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 Ident	ity:	Gender:
Amer	an American/Black ican Indian/Alaskan Native /Pacific Islander nic	Male Female
who: 1. Has a 2. Has a 3. Is rega Under Section 504 of t	physical or mental impairment which substanticectord of such an impairment; or arded as having such an impairment. The Rehabilitation Act of 1973: not qualify as having a handicap/disability. lify as having a handicap/disability.	•
Do you need any assi indicate what assistance	stance/modifications to help you complete the e/modifications you may require.	is application form/interview? If so, please
Where did you learn o Newspaper (Website (plea Current Emp Job Fair	f this vacancy: please name) ase name) bloyee (please name) Other (please name)	
Print Name:	Date	e:
Signature:		
Position Applying For	:	

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

Application For Employment

Madison Office 6515 Watts Rd Madison, WI 53719 Ph: (608)661-7999 Fax: (608)661-7998

Community Living Connections, Inc. www.clconnections.org AA/EOE

Stoughton Office

248 W. Main St., Suite 3 Stoughton, WI 53589 Ph: (608)877-1000 Fax: (608)877-1001

Date of App	lication	:				Socia	1 Securit	y Number		
Name:										
	La	st				Fi	rst			M.I.
Address:	S	Street	PO Be	ox/Apt		City			State	Zip
							e Phone			
Email Addro										
Are you ove										
Employmen	t Desire	<u>ed</u>								
Have you pr	eviously	y been en	nployed by	CLC? Y	/es	No	_ If yes,	Dates		
Position App	olying F	or:						Date Ava	ilable To Sta	nrt:
Seeking: _	Fu Pa	ıll Time ırt Time			v	To Work: Veekends Evenings	(check a		oly) Overnig Days	ghts
					—— Hours of A		,		v	
Day	Sund	ay	Monday			Wednesda		ursday	Friday	Saturday
Hours										
Education S	<u>ummar</u>	Y								
		High	School	Technic	eal School	Coll	ege	Otl	ner	
Name and Location of S	School									
Years Completed		9 10	11 12							
Diploma/Deg	gree	Yes	No	Yes	No	Yes	No	Yes	No	
Major Cours	se .									

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

Name of Company:	y ************************************	_ Job Title;	
Start Date: End Date:	Reason for leaving:		
Address:	City	Stata	Zip
	J.,		•
	Supervisor:		**************************************
May We Contact? Yes	No Description of Duties:		
Name of Company:		_ Job Title:	
	Reason for leaving:		
Address	City		Zip
	Supervisor:		- .
	No Description of Duties:	Unumg Wage.	
Name of Company:		_ Job Title:	
Start Date: End Date:	Reason for leaving:	and the second of the second o	
Address:		A STATE OF THE STA	
Street	City	State	Zip
Phone Number:	Supervisor:	Ending Wage:	
May We Contact? Yes	No Description of Duties:		
Additional Information: Are you related to anyone emp	loyed by CLC?: Yes No		
If yes, name of individ	ual(s)		***************************************
	oorted by CLC?:YesNo		
If yes, name of individ	ual(s)	, — 6x - 19x - 194 de	
	emain and work permanently in the US?		
If offered this position, you may Are you willing to take a physic	y be required to take a physical exam. cal exam which may require a chest x-ray?	Yes No	
	functions of this position for which you are		

^{**}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

Have you ever been convicted of an offer	ense (misdemeanor or f	elony)?YesNo
If Yes, please explain:		
	reviewed to ensure they	er related information. I understand my driving meet CLC's and/or liability insurance standards. If personal vehicle for work purposes
Do you hold a valid Wisconsin Driver's	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:
<u>Empl</u>	loyment References Cei	tification and Release
I authorize CLC to investigate statemer indicated that you may contact, to give	nts contained in this ap you any and all inform	plication, or an interview, and the references that I hat it is at ion concerning my previous employment. I release
I authorize CLC to investigate statemer indicated that you may contact, to give	nts contained in this ap you any and all inform person seeking or prov	plication, or an interview, and the references that I had ation concerning my previous employment. I release iding information, whether oral or written.
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I authorize CLC to investigate statemer indicated that you may contact, to give from all liability, or legal claims, every I understand this application may not b I certify that the facts set forth in my ap if employed, any false statements, misre	nts contained in this apy you any and all informs person seeking or prove be processed if any area pplication for employme epresentations, or mate	plication, or an interview, and the references that I had ation concerning my previous employment. I release iding information, whether oral or written. Is are left blank. The same true, correct and complete. I understand, the rial omissions on the application may be considered for the same true.

DEPARTMENT OF HEALTH SERVICES

Division of Quality Assurance F-82064 (07/2018)

STATE OF WISCONSIN

Wis. Stat. § 50.065 Wis. Admin. Code § DHS 12.05(4) Page 1 of 2

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 in	formation.				
Ch	eck the box that applies to you.					
	Employee / Contractor (including new applicant)	☐ Househ	old member (lives on pre	emises, bu	t is not a clie	nt)
	Applicant for a license, certification, or registration (including continuation or renewal)	☐ Other –	Specify:			
	TE: If you are an owner, operator, board member, or non-client					
	QA), complete the BID, F-82064 and the Appendix, F-82069, and	I submit both form	· - · · · · · · · · · · · · · · · · · ·	n the Appe	endix Instructi	ons.
Fui	Il Legal Name – First Middle		Last			
Pos	sition Title (Complete only if a prospective or current employee o	r contractor.)	Birth Date (MM/dd/y)		x Male ☐ Fe	male
An	y Other Names By Which You Have Been Known (Including Mai	den Name)				
, ,,,	y construction by this in the fact that the					
Ra	ce / Ethnicity (Check ONLY one.)			Social S	ecurity Numb	er
	American Indian or Alaskan Native Asian or Pacific Islander	Black 🔲	White 🔲 Unknown		·	
Ho	me Address	City		State	Zip Code	
Bu	siness Name and Address – Employer or Care Provider (Entity)			<u> </u>		
	A "NO" answer to all questions does not guarantee e	mployment, resid	dency, a contract, or re	gulatory a	pproval.	
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7.00	Note: The areas below that are des	signated for respo	nses are expandable.			
	Note: The areas below that are des CTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT	signated for respo	nses are expandable. RESTRICTION			
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F-82064					
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.	السيا	<u> </u>		
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.				
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.				
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.				
SE	CTION 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.				
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.		Ц		
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.				
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.				
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.		L		
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.				
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.	Ļ	Ц		
Re	ad 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 or	f today's	date.		
Na	me – Person Completing This Form Date Submitted				

1 1