Shorehaven
Trusted for Generations

1305 W. WISCONSIN AVENUE, P. O. BOX 208
OCONOMOWOC, WISCONSIN 53066
PHONE: (262) 567-8341 FAX: (262) 567-0273

MISSION STATEMENT: "Reflecting Christ's Love, We Provide Homes and Resources for Seniors."

APPLICATION FOR EMPLOYMENT

Shorehaven is an Equal Opportunity Employer. It is our policy to provide employment, compensation and benefits related to employment without regard to race, color, religion, national origin, ancestry, age, marital or veteran status, sex or sexual orientation, unrelated arrest or conviction record, disability or any other basis prohibited by State or Federal Law.

This Application for Employment will be considered active for forty-five (45) days. If you have not been employed within this period and are still interested in employment at Shorehaven, please contact the Human Resources Office indicating your interest in an available position after forty-five (45) days from date of this application.

DATE OF APPLICATION: _____ **EMAIL ADDRESS:** _____

NAME: _____
LAST **FIRST** **MIDDLE**

ADDRESS: _____
STREET **CITY** **STATE** **ZIP**

Have you ever been employed under a different name? If so, please list names used: _____

_____

Telephone #: (____) _____ Alternate Telephone #: (____) _____

Position(s) Applied For: _____

Are you available to work? Full-time_____ Part-time _____ Occasional/Seasonal _____

Weekends _____ Shift: Days _____ Evenings _____ Nights _____

On what date would you be available for work? _____

Are you at least eighteen (18) years old? Yes _____ No_____

Have you filed an application here before? Yes _____ No_____ If yes, when: _____

Have you been employed here before? Yes _____ No_____ If yes, when: _____

If previously employed, reason for leaving: _____

_____

How did you learn of our organization? _____

Names of Friends or Relatives employed here? _____

EDUCATION:	**Name and Address of School**	**Number of Years Completed**	**Course of Study**	**Certification or Degree**
Elementary				
High School				
College				
Other				

Please describe additional job-related seminars, skills or qualifications (e.g. tools & equipment, computers &/or software, specialized training, etc.). If certified, please provide your **CNA REGISTRATION NUMBER BELOW**.

_____

_____

_____

(Omit any activities, honors, memberships, etc. that tend to identify your race, sex, national origin, age, disability or other personal traits.)

REFERENCES:

May we communicate with your present employer? Yes_____ No_____

Give name, address, and phone number of three references <u>not related to you</u>.

1._____

2._____

3._____

Please tell us a little about yourself and why you are interested in working here.

_____

_____

_____

_____

_____

_____

EMPLOYMENT HISTORY (Please Furnish Addresses and Phone Numbers):

Please list the last four jobs held starting with the **most recent employment**. Include volunteer activities and military service assignments.

Last Employer	Job Title and Duties
Address	
City State Zip	
Telephone Number ( ) -	
Immediate Supervisor	
Final Wage $	Reason for leaving
Employment Dates _____ to _____	

Previous Employer	Job Title and Duties
Address	
City State Zip	
Telephone Number ( ) -	
Immediate Supervisor	
Final Wage $	Reason for leaving
Employment Dates _____ to _____	

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Have you ever been convicted of a felony, misdemeanor, or ordinance violation other than a traffic violation? If yes, please explain. YES_____ NO_____

_____

Are there charges pending against you? If yes, please explain. YES_____ NO_____

_____

NOTE: Providing the above information will not result in automatic disqualification of employment.

Do you have the legal right to be employed in the U.S.? YES _____ NO _____

(Proof of identity and eligibility will be required upon employment.)

SHOREHAVEN

NOTICE TO APPLICANTS - Please read each paragraph carefully before signing:

I certify that this application was completed by me and all information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations, omissions, false or evasive information may be cause for rejection, or may be cause for subsequent dismissal if I am hired.

I understand that an offer of employment extended to me will be contingent based on satisfactory physical examination including TB skin test or chest x-ray, a drug screen, employment references, and criminal background check (a criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job).

I hereby authorize any former employer, person, firm, corporation, or government agency to answer any and all questions regarding my application and to release or provide any information within their knowledge or records. I agree to hold any or all of them blameless and free of any liability for releasing any truthful information that is within their knowledge or records.

I understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Shorehaven or myself. I understand that no representative of Shorehaven, other than the CEO, 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.

_____ _____

Date Signature of Applicant

Shorehaven
1305 W. Wisconsin Avenue, P. O. Box 208
Oconomowoc, WI 53066
Phone (262) 567-8341 • FAX (262) 567-0273 • www.shorehavenliving.org

REFERENCE CHECK

(Applicants should complete only sections 1 & 2)

SECTION 1

Name:_____
LAST FIRST MIDDLE

has applied with us for a position as _____ and has given your name as a former employer. We would appreciate your assistance in determining his/her qualifications by checking the items requested below. PLEASE NOTE THAT THE APPLICANT HAS SIGNED BELOW TO AUTHORIZE RELEASE OF THIS INFORMATION. It is understood that any information received will be held in confidence.

Previous Employer:_____

Contact Name:_____Telephone Number _(____)____-_____

Employed as: _____Pay Rate:_____Per: _____

Employed from: _____to_____ Name at time of Employment: _____

SECTION 2

I, _____, do hereby consent to and authorize the above named employer to
(signature)
release the information requested within this reference form and I do hereby hold harmless and release said

employer from any liability in releasing the information to Shorehaven. Date:_____

SECTION 3

	Outstanding	Above Average	Average	Below Average	Unsatisfactory
Work Performance	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____

Comments: (Use back if necessary)_____

Why did applicant leave your company?_____

Would you rehire? Yes_____ No_____ If no, why not? _____

_____

Signed: _____ Company: _____

Title: _____ Date: _____

SP-3 8/01/18 psl

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Flu Vaccination

I understand that as a condition of employment I will be expected to obtain a seasonal flu vaccination as required by Shorehaven.

_____
Print Name

_____
Signature Date

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.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.

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 – *First*	*Middle*	*Last*

Position Title (Complete only if a prospective or current employee or contractor.)	Birth Date *(MM/dd/yyyy)*	Sex ☐ Male ☐ Female

Any Other Names By Which You Have Been Known (Including Maiden Name)

Race / Ethnicity (Check ONLY one.)
☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☐ White ☐ Unknown

Social Security Number

Home Address	City	State	Zip Code

Business Name and Address – Employer or Care Provider (Entity)
Shorehaven, 1305 W. Wisconsin Ave, Oconomowoc, WI 53066

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.
Note: The areas below that are designated for responses are expandable.

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 ☐

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?
   If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.
   Yes ☐ No ☐

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.

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.

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.

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.

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.

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.

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