

Application For Employment

<p><u>Madison Office</u> 6515 Watts Rd Madison, WI 53719 Ph: (608)661-7999 Fax: (608)661-7998</p>	<p>Community Living Connections, Inc. www.clconnections.org AA/EOE</p>	<p><u>Stoughton Office</u> 248 W. Main St., Suite 3 Stoughton, WI 53589 Ph: (608)877-1000 Fax: (608)877-1001</p>
--	--	---

Date of Application: _____ Social Security Number _____

Name: _____

Last
First
M.I.

Address: _____

Street
PO Box/Apt
City
State
Zip

Primary Phone # _____ Alternate Phone # _____

Email Address: _____

Are you over age 18? Yes No

Employment Desired

Have you previously been employed by CLC? Yes No If yes, Dates _____

Position Applying For: _____ Date Available To Start: _____

Seeking: Full Time
 Part Time

Willing To Work: (check all that apply)
 Weekends Overnights
 Evenings Days

Hours of Availability:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Education Summary

	High School	Technical School	College	Other
Name and Location of School				
Years Completed	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>			
Diploma/Degree	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Major Course Of Study				

Please indicate any other training or certifications you feel would be relevant to the position you are applying for:

Work Experience: ****Please list most recent employer first and explain any gaps in employment****

Name of Company: _____ Job Title: _____

Start Date: _____ End Date: _____ Reason for leaving: _____

Address: _____
Street City State Zip

Phone Number: _____ Supervisor: _____

May We Contact? Yes No Description of Duties: _____

Name of Company: _____ Job Title: _____

Start Date: _____ End Date: _____ Reason for leaving: _____

Address: _____
Street City State Zip

Phone Number: _____ Supervisor: _____ Ending Wage: _____

May We Contact? Yes No Description of Duties: _____

Name of Company: _____ Job Title: _____

Start Date: _____ End Date: _____ Reason for leaving: _____

Address: _____
Street City State Zip

Phone Number: _____ Supervisor: _____ Ending Wage: _____

May We Contact? Yes No Description of Duties: _____

Additional Information:

Are you related to anyone employed by CLC?: Yes No

If yes, name of individual(s) _____

Are you related to anyone supported by CLC?: Yes No

If yes, name of individual(s) _____

Do you have the legal right to remain and work permanently in the US? Yes No

If yes, verification will be required

If offered this position, you may be required to take a physical exam.

Are you willing to take a physical exam which may require a chest x-ray? Yes No

Can you perform the essential functions of this position for which you are applying? Yes No

If no, please explain: _____

****If you have any questions as to what functions are applicable to the position for which you are applying, please ask Human Resources before you answer this question.**

Criminal Record and Driving Verification Consent

A conviction record does not automatically disqualify an individual from consideration for employment. Conviction record will only be considered to the extent it substantially relates to the circumstances of the position applied for.

Have you ever been convicted of an offense (misdemeanor or felony)? Yes No

If Yes, please explain: _____

I consent to CLC obtaining a copy of my driving record or other related information. I understand my driving record and personal insurance will be reviewed to ensure they meet CLC's and/or liability insurance standards. If they do not meet the standards, I will not be able to drive my personal vehicle for work purposes

Do you hold a valid Wisconsin Driver's license? Yes No

If yes, DL number _____ Expiration Date _____

If No, are you licensed in another state? Yes No

If yes, what state: _____ DL Number _____ Expiration date: _____

Employment References Certification and Release

I authorize CLC to investigate statements contained in this application, or an interview, and the references that I have indicated that you may contact, to give you any and all information concerning my previous employment. I release from all liability, or legal claims, every person seeking or providing information, whether oral or written.

I understand this application may not be processed if any areas are left blank.

I certify that the facts set forth in my application for employment are true, correct and complete. I understand, that if employed, any false statements, misrepresentations, or material omissions on the application may be considered for immediate discharge.

I certify I have read (or had read to me) and understand this authorization, release and certification.

Applicant Signature: _____ Date: _____



Community Living
Connections™

Community Living Connections, inc. Affirmative Action Program Information Form

Please ask if you need assistance completing this information.

Community Living Connections, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are invited to participate in the Affirmative Action Program by reporting their status as disabled or other minority. Please be advised that a) applicants are under no obligation to respond, but may do so in the future if they choose; b) responses will remain confidential within the Human Resources Department; and c) responses will be used only for the necessary information to include in our Affirmative Action Program.

Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Race or Ethnic Identity: <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
---	--

In accordance with Section 504 of the Rehabilitation Act of 1973, a "Handicapped Person" means any person who:

1. Has a physical or mental impairment which substantially limits one or more major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment.

Under Section 504 of the Rehabilitation Act of 1973: <input type="checkbox"/> I do not qualify as having a handicap/disability. <input type="checkbox"/> I qualify as having a handicap/disability.
--

Do you need any assistance / modifications to help you complete this application from/interview? If so, please indicate what assistance / modifications you may require. _____

Where did you hear of this vacancy? _____

First & Last Name (please print)

Date

Signature _____

**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.

Reset

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 – <i>First</i>	Middle	Last
--------------------------------	--------	------

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

- 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
<input type="checkbox"/>	<input type="checkbox"/>

- 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
<input type="checkbox"/>	<input type="checkbox"/>

- 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?
 Provide an explanation below, including when and where the incident(s) occurred.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

- 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.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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. Yes No
-
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. Yes No
-
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. Yes No

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?
If **Yes**, explain, including when and where it happened. Yes No
-
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. Yes No
-
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 three (3) years. Yes No
-
4. Have you resided outside of Wisconsin in the last three (3) years?
If **Yes**, list each state and the dates you resided there. Yes No
-
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?
If **Yes**, list each state and the dates you resided there. Yes No
-
6. Have you had a caregiver background check done within the last four (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. Yes No
-
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?
If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision. Yes No

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