

Application for Employment

(PLEASE PRINT)

Today's Date _____
 Name _____
 Social Security # _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____
 Business Phone _____
 Date Available for Work _____

Application for position of: _____ Posting number: _____ Which types of employment interest you: <input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Regular Part-Time <input type="checkbox"/> On-Call <input type="checkbox"/> Temporary Full-Time until _____ <input type="checkbox"/> Temporary Part-Time until _____
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Are you age 18 or over? Yes No
 Are you a U.S. Citizen? Yes No
 If no, do you have an entry permit that authorizes you to work in the U.S.? Yes No

For those positions where a vehicle is required:
 Do you have access to a car or other reliable transportation? Yes No
 Do you have a valid driver's license? Yes No

Have you ever been convicted of a felony, misdemeanor or other offense (other than minor traffic offenses), or have pending charges?
(Note: Each circumstance will be judged in relation to time, seriousness and relationship to the job for which you are applying and will not necessarily bar you from employment.)
 Yes (explain) _____ No

Have you ever applied to work at CLA (formerly part of Access to Independence) before? No
 Yes (when?) _____

Have you ever worked for CLA (formerly part of Access to Independence) before? No
 Yes (when?) _____

Please list any relatives of yours who work for CLA: _____

How did you learn about this vacancy?
 Poster Friend Agency Employee
 Newspaper Ad in _____
 Other _____

Work Experience

Please fill out the following section even if you have a resume to enclose. Incomplete/missing information may eliminate you from employment consideration. Please be specific and start with your most recent job. Please describe all previous work experience, including military service and significant volunteer activities. Attach another sheet if necessary.

Please explain any gaps in employment:

<p>① Employer _____ Phone # _____</p> <p>Employer Address: _____</p> <p>Type of Business: _____</p> <p>Your Title: _____</p> <p>Your Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (list avg. hours per week) _____</p> <p>Employed from: (list month and year) _____ to _____</p> <p>Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____</p> <p>Reason for Leaving: _____</p> <p>Your Duties: (Please be specific) _____</p> <p>_____</p> <p>_____</p> <p>Name of Direct Supervisor: _____</p> <p>May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please provide the name and phone # of another company supervisor we may contact:</p> <p>_____</p>

<p>② Employer _____ Phone # _____</p> <p>Employer Address: _____</p> <p>Type of Business: _____</p> <p>Your Title: _____</p> <p>Your Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (list avg. hours per week) _____</p> <p>Employed from: (list month and year) _____ to _____</p> <p>Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____</p> <p>Reason for Leaving: _____</p> <p>Your Duties: (Please be specific) _____</p> <p>_____</p> <p>_____</p> <p>Name of Direct Supervisor: _____</p> <p>May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please provide the name and phone # of another company supervisor we may contact:</p> <p>_____</p>

③ Employer _____ Phone # _____

Employer Address: _____

Type of Business: _____

Your Title: _____

Your Status: Full-time Part-time (list avg. hours per week) _____

Employed from: (list month and year) _____ to _____

Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____

Reason for Leaving: _____

Your Duties: (Please be specific) _____

Name of Direct Supervisor: _____

May we contact for a reference? Yes No

If no, please provide the name and phone # of another company supervisor we may contact:

④ Employer _____ Phone # _____

Employer Address: _____

Type of Business: _____

Your Title: _____

Your Status: Full-time Part-time (list avg. hours per week) _____

Employed from: (list month and year) _____ to _____

Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____

Reason for Leaving: _____

Your Duties: (Please be specific) _____

Name of Direct Supervisor: _____

May we contact for a reference? Yes No

If no, please provide the name and phone # of another company supervisor we may contact:

Education & Training

	Name of School; City & State	Year Completed (circle)	Major	Degree Received
Elementary		1 2 3 4 5		
Middle School		6 7 8		
High School		9 10 11 12		<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College		1 2 3 4		
Other		1 2 3 4		

Education & Training (cont.)

Describe any education or training you have had which is not covered in the chart, such as correspondence courses, service schools, in-service training or volunteer work, which you feel is relevant to the position for which you are applying. Include any relevant licenses and/or certifications.

Please list any other experiences, skills or qualifications, including professional, business, volunteer or civic activities that you regard as relevant to the position for which you are applying.

Company Commitment

It is our policy to comply with all federal and state employment laws by providing equal opportunity to all qualified persons without regard to race, color, religion, sex, marital status, disability, sexual orientation or other protected status.

Applicant's Statement

I certify that all information in this application is accurate and complete and understand that misrepresentation or omission of facts may result in removal from consideration for employment or dismissal after employment. I authorize the administration of this organization to investigate, without liability, all statements contained in this application and hereby release such person, business, or other organization from any and all liability for providing such information. I also authorize former employers and references without liability, to make full response to any inquiries by the administration of this organization in connection with this application for employment. I understand that the references obtained will be reviewed by individuals on a need-to-know basis. I understand that this application is not, nor is intended to be a contract of employment.

If I am employed, I will work the hours and days as needed or in another area of classification if requested to do so and will conduct myself in accordance with the policies and regulations of this organization.

This application must be signed to be considered for employment.

Signature

Date

Please do not write below this line

1st Interview _____
Interviewer(s) _____

2nd Interview _____
Interviewer(s) _____

Results _____

Contact _____

**Authorization of Disclosure and Release of Information
Community Living Alliance**

Community Living Alliance is required to conduct background checks on all new employees and annually thereafter. I authorize Community Living Alliance and/or Fidelitec, LLC, to investigate all statements contained in my application for employment and retrieve information relating to my past activities for purposes of such investigation from all relevant individuals and organizations, including but not limited to personnel, educational institutions, government agencies, companies, law enforcement agencies, and consumer reporting agencies, to supply any and all information concerning my background and credit worthiness, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, employment, academic, residential, motor vehicle, consumer credit, and criminal records. I understand that I have the right to request additional information about these inquiries and any subsequent reference reports. This additional information will be provided to me upon written request to Fidelitec, LLC, 6441 Enterprise Lane, Suite 209, Madison, WI 53719.

I hereby certify that all the statements and answers contained in my application for employment and on this form are true and complete to the best of my knowledge, and I understand that any false statements and/or answers or omissions of information contained in my application for employment and on this form will be sufficient cause for cancellation of employment consideration or dismissal, if I have been employed. I understand that by furnishing my birth date below, Community Living Alliance and/or Fidelitec, LLC, are using that information for the sole purpose of verifying identification as part of the criminal records check and the birth date is not part of my application for employment. I release all parties for all liability for any damage that may result from furnishing information, including this disclosure of my date of birth and this authorization to Community Living Alliance and/or Fidelitec, LLC.

I authorize that a photocopy or fax of this authorization be accepted with the same authority as the original; and that this authorization be in effect throughout my candidacy for employment and, if employed by Community Living Alliance, this authorization remain in effect throughout my employment.

Print Name (First, Middle Initial, Last)

Signature

Date

Street City State Zip

SOCIAL SECURITY NUMBER	BIRTH DATE (MONTH/DAY/YEAR)
DRIVER'S LICENSE NO.	STATE EXPIRES

Personal Data

Qualified applicants are considered for positions without regard to race, color, religion, sex, sexual orientation, national origin or ancestry, age, marital status, veteran status, arrest or conviction record, disability or other protected status. The following information will be used on a "need to know" basis only and/or for compliance with government recordkeeping requirements. Both your personal data and employment application are confidential.

(PLEASE PRINT)

Name _____
Last First Middle Initial

Social Security # _____ Male Female

EEO Ethnicity Identification:

- Caucasian/White
- African American/Black
- Asian/Pacific Islander
- Native American/Alaskan Native
- Latino/Hispanic
- Other _____

Vietnam Era Veteran: Yes No

Disability (a physical or mental impairment which substantially limits one or more of a person's major life activities, has a record of such impairment, or is regarded as having an impairment): Yes No

*If you have a disability and you need accommodation(s) to enable you to complete the application process or to perform your job requirements, please contact the hiring coordinator or your supervisor for information regarding making a formal accommodation request.

I have voluntarily supplied the above information and I understand I may be subject to dismissal for falsification.

Signature _____ Date _____

BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://dhs.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. 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 the instructions (F-82064A) on page 1 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.

PLEASE PRINT YOUR ANSWERS.

Check the box that applies to you.

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

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

Name – (First and Middle)		Name – (Last)		Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)	
Any Other Names By Which You Have Been Known (Including Maiden Name)			Birth Date	Gender (M / F)	Race
Address <u>Street, City, State, ZIP Code</u>				Social Security Number(s)	
Business Name and Address - Employer or Care Provider (Entity)					

SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? ➤ 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 judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) ➤ If Yes , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.		
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) ➤ If Yes , explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If Yes , explain, including when and where it happened.		

(continued on next page)

SECTION A (continued)	YES	NO
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? ➤ 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 ? ➤ 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? ➤ If Yes , explain, including credential name, limitations or restrictions, and time period.		
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? ➤ 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? ➤ 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? ➤ If yes, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.		
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➤ 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.		
6. 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? ➤ If Yes , list the review date and the review result. You may be asked to provide a copy of the review decision.		

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

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

SIGNATURE	Date Signed
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