



974 Fern Ave.
Grand Marsh, WI 53936
PH: 608-339-7447
FAX: 866-652-5321
Email: info@phhs-llc.com

PLEASE PRINT CLEARLY

APPLICATION FOR EMPLOYMENT

DATE: _____

Last Name	First Name	Middle Name	Position	Desired Salary
Address	City	State	Zip	Email Address
			Telephone Number	Social Security Number

Are you Currently Employed? ☐ YES ☐ NO

Date available for work? _____ / _____ / _____

Are you available to work ☐ F/T ☐ P/T

Have you been convicted of a felony within the last seven (7) years? ☐ YES ☐ NO

If YES, Please explain (convictions will not necessarily disqualify an applicant from employment)

Do you have a valid Driver's License? ☐ YES ☐ NO

Drivers License Number: _____ State: _____

EMPLOYMENT EXPERIENCE Start with present or most recent employer .

May we contact your present employer ☐ YES ☐ NO

Employer _____ Date _____ - _____ Wage \$ _____ Phone (_____) _____

Address _____ State: _____ Zip _____

Position _____ Supervisor _____ Reason for leaving _____

Employer _____ Date _____ - _____ Wage \$ _____ Phone (_____) _____

Address _____ State: _____ Zip _____

Position _____ Supervisor _____ Reason for leaving _____

Employer _____ Date _____ - _____ Wage \$ _____ Phone (_____) _____

Address _____ State: _____ Zip _____

Position _____ Supervisor _____ Reason for leaving _____

EDUCATION

	Elementary School	High School	Undergraduate College / University	Graduate / Professional
School Name				
Years Completed				
Diploma / Degree				
Describe Course of Study				

Please describe any specialized training or apprenticeship skills: _____

REFERENCES Give name, address, telephone number of three references **not** related to you and **not** a prior employment reference.

	NAME	ADDRESS	PHONE
1			
2			
3			

PLEASE READ CAREFULLY

1. I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal.
2. I authorize the references listed to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing information to you.
3. I understand that as part of my application for employment with Preferred Home Health Solutions, LLC, I will be subject to drug testing.
4. I acknowledge that management retains the right to terminate my employment at will.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Interviewed By	Title	Date
Background Check	Personal Reference Check	Employment Reference Check
Date Reporting By	Salary	Position



AUTHORIZATION FOR EMPLOYMENT REFERENCE RELEASE

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentation or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I, **(PRINT FULL NAME)** _____ voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees, and agents, to release any and all information concerning my former employment to any Preferred Home Health Solutions, its officer, employees and agents, or any other person or entity making a written or oral request for such information. I understand that the employment information disclosed may include, but is not limited to, performance evaluations, and reports, job descriptions, disciplinary reports, letters of reprimand and opinions regarding my suitability for employment possessed by my former employer.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, it's officers, employees and agents, from any and all claims, liability, demands, causes of action, damages, or costs (including attorney fees), present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure of release of employment information, made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts are untrue

Signature: _____ Date: _____

CRIMINAL BACKGROUND RECORD RELEASE AUTHORIZATION

I, _____, (print applicant first and last name clearly) authorize Preferred Home Health Solutions, LLC to obtain and review my criminal record (s) as part of my application for employment.

BIRTHDATE: _____ Social Security Number: _____

Please list any other names by which you have been known. (This includes aliases and maiden name if applicable)

Please List all Cities and States you have lived in the last twenty (20) years: If you need more room please use back of sheet

☐ More on Back

Have you ever been convicted of any crime, anywhere in regards to theft, misappropriation of funds or false swearing criminal or civil? ☐ Yes ☐ No If yes, explain:

Signature: _____ Date: _____



DRIVING RECORD RELEASE AUTHORIZATION

I, _____, (print applicant first and last name clearly) authorize Preferred Home Health Solutions, LLC to obtain my driving record as part of my application for employment.

Drivers License Number: _____ Expiration Date: _____

Applicant Signature: _____ Date: _____

APPLICANT DRUG TEST CONSENT AND AUTHORIZATION

I, (Print Name) _____ a prospective employee of Preferred Home Health Solutions, LLC, understand that the use of drugs, alcohol, and other controlled substances by employees creates a dangerous work environment. In consideration for my desire for a safe work environment, I hereby give my consent for Preferred Home Health Solutions, LLC to conduct the drug tests it considers necessary as outlined in its Drug Test policy. I understand that this drug test is a condition for employment. I hereby allow Preferred Home Health Solutions, LLC to take the necessary specimens from me to test for any controlled substance, and I authorize the laboratory or medical personnel retained by Preferred Home Health Solutions, LLC for these tests to release the results to the Preferred Home Health Solutions, LLC for whatever use Preferred Home Health Solutions, LLC deems appropriate. Further, I release the laboratory or medical personnel conducting the drug test, Preferred Home Health Solutions, LLC, and its employees, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim.

I have read and understood this agreement, and I sign this without any coercion or duress by any individual or institution.

Applicant Printed Name

Applicant Signature

Date



AVAILABILITY WORKSHEET

Name: _____

Date: _____

Please indicate below the days and times you are available for work. If at any time your availability changes a new availability worksheet will need to be re-submitted. It is the employee's responsibility to ensure the completion and submission of the availability worksheet. It is best to use a highlighter to indicate blocks of time you are available.

Day	SUN	MON	TUE	WED	THUR	FRI	SAT
12:00 am							
1:00 am							
2:00 am							
3:00 am							
4:00 am							
5:00 am							
6:00 am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 pm							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10:00 pm							
11:00 pm							

Are you available on Weekends? ☐ Yes ☐ No If yes, please indicate: ☐ All ☐ Every other, Beginning when? _____

Are you available over night? ☐ Yes ☐ No

Are you available to be "on call" ☐ Yes ☐ No

Are you available to travel? ☐ Yes ☐ No Distance: ☐ 10 Miles ☐ 20 Miles ☐ 30 Miles ☐ 40 + Miles

Are you available to work Holidays? ☐ Yes ☐ No

PLEASE NOTE: Employee's may be required to work any shift on any given day including evenings, weekends, and/or Holidays.
This form is not your schedule but a guideline the staffing coordinator may use for scheduling.

Employee / Applicant Signature: _____ Date: _____



PRE-EMPLOYMENT INTERVIEW

Pre-Employment Interview questions help us better understand an applicant's ability to successfully perform the job in question. Please answer the following questions on the front and back of this form honestly to ensure accuracy in your skills. As a Personal Care Worker and / or Supportive Home Care Worker you will be asked to perform the following tasks (depending on position). Please check the skills you are efficient in performing or the skills you may need additional training in.

Skill and/or Task	Efficient	Need Training
Dress / Undress		
TEDS Stocking		
Tub Bath		
Bed Bath / Sponge Bath		
Shower		
Hair Care		
Oral Care		
Skin Care		
Shaving		
Glasses / Hearing Aid		
Ambulation		
Transfer – Simple		
Transfer – Mechanical		
Positioning		
Toileting		
Incontinent Care		
Catheter Care		
Bowel Routine		
Splints / Braces on/off		
Range of Motion Exercises		
Transport to Appointments / Shopping		
Measure input / Output		
Vitals (T, P, R, BP)		
Medication Reminder		
Laundry		
Meal Preparation		
Feeding		
Light Household Cleaning (Sweep, Mop, Dust, Clean, Dishes, Clean fridge / oven etc.)		
Time Keeping		
Reporting to Manager		
Keeping with Schedule		

Please indicate any other skills you possess that would aid in providing services to our clients, if hired: _____

What are your future goals professionally? _____

What does being a caregiver mean to you? _____

What is your definition of Professionalism? _____

Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance requirements? ☐ No ☐ Yes, please explain: _____

How do you handle pressure or stress and how would this affect our client? _____

When faced with an emergency with a co-worker or client, how would you handle it? _____

How do you conduct yourself in the workplace? _____

What is your definition of Communication in the workplace? _____

What is your definition of "Customer Service"? _____

What is your definition of "Client Confidentiality"? _____

Is there a time that you had an in-difference with a Co-worker, Supervisor or Manager in the workplace? ☐ No ☐ Yes, please explain how you handled it : _____

Do you have Auto Insurance? ☐ Yes ☐ No If no, when will you be able to provide proof of Auto Insurance? _____

Please provide a brief explanation of why you feel you should be considered for the position in which you are applying: _____

Thank You for Completing the Pre-Employment Interview.

APPLICANT 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.

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 Services (DHS) 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://dhs.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 DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- 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, 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 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 (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 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, 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
Address Street, City, State, ZIP Code			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 checked="" 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 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
-----------	-------------