

**APPLICATION FOR EMPLOYMENT**

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Are you 18 years of age or older?

Yes  No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes  No

Have you ever worked or attended school under another name? If so, under what name?

\_\_\_\_\_

Have you ever been convicted of a crime? \*  Yes  No

If yes, give details, including date(s): \_\_\_\_\_

*\*Answering "yes" will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by law.*

**Position Desired**

Position: \_\_\_\_\_ Start date available: \_\_\_\_\_

Wage rate desired: \$ \_\_\_\_\_  Hourly  Monthly  Annually

Do you prefer:  Full-time  Part-time If part-time, hours per week desired: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_

Days of week you are available to work: \_\_\_\_\_

Are you able to work:  Weekends  
 Holidays  
 Nights  
 Overtime

Have you previously worked for Park Vista Senior Living?  Yes  No

Dates of employment with Park Vista Senior Living from \_\_\_\_\_ to \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Former supervisor(s) at this company: \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_

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### Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

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### Skills

Are you experienced in using personal computers?  Yes  No  PC  Mac

Are you able to use Microsoft Word, PowerPoint or Excel? What other programs are you capable of using?

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## Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

## References

Identify three persons who know your work, beginning with the most recent.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

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### Authorization and Acknowledgement

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

**I understand that this is NOT a contract of employment.**

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Candidate Signature

Date

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## 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.
- Refer to DQA form F-82064A, *BID Instructions*, 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.
- **PRINT OR TYPE YOUR ANSWERS.**

**Check the box that applies to you.**

- Employee / Contractor (including new applicant)       Household member (lives on premises, but is not a client)
- Applicant for a license, certification, or registration (including continuation or renewal)       Other – Specify: \_\_\_\_\_

**NOTE:** If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>		<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date (MM/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)				
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)				

**A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

### SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

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.
- Yes    No
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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.
- Yes    No

3. **IMPORTANT: Read before completing item 3.**

**Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY.** "All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential." Reports and records may be disclosed only to the persons identified in this section.

**If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.**

Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?

Yes No

**If the above box has been checked**, provide an explanation below, including when and where the incident(s) occurred.

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.

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.

**SECTION 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.
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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.
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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.
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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.
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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.
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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.

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***Read 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 of today's date.

Name – Person Completing This Form

Date Submitted