



Application for Employment

To be considered for employment, please complete ALL portions of the application. Failure to complete any part will make this an incomplete application and it will be rejected. Please read the last page of this document before completing this application.

Position Desired: _____ Today's Date: _____

Name: _____ E-mail address (optional) _____

Present Home Mailing Address: _____

City _____ State _____ Zip Code _____

Home Telephone (____) _____ Work Telephone _____

What is the best time to contact you? _____ May we contact you at work? Yes No

Date available for employment: _____

Have you lived outside of Wisconsin, if so which state(s) _____

Social Security Number _____

Employment Availability: Full-time Part-time Casual On-Call
 Day Shift Pm Shift Night Shift

Facility Location: _____

Have you ever applied for employment with Wellington Homes of Wisconsin L.L.C.? Yes No
 d/b/a Wellington Place of Whiting

If yes, please specify dates, location and position: _____

Have you ever been employed by Wellington Place? Yes No

If yes, please specify date, location and position: _____

Are you eligible for employment in the United States? Yes No

Have you ever been convicted of a felony, misdemeanor or other offense (including traffic) within the past three (3) years?
 Yes No if so, please explain _____

Any such conviction (s) does not necessarily disqualify you from employment

References—List three (3) professional references, excluding relatives, clergy members or former employers

Name	Address	Position	Telephone	Length known

Professional Registration

Type _____ State _____ License# _____ Exp. Date _____
 Type _____ State _____ License# _____ Exp. Date _____
 Type _____ State _____ License# _____ Exp. Date _____

Proof of licensures is required prior to employment

List ALL previous work history, beginning with current or most recent employment. Please attach additional work experience in the same format or copy this page. Show all military service as work experience.

Employer _____
Address _____ City _____ State _____
Supervisor _____ Telephone () _____
Position/job duties _____
Employment Dates: Beginning _____ Ending _____
Salary: Beginning _____ Ending _____
Reason for leaving: _____
Check One: _____ Voluntary Resignation _____ Discharged or Terminated
May we contact this employer? _____ Yes _____ No

Employer _____
Address _____ City _____ State _____
Supervisor _____ Telephone () _____
Position/job duties _____
Employment Dates: Beginning _____ Ending _____
Salary: Beginning _____ Ending _____
Reason for leaving: _____
Check One: _____ Voluntary Resignation _____ Discharged or Terminated
May we contact this employer? _____ Yes _____ No

Employer _____
Address _____ City _____ State _____
Supervisor _____ Telephone () _____
Position/job duties _____
Employment Dates: Beginning _____ Ending _____
Salary: Beginning _____ Ending _____
Reason for leaving: _____
Check One: _____ Voluntary Resignation _____ Discharged or Terminated
May we contact this employer? _____ Yes _____ No

For reference purposes:

Have you ever worked for any of these organizations or attended school under a different name? _____ Yes _____ No
If yes, give name and organization(s)/school(s) _____

Have you ever served in the United States Military? _____ Yes _____ No
If yes, please attach a copy of your DD214 form to the application.

Education

Education Level	School Name	Location	Major Studies	Dates attended From To	Graduated Yes No	Degree
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Elementary _____

High School _____

College _____

Business/Trade _____

Other (Specify) _____

Transcript(s) may be requested

Are you currently pursuing further studies? Yes No

If yes, what courses, where and when? _____

Training & Skills (Check all those that apply)

(Proof of certification and licensures are required)

C.N.A. Certified

LPN

R.N.

Physician's Assistant

First Aid Certified

CPR Certified

CBRF Block One

CBRF Block Two

CBRF Block 3

Describe any skills, knowledge or abilities that you possess related to the position that you are applying for: _____

Why are you seeking employment with Wellington Homes of Wisconsin L.L.C. _____

What are your strongest qualifications for this position? _____

Conditions of Application

(Please read carefully before submitting this application)

In applying for employment with Wellington Homes of Wisconsin L.L.C. d/b/a Wellington Place of Whiting, I understand and agree as follows:

1. **True and Complete Information:** I understand that the information that I furnish on my employment application and related documents and during my employment interview must be true and complete. I certify that all such information is or will be true and complete and that I have included any additional information or explanations that may be appropriate. I further understand that any false statements made by me on this application or during the interview process, or the omission of any requested information will be cause for rejection of my application or my dismissal if I have already been employed.
2. **Investigation:** I hereby authorize Wellington Homes of Wisconsin L.L.C. to investigate all statements made on this application, any related documents, and in any employment interview and understand that any offer of employment is contingent upon the satisfactory completion of such investigation. I understand that such investigation will include a criminal background check done through the State of Wisconsin and any other states that I have resided in. Except as otherwise specifically indicated in this application, I further authorize Wellington Homes of Wisconsin L.L.C. to obtain, and all employers, personal references and academic institutions named in this application to provide, any information necessary to evaluate my suitability for employment. I further authorize Wellington Homes of Wisconsin L.L.C. to contact and/or interview any individuals, institutions and employers Wellington Homes of Wisconsin L.L.C. becomes aware of during its investigations as possible sources of information about me. I hereby release Wellington Homes of Wisconsin L.L.C. and all such employers and references from any liability arising from their obtaining or providing information about me and my employment history, academic credentials, and suitability for employment as authorized in this application. I also understand that if a consumer report or investigative consumer report is deemed necessary in connection with my application, I will be asked to sign a separate authorization in accordance with the Fair Credit Reporting Act.
3. **Employment at Will.** I understand that all employment relationships between Wellington Homes of Wisconsin L.L.C. and its employees are terminable at will, meaning that, if I am hired, my employment can be terminated at any time, with or without cause or without notice, at my option or at the option of Wellington Homes of Wisconsin L.L.C. I further understand that no employee or agent of Wellington Homes of Wisconsin L.L.C. is authorized to offer me an employment relationship other than one that is terminable at will.
4. **Terms and Conditions May be Changed.** I understand that, if I am hired, any terms and conditions of my employment and any Human Resources policies that may be issued (whether in an employee handbook, policy and procedure manual or any other written document) are not intended to give rise to contract rights and are subject to change by Wellington Homes of Wisconsin L.L.C. at any time, with or without notice. I understand that no offer of benefits, such as, but not limited to, a pension (retirement) plan, insurance or salary rate is final until it has been reviewed by the Human Resources Department and is fully approved by designated Wellington Homes of Wisconsin L.L.C. representatives on the appropriate action form.
5. **Acknowledgement.** I understand I may ask questions regarding the information requested in this application or in any related document, and I acknowledge that any question(s) I asked were answered to my satisfaction. I further acknowledge that I have read and understand the preceding Conditions of Application.

Signature

Date signed

Name (please print)

CONFIDENTIAL REFERENCE REQUEST

Concerning (name) _____

Address _____

I hereby authorize the facility/institution name below to release all information requested on this confidential reference request.

Applicant Signature

Date

Dear Sir or Madam:

The above-named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be sincerely appreciated, and will be held in complete confidence. Both the applicant and I will benefit from an early reply, since his/her employment is pending. Thank You

Name: _____

Title: _____

Facility: _____

Address: _____

Dates of employment: From _____ To _____

Position or title: _____

Duties and/or responsibilities _____

Reason for leaving: _____

Would you re-hire Yes No if no, why not? _____

Quality of work: Good Adequate Poor
Quantity of work: Good Adequate Poor
Attendance: Good Adequate Poor
Cooperation: Good Adequate Poor
Initiative: Good Adequate Poor

Other comments (your remarks are the most important part of this questionnaire):

Signed: _____

Title: _____

Date: _____



Release for Background Checks

I, _____, hereby authorize Wellington Homes of Wisconsin L.L.C. d/b/a Wellington Place of Whiting to conduct a thorough background/criminal check for the purposes of employment with them.

I understand that this may include fingerprints records as required by some states to perform their background/criminal checks.

I also understand that certain convictions may preclude Wellington Homes of Wisconsin L.L.C. from hiring me or in the termination of my employment, if hired.

Please release the information to:

Wellington Homes of Wisconsin L.L.C.
d/b/a Wellington Place of Whiting
c/o Amber Haferman
1902 Post Rd
Stevens Point, WI 54481

Other state(s) resided in: _____

Dates lived in that state(s): _____

Name: _____

Signed: _____ Date: _____

Date of Birth: _____ S.S. # _____

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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