



Main Office
2920 Schneider Avenue SE
Menomonie, WI 54751
compassil@compassil.org

Phone 800.228.3287
Fax 715.233.1083

Branch Office
2021 Cenex Drive, Suite D
Rice Lake, WI 54868
www.compassil.org

Dear Potential Staff,

Attached is our employment packet for the Compass IL Personal Assistance Services (PAS) Program. Please follow the provided instructions, complete the forms, and return them to CIL/PAS at 2920 Schneider Ave SE, Menomonie, WI 54751.

Employment Application: This form must be completed, signed, and dated by the applicant.

Background Check and Information Release: This form also requires completion, signature, and date by the applicant.

Background Information Disclosure: Please indicate the business name as Compass IL. This form must be completed, signed, and dated by the applicant on the back.

Direct Care Competency: This form should be completed thoroughly and entirely by the applicant (this is specifically for personal care; it does not apply to respite, mentoring, or supportive home care services).

TB Screening Tool: This form needs to be filled out and approved by our Registered Nurse. Testing is only required if indicated by the form.

If you intend to provide care to an individual who is not currently part of our program, please have that individual contact us to begin the pre-enrollment process.

Please note that this communication does not represent an offer of employment. You will receive an official offer of employment letter, which you will need to respond to after completing the application and orientation.

Feel free to reach out with any questions at 800.228.3287.
Respectfully, CILWW/PAS



Navigating Toward Independence and Freedom

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EMPLOYMENT APPLICATION

This Facility is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this Facility 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 or state law. As an equal opportunity employer, this Facility intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

PLEASE PRINT PLAINLY—BE SURE TO SIGN THIS APPLICATION

PERSONAL INFORMATION

Last Name: First: Middle:

Social Security #: D.O.B:

Address Street City State Zip

Home Phone: Work Phone:

Email:

Have you been previously employed by this facility? If yes, please give dates of employment, position held, and your name while employed. Yes No

Who Referred you to this agency? Our Advertisement Job Service
Friend/Relative Walk In Other

EMPLOYMENT DESIRED

Position applying for:

Consumer in which you will be providing cares for:

When are you available to begin work?

Table with 4 columns: Days And Hours Available to work?, Hours, Days And Hours Available to work?, Hours. Rows include Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday.

EDUCATION

School Attended	Address	Years Attended	Phone Number

If currently in school, expected graduation date: _____

(You must provide your school schedule)

List any special skills or qualifications which you feel are relevant to the job for which you are applying:

PROFESSIONAL LICENSES and/or CERTIFICATIONS

License/Registration #, Organization or State Issued Profession, Date Issued, Expiration Date

Any Restrictions on your License? Yes No

If yes, explain _____

First Aid Certified? Yes No

Other Certifications? Yes No

Please list _____

Are you currently on the Nursing Assistant Registry? Yes No

MILITARY

Were you in the Armed Forces? Yes No

If so, what Branch _____ From _____ To _____

GENERAL INFORMATION

If hired, can you provide documentation verifying citizenship or eligibility to work in the U.S.? Yes No

If hired, can you provide proof that you are at least 18 years of age, or if under 18, do you have a permit to work? Yes No

Do you have any commitments to another employer? If yes, please state with whom and explain how they may affect your employment with our facility? Yes No

If Yes, _____

Have you ever been convicted of or plead guilty to a crime (felony, misdemeanor or other criminal offense, including a civil forfeiture), or are any other criminal charges pending against you? Yes No

If yes, for what, when and where. _____

Conviction of a criminal offense will not necessarily disqualify your employment.

Have you ever been suspended from providing services to Medicare or Medicaid patients/clients? Yes No

If yes, for how long and when, if ever, were you reinstated? _____

PRESENT AND PAST EMPLOYMENT

Describe previous experience as a Personal Care Worker or other experience in the Health Care Field. This may include care unpaid, volunteer time, and care provided for family members. (If such experience exists, complete equivalency form. Individuals with no such experience will need to complete competency training) Must be trained in the provision of personal care services with a minimum of 40 hours classroom hours or 6 months full-time experience or 1-year half-time experience.

Employer _____ Supervisor's Name _____

Address _____ Supervisor's Title _____

_____ Telephone Number _____

Your Position _____ May we contact: Yes _____ No _____

Assignment: Full-time _____ Part-time _____ Reason for Leaving: _____

Employed from: _____ to _____ Monthly Salary: _____

Duties of Position: _____

EMPLOYMENT UNDERSTANDING

Please read the following statements carefully before you initial each paragraph and sign your name.

"I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby voluntarily authorize this Facility to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. Further, I release from all liability or responsibility all persons, companies or corporations supplying such information. I voluntarily grant this release to support my application for employment at Center for Independent Living for Western Wisconsin, Inc. and agree to inform the Facility of any special concerns I may have related to information which may be discovered during this investigation in the space below. I further understand that all information and documents acquired by Center for Independent Living for Western Wisconsin will be maintained as confidential by the Facility, and that the Facility will not release such information to me. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this Facility. I have read, understand and agree to the above statement. (Please initial here). _____"

I further understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that no representative of the Facility has the authority to enter into any agreement for employment for any specified period of time and that this Facility is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Facility. I have read, understand and agree to the above statement. (Please initial here). _____"

If employed, I agree to abide by all of the work and safety rules of the Facility. If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment. I agree to any and all pre-

placement assessment(s) as may be deemed necessary by Center for Independent Living for Western Wisconsin, and further understand that my employment is contingent upon my completion of the Facility pre-placement assessment. I understand that this Facility is committed to maintaining a drug-free workplace. I am aware that the Facility may require a drug test as a part of the hiring process. Also, if employed, I realize that the Facility may conduct post-accident and reasonable suspicion drug and/or alcohol testing of its employees. I have read, understand and agree to the above statement." (Please initial here). _____"

SIGNATURE: _____

DATE: _____



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BACKGROUND CHECK INFORMATION AND RELEASE

Wisconsin Statutes require employers of individuals involved in the home or personal care of others to conduct extensive caregiver criminal background checks of those considered for employment and/or volunteering, as required by the Wisconsin Caregiver’s Law. Please complete the information requested below and sign the form to enable us to comply with these laws.

Conviction of a crime does not automatically disqualify you from employment volunteering.

Caregiver General

I understand that as a condition of employment with CIL/PAS Program, an investigation consumer report may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on the application, or during the interview process.

Name: Sex: M F
Social Security Number: Date Of Birth: Race:

Alias’s:

Please list all the cities and states in which you have lived in the past three (3) years and the name by which you were known if different from your name now.

- 1.
2.
3.
4.

ACT 172 – Acknowledgment Statement:

The CIL is required by the Wisconsin Department of Health Services 2007 Wisconsin Act 172 which amended s. 50.065 of the Statutes, to disclose certain information from caregiver background checks to consumers.

By my signature, I understand that by law, The CIL can release certain conviction information to consumers as required by Wisconsin Act 172. I authorize release of the information to any and all consumers for whom I may potentially provide personal care services. By refusing you will no longer be eligible for employment and/or volunteering.

This form will be used as support to process the required background check every 4 years.

Employee or Volunteer Signature Date
(offices only: CV-civil, SC-Small Claims, TR-Traffic, PR-Probate)

HFS 12.115 Personal care services, disclosure of convictions. Pursuant to s. 50.065 (2m) (d) Stats.. Table HFS 12.115 lists the crimes for which an entity must disclose under s. 50.065 (2m) (a) 1., Stats., a conviction of a caregiver who provides personal care services to a client or the client’s guardian.

Background Information Disclosure (BID) For Entity Employees and Contractors

Purpose: State and federal law require background checks for certain types of employment, contract, or other roles involving contact with vulnerable persons receiving care or treatment. The information you provide on this form will be used to verify your eligibility for such a role. Providing inaccurate or incomplete information on this form may result in a forfeiture or other sanction, as provided in Wis. Stats. § 50.065(6)(c).

Type

Applicant/employee
 Contractor
 Student

Volunteer
 Household member
 Other, specify:

Describe the position for which you are applying or renewing:

Applicant information

Name (First, Middle, Last): _____

Social Security number: _____ Date of birth (MM/DD/YYYY): _____

Sex: Male Female Phone number: _____

Address – Street: _____

City: _____ State: _____ ZIP code: _____

Have you had or used any other names, including prior to marriage?

Yes No If yes, list each name fully: _____

Employer or organization verifying eligibility

Name of employer or organization that asked you to complete this form:

Address – Street: _____

City: _____ State: _____ ZIP code: _____

Disclosures

If additional space is needed for answering the questions below, please use the additional page at the end of this form.

1. Pending criminal charges

Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts? Yes No

If **yes**, describe the charge and indicate the name of the court, the state, city, month and year you were charged.

2. Convictions for crimes

Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts, or in another country? Yes No

If **yes**, describe the crime and indicate the name of the court, the state, city, month and year you were convicted.

3. Abuse or neglected or a child

Please note that Wis. Stat. § 48.981, *abused or neglected children and abused unborn children*, may apply to information concerning findings of child abuse and neglect.

Has a government or regulatory agency (other than the police) ever found that you abuse or neglected a child? Yes No

If **yes**, describe the conduct and indicate the agency that made the finding, the state, city, month and year of the finding.

4. Abuse or neglect of an adult

Has a government or regulatory agency (other than the police) ever found that you abused or neglected an adult? Yes No

If **yes**, describe the conduct and indicate the agency that made the finding, the state, city, month and year of the finding.

5. Stealing or other misappropriation

Has a government or regulatory agency (other than the police) ever found that you stole or misappropriated (improperly took or used) a person's property (e.g., money, medications, etc.), identity, or financial information (e.g., credit card, checks, etc.)? Yes No

If **yes**, describe the conduct and indicate the agency that made the finding, the state, city, month and year it occurred.

6. Restriction on credential

Do you have a government issued credential that is not current or has been revoked, suspended, or that limits you in any way from providing care to clients? Yes No

If **yes**, identify the type of credential and indicate the credentialing agency, the restriction, and the state, city, month and year it was issued.

7. Denial, revocation, or limitation on license, certification, or registration

Has a government or regulatory agency ever denied, revoked, or limited your license, certification, or registration to provide care, treatment, or educational services? Yes No

If **yes**, indicate the license, certification, or registration type and indicate the issuing agency. Include a description of the denial, revocation, or limitation, and the state, city, month and year it was issued.

8. Denial, revocation, or limitation on ability to reside on certain premises

Has a government or regulatory agency ever denied, revoked or limited your ability to live on the premises of a facility that provides care or treatment? Yes No

If **yes**, describe the denial, revocation, or limitation and identify the issuing agency, the state, city, month and year issued.

9. Rehabilitation review

Have you ever requested a rehabilitation review from the Wisconsin Department of Health Services, a county department, private child placing agency, school board, or DHS-designated tribe? Yes No

If **yes**, indicate the agency that conducted the review, the outcome, month, and year of the review.

Note: You must provide a copy of your rehabilitation review letter to your employer or organization. Your employer or organization must verify your status with the agency that issued the decision.

10. Armed forces

Have you been discharged from a branch of the US Armed Forces, including any reserve component? Yes No

If **yes**, indicate the month and year of discharge.

Note: You must provide your DD214 to your employer/agency, if you were discharged within the last three (3) years.

11. Out-of-state residence

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.

12. Government employee

Are you applying or renewing eligibility to work as a government employee for the State of Wisconsin (e.g. a state agency, treatment facility, institute, etc.)? Yes No

If **no**, skip to the attestation below. If **yes**, 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.

Review your responses and the following attestation carefully before signing.

Attestation

I have completed and reviewed this form. The information I provided is accurate and complete. I understand that providing inaccurate or incomplete information on this form may result in a forfeiture or other sanction, as provided in Wis. Stats. § 50.065(6)(c).

Signature — Person completing this form: _____

Date signed: _____



WISCONSIN BACKGROUND CHECK AND MISCONDUCT INVESTIGATION PROGRAM: OFFENSES AFFECTING ELIGIBILITY

Wisconsin Department of Health Services
Division of Quality Assurance
P-00274 (10/2023)

INTRODUCTION

Sections [50.065, Wis. Stats](#) and [ch. DHS 12, Wis Admin. Code](#) establish requirements for [entities](#) to verify eligibility of employees and contractors to work as [caregivers](#) ([caregiver background checks](#)). Entities must conduct and [document](#) caregiver background checks before hiring or contracting with an individual, every four years thereafter, and when a change in status occurs.

ELIGIBILITY REQUIREMENTS

Entities are prohibited from employing or entering into contract with an individual to work as a [caregiver](#), if the individual has a conviction or finding for one or more offenses listed in TABLE I or TABLE II (as applicable) and the individual has not provided proof of [rehabilitation review](#) approval¹. A criminal history record that indicates “not guilty,” “no prosecution,” “dropped,” or “dismissed” means that the individual was not convicted.

OFFENSES SUBSTANTIALLY RELATED TO CLIENT CARE

Entities may refuse to employ or contract with an individual to work as a caregiver, if the individual has a conviction or finding for an offense that is not listed in TABLE I or TABLE II (as applicable), but that, in the estimation of the entity, is substantially related client care. Section [DHS 12.06, Wis. Admin. Code](#) sets forth criteria for determining whether an offense is substantially related to client care.

REQUIREMENTS TO OBTAIN CRIMINAL COMPLAINT AND JUDGMENT OF CONVICTION

Entities are required to obtain the criminal complaint and, if convicted, a judgment of conviction from the Clerk of Courts in the county where the person was convicted, in any of the following circumstances:

1. The individual has a conviction for any of the following offenses in the **past 5 years**.

- | | |
|--|------------------------|
| • Misdemeanor battery | Wis. Stat. § 940.19(1) |
| • Battery to an unborn child | Wis. Stat. § 940.195 |
| • Battery, special circumstances | Wis. Stat. § 940.20 |
| • Battery or threat to health care providers and staff | Wis. Stat. § 940.204 |
| • Reckless endangerment | Wis. Stat. § 941.30 |
| • Invasion of privacy | Wis. Stat. § 942.08 |
| • Disorderly conduct | Wis. Stat. § 947.01(1) |
| • Harassment | Wis. Stat. § 947.013 |

Note: These eight convictions do not automatically render an individual ineligible for employment or contract as a caregiver. However, entities may refuse to employ or contract with the individual to work as a caregiver if, in the estimation of the entity, the conviction was substantially related to client care.

2. The individual discloses a conviction for a crime that does not appear in the criminal history record obtained from the Department of Justice (DOJ).
3. The criminal history record obtained from the DOJ indicates the individual was charged for a crime in TABLE I or TABLE II (as applicable), but the individual has not yet been convicted or the charges have not yet been dismissed.

REQUIREMENT TO OBTAIN DISCHARGE PAPERS FROM THE ARMED FORCES

If an individual served in a branch of the U.S. armed forces within the last 3 years, the entity is required to make a good faith effort to verify the individual’s discharge status by obtaining discharge documentation from the individual or the armed forces. If the discharge status is other than honorable, the entity shall obtain information on the nature and circumstances of the discharge.

¹ The offenses listed in TABLE I or TABLE II also affect eligibility for regulatory approval (ex. license or certification) or non-client residency in entity facilities.

**TABLE I: Offenses Affecting Eligibility
Entities and Programs Serving Only Persons 18 Years of Age or Older**

The following convictions and offenses render a person ineligible for employment or contracting as a caregiver and prohibit regulatory approval (such as a license or certification) or non-client residency in entity facilities that serve clients 18 years of age or older. [Rehabilitation review](#) may restore this eligibility.

CONVICTIONS	
Wisconsin State Statute	Crime
940.01	First degree intentional homicide
940.02	First degree reckless homicide
940.03	Felony murder
940.05	Second degree intentional homicide
940.12	Assisting suicide
940.19(2), (3), (4), (5) or (6)	Battery; substantial battery; aggravated battery (felony)
940.198 (2)	Intentional causation of bodily harm
940.22(2) or (3)	Sexual exploitation by therapist; duty to report
940.225(1), (2) or (3)	Sexual assault (first, second, or third degree)
940.285(2)	Abuse of individuals at risk
940.29	Abuse of residents of penal facilities
940.295	Abuse and neglect of patients and residents
948.02(1)	Sexual assault of a child (first degree)
948.025	Engaging in repeated acts of sexual assault of the same child
948.03(2)(a) or 948.03(5)(a)1., 2., or 3.	Physical abuse of a child (intentional causation of bodily harm) or engaging in repeated acts of physical abuse of the same child
	Violation of a law of any other state or US jurisdiction that would be a violation of any of the above.
OTHER OFFENSES	
Finding by a government agency of abuse or neglect of a client or of misappropriation of a client's property	
Finding by a government agency of child abuse or neglect	

**TABLE II: Offenses Affecting Eligibility
Entities and Programs Serving Any Persons Under the Age of 18 Years**

The following convictions and offenses render a person ineligible for employment or contracting as a caregiver and prohibit regulatory approval (such as a license or certification) or non-client residency in entity facilities or programs that serve any clients under 18 years of age. [Rehabilitation review](#) may restore this eligibility.

CONVICTIONS	
Wisconsin State Statute	Crime
940.01	First degree intentional homicide
940.02	First degree reckless homicide
940.03	Felony murder
940.05	Second degree intentional homicide
940.12	Assisting suicide
940.19(2), (3), (4), (5) or (6)	Battery; substantial battery; aggravated battery (felony)
940.198(2)	Intentional causation of bodily harm
940.22(2) or (3)	Sexual exploitation by therapist; duty to report
940.225(1), (2) or (3)	Sexual assault (first, second, or third degree)
940.285(2)	Abuse of individuals at risk
940.29	Abuse of residents of penal facilities
940.295	Abuse and neglect of patients and residents
948.02(1) or (2)	Sexual assault of a child (first and second degree)
948.025	Engaging in repeated acts of sexual assault of the same child
948.03(2)(b) or (c) or (5)(a)4	Physical abuse of a child (intentional causation of bodily harm) or engaging in repeated acts of physical abuse of the same child with a high probability of great bodily harm
948.05	Sexual exploitation of a child
948.051	Trafficking of a child
948.055	Causing a child to view or listen to sexual activity
948.06	Incest with a child
948.07	Child enticement
948.08	Soliciting a child for prostitution
948.085	Sexual assault of a child placed in substitute care
948.11(2)(a) or (am)	Exposing a child to harmful material or harmful descriptions or narrations
948.12	Possession of child pornography
948.13	Child sex offender working with children
948.21(2)	Neglecting a child
948.215	Chronic neglect; repeated acts of neglect of the same child
948.30	Abduction of another's child; constructive custody
948.53	Child unattended in child care vehicle
	Violation of a law of any other state or US jurisdiction that would be a violation of any of the above.
OTHER OFFENSES	
Finding by a government agency of abuse or neglect of a client or of misappropriation of a client's property	
Finding by a government agency of child abuse or neglect	