



Peace Learning Center

of Milwaukee, Inc.

3224 N. Gordon Place • Milwaukee, WI • 53212 • 414.350.4721

Our mission is to be a catalyst in our community for non-violent conflict management and respect for self, others and the environment.

EMPLOYEE APPLICATION

Applications are considered without regard to race, religion, sexual orientation, national origin, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Please complete the Employee Application and the Disclosure Form and return to the PLC Executive Director. Peace Learning Center of Milwaukee, Inc. (PLC) will contact you once the application has been processed. No one may engage in PLC employment until their application has been approved by PLC.

PLEASE PRINT CLEARLY

DATE OF APPLICATION: _____

FULL NAME: _____

MAIDEN NAME, if applicable: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ **CELL PHONE/OTHER:** _____

EMAIL ADDRESS: _____

Paid Part Time ___ **Paid Full Time** (**positions not available**) **Referred by:** _____

DAY(S) OF THE WEEK AVAILABLE: ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday

TIME OF DAY AVAILABLE: _____

I AM CURRENTLY LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES: ___Yes ___No

EDUCATION

Name of High School(s) Attended/City & State	Year Graduated	Diploma? (Yes or No)
_____	_____	_____
_____	_____	_____
College/University/Technical School(s) Attended		
_____	_____	_____
_____	_____	_____
_____	_____	_____



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EMPLOYEE APPLICATION (*continued*)

EMPLOYMENT/WORK/VOLUNTEER EXPERIENCE

Start with your present or most recent position. Include military service assignments or volunteer service.

1) EMPLOYER: _____

DATES OF EMPLOYMENT WITH THIS EMPLOYER: from _____ (month/year) to _____ (month/year)

JOB TITLE: _____

NAME OF SUPERVISOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DESCRIPTION OF RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

2) EMPLOYER: _____

DATES OF EMPLOYMENT WITH THIS EMPLOYER: from _____ (month/year) to _____ (month/year)

JOB TITLE: _____

NAME OF SUPERVISOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DESCRIPTION OF RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

3) EMPLOYER: _____

DATES OF EMPLOYMENT WITH THIS EMPLOYER: from _____ (month/year) to _____ (month/year)

JOB TITLE: _____

NAME OF SUPERVISOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DESCRIPTION OF RESPONSIBILITIES: _____

REASON FOR LEAVING: _____



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EMPLOYEE APPLICATION (*continued*)

PROFESSIONAL REFERENCES

Please provide the following information for three professional references who can attest to your professional work experience and accomplishments:

1) PERSON'S NAME: _____

JOB TITLE: _____

NAME OF COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

2) PERSON'S NAME: _____

JOB TITLE: _____

NAME OF COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

3) PERSON'S NAME: _____

JOB TITLE: _____

NAME OF COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____



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EMPLOYEE APPLICATION (continued)

PERSONAL REFERENCES

Please provide the following information for three personal references:

1) PERSON'S NAME: _____

RELATIONSHIP TO PERSON: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____ (months or years)

2) PERSON'S NAME: _____

RELATIONSHIP TO PERSON: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____ (months or years)

3) PERSON'S NAME: _____

RELATIONSHIP TO PERSON: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____ (months or years)

I CERTIFY that the information provided on this application is true to the best of my knowledge and I understand that I may be required to verify the information before being appointed to employment. I authorize Peace Learning Center of Milwaukee, Inc. to investigate any statement contained on this application and to obtain a credit report on me as necessary to determine my qualifications. I understand that this application is not, and is not intended to be, a contract for employment. I understand that any false, misleading or missing information may disqualify me from employment consideration or may result in immediate termination if hired. I also understand that I am required to abide by the rules, regulations and policies of Peace Learning Center of Milwaukee, Inc.

Signature

Date



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EMPLOYEE DISCLOSURE FORM

Protecting the safety and wellbeing of affiliated students & school staff, PLC staff, PLC Board members, and PLC volunteers is of paramount importance. As a precautionary measure, PLC will conduct criminal background checks on all PLC employees and volunteers working directly with minor students and/or who have consistent access to students or student records. Background checks will be conducted prior to the first date of employment or volunteer work within PLC. Background checks will be completed annually and PLC reserves the right to conduct additional background checks as deemed appropriate. Except as may be required by law, PLC will maintain the confidentiality of information obtained through background checks.

PLEASE PRINT CLEARLY

CURRENT NAME:

Last, First, Middle

*List all names you have ever had or have used (including Maiden name) _____

CURRENT ADDRESS:

Street Address, City, State, ZIP

NUMBER OF YEARS AT THIS ADDRESS: _____ DATE OF BIRTH: ____/____/____ GENDER: Male Female

NUMBER OF YEARS LIVING IN WISCONSIN: _____

IF LESS THAN FIVE (5) YEARS IN WISCONSIN, WHICH STATE DID YOU LAST RESIDE IN & HOW LONG?

CIRCLE ONE:

Yes No Have you ever been convicted of, or do you have any charges pending, or are you under investigation for, any felony, misdemeanor, sexual offense, or ordinance/statute violation? IF YES, please include date, location, nature and circumstances of offense.

I authorize the Peace Learning Center of Milwaukee, Inc. to review my personal background. I consent to having Peace Learning Center of Milwaukee, Inc. conduct a full and complete criminal background check. I understand that any misrepresentation or omission on this statement may result in immediate disqualification for any volunteer service within Peace Learning Center of Milwaukee, Inc. I understand that Peace Learning Center of Milwaukee, Inc. will verify the information I have provided above. I understand that Peace Learning Center of Milwaukee, Inc. reserves the right to deny my application to serve as an employee or volunteer. I hereby release the Peace Learning Center of Milwaukee, Inc., its board and its agents, as well as all providers of information, from any liability related to furnishing, receiving, or using information related to arrests and convictions.

Signature, Date

PLC OFFICE USE:

Date: _____ Background Check Completed: Yes No PLC Signature: _____

Background Check(check one): Approved Not Approved Requires Further Review

Employee/Volunteer Referred by: _____