

**Custodian
UW Madison
Application for Employment**



The University of Wisconsin – Madison is an equal opportunity and affirmative action employer. Candidates are considered without regard to sex, race, color, national origin, sexual orientation, creed, religion, age, marital status, disability, genetic information, political affiliation, ancestry, status as a veteran or disabled veteran, or other classifications protected by state or federal laws.

Process: There is no deadline date to apply. Your application will expire after 6 months. After 6 months, you must apply again.

- This application is available in English, Spanish, Hmong and Tibetan. Applicants can request an interpreter for the interviews and to get assistance understanding the process. If you need assistance, please contact:

ENGLISH: If you have any questions about this information, please contact Office of Human Resources at (608) 265-2257 or custodianjobs@ohr.wisc.edu to communicate in English. If you would like to request translation or interpretation services, please call Cultural Linguistic Services (Office of Human Resources) at (608) 265-2257. Thank you.

ESPAÑOL / SPANISH: Si quiere solicitar servicios de traducción o interpretación en español por favor llame a la Oficina de Servicios Lingüísticos y Culturales (Oficina de Recursos Humanos) al (608) 265-1489 o al (608) 265-0838. Gracias.

HMOOB / HMONG: Yog koj xav tau kev pab txhais ntwav los lus Hmoob, thov hu Kev Pa Cuam Txhais Lus (Chaw Pab Neeg Ua Haujlwm) rau (608) 263-2217. Ua Tsaug.

བོད་ཡིག / TIBETAN: ཟླེད་ལ་བོད་སྐད་ཐོག་སྐད་སྒྲུབ་དང་ཡིག་སྒྲུབ་ཀྱི་འོག་ས་ལམ་དགོས་ཚེ། རིག་གཞུང་སྐད་ཡིག་ཞབས་ཀླ་ཁང་ (ལས་ཁྱེད་བདག་གཉེར་ལས་ཁུངས་) ལ་ཁ་པར་ (608) 890-2545 ཐོག་འབྲེལ་བ་གནང་རོགས་གྱུ། ལུགས་རྗེ་ཚེ།

中文 / CHINESE: 如果您需要汉语笔译或口译服务，请联系文化语言服务中心（人力资源办公室），电话 (608) 890-2628。谢谢！

PERSONAL INFORMATION

*Last Name		*First Name		M.I.
*Last four digits of social security number		*Month of Birth (MM)	*Day of Birth (DD)	Year of Birth (YYYY)
*Street Address		*City	*State	*Zip
Home Phone	Cell Phone	Email		

*Indicates a required field

Are you currently employed at University of Wisconsin – Madison? Yes No

WORK HOURS (check all that you will accept)

- Full Time (40 hours/week)
- Part Time (less than 40 hours/week)

WORK SHIFTS (check all that you will accept)

- Day 1st Shift (7am to 3pm or similar hours)
- Evening 2nd Shift (3pm to 11pm or similar hours)
- Evening 3rd Shift (11pm to 7am or similar hours)

How did you hear about this job?

<ul style="list-style-type: none"> <input type="checkbox"/> Referred by UW-Madison employee <input type="checkbox"/> Referred by friend or family <input type="checkbox"/> Job Fair <input type="checkbox"/> Centro Hispano of Dane County <input type="checkbox"/> Job Service/Job Center <input type="checkbox"/> Multicultural Center <input type="checkbox"/> Urban League of Greater Madison <input type="checkbox"/> Capital City Hues 	<p>Online Resources:</p> <ul style="list-style-type: none"> <input type="checkbox"/> JobCenterofWisconsin.com (JobNet) <input type="checkbox"/> UW-Madison employment website <input type="checkbox"/> Wisconsin State Journal <input type="checkbox"/> Monster.com <input type="checkbox"/> Madison Times <input type="checkbox"/> Other (please describe) <input type="text"/>
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Submit completed form to the Office of Human Resources
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Driver's License and English Language Self-Evaluation

Some Custodian positions have driving and/or English requirements to meet the operational needs of the employing unit. In order to determine your eligibility for these select positions please complete the following 5 questions by clearly circling the most appropriate response based upon your background and abilities.

Your Response: Yes	Your Response: No
<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Yes	<input checked="" type="radio"/> No

Question	Your Response:	Your Response:	
		Yes	No
1.	Select positions have a business need that requires that the employee hold a valid Wisconsin driver's license. Do you currently have or are able to obtain a valid Wisconsin driver's license?	<input type="radio"/> Yes	<input type="radio"/> No
2.	Select positions have a business need that requires that the employee be able to speak in English . These positions may require such tasks as communication in person and by cell phone, two-way radio, or pager with customers that could include staff, general public, guests, residents, and other staff including emergency personnel and Police Department employees. Are you able to <u>speak/communicate</u> in English without the use of an interpreter?	<input type="radio"/> Yes	<input type="radio"/> No
3.	Select positions have a business need that requires that the employee be able to read in English . These positions may require such tasks as reading and understanding product labels, room cleaning instructions, work requests, basic operations manuals, instructions, signs, etc. Are you able to <u>read and understand</u> in English without the use of a translator or interpreter?	<input type="radio"/> Yes	<input type="radio"/> No
4.	Select positions have a business need that requires that the employee be able to write in English . These positions may require such tasks as writing reports of incidents that have occurred during the shift. Are you able to <u>write reports</u> in English without the use of a translator or interpreter?	<input type="radio"/> Yes	<input type="radio"/> No
5.	Select positions have a business need that requires that the employee be able to understand verbal instructions in English . These positions may require such tasks as understanding specific verbal instructions about cleaning in a research environment, or in an emergency situation, etc. Are you able to <u>understand verbal instructions</u> in English without the use of an interpreter?	<input type="radio"/> Yes	<input type="radio"/> No

CERTIFICATION STATEMENT

By signing below, I certify that the information I have provided in 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. I understand that any false, misleading, or missing information may result in disqualifying me from employment consideration. I understand that such false information or omissions discovered after hire could result in termination of employment.

Signature	Date
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WORK EXPERIENCE: *Provide a complete description of three most recent experiences including self-employment, military service, etc. starting with most recent work experience. You may attach additional materials as needed.*

Your name

Experience 1:

Employer		Your Position:	
Salary		Kind of Business:	
Address of business (street, city, state and zip code)			
Supervisor's name, title, phone			
Dates of Employment <i>(Month/Year)</i>	From	To	Reason for leaving
Your duties			

Experience 2:

Employer		Your Position:	
Salary		Kind of Business:	
Address of business (street, city, state and zip code)			
Supervisor's name, title, phone			
Dates of Employment <i>(Month/Year)</i>	From	To	Reason for leaving
Your duties			

Experience 3:

Employer		Your Position:	
Salary		Kind of Business:	
Address of business (street, city, state and zip code)			
Supervisor's name, title, phone			
Dates of Employment <i>(Month/Year)</i>	From	To	Reason for leaving
Your duties			

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REFERENCE RELEASE

Please read this release and sign and date below if you understand and agree to these terms.

The University of Wisconsin-Madison verifies past and current employment history, education (where appropriate), and criminal background prior to any and all offers of employment.

I understand an investigation of all statements contained in my application for employment will be verified as necessary for making an employment decision.

I hereby authorize the University of Wisconsin - Madison, or other authorized representatives bearing this release, such as managers, supervisors and recruitment agents, to obtain all information and records pertaining to me in connection with this application and as may be necessary for making an employment decision.

Sources of information and records may include, but are not limited to:

1. Municipal, State and Federal law enforcement agencies and courts
2. Previous employers
3. Current employers
4. Personal references
5. Any school, college, university or other educational institution

I hereby release any agency, institution or business, collectively or individually, from any and all liability relating to any attempt to comply with this release. A copy of this signed release may be accepted as the original. This release will remain in effect as long as my application for employment with the University of Wisconsin – Madison is pending.

Date	Printed Name
Other Names You've Used	
Signature	

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REFERENCES

Your name

Reference 1:

Reference	Last Name	First Name
Company Name		
Relationship:	<input type="checkbox"/> current supervisor or employer <input type="checkbox"/> co-worker/business associate <input type="checkbox"/> personal reference	<input type="checkbox"/> former supervisor or employer <input type="checkbox"/> teacher, community leader
Street	City	ST Zip
Phone	Email	

Reference 2:

Reference	Last Name	First Name
Company Name		
Relationship:	<input type="checkbox"/> current supervisor or employer <input type="checkbox"/> co-worker/business associate <input type="checkbox"/> personal reference	<input type="checkbox"/> former supervisor or employer <input type="checkbox"/> teacher, community leader
Street	City	ST Zip
Phone	Email	

Reference 3:

Reference	Last Name	First Name
Company Name		
Relationship:	<input type="checkbox"/> current supervisor or employer <input type="checkbox"/> co-worker/business associate <input type="checkbox"/> personal reference	<input type="checkbox"/> former supervisor or employer <input type="checkbox"/> teacher, community leader
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Affirmative Action/Equal Employment Opportunity Data Questionnaire

Applicant Information. As a recipient of federal contracts, UW–Madison is required by law to request data from applicants for employment in order to monitor our recruitment and selection practices. Submission of the information requested on this questionnaire is voluntary. The information you provide will be used to meet the university's data collection and reporting responsibilities, and to assess the effectiveness of our AA/EEO recruitment and selection efforts. The information will be kept confidential and will not be considered as part of the hiring criteria. Moreover, you will not be excluded from consideration if you decline to provide this information. Read the full memo about UW–Madison's responsibilities at http://www.oed.wisc.edu/documents/AADQ_Full_Memo_041414.pdf.

Ethnicity (Check only one)

- Hispanic/Latino Origin
- Not of Hispanic/Latino Origin

Race (Check all that apply)

- American Indian or Alaska Native – A person having origins in any of the original peoples of North & South America, including Central America, who maintain tribal affiliation or community attachment
- 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, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & 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, the Middle East, or North Africa

Gender

- Male
- Female

Applicant Self-Identification Form For Protected Veterans

The University of Wisconsin-Madison 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: disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed Forces service medal veterans. The classifications are defined below.

- 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

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

If you believe you belong to any of the categories of protected veterans, please indicate by checking the appropriate box below. 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.

Please check one of the boxes below:

- I identify as one or more of the classifications of protected veteran listed above
- I am not a protected veteran
- I do not wish to disclose my status

Voluntary Self-Identification of Disability (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 don't wish to answer

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Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities (1). 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. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

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.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

(1) Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

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