



BAD RIVER HOUSING AUTHORITY

P.O. BOX 57 • Odanah, Wisconsin 54861 • (715) 682-2271 • FAX (715) 682-6818

Required documents to apply for employment

Application Packet:

- Completed job application.
- Completed release of information form for BRHA.
- Completed release of information to conduct a background check (BRT).

Additional Documents to be attached to Application Packet:

- Resume with three (3) references and their contact information, including email addresses.
- Copy of educational transcripts, degree and /or certificates substantiating educational background.
- Copy of any Licenses/Certifications applicant is claiming.
- Copy of applicant's tribal identification card; or if your spouse is a tribal member, a copy of his/her tribal i.d. card.
- Copy of applicant's Driver's License.



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Application for Employment

Federal law requires that all applications be considered without regard to race, religion, sex, age or national origin. The Bad River Housing Authority is an equal opportunity employer, subject to the provisions of PL-93-638 and statues re: Indian Preference.

(Complete all items)

DATE: _____ POSITION APPLIED FOR: _____

Name: _____
Last First Middle Initial

Date of Birth _____ Social Security # _____

Address _____

Phone _____ (home) _____ (cell)

Have you ever been employed by BRHA? YES or NO
If yes, what were the dates of your employment? _____

Have you ever applied to BRHA? YES or NO
If yes, date of application _____

Are you eligible for Indian Preference? YES or NO
If yes, enrollment number and/or Tribal affiliation _____

Availability: _____ Full Time _____ Part Time _____ Temporary

Hours or Day NOT available: _____

Are you on layoff and subject to recall? YES or NO If yes, when? _____

Valid Driver's License # _____ State _____

Do you have Automobile Insurance? YES or NO If yes, What type _____
Company Name: _____

Do you have access to regular use of a vehicle? YES or NO

Can you travel out of town as the job may require? YES or NO

Summarize any special skills, qualifications, etc. that you may possess that relate to the job for which you are apply

Name, Address and Phone of two references who are not related to you and are not former employers.

1. _____
2. _____

Have you ever been convicted of a felony? YES or NO

If yes, please explain: _____

Do you have any physical, mental, medical impairment or disability that would limit your job performance for the position for which you are applying? YES or NO

If yes, please explain: _____

EMPLOYMENT HISTORY (please begin with most recent position)

1. Employer _____ Dates: _____
Address _____ Phone: _____
Job Title _____ Supervisor _____
Job Duties _____

Reason for leaving _____

2. Employer _____ Dates: _____
Address _____ Phone: _____
Job Title _____ Supervisor _____
Job Duties _____

Reason for leaving _____

3. Employer _____ Dates: _____
Address _____ Phone: _____
Job Title _____ Supervisor _____
Job Duties _____

Reason for leaving _____

4. Employer _____ Dates: _____
Address _____ Phone: _____
Job Title _____ Supervisor _____
Job Duties _____
Reason for leaving _____

EDUCATION

1. School Attended & address _____
Years Completed _____ Major course of study _____
Degree received _____ Date _____ GPA _____
Special courses, training, honors, activities, etc. _____

2. School Attended & address _____
Years Completed _____ Major course of study _____
Degree received _____ Date _____ GPA _____
Special courses, training, honors, activities, etc. _____

3. School Attended & address _____
Years Completed _____ Major course of study _____
Degree received _____ Date _____ GPA _____
Special courses, training, honors, activities, etc. _____

MILITARY HISTORY

Branch of Service _____
Dates of Service _____
Rank @ Discharge _____
Special skills, training or duties _____

**PRE-EMPLOYMENT DRUG/ALCOHOL TESTING
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Bad River Tribe in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Bad River Tribe and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Bad River Tribe. I further agree to and hereby authorize the release of the results of said tests to the Bad River Tribe.

I understand that it is the current use of illegal drugs that would prohibit me from being employed by the Bad River Tribe.

I further agree to hold harmless the Bad River Tribe and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Bad River Tribe's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that by signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

The cost for the drug and alcohol testing will be \$75.00 per drug screening. I understand that prior to employment this cost will be paid in full before employment can be afforded. This fee can't be waived and money is non-refundable.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____

CERTIFICATIONS

I certify that the answers given herein are true and complete. I understand that knowingly and willfully making a false statement in any manner within the jurisdiction of an agency of the United States Government could result in prosecution for violation of 18 USC 1001.

I understand that the Bad River Housing Authority maintains a drug free workplace, and will enforce the regulations governing same.

In the event of employment, I understand that false or misleading information given on my application or during my interview, may result in immediate discharge.

I also understand I am to abide by the Personnel Policies and Procedures of the Bad River Housing Authority.

I understand that this application is not, and is not intended to be, a contract of employment.

I understand I may be required to permit a lawful check of my back ground through medical or legal channels.

I understand that in the event I am offered employment, I may be required to provide documentation to support this application (e.g. school transcripts or diploma, driver's license, proof of insurance, work permit, proof of tribal affiliation, proof of residence, etc.).

CONSENT FOR RELEASE OF INFORMATION

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, and the release of relevant information to the Bad River Housing authority by persons/employers/references named in this application. I also authorize appropriate law enforcement agencies to do a criminal background check and release the results of such check to the Bad River Housing Authority.

For identification purposes only:

Date of Birth _____
SSN # _____

SIGNATURE _____ DATE: _____

My signature above attests to my understanding and agreement with the foregoing.

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

CHIEF BLACKBIRD CENTER

P.O.Box 39 • Odanah, Wisconsin 54861

RELEASE OF INFORMATION

I, _____ hereby authorize the
Bad River Tribe to conduct a "Background Security Check," to meet
conditions of the employment with the Bad River Tribe.

Aliases: _____

Date of Birth: _____

Driver's License #: _____

(Please list all license numbers and states you have been issued a
license in within the past 5 years) _____

Signature: _____

Today's 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 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.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., 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. 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.

The list of offenses affecting caregiver eligibility that require rehabilitation review is available from the regulatory agencies or through the Internet at <http://DHS.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 146, 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 DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- 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.

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.

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 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	
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 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 judgement 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"/>
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"/>

(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 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"/>
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.

PRINT NAME – Required Individual	Date Submitted
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