



# Congregational Home

## Residence & Rehabilitation

13900 W. Burleigh Road Brookfield, WI 53005

### APPLICATION FOR EMPLOYMENT

*To the applicant:* It is the policy of Congregational Home, Inc. to extend employment opportunity to qualified applicants on a non-discriminatory basis and without regard to an individual's age, creed, race, color, sex, handicap, national origin, marital status, or any other characteristic protected by law. We are an Equal Opportunity Employer.

**Date of Application:** \_\_\_\_\_

#### Applicant Information

<b>Applicant Information</b>			
Last Name	First Name	Middle Name	
Address	City/State	ZIP Code	Home Phone Number
E-mail Address			Cell Phone Number
Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please list for reference checking purposes.</i>			
Have you lived outside of Wisconsin in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please list for out-of-state background checking purposes.</i>			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If hired, you will be required to provide proof of work authorization.</i>			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit, if necessary.</i>			
Have you ever applied at this company before?		Have you ever worked at this company before?	
<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, when: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, when: _____	

#### Position Information

Date Available to Start: _____	Shift Preference: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>
Position Applying For: _____	
Status Preference: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> In-House-Pool / As-Needed <input type="checkbox"/> Weekend Only	
Weekend Acceptable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary/Wage Preference: _____
How were you referred to the company?	
<input type="checkbox"/> Job Board: _____	<input type="checkbox"/> School: _____
<input type="checkbox"/> Social Media: _____	<input type="checkbox"/> Friend/Relative: _____

**Employment History:**

*List all employers starting with your present or most recent employer. Information provided should be accurate and complete. DO NOT WRITE "SEE RESUME".*

Name of Employer:

Telephone:

Address:

Job Title:

Employment Dates (month and year)

Name of Immediate Supervisor:

From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties:

Hourly Rate / Salary

Reason for Leaving:

Starting: \_\_\_\_\_ Final: \_\_\_\_\_

May we contact as a reference?  Yes  No

Name of Employer:

Telephone:

Address:

Job Title:

Employment Dates (month and year)

Name of Immediate Supervisor:

From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties:

Hourly Rate / Salary

Reason for Leaving:

Starting: \_\_\_\_\_ Final: \_\_\_\_\_

May we contact as a reference?  Yes  No

Name of Employer:

Telephone:

Address:

Job Title:

Employment Dates (month and year)

Name of Immediate Supervisor:

From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties:

Hourly Rate / Salary

Reason for Leaving:

Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Name of Employer:

Telephone:

Address:

Job Title:

Employment Dates (month and year)

Name of Immediate Supervisor:

From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties:

Hourly Rate / Salary

Reason for Leaving:

Starting: \_\_\_\_\_ Final: \_\_\_\_\_

*If you need additional space, please continue on a separate sheet of paper.*

Education				
School	Name & Location (city, state)	Circle Years Completed	Course of Study	Diploma or Degree Received
High School	_____ _____	9    10    11    12		<input type="checkbox"/> Yes <input type="checkbox"/> No
College	_____ _____	1    2    3    4    5+		<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate	_____ _____	1    2    3    4    5+		<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)	_____ _____	1    2    3    4    5+		<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Training Courses			
<i>List any relevant training programs completed.</i>			
Course / Seminar	Organization Sponsoring	Content	Date(s) Attended

Required License(s) / Certification(s)			
If required to drive a motor vehicle for the job you're applying for, state your:			
Driver's License Number: _____ State Issued: _____ Expiration Date: _____			
Are you licensed/certified with any group, association, or society relating to the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Registration / License Name:	Registration / License Number:	State Issued:	Expiration Date:

**Employment References***List at least 3 individuals familiar with your job qualifications (no relatives or personal friends).*

Name:

Address:

Telephone:

E-mail Address:

Professional Relationship:

Years Known:

Name:

Address:

Telephone:

E-mail Address:

Professional Relationship:

Years Known:

Name:

Address:

Telephone:

E-mail Address:

Professional Relationship:

Years Known:

Name:

Address:

Telephone:

E-mail Address:

Professional Relationship:

Years Known:

**Please Read Carefully Before Signing This Form**

1. 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 subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, drug screening, TB tests, and an annual flu vaccination may be required.
4. Regardless of whether or not I become employed by the company, I recognize 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. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

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

**Thank you for your interest in Congregational Home!**

## Voluntary Self-Identification Survey Form Affirmative Action Employer

TO THE APPLICANTS: Our company is an Affirmative Action/Equal Employment Employer and as such, we are required to collect and maintain information related to applicants in order to meet governmental recordkeeping and reporting requirements and to monitor the effectiveness of our outreach, recruitment and other employment practices.

At this time, we are asking you to help us meet our obligations by providing the information listed on the following pages. Please note that the information will be used only in accordance with the provisions of applicable laws, executive orders, and regulations.

**Providing this information is voluntary and refusal to so will not result in any adverse treatment. The information you provide will be held in strict confidence except that:**

- 1) Necessary management and supervisory personnel may be informed to ensure proper placement and to provide reasonable job accommodations;
- 2) First aid and safety personnel may be informed to the extent appropriate, if the condition might require emergency treatment; and
- 3) Government officials investigating affirmative action program compliance may have access to reported information.

Thank you for your cooperation in this important initiative.

Congregational Home abides by the requirements of federal laws which prohibit discrimination of individuals with the following legally protected status: race, color, religion, sex, sexual orientation, gender identity, national origin, disability and protected veterans. Congregational Home also abides by affirmative action requirements to employ and advance in employment qualified individuals without regard to race and sex (per Executive Order 11246), disability (per 41CFR 60-741.5(a)), and protected veteran status (per 41CFR 60-300.5(a)).

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### PART I. General Information

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Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

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### PART II. Referral Source

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Please indicate how you heard about this opening

- Company website    Job board    Temp Agency    Educational institution    Walk-in    Employee referral  
 College Recruiting    Professional Association    State employment agency    Other \_\_\_\_\_

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### PART III. Gender, Ethnicity and Race Information

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#### Gender

CHECK ONE:

- Male  
 Female  
 I choose not to disclose this information

#### Ethnicity

CHECK ONE:

- Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)  
 Not Hispanic or Latino (if not Hispanic or Latino, please address race below)  
 I choose not to disclose this information

**Race**

CHECK ONE: (do not respond if you selected Hispanic or Latino above)	<input type="checkbox"/> White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa <input type="checkbox"/> Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment <input type="checkbox"/> Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races <input type="checkbox"/> I choose not to disclose this information
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**PART IV. Protected Veterans**

The definitions of protected veterans are listed below. Use the boxes following the definitions to indicate whether you are a protected veteran.

Disabled Veteran	A “disabled veteran” is one of the following: A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or A person who was discharged or released from active duty because of a service-connected disability.
Recently Separated Veteran	A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.
Active Duty Wartime or Campaign Badge Veteran	An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
Armed Forces Service Medal Veteran	An “armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

CHECK ONE:	<input type="checkbox"/> I am a Protected Veteran <input type="checkbox"/> I am not a Protected Veteran <input type="checkbox"/> I choose not to disclose this information
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If you are a disabled veteran, you may use the space below to tell us about:

- 1) Any special skills, knowledge, or abilities which may qualify you for positions within Congregational Home so that you can be considered for positions of that kind, and
- 2) Any reasonable accommodation that you may need because of a disability which would enable you to engage in the application process or perform the essential functions of the job properly and safely. This might include, but is not limited to, a change to application or work procedures, documents in an alternate format, sign language interpreter, or specialized equipment.



13900 W. Burleigh Road Brookfield, WI 53005

# Background Information Disclosure Form

I, the undersigned, hereby understand and acknowledge that Congregational Home will conduct arrest/conviction record checks through the State of Wisconsin's Department of Justice, in accordance with the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes. I acknowledge that these record checks will be conducted periodically throughout my employment with Congregational Home, in accordance with the previously mentioned Wisconsin Statutes.

I understand that completion of this form is required for processing my application for employment and that falsifying or omitting information may be grounds for withdrawal of this job consideration, or subsequent termination of employment.

I understand that this completed form will be used to conduct arrest/conviction records checks throughout my employment with Congregational Home per the aforementioned Wisconsin Statutes.

I understand that the Department of Justice will release to Congregational Home, full and complete information in their records regarding any arrest and/or conviction, whether a felony or misdemeanor, under my name, date of birth, and social security number.

I also acknowledge that having a criminal history may not disqualify me from employment, a job transfer, or promotion with Congregational Home. Several factors will be taken into consideration, including the nature and gravity of the crime, its relationship to the position, and the time since the conviction.

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**Printed Name of Employment Candidate**

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**Signature of Employment Candidate**

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**Date**

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**Other Names Used or Known As (i.e. maiden name)**

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**Date of Birth**

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**Social Security Number**

**BACKGROUND INFORMATION DISCLOSURE (BID)**

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. 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.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.

**Check the box that applies to you.**

- |  |  |
|--|--|
| <input type="checkbox"/> Employee / Contractor (including new applicant)   | <input type="checkbox"/> Household member (lives on premises, but is not a client) |
| <input type="checkbox"/> Applicant for a license, certification, or registration (including continuation or renewal) | <input type="checkbox"/> Other – _____<br>Specify: _____                           |

**NOTE:** If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>	<i>Middle</i>	<i>Last</i>
Position Title (Complete only if a prospective or current employee or contractor.)		Birth Date (mm/dd/yyyy)
		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

Any Other Names By Which You Have Been Known (Including Maiden Name)

Race / Ethnicity (Check ONLY one.)		Social Security Number	
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown			
Home Address	City	State	Zip Code

Business Name and Address – Employer or Care Provider (Entity)  
*Congregational Home, Inc. 13900 W. Burleigh Road; Brookfield, WI 53005*

**A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

Note: The areas below that are designated for responses are expandable.

**SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION**

1. 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

2. 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



3. **IMPORTANT: Read before completing item 3.**

**Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY.** “All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential.” Reports and records may be disclosed only to the persons identified in this section.

**If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.**

Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?

Yes No

If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

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4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?

Yes No

If **Yes**, explain, including when and where it happened.

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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?

Yes No

If **Yes**, explain, including when and where it happened.

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6. Has any government or regulatory agency (other than the police) ever found that you **abused an elderly person**?

Yes No

If **Yes**, explain, including when and where it happened.

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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?

Yes No

If **Yes**, explain, including credential name, limitations or restrictions, and time period.

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**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?

Yes No

If **Yes**, explain, including when and where it happened.

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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? Yes  No   
If **Yes**, explain, including when and where it happened and the reason.

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3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? Yes  No   
If **Yes**, indicate the year of discharge: \_\_\_\_\_  
Attach a copy of your DD214, if you were discharged within the last three (3) years.

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4. Have you resided outside of Wisconsin in the last three (3) years? Yes  No   
If **Yes**, list each state and the dates you resided there.

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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? Yes  No   
If **Yes**, list each state and the dates you resided there.

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6. Have you had a caregiver background check done within the last four (4) years? Yes  No   
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.

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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? Yes  No   
If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

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***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
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