

# ROLLING HILLS

Rehabilitation Center – Special Care Home

14345 County Hwy B • Sparta, Wisconsin 54656 (608) 269-8800 • Fax (608) 269-4386

[www.rollinghillsrehab.org](http://www.rollinghillsrehab.org)

I, \_\_\_\_\_ authorize the following states to disclose all criminal history record information to Monroe County Rolling Hills Rehab Center for the purpose of being employed with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
State

\_\_\_\_\_  
Residency Dates

\_\_\_\_\_  
State

\_\_\_\_\_  
Residency Dates

\_\_\_\_\_  
State

\_\_\_\_\_  
Residency Dates

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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   |                                  |
| Address  |               |  | 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?<br>> 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.  | <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.)<br>> 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. | <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:<br><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.)<br>> If Yes, 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?<br>> If Yes, 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?<br>> 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?<br>> 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?<br>> 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?<br>> 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?<br>> 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?<br>> If yes, indicate the year of discharge: _____<br>> 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?<br>> 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?<br>> 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?<br>> 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 |
|----------------------------------|----------------|

# Official Application of Monroe County

EEO/AA/ADA Employer



Please complete all sections of the application and return complete form to:  
 Monroe County Personnel Office, 14345 Co Hwy B, Rm. 3, Sparta, WI 54656-4509.  
**Failure to do so will result in the rejection of your application.** (Please type or print legibly in ink.)

|                              |                    |               |              |
|------------------------------|--------------------|---------------|--------------|
| <b>Position Applied for:</b> | <b>Department:</b> |               | <b>Date:</b> |
| <b>Name, Last:</b>           | <b>First:</b>      |               | <b>MI:</b>   |
| <b>Address, Street:</b>      | <b>City:</b>       | <b>State:</b> | <b>ZIP:</b>  |
| <b>Phone Number:</b>         | <b>E-Mail:</b>     |               |              |

List days and hours you are NOT available to work: \_\_\_\_\_  
 When will you be available for employment? \_\_\_\_\_  
 Have you ever been convicted of a felony?  Yes or  No If Yes, when? \_\_\_\_\_  
 Where? \_\_\_\_\_ For what? \_\_\_\_\_  
 List extenuating circumstances on a separate sheet and attach to application.  
 A conviction will not necessarily preclude you from employment.

Are you legally eligible for employment in the United States?  Yes or  No

Do you have any relatives employed by or elected to Monroe County positions?  Yes or  No  
 If yes, list name, department and relationship: \_\_\_\_\_

Check highest grade completed: High School:  9  10  11  12  
 College:  1  2  3  4 Name of High School: \_\_\_\_\_  
 Post Graduate:  1  2  3  4 Address: \_\_\_\_\_  
 Vocational:  1  2  3  4 If not a high school graduate, do you have a GED? \_\_\_\_\_

List any schools beyond high school that you have attended and attach proof of degree, i.e., diploma,  
 Transcripts (do not have to be certified copies).

| Name/Location | # of years | Credits | Major | Type of Degree |
|---------------|------------|---------|-------|----------------|
|               |            |         |       |                |
|               |            |         |       |                |
|               |            |         |       |                |

If applicable, words per minute typing: \_\_\_\_\_ Dictaphone Experience: \_\_\_\_\_  
 List office machines and computers you can operate proficiently: \_\_\_\_\_

Certain jobs require a valid Wisconsin driver's license, do you have one?  Yes or  No  
 If no, do you possess an out of state drivers license?  Yes or  No If yes, what state? \_\_\_\_\_  
 If commercial driver's license is required: Class(es): \_\_\_\_\_ Endorsements: \_\_\_\_\_  
 Professional certifications: Type: \_\_\_\_\_ Registration # \_\_\_\_\_ State \_\_\_\_\_  
 List languages you are fluent in: \_\_\_\_\_  
 If applicable, list types of machinery or equipment you can operate: \_\_\_\_\_

**WORK HISTORY:** Please list all employment **dating back at least ten years** beginning with the most recent employer. You may attach additional sheets if necessary. **NOTE: DO NOT REFER TO RESUME.** A resume may be attached, but does not substitute for the county application.

| DATES OF EMPLOYMENT   | NAME AND ADDRESS OF COMPANY | JOB TITLE AND BRIEF DESCRIPTION OF DUTIES |                    |
|---|-----------------------------|---|--------------------|
| From: _____<br>month/year<br>To: _____<br>month/year<br>____ hours per week<br>Wage: \$ _____ |                             | TITLE:                                    |                    |
|   |                             |   |                    |
|   |                             | Supervisor Name/Phone #                   | Reason for Leaving |
| From: _____<br>month/year<br>To: _____<br>month/year<br>____ hours per week<br>Wage: \$ _____ |                             | TITLE:                                    |                    |
|   |                             |   |                    |
|   |                             | Supervisor Name/Phone #                   | Reason for Leaving |
| From: _____<br>month/year<br>To: _____<br>month/year<br>____ hours per week<br>Wage: _____    |                             | TITLE:                                    |                    |
|   |                             |   |                    |
|   |                             | Supervisor Name/Phone #                   | Reason for Leaving |
| From: _____<br>month/year<br>To: _____<br>month/year<br>____ hours per week<br>Wage: \$ _____ |                             | TITLE:                                    |                    |
|   |                             |   |                    |
|   |                             | Supervisor Name/Phone #                   | Reason for Leaving |
| From: _____<br>month/year<br>To: _____<br>month/year<br>____ hours per week<br>Wage: \$ _____ |                             | TITLE:                                    |                    |
|   |                             |   |                    |
|   |                             | Supervisor Name/Phone #                   | Reason for Leaving |
| From: _____<br>month/year<br>To: _____<br>month/year<br>____ hours per week<br>Wage: \$ _____ |                             | TITLE:                                    |                    |
|   |                             |   |                    |
|   |                             | Supervisor Name/Phone #                   | Reason for Leaving |

**PROFESSIONAL REFERENCES:** List three persons familiar with your professional ability whom we may contact (**NO RELATIVES OR CURRENT AND PAST SUPERVISORS**).

| NAME AND ADDRESS | TELEPHONE NUMBER | TITLE | YEARS KNOWN |
|------------------|------------------|-------|-------------|
|                  | HOME:            |       |             |
|                  | WORK:            |       |             |
|                  | HOME:            |       |             |
|                  | WORK:            |       |             |
|                  | HOME:            |       |             |
|                  | WORK:            |       |             |

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT  
WITH MONROE COUNTY

I certify that the answers given by me in this application, including attachments, are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that Monroe County shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, educational institutions, current and previous employers, municipalities, licensing authority, medical institutions, or persons to give to Monroe County any information requested regarding my employment, character, experience and qualifications, and/or suitability for employment with Monroe County including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I hereby release an individual or institution from any and all liability for damages of whatever kind, which may at any time result from me, my heirs, or family because of the compliance within this authorization. In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to an appointment to a position with Monroe County. Refusal to participate will result in the rejection of my application.

I understand that Monroe County will contact my current employer only if I am a finalist, and that Monroe County will notify me prior to contacting my current employer.

Monroe County considers applicants for positions without regard to age, sex, race, creed, color, national origin, ancestry, disability, marital or veteran status, sexual preference, arrest and conviction record, or any other legally protected status, except where requirements constitute a bona fide occupational qualification. The Wisconsin Open Records law requires the release of the finalist candidates' names upon request. If you wish to keep your application confidential prior to becoming a finalist, please indicate in a letter accompanying your application.

\_\_\_\_\_  
Applicant's Signature (handwritten required)

\_\_\_\_\_  
Date

If you need special accommodations for the interview, please contact the Personnel Department prior to the interview date.

Please complete this sheet. It will be separated from your application form as soon as it is received.

MONROE COUNTY HAS ADOPTED AN AFFIRMATIVE ACTION PLAN. IN AN ATTEMPT TO JUDGE THE EFFECTIVENESS OF OUR RECRUITMENT EFFORTS, WE REQUEST THAT YOU PROVIDE THE FOLLOWING INFORMATION. THIS INFORMATION WILL IN NO WAY BE USED IN THE DECISION TO HIRE OR PROMOTE. COMPLETE ANONYMITY WILL BE PRESERVED IN ALL INSTANCES.

Male Date of Birth \_\_\_\_\_

Female Age \_\_\_\_\_

Other name(s) you have worked under (maiden, etc.) \_\_\_\_\_

**How do you describe yourself in the following terms?**  
(Please mark one)

**Veteran Status**  
(Please mark one)

- African American
- Asian or Pacific Islander
- Hispanic
- Native American
- White (not of Hispanic origin)
- Other \_\_\_\_\_

- Non-Veteran
- Korean Era Veteran
- Viet Nam Era Veteran
- Desert Shield/Storm Veteran
- Iraqi Freedom Veteran
- Other Dates \_\_\_\_\_

**How did you hear about this position?** (Please mark one)

- La Crosse Tribune Newspaper Ad
- Online (Tribune website or monster.com)
- Job Center of Wisconsin
- Tomah or Sparta Newspaper Ad
- Word of mouth
- Other \_\_\_\_\_