

OUR SPACE, INC. EMPLOYMENT APPLICATION



Our Space, Inc. provides social, prevocational, recreational, and educational opportunities for members, as well as referral assistance with housing, employment, financial and legal matters. In addition, Our Space, provides members a non-threatening atmosphere where they can come and socialize freely with other members. Please, return application to Our Space, Inc., at 1527 W. National Ave., Milwaukee, WI 53204, Attn: Employment Services. We look forward to working with you at Our Space!

**Employment Application
Our Space, Inc.
1527 W. National Ave.
Milwaukee, WI 53204**

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

County: _____ SSN: _____ - _____ - _____

Day Phone: () _____ - _____ Evening Phone: () _____ - _____

DOB: ____ / ____ / ____

Languages Spoken: _____

Written: _____

EDUCATION

High School/GED: _____
Name of School Year City State

Circle last grade completed: 9 10 11 12 Did you graduate? Yes No

College: _____
Name of School Year City State

Graduate School, Special Training, workshops, etc.: _____
Name of School

Year City State
 Are you currently enrolled/involved in an education training program? Yes No

If so, please describe, indicating your availability: _____

Do you have a valid driver's license? (Please Circle) Yes No

EMPLOYMENT RECORD
(LIST MOST RECENT EMPLOYER FIRST)

1). _____
Firm name Dates Employed

Address Phone

Position Supervisor Salary

Reason for Leaving: _____

2). _____
Firm name Dates Employed

Address Phone

Position Supervisor Salary

Reason for Leaving: _____

3). _____
Firm name Dates Employed

Address Phone

Position Supervisor Salary

Reason for Leaving: _____

Please describe other jobs you have held in the past 5 years (use additional sheets if necessary):

Are you currently employed? (Please Circle) Yes No

May we contact your current employer? (Please Circle) Yes No

VOLUNTEER EXPERIENCE

1). _____
Agency Name Dates of service

Address Phone

Type of Service Performed Contact Person

2). _____
Agency Name Dates of service

Address Phone

Type of Service Performed Contact Person

3). _____
Agency Name Dates of service

Address Phone

Type of Service Performed Contact Person JM2013

PROFESSIONAL/PERSONAL REFERENCES

Provide the names of 3 people with whom you have been professionally associated:

Name/Address	Phone	Occupation
Name/Address	Phone	Occupation
Name/Address	Phone	Occupation

Provide the names of 3 people (not relatives or employers) who have known you for at least 1 year:

Name/Address	Phone	Years Known
Name/Address	Phone	Years Known
Name/Address	Phone	Years Known

By my signature:

- 1). I authorize you to contact references and past employers listed in this application.
- 2). I acknowledge that all statements and information on this form and relating to my application for this training and/or position are true to the best of my knowledge and I realize that any falsehood or misrepresentation later disclosed will be sufficient grounds for loss of employment.

Applicant's Signature

Date

"Our Space, Inc. is an Equal Opportunity Employer"

JM2013

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 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 <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		Social Security Number(s)	
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"/>

Last Name --

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
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"/>
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"/>

Last Name --

SECTION B – OTHER REQUIRED INFORMATION	YES	NO
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
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