

ROCK VALLEY COMMUNITY PROGRAMS, INC.

OUR MISSION:

RVCP, Inc.'s mission is to provide transitional and supportive housing and addictions and mental health treatment services to adults in the Rock County Area, through evidence based models for the future and continued success of our clients, transforming their lives in positive directions.

RVCP, Inc. will provide these services to homeless male veterans, clients connected to the criminal justice system, and outpatient care to anyone needing assistance with addiction and/or mental health treatment in Rock County and the surrounding areas.

RVCP, Inc. programs will develop and administer programs through partnerships with community and governmental agencies to serve our clients' best interests for positive outcomes while balancing public safety and accountability.

RVCP, Inc. will provide the opportunity for education and treatment; as well as guidance in the areas of community services, substance abuse, social skills, cognitive restructuring, employment and independent living.

ABOUT OUR PROGRAMS:

♦ ROCK VALLEY COMMUNITY PROGRAMS, INC. (RVCP, Inc.) has been providing correctional services in Rock County since 1971, beginning with the opening of a residential service for parolees.

♦ The Residential Reentry Program houses Federal and State correctional clients and also supervise offenders who are placed on home confinement. We assist our Federal clients with finding the resources and tools needed to establish stable housing, education, employment, and other means of successfully transitioning back into the community. Our State clients are here for intensive programming meant to influence their thinking and behavioral patterns. Our goal for both Federal and State clients is to provide them the tools to be successful in society and reduce the likelihood of recidivism.

♦ Harpers Place is a 15 bed, 24 hour hospital diversion program. They provide immediate crisis stabilization services to consumers at risk of psychiatric hospitalization or in need of post-hospitalization support. Harper's Place provides a safe, homelike setting that includes monitoring, provision of nourishment, and emotional support with the goal of reducing or eliminating and individual's symptoms of mental illness. The priority and goal each day will focus on promoting recovery, resiliency and self-determination.

♦ In 2011 RVCP renovated 24 studio apartments to offer transitional housing and supportive services to veterans experiencing homelessness. Each unit can provide housing for 2 veterans experiencing homelessness making it possible to serve 48 at a time. RVCP, Inc. works in conjunction with other supportive service providers to offer a comprehensive menu of services and support that can be combined and readily adjusted to meet each individual's needs and pathways.

♦ Compass Behavioral Health Clinic (CBHC) is a WI certified clinic for outpatient substance use disorder and mental health treatment. CBHC is dedicated to providing quality mental health, substance abuse, and co-occurring disorders treatment utilizing evidence-based practices. CBHC clinicians address client's comprehensive mental health needs in a holistic manner using: Solution-Focused Brief Therapy (SFBT), Motivational Interviewing (MI), Mindfulness Meditation, Medication Assisted Treatment (MAT), and Cognitive Behavioral Therapy (CBT). CBHC has two location; the first is located at RVCP, Sunny Lane Road; the second is located at 1820 Center Ave. Janesville, WI.

♦ RVCP, Inc. expects the staff to be compassionate of the problems facing our clients, believe in the dignity and worth of human beings, respect the individual differences and have a commitment to the quality of care of our clients. This commitment requires personnel to have the professional background, resources and expertise necessary to provide effective quality services delivered with integrity and competence.

APPLICATION FOR POSITION:

- ◆ Please complete the attached application completely. You may either email (shmartin@rvcp.org) or drop off or mail the completed application at: 203 W. Sunny Lane Rd., Janesville, WI 53546, ATTN: Human Resource Director.
- ◆ Applications are retained on file for a period of three months, after that time you would need to complete a new application to be considered for position openings.
- ◆ Upon a conditional offer of employment, applicants are required to successfully complete a urine drug test, TB test, physical and criminal background investigation.

Good luck in your search for employment and thank you for your interest in
Rock Valley Community Programs, Inc.

An Equal Opportunity Employer

TEAM  CP
TRANSFORMING
LIVES

An Equal Opportunity Employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or disability.

APPLICATION FOR EMPLOYMENT

PERSONAL

Last Name	First Name	Middle Name	Date:
Street Address			Home Phone:
City, State, Zip			Cellphone:
Have you ever applied for employment with us? __Yes__ No If yes, Month and Year __Location			Email Address
Position Desired			Best time to reach you by phone:
Apart from absence for religious observance, are you available for full-time work? __Yes__ No If not, what hours can you work?			Pay Expected:
Are you legally eligible for employment in the U.S.?			Will you work overtime if asked? __Yes__ No
Which Shift(s) are you available? 1 st 2 nd 3 rd			
Which Days of the Week are you available? Sun Mon Tues Wed Thurs Fri Sat			Date available to begin work:
Other special training or skills (languages, machines, etc.)			
How did you learn of our organization?			

EDUCATION

School	Name and Location of School	Course of Study	No. Years Completed	Did You Graduate	Degree
Professional Credentials/_ Licenses					
College					
High					
Other					

EMPLOYMENT		Please give accurate, complete full-time and part-time employment record start with most recent employer.
Company Name	Telephone	
Address	Employed (Month/Year) From _____ To	
Name of Supervisor	Hourly/Salary Start _____ Last	
State Job Title and Describe Your Work	Reason For Leaving	
Company Name	Telephone	
Address	Employed (Month/Year) From _____ To	
Name of Supervisor	Hourly/Salary Start _____ Last	
State Job Title and Describe Your Work	Reason For Leaving	
Company Name	Telephone	
Address	Employed (Month/Year) From _____ To	
Name of Supervisor	Hourly/Salary Start _____ Last	
State Job Title and Describe Your Work	Reason For Leaving	
Company Name	Telephone	
Address	Employed (Month/Year) From _____ To	
Name of Supervisor	Hourly/Salary Start _____ Last	
State Job Title and Describe Your Work	Reason For Leaving	

We may contact the employers listed above unless you indicate otherwise.

-OVER-

DO NOT CONTACT

Employer Number(s)

Reason _____

APPLICANT: PLEASE COMPLETE THE ENTIRE PAGE

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES.	Branch of Service
Describe Your Duties and Any Special Training:	Period of Active Duty (Month/Year) From _____ To _____
Rank at Final Discharge:	Date of Final Discharge:

MEMBERSHIP

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
(Exclude those which may disclose your race, color, religion or national origin.)

GENERAL BACKGROUND QUESTIONS

Have you ever been convicted of a crime (including federal, state and local offenses) which has NOT been annulled, expunged or sealed by a court? ____Yes ____No If yes, describe in full, including dates.

Please note: Disclosure of above information will not automatically disqualify an applicant. This information will only be considered in relation to the ability of the applicant to obtain clearance to work with offenders.

Have you ever received any tickets for traffic violations, municipal/city violations, etc.?
____Yes ____No If yes, please describe in full, including dates.

Please note: Disclosure of above information will not automatically disqualify an applicant. This information will only be considered in relation to the ability of the applicant to obtain clearance to work with offenders.

Do you have a valid driver's license? ____Yes ____No

Are you considered a high risk driver for insurance purposes? ____Yes ____No

State name of relatives and friends currently employed by RVCP, Inc.

APPLICANT SIGNATURE

The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to investigate my personal history as well as all statements contained in this application, I authorize you to do so.

Date

Signature

The information requested in this application is for a legally permissible reason, including without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals as well as on the basis of physical or mental disability. The Laws of most States also prohibits this type of discrimination as well as some additional types of discrimination such as on the basis of ancestry or marital status.

ROCK VALLEY COMMUNITY PROGRAMS, INC.
EMPLOYMENT REFERENCE
DISCLOSURE AUTHORIZATION AND RELEASE

Applicants: Please provide a minimum of two professional references. Please indicate the relationship to the reference and a phone number or email they can be reached at during business hours, or note if it is only an after hour phone number.

I hereby authorize:

1. _____
First & Last Name Phone Number/Email

Nature of relationship (Past employer, supervisor, co-worker, personal acquaintance, etc.)

2. _____
First & Last Name Phone Number/Email

Nature of relationship (Past employer, supervisor, co-worker, personal acquaintance, etc.)

3. _____
First & Last Name Phone Number/Email

Nature of relationship (Past employer, supervisor, co-worker, personal acquaintance, etc.)

4. _____
First & Last Name Phone Number/Email

Nature of relationship (Past employer, supervisor, co-worker, personal acquaintance, etc.)

And its employees to provide any and all information they deem appropriate regarding my employment and job performance to Rock Valley Community Programs, Inc. and any of its employees, representatives and agents. This information may be provided either verbally or in writing. In addition to authorize the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against Rock Valley Community Programs, Inc. and its employees, representatives and agents; I release Rock Valley Community Programs, Inc. and its employees, representatives and agents from any and all liabilities, claims, or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Signature

Date

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:
Job Title: _____ Date of Hire: _____

Disability: (1) The term disability means, with respect to an individual:

- (i) A physical or mental impairment that substantially limits one or more major life activities of such individual;
- (ii) A record of such an impairment; or
- (iii) Being regarded as having such an impairment (as defined in paragraph (v)), which states:

(v) *Regarded as having such an impairment* - (1) Except as provided in paragraph (v)(4) of this section, an individual is regarded as having such an impairment if the individual is subjected to an action prohibited under subpart B (Discrimination Prohibited) of these regulations because of an actual or perceived physical or mental impairment, whether or not the impairment substantially limits or is perceived to substantially limit a major life activity. Prohibited actions include but are not limited to refusal to hire, demotion, placement on involuntary leave, termination, exclusion for failure to meet a qualification standard, harassment, or denial of any other term, condition, or privilege of employment.

(2) Except as provided in paragraph (v)(4) of this section, an individual is regarded as having such an impairment any time a contractor takes a prohibited action against the individual because of an actual or perceived impairment, even if the contractor asserts, or may or does ultimately establish a defense to such action.

(3) Establishing that an individual is regarded as having such an impairment does not, by itself, establish liability for unlawful discrimination in violation of this part. Such liability is established only when an individual proves that a contractor discriminated on the basis of disability as prohibited by this part.

(4) *Impairments that are transitory and minor.* Paragraph (v)(1) of this section shall not apply to an impairment that is shown by the contractor to be transitory and minor. The contractor must demonstrate that the impairment is *both* “transitory” *and* “minor.” Whether the impairment at issue is or would be “transitory and “minor” is to be determined objectively. The fact that a contractor subjectively believed the impairment was transitory and minor is not sufficient to defeat an individual's coverage under paragraph (v)(1) of this section.

- (i) An impairment is transitory if it has an actual or expected duration of six months or less.



Rock Valley Community Programs, Inc.

203 W. Sunny Lane Road • Janesville, Wisconsin 53546

Phone: (608) 741-4500 • Fax: (608) 741-4502

RVCP is required to comply with the Prison Rape Elimination Act (PREA) for community confinement centers. As part of this compliance RVCP is required to ask the following questions and document your response.

1. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?

2. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

3. Have you been civilly or administratively adjudicated to have engaged in the activities described in #2 above?

By signing below you understand that material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination.

Printed Name

Signature

Date

Voluntary Self-Identification of Veteran Status

1. This employer 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: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- 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 States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. If you believe you belong to any of the categories of protected veterans listed above, 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.

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

☐ I AM NOT A PROTECTED VETERAN

Printed Name: _____

Signature: _____

Date: _____