



## COMMUNITY EMPLOYMENT AND DAYS SERVICES

WE EMPOWER LIVES

### JOB APPLICATION FORM

*Community Employment And Days Services is an equal-opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on basis prohibited by local, state or federal Law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.*

#### APPLICATION INFORMATION: Fill out the application and submit

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
AVAILABLE START DATE

Type of ☐ Full Time ☐ Part Time  
Employment  
Desired: \_\_\_\_\_ Days/Hours per week

\_\_\_\_\_  
POSITION APPLYING FOR

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE

\_\_\_\_\_  
PREFERRED NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE:

(CELL)

(HOME)

(WORK)

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
SOCIAL SECURITY#

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DRIVER LICENSE

Do you have a car available for work use?

#### Skills, Training & Qualifications

List Relevant Skills, Training & Qualifications for this Position

\_\_\_\_\_  
Have you ever been convicted of a felony or released from prison in the past 10 years? yes / no  
(If yes, the nature of offense & date will be considered in determining eligibility) \*

\_\_\_\_\_  
Any other commitments that may affect your employment?

**JOB APPLICATION FORM** (continued, page 2)

**PREVIOUS EMPLOYMENT**

**WORK EXPERIENCE: Employer #1**

EMPLOYER			MAY WE VERIFY EMPLOYMENT?	
ADDRESS	STREET	CITY	STATE	ZIP
PHONE:	(CELL)	(HOME)	(WORK)	
DATES OF EMPLOYMENT:		HOURS PER WEEK	PAY / RATE	
POSITION				
Description of Responsibilities: _____				
Reason for leaving: _____			Reference: yes / no	
Supervisor/Reference Contact Information: _____				

**WORK EXPERIENCE: Employer #2**

EMPLOYER			MAY WE VERIFY EMPLOYMENT?	
ADDRESS	STREET	CITY	STATE	ZIP
PHONE:	(CELL)	(HOME)	(WORK)	
DATES OF EMPLOYMENT:		HOURS PER WEEK	PAY / RATE	
POSITION				
Description of Responsibilities: _____				
Reason for leaving: _____			Reference: yes / no	
Supervisor/Reference Contact Information: _____				

## JOB APPLICATION FORM (continued, page 3)

### WORK EXPERIENCE: Employer #3

EMPLOYER			MAY WE VERIFY EMPLOYMENT?	
ADDRESS	STREET	CITY	STATE	ZIP
PHONE:	(CELL)	(HOME)	(WORK)	
DATES OF EMPLOYMENT:		HOURS PER WEEK	PAY / RATE	
POSITION				
Description of Responsibilities: _____				
Reason for leaving: _____			Reference: yes / no	
Supervisor/Reference Contact Information: _____				

### REFERRALS

#### REFERRAL #1: (not a family member) should be a coworker or supervisor

NAME				
ADDRESS	STREET	CITY	STATE	ZIP
PHONE:	(CELL)	(HOME)	(WORK)	
RELATIONSHIP WITH EMPLOYEE				

#### REFERRAL #2: (not a family member) should be a coworker or supervisor

NAME				
ADDRESS	STREET	CITY	STATE	ZIP
PHONE:	(CELL)	(HOME)	(WORK)	
RELATIONSHIP WITH EMPLOYEE				

## JOB APPLICATION FORM (continued, page 4)

**REFERRAL #3: (not a family member) should be a coworker or supervisor**

NAME

ADDRESS

STREET

CITY

STATE

ZIP

PHONE:

(CELL)

(HOME)

(WORK)

RELATIONSHIP WITH EMPLOYEE

### EDUCATIONAL BACKGROUND

	School Name	Address w/city and state	Years Attended	Degree Yes /No	Major
High School					
GED					
College/ University					
Trade/Business or Other					



COMMUNITY EMPLOYMENT AND DAYS SERVICES

WE EMPOWER LIVES

## Authorization and Certificate of Applicant

Please read carefully and sign the following Authorization and Certificate form.

I authorize *Community Employment And Days Services* to make inquiry information from any person or organization regarding my suitability for employment, and give my permission to these persons or organizations harmless from any liability for the release of said information. Such information may include and not be limited to the quality and quantity of my work, work history, character, qualifications, educational record, records of convictions and medical records. I understand that the information obtained may be such as to disqualify me from employment. I understand that such information is sought with confidentiality, and I will not request copies of such information.

I certify that all statements made on this application are true and complete, accurate and not misleading to the best of my knowledge. I understand that false statements, incomplete statements, or misrepresentations may subject me to disqualification or dismissal. I understand that a photocopy of the authorization shall be as effective of the original.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

*Community Employment And Days Services* is an Equal Opportunity Employer and does not discriminate against an applicant for employment on the basis of race, religion, age, handicap, sex, national origin, ancestry, political affiliation, color, creed, marital status, sexual preferences or arrest record.

### FOR OFFICE ONLY

Date Received: \_\_\_\_\_ File Until: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Initial: \_\_\_\_\_

Interview: \_\_\_\_\_ Follow-Up: \_\_\_\_\_

## 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.

### Check the box that applies to you.

- |   |  |
|---|--|
| <input type="checkbox"/> Applicant / Employee | <input type="checkbox"/> Student / Volunteer |
| <input type="checkbox"/> Contractor           | <input type="checkbox"/> 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>	<i>Middle</i>	<i>Last</i>
--------------------------------	---------------	-------------

Other Names (including prior to marriage)

Position Title ( applied for or existing)	Birth Date ( <i>MM/DD/YYYY</i> )	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?<br>If <b>Yes</b> , explain, including when and where it happened. | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |  |                          |                          |
|--|--------------------------|--------------------------|
| 6. Has any government or regulatory agency (other than the police) ever found that you abused an <b>elderly person</b> ?<br>If <b>Yes</b> , explain, including when and where it happened. | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |  |                          |                          |
|--|--------------------------|--------------------------|
| 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?<br>If <b>Yes</b> , explain, including credential name, limitations or restrictions, and time period. | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

#### 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?<br>If <b>Yes</b> , explain, including when and where it happened. | Yes                      | No                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |   |                          |                          |
|---|--------------------------|--------------------------|
| 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?<br>If <b>Yes</b> , explain, including when and where it happened and the reason. | Yes                      | No                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |   |                          |                          |
|---|--------------------------|--------------------------|
| 3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?<br>If <b>Yes</b> , indicate the year of discharge:<br>Attach a copy of your DD214, if you were discharged within the last three (3) years. | Yes                      | No                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |   |                          |                          |
|---|--------------------------|--------------------------|
| 4. Have you resided outside of Wisconsin in the last three (3) years?<br>If <b>Yes</b> , list each state and the dates you resided there. | Yes                      | No                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |  |                          |                          |
|--|--------------------------|--------------------------|
| 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?<br>If <b>Yes</b> , list each state and the dates you resided there. | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |  |                          |                          |
|--|--------------------------|--------------------------|
| 6. Have you had a caregiver background check done within the last four (4) years?<br>If <b>Yes</b> , 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                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |  |                          |                          |
|--|--------------------------|--------------------------|
| 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?<br>If <b>Yes</b> , list the review date and the review result. You may be asked to provide a copy of the review decision. | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

#### **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