

# Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

Position (s) Applied For	Date of Application
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How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	
_____			
Address	City	State	Zip Code
_____			_____
Daytime Telephone Number		Best time to contact you	
_____		_____	

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filed an application with us before? .....  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?.....  Yes  No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?.....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? .....  Yes  No  
*Proof of citizenship or immigration status will be required upon employment*

Date available for work \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary Seasonal

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it?.....  Yes  No

Have you ever been convicted of a felony within the last five (5) years?.....  Yes  No  
*A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question*

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate School				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra curricular activities.

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Describe job-related training in the United States military.

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer		Address	
Telephone Number (s)		Job Title	
Supervisor		Reason for Leaving	
<b>Dates Employed</b>		<b>Work Performed</b>	
<b>From</b>	<b>To</b>		

2.

Employer		Address	
Telephone Number (s)		Job Title	
Supervisor		Reason for Leaving	
<b>Dates Employed</b>		<b>Work Performed</b>	
<b>From</b>	<b>To</b>		

3.

Employer		Address	
Telephone Number (s)		Job Title	
Supervisor		Reason for Leaving	
<b>Dates Employed</b>		<b>Work Performed</b>	
<b>From</b>	<b>To</b>		

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

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal race, religion, national origin, age, ancestry, disability or other protected status:

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# Additional Information

## Licenses & Certifications

*Only applicants who have a current CDL will be considered for this position.*

Do you have a current and valid driver's license?.....  Yes  No

Do you have a commercial driver's license?.....  Yes  No

List any CDL endorsements or other licenses held:

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## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

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State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ....  Yes  No

## References

1.) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

3.) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Applicant's Statement

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I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Nora Matuszewski  
Forest County Clerk/  
Administrative Coordinator



715-478-2422  
Fax 715-478-5175

Office of the County Clerk  
200 E Madison Street  
Crandon, WI 54520  
[nmatuszewski@co.forest.wi.us](mailto:nmatuszewski@co.forest.wi.us)

It is policy of Forest County to conduct background checks as well as pre-employment screenings for drugs and alcohol on all persons being considered for employment within the County. Please fill out the enclosed forms and return them to my office along with your application and resume. Successful completion of the pre-employment drug screen and background check may result in the extension of a conditional offer for employment.

If you have any questions, please feel free to contact my office at the number listed above.

Sincerely,

Nora Matuszewski  
Forest County Clerk  
Administrative Coordinator

## 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 <https://www.dhs.wisconsin.gov/caregiver/statutes.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)

For Instructions, see [F-82064A](#).

Completion of this form is required under the provisions of Chapter 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.

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

Legal Name – (First and Middle)	Legal Name – (Last)
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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	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race / Ethnicity (Check ONLY one) <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	
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, 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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<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 Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>



<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>SECTION B – OTHER REQUIRED INFORMATION</b></p>	<p><b>YES</b></p>	<p><b>NO</b></p>
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? If <b>Yes</b>, indicate the year of discharge: _____ Attach a copy of your DD214 if you were discharged within the last three (3) years.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Have you resided outside of Wisconsin in the last three (3) years? If <b>Yes</b>, list each state and the dates you resided there.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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? If <b>Yes</b>, list each state and the dates you resided there.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Have you had a caregiver background check done within the last four (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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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? If <b>Yes</b>, list the review date and the review result. You may be asked to provide a copy of the review decision.</p>	<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.

<p><b>SIGNATURE</b></p>	<p>Date Signed</p>
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