



Application for Employment

Jewish Family Services, Inc.
1300 N. Jackson St.
Milwaukee, WI 53202
(414) 390-5800

Jewish Family Services, Inc., (JFS) is an Equal Opportunity Employer. No employee of JFS will discriminate against any individual, whether employee or applicant for employment because of race, creed, color, religion, sex, sexual orientation, national origin, ancestry, age, handicap, physical condition or developmental disability. No employee of JFS will discriminate against any applicant because of the person's arrest or conviction record, veteran status, military status, marital status or other area of prohibited discrimination. JFS will provide reasonable accommodation for the special needs of the disabled capable of performing all essential job functions. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a Human Resources representative.

PLEASE PRINT

Date of application: ____ / ____ / ____

PERSONAL

Name: _____
(First) (Middle) (Last)

Are you under 18? Yes _____ No _____ If yes, date of birth: _____

Address: _____
(Street) (City) (State) (Zip)

Social Security No.: _____ Telephone No.: (____) _____

Telephone number(s) where we can reach you during the day: _____

Are you either (1) a U.S. citizen or, if not, (2) do you currently have lawful employment authorization which permits you to work for Jewish Family Services, Inc. (JFS) without JFS having to take any action, either upon employment, or at any date in the future, to ensure or assist you in maintaining lawful employment authorization to work for JFS?

____ Yes ____ No

If you answer was "Yes," answer the following question: Are you a student on a temporary visa? ____ Yes ____ No

Proof of authorization to work will be required if you are employed by Jewish Family Services, Inc..

Have you ever worked at Jewish Family Services, Inc.? Yes ____ No ____ If yes, when? _____

Name then (if different): _____ Reason for leaving: _____

GENERAL

Position(s) applied for: _____ Date available for work: _____

Applying for: ____ Full-time ____ Part-time ____ Temporary

Pay expected: _____

Are you professionally licensed or registered with any professional group, association or society relating to the job for which you are applying? Yes ____ No ____

Name of group: _____

Registration or license number: _____ State: _____ Date of expiration: _____

If you are applying for a position that requires you to drive an automobile as part of your job, what is your driver's license number and state of issue?

Number: _____ State of Issue: _____

On occasion, we work more than 8 hours per day and holidays, is that a problem? Yes _____ No _____
(JFS will attempt to reasonably accommodate an applicant's religious needs, as required by law.)

Do you have transportation to work? Yes _____ No _____

Have you ever been denied a bond? Yes _____ No _____ If yes, explain: _____

CRIMINAL AND OTHER OFFENSES

(1) Have you ever been convicted of, plead *nolo contendere* (no contest) to, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (other than a parking ticket), regardless of the nature of the penalty or fine for that offense? Yes _____ No _____ If yes, please provide details:

(If you are in doubt about the nature of any offense, please list; this question is designed to require disclosure of all past convictions, violations, fines or offenses, and the failure to list a conviction, offense, violation or fine will be considered falsification and will be grounds for refusal to hire or termination of employment. However, no applicant will be denied a position because of a past conviction, offense, violation or fine, which is not substantially related to the circumstances of the employment sought.)

(2) Are you currently subject to a pending criminal charge for any misdemeanor or felony? Yes _____ No _____

If Yes, provide details: _____

(This question is designed to elicit information on all pending criminal charges, whether felony or misdemeanor. However, no applicant will be denied a position because of a pending criminal charge that is not substantially related to the circumstances of the employment sought.)

SKILLS

If you have any training or experience in the following and if you believe it to be pertinent to the position applied for, please check.

Typing (Speed: _____ wpm)	_____	_____	Word Processing	Years: _____
Telephone Receptionist	_____	_____	Spreadsheet	Years: _____
Adding Machine	_____	_____	Presentation	Years: _____
Bookkeeping	_____	_____	E-mail	Years: _____
Accounting	_____	_____	Internet	Years: _____
Data Processing	_____	_____	Other	Years: _____

All applicants – please list any additional experiences, skills and qualifications that you believe relate to the job or jobs for which you are applying:

EDUCATION

Name and address of school	Circle last year completed	Did you graduate?	List diploma, degree and, for post High school, list course of study
High School	1 2 3 4	Yes/No	

EDUCATION CONTINUED

Name and address of school	Circle last year completed	Did you graduate?	List diploma, degree and, for post High school, list course of study
Business/Technical	1 2 3 4	Yes/No	
College	1 2 3 4	Yes/No	
Other (Specify)	1 2 3 4	Yes/No	

Please list any academic honors you have received which you believe relate to the job or jobs for which you are applying:

WORK HISTORY (IF NECESSARY, USE AN ANOTHER SHEET OF PAPER FOR ADDITIONAL EMPLOYERS)

Present or Last Employer _____ Employed from _____ to _____
Company Name (month & year) (month & year)

Address _____ City _____ State _____ Zip _____ Telephone no. _____

Type of work: _____ Starting Salary _____ Last Salary _____
_____ Full-time _____ Part-time

Name/extension of supervisor: _____

Reason for leaving: _____

If this is your current employer, may we contact for a reference? Yes _____ No _____

Next Previous Employer _____ Employed from _____ to _____
Company Name (month & year) (month & year)

Address _____ City _____ State _____ Zip _____ Telephone no. _____

Type of work: _____ Starting Salary _____ Last Salary _____
_____ Full-time _____ Part-time

Name/extension of supervisor: _____

Reason for leaving: _____

Next previous

Employer _____ Employed from _____ to _____
Company Name (month & year) (month & year)

Address _____ City _____ State _____ Zip _____ Telephone no. _____

Type of work: _____ Starting Salary _____ Last Salary _____

_____ Full-time _____ Part-time

Name/extension of supervisor: _____

Reason for leaving: _____

Next Previous

Employer _____ Employed from _____ to _____
Company Name (month & year) (month & year)

Address _____ City _____ State _____ Zip _____ Telephone no. _____

Type of work: _____ Starting Salary _____ Last Salary _____

_____ Full-time _____ Part-time

Name/extension of supervisor: _____

Reason for leaving: _____

REFERENCES – Give the names and telephone numbers of three business/work references who are not related to you and whom you have known for at least one year. If not applicable, list three school or personal references who are not related to you.

Name	Title	Telephone number	Number of years known
1. _____			
2. _____			
3. _____			

Employment Agreements: Are you subject to any employment agreement or post-employment agreement with any other employer (including, but not limited to, employment contracts, non-compete or non-solicitation of customer or employee agreements, intellectual property rights agreements and/or confidentiality agreements)?

Yes _____ No _____ (If yes, attach a complete and accurate copy of each agreement.)

READ, UNDERSTAND, SIGN AND DATE IF YOU AGREE

I certify that the facts set forth in this application are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

I hereby release from any and all liability all representatives of Jewish Family Services, Inc. (JFS) for their acts performed in connection with evaluating my application, background, credentials and qualifications. I hereby further authorize any party (including the companies, schools and organizations listed in this application form) to release any information they may have about me to JFS, including all of my personnel records with prior employers. I also release all persons, companies, schools and organizations (and all persons connected with them) who provide such information to JFS from any and all liability for any damage for giving this information. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions of any kind whatsoever, then JFS may deny me employment or terminate my employment, and I agree that JFS shall not be liable in any respect if it does so.

I understand that if I am employed by JFS, any such employment is not binding on either party for any specific period of time. I further understand that no representative of JFS, other than the President, has any authority to enter into any agreement for employment for any specified period of time. Any such agreement must be in writing and signed by the President. I understand that any other written or oral statement to the contrary, even if made by a supervisor, manager or officer of JFS is invalid and should not be relied on by me. I understand that if employed I will be an employee-at-will and that either JFS or I may terminate that employment relationship at any time, for any reason, with or without notice.

(Signature of Applicant)

(Date)

AUTHORIZATION FOR REFERENCE CHECK

I am applying for employment with Jewish Family Services, Inc. (JFS). I hereby authorize any and all persons (including any and all employers with whom I have been employed, schools that I have attended and organizations with which I have been connected) to release any and all information they have about me to JFS. This includes all of my personnel records with prior employers and any information about my performance during my employment with them and also includes all of my transcripts from any schools that I have attended. I hereby release all persons, companies, schools and organizations (and all persons connected with them) who provide such information to JFS from any and all liability for any damage for giving this information.

This Authorization shall remain in effect for a period of one (1) year from the date on which I sign it. A photocopy of this Authorization may be used by JFS and shall be as effective as the original.

Applicant's Name (please print)

Applicant's signature

Date

BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

- The *Background Information Disclosure* (form F-82064) 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.
- **NOTE:** If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DOA), complete the *BID*, F-82064, and the *BID Appendix*, F-82069, and submit both forms to the address noted in the *BID Appendix Instructions*.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Wis. Stat. § 50.065, for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity.

**Note: Employers and Care Providers are referred to as "entities."*

2. An entity may not employ, contract with, or permit persons to reside at the entity.

The list of offenses affecting caregiver eligibility that require rehabilitation review is available from the regulatory agencies or through the Internet at <https://www.dhs.wisconsin.gov/caregiver/statutes.htm>.

The Caregiver Law covers the following EMPLOYERS/ CARE PROVIDERS (aka ENTITIES) regulated under Wis. Stat. §§ 50, 51, and 146:

- Adult Family Homes (3-4 Bed)
- Ambulance Service Providers
- AODA Services
- Community Based-Residential Facilities
- Community Mental Health Programs
- Community Support Programs (CSP)
- Developmental Disabilities
- Emergency Mental Health Service Programs
- Intermediate Care Facility for Individuals with Intellectual Disabilities
- Home Health Agencies, including those that provide personal care services
- Hospices
- Hospitals
- Mental Health Day Treatment Services for Children
- Nursing Homes
- Residential Care Apartment Complexes
- Rural Medical Centers

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. Exception: Emergency medical technicians and first responders are not covered under the Caregiver Law.
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("non-client resident").
- Anyone who is licensed by DHS.
- Anyone certified by DHS.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Wis. Stat. §§ 111.31 - 111.395, 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 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)

- **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.

- | | |
|--|---|
| <input type="checkbox"/> Employee / Contractor (including new applicant)
<input type="checkbox"/> Applicant for a license, certification, or registration (including continuation or renewal) | <input type="checkbox"/> Household member (lives on premises, but is not a client)
<input type="checkbox"/> 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 – <i>First</i>		<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date (<i>MM/dd/yyyy</i>)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)				
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
Home Address		City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)				

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.

- 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.

- 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.

_____ 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

Jewish Family Services' Invitation to Identify for Affirmative Action Purposes

Jewish Family Services is an equal opportunity employer and does not discriminate in hiring or employment based on 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.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with Equal Opportunity principles.

Applicant Name: _____ Date: _____

Position Applied For: _____

PLEASE CHECK ONE Male Female
PLEASE CHECK ONE Hispanic/Latino Not Hispanic/Latino (if not Hispanic/Latino, please address race below)

INDICATE THE APPROPRIATE RACE GROUP(S) below - (Response not required if identified as Hispanic/Latino above):

White Asian American Indian/Alaskan Native
 Black/African American Native Hawaiian/Other Pacific Islander

HOW WERE YOU REFERRED TO THIS JOB?

Advertisement School/College
 Employee Referral State Job Service
 Employment Agency Temporary Agency
 Government Agency Walk In
 Recruiter Other (Please Specify): _____