

Abundance of Life Inc. Employment Application

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Have you ever lived in any other states? If yes, list all states _____

Date of Birth _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days/hours available to work

No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Please list any other names/ alias used _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

What is your means of transportation to work? _____

Driver's license

number _____ State of issue _____ ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur

Expiration date _____

Have you had any accidents during the past three years?

How many? _____

Have you had any moving violations during the past three years?

How Many? _____

OFFICE ONLY

Typing ☐ Yes ☐ No _____ WPM

10-key ☐ Yes ☐ No

Word Processing ☐ Yes ☐ No

_____ WPM

Personal ☐ Yes ☐ No PC ☐

Other _____

Computer ☐ Yes ☐ No Mac ☐

Skills _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any job related skills or training additional training (CBRF, CNA, CPR, etc.) information necessary to describe your full qualifications for the specific position for which you are applying.

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Work experience Please list your work experience for the **past ten years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your previous and/or present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No

If not, who did? _____

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past ten years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer
Address
City, State, Zip Code
Phone number

Name of last
supervisor

Employment dates

Pay or salary

From
To

Start
Final

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer
Address
City, State, Zip Code
Phone number

Name of last
supervisor

Employment dates

Pay or salary

From
To

Start
Final

Your Last Job Title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by _____ (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of AOL Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and AOL Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height _____ ft. _____ in. Weight _____ Birth date _____

Married ☐ Yes ☐ No If married, how long? _____ ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

Full name of spouse (if married) _____ Occupation _____

Name of company _____ Telephone () _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone () _____

Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

TO BE COMPLETED
BY EMPLOYER

Date of employment/hire _____ Job title _____ Dept. _____

Location _____ Rate of pay _____ ☐ Full-time ☐ Part-time ☐ Salaried

Applicant's signature acknowledging above information _____

Drug test confirmation number _____

Name of person verifying information _____

Name of person authorizing employment _____

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		Social Security Number(s)			
<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			
Home Address		City	State	Zip Code	
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 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"/>

Last Name –

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