This is a fill-in form. Please click on the appropriate area to enter information. Tab between fields and PRINT when completed.

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DIVISION OF PERSONNEL MANAGEMENT
DOA-15701 (C06/2015)
Authority: Executive Order, "Establishment of an Employee Assistance Program" October 1, 2003
PREVIOUSLY OSER-EAP-13

RETURN TO:
EMPLOYEE ASSISTANCE PROGRAM
101 E. WILSON ST, 4TH FL
MADISON, WI 53703

EMPLOYEE ASSISTANCE COORDINATOR APPLICATION

Name		Work Telephone Number	
Work Address		Division/Bureau	
Working Job Title	Represented Yes ☐ No ☐	Supervise Others Yes ☐ No ☐	Regular Work Hours

A. PERSONAL HISTORY. Answer the following questions in the space provided. Your responses will be kept confidential.

1. Briefly describe why you are interested in becoming an Employee Assistance Coordinator (EAC).

2. What education, training, or skills and life experiences do you have which would compliment working effectively as an EAC?

3. What is it about you personally that would make it easy for co-workers to discuss a personal problem?

4. Helping others can be demanding on you as a volunteer.

   a. How would you handle such demands?

   b. How would you determine what you can and cannot do to help a co-worker?

   c. How would you cope with the demands of being a volunteer and meeting your work responsibilities?

5. What concerns do you have about being an Employee Assistance Coordinator?

6. How do you ensure your own physical, emotional, and mental health?

7. How would you handle confidential or sensitive information received from an EAP contact?

8. Would your supervisor be supportive of your involvement in the EAP, including release time for training? Explain why or why not.

C. REFERENCES. Print or type the names, addresses and phone numbers of three persons who will provide a reference for you.

Co-Worker - Name Work Telephone Number

Work Address (Street, P. O. Box, City, State, Zip Code)

Co-Worker - Name Work Telephone Number

Work Address (Street, P. O. Box, City, State, Zip Code)

Immediate Supervisor - Name Work Telephone Number

Work Address (Street, P. O. Box, City, State, Zip Code)