

## **Jewish Family Services Employment Procedures**

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.

Jewish Family Services is fully committed to the concept and practice of equal opportunity and affirmative action in all aspects of employment. As such, JFS maintains Affirmative Action Plans for minorities, females, disabled individuals and veterans. Questions about or requests to review these Plans should be directed to Andrea Walls-Slamka, Human Resources Manager during regular business hours, Monday through Thursday, 8:30 am to 5:00 pm.

Employment will not be offered to any individual who has not had his or her references and history checked. Offers will be made only after the satisfactory completion of a background check with the Wisconsin Department of Justice.

Once an applicant is offered employment with JFS, a Letter of Employment will be issued. The Letter of Employment is signed by the President/CEO. The letter will include:

- a) salary;
- b) date to begin work;
- c) specific terms and conditions of employment;
- d) a job description detailing the responsibilities and requirements for your specific position. Additional duties or responsibilities may be added from time to time at the discretion of the employee's supervisor and/or the President/CEO.

When a new hire reports for work, he or she can expect to:

- a) meet with a Human Resources representative to receive information, and complete necessary forms, related to personnel and employee benefits.
- b) receive a copy of the agency's Employee Handbook, which includes personnel policies and benefits plans, and NASW Code of Ethics.

Drug tests may be given at any time subject to all legal requirements. Further information regarding the agency's drug and alcohol policy can be found in the employee handbook, numbered Policy 35.0, Drug and Alcohol Policies.

Should a Hepatitis B vaccination be required following contact with blood or other bodily fluids containing blood, the agency will pay the uninsured portion of such costs associated with the vaccination series.

All new hires will be provided with an orientation to the agency's programs, policies, benefits and procedures during the first weeks of employment. The supervisor will conduct or arrange for such orientation.

# WISCONSIN FAIR EMPLOYMENT LAW

Section 111.31-111.395 Wisconsin Statutes and DWD 218 Wisconsin Administrative Code requires that all employers prominently display this Poster in all places of employment.

It is unlawful to discriminate against employees and job applicants because of their:

- Sex
- Color
- Ancestry
- Disability
- Marital Status
- Race
- Creed (Religion)
- Age (40 or Over)
- Declining to Attend a Meeting or Participate in any Communication About Religious or Political Matters
- Use of Lawful Products
- Arrest or Conviction
- Honesty Testing
- National Origin
- Pregnancy or Childbirth
- Sexual Orientation
- Genetic Testing
- Military Service

This law applies to employers, employment agencies, labor unions and licensing agencies.

Employers may not require certain types of honesty testing or genetic testing as a condition of employment, nor discipline an employee because of the results.

Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

There is a 300-day time limit for filing a discrimination complaint.

For more information or a copy of the law and administrative rules contact:



STATE OF WISCONSIN  
DEPARTMENT OF WORKFORCE DEVELOPMENT  
EQUAL RIGHTS DIVISION



201 E WASHINGTON AVE ROOM A300  
PO BOX 8928  
MADISON WI 53708-8928

819 N 6TH ST  
ROOM 723  
MILWAUKEE WI 53203

Telephone: (608) 266-6860  
TTY: (608) 264-8752

Telephone: (414) 227-4384  
TTY: (414) 227-4081

Website: <http://dwd.wisconsin.gov/er/>

The Department of Workforce Development is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format or need it translated to another language, please contact us.



## 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: \_\_\_\_\_

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### **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.)

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### **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:

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### **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:

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**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 \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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 confidentially agreements)?

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

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**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.

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(Signature of Applicant)

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(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.

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Applicant's Name (please print)

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Applicant's signature

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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*.

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### 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>.

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### 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

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### 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.

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### 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.

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### 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.

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## 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"/> Household member (lives on premises, but is not a client) |
| <input type="checkbox"/> Applicant for a license, certification, or registration (including continuation or renewal) | <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

- |   |   |  |
|---|---|--|
| <p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>     | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b>?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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?<br/>If <b>Yes</b>, explain, including credential name, limitations or restrictions, and time period.</p> | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |

**SECTION B – OTHER REQUIRED INFORMATION**

- |   |   |  |
|---|---|--|
| <p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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?<br/>If <b>Yes</b>, explain, including when and where it happened and the reason.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?<br/>If <b>Yes</b>, indicate the year of discharge: _____<br/>Attach a copy of your DD214, if you were discharged within the last three (3) years.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?<br/>If <b>Yes</b>, list each state and the dates you resided there.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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?<br/>If <b>Yes</b>, list each state and the dates you resided there.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>6. Have you had a caregiver background check done within the last four (4) years?<br/>If <b>Yes</b>, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>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?<br/>If <b>Yes</b>, list the review date and the review result. You may be asked to provide a copy of the review decision.</p> | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |

**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
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## 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): \_\_\_\_\_

# EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

## Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

## Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\*; or (2) a veteran who is discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

**\*The FMLA definitions of "serious injury or illness" for the current servicemembers and veterans are distinct from the FMLA definition of "serious health condition."**

## Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months\*, and if at least 50 employees are employed by the employer within 75 miles.

**\*Special hours of service eligibility requirements apply to airline flight crew employees.**

## Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a

regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

## Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

## Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

## Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

## Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.**



**For additional information:**  
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627  
[WWW.WAGEHOUR.DOL.GOV](http://WWW.WAGEHOUR.DOL.GOV)  
U.S. Department of Labor | Wage and Hour Division

