



Bethel Home and Services
 614 South Rock Avenue
 Viroqua, WI 54665
 (608) 637-2171
 Fax-(608)637-8303
 www.bethelhome.org

Voluntary Self-Identification Survey Form Applicant – Affirmative Action Employer

TO ALL APPLICANTS:

Our company is an Affirmative Action/Equal Employment Employer and as such, we are required to collect and maintain information related to applicants in order to meet governmental recordkeeping and reporting requirements and to monitor the effectiveness of our outreach, recruitment and other employment practices.

At this time, we are asking you to help us meet our obligations by providing the information listed on the following pages. Please note that the information will be used only in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to do so will not result in any adverse treatment. The information you provide will be held in strict confidence except that:**

- 1) Necessary management and supervisory personnel may be informed to ensure proper placement and to provide reasonable job accommodations;
- 2) First aid and safety personnel may be informed to the extent appropriate, if the condition might require emergency treatment; and
- 3) Government officials investigating affirmative action program compliance may have access to reported information.

Thank you for your cooperation in this important initiative.

BHSI abides by the requirements of federal laws which prohibit discrimination and require affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with the following legally protected status: race, color, religion, sex, national origin (per Executive Order 11246), disability (per 41 CFR 60-741.5(a), and protected veterans (per 41 CFR 60-300.5(a)).

PART I. General Information

Name: _____

Position Applied for: _____ Date: _____

PART II: Referral Source: Please indicate how you heard about this opening

- Company website
 Job board
 Newspaper
 Temp agency
 Search firm
 Educational institution
 Walk-in
 Employee referral
 College Recruiting
 Professional Association
 State employment agency
 Other _____

PART III. Gender, Ethnicity and Race Information:

Gender

CHECK ONE:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to disclose this information
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Ethnicity

CHECK ONE:	<input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) <input type="checkbox"/> Not Hispanic or Latino (if not Hispanic or Latino, please address race below) <input type="checkbox"/> I choose not to disclose this information
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Race

CHECK ONE: (do not respond if you selected Hispanic or Latino above)	<input type="checkbox"/> White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa <input type="checkbox"/> 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 <input type="checkbox"/> American Indian or Alaska 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 <input type="checkbox"/> Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa <input type="checkbox"/> 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 <input type="checkbox"/> Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races <input type="checkbox"/> I choose not to disclose this information
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Please continue to next page to identify veteran status.

PART IV. Protected Veterans

The definitions of protected veterans are listed below. Use the boxes following the definitions to indicate whether you are a protected veteran

Disabled Veteran

A "disabled veteran is one of the following:

A veteran of the U.S. 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 Secretary of Veterans Affairs; or

A person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active Duty Wartime or Campaign Badge Veteran

An "active duty wartime or campaign badge veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran

An "armed forces service medal veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

CHECK ONE:

- I am a Protected Veteran
- I am not a Protected Veteran
- I choose not to disclose the information

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

BETHEL HOME & SERVICES, INC.

614 South Rock Avenue

Viroqua, WI 54665

(608) 637-2171

Fax (608) 637-8303

PLEASE READ BEFORE COMPLETING THE APPLICATION

EQUAL OPPORTUNITY POLICY

Bethel Home & Services, Inc. provides employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, this organization intends to comply fully with all federal and state laws, and the information requested on this application will not be used for any purpose prohibited by law.

DISABILITY ACCOMMODATIONS

Applicants may request any needed accommodations to help them fill out this application.

When filling out the application:

- You must complete the entire application. Please do not say "see attached resume". Incomplete applications may not be considered for a position. If you do not know the information requested, then fill in the blank with "not known".
- Any false statements on the application will result in rejection of the application, or in immediate dismissal if found out during the course of employment.
- You must initial each of the statements on the back of the application and sign and date the application.
- You must sign the back of the application acknowledging and consenting to have us perform a criminal record check should you receive an employment offer. Checks will only be made after an offer for employment has been accepted. However, all offers will be contingent on your having no conviction records that substantially relate to the nursing home / home care / group home / adult daycare / respite position.
- If you are applying for a Home Care position, please understand that as positions become available in your location, prospective providers are contacted for an interview. Home Care duties may vary to meet the daily living needs of the client, such as light housekeeping, meal preparations, laundry, shopping, errands, transporting, etc. Some clients also require Personal Care on a regular basis. We attempt to match clients and providers according to your availability and skills. The Personal Care program requires that a provider have the appropriate training such as Personal Care Aide, Certified Nursing Assistant or six months experience with similar clients.

Thank you for inquiring about employment with Bethel Home & Services, Inc.. Please thoroughly complete the application materials and return them at your earliest convenience. If you have any questions or need any assistance with this application, please contact the Human Resource Department at (608) 637-2171.

PLEASE RETURN ALL OF THE APPLICATION MATERIALS TO THE ADDRESS ABOVE.

Position Applied For:			
What prompted you to apply at Bethel Home and Services, Inc.?			
Ad/Paper/Journal - Name:	Referral (specify):	Career Fair:	Other:
Last Name	First Name	Middle Initial	
Address		City	State, Zip
Telephone Number (days)		(evenings)	

Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call	<input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary
What shift are you available: <input type="checkbox"/> Day <input type="checkbox"/> P.M. <input type="checkbox"/> Night	
Have you ever been employed by us before? If yes, when?	Yes No
Are you legally eligible for employment in the United States <i>(Proof of citizenship or immigration status will be required upon employment)</i>	Yes No
<i>In compliance with Federal regulations 42 CFR 483.13 (c)(1)(ii) and State statute (s. 111.335(1)(c)(1) Have you ever been convicted of abusing, neglecting or mistreating individuals?</i>	Yes No
Do you have pending charges or have you been convicted of a crime substantially related to the position for which you are applying? If yes, please explain: <i>(A criminal record does not necessarily disqualify an applicant from employment.)</i>	Yes No

EDUCATION	Name & Address of School	Course of Study	No. of years	Degree or Diploma
High School				
College				
Other				

LICENSURE/CERTIFICATION/REGISTRATION (Please include CPR Certification here.)

Type of License/Certification	Registration #	Certificate Attached	
		Yes	No
		Yes	No

Additional Information

What makes you a great candidate?
(Summarize special job-related skills & qualifications acquired from employment or other experiences.)

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	<u>Dates Employed</u> From _____ To _____	<u>Work Performed</u>
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting _____ Final _____	
Job Title Supervisor	<u>May We Contact?</u> Yes No	
Reason for leaving	Your Name Then, If Different	

Employer	<u>Dates Employed</u> From _____ To _____	<u>Work Performed</u>
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting _____ Final _____	
Job Title Supervisor	<u>May We Contact?</u> Yes No	
Reason for leaving	Your Name Then, If Different	

Employer	<u>Dates Employed</u> From _____ To _____	<u>Work Performed</u>
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting _____ Final _____	
Job Title Supervisor	<u>May We Contact?</u> Yes No	
Reason for leaving	Your Name Then, If Different	

If you need additional space, please continue on a separate sheet of paper.

PERSONAL REFERENCES

1.	_____	_____
	(Name)	Daytime Phone #

	(Address)	
2.	_____	_____
	(Name)	Daytime Phone #

	(Address)	
3.	_____	_____
	(Name)	Daytime Phone #

	(Address)	

Please read the following statements carefully before you sign your name.

"I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies, and any other sources of information that may be relevant to my application for employment. I release all past/present employers or other contacts from liability in providing a reference.

I have read and agree to the above statement. (please initial here) _____

It is understood and agreed that any misrepresentation, false statement or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this facility. I further agree to any medical examination (paid for by Bethel Home and Services) required by Bethel Home and Services upon an offer of employment and understand employment is contingent upon successful completion of the examination.

I have read and agree to the above statement. (please initial here) _____

I further understand that no representative of the facility has the authority to enter into any agreement for employment for any specified period of time and that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks that I might receive, is intended to create a contract between Bethel Home & Services and myself. I understand that if hired, Bethel Home & Services has the right to terminate our relationship for any non-discriminatory reason at any time. I also have the right to terminate our relationship for any reason at any time.

I have read and agree to the above statement. (please initial here) _____

Bethel Home & Services, Inc. as your employer, is prohibited from employing individuals convicted of crimes or has pending charges substantially related to the position being hired for.

The Background Disclosure Form information will not be used to make hiring decisions unless the information requested is related to the applicant's criminal history and substantially related to the applicant's employment. If the applicant knowingly gives false information on or knowingly omits information from this form, their employment may be terminated. This information is collected only because it is required by the state. A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the position for which application is being made.

I have read, had my questions answered, and fully understand the above information, and I give Bethel Home & Services, Inc. permission to request and obtain information relating to my criminal record and references.

Signature of Applicant

Date

For office use only:

Position requested: _____

Date application received: _____