

HERITAGE LAKESIDE

Dear Candidate,

Thank you for applying at Heritage Lakeside. We appreciate your interest in joining the Heritage Lakeside Community! We will carefully assess your qualifications for the position you applied for and should there be a match between your skills and our current needs, we will contact you with additional information on next steps within the interview process.

Enclosed in this packet you will find:

- Office of Inspector General Authorization Form
- Employment application

Please note that all of the following information within the each document (unless otherwise indicated) are required (a "*" indicates that the field is optional).

Applicants who meet all of the listed minimum qualifications will be considered. Also, all finalist candidates for employment will be subject to license checks, OIG check, reference checks and background screen. Heritage Lakeside's search process is thorough and consequently takes time. While we endeavor to conclude the search process as quickly as possible, we will attempt to keep you informed of our progress as we go through the process. Our top priority is to hire qualified individuals to provide great care making lives better for people every day!

Here at Heritage Lakeside we serve the changing healthcare needs of aging people of Wisconsin and others in the Rice Lake area. Our dedicated staff provides exceptional skilled nursing care services. We appreciate your interest in this position and our community!

Sincerely,

Derek Joswiak
Executive Director

Office of Inspector General Authorization Form

As part of the pre-employment process, I understand that the company will perform Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) Checks. OIG is an investigating office in the Federal Government. OIG's mission is to protect the integrity of Department of Health & Human Services Programs as well as the health and welfare program beneficiaries. A majority of OIG's resources goes toward the oversight of Medicare and Medicaid. OIG develops and distributes resources to assist the health care industry in its efforts to comply with the Nations' fraud and abuse laws. By running pre-employment and regular OIG checks the company stays in compliance with this regulation.

I understand that these records are used to determine eligibility and qualification for employment and if I fail to list all names used this may result in immediate termination of employment.

Signature _____ Date _____

Printed Name _____

List all other names used (maiden names, nick names, etc.):

HERITAGE LAKESIDE

Heritage Lakeside
1016 Lakeshore Dr
Rice Lake, WI 54868

EMPLOYMENT APPLICATION

First American Care Facilities, Inc. or Heritage Lakeside is an Equal Opportunity Employer. Applicants will be considered for all positions without regard to age, color, race, creed, gender, national origin or ancestry, religion, sexual orientation, marital status, registered domestic partner status, veteran status, physical or mental disability, medical condition including genetic characteristics, status with regard to public assistance, or any other consideration made unlawful by federal, state, or local laws. If you need a reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department or other designated company representative.

Please complete all sections and be sure to print, using ink. Today's Date:

GENERAL INFORMATION

Name:

Last

First

Middle

Present Address:

Street

City

State

Zip

Home Telephone Number:

Cell Telephone Number:

Email Address:

Are you 18 years or older?

Yes

No

Are you legally authorized to work in the United States?

Yes

No

Proof of eligibility documentation must be provided at time of hire as required by law.

EMPLOYMENT DESIRED

Position Applied For:

* Please note that your application will only be considered for the position you identify.

Type of Employment Desired:

Full-time

Part-time

Weekends Only

On-Call

Preferred Hours:

Days

Evenings

Nights

Specify days and hours available:

Date available to start work:

Salary Expectations:

Have you applied for employment with this company within the last 12 months?

Yes

No

Have you ever worked for us before?

Yes

No

(Please provide your name of record at that time, job title, and dates of employment)

Name

Job Title

Dates of Employment

Referral Source: Please indicate how you heard about this opening

Educational institution

Private Employment agency

Government Employment agency

Job board

Newspaper

Search firm

Walk-in

Employee referral

College/School Recruiting

Professional Association

Other: _____

EDUCATION

Describe your educational background. Include degree(s), licensure, continuing education, certification(s), etc.

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				
License/Registration/ Certification Information	Type	State	Number	Expiration Date

Is your license, registration, or certification subject to any restriction, or currently under investigation? Yes No

If yes please provide: DATE _____

NAME OF REGULATORY BODY _____

SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education, or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability, or age.

MISCELLANEOUS

Have you ever been convicted of or plead guilty or no contest to a crime other than a minor traffic offense? Yes* No

If yes, please provide date of conviction or plea, state and county of conviction or plea, and describe circumstances:

**A conviction record will not necessarily be a bar to employment.*

Has your employment with any employer ever been involuntarily terminated? Yes No

If yes, please identify the employer, date of termination, and reason for termination:

EMPLOYMENT HISTORY

(Enter your job history for the past 10 years, starting with your *most recent* position.
Include all military history. Please provide this information even if you have submitted your resume.)

NAME OF EMPLOYER:		ADDRESS:	
TELEPHONE NUMBER:		POSITION:	SALARY:
DATES EMPLOYED: FROM:	TO:	NAME AND TITLE OF SUPERVISOR:	
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF EMPLOYER:		ADDRESS:	
TELEPHONE NUMBER:		POSITION:	SALARY:
DATES EMPLOYED: FROM:	TO:	NAME AND TITLE OF SUPERVISOR:	
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF EMPLOYER:		ADDRESS:	
TELEPHONE NUMBER:		POSITION:	SALARY:
DATES EMPLOYED: FROM:	TO:	NAME AND TITLE OF SUPERVISOR:	
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF EMPLOYER:		ADDRESS:	
TELEPHONE NUMBER:		POSITION:	SALARY:
DATES EMPLOYED: FROM:	TO:	NAME AND TITLE OF SUPERVISOR:	
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF EMPLOYER:		ADDRESS:	
TELEPHONE NUMBER:		POSITION:	SALARY:
DATES EMPLOYED: FROM:	TO:	NAME AND TITLE OF SUPERVISOR:	
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			
MAY WE CONTACT THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO			

REFERENCES

Please provide names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	Address	Years Known and In What Capacity

SIGNATURE

APPLICANT: Please read the following carefully before signing this application.

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume, or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This company's policies and procedures, including employment at-will, cannot be modified in any way without expressed written intent to do so by the president of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this company and its representatives to contact my prior employers, former supervisors and company personnel, schools, and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties, and compliance with policies. I authorize my prior employers to provide this company any job-related information, personal or otherwise, they may have regarding me and I release this company and them from any liability resulting from the release of this information. I further authorize all employers, schools, and other persons to provide any information or transcripts that may be requested by this company which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

By signing below, I acknowledge that I have read, understand and agree with the above statements.

_____ Date

_____ (Signature of Applicant)

Authorization for the Release of Information

In order to provide Heritage Lakeside with information and opinion that may be useful to Heritage Lakeside in its hiring decisions, I authorize any person, school, current or former employer, organization, or entity disclosed in my application, resume, or interview to provide any information or information regarding me. This information and opinion may include, but is not limited to: my dates of employment, title, job classifications, compensation history, reason for leaving, job-related knowledge and skills, job performance, attendance record, disciplinary action and character.

I understand that the information provided about me may be negative or positive. However, I unconditionally release each person, school employer, organization or entity, which provides information or opinion pursuant to this release from any and all legal liability for damages that may result for furnishing such statements. This Release supersedes any agreement or contract I may have previously made to the contrary with any such person, school, employer, organization, or entity.

A photocopy of this signed release shall have the same force and effects as the original release signed by me.

Signature: _____ Date: ____/____/____

Print Name: _____

Address: _____

Applicant: do not write below this line.

A Copy of This Release is Directed to:

On date: ____/____/____

Notes: _____

Position for which you are applying or current position: _____

APPLICANT/EMPLOYEE VOLUNTARY SELF-IDENTIFICATION

Heritage Lakeside is an equal opportunity/affirmative action employer. The company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your gender, and race or ethnicity as set forth below. Due to the differing requirements of the specific civil rights laws and regulations, we ask that you voluntarily self identify in both Sections I and II. **Self-identification is voluntary and there will be no negative consequences if you elect not to disclose this information.** The information obtained will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. When reported, the data will not identify any specific individual.

Heritage Lakeside does not discriminate on the basis of age, color, race, creed, gender, national origin or ancestry, religion, sexual orientation, marital status, registered domestic partner status, veteran status, physical or mental disability, medical condition including genetic characteristics, status with regard to public assistance, or any other consideration made unlawful by federal, state, or local laws. Heritage Lakeside makes all employment decisions on the basis of job-related criteria. Neither information disclosed on this form, nor refusal to complete this form, will affect any hiring, transfer, promotion, compensation or other employment decision.

NAME:

First: _____ Middle: _____ Last: _____

City: _____ State: _____ Zip: _____

GENDER - VOLUNTARY INFORMATION: Male Female Decline to disclose.

VOLUNTARY SELF IDENTIFICATION.

We invite you to voluntarily self identify under the classifications below (which is information we need to file the required annual EEO-1 report).

ETHNICITY:

Decline to disclose.

YES or **NO:** Are you *Hispanic or Latino* – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race?

IF YOU ANSWERED “YES” TO THE QUESTION ABOVE, PLEASE DO NOT FILL OUT THE REMAINDER OF THIS SECTION.

IF YOU ANSWERED “NO” TO THE QUESTION ABOVE, PLEASE CHECK ONE DESCRIPTION BELOW:

RACE:

- White (not Hispanic or Latino)* – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East;
- Black or African American (Not Hispanic or Latino)* – A person having origins in any of the Black racial groups of Africa;
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)* – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands;
- Asian (Not Hispanic or Latino)* – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam;
- American Indian or Alaskan Native (Not Hispanic or Latino)* – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition; and
- Two or More Races (Not Hispanic or Latino)* – All persons who identify with more than one of the above five races.
- Decline to disclose.