



303 S. Jefferson Street
 Verona, WI 53593
 Phone: (608) 845-6465 Fax: (608) 848-8315
www.fourwindsmanor.com

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration in accordance with State and Federal laws which prohibit discrimination based on such factors as age, race, creed, religion, color, national origin, ancestry, sex, sexual orientation, marital status, arrest record, disability, or any other characteristic protected by law. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

Date: _____

Name: _____ DOB: _____
 Last First Middle

Address: _____ SSN: _____

Phone: _____ Alternate Phone: _____ Email: _____

Are you authorized to work in the United States? Yes No
 Are you over the age of 18? Yes No
(Proof of eligibility will be required before you can be employed. If under 18, your employment will be subject to verification that you meet minimum age requirements for the type of work you are applying for and have obtained a valid work permit.)

Position(s) applying for: _____ Desired Salary Range: _____

Type of work desired: Full Time Part Time _____ Hrs/Wk Flex Limited Term Seasonal

Shift(s) preferred: AM PM NOC Rotating Shifts Weekends Only

Days/specific dates you are unable to work: _____

Have you ever been employed here before? Yes No If yes, Dates: _____ Dept: _____

How did you learn of this opening? _____

Do you have commitments or agreements with another employer? Yes No If yes, explain: _____

List any maiden or former names your records may be listed under: _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No If yes, please provide date(s) and details:

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

For Office Use Only	Contact Attempts			Interview Date:	
	Position		Shift		Hours/pp
	Start Date	Orientation Date	TB Date	Starting Wage:	
	Notes:				

EDUCATION

School	Name & Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree/Diploma
High School					
College					
Other					
Other Training/Education					
License/Certification Type		License/Certification No.		State	Expiration Date

LIST LAST FOUR EMPLOYERS, REGARDLESS OF LENGTH OF EMPLOYMENT

Present or Last Employer		
Name of Employer:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street:	Dates of Employment:	Salary/Hourly Rate:
City, State, Zip Code	From: To:	Starting: Ending:
Telephone:	Duties Performed:	Reason for Leaving:
Job Title:		
Immediate Supervisor:		

2nd Last Employer		
Name of Employer:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street:	Dates of Employment:	Salary/Hourly Rate:
City, State, Zip Code	From: To:	Starting: Ending:
Telephone:	Duties Performed:	Reason for Leaving:
Job Title:		
Immediate Supervisor:		

3rd Last Employer		
Name of Employer:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street:	Dates of Employment:	Salary/Hourly Rate:
City, State, Zip Code	From: To:	Starting: Ending:
Telephone:	Duties Performed:	Reason for Leaving:
Job Title:		
Immediate Supervisor:		

4th or Last Employer		
Name of Employer:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street:	Dates of Employment:	Salary/Hourly Rate:
City, State, Zip Code	From: To:	Starting: Ending:
Telephone:	Duties Performed:	Reason for Leaving:
Job Title:		
Immediate Supervisor:		

Professional References

List three responsible adults who have knowledge of your work ethic that are not relatives.

Name	Telephone	Number of Years Known	Relationship

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's services, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing, oral and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identify and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: _____

Print Name: _____ Date: _____

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 Street, City, State, ZIP Code			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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