



Community Alternatives

503 S. Main Street
Shawano, WI 54166
Office – 715-526-5566 ~ Fax – 715-524-5574

Employment Application

PERSONAL INFORMATION

Last Name		First Name		Middle Initial	
Street Address		City		State/Zip	
Phone		Alternate Phone		Social Security Number	
List any names used if different on this application.					
Position Applying For		I am Seeking <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Date You Can Start	Desired Salary
Are you at least 18 years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you legally authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a present member of the National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please explain in concise detail below, giving dates and nature of the offense. NOTE: A "Yes" answer to the above question does not necessarily disqualify an applicant for employment.					
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Are you employed at the present time? <input type="checkbox"/> Yes <input type="checkbox"/> No			If employed are we able to contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied or worked with our agency in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a valid WI driver's license in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your driver's license number? _____ Expires _____			Can you provide proof of vehicle insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What shifts are you willing to work? <input type="checkbox"/> Any <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Overnight			Are you willing to work: Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you available for overtime hours if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			What days are you unable to work? _____		
Are you able to meet the attendance requirements of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you been referred to Community Alternatives: <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom? _____		

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper, if necessary. No more than 10 years of employment history is recommended.

Employer Name/Address:	Position Title/Duties/Skills:	Start Date:	End Date:
		Reason For Leaving:	
Pay: \$ _____ Per: _____	Supervisor: _____ Phone: _____		
Employer Name/Address:	Position Title/Duties/Skills:	Start Date:	End Date:
		Reason For Leaving:	
Pay: \$ _____ Per: _____	Supervisor: _____ Phone: _____		
Employer Name/Address:	Position Title/Duties/Skills:	Start Date:	End Date:
		Reason For Leaving:	
Pay: \$ _____ Per: _____	Supervisor: _____ Phone: _____		

Which of the jobs listed in your employment history did you like best? _____
 Which of the jobs listed in your employment history did you like the least? _____

EDUCATION

Education	Institution Name/Address	Years Completed	Field of Study or Degree	Graduated
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional				<input type="checkbox"/> Yes <input type="checkbox"/> No

SKILLS & QUALIFICATIONS

Please list any special Training/Skills/Qualifications - List all job related training or skills you possesses such as personal abilities, honors, professional licenses, certifications, First Aid, CPR, Fire Safety, Medication Administration, Resident Rights or registrations that should be considered:

Do you speak or write a language other than English (if required for this job)? Yes No

Do you have any sign language experience (if required for this job)? Yes No

REFERENCES

Name	Address	Phone	Business	Years Known	Relationship

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

- Non-discrimination policy: Community Alternatives does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, veteran status, disability, sexual orientation and any other protected categories. No question on this application is intended to secure information to be used for such discrimination.
- I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Community Alternatives unless I have indicated to the contrary. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if I am hired, in my dismissal from employment.
- In consideration of my employment, I agree to conform to the rules and standards of Community Alternatives, as amended from time to time at Community Alternatives' sole discretion. I understand that in accepting this application, Community Alternatives is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
- I understand that no employee or representative of Community Alternatives has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also understand that all offers of employment are contingent upon proof of my identity, legal ability to work in the United States, successful completion of pre-employment screening and satisfactory reference checks.
- I authorize Community Alternatives to investigate any information, including my employment history, educational background, credit history and record of criminal convictions that it believes is relevant to my employment application. My former employers, education institutions, and personal references may provide information that they may have about me in response to inquiry from Community Alternatives. I also understand that any offer of employment is conditioned on the completion of pre-employment tests, background checks and documentation. I will, upon request, sign all necessary consent forms.

I understand that all inquiries on this application must be completed and if any inquire is left blank, my application will be rejected. I also acknowledge that I have read and understand all of the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature	Date
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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>
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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
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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
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Home Address	City	State	Zip Code
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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?
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.

Yes No

2. 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 judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

Yes No

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.

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



RECORDS CHECK
(Criminal Background)
RELEASE FORM

I, _____, give Community Alternatives my permission to conduct employment reference check and criminal background checks using my name and personal information.

Last Name: _____
Middle Name: _____
First Name: _____
Maiden Name: _____

What other Aliases/Names have you used:

Gender: Male Female

Date of Birth: _____

Place of Birth: _____

Race/Ethnicity: _____

Social Security #: _____

Telephone Number: _____

Present Address: _____

List the states where you lived and the years you lived there (Example – Kansas 1995 to 1998):

My signature acknowledges that I have read, understand and accept the terms and conditions outlined in this form. I consent to registry screening and for conducting a state and national (if necessary) criminal history records check as a part of the application process.

Signature

Date

