



## **Employment Application Packet**

For

### **Crisis Counselor**

Position

Pay Level: \$18.34 per hour

Hours: up to 40 hours per week

Work site location: Field Work in Marquette County– Reports to Westby Office

The job description is attached.

For your application to be considered, you must complete all of the following materials that have a check mark before them:

√ Application form

√ Resume

We will only consider your application if we have received the materials by the specified due date and time.

**Materials may be emailed to [courtney.messer@couleecap.org](mailto:courtney.messer@couleecap.org), faxed to 608-634-3134, or mailed to, or dropped off at, the following location: Couleecap, 201 Melby Street, Westby, WI 54667**

If faxing, please call Courtney Messer at 608-424-4836 to make sure all pages were received.

For more information please visit our website at:

[www.couleecap.org](http://www.couleecap.org)

COULEECAP IS AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER.  
AUXILIARY AIDS AND SERVICES AVAILABLE UPON REQUEST.



**COULEECAP**  
**Job Description**

**JOB TITLE: Crisis Counselor**

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SALARY LEVEL: 20

DATE: October 2018

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**SUMMARY:** Responsible for providing crisis counseling to individuals and families; includes needs assessment, support, advocacy and referral. The work is performed under the general supervision of a supervisor; however, the employee is expected to exercise initiative, creativity and good judgment in carrying out duties. The employee must be available for flexible work hours.

**ESSENTIAL DUTIES AND RESPONSIBILITIES** include the following. Other duties may be assigned.

Works with individuals, family, and groups to provide outreach, public education, and referrals when needed.

Represents the program in the community and networks with other agencies and partners to ensure needs of survivors are met.

Provides presentations to community groups on disaster reactions, coping skills, stress management, and the Crisis Counseling Project (CCP).

Distribute informational or educational documents to inform members of targeted community.

Identify and contact members of high-risk groups in person or by phone.

Conduct home visits of community members in high-risk groups.

Acts as advocate for clients receiving services; making referrals to other services as appropriate.

Provide feedback to Team Leader.

Attends meetings and trainings.

Keeps records and prepares reports.

Works as a member of a team to provide effective, quality service.

**SUPERVISORY RESPONSIBILITIES:** None

**QUALIFICATION REQUIREMENTS:** To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**EDUCATION and/or EXPERIENCE:** Requires academic education beyond high school; or completion of one to two years' previous experience; or equivalent combination of education and experience.

**LANGUAGE SKILLS:** Ability to read, analyze and interpret general business periodicals, professional journals, technical procedures, or governmental regulations. Ability to write reports and business correspondence. Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.

**MATHEMATICAL SKILLS:** Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.

**REASONING ABILITY:** Ability to define problems, collect data, establish facts and draw valid conclusions. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

**CERTIFICATES, LICENSES, REGISTRATIONS:** Access to reliable, licensed, insured driver and transportation.

**OTHER SKILLS and ABILITIES:** Good knowledge of the available services in the current service system. Ability to establish and maintain good working relationships with clients, family members, professional staff and the community is essential. Computer experience.

**PHYSICAL DEMANDS:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to stand, walk, sit, and talk or hear. The employee frequently is required to use hands to finger, handle, or feel objects, tools, or controls and reach with hands and arms. The employee is occasionally required to climb or balance; stoop, kneel, crouch, or crawl; and taste or smell.

The employee must regularly lift and/or move up to 10 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

**WORK ENVIRONMENT:** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually moderate.



201 MELBY STREET • WESTBY, WISCONSIN 54667 • PHONE: 608-634-3104 • FAX: 608-634-3134 • [WWW.COULEECAP.ORG](http://WWW.COULEECAP.ORG)

## Application For Employment

COMPLETE ALL SECTIONS. WRITE IN "N/A" IF REQUESTED INFORMATION IS NOT APPLICABLE.

|                               |      |       |          |
|-------------------------------|------|-------|----------|
| 1. Name (Last, first, middle) |      |       |          |
| 2. Address                    |      |       |          |
| Street or RFD #               | City | State | Zip Code |

|                     |
|---------------------|
| 3. Position desired |
| 4. Telephone #      |
| 5. Email            |

*ANSWER ITEMS 6 THROUGH 10 BY PLACING AN "X" IN PROPER COLUMN. PROVIDE DETAIL WHERE APPLICABLE.*

|   | YES                      | NO                              |                       |
|---|--------------------------|---------------------------------|-----------------------|
| 6. Do you have a legal right to work in the United States permanently?.....   | <input type="checkbox"/> | <input type="checkbox"/>        |                       |
| 7. A. Do any members of your immediate family serve on the Couleecap, Inc. Board of Directors?.....   | <input type="checkbox"/> | <input type="checkbox"/>        |                       |
| B. Are any members of your immediate family currently employed by Couleecap, Inc.?.....   | <input type="checkbox"/> | <input type="checkbox"/>        |                       |
| Note: Immediate family is defined as spouse, parent, child, sibling, father-in-law, mother-in-law, brother-in-law, sister-in-law, grandparent, grandchild, aunt, uncle, niece, nephew, stepparent, stepchild, son-in-law and daughter-in-law. |                          |                                 |                       |
| C. If 7A or 7B was answered "Yes", give name of family member.  |                          |                                 |                       |
| 8. Have you been employed by Couleecap, Inc. before?.....   | <input type="checkbox"/> | <input type="checkbox"/>        |                       |
| If "Yes", give position(s) held and dates.  |                          |                                 |                       |
| 9. A. Are you available for work immediately?.....  | <input type="checkbox"/> | <input type="checkbox"/>        |                       |
| If "No", on what date would you be available? _____   |                          |                                 |                       |
| B. Are you available to work full time?.....  | <input type="checkbox"/> | <input type="checkbox"/>        |                       |
| part time?.....   | <input type="checkbox"/> | <input type="checkbox"/>        |                       |
| temporary?.....   | <input type="checkbox"/> | <input type="checkbox"/>        |                       |
| 10. A. Can you travel if the job requires it?.....  | <input type="checkbox"/> | <input type="checkbox"/>        |                       |
| B. Do you have dependable transportation?.....  | <input type="checkbox"/> | <input type="checkbox"/>        |                       |
| C. Do you hold a valid driver's license?.....   | <input type="checkbox"/> | <input type="checkbox"/>        |                       |
| D. Do you carry auto insurance coverage?.....   | <input type="checkbox"/> | <input type="checkbox"/>        |                       |
| <b>11. EDUCATION</b>  | <b>HIGH SCHOOL</b>       | <b>TECHNICAL SCHOOL/COLLEGE</b> | <b>GRADUATE/PROF.</b> |
| School Name & Address   |                          |                                 |                       |
| Years Completed   |                          |                                 |                       |
| Diploma/Degree  |                          |                                 |                       |
| Describe Course of Study  |                          |                                 |                       |
| Describe specialized training, skills, apprenticeships:   |                          |                                 |                       |

12. EXPERIENCE: BEGIN WITH CURRENT OR MOST RECENT JOB OR VOLUNTEER EXPERIENCE AND WORK BACK. ACCOUNT FOR PERIODS OF UNEMPLOYMENT EXCEEDING THREE MONTHS ON THE LAST LINE OF EXPERIENCE BLOCKS IN ORDER OF OCCURRENCE.

|   |   |  |
|---|---|--|
| Name & Address of Employer:<br><br>Telephone: | Dates of Employment (month & year)<br>From _____ To _____                       | Reason for leaving   |
|   | Title of Position   | Name of Immediate Supervisor   |
|   | Salary or Earnings<br>Beginning \$ _____ per _____<br>Ending \$ _____ per _____ | May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Description of work (describe specific duties, responsibilities and accomplishments in job)

|   |   |  |
|---|---|--|
| Name & Address of Employer:<br><br>Telephone: | Dates of Employment (month & year)<br>From _____ To _____                       | Reason for leaving   |
|   | Title of Position   | Name of Immediate Supervisor   |
|   | Salary or Earnings<br>Beginning \$ _____ per _____<br>Ending \$ _____ per _____ | May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Description of work (describe specific duties, responsibilities and accomplishments in job)

|   |   |  |
|---|---|--|
| Name & Address of Employer:<br><br>Telephone: | Dates of Employment (month & year)<br>From _____ To _____                       | Reason for leaving   |
|   | Title of Position   | Name of Immediate Supervisor   |
|   | Salary or Earnings<br>Beginning \$ _____ per _____<br>Ending \$ _____ per _____ | May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Description of work (describe specific duties, responsibilities and accomplishments in job)

13. Other Professional References (not former employers or relatives)

| Full Name | Present Business or Home Address | Telephone # | Business/Occupation |
|-----------|----------------------------------|-------------|---------------------|
|           |                                  |             |                     |
|           |                                  |             |                     |
|           |                                  |             |                     |
|           |                                  |             |                     |
|           |                                  |             |                     |

**A FALSE, INCOMPLETE, OR DISHONEST ANSWER TO ANY QUESTION ON THIS APPLICATION WILL BE GROUNDS FOR RATING AN APPLICANT INELIGIBLE FOR EMPLOYMENT WITH THIS AGENCY, OR FOR DISMISSAL AFTER EMPLOYMENT. ALL STATEMENTS ON THIS APPLICATION ARE SUBJECT TO INVESTIGATION (EXCEPT WHERE NOTED IN #12 ABOVE). ALL INFORMATION WILL BE CONSIDERED IN DETERMINING AN APPLICANT'S ELIGIBILITY FOR EMPLOYMENT WITH THIS AGENCY. I RELEASE COULEECAP, INC., FROM ALL CLAIMS AND LIABILITIES REGARDING REFERENCES GIVEN. I UNDERSTAND ALSO, THAT IF HIRED, I WILL BE REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE ORGANIZATION. I UNDERSTAND THAT MY EMPLOYMENT WOULD BE FOR NO SPECIFIC PERIOD OF TIME AND THAT I MAY BE TERMINATED AT ANY TIME.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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COULEECAP IS COMMITTED TO QUALITY SERVICE AND CONTINUOUS IMPROVEMENT.**

# AFFIRMATIVE ACTION SURVEY

Couleecap, Inc. is an equal opportunity employer and strives to comply with all government regulations and affirmative action responsibilities. Applicants are considered for all positions and employees are treated during employment without regard to race, color, sex, national origin, age, marital or veteran status, sexual orientation, or disabling condition.

We are required to collect data on this questionnaire for record keeping and to document affirmative action efforts. While your reply will be most helpful to us in carrying out our administrative responsibilities, return of this form is entirely voluntary.

**This questionnaire will be detached from your application upon receipt. This information will not be seen or used by people involved in screening or in the interviewing processes for applicants. This data will be kept in a confidential file separate from your job application.**

Thank you for your cooperation!

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I chose to NOT complete this form.

1. Position Applied for: \_\_\_\_\_ Date \_\_\_\_\_

2. How did you first find out about this job opening?

- |                                     |                         |
|-------------------------------------|-------------------------|
| _____ Advertisement                 | _____ Friend/Relative   |
| _____ Job Service                   | _____ Walk-In/Inquiry   |
| _____ From an employee of Couleecap | _____ Internet          |
| _____ I am an employee of Couleecap | _____ Couleecap website |
| _____ Other                         |                         |

3. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

4. Age 40 or Older: \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Race:

- |                                   |   |
|-----------------------------------|---|
| _____ African American or African | _____ American Indian or Alaska Native          |
| _____ Asian                       | _____ Native Hawaiian or Other Pacific Islander |
| _____ White                       | _____ Other Race                                |
| _____ Two or more races           | _____ Unknown                                   |

Ethnicity:

\_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Not Hispanic/Latino \_\_\_\_\_ Unknown

6. Disability or Handicap: \_\_\_\_\_ Yes \_\_\_\_\_ No (Please DO NOT tell us the disability or handicap you have – just whether or not you have a disability or handicap or perceive yourself as having one)

7. Veteran: Yes No Vietnam Era Veteran: Yes No

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