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.

Regardless of whether or not you become employed by the company, this application is not to be considered a contract of employment. LCS is an at-will company and your employment may be terminated with or without cause, and without notice, at any time, at your option or the company's unless specifically provided in a written contract.

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.

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:**

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:**

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)

1. ______________________________
(Name) (Address) (Phone) (Years Known)

2. ______________________________
(Name) (Address) (Phone) (Years Known)

3. ______________________________
(Name) (Address) (Phone) (Years Known)

AUTHORIZATION, RELEASE AND CERTIFICATION

Please Read Carefully Before Signing This Form

1. 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). _____________

2. I HEREBY AUTHORZIZE 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.

3. 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.

4. 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)
☐ Applicant for a license or certification or registration (including continuation or renewal)
☐ Household member / lives on premises – but not a client
☐ 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 ☐ American Indian or Alaskan Native ☐ Black ☐ Unknown ☐ Asian or Pacific Islander ☐ 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.	☐	☐
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th 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: ❑ (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.	☐	☐
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.	☐	☐

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.	☐	☐
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 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.	☐	☐

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

Authorization to Check References and Background/Drug Screening

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: ________________________