



Dane County Department of Human Services  
Division of Children, Youth & Families



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Partners for After School Success (PASS)  
A Community-Based AmeriCorps Program

PASS AmeriCorps Application  
2011-2012 Service Year

**PERSONAL INFORMATION**

Name:

Address:

State:

Zip code:

Home phone:

Cell phone:

Email address:

What is the best way to contact you?

Are you a U.S. Citizen or Permanent Resident?                      Yes              No

Can you commit to serving 1700 hours between Sept. 1, 2011 and Aug. 31, 2012?    Yes    No

Have you successfully completed an AmeriCorps program previously?                      Yes    No

Have you exited an AmeriCorps program without receiving an education award?    Yes    No

Are you able/interested in working outside of Madison?    Yes    No

Do you have a preference of working in a school or community center?                      Yes    No

*If yes, which do you prefer?                      School                      Community Center*

Do you have a preference of working with middle or high school age youth?              Yes    No

*If yes, which do you prefer?                      Middle School              High School*

**HOW DID YOU HEAR ABOUT PASS?**

## EDUCATION INFORMATION

You may attach a resume in lieu of completing the next three sections. Respond to questions not addressed in YOUR resume.

Name & Location of High School or GED program	Did you graduate?	Year diploma was granted
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## Training Beyond High School

Name & Location of Institution	Dates Attended		Credits Earned	Major Field & Remarks	Degrees Month & Year Received
	From	To			

Indicate any other academic honors, training or achievements that will be helpful in evaluating your qualifications.

## PAID OR VOLUNTEER WORK HISTORY

Dates of Employment Month/Year	Name & Contact Information of Employer	Job Title and Duties	Reason for Leaving

May we obtain references from your current or previous employers? Yes No  
If no, name and explain exceptions.

If you were ever discharged for cause from employment, state the details.


## **REFERENCES**

Please list at least 3 work references familiar with your job qualifications (no relatives or personal friends)

Name	Email Address & Phone Number	Relationship to Applicant

## **AVAILABILITY**

PASS host site hours vary. Most sites operate during the school day and after school hours between 3 - 6:00 p.m. Some require occasional weekend hours. Please indicate your availability for each day of the week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours You Are Available 							

## **ADDITIONAL SKILLS**

Do you speak a second language?  
If yes, which language(s)

Yes      No

Please list any other unique skills you have that would add to your qualifications.

**MOTIVATIONAL STATEMENT**

Please describe your motivation for serving an AmeriCorps term with PASS. (Limit 300 words)

A large empty rectangular box with a black border, intended for the applicant to write their motivational statement.

# BACKGROUND CHECK AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

PASS/Dane County conducts background checks on applicants who make it to the final stages of the hiring process. Background checks require full name, date of birth, driver's license number, and current and previous addresses. This information is used for background check purposes only.

**Full Name (include middle name):**

**Any Additional Names Used (maiden, nicknames, etc.):**

**Driver's License number:**

**Date of Birth:**

### Previous & Current Residences

Please list the street addresses, cities, states, and zip codes where you have resided in the PAST FIVE years.


### Record of Law Enforcement History

Have you ever been convicted of any violations of City Ordinances, State or Federal Law? (Include traffic violations) This information will only be used if relevant to the position for which you are applying.

Date	Municipal/County/State	Law Violated	Disposition: Bail, Forfeited, Fined, etc

I have applied for a position with PASS AmeriCorps with the Dane County Department of Human Services. I authorize this department to run a complete and thorough criminal background check on me including an FBI check including a finger print scan. I also authorize individual police and/or sheriff's departments to release my records to the Dane County Department of Human Services.

Please insert electronic signature. You will be asked to sign if interviewed.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**UNDERSTANDING & AUTHORIZATION (Please Read Carefully Before Signing)**

I CERTIFY THAT ALL ANSWERS ON THIS APPLICATION AND ANY ATTACHMENTS ARE TO THE BEST OF MY KNOWLEDGE TRUE AND THAT I HAVE NOT WITHHELD ANY PERTINENT INFORMATION.

I UNDERSTAND THAT ANY OMMISION, MISREPRESENTATION OR FALSE INFORMATION SUBMITTED IN CONNECTION WITH THIS APPLICATION MAY RESULT IN REFUSAL OF, OR DISMISSAL FROM THE PROGRAM.

I UNDERSTAND THAT IF ACCEPTED INTO THE PROGRAM THAT I WILL BE ENROLLED AS AN AMERICORPS MEMBER. ALL AMERICORPS MEMBERS MUST BE U.S. CITIZENS OR PERMANENT RESIDENT ALIENS, 17 YEARS OF AGE OR OLDER, AND ARE REQUIRED TO MAKE A 1700 HOURS COMMITMENT TO THE PROGRAM. FOR MORE INFORMATION ABOUT AMERICORPS GO TO: [http://www.americorps.org/for\\_individuals/overview/index.asp](http://www.americorps.org/for_individuals/overview/index.asp)

I AUTHORIZE THE COUNTY TO INVESTIGATE MY RESPONSES ON THIS APPLICATION AND CONTACT ANY OR ALL OF MY FORMER EMPLOYERS OR ANY INDIVIDUALS FAMILIAR WITH ME OR MY EMPLOYMENT BACKGROUND FOR THE PURPOSE OF OBTAINING ANY INFORMATION, WHETHER FAVORABLE OR UNFAVORABLE, ABOUT ME OR MY EMPLOYMENT. I VOLUNTARILY AND KNOWINGLY FULLY RELEASE AND HOLD HARMLESS ANY PERSONS OR ORGANIZATION THAT PROVIDES INFORMATION PERTAINING TO MY EMPLOYMENT OR ME.

IN COMPLIANCE WITH STATE AND FEDERAL LAWS, DANE COUNTY DEPARTMENT OF HUMAN SERVICES AND PASS PARTNER AGENCIES DO NOT UNLAWFULLY DISCRIMINATE AGAINST ANY INDIVIDUAL ON THE BASIS OF AGE, RACE, CREED, COLOR, HANDICAP, MARTIAL STATUS, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, OR ANCESTORY.

Sign electronically if submitting by e-mail. You will be asked to sign if interviewed.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return your application and a resume to:**

**Connie Bettin  
Dane County Human Services  
1202 Northport Drive  
Room 426  
Madison, WI 53704  
or  
[bettin@co.dane.wi.us](mailto:bettin@co.dane.wi.us)  
(Email is preferred)**

Updated 4/29/2011