

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>Madison Office 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>Stoughton Office 567 E. Main Street Stoughton, WI 53589 Ph: (608)877-1000 Fax: (608)877-1001</p>
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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
 _____ Evenings
 _____ Overnights
 _____ 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:

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 INSTRUCTIONS

The Background Information Disclosure form (HFS64) 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.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes, for persons who have been convicted of certain acts, crimes or offenses:

1. The Department of Health and Family Services (DHFS) 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.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://www.dhfs.state.wi.us/> at the Licensing link and then under the Caregiver Program link.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (REFERRED TO AS “ENTITIES”)

Programs Regulated Under Chapter 48 of Wisconsin Statute	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 of Wisconsin Statute	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.
- 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 (“nonclient resident”).
- Anyone who is licensed by DHFS.
- Anyone who has a foster home licensed by DHFS.
- Anyone certified by DHFS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHFS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin’s Fair Employment Law, ss. 111.31 - 111.395, Wisconsin Statutes, 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 and Family Services’ Caregiver 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

Completion of this form is required under the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes. 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 attached instructions (HFS-64 A) 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 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 nonclient resident of a Bureau of Quality Assurance (BQA) regulated facility (1) print only your first, middle and last name; (2) complete Sections A and B; (3) sign the form; (4) complete the Appendix, HFS-69, in its entirety and (5) submit this form and the Appendix 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)		Birthdate	Gender (M / F)	Race
Address			Social Security Number(s)	
Business Name and Address of Employer or Care Provider (Entity)				

Section A - ACTS, CRIMES AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
<p>1. Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts?</p> <p>➤ 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 judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.</p>		
<p>2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th 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.)</p> <p>➤ 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.</p>		
<p>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:</p> <p><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.)</p> <p>➤ If Yes, explain, including when and where it happened.</p>		
<p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> <p>➤ If Yes, explain, including when and where it happened.</p>		

(Continued on next page)

Section A - Continued	YES	NO
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.		
6. Has any government or regulatory agency (other than the police) ever found that you <u>abused an elderly person</u> ? ➤ 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? ➤ If Yes , explain, including credential name, limitations or restrictions, and time period.		
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 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? ➤ If Yes , explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If Yes , attach a copy of your discharge papers (DD214) if you were discharged within the past 3 years. ➤ You may be asked to provide a copy of your DD214 if your discharge occurred more than 3 years ago.		
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 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.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health and Family Services, a county department, a private child placing agency, school board, or DHFS designated tribe? ➤ If Yes , list the review date and the review result. You may be asked to provide a copy of the review decision.		

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 HFS 12.05 (4), Wis. Adm. Code.

YOUR SIGNATURE	Date Signed
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