



For Office Use

F-018-A

Background : _____
Drug Screen: _____
Interview: _____
Start Date: _____
Stop Date: _____

Employment Application

(Please print all information)

Careers Industries, Inc. considers applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

APPLICATION DATE _____ DATE AVAILABLE TO START _____

NAME _____
(Last) (First) (MI)

PRESENT ADDRESS _____
(Street) (City) (State) (Zip)

PERMANENT ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE # _____ MESSAGE # _____ SOCIAL SECURITY # _____

POSITION DESIRED _____ SALARY DESIRED _____

REFERRED TO CAREERS BY _____

EDUCATION

HIGH SCHOOL /LOCATION _____

GRADE LEVEL _____ GRADUATION YEAR _____

EXTRACURRICULAR ACTIVITIES _____

COLLEGE/TECH SCHOOL/LOCATION _____

GRADE LEVEL _____ GRADUATION YEAR _____

COURSE OF STUDY _____

EXTRACURRICULAR ACTIVITIES _____

GRADUATE/OTHER EDUCATION _____

Please complete other side of form

PRESENT EMPLOYER

JOB TITLE _____

COMPANY _____ START DATE _____

ADDRESS _____

TELEPHONE _____ SALARY, STARTING & PRESENT _____ / _____

MAY WE CONTACT YOUR EMPLOYER AS A REFERENCE? YES NO SUPERVISOR _____

FORMER EMPLOYER

JOB TITLE _____

COMPANY _____ START DATE _____ END DATE _____

ADDRESS _____

TELEPHONE _____ SALARY, STARTING & FINAL _____ / _____

MAY WE CONTACT YOUR EMPLOYER AS A REFERENCE? YES NO SUPERVISOR _____

REASON FOR LEAVING _____

FORMER EMPLOYER

JOB TITLE _____

COMPANY _____ START DATE _____ END DATE _____

ADDRESS _____

TELEPHONE _____ SALARY, STARTING & FINAL _____ / _____

MAY WE CONTACT YOUR EMPLOYER AS A REFERENCE? YES NO SUPERVISOR _____

REASON FOR LEAVING _____

EMERGENCY CONTACT (E.G. FAMILY MEMBER)

NAME _____ RELATIONSHIP _____

PHONE # _____

MISCELLANEOUS

Have you been convicted of a felony within the past 7 years? _____ If yes, explain _____

Are you legally eligible for employment in the United States? _____

Have you ever been employed or volunteered at Careers Industries before? _____ If yes, date _____

If you are under age 18, can you provide proof of your age? _____

Please complete next page

REFERENCES

Please provide the names, addresses and telephone numbers of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

The information in this Employment Application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at any time.

I understand that acceptance of an offer of employment does not create a contractual obligation upon Careers to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report

(Signature of Applicant)

(Date)

Return completed application to:

Careers Industries, Inc.
4811 Washington Ave.
Racine, WI 53402
262-752-4100

Careers Industries, Inc.
161 Industrial Drive
Burlington, WI 53105
262-763-8880

For Office Use

| | | | |
|------------------|-------|------------------------|-------|
| Interview Date | _____ | Position | _____ |
| Department | _____ | Supervisor | _____ |
| Hire Date | _____ | Will Report To Work On | _____ |
| Orientation Date | _____ | | |

Other:

Careers Industries, 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 also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (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. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

| | |
|-----------------------------|----------------|
| Name | Date |
| | ____/____/____ |
| Position applied for | |

Section 2: Please check all that apply (See reverse for definitions)

| | | | |
|--|---------------------------------|---|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Race or Ethnic Identity | Gender | **Veteran Status | |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Male | <input type="checkbox"/> Vietnam Era Veteran | |
| <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Female | <input type="checkbox"/> Special Disabled Veteran | |
| <input type="checkbox"/> Black or African American (not Hispanic or Latino) | | <input type="checkbox"/> Other Eligible Veteran | |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) | | **Other | |
| <input type="checkbox"/> Asian (not Hispanic or Latino) | | <input type="checkbox"/> Individual with Disabilities | |
| <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) | | | |
| <input type="checkbox"/> Two or More Races (not Hispanic or Latino) | | | |
| <input type="checkbox"/> I do not wish to Self-Identify Signature _____ | | | |
| How did you hear of our opening? | | | |
| <input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> Other - Explain Below: | | | |
| For Human Resources Use Only: | Requisition # | | Job Group |
| | | | |

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five races.

Individual with Disabilities Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Special Disabled Veteran Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (i) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.

Veteran of the Vietnam Era Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

Other Eligible Veteran Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

BACKGROUND INFORMATION DISCLOSURE (BID)

INSTRUCTIONS

The Background Information Disclosure form (F-82064) 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 Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) 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://dhs.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

| | |
|--|---|
| Programs Regulated under Chapter 48, Wis. Stats. | 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, Wis. Stats. | 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 DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., 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 Services' Caregiver Misconduct 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 (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) regulated 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 |
| Address <u>Street, City, State, ZIP Code</u> | | | | | Social Security Number(s) | |
| 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 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. | | |
| 2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th 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 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. | | |
| 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 Yes , 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 Yes , 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 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 ? ➤ 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, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years. | | |
| 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 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. | | |

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.

| | |
|------------------|-------------|
| SIGNATURE | Date Signed |
|------------------|-------------|



BACKGROUND CHECKING AND DRUG SCREENING

Background checks

In order to ensure the delivery of safe and sensitive services to Careers' participants by Careers' employees, all of whom are hired into positions of trust, Careers will conduct pre-employment background checks on all applicants. These background checks are consistent with Wisconsin law, which requires background checks of employees who have, or are expected to have, regular, direct contact with participants. Direct contact means face-to-face physical proximity to a participant that affords the opportunity to commit abuse or neglect of a participant or to misappropriate the property of a participant. It is Careers' determination that all of its employees have, or are expected to have, direct contact with Careers' participants.

In order to facilitate the required pre-employment background check, prospective employees will be required to complete a Wisconsin Department of Health Services Form F-82064, known as a Background Information Disclosure form, as part of the application process. The completed form F-82064 should be attached to the Employment Application.

Records gathered as a result of a criminal background check will be kept in a confidential file. These records will include the Background Information disclosure form, information collected from the check, analysis and decision if criminal activity substantially related to the position, and correspondence related to the criminal background check.

Drug Screening

Careers Industries conducts post offer, pre-employment drug tests. Therefore, each prospective employee, as a condition of employment, is required to cooperate and participate in pre-employment drug testing.

Testing is conducted through an independent qualified provider with whom Careers will contract for the testing services. All testing will be conducted in



accordance with the independent qualified provider's established guidelines. A positive result will disqualify the applicant.

I have been given the opportunity to ask questions, read and understand the above information. I agree to comply with the procedures and I am willing to pursue my application for consideration of employment.

Signature

Date