

EMPLOYMENT APPLICATION

All prospective employees will receive consideration without discrimination regardless of race, color, creed, age, natural origin, or disability. All information provided herein will be kept confidential.

APPLICATION INFORMATION

Last Name: _____ First Name: _____

Social Security #: _____ Date Birth: _____

Address: _____

Phone: _____ Email: _____

Are you a US Citizen? Yes No If no, are you authorized to work in the US? Yes No

Position Applying for: _____

Date Available? _____ How many hours a week are you available to work? _____

Are you willing to work? Mornings Evenings Weekends HolidaysDo you have reliable transportation? Yes NoHave you work for this agency before? Yes From: _____ To: _____ No

How did you hear about this position? _____

EDUCATION

High School Name: _____

Location: _____

From: _____ To: _____ Graduated: Yes No

College Name: _____

Location: _____

From: _____ To: _____ Graduated: Yes No

Degree: _____

College Name: _____

Location: _____

From: _____ To: _____ Graduated: Yes No

Degree: _____

REFERENCES *(not family or immediate family)*

Name: _____ Relationship: _____

Company: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Company: _____

Phone: _____ Email: _____

EMPLOYMENTS HISTORY

List the last five years of employment history, starting with the most recent employer.

Job Title: _____

Responsibilities: _____

Company: _____

Address: _____

Phone: _____ Supervisor: _____

From: _____ To: _____ May we contact for reference? Yes No

Reason for Leaving: _____

Job Title: _____

Responsibilities: _____

Company: _____

Address: _____

Phone: _____ Supervisor: _____

From: _____ To: _____ May we contact for reference? Yes No

Reason for Leaving: _____

Job Title: _____

Responsibilities: _____

Address: _____

Phone: _____ Supervisor: _____

From: _____ To: _____ May we contact for reference? Yes No

Reason for Leaving: _____

GENERAL

Have you ever been convicted of a crime in the past 5 years barring employment in a home care and community support agency? Yes No *(Conviction will not necessarily disqualify an applicant from employment)*

If YES, describe:

Are you capable of performing the job set forth in the job description? Yes No

If NO, describe:

CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATION/EQUIPMENT OPERATED

List any licenses (States, Licenses #, expiration date). Summarize any special job-related skills and/or qualifications.

DISCLAIMER AND SIGNATURE

I certify that the information contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL.

SIGNATURE

DATE

**BACKGROUND INFORMATION DISCLOSURE (BID)
 FOR ENTITY EMPLOYEES AND CONTRACTORS**

- **PENALTY:** A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(6)(c) and Wis. Admin Code § DHS 12.05(4).
- Completion of this form to verify your eligibility for employment/service as a "caregiver" is required by Wis. Stat. § 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.

Refer to DQA form F-82064A, Instructions, for additional information.

Check the box that applies to you.

- Applicant / Employee Student / Volunteer
 Contractor Other – Specify:

NOTE: This form should NOT be used by applicants for *entity operator approval* (license, certification, registration or other DHS approval) or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an entity background check from the Division of Quality Assurance.

Full Legal Name – First	Middle	Last
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Other Names (including prior to marriage)

Position Title (applied for or existing)	Birth Date (MM/DD/YYYY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address	City	State	Zip Code

Business Name and Address – Employer (Entity)

Answering “NO” to all questions does not guarantee employment, a contract, or service agreement.
 If more space is required, attach additional documentation to this form and indicate “see attached” in your answer.

SECTION A – DISCLOSURES

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. Please note that Wis. Stat. § 48.981, *Abused or neglected children and abused unborn children*, may apply to information concerning findings of child abuse and neglect.

Has any government or regulatory agency (other than the police) ever found that you committed **child** abuse or neglect? Yes No

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.

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.

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.

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.

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.

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.

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
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