

Position _____
Company _____
Name _____
Date _____



HEYDE COMPANIES

Employment Application

345 Frenette Dr. • Chippewa Falls, WI 54729
Phone: (715) 726-9176

HEYDE COMPANIES are Equal Opportunity Employers.

No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, creed, ancestry, political affiliation, national origin, age, marital status, religion, or status with regard to public assistance, disability, handicap, sexual orientation, or conviction of a felony. Thank you for your interest in employment with us.

Last Name (Print)	First Name	Middle	Social Security No.
Address (Street)	(City)	(State)	(Zip)
Permanent Address (If Other Than Above)			Telephone Number ()
Is there any name, other than the one stated above, by which you can be identified by previous employers or educational institutions?			Name of Company Applying For
Position Applied For	Have You Ever Been Employed With This Company?		If So, When? From: To:
Who Referred You?	Names And Relationship Of Relatives Employed With This Company		
Have You Been Convicted Of A Felony? Yes _____ No _____			
Explain:			
Date Available For Work	Full Time _____ Part Time _____	If Part Time, What Days?	Salary Expected:
What Shifts DAYS _____ Can You EVENINGS _____ Work? NIGHTS _____ ROTATING _____	Will You Work On Call, If Necessary? Yes _____ No _____ Will You Work Other Shifts in Emergencies? Yes _____ No _____ Will You Work Weekends And Holidays? Yes _____ No _____		

EDUCATIONAL HISTORY

SCHOOL	NAME OF SCHOOL AND LOCATION	MAJOR COURSE	CIRCLE LAST YEAR COMPLETED				DATES	
			Fr.	So.	Jr.	Sr.	FROM	TO
HIGH SCHOOL			1	2	3	4		
COLLEGE, TRADE PROFESSIONAL			1	2	3	4		
OTHER, INCLUDE MILITARY								
Honors And Activillies (High School)			(College)					
Degree Attained	Average Grades High School	College GPA Based On	Possible Points					
List Professional Registration or License Number, If Applicable	ORIGINAL _____ CURRENT _____	Other States Where Formerly Or Currently Registered?						
Present Level of Typing And/Or Shorthand, If Applicable			Other Business Machines					
Typing _____ wpm Shorthand _____ wpm								

List Professional and Other Organizations to which you belong, other than Religious, Social or Political, that you feel useful to us to know about in evaluating your possibilities for employment.

EMPLOYMENT RECORD (List Most Recent Position First, Including Military)

1. Present Or Most Recent Employer Date Of Hire _____ To _____	Name Of Employer	Address	Telephone Number () -	
	Your Position	Last Supervisor	Starting Salary	Final Salary
	Description Of Work Performed			
	Reason For Leaving			
2. Next Previous Employer Date Of Hire _____ To _____	Name Of Employer	Address	Telephone Number () -	
	Your Position	Last Supervisor	Starting Salary	Final Salary
	Description Of Work Performed			
	Reason For Leaving			
3. Next Previous Employer Date Of Hire _____ To _____	Name Of Employer	Address	Telephone Number () -	
	Your Position	Last Supervisor	Starting Salary	Final Salary
	Description Of Work Performed			
	Reason For Leaving			
4. Next Previous Employer Date Of Hire _____ To _____	Name Of Employer	Address	Telephone Number () -	
	Your Position	Last Supervisor	Starting Salary	Final Salary
	Description Of Work Performed			
	Reason For Leaving			

Are You Presently Employed? Yes _____ No _____

Do you have any objections to our contacting your present employer to verify the above?

No, you may contact anytime.

DO NOT contact now, you may contact at a later date, e.g.
After acceptance of offer, or a specific date, if appropriate.

AUTHORIZATION TO WORK

It is unlawful for Heyde Companies to hire individuals that are not authorized to work in the United States. Accordingly, Heyde Companies hires only citizens or aliens that are authorized to work in the United States. If you receive an offer from a Heyde Company and you accept the offer, before you will be placed on the payroll, all new employees will be required to document that they are a U.S. Citizen or an alien that is authorized to work in the United States.

If you are one of the following please check this box

- A citizen or a national of the United States.
- An alien lawfully admitted for permanent residence.
- An alien authorized by the Immigration and Naturalization Service to work **indefinitely** in the United States.

If you are hired at a Heyde Company one of the following documents must be reviewed before you can begin employment: a U.S. Passport, a certificate of U.S. Citizenship, a Certificate of Naturalization, or an unexpired Foreign Passport with an attached Employment Authorization.

If you do not have one of the above documents, then you will need to present two documents; one of the following: a State driver's license with a photograph, an I.D. card with a photograph, or information including name, sex, date of birth, height, weight and color of eyes.

AND

one of the following: an original Social Security Number Card, a Birth Certificate issued by a State, County or Municipal authority bearing a seal or an unexpired INS Employment Authorization.

REFERENCES (Not Former Employers Or Relatives)

NAME	ADDRESS	PHONE	OCCUPATION

I certify that the facts set forth in this application are true and complete.

I hereby authorize investigation of all statements contained in this application and agree that if any misrepresentation has been made by me herein or the results of an investigation are not satisfactory for any reason, any offer of employment made to me by a Heyde Company may be terminated immediately without any obligation or liability to me other than for payment, at the rate agreed upon, for service actually rendered if I have been employed.

In connection with my application for employment, I authorize Heyde Companies and any agent acting on its behalf, to conduct an inquiry as to my record of any or all of my former employers, references, criminal background, and any or all educational institutions. Moreover, I hereby release Heyde Companies and any agent acting on its behalf, from any and all liability of whatsoever nature by reason of requesting such information from any person. I also release from any and all liability all individuals and organizations who provide information to Heyde Companies in good faith and without malice concerning my employment competence, ethics, character, and other qualifications, including other privileged or confidential information.

I understand that if I am employed by a Heyde Company, my employment can be terminated by either the company or me at will, with or without cause, and with or without notice, at any time.

I hereby acknowledge that I have read and understand the foregoing.

Date _____ Signature (Do Not Print) _____



HEYDE COMPANIES

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information that is collected on the attached form will be used only in the compilation of data for EEO reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

HEYDE COMPANIES SELF-IDENTIFICATION FORM

REVISED 2007

In order to comply with government record keeping, reporting and other legal requirements, **Heyde Companies** asks that you complete the following form. **The completion of this form is voluntary.**

Section 1: General Applicant Information

Name:	Date:- ____/____/____
Facility applied for:	
Position applied for:	

Section 2: Please check all that apply

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino (<i>A person having origins in Central or South America</i>) <input type="checkbox"/> Two or more races, not Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native (<i>A person having origins in any of the original peoples of North America and who maintains culture identification through tribal affiliation or community recognition.</i>) <input type="checkbox"/> Asians, not Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander, not Hispanic or Latino <input type="checkbox"/> Black or African American (<i>A person who is not Hispanic and having origins in central or southern Africa.</i>) <input type="checkbox"/> White	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Eligible Veteran **Other <input type="checkbox"/> Individual with Disabilities
<input type="checkbox"/> I do not wish to Self-Identify. Signature: _____		
How did you hear of our opening?		
<input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> WI JobNet <input type="checkbox"/> Other: _____		

NOTICE TO APPLICANTS

Please be aware that if you receive an offer of employment from Heyde Companies, it will be contingent on your passing a criminal background check. This process will be started once you receive an offer of employment.

Only those offenses that are “substantially related” to the position you have been offered will be taken into consideration in regard to your offer of employment.

In addition, please be aware that Heyde Companies does verify the accuracy of social security numbers of all new hires with the United States Social Security Administration. New hires that cannot provide valid documentation of the identity and work eligibility will be terminated.

I understand that an offer of employment from Heyde Companies is contingent on my passing a criminal background check and the accuracy of my social security number.

I understand that I may be terminated if I cannot provide valid documentation for identity and work eligibility.

Employee Name (Printed)

Employee Signature

Date

PLEASE TAKE A MOMENT TO COMPLETE

Position Applied for: _____

How did you hear about our opening

Newspaper? Name of Paper _____

Internet Site? Name of Site _____

Friend, Relative working here? Persons name? _____

Previous Employee of Heyde Companies

Walk-In

Other – Please Specify _____

**ONLY
HEALTHCARE
APPLICANTS
NEED TO
COMPLETE
THE
FOLLOWING
DISCLOSURE**

BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (HFS-64) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health and Family Services (DHFS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://dhfs.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHFS.
- Anyone who has a foster home licensed by DHFS.
- Anyone certified by DHFS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHFS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health and Family Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

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 (HFS-64A) 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) regulated facility, complete the BID, HFS-64, and the Appendix, HFS-69, 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
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? ➤ 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.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th 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.) ➤ 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: <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.) ➤ 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.		

(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? ➤ 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 ? ➤ 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.		
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? ➤ 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? ➤ 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? ➤ If yes, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.		
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 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.		
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.		

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 HFS 12.05 (4), Wis. Adm. Code.

SIGNATURE	Date Signed
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