



# PANTHEON INDUSTRIES

*Creating Employment Opportunities for Individuals with Disabilities*

*APPLICATION*

*FOR*

*EMPLOYMENT*

NAME: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

DATE: \_\_\_\_\_

W332 N6786 County Highway C  
Nashotah, WI 53058  
Phone: (262) 567-2133  
Fax: (262) 569-3173

3030 South Calhoun Road  
New Berlin, WI 53151  
Phone: (262) 567-2133  
Fax: (262) 569-3173

<h1 style="margin: 0;">APPLICATION FOR EMPLOYMENT</h1> <p>Position Applying For: _____          _____          Date: _____          Available to Start Work: _____</p>	<h2 style="margin: 0;">PANTHEON INDUSTRIES, INC.</h2> <p style="margin: 0;">W332 N6786 COUNTY HIGHWAY C NASHOTAH, WI 53058</p> <p style="margin: 0;">(262) 567-2311</p>	<p>Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, disability, veteran status, marital status, or any other characteristic protected by law.</p> <p><b>PASSING A DRUG SCREEN REQUIRED AS A CONDITION OF EMPLOYMENT.</b></p>
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<b>Name: (Last)</b>	<b>(First)</b>	<b>(Middle Initial)</b>
<b>Street Address:</b>		
<b>City:</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone: (      )</b>		<b>Daytime Telephone? (      )</b>
I wish to be considered for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift		Any days or times unavailable for work? _____
What source led you to make application with us?		_____

**EMPLOYMENT HISTORY (List present or most recent employer first.)**

Employer:	Employed from:	Job Title:	Starting Wage:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ hrs/week
Address/City:	(mo/yr)	Duties:	Present/Last Wage:	Reason for Leaving:
Supervisor:	To:			
Phone #:	(mo/yr)			
Employer:	Employed from:		Job Title:	Starting Wage:
Address/City:	(mo/yr)	Duties:	Present/Last Wage:	Reason for Leaving:
Supervisor:	To:			
Phone #:	(mo/yr)			
Employer:	Employed from:		Job Title:	Starting Wage:
Address/City:	(mo/yr)	Duties:	Present/Last Wage:	Reason for Leaving:
Supervisor:	To:			
Phone #:	(mo/yr)			
Employer:	Employed from:		Job Title:	Starting Wage:
Address/City:	(mo/yr)	Duties:	Present/Last Wage:	Reason for Leaving:
Supervisor:	To:			
Phone #:	(mo/yr)			

**EDUCATION HISTORY / MILITARY SERVICE**

Name and Location of School	Circle Last Year Completed	Major Course of Study	Please Check Appropriate Box
High School:	7 8 9 10 11 12	Not Applicable	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Not completed <input type="checkbox"/> Currently enrolled in GED program
College:	1 2 3 4 more		<input type="checkbox"/> Degree
Business/Vocation School:	Number of Months Attended		<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate
Military Service in US. Armed Forces:	Length of Service:	Skills Acquired:	

**PERSONAL INFORMATION**

Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>YOU MAY BE REQUIRED TO FURNISH DOCUMENTS TO VERIFY YOUR ELIGIBILITY FOR EMPLOYMENT IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT AND YOUR EMPLOYMENT IS CONTINGENT UPON FURNISHING SUCH DOCUMENTS.</b>
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of any crime, including a misdemeanor or a felony conviction: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Do you have job related skills? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes (please list):	
Have you lived in another state since age 18? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list with dates of residency):	<b>OUT-OF-STATE CRIMINAL BACKGROUND CHECKS MAY REQUIRE COMPLETION OF FINGERPRINT CARDS.</b>

**REFERENCES**

**(May include co-workers, supervisors, friends, neighbors. Please include at least one family member)**

<b>NAME:</b>			
<b>OCCUPATION:</b>			
<b>STREET ADDRESS:</b>			
<b>CITY, STATE, ZIP:</b>			
<b>TELEPHONE:</b>			

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may be cause for termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical exam.

I also authorize the organizations, schools or persons named above to give any information requested regarding my employment, character and qualifications. I hereby release said organizations, schools or persons from all liability for any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either my employer or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Pantheon Industries, Inc.**

**AUTHORIZATION AND RELEASE**

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment or background to Pantheon Industries, Inc. as a prospective employer or, if hired, as an employer, its officers, employees and agents. I understand that the employment information may include, but is not limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions regarding my suitability for employment, driving record information and criminal records. If hired, this authorization is valid throughout the period of my employment with Pantheon Industries, Inc.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorneys' fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any information or opinions concerning my employment pursuant to this authorization, except for the malicious and willful disclosure of derogatory facts preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

May we contact your current employer or reference associated with your current employer?  Yes  No  
Comments:

In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act (Public Law #91-508) and Section 2724 of the Federal Driver Privacy Protection Act (Public Law #103-322), Pantheon Industries, Inc. and its representatives hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Acts, and that the information received will be used for no other purpose.

1. Pantheon Industries, Inc. and its representatives further certify that if the applicant named below is denied or loses employment based upon the information received, Pantheon Industries, Inc. will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

I understand that driving may be an essential function of a position for which I am applying. Therefore, updated driver record checks may be required. I authorize and release the use of my driver's license information to obtain my driving abstract and/or enroll my license number in the state Employer Notification Program. This authorization shall remain in effect throughout my course of employment with Pantheon Industries, Inc., should I be offered a position. I further understand that updated criminal background checks may be required for my position. I authorize and release the use of my personal information as needed to perform a background check. This authorization shall remain in effect throughout the course of my employment with the company, should I be offered a position. For reference, driving and criminal background checking purposes only, we require the following information:

Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_

Driver's License from the State of: \_\_\_\_\_

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



## **BACKGROUND INFORMATION DISCLOSURE**

Because of the nature of the services our company provides, we are required by the Wisconsin Department of Health and Family Services and by Wisconsin Statutes (Chapter 48, 50, 51, 146) to have job applicants complete the following background information disclosure form. Also, please be advised that updated background information disclosure forms and background checks may be required throughout the course of your employment per our service agreements.

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**APPLICANTS ARE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, CREED, COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE, DISABILITY, VETERAN STATUS, MARITAL STATUS OR ANY OTHER CHARACTERISTIC PROTECTED BY STATE OR FEDERAL LAW, UNLESS SUCH IS CONSIDERED A BONA FIDE OCCUPATIONAL QUALIFICATION UNDER THE LAW.**

## 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.

### 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.

A list of barred crimes and offenses requiring 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) regulated 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
Address Street, City, State, ZIP Code			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
<p>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?</p> <p style="margin-left: 20px;">➤ 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.</p>		
<p>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.)</p> <p style="margin-left: 20px;">➤ 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.</p>		
<p>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:</p> <p style="margin-left: 20px;">➤ (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.)</p> <p style="margin-left: 20px;">➤ If <b>Yes</b>, explain, including when and where it happened.</p>		
<p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> <p style="margin-left: 20px;">➤ If <b>Yes</b>, explain, including when and where it happened.</p>		

(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 Services, a county department, a private child placing agency, school board, or DHS 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 DHS 12.05 (4), Wis. Adm. Code.

<b>SIGNATURE</b>	Date Signed
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## **AFFIRMATIVE ACTION FORM**

Please note that the affirmative action form on the next page is a voluntary form. If you wish to complete the form, please do so and then remove the document from the application.

Please place it in the envelope provided before submitting your application.

Thank you.



## **Definitions:**

### **Hispanic or Latino:**

\* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

### **White (Not Hispanic or Latino):**

\*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### **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 maintain tribal affiliation or community attachment.

### **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.

### **Two or More Races (Not Hispanic or Latino):**

\*All persons who identify with more than one of the five races indicated above.

### **Newly Separated Veteran:**

\*A veteran who served on active duty in the US military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

### **Veteran of the Vietnam Era:**

\*A veteran: (A) who served on active duty in the US military, ground, naval or air service for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, if any part of such active duty was performed: in the Republic of Vietnam between 2/28/61 and 5/7/75, or between 8/5/64 and 5/7/75 (in any other location), or (B) was discharged or released from active duty in the US military, ground, naval or air service for a service-connected disability, if any part of such active duty was performed in the Republic of Vietnam between 2/28/61 and 5/7/75 or between 8/5/64 and 5/7/75 (in any other location).

### **Special Disabled Veteran:**

\*A veteran of the US military, ground, naval or air service who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Dept. of Veterans Affairs for a disability: (A) rated at 30 percent or more or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 3106 of Title 38, U.S.C. to have a serious employment handicap or a person who was discharged or released from active duty because of a service-connected disability.

### **Other Protected Veteran:**

\*Any other veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than special disabled veterans or veterans of the Vietnam era.

### **Disabled Individual:**

\*An individual who has a mental or physical impairment which substantially limits one or more major life activities, has a record of such impairment, or who is perceived as having such an impairment.