



**PORCHLIGHT, INC.**  
 306 North Brooks St., Madison, WI 53715  
 Phone: (608) 257-2534 Fax: (608) 257-2507

PRE-EMPLOYMENT QUESTIONNAIRE  
 EQUAL OPPORTUNITIES EMPLOYER

**APPLICATION FOR EMPLOYMENT**

Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name (last name first) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 (Please print)

Present address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Permanent address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

( ) \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Referred by \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Are you employed?  Yes  No If so, may we inquire of your present employer?  Yes  No

**EDUCATION**

Name and Location of School	Dates Attended	Did you Graduate?	Subjects Studied
High School			
College			
Trade, Business or Correspondence School			

**GENERAL**

Subjects of special study/research work or special training skills	
U.S. Military or Naval Service	Rank

**EMPLOYERS**

**Former Employers**

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER/PHONE	SALARY	POSITION	REASON FOR LEAVING
From To				
From To				
From To				
From To				

**References**

Give below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE#	BUSINESS	YEARS KNOWN
1.				
2.				
3.				

Since your 18<sup>th</sup> birthday, have you **EVER** been convicted of any violations of law or are you now subject to a pending charge? Please list all convictions and all pending charges and include relevant dates for felonies, misdemeanors or convictions by a military court-martial. In accordance with state law and City Ordinance, pending charges or convictions will not be used or considered unless they are substantially related to circumstances the particular job. **Porchlight will conduct criminal back ground checks on applicants prior to being offered a position.**

Yes    No            (If Yes Explain):

**AFFIRMATIVE ACTION/CIVIL RIGHT COMPLIANCE  
VOLUNTARY INFORMATION**

The city of Madison has adopted an Affirmative Action Ordinance in compliance with Federal law. As a contractor with the city we are making an attempt to judge the effectiveness of our recruitment efforts and to ensure that our hiring process complies with Equal Opportunities laws, we request that you provide the following information. This information will be used in accordance with City of Madison policies and ordinances and State and Federal law.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____	Race: (check one or more): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander	Ethnicity: (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic or Latino
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**NON DISCRIMINATION ON THE BASIS OF DISABILITY**

A Qualified individuals with disabilities... shall not solely by reason of their disability be excluded from participation in, or be denied the benefits of or be subjected to discrimination under any program or activity@. (Section 5.04 of the Rehabilitation Act of 1993, 29 U. S. C. 706 (8), 794. In accordance with the preceding and Section 1630.4, EEOC Americans with Disabilities Act Employment Regulations, Porchlight invites applicants for employment to indicate whether and to what extent they are disabled. The following information is intended for use solely in connection with our employment record keeping efforts, and is to be provided on a voluntary basis. It will NOT subject you to any adverse treatment.

In accordance with EEOC Americans with Disabilities Act Employment Regulations, 1630.2 (g) and Section 504 of the Rehabilitation Act of 1973 a Disabled Person@ means any person who:

1. Has a physical or mental impairment which substantially limits one or more major life activities;
2. Has a record of such an impairment or
3. Is regarded as having such an impairment.

Please check the appropriate box:

I feel I **DO** Qualify as an individual with a disability             I **DO NOT** Qualify as an individual with a disability

What special assistance/modification would help you complete in the employment process? (For example: sign language interpreter, special aids reader or writer, etc.)

You may be required to provide Porchlight with written verification from a doctor, rehabilitation counselor or other authorized person confirming your disability and indication a reasonable accommodation.



\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**REFERENCES**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**PHONE#**

\_\_\_\_\_  
**REFERENCES**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**PHONE#**

**I AUTHORIZE INVESTIGATION OF ALL STATEMENTS AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.**

\_\_\_\_\_  
**SIGNATURE**

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