

I certify that the information provided on this application is accurate. I understand that withholding of information or giving false information will result in a refusal to hire or in disciplinary action up to and including termination of my employment.

I authorize permission to any person, firm or corporation to release to Petersen Community Services Management, LLC all information regarding past employment and background. I waive any and all claims with respect to providing this information. I hereby release said company or person from all liability for any damage or issuing of this information. I understand that any future offer of employment may be conditional upon results of examinations authorized under the law as may be required by Petersen Community Services Management, LLC.

In consideration of employment, I agree to conform to policies of Petersen Community Services Management, LLC. I understand and acknowledge that, unless otherwise defined by law, any employment relationship with Petersen Community Services Management, LLC is of an "at will" nature, which means the employee may resign at any time and the employer may discharge the 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 conduct unless the President of this organization specifically acknowledges such change in writing.

Any offer of employment is conditional upon providing documentation establishing identity and authorization to work in the United States, as required by the Immigration Reform and Control Act of 1986 and any amendments thereto. All documentation will be requested for submission at time of hire.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge. I understand that employment is contingent upon a physician's certification that I am free from communicable disease and that I meet the physical requirements of the position for which I am being considered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Petersen Community Services Management, LLC

1000 Day Street • Rhinelander, Wisconsin 54501 • (715) 365-1234

## APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

*Applications will remain active for a period of one year from date of application.*

Date \_\_\_\_\_

Position(s) Applying for: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone( ) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Referral Source:  Newspaper  Internet  Friend  Relative  Job Fair  Employee  Walk In

If recommended by a Petersen employee, please indicate their name:

\_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

Day Shift  P.M. Shift  Night Shift

### Personal Information

Have you applied with us previously?  Yes  No

If so, please indicate the date: \_\_\_\_\_

Have you previously been employed here?  Yes  No

If so, please provide your dates of employment: \_\_\_\_\_

If yes, under what name: \_\_\_\_\_

Are legally authorized to work in the United States?  Yes  No

Are you 16 years of age or older?  Yes  No

Have you been convicted of a crime in the last seven years related to the position in which you are applying for?  Yes  No

Note: ***Conviction will not necessarily disqualify an applicant from employment***

If yes, please explain with date, location, and nature: \_\_\_\_\_

## Employment History

*Please complete in full. Resumes may be attached as supplemental information only.*

Please provide your complete employment history, starting with your most recent job.

***Do not state - refer to resume***

May Petersen contact your current employer?  Yes  No

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Company Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates of Employment: Start \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_  
Reason for End of Employment: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

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Company Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates of Employment: Start \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_  
Reason for End of Employment: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

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Reason for End of Employment: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates of Employment: Start \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_  
Reason for End of Employment: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

Please list other previous employers and dates of employment:

Company Name \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
Company Name \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
Company Name \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

**Education**

	Name and Location	Course Of Study	Years Completed	Indicate: Diploma, Certificate or Degree
High School				
College				
Graduate				
Other				

Please describe any specialized training, apprenticeships, licenses, registrations, certifications, and other qualifications that you have acquired from either employment or continuing education.


Please list professional, trade, business or civic activities (exclude those which may indicate race, color, religion, sex, national origin, sexual orientation, marital status, veteran status), which has provided you additional knowledge and experience.


**Employment References**

List additional references of individuals who are in a position to evaluate your past and current job performance, attitude, attendance, and quality of work. *Please do not include relatives or personal acquaintances.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Best Time to Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Best Time to Contact: \_\_\_\_\_

## 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
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? ➤ If <b>Yes</b> , 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.		
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 <b>Yes</b> , 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: <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 <b>Yes</b> , explain, including when and where it happened.		
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.		

(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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , list each state and the dates you lived there.		
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.		
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 <b>Yes</b> , 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.

<b>YOUR SIGNATURE</b>	Date Signed
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