



# PORCHLIGHT, INC.

306 N Brooks St | Madison, WI 53715  
 Phone: (608) 257-2534 | Fax: (608) 257-2507

PRE-EMPLOYMENT QUESTIONNAIRE  
 EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

### PERSONAL INFORMATION

Applicant Name (last, first) _____			
Current Address _____	City _____	State _____	Zip Code _____
Permanent Address (if different) _____	City _____	State _____	Zip Code _____
Phone Number _____	Referred By (if applicable) _____		

### EMPLOYMENT DESIRED

Position(s)	Potential Start Date	Salary Requirements
_____	_____	_____
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No           If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### EDUCATION

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

**GENERAL**

<b>Subjects of special study/research work or special training skills:</b>	
<b>U.S. Military or Naval Service (if applicable)</b>	<b>Rank</b>

**EMPLOYERS**

**Former Employers**

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

EMPLOYMENT DATES (MM/YY)	EMPLOYER NAME, ADDRESS, PHONE	SALARY	POSITION	REASON FOR LEAVING
From To				
From To				
From To				
From To				

**References**

Give below the names of three (3) persons not related to you, whom you have known at least one year (see release on final page).

REFERENCE NAME	ADDRESS, PHONE	BUSINESS/ RELATION TO APPLICANT	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 background checks on applicants prior to being offered a position.**

Yes    No   **If yes, please explain:**

**AFFIRMATIVE ACTION/CIVIL RIGHTS 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 attempting 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 <input type="checkbox"/> Other	Date of Birth: ____/____/____	Race: (check all that apply): <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**

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:

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

Please check the appropriate box:

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

What special assistance/modification(s) would help you compete in the employment process?  
(E.g., sign language interpreter, special aid reader or writer, etc.)

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



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**REFERENCE RELEASE**

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Reference Name	Phone Number	Email Address
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Reference Name	Phone Number	Email Address
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Reference Name	Phone Number	Email Address
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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.

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Applicant Name (please print)

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Applicant Signature (manual or electronic)	Date
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Note: Each party agrees that electronic signatures, whether digital or encrypted, are intended to authenticate this writing and to have the same force and effect as manual signatures.