



APPLICATION FOR EMPLOYMENT

| | | | | |
|--|------------|----------------|------------------|----------|
| Last Name | First Name | Middle Initial | Maiden Name | Date |
| Street | | City | State | Zip Code |
| Telephone Number | | Primary Number | Secondary Number | |
| In an Emergency Contact | | Name | Telephone Number | |
| Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (work permit may be required) Email Address _____ | | | | |

EDUCATIONAL BACKGROUND

| | Name of School | Location City, State | Type of Course or Major | Degree Awarded |
|----------------------------------|----------------|-------------------------|----------------------------|-------------------|
| High School | | | | |
| Technical School/College | | | | |
| Special Training/Certificates | | | | |

EMPLOYMENT OBJECTIVES

| |
|---|
| What position or type of work are you seeking? _____ |
| Other positions or types of work in which you are interested? _____ |
| Earnings Expected _____ per _____ |
| Additional skills/abilities _____ |
| Where applicable/office machines operated _____ |
| _____ |

AVAILABILITY FOR WORK

| |
|--|
| Type of work: Full Time _____ Part Time _____ Casual _____ |
| Shift Interest (Mark Any/All): Days _____ PM's _____ Nights _____ |
| Days Available: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____ Holidays _____ |
| Date available to start _____ |

As an Equal Opportunity Employer and Drug Free Workplace, the organization does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

Falsification, omission or misrepresentation of application information will result in rejection/termination.

EMPLOYMENT BACKGROUND – List most recent job first. (Include military service)

| Employer Name Address & Phone Number | Employed | | Position Held | Earnings | | Reason for Leaving |
|---|----------|----|---------------|----------|-----|--------------------|
| | From | To | | Start | End | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Have you ever worked here before? Yes _____ No _____ If yes, dates employed _____

PROFESSIONAL REFERENCES

| Name Email Address | Phone Number | Occupation | Work or Educational |
|-----------------------|--------------|------------|---------------------|
| | (W) (H) | | |
| | (W) (H) | | |
| | (W) (H) | | |

Were you referred by a current employee or do you know someone employed here? Yes _____ No _____

Employee Name _____

This application is not a contract or guarantee of employment. If the applicant is hired it will be on an employment at will basis.

I certify that all statements made herein are correct. I authorize you to contact each of my former employers and references to obtain information regarding my work, character, or habits. I understand that any offer of employment is contingent upon the satisfactory completion of caregiver and criminal background check, and pre-employment drug screen.

Applicant's Signature: _____ Date: _____

Full Time _____ Part Time _____ Date Employed _____ Rate \$ _____ per hour
 Scheduled Days / Pay Period _____ Position _____ Department _____ Shift _____
 Employment Approved By: _____ Date _____

BACKGROUND INFORMATION DISCLOSURE (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- **PRINT OR TYPE YOUR ANSWERS.**

Check the box that applies to you.

- Employee / Contractor (including new applicant) Household member (lives on premises, but is not a client)
- Applicant for a license, certification, or registration (including continuation or renewal) Other – Specify: _____

NOTE: If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

| | | |
|--------------------------------|---------------|-------------|
| Full Legal Name – <i>First</i> | <i>Middle</i> | <i>Last</i> |
|--------------------------------|---------------|-------------|

| | | |
|--|-------------------------|--|
| Position Title (Complete only if a prospective or current employee or contractor.) | Birth Date (MM/dd/yyyy) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
|--|-------------------------|--|

Any Other Names By Which You Have Been Known (Including Maiden Name)

| | |
|--|------------------------|
| Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown | Social Security Number |
|--|------------------------|

| | | | |
|--------------|------|-------|----------|
| Home Address | City | State | Zip Code |
|--------------|------|-------|----------|

Business Name and Address – Employer or Care Provider (Entity)

A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts? Yes No
- If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.
- You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.

2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts? Yes No
- If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.
- You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

3. IMPORTANT: Read before completing item 3.

Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY. "All reports made under this section, notices provided under sub. (3)(bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential." Reports and records may be disclosed only to the persons identified in this section.

If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.

Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?

Yes No

If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?

Yes No

If Yes, explain, including when and where it happened.

5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?

Yes No

If Yes, explain, including when and where it happened.

6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?

Yes No

If Yes, explain, including when and where it happened.

7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?

Yes No

If Yes, explain, including credential name, limitations or restrictions, and time period.

SECTION B -- OTHER REQUIRED INFORMATION

1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? Yes No

 If **Yes**, explain, including when and where it happened.
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2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? Yes No

 If **Yes**, explain, including when and where it happened and the reason.
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3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? Yes No
 If **Yes**, indicate the year of discharge: _____
 Attach a copy of your DD214, if you were discharged within the last three (3) years.
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4. Have you resided outside of Wisconsin in the last three (3) years? Yes No

 If **Yes**, list each state and the dates you resided there.
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5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years? Yes No

 If **Yes**, list each state and the dates you resided there.
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6. Have you had a caregiver background check done within the last four (4) years? Yes No

 If **Yes**, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.
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7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe?

Yes No

If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

Read and initial the following statement.

_____ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form

Date Submitted