

ROLLING HILLS

Rehabilitation Center – Special Care Home

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

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) APPENDIX
For License Holders and Non-Client Residents in DQA-Regulated Facilities

DQA USE ONLY	
<input type="checkbox"/>	Initial Application
<input type="checkbox"/>	Four-Year Renewal

- Completion of this BID Appendix 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.
- Refer to DQA form F-82069A, BID Appendix Instructions, for additional information.

SECTION 1 – REQUIRED INDIVIDUALS (Check the most appropriate box in Section 1.)

Non Governmental Entities

- License holder / legal representative of an existing facility Principal officer, corporation, or board member
 Applicant for a new facility license, certification, or registration Non-client resident (age 10 or older)

Governmental and Tribal Entities

- Entity administrator/operator Applicant for new facility license/certification/registration Non-client resident (age 10 or older)

SECTION 2 – PERSONAL INFORMATION

Social Security No.	Name – First	MI	Last
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Other Names By Which You Have Been Known (including Maiden Name)	Birth Date (MM/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race
 American Indian or Alaskan Native Asian or Pacific Islander Black White Unknown

Street Address – Home	City	State	Zip Code
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SECTION 3 – SPECIFIC FACILITY INFORMATION

- Check here if a list of facilities is attached. (See instructions for more information.)

Job Title / Relationship to Facility	Telephone No. – Work
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Name – Facility	Lic. / Cert. / Reg. No.	Code – Facility Type (If “000 Other,” specify.)
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Street Address – Facility	City	State	Zip Code
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Name – Facility Contact Person	Email Address – Contact Person	Telephone No. – Contact Person
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SECTION 4 – BUSINESS INFORMATION

Business Name – Corporation / Organization

Street Address – Corporation / Organization	City	State	Zip Code
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Name – Contact Person for Corporation / Organization	Telephone No. – Contact Person
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SECTION 5 – BACKGROUND CHECK FEE

Fee Included

- Initial application for new facility
 License holder/legal representative of an existing facility and completing an application for a new facility in a new calendar year.
 Four-year renewal for existing facility

Fee Not Included

- Existing license holder/legal representative completing an application for a new facility in the same calendar year as the last application submitted.

Read and initial the following statements.

_____ I have completed and reviewed the attached BID (F-82064) and affirm that the information is true and correct as of today’s date.

_____ I understand that I must report changes, pending changes, and/or convictions to the Department within one (1) business day.

NAME – Required Individual (as identified in Section 1)	Date Submitted
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- | | | |
|---|---------------------------------|--------------------------------|
| <p>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.</p> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <p>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.</p> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <p>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.</p> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <p>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.</p> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

SECTION B – OTHER REQUIRED INFORMATION

- | | | |
|---|---------------------------------|--------------------------------|
| <p>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.</p> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <p>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.</p> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <p>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 three (3) years.</p> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?
If Yes, list each state and the dates you resided there.</p> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <p>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?
If Yes, list each state and the dates you resided there.</p> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <p>6. Have you had a caregiver background check done within the last four (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.</p> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <p>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?
If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.</p> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

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

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, 124 North Court Street, Sparta, WI 54656.

Failure to do so will result in the rejection of your application. (Please type or print legibly in ink.)

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

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: _____ month/year To: _____ month/year _____hours per week Wage: \$ _____		TITLE: Supervisor Name/Phone # Reason for Leaving	
From: _____ month/year To: _____ month/year _____hours per week Wage: \$ _____		TITLE: Supervisor Name/Phone # Reason for Leaving	
From: _____ month/year To: _____ month/year _____hours per week Wage: _____		TITLE: Supervisor Name/Phone # Reason for Leaving	
From: _____ month/year To: _____ month/year _____hours per week Wage: \$ _____		TITLE: Supervisor Name/Phone # Reason for Leaving	
From: _____ month/year To: _____ month/year _____hours per week Wage: \$ _____		TITLE: Supervisor Name/Phone # Reason for Leaving	
From: _____ month/year To: _____ month/year _____hours per week 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)

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

Veteran Status

(Please mark one)

- 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 _____