

# EMPLOYMENT APPLICATION

06/2007

## LAKESIDE CURATIVE SERVICES, INC

### Equal Opportunity Employer

Lakeside Curative Services, Inc. provides vocational services and opportunities for personal growth to disabled individuals. Please fill out this form as completely and accurately as possible. This information will help us get to know you and help both you and the facility determine what services would be of benefit to you. All information will be kept completely confidential. Regardless of whether or not you become employed by the company, this application is not to be considered a contract of employment. LCS is an at-will company and your employment may be terminated with or without cause, and without notice, at any time, at your option or the company's unless specifically provided in a written contract.

You must complete entire application.

Date: \_\_\_\_\_

### APPLICANT INFORMATION

NAME \_\_\_\_\_ Social Security # \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

PHONE \_\_\_\_\_ In case of Emergency contact: \_\_\_\_\_ PHONE \_\_\_\_\_

Are you legally authorized to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If hired, you will be required to provide proof of work authorization)

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work applying for and have obtained a valid work permit.

Have you ever been convicted of a crime other than minor traffic violations? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain 1) nature of crime 2) date of conviction, and 3) state in which convicted:  
(Convictions are not an automatic bar to employment. Each conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness, in relation to the job for which you are applying.)

Is there any reason you cannot be bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain \_\_\_\_\_

Have you ever been employed from this facility before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, When: \_\_\_\_\_  
Are you related to anyone working for our facility? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, who? \_\_\_\_\_

Are you willing to accept Part Time employment? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ 1<sup>st</sup> Shift \_\_\_\_\_ 2<sup>nd</sup> Shift  
Wages Expected \_\_\_\_\_  
Position Applying For: \_\_\_\_\_ When can you start? \_\_\_\_\_

### MEDICAL HISTORY

The following abilities are essential functions for working at Lakeside Curative Services:  
Light to Medium lifting 10# - 35# (but not limited to), Bending Twisting, Reaching, and Repetition of movement.  
Janitorial abilities will include bending, reaching, and repetition of movement, pushing, and pulling  
Lakeside Curative will make all practical adjustments necessary to accommodate any physical limitations that you may have.

Are you able to perform the job duties listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

**EMPLOYMENT HISTORY**  
(Start With Most Current Position)

1. Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
Type of Business \_\_\_\_\_ Period of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
Your Position When Starting \_\_\_\_\_ Salary \_\_\_\_\_  
Your Position When Leaving \_\_\_\_\_ Salary \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

Name, Address, Telephone Number, and Title of Supervisor:

Name	Address	Phone	Title
------	---------	-------	-------

2. Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
Type of Business \_\_\_\_\_ Period of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
Your Position When Starting \_\_\_\_\_ Salary \_\_\_\_\_  
Your Position When Leaving \_\_\_\_\_ Salary \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

Name, Address, Telephone Number, and Title of Supervisor:

Name	Address	Phone	Title
------	---------	-------	-------

3. Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
Type of Business \_\_\_\_\_ Period of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
Your Position When Starting \_\_\_\_\_ Salary \_\_\_\_\_  
Your Position When Leaving \_\_\_\_\_ Salary \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

Name, Address, Telephone Number, and Title of Supervisor:

Name	Address	Phone	Title
------	---------	-------	-------

4. Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
Type of Business \_\_\_\_\_ Period of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
Your Position When Starting \_\_\_\_\_ Salary \_\_\_\_\_  
Your Position When Leaving \_\_\_\_\_ Salary \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

Name, Address, Telephone Number, and Title of Supervisor:

**SPECIAL SKILLS**

Describe any special skills/abilities/experience (manufacturing, machines, equipment, janitorial machines & equipment, software knowledge, office equipment, etc.)

**EDUCATION**

School	Name and Location (City & State)	Circle Highest Grade Completed	Major Subjects	Diploma or degree Received
High		9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
				Type:
Other		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
				Type:

**EMPLOYMENT REFERENCES**

List individuals familiar with your job qualifications (no relatives)

1. \_\_\_\_\_  
(Name) (Address) (Phone) (Years Known)

2. \_\_\_\_\_  
(Name) (Address) (Phone) (Years Known)

3. \_\_\_\_\_  
(Name) (Address) (Phone) (Years Known)

**Please Read Carefully Before Signing This Form**

- All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
- I authorize the company to investigate my responses on this application and contact any or all of my former employers or individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my employment or me.
- Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's unless specifically provided otherwise in a written employment contract

Signed by Applicant \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in our company

## BACKGROUND INFORMATION DISCLOSURE INSTRUCTIONS

The Background Information Disclosure form (HFS64) 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 sections 48.685 and 50.065 of the Wisconsin Statutes, for persons who have been convicted of certain acts, crimes or offenses:

1. The Department of Health and Family Services (DHFS) 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 day 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 day 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://www.dhfs.state.wi.us/> at the Licensing link and then under the Caregiver Program link.

### THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (REFERRED TO AS "ENTITIES")

Programs Regulated Under Chapter 48 of Wisconsin Statute	Treatment Foster Care, Family Day Care Centers, Group Day 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 Day Care.
Programs Regulated Under Chapters 50, 51, and 146 of Wisconsin Statute	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	Day 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 Day 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 DHFS.
- Anyone who has a foster home licensed by DHFS.
- Anyone certified by DHFS.
- Anyone who is a Day Care Provider certified by a county department.
- Anyone registered by DHFS.
- Anyone who is a board member or corporate officer who has access to the clients served.

### FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, ss. 111.31 - 111.395, Wisconsin Statutes, 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 and Family Services' Caregiver 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**

Completion of this form is required under the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes. 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 attached instructions (HFS-64 A) 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 nonclient resident of a Bureau of Quality Assurance (BQA) regulated facility (1) print only your first, middle and last name; (2) complete Sections A and B; (3) sign the form; (4) complete the Appendix, HFS-69, in its entirety and (5) submit this form and the Appendix to the address noted in the Appendix Instructions.

Name - First and Middle	Name - Last	Position Title (Complete only if you are a prospective employe or contractor, or a current employe or contractor.)		
Any other names by which you have been known (including maiden name)		Birthdate	Gender (M / F)	Race
Address			Social Security Number(s)	
Business Name and Address of 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 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 <sup>th</sup> 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.			

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 <u>abused an elderly person</u> ? ➤ 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, attach a copy of your discharge papers (DD214) if you were discharged within the past 3 years. ➤ You may be asked to provide a copy of your DD214 if your discharge occurred more than 3 years ago.		
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 and Family Services, a county department, a private child placing agency, school board, or DHFS 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 HFS 12.05 (4), Wis. Adm. Code.

YOUR SIGNATURE	Date Signed
----------------	-------------