



MINERAL POINT RESCUE SQUAD, INC.

P.O. Box 245

Mineral Point, Wisconsin 53565

Phone: 608-987-2752 FAX: 608-987-1544

E-mail: mineralpointems@gmail.com

Packet for full-time or part-time positions

Contains:

Application for Full-time or Part-time Employment

Authorization for Release of Information – Caregiver Background Check

Application for Credentialing

Please return the completed packet to the Mineral Point Rescue Squad via e-mail, fax or mail as shown above. Please ensure you also include any indicated supporting documents as noted throughout the packet.



APPLICATION FOR FULL-TIME OR PART-TIME EMPLOYMENT

MINERAL POINT RESCUE SQUAD, INC.
907 Ridge Street, P.O. Box 245
Mineral Point, Wisconsin 53565
Phone: 608-987-2752 FAX: 608-987-1544
E-mail: mineralpointems@gmail.com

Applicants are considered for all positions without regard to race, color, sex, sexual orientation, religion, creed, national origin, ancestry, age, marital or veteran status, disability, handicap or arrest or conviction record.

Position Applying for: _____ Date: _____

(Please Print)

Name: _____ Email Address: _____

Address: _____
street city state zip

Telephone: home _____ work _____

Are you eligible to work in the United States? Yes No
(If offered employment, you will be required to provide documentation to verify eligibility.)

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

On what date would you be available for work? _____

Have you been convicted of a crime (do not include minor traffic violations or ordinance violations)? Yes No
(You must report all convictions, past and present. A conviction will not automatically disqualify you from employment but any dishonesty relevant to this response will remove your application from further consideration or result in termination of your employment.)

If yes, please explain:

List professional trade, business or community activities and offices held.

Give name, address, and telephone number of three professional references who are not related to you.

1. _____
name address phone
2. _____
name address phone
3. _____
name address phone

EDUCATION AND FORMAL TRAINING

Do you have a high school diploma or GED certificate? Yes No

Colleges, military, trades, business, or other schools attended:

Name & Location	Course of Study	Dates	Degree/Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Licenses/Certificates you have that indicate specialized skills or training:

Title of License/Certificate of Issuing Agency	Skill Area
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are there any special skills you have that you would like us to be aware of?

WORK EXPERIENCE

Start with your present or last job. Include intern or volunteer work as well as full-time or part-time employment.

Employer: _____ Address: _____

Your Title: _____ Dates of Employment: from _____ to _____

Supervisor's Name: _____ Supervisor's Phone: _____

Your duties and responsibilities:

Reason for leaving: _____

Employer: _____ Address: _____

Your Title: _____ Dates of Employment: from _____ to _____

Supervisor's Name: _____ Supervisor's Phone: _____

Your duties and responsibilities:

Reason for leaving: _____

Employer: _____ Address: _____

Your Title: _____ Dates of Employment: from _____ to _____

Supervisor's Name: _____ Supervisor's Phone: _____

Your duties and responsibilities:

Reason for leaving: _____

SUPPLEMENTAL QUESTIONS

1. Describe your experience with working with the public:

2. How would you work with other MPRS paid and volunteer personnel?

3. How would you handle record keeping?

4. Are you a current AHA CPR Instructor? Yes No

5. (***For Service Director position only***) Please describe your experience in managing employees:

By signing below, I certify that all statements made on this application are true and correct. I understand that all information is subject to verification. I also understand that any falsification will disqualify me from employment, or if already employed, will result in dismissal. My signature authorizes the Mineral Point Rescue Squad to secure my driving record (if position requires driving), transcripts from educational institutional institutions to verify credits/degrees, employment-related information from former employers or references, and any information needed to complete a criminal background check. I understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to appointment to a position with the Mineral Point Rescue Squad; I also understand that refusal to participate will result in the withdrawal of any offer of employment.

Signature _____ Date _____



AUTHORIZATION FOR RELEASE OF INFORMATION CAREGIVER BACKGROUND CHECK

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E-mail: mineralpointems@gmail.com

Completion of this form is required under the provisions of Chapter's 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. 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 legibly)

* Name: _____
last first middle

* Sex: _____ * Race: _____ * Date of Birth: _____ SSN _____
MM/DD/YYYY

Other Identifying Data (Maiden Name(s), Additional Names, etc.)

Physical Address: _____
street city state zip

Mailing Address (if different): _____

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 the 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 a group and family day care centers for children and day camps for children.) ➤ 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"/>

ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION (CONTINUED...)	YES	NO
<p>3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?</p> <p>A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per se. 48.981(7) are authorized to, and should check this box.) ➤ <i>If YES, explain, including when and where it happened.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?</p> <p>A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per se. 48.981(7) are authorized to, and should check this box.) ➤ <i>If YES, explain, including when and where it happened.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> ➤ <i>If YES, explain, including when and where it happened.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. 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?</p> ➤ <i>If YES, explain, including when and where it happened.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<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?</p> ➤ <i>If YES, Explain, including credential name, limitations or restriction, and the time period.</i>	<input type="checkbox"/>	<input type="checkbox"/>

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? ➤ <i>If YES, explain, including when and where it happened.</i>	<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? ➤ <i>If YES, explain, including when and where it happened and reason.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been discharged from a branch of US Armed Forces, including any reserve component? ➤ <i>If YES, indicate the year of discharge: _____</i> ➤ <i>Attached a copy of your DD214 if you were discharged within the last 3 years.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you resided outside of Wisconsin in the last 3 years? ➤ <i>If YES, list each state and the dates you lived there.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had a caregiver background check done within the last 4 years? ➤ <i>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.</i>	<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? ➤ <i>If YES, list the review date and review result. You may be asked to provide a copy of the review decision.</i>	<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 is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in forfeiture of up to \$1000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

Print Name: _____ Signature: _____	Date Submitted:
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APPLICATION FOR CREDENTIALING

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Mineral Point, Wisconsin 53565

Phone: 608-987-2752 FAX: 608-987-1544

E-mail: mineralpointems@gmail.com

Provider Name: _____
last first middle initial

Address: _____
street city state zip

Telephone: primary _____ alternate _____

Email address: _____

Certification Level: _____ License Number: _____ Expiration Date: _____

CPR for Healthcare Provider Expiration: _____

ACLS Expiration: _____

PALS Expiration: _____

Attach copies of all certifications and Wisconsin License.

Signature: _____ Date: _____