



*WHF mission statement:*

*"Enriching lives through progressive benefits, compassionate care, and exceptional service"*

### Employment Application Form

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long have you resided at your present address? \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number (\_\_\_\_) \_\_\_\_\_

If under 18 years old, please list age \_\_\_\_\_

Did you complete this application yourself?  Yes  No If not, who did? \_\_\_\_\_

Have you ever worked for Wisconsin Health Fund in the past?  Yes  No If yes, when? \_\_\_\_\_

Reason employment ended with WHF: \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/Hours available to work  
 (2) \_\_\_\_\_  
*No Pref* \_\_\_\_\_ *Thur* \_\_\_\_\_  
*Mon* \_\_\_\_\_ *Fri* \_\_\_\_\_  
*Tue* \_\_\_\_\_ *Sat* \_\_\_\_\_  
*Wed* \_\_\_\_\_ *Sun* \_\_\_\_\_

Salary/Wage Desired \_\_\_\_\_

How did you hear about the position? (*Check one*)

- Name of Website \_\_\_\_\_
- Name of Newspaper \_\_\_\_\_
- Employee Referral (*Name of WHF Employee*) \_\_\_\_\_
- Walk -in
- Other \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Can you work nights?  Yes  No

Employment type desired:

- FULL-TIME ONLY
- PART-TIME ONLY
- FULL- OR PART-TIME
- Temporary
- On-call

Date available to start? \_\_\_\_/\_\_\_\_/\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), date(s) of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

OFFICE WORK ONLY

Typing  Yes  No \_\_\_\_\_ WPM 10-key  Yes  No Word Processing  Yes  No \_\_\_\_\_ WPM

Personal Computer  Yes  No PC  Mac  Other \_\_\_\_\_ Skills \_\_\_\_\_

Please list two professional references other than relatives or friends.

Name \_\_\_\_\_ Position \_\_\_\_\_ Company \_\_\_\_\_ Relationship to you \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Multiple horizontal lines for writing additional information.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No ARE YOU A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience beginning with your most recent job held.  
If you were self-employed, give firm name. Attach additional sheets if necessary.

<b>Name of employer</b> _____	<b>Name of last supervisor</b> _____ _____	<b>Employment dates</b> From ____ / ____ Month/Year To ____ / ____ Month/Year	<b>Pay or salary</b> Start _____ Final _____
<b>Address</b> _____ _____			
<b>Phone number (____)</b> _____			
<b>May we contact for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Your last job title</b> _____		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b> _____ _____ _____			

<b>Name of employer</b> _____	<b>Name of last supervisor</b> _____ _____	<b>Employment dates</b> From ____ / ____ Month/Year To ____ / ____ Month/Year	<b>Pay or salary</b> Start _____ Final _____
<b>Address</b> _____ _____			
<b>Phone number (____)</b> _____			
<b>May we contact for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Your Last Job Title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b> _____ _____ _____			

<b>Name of employer</b> _____	<b>Name of last supervisor</b> _____ _____	<b>Employment dates</b> From ____ / ____ Month/Year To ____ / ____ Month/Year	<b>Pay or salary</b> Start _____ Final _____
<b>Address</b> _____ _____			
<b>Phone number (____)</b> _____			
<b>May we contact for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Your last job title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b> _____ _____			

**Work experience** Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

<b>Name of employer</b> _____	<b>Name of last supervisor</b> _____ _____	<b>Employment dates</b> From ____ / ____ Month/Year To ____ / ____ Month/Year	<b>Pay or salary</b> Start _____ Final _____
<b>Address</b> _____ _____			
<b>Phone number (____) _____</b>			
<b>May we contact for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Your last job title</b>	
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b> _____ _____ _____			

<b>Name of employer</b> _____	<b>Name of last supervisor</b> _____ _____	<b>Employment dates</b> From ____ / ____ Month/Year To ____ / ____ Month/Year	<b>Pay or salary</b> Start _____ Final _____
<b>Address</b> _____ _____			
<b>Phone number (____) _____</b>			
<b>May we contact for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Your last job title</b>	
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b> _____ _____ _____			

<b>Name of employer</b> _____	<b>Name of last supervisor</b> _____ _____	<b>Employment dates</b> From ____ / ____ Month/Year To ____ / ____ Month/Year	<b>Pay or salary</b> Start _____ Final _____
<b>Address</b> _____ _____			
<b>Phone number (____) _____</b>			
<b>May we contact for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Your last job title</b>	
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b> _____ _____ _____			

**Please Read Carefully**  
**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Wisconsin Health Fund (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that continued employment may be based on the successful passing of job-related physical examinations, depending on position.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be introductory for a period of ninety (90) days, and further that at any time during the introductory period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Company adheres to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**Thank you for completing this application form and for your interest in our business.**

## PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other authorities.

All agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last Name _____		First Name _____		Middle Name _____	
Applicant's Signature  X _____		Driver's License Number _____			
		State _____		Expiration Date ___/___/___	
Social Security Number ____-____-____		<u>Response to the questions in this section are <b>optional</b> and voluntary, for ID only</u>  Date of Birth: ___/___/___ Race: _____ Sex: M F			
Former Names and time frames (if applicable) _____					
Current Address	City/State	Zip & County	Dates(Month and Year)		
Previous addresses	City/State	Zip & County	Dates(Month and Year)		

## BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) 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 Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) 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 child 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 child 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://dhs.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

### THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child 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 Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	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	Child 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 Child 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 DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

### FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., 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 Services' Caregiver Misconduct 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 (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 <u>Street, City, State, ZIP Code</u>			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
<p>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?</p> <p>➤ If <b>Yes</b>, 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.</p>		
<p>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.)</p> <p>➤ If <b>Yes</b>, 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.</p>		
<p>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:</p> <p><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.)</p> <p>➤ If <b>Yes</b>, explain, including when and where it happened.</p>		
<p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> <p>➤ If <b>Yes</b>, explain, including when and where it happened.</p>		

(continued on next page)

<b>SECTION A (continued)</b>	<b>YES</b>	<b>NO</b>
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 <b>Yes</b> , explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b> ? ➤ If <b>Yes</b> , 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 <b>Yes</b> , explain, including credential name, limitations or restrictions, and time period.		
<b>SECTION B – OTHER REQUIRED INFORMATION</b>	<b>YES</b>	<b>NO</b>
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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➤ 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.		
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 <b>Yes</b> , 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.

<b>SIGNATURE</b>	Date Signed
------------------	-------------