



**Union Grove - Yorkville Fire Department**  
Membership / Employment Application

Application Date: \_\_\_\_\_

Applying for:

FIRE \_\_\_\_\_ EMS \_\_\_\_\_

Membership \_\_\_\_\_ Employee \_\_\_\_\_

**Personal Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Education**

**High School**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? Yes No Attended from \_\_\_\_\_ to \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

If you did not graduate, did you receive your GED? Yes No

**College or University**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? Yes No Attended from \_\_\_\_\_ to \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

**Technical or Vocational School**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? Yes No Attended from \_\_\_\_\_ to \_\_\_\_\_

Degree/Certification: \_\_\_\_\_ Specialty: \_\_\_\_\_

**Employment**

**Present or Most Recent Employer**

Start Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact? Yes No Supervisor: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

**Prior Employer**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact? Yes No Supervisor: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

**Prior Employer**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact? Yes No Supervisor: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

**Military Experience**      **NA**     

Branch of Service: \_\_\_\_\_ Rank in Military: \_\_\_\_\_  
Active: \_\_\_\_\_ Reserve: \_\_\_\_\_ Attended from \_\_\_\_\_ to \_\_\_\_\_  
Skills/Duties: \_\_\_\_\_

**Supplementary Information**

Have you applied to this Department previously?      Yes No      If Yes, when? \_\_\_\_\_  
Have you been employed by this Department previously?      Yes No      If Yes, when? \_\_\_\_\_  
    Position held: \_\_\_\_\_ Reason for leaving? \_\_\_\_\_  
Do you currently know anyone on this Department?      Yes No      If Yes, who? \_\_\_\_\_  
Do you hold a current/valid Wisconsin driver's license?      Yes No      DL# \_\_\_\_\_

**Personal References** *(Please avoid using family members)*

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Profession/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Profession/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Profession/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Please Read Carefully and Sign Below**

All information provided and statements made by me as part of this application or as part of any additional information provided in support of this application are complete, correct and true to the best of my knowledge.  
I understand that if I am accepted for membership and/or employed by the Union Grove - Yorkville Fire Department, any/all false information or statements provided made as part of this application may be considered just cause of dismissal. All information or statements made are subject to verification.  
I understand and authorize the Union Grove - Yorkville Fire Department or other authorized representative bearing this release, to view and verify all aspects of my background and qualification(s) listed above.

**Must be included with your application:**

- DHFS Background Information Disclosure Form
- Review of Driving Record Certification of Violations

**If licensed/certified, please included with your application:**

- Copy of Firefighter Certification(s) and/or EMS Licensure
- Copy of additional certifications/trainings related to the position (Example: CPR/AED certification card)
- Additional copies of certifications/licensures related to the position

\_\_\_\_\_  
**Applicant's Signature**

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

## BACKGROUND INFORMATION DISCLOSURE (BID)

### INSTRUCTIONS

The Background Information Disclosure form (HFS-64) 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 48.085 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health and Family Services (DHFS) 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://dhfs.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 148, 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 DHFS.
- Anyone who has a foster home licensed by DHFS.
- Anyone certified by DHFS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHFS.
- 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 - 111.385, 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 and Family 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 (HFS-64A) 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, HFS-64, and the Appendix, HFS-69, 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				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 <b>Yes</b> , 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 <sup>th</sup> 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 <b>Yes</b> , 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 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 <b>Yes</b> , 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 <b>Yes</b> , explain, including when and where it happened.		

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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 <b>Yes</b> , explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b> ? > If <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? > 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.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health and Family Services, a county department, a private child placing agency, school board, or DHFS designated tribe? > If <b>Yes</b> , 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 HFS 12.05 (4), Wis. Adm. Code.

SIGNATURE

Date Signed

## BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

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- 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 18 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHFS.
- Anyone who has a foster home licensed by DHFS.
- Anyone certified by DHFS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHFS.
- 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.

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**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 (HFS-64A) 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, HFS-64, and the Appendix, HFS-69, 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			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 <b>Yes</b> , 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 <sup>th</sup> 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 <b>Yes</b> , 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 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b> ? > If <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? > 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.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health and Family Services, a county department, a private child placing agency, school board, or DHFS designated tribe? > If <b>Yes</b> , 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 HFS 12.05 (4), Wis. Adm. Code.

SIGNATURE	Date Signed
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**Union Grove – Yorkville Fire Department**  
**Review of Driving Record / Certification of Violations, Initial & Annual**

**Driver Requirements:** Each driver, upon initial application to the Union Grove – Yorkville Fire Department and thereafter, at least once every 12 months, shall furnish the list required in accordance with Federal Motor Carrier Safety Administration (FMCSA) Sec. 391.25, 391.27 and 383.31 of any/all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months.  
 If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify.

<b>COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS</b>			
Name of Driver	Driver's License Number	Expiration Date	
Address, City, State, ZIP			
I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.			
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>If you have no violations, Circle – None.</b>			
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed in the past 12 months.			
Driver's Signature: _____		Date of this Certification: _____	

<b>COMPLETED BY DEPARTMENT DESIGNEE – ANNUAL REVIEW OF RECORD</b>	
<b>Instructions:</b> Review the Certification Violations listed above. Complete the information listed below.	
I have hereby reviewed the driving record of the above-named driver and find that he/she (check one):	
<input type="checkbox"/> Meets the minimum requirements for safe driving	
<input type="checkbox"/> Does not adequately meet satisfactory safe driving performance	
<input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to FMCSA 391.15	
Action taken with driver: _____	
_____	
Reviewed by: _____	Date: _____ Title: _____
<b>Union Grove – Yorkville Fire Department, 700 Main Street, Union Grove, WI 53182</b>	