



**Employment Record (list last or present position first)**

Present and Former Employers	Dates Employed	Salary Range	Position and Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From: _____ To: _____	Starting: _____ Ending: _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From: _____ To: _____	Starting: _____ Ending: _____	
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Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From: _____ To: _____	Starting: _____ Ending: _____	

If your former employment references, education or military service are under a name other than indicated on front of this application, please indicate that name here \_\_\_\_\_  
 Last First Middle Initial

Have you ever been convicted of a crime?  Yes  No If Yes, for what, when and where? \_\_\_\_\_

*(Conviction of a criminal offense will not necessarily preclude your employment.)*

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

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**References**

Name	Title	Phone Number	Email Address	# of years Known

# WILD ROSE MANOR

## AUTHORIZATION TO SECURE APPLICANT REFERENCE INFORMATION

I have placed an application for employment with Wild Rose Manor. I hereby authorize Wild Rose Manor to initiate reference checks of such information as necessary to verify my qualifications for the position for which I have applied and understand that I have no right to see any references obtained. I do further authorize third parties having such information to furnish same to Wild Rose Manor and do hereby release said parties and hold them harmless from any liability for furnishing such information on a good faith basis, without malice.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Reference: Please check the phrases which best describe the applicant**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Re: \_\_\_\_\_  
\_\_\_\_\_ Position applied for: \_\_\_\_\_

**APPEARANCE**

\_\_\_\_\_ Makes the best possible impression  
\_\_\_\_\_ Is neat and pleasing  
\_\_\_\_\_ Is careless and unattractive

**QUANTITY OF WORK**

\_\_\_\_\_ Turns out more than usual  
\_\_\_\_\_ Turns out satisfactory amount  
\_\_\_\_\_ Turns out fair amount

**ABILITY TO DEAL WITH PEOPLE**

\_\_\_\_\_ Ingenious and tactful  
\_\_\_\_\_ Pleasant and courteous  
\_\_\_\_\_ Likely to antagonize

**INITIATIVE**

\_\_\_\_\_ Pushes work through on own  
\_\_\_\_\_ Depends on others  
\_\_\_\_\_ Needs considerable supervision

**QUALITY OF WORK**

\_\_\_\_\_ Rarely makes mistakes  
\_\_\_\_\_ Makes occasional errors  
\_\_\_\_\_ Is often inaccurate

**EFFECT ON CO-WORKERS**

\_\_\_\_\_ Promotes cooperation and teamwork  
\_\_\_\_\_ Has no outstanding effect  
\_\_\_\_\_ Sometimes irritates & causes trouble

**DATES EMPLOYED:** \_\_\_\_\_

**DUTIES PERFORMED WHILE IN YOUR EMPLOYMENT:** \_\_\_\_\_

**\*PHONE REFERENCE COMMENTS**

**ATTENDANCE AND DEPENDABILITY**

Would you rehire this individual? YES NO

Why or why not? \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return completed form to Attn: \_\_\_\_\_

Wild Rose Manor  
PO BOX 391  
425 Summit Street  
Wild Rose Manor, WI  
FAX# (920) 622-4342

# WILD ROSE MANOR

## AUTHORIZATION TO SECURE APPLICANT REFERENCE INFORMATION

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Reference: Please check the phrases which best describe the applicant

To: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Re: \_\_\_\_\_  
\_\_\_\_\_ Position applied for: \_\_\_\_\_

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DATES EMPLOYED: \_\_\_\_\_

DUTIES PERFORMED WHILE IN YOUR EMPLOYMENT: \_\_\_\_\_

#### \*PHONE REFERENCE COMMENTS

#### ATTENDANCE AND DEPENDABILITY

Would you rehire this individual? YES NO

Why or why not? \_\_\_\_\_

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Date \_\_\_\_\_

Please return completed form to Attn: \_\_\_\_\_

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\_\_\_\_\_ Re: \_\_\_\_\_  
\_\_\_\_\_ Position applied for: \_\_\_\_\_

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**DUTIES PERFORMED WHILE IN YOUR EMPLOYMENT:** \_\_\_\_\_

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**ATTENDANCE AND DEPENDABILITY**

Would you rehire this individual? YES NO  
Why or why not? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Please return completed form to Attn: \_\_\_\_\_

Wild Rose Manor  
PO BOX 391  
425 Summit Street  
Wild Rose Manor, WI  
FAX# (920) 622-4342

**BACKGROUND INFORMATION DISCLOSURE (BID)**

Completion of this form is required under the provisions of Chapters 48.685 and 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 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 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.

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)				Birth Date	Gender (M / F)
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White				Social Security Number(s)	
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 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.		<input type="checkbox"/>	<input type="checkbox"/>
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.		<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 <b>Yes</b> , 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 <b>Yes</b> , explain, including when and where it happened.		<input type="checkbox"/>	<input type="checkbox"/>

(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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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 3 years.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes, list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
6. 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.	<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.

PRINT NAME – Required Individual	Date Submitted
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