_\_\_

**Indicate Continuing Education Relevant to position applying for:** \_\_\_\_\_

## Special Training or Skills

List any languages or special skills that would be of benefit in the job for which you are applying.

List any training you have had in Co-Occurring Competency, Person Centered Planning, Trauma Informed Care, Cultural Competency, and working with individuals with disabilities or substance use.

Are you a Change Agent?  Yes  No  I don't know what this is, but would like more information.

## References

List the names and telephone numbers of three business/work references who are NOT related to you. If not applicable, list three school or personal references who are NOT related to you.

Name	Title	Relationship to You	Phone	Email	Years Known



## Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment can be changed, with or without cause and with or without notice, at any time by the Company. I understand that no company representative, other than the Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional) employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me and in this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state, or local law.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



# Alternatives in Psychological Consultation, S.C. Voluntary Self-Disclosure of Disability Status

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## Why are you being asked to complete this form?

Because Alternatives in Psychological Consultation does business with the government, we must reach out to hire and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. Any answer you give will be kept private and will not be used against you in any way.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

The following are several examples of a disability, but this is not an all-inclusive list:

- Blindness
- Deafness
- Cancer
- Diabetes
- Schizophrenia
- Impairments requiring the use of a wheelchair
- Post-traumatic stress disorder (PTSD)
- Major depression
- Intellectual disability
- Muscular dystrophy
- Multiple sclerosis (MS)
- Attention-deficit hyperactivity disorder (ADHD)

## **Please check one of the boxes below:**

**Yes, I have a disability (or previously had a disability)**

**No, I don't have a disability**

**I do not wish to answer.**

**Your name:** \_\_\_\_\_ **Today's date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## **Alternatives in Psychological Consultation, S.C. Voluntary Self-Disclosure of Veteran Status for Applicants**

Alternatives in Psychological Consultation is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**

- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. Your response to this request is voluntary and refusal to provide it will not subject you to any adverse treatment.

As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE**

**I AM NOT A PROTECTED VETERAN**





## Alternatives in Psychological Consultation, S.C. Equal Employment Opportunity Self-Disclosure Form

PLEASE NOTE: Completion of this form is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/ National Guard, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we request that you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Not providing it will not subject you to any negative personnel decision or action. Your cooperation is appreciated.

**To be completed by applicant on a voluntary basis. Not for interview purposes. File separately from application.**

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position applied for: \_\_\_\_\_ Gender:  Male  Female

### **Ethnicity:**

**Hispanic or Latino** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Not Hispanic or Latino**

### **Race** (select one or more):

**American Indian or Alaska Native** -A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.

**Black or African American** - A person having origins in any of the Black racial groups of Africa.

**Asian** -A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, for example, China, Cambodia, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander** -A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White** -A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

