



Attn: Human Resource Dept.
 2900 Red Fox Run
 Portage, WI 53901

Renewal Unlimited, Inc.
Wisconsin Fresh Start Application

Phone:(608) 742-5329
 1-(800) 344-7543
 Fax:(608) 742-5481

Last Name	First	Middle	Date of Application:
Living (Street):	City	Zip	Birth Date:
Mailing Address (P.O. Box)	City	Zip	Home Phone:

How did you find out about the Wisconsin Fresh Start Program?

Education Information (Circle the highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12+ GED
 College or Other: _____

Schools/Training:
Address:
High School
Address:
Elementary:
Address:

Background Information

Have you ever served in the Military? Yes _____ No _____
 Are you currently working with any agency?
 (i.e. EATA, JOBS, Probation and Parole, Human Services) Yes _____ No _____

If yes, please provide the following information:

1. Agency Name: _____	Agency Address: _____
Case Worker Name: _____	Phone #: _____
2. Agency Name: _____	Agency Address: _____
Case Worker Name: _____	Phone #: _____

Have you ever been convicted of a crime? Yes _____ No _____
 Do you have a valid Wisconsin Driver's License? Yes _____ No _____
 Do you have access to a car? Yes _____ No _____
 Date of most recent physical? _____
 Date of most recent tetanus shot? _____

Emergency Information

Name and Location of doctor _____
 In case of emergency, notify _____
 (Name) (Address) (Phone)

Do you have any physical limitations which would prevent you from Participating in the construction of a house? Yes _____ No _____

If yes, please specify accommodations that can be made: _____

Please List Two Personal References:

Name			Relationship/Years Known:
Living (Street)	City	Zip	Phone Number:
Name			Relationship/Years Known:
Living (Street)	City	Zip	Phone Number:

Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer. If you need additional space, please continue on a separate sheet of paper.

Company Name:			Telephone Number:
Address:	Name of Supervisor:	Employed (Month & Year) From: To:	
State Job Title and Describe Your Work:			
Starting Pay:	Last Pay:	Reason For Leaving:	

Company Name:			Telephone Number:
Address:	Name of Supervisor:	Employed (Month & Year) From: To:	
State Job Title and Describe Your Work:			
Starting Pay:	Last Pay:	Reason For Leaving:	

The information provided in this Application for Wisconsin Fresh Start is true, correct and complete. If enrolled, any misstatement or omission of fact on this application or interview(s) may result in my dismissal at any time during the term of service.

I authorize investigation of all statements contained in this application for enrollment as may be necessary in arriving at an enrollment decision and thereafter as determined necessary during the term of service. I also authorize all employment and reference checks to be completed. I understand that selection is contingent upon the organization's review of my criminal history, if any. I understand that this application is not and is not intended to be a contract of enrollment.

I understand that acceptance of an offer of enrollment does not create a contractual obligation upon the company to continue to enroll me in the future. I understand, also, that I am required to abide by all rules and regulations of the company.

Signature of Applicant

Date