

ROLLING HILLS

Rehabilitation Center – Special Care Home

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

www.rollinghillsrehab.org

To Any Minor Children Under the Age of 18

A Parent or Guardian must sign off for approval to run a criminal background check.

Monroe County has my permission to do a background

check on my son / daughter _____

Print name

for employment.

X

Parent / Guardian Signature

Date

**MINOR UNDER AGE
18 YEARS OLD**

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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.

Please list any states you have resided in within the last (3) three years.

_____	_____
State	Residency Dates
_____	_____
State	Residency Dates
_____	_____
State	Residency Dates

Signature

Date

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

BACKGROUND INFORMATION DISCLOSURE (BID) APPENDIX
For License Holders and Non-Client Residents in DQA-Regulated Facilities

- 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
Monroe County - Rolling Hills

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 <input type="checkbox"/> Initial application for new facility <input type="checkbox"/> License holder/legal representative of an existing facility and completing an application for a new facility in a new calendar year. <input type="checkbox"/> Four-year renewal for existing facility	Fee Not Included <input type="checkbox"/> Existing license holder/legal representative completing an application for a new facility in the same calendar year as the last application submitted.
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Read and initial the following statements.

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

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
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Position Title (Complete only if a prospective or current employee or contractor.)	Birth Date (MM/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Any Other Names By Which You Have Been Known (Including Maiden Name)
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Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Social Security Number
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Home Address	City	State	Zip Code
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Business Name and Address – Employer or Care Provider (Entity)
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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.
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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.
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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.

X _____ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

X Name – Person Completing This Form Date Submitted

Print Name

Signature

WISCONSIN WORK PERMIT REQUIREMENTS 14 & 15 year olds
Rolling Hills, 14345 Co Hwy B, Sparta, WI 54656-4509
(608) 269-8800

The following items are needed to obtain a work permit for minors:

1. Minor's Full Name: _____

2. Minor's Address: _____

3. Type of work minor will be performing:

_____ Dietary Aide _____ Certified Nursing Assistant
_____ Maintenance _____ Support Aide

 X
_____ **Rolling Hills Supervisor's signature/date**

4. Parent/guardian consent allowing minor to work:

I give my permission for the above-named minor to work at
Rolling Hills:

 X
_____ **Parent/Guardian signature/date**

5. Proof of age - one of the following: birth certificate,
baptismal certificate, driver's license, or Wisconsin Department
of Transportation Identification Card **ONLY**

6. Social Security Card

7. Name and address of school minor attends:

_____ Sparta Senior High School
506 N. Black River Street
Sparta, WI 54656

_____ Other: _____

8. \$10.00 (refunded by Rolling Hills)

9. The minor must be present to sign permit

10. A permit can not be issued without **ALL** of the above items.

See your office at school for an appointment.

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EMPLOYEE / VOLUNTEER TUBERCULOSIS SCREEN

NAME: _____ SSN: _____ - _____ - _____ DEPT.: _____

PLEASE CHECK ONE: EMPLOYEE OR VOLUNTEER

FOR NEW EMPLOYEE / VOLUNTEER: DATE LAST TESTED FOR TB: ____/____/____

WHERE: _____ RESULTS: _____

(DO NOT ADMINISTER A 2 – STEP IF TESTED WITHIN THE LAST 12 MONTHS AND DOCUMENTATION IS PROVIDED)

HISTORY OF A POSITIVE TB SKIN TEST: YES: NO:

**IF YES, THE EMPLOYEE MUST BE EVALUATED BEFORE REPORTING TO WORK.

PLEASE REFER TO THE DIRECTOR OF NURSES!

DO NOT ADMINISTER THE PPD IF THE EMPLOYEE IS / HAS:

- A. HIV
- B. INFECTIONS (VIRAL, BACTERIAL, FUNGAL)
- C. LIVE VIRUS VACCINATION
- D. IMMUNOSUPPRESSIVE DRUGS (CARTICOSTEROIDS, ETC.)

TB TEST	DATE GIVEN NURSE INITIALS	MANUFACTURER	LOT NUMBER	EXPIRATION DATE	FORE-ARM SITE	DATE READ NURSE INITIALS	RESULTS (RECORD IN MILLI-METERS)	REMARKS
1 ST STEP								
2 ND STEP								
ANNUAL								

CONVERSION:

A. SIGNIFIES NEW INFECTION

B. CDC DEFINITION >10 MM increase within 2-year period if under age 35

>15 MM increase if over age of 35

IF A PPD IS NOTED TO BE GREATER THAN 10 MM IN SIZE OR IS QUESTIONABLE, PLEASE REFER EMPLOYEE TO THE DIRECTOR OF NURSES FOR FURTHER EVALUATION.

REMARKS:

FOR THE PARENTS OF MINOR EMPLOYEES:

*****I give permission for my child to receive Tuberculosis Testing.

Signature: X _____ Date: _____

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.