

CATHOLIC RESIDENTIAL SERVICES, INC.

APPLICATION FOR EMPLOYMENT

PERSONAL	Last Name	First	Middle	Date
	Street Address			Home Phone () -
	City, State, Zip			Business Phone () -
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			Social Security No.
	Position Desired			Pay Expected
	Are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____ Shift Preference _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, office machines, musical instruments, etc.)			
	How did you learn of our organization?			

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS <i>(Exclude those which may disclose your race, color, religion or national origin)</i>

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

5	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	DO NOT CONTACT
	Employer Number (s) _____ Reason _____

MILITARY	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES		Branch of Service
	Describe your duties and any special training		Period of Active duty (Month & Year)
			From To
			Rank at Discharge
		Date of Final Discharge	

LICENSING AND PROFESSIONAL CERTIFICATION	TYPE	STATE ISSUED	DATE	NUMBER

REFERENCES	List at least 3 references who are not relatives or employers			
	NAME AND RELATIONSHIP	TITLE	ADDRESS	PHONE

(3)

CONVICTION	Have you been convicted of a crime in a court of law which has not been annulled, expunged or sealed in a court? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction of a criminal offense will not necessarily preclude employment.) If yes, describe in full.

SIGNATURE	The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.		
_____	_____	_____
Date	Signature	

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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Please do not fill out Date of Birth, Race or Gender until offer of employment.

Thank you.

EMPLOYMENT REFERENCE REQUEST

****Applicant please sign in the box below only, we will use this form to call your previous or current employers once we have done an interview.****

Applicant Affidavit

I hereby consent to and authorize you to release all information concerning myself to St. Joseph's Community Care. I do hereby release both you and St. Joseph's Community Care from any and all liability or claims which may result from such release of information.

Applicant Signature

Date

Name _____ Social Security # _____

Position applied for _____

Dates of Employment: From: _____ To: _____

Is it your policy to only release dates of employment? Yes No

Are the above dates correct? Yes No

If no, what are the correct dates? _____

Position(s) held: _____

Would you rehire? Yes No

If no, please explain: _____

If possible, please rate the employee on the following:

	Exceptional	Above Expectations	Meets Expectations	Below Expectations
Quality of Work				
Job Ability				
Cooperation				
Dependability				
Attitude				
Initiative				
Attendance				

Comments: _____

Previous Employer Signature/Title

Date

Your prompt attention and cooperation is appreciated. All information will be used for employment purposes only and will be held in strictest confidence.