

# SENIORMINIUMS EMPLOYMENT APPLICATION

PLEASE PRINT

## GENERAL INFORMATION

Last Name	First Name	Middle Name	Social Security Number	Application Date
Current Address		City	State	Zip Code
Home Phone	Cell Phone	To assist us in checking your work, school, or other records, have you ever been known by any other name?		
Position Applied For		Are you seeking...? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal		
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to rotate shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	How were you referred to us?
What is your preferred shift? <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Any		Are you legally able to work in the United States under the immigration laws of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Minimum wage expected \$	Do you have any relatives employed here? If yes, give name. <input type="checkbox"/> No <input type="checkbox"/> Yes		Have you ever filed an application with this company? If yes, when? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have transportation? <input type="checkbox"/> No <input type="checkbox"/> Yes		Please list professional organizations to which you belong.		
Are you CBRF certified in Wisconsin? <input type="checkbox"/> No <input type="checkbox"/> Yes		Registry, certification, or professional license number.  <span style="float: right;">State</span>		
Have you been convicted of a felony within the last seven years? If yes, please give details. <input type="checkbox"/> No <input type="checkbox"/> Yes		Have you even been found guilty by a court of law of abusing, neglecting, or mistreating an individual in a healthcare setting? If yes, give details. <input type="checkbox"/> No <input type="checkbox"/> Yes		

## EDUCATION

School Name	City/State	Major Course	Circle Last Year Completed	Type of Degree
High school			1 2 3 4	
College/University			1 2 3 4	
Technical/Business			1 2 3 4	

## HEALTHCARE EXPERIENCE (If applicable to position)

LICENSED NURSES	<input type="checkbox"/> Hospital	<input type="checkbox"/> Long-term care facility	<input type="checkbox"/> Mental health	<input type="checkbox"/> Other	_____
NURSING ASSISTANTS	<input type="checkbox"/> Hospital	<input type="checkbox"/> Long-term care facility	<input type="checkbox"/> Mental health	<input type="checkbox"/> Other	_____
OTHER	<input type="checkbox"/> Hospital	<input type="checkbox"/> Long-term care facility	<input type="checkbox"/> Mental health	<input type="checkbox"/> Other	_____

This company does not discriminate in hiring or employment on any basis protected by law. Please tell us if you require special arrangements during the interview process.

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## EMPLOYMENT HISTORY

Employer		Telephone Number	
Job Title		Supervisor Name	
Address	City	State	Zip Code
Describe your duties			
Reason for leaving			
Start Date:	End Date:	Salary/Wage:	

Employer		Telephone Number	
Job Title		Supervisor Name	
Address	City	State	Zip Code
Describe your duties			
Reason for leaving			
Start Date:	End Date:	Salary/Wage:	

Employer		Telephone Number	
Job Title		Supervisor Name	
Address	City	State	Zip Code
Describe your duties			
Reason for leaving			
Start Date:	End Date:	Salary/Wage:	

### PLEASE READ BEFORE SIGNING

I certify that the answers given in this application and in the employment interview(s) are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application and further authorize my former employers, government agencies, schools, and personal references to provide any information they have regarding me. I hereby release all employers, government agencies, schools, and personal references from any liability for providing information concerning me. If the results of this investigation do not meet the standards of employment required by law, licensure, regulations, or policies of the company, state, or federal authorities, I understand that an offer of employment may not be extended, may be revoked, or that my employment may be terminated.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge and that my employment here is contingent on a physical exam, if required. I understand also that the Immigration and Reform Control Act of 1986 requires that employers hire only U.S. citizens and aliens authorized to work in the United States and that all person hired will be required to submit documents for verification to establish identity and employment authorization. In consideration of my employment, I agree to conform to the rules and regulations of my employer and that my employment and compensation can be terminated with or without cause and with or without notice at any time at the opinion of either my employer or myself. I understand that no company representative other than the president has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that the employer reserves the right to provide other future employers with reference information concerning my performance during employment and the reason for ending my employment. I hereby consent to the release of such information. I understand that I am not currently employed, other than as may be shown on this application. I further certify that in applying for employment I am not acting on behalf of in the interest of any other person, organization, or entity, but am simply seeking gainful employment on my own behalf. If employed, I agree to inform the company if I obtain any other employment while working for the company.

I hereby acknowledge that I have read and understand the above statements.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## 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 denial or revocation of your license, certification or registration; or denial or termination of your employment or contract. Refer 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 licensure or certification or registration (including continuation or renewal)
  Other - please specify

Name - First and Middle	Name - Last	Position (Complete only if a prospective employee, contractor or a current employee/contractor)	
Any other names by which you have been known (including maiden name)	Date of Birth	Gender (M/F)	Race
Address		Social Security Number	
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, and tribal courts? ♦ If yes, list each crime, when it occurred or the date of the conviction, and the city/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.		
2) Were you ever found to be (adjudicated) delinquent by a county of law on or after your 12th birthday for a crime of 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: <div style="margin-left: 40px;"> <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.)                     </div> ♦ 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.		
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.		

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## 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?	<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?	<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, 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.	<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 past 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 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.	<input type="checkbox"/>	<input type="checkbox"/>

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

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 I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly and intentionally providing false information or omitting information may result in a forfeiture fine of up to \$1,000.00 and other sanctions as provided in HFS 12.20 (1) (c) Wis. Adm. Code.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## EMPLOYMENT REFERENCE

SeniorMiniums  
Lake Terrace West  
6771 S. 68th Street  
Franklin, WI 53132  
Phone: (414) 525-2690  
Fax: (414) 425-6694

I \_\_\_\_\_ give SeniorMiniums permission to contact my current/previous places of employment.

Please print name

Signature \_\_\_\_\_

Date \_\_\_\_\_

----- DO NOT WRITE BELOW THIS LINE -----

**(TO BE COMPLETED BY EMPLOYER)**

Date \_\_\_\_\_

Your name has been given as an employment reference for \_\_\_\_\_, who states that he/she was employed as

\_\_\_\_\_ on these dates \_\_\_\_\_. Please provide the following information:

Attendance:	Excellent	Good	Fair	Poor
Cooperation:	Excellent	Good	Fair	Poor
Job Duty Performance:	Excellent	Good	Fair	Poor
Initiative:	Excellent	Good	Fair	Poor

Please confirm job title: \_\_\_\_\_

Please confirm employment dates: \_\_\_\_\_

If a job opportunity existed, would you consider him/her eligible for rehire?

Yes

No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_