



LAKESIDE CURATIVE SERVICES, INC
Equal Opportunity Employer

For Office Use:

Background
Reference Check
Drug Screen
Interview
2nd Interview
Start Date

LCS provides vocational services and opportunities for personal growth for individuals with disabilities. LCS is an equal opportunity employer. It is the policy of this company to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal, state, or local law.

You must complete entire application; incomplete information could disqualify you from further consideration.

APPLICANT INFORMATION

DATE:

NAME (First) (Middle) (Last)

ADDRESS (Street) (City) (State) (Zip Code)

HOME PHONE CELL PHONE

Are you legally authorized to work in the U.S.? Yes No
(If hired, you will be required to provide proof of work authorization)

Are you at least 18 years old? Yes No
If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work applying for and have obtained a valid work permit.

Do you have a current Driver's license Yes No Current Car Insurance Yes No

Have you ever been convicted or have pending charges of a crime other than minor traffic violations?
Yes No If yes, please explain 1.) Nature of crime 2.) Date of conviction, and 3.) State in which convicted:
(Convictions are not an automatic bar to employment. Each conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness, in relation to the job for which you are applying.)

Have you ever been employed from this facility before? Yes No If yes, when:

Are you related to anyone working for our facility? Yes No If so, who?

Referred to LCS by:

Are you willing to accept Part Time employment? Yes No 1st Shift 2nd Shift

Wages Expected \$

Position Applying For: When can you start?

Can you perform the essential functions of the position for which you are applying, with or without a reasonable accommodation? Yes No

If you have questions as to what functions are applicable to the position for which you are applying, please ask Human Resources.

Assembly/Packaging: Light to Medium lifting 10# - 35# (but not limited to), Bending Twisting, Reaching, and Repetition of movement.

Janitorial abilities will include bending, reaching, and repetition of movement, pushing, and pulling

Lakeside Curative will make all practical adjustments necessary to accommodate any limitations that you may have.

Do you have at least 2 years of experience with frail, elderly or disabled population? ____ Yes ____ No
 (This may include personal or professional experience)

Explain:

EMPLOYMENT EXPERIENCE

Starting with you most recent employer first, list all positions held. Include all you past work history.		If currently employed, may we contact employer? ____ Yes ____ No
Name of Employer	Address	Phone
Position	Supervisor	Employed (Mo/Year) From: To:
Primary Duties	Reason for Leaving	Salary/Wage Start: End:

Note: If unemployed between jobs, please explain:

Name of Employer	Address	Phone
Position	Supervisor	Employed (Mo/Year) From: To:
Primary Duties	Reason for Leaving	Salary/Wage Start: End:

Note: If unemployed between jobs, please explain:

Name of Employer	Address	Phone
Position	Supervisor	Employed (Mo/Year) From: To:
Primary Duties	Reason for Leaving	Salary/Wage Start: End:

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Name of Employer	Address	Phone
Position	Supervisor	Employed (Mo/Year) From: To:
Primary Duties	Reason for Leaving	Salary/Wage Start: End:

Note: If unemployed between jobs, please explain:

EDUCATION

	Name and Location (City & State)	Circle Highest Grade Completed	Course of Study	Diploma or degree Received
High School		9 10 11 12		
College		1 2 3 4		
Other		1 2 3 4		

VOCATIONAL LICENSES, CERTIFICATIONS, SPECIALTIES

Type/Area of Certification	License/Number	Grades/Levels	Issue Date	Exp Date

Subjects of special study or research work:

SPECIAL SKILLS

Describe any special skills/abilities/experience (manufacturing, machines, equipment, janitorial machines & equipment, software knowledge, office equipment, etc.) which you feel are relevant to the job for which you are applying for.

MILITARY SERVICE

Complete this section if you served in the U.S. Armed Forces	Branch of Service:
Describe your duties and any special training:	

EMPLOYMENT or PERSONAL REFERENCES

List individuals familiar with your job qualifications (no relatives)

- _____
(Name) (Address) (Phone) (Years Known)
- _____
(Name) (Address) (Phone) (Years Known)
- _____
(Name) (Address) (Phone) (Years Known)

AUTHORIZATION, RELEASE AND CERTIFICATION

Please Read Carefully Before Signing This Form

- I HEREBY CERTIFY that all information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired. I have read, understand and agree to the above statement. (Please initial here). _____
- I HEREBY AUTHORIZE LCS to investigate my responses on this application and contact any or all of my former employers or individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my employment or me.
- I FULLY AGREE to submit to any lawful drug, alcohol, or other testing that may be required as a condition of employment or continued employment and understand that refusal to promptly submit and cooperate with such testing prior to or during the course of my employment will result in disqualification from consideration for employment, or if hired, termination.
- Regardless of whether or not I become employed by LCS, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at LCS is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or LCS' unless specifically provided otherwise in a written employment contract

Signed by Applicant _____ Date _____

DEPARTMENT OF HEALTH SERVICES

Division of Enterprise Services
F-82064 (02/2014)

STATE OF WISCONSIN
Chapters 48.685 and 50.065, Wis. Stats.
DHS 12.05(4), Wis. Admin. Code

BACKGROUND INFORMATION DISCLOSURE (BID)

For Instructions, see [F-82064A](#).

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 OR TYPE 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		Social Security Number(s)	
Home Address	City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity) LCS - 2503 Lincolnwood Ct, Racine, WI 53403			

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 judgment 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 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.	<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: <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.	<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? ➤ If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
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.	<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? ➤ 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? ➤ 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? ➤ 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? ➤ If yes, indicate the year of discharge: _____ ➤ 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? ➤ 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? ➤ 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? ➤ 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.

SIGNATURE	Date Signed
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Authorization to Check References and Background/Drug Screening

Potential is Limitless™

APPLICANT NAME: _____

I HEREBY AUTHORIZE LCS, Inc. and/or its agents to conduct such investigation of my background and application for employment; and continued employment, should I be hired, as considered necessary.

I authorize and request any and all former employers * and/or business references to furnish information concerning my past job performance and work, salary, criminal, driving and educational histories.

I release from any liability the above named individuals furnishing such information. I recognize a photocopy of this authorization is a valid requisition.

I understand that any false statements on my resume/application are grounds for dismissal or withdrawal of any offer of employment.

As a condition of employment, I agree to comply with LCS' drug screening policy.

I understand that current employees may be reinvestigated where deemed necessary or required by law or regulation. I also accept that my signature on this document is not revocable.

*I am ; am not giving permission to contact my present employer.

*I am ; am not giving permission to contact my past employers.

Print Full Legal Name: _____
First Middle Last

List residential addressed for the last 7 years, beginning with you current address:

1.) _____
Street City State Zip

2.) _____
Street City State Zip

3.) _____
Street City State Zip

Date of Birth: _____ Soc. Sec. #: _____

Driver License #: _____ State: _____

Applicant Signature _____

Date: _____

INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

Why are you being asked to complete this form?

LCS, Inc. is an Equal Opportunity Employer. As requested by law, we must record certain information to be made part of our Affirmative Action Program. LCS does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination. LCS is required by federal regulations to report information as requested below. Your contribution of this information is completely voluntary and in no way affects the decision regarding your employment opportunity. We are a company that values diversity. We actively encourage women and minorities to apply. The information you provide is strictly confidential and will be maintained separate from your application form. Thank you for your cooperation.

Applicant Name: _____ Date: _____

Position Applied for: _____

Please check all that apply: (see attachments for definitions)

Race Or Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female <div style="border: 1px solid black; text-align: center; padding: 2px; margin: 5px auto; width: 150px;">Other</div> <input type="checkbox"/> Yes, I have a Disability <input type="checkbox"/> No, I don't have a Disability <input type="checkbox"/> I do not wish to answer	<input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Active duty wartime or campaign badge veteran <input type="checkbox"/> Armed forces service medal veteran <input type="checkbox"/> Recently separated veteran Discharge or release date: _____ <input type="checkbox"/> I am a protected veteran but I choose not to self-identify the classification to which I belong <input type="checkbox"/> I choose not to provide information regarding my veteran status <input type="checkbox"/> I am NOT a protected veteran

I do not wish to Self-Identify Signature _____

How did you hear of our opening? <input type="checkbox"/> Current Employee <input type="checkbox"/> Job Ad <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

Blindness	Autism	Bipolar Disorder	Post-traumatic stress disorder (PTSD)
Deafness	Cerebral Palsy	Major Depression	Obsessive Compulsive Disorder
Cancer	Diabetes	Multiple Sclerosis (MS)	Impairments requiring the use of a wheel-chair
Diabetes	HIV/AIDS	Missing limbs or partially missing limbs	Intellectual disability (previously called mental)
Epilepsy	Schizophrenia		
	Muscular Dystrophy		

Self-Identification for Veteran Status:

The term “Disabled Veteran” means –

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

The term “Active duty wartime or campaign badge veteran” means –

- A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

The term “armed forces service medal veteran” means –

- A veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

The term “Recently separated veteran” means –

- A veteran who was discharged or released from active duty in the U.S. military, ground, naval, or air service within the last three years.

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities or disabled veterans. Please tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only for the Affirmative Action Plan.

All information you submit will be kept confidential.

