

**Community Living Connections, Inc.
Affirmative Action Program Information Form**

Please ask if you need assistance completing this information.

Community Living Connections, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are invited to participate in the Affirmative Action Program by reporting their status as disabled or other minority. Please be advised that a) applicants are under no obligation to respond, but may do so in the future if they choose b) responses will remain confidential within the Human Resources Department; and c) responses will be used only for the necessary information to include in our Affirmative Action Program.

Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Race or Ethnic Identity:

African American/Black
 American Indian/Alaskan Native
 Asian/Pacific Islander
 Hispanic
 White

Gender:

Male
 Female

In accordance with Section 504 of the Rehabilitation Act of 1973, a "Handicapped Person" means any person who:

1. Has a physical or mental impairment which substantially limits one or more major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment.

Under Section 504 of the Rehabilitation Act of 1973:

I do not qualify as having a handicap/disability.
 I qualify as having a handicap/disability.

Do you need any assistance/modifications to help you complete this application form/interview? If so, please indicate what assistance/modifications you may require. _____

Where did you learn of this vacancy:

Newspaper (please name) _____
 Website (please name) _____
 Current Employee (please name) _____
 Job Fair Other (please name) _____

Print Name: _____ Date: _____

Signature: _____

Position Applying For: _____

Thank you for applying with Community Living Connections, Inc.!!
www.clconnections.org

Application For Employment

<p><u>Madison Office</u> 6515 Watts Rd Madison, WI 53719 Ph: (608)661-7999 Fax: (608)661-7998</p>	<p>Community Living Connections, Inc. www.clconnections.org AA/EOE</p>	<p><u>Stoughton Office</u> 248 W. Main St., Suite 3 Stoughton, WI 53589 Ph: (608)877-1000 Fax: (608)877-1001</p>
--	--	---

Date of Application: _____ Social Security Number _____

Name: _____
Last First M.I.

Address: _____
Street PO Box/Apt City State Zip

Primary Phone # _____ Alternate Phone # _____

Email Address: _____

Are you over age 18? Yes _____ No _____

Employment Desired

Have you previously been employed by CLC? Yes _____ No _____ If yes, Dates _____

Position Applying For: _____ Date Available To Start: _____

Seeking: Full Time Part Time

Willing To Work: (check all that apply)

Weekends Overnights

Evenings Days

Hours of Availability:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Education Summary

	High School	Technical School	College	Other
Name and Location of School				
Years Completed	9 10 11 12			
Diploma/Degree	Yes No	Yes No	Yes No	Yes No
Major Course Of Study				

Please indicate any other training or certifications you feel would be relevant to the position you are applying for:

Work Experience: ****Please list most recent employer first and explain any gaps in employment****

Name of Company: _____ Job Title: _____

Start Date: _____ End Date: _____ Reason for leaving: _____

Address: _____
Street City State Zip

Phone Number: _____ Supervisor: _____

May We Contact? Yes _____ No _____ Description of Duties:

Name of Company: _____ Job Title: _____

Start Date: _____ End Date: _____ Reason for leaving: _____

Address: _____
Street City State Zip

Phone Number: _____ Supervisor: _____ Ending Wage: _____

May We Contact? Yes _____ No _____ Description of Duties:

Name of Company: _____ Job Title: _____

Start Date: _____ End Date: _____ Reason for leaving: _____

Address: _____
Street City State Zip

Phone Number: _____ Supervisor: _____ Ending Wage: _____

May We Contact? Yes _____ No _____ Description of Duties:

Additional Information:

Are you related to anyone employed by CLC?: _____ Yes _____ No

If yes, name of individual(s) _____

Are you related to anyone supported by CLC?: _____ Yes _____ No

If yes, name of individual(s) _____

Do you have the legal right to remain and work permanently in the US? _____ Yes _____ No

If yes, verification will be required

If offered this position, you may be required to take a physical exam.

Are you willing to take a physical exam which may require a chest x-ray? _____ Yes _____ No

Can you perform the essential functions of this position for which you are applying? _____ Yes _____ No

If no, please explain:

****If you have any questions as to what functions are applicable to the position for which you are applying, please ask Human Resources before you answer this question.**

Criminal Record and Driving Verification Consent

A conviction record does not automatically disqualify an individual from consideration for employment. Conviction record will only be considered to the extent it substantially relates to the circumstances of the position applied for.

Have you ever been convicted of an offense (misdemeanor or felony)? ____ Yes ____ No

If Yes, please explain: _____

I consent to CLC obtaining a copy of my driving record or other related information. I understand my driving record and personal insurance will be reviewed to ensure they meet CLC's and/or liability insurance standards. If they do not meet the standards, I will not be able to drive my personal vehicle for work purposes

Do you hold a valid Wisconsin Driver's license Yes ____ No ____

If yes, DL number _____ Expiration Date _____

If No, are you licensed in another state? Yes ____ No ____

If yes, what state: _____ DL Number _____ Expiration date: _____

Employment References Certification and Release

I authorize CLC to investigate statements contained in this application, or an interview, and the references that I have indicated that you may contact, to give you any and all information concerning my previous employment. I release from all liability, or legal claims, every person seeking or providing information, whether oral or written.

I understand that Dane County Human Services requires CLC to complete and submit information regarding my employment upon the termination of employment. This information will be provided to any prospective employers who request the information, and the CLC must provide my name, date birth and dates of employment to DCHS.

I understand this application may not be processed if any areas are left blank.

I certify that the facts set forth in my application for employment are true, correct and complete. I understand, that if employed, any false statements, misrepresentations, or material omissions on the application may be considered for immediate discharge.

I certify I have read (or had read to me) and understand this authorization, release and certification.

Applicant Signature: _____ Date: _____

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)
---------------------------------	---------------------

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"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	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 abused an elderly person? If Yes, 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 Yes, explain, including credential name, limitations or restrictions, and time period.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>SECTION B – OTHER REQUIRED INFORMATION</p>	<p>YES</p>	<p>NO</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 Yes, 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 Yes, 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 Yes, 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 Yes, 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 Yes, 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 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.</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 Yes, 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>SIGNATURE</p>	<p>Date Signed</p>
-------------------------	--------------------