



## Application for Employment

To be considered for employments please complete all portions of the application. Failure to complete any portion of this application will make the entire contents incomplete and it will be rejected. Please read carefully the conditions page of this application before completing.

Position Desired \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_ E-mail(optional) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Phone \_\_\_\_\_

Best time to contact you? \_\_\_\_\_ May we contact you at work? ☐ Yes ☐ No

Date available to start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you ever lived outside of Wisconsin? If so which states? \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employment Availability:

☐ Full time ☐ Part time ☐ Temporary ☐ On-call

☐ Day Shift ☐ Evening shift ☐ Overnight ☐ Weekends

Facility Location \_\_\_\_\_

Have you ever applied with Edgerton care Center before? ☐ Yes ☐ No

If yes, please specify date and position \_\_\_\_\_

Are you eligible for employment in the United States? See additional documentation ☐ Yes ☐ No

Have you ever been convicted of a felony, misdemeanor, or other offense (including traffic) within the past three (3) years? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

\*\*Any such conviction does not necessarily disqualify you for employment.

**References-** List (3) professional references, excluding family, clergy, and former employers

Name	Address	position	Phone	length known

**WORK EXPERIENCE**

**Please list all work experience, beginning with the most recent. Attach additional work history in this same format on a separate page, or copy this page. List all military service as work experience.**

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Position/Job duties \_\_\_\_\_  
Employment Dates: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Check one: ☐ Voluntary Resignation ☐ Discharged or Terminated  
May we contact this employer? ☐ Yes ☐ No

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Position/Job duties \_\_\_\_\_  
Employment Dates: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Check one: ☐ Voluntary Resignation ☐ Discharged or Terminated  
May we contact this employer? ☐ Yes ☐ No

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Position/Job duties \_\_\_\_\_  
Employment Dates: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Check one: ☐ Voluntary Resignation ☐ Discharged or Terminated  
May we contact this employer? ☐ Yes ☐ No

For reference purposes; Have you ever worked for any of these organizations or attended school under a different name? ☐ Yes ☐ No

If yes, please list the name and the organization or school \_\_\_\_\_

Have you ever served in the U.S. military? ☐ Yes ☐ No

If so, please attach a copy of your DD214 form to this application.

### **Education**

Education Level	School Name	Location	Major Studies	Dates attended To From	Graduated Yes/ No	Degree
Elementary						
High School						
College						
Business/Trade						
Other(specify)						

Transcript(s) may be requested.

Are you currently pursuing further studies? \_\_\_\_ Yes \_\_\_\_ No

If yes, what courses, where, and when? \_\_\_\_\_  
\_\_\_\_\_

### **Training and Skills**

**Check all that apply, proof of licensures are required.**

\_\_ CNA certified                      \_\_ LPN                      \_\_ RN  
\_\_ Physician's assistant              \_\_ First Aid                      \_\_ CPR certified

### **Professional Registration**

Type \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Type \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Type \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Proof of licensure is required prior to employment

Describe any skills, knowledge, or abilities you have related to the position you are applying for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you seeking employment with Edgerton Care Center? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your strongest qualifications for this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

## Conditions of Application

Please read carefully before submitting this application.

In applying for employment with Edgerton Care Center understand and agree as follows:

**1. True and complete information.** I understand that the information that I furnish on my employment application and related documents and during my employment interview must be true and complete and that I have included any additional information or explanations that may be appropriate. I further understand that any false statements made by me on this application or during my interview process, or the omission of any requested information will be cause for rejection of my application or my dismissal if I have already been employed. I understand that my employment at Edgerton Care Center is conditional upon satisfactory completion of a physical examination, Drug screen, TB test and Wisconsin caregiver background check. I understand that Edgerton Care Center operates 24 hours a day, 7 days per week and that weekend work and/or changes in shift may be required during my employment. If hired I will adhere to the rules and regulations of Edgerton Care Center as states in the personal policy and procedure manual.

**2. Investigation.** I hereby authorize Wisconsin Illinois Senior Housing, d/b/a Edgerton Care Center To investigate all statements made on this application, any related documents, and in my employment interview and understand that any offer of employment is contingent on successful completion of such investigation. I understand that such an investigation will include a criminal background check done through the state of Wisconsin and any other states that I have resided in. I further authorize Edgerton Care Center to obtain, and all employers, personal references and academic institutions named in this application to provide any information necessary to evaluate my suitability for employment. I further authorize Edgerton Care Center to contact and /or interview any individuals, institutions and employers that Edgerton Care Center becomes aware of during an investigation as possible sources of information about me. I hereby release. Edgerton Care Center And all such employers and references from any liability arising from their obtaining or providing information about me and my employment history, academic credentials, and suitability for employment as authorized in this application. I also understand that if a consumer report or investigative consumer report is deemed necessary in connection with my application, I will be asked to sign a separate authorization in accordance with the Fair Credit Reporting Act.

**3. Employment at will.** I understand that all employment relationships between, Edgerton Care Center and its employees are terminable at will, meaning that, if I am hired, my employment can be terminated at any time with or without cause or without notice, at my option or the option of Edgerton Care Center. I further understand no employee or agent of Edgerton Care Center is authorized to offer me an employment relationship other than one that is terminable at will.

**4. Terms and conditions may be changed.** I understand that if I am hired, any terms and conditions of my employment and any Human Resource policies that may be issued (whether in an employee handbook, policy and procedure manual or any other written document) are not intended to give rise to contract rights and are subject to change by Edgerton Care Center at any time, with or without notice. I understand that no offer of benefits, such as, but not limited to, a pension (retirement) plan, insurance, or salary rate is final until it has been reviewed by the Human Resources department and is fully approved by the designated Edgerton Care Center representatives on the appropriate action form.

**5. Acknowledgement.** I understand that I may ask questions regarding the information requested in this application or in any related document, and I acknowledge that any question(s) asked were answered to my satisfaction. I further acknowledge that I have read and understand the preceding Conditions of Application.

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Signature

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Date

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Printed Name

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**Thank you for your interest in applying for employment with Wisconsin Illinois Senior Housing, d/b/a Edgerton Care Center.**

To remain in compliance with federal regulations and our Affirmative Action Plan, every applicant received at Edgerton Care Center must be documented and all applications surveyed for their race, sex, handicap, and veteran status. For these reasons, the following employment application notice has been adopted by Edgerton Care Center

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Applications are required for all positions. Although an applicant may submit a resume along with his/her application, incomplete applications will not be considered and will be sent back to the applicant to be completed before being reconsidered.

Applications will be accepted at any time for positions at the Nursing facilities. They will only be accepted for corporate positions when there are openings and a posted position.

Unsolicited resumes will not be retained or considered. All unsolicited resumes will be returned to the applicant with an application for employment.

All applicants must specify the position they are applying for; for example, applicants may not indicate "any job" or "clerical" on the application form. These applications will not be considered and will be placed in an inactive file.

Attached with the application is an Affirmative Action Questionnaire. This questionnaire is optional. All information provided on the questionnaire will remain confidential and not be used in the selection process. Refusal to provide this information will not subject an applicant to any adverse treatment.

All applications are initially screened by the Department Manager to determine whether the applicant meets the minimum qualifications stated on the open positions job description. Meeting the minimum qualifications does not guarantee an interview.

After the Department Manager reviews the applications, those candidates who are further considered for the open position will be contacted by telephone for an interview.

Wisconsin Illinois Senior Housing, d/b/a Edgerton Care Center conducts reference checks and criminal background checks before extending a job offer. Academic/degree and license verification may also be contacted by telephone for an interview. All employment offers are contingent upon the results of the checks. Routine credit checks will also be performed as they relate to the position.

Applications will remain in an inactive file for (4) months from receipt.

Applicants are required to contact Edgerton Care Center 608-884-1330 in order to have an application reactivated or considered for another position during this (4) month period.

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# AFFIRMATIVE ACTION QUESTIONNAIRE

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## EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

You are not required to complete the following questionnaire, but we ask that you do so in order for us to comply with our Affirmative Action program and government recordkeeping, reporting, and other legal requirements. The information in this questionnaire is voluntarily provided and kept confidential. Refusal to provide this information will not subject an applicant or employee to any adverse treatment. Veteran and disability information provided will only be used in accordance with section 503 of the Rehabilitation Act of 1973 and section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 and its regulations. The full 503/402 is available upon request to any applicant or employee in the HR office at 313 Stoughton Rd. Edgerton, WI 53534 Mon-Fri 8am-4 pm

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Name \_\_\_\_\_ Date \_\_\_\_\_

Position desired \_\_\_\_\_

Referral Source:

\_\_Newspaper Advertisement                      \_\_Employment Agency  
Specify \_\_\_\_\_ Specify \_\_\_\_\_

\_\_Internet                      \_\_Friend/Relative                      \_\_Other  
Specify \_\_\_\_\_ Specify \_\_\_\_\_ Specify \_\_\_\_\_

Sex:            \_\_Male            \_\_Female

Ethnic group/race

\_\_African American (not Hispanic origin)                      \_\_Hispanic  
\_\_Asian/Pacific Islander                      \_\_Caucasian(white)  
\_\_Native American/Alaskan Native

In accordance with federal and state law, any individual may be considered disabled or handicapped (a) who has a physical or mental impairment that substantially limits one or more of the individuals major life activities or that makes achievement unusually difficult or that limits the capacity to work. Or (b) who has a record of such impairment. Or (c) who is perceived as having such an impairment.

Do you consider yourself disabled or handicapped?    \_\_Yes            \_\_No

Are you a veteran of the Vietnam Era having served on active duty between Aug. 5, 1964 and May 7, 1975, and were released with other than a dishonorable discharge?            \_\_Yes    \_\_No

Are you a veteran of any other war era having served on active duty and released with other than a dishonorable discharge?            \_\_Yes    \_\_No

Are you a Disabled Veteran (entitled to a V.A. disability rated at 30% or more, or discharged from active duty due to disability incurred or aggravated in the line of duty?            \_\_Yes    \_\_No

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## Confidential Reference Request

Concerning (name) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the facility/institution named below to release all information requested on this confidential reference request: \_\_\_\_\_

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Dear Sir or Madam:

The above named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be sincerely appreciated, and will be held in complete confidence. Both the applicant and I will benefit from an early reply, since his/her employment is pending. Thank You.

Name \_\_\_\_\_

Title \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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Dates of employment: From \_\_\_\_\_ To: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Job duties/responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Would you rehire? ☐ Yes ☐ No If no, why not? \_\_\_\_\_

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Quality of work: ☐ Good ☐ Adequate ☐ Poor

Quantity of work: ☐ Good ☐ Adequate ☐ Poor

Attendance: ☐ Good ☐ Adequate ☐ Poor

Cooperation: ☐ Good ☐ Adequate ☐ Poor

Initiative: ☐ Good ☐ Adequate ☐ Poor

Other comments (your remarks are the most important part of this questionnaire)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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

### 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.

The list of offenses affecting caregiver eligibility that require 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. Exception: Emergency medical technicians and first responders are not covered under the Caregiver Law.
- 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 ("non-client 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 OR TYPE 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) 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 <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White				Social Security Number(s)	
Home Address			City	State	Zip Code
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 judgment 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:

☐ (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.

☐☐

Last Name –

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If <b>Yes</b> , explain, including when and where it happened.	<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? ➤ If <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<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? ➤ If <b>Yes</b> , explain, including credential name, limitations or restrictions, and time period.	<input type="checkbox"/>	<input type="checkbox"/>
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 <b>Yes</b> , explain, including when and where it happened.	<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? ➤ If <b>Yes</b> , explain, including when and where it happened and the reason.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

Last Name –

SECTION B – OTHER REQUIRED INFORMATION	YES	NO
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

**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