



Application for Employment

Instructions: The information contained in and gathered from this application (and any accompanying documentation) is directly related to measuring the applicant's qualifications and ability and will be relied upon, in part, by Tellurian UCAN, and Tellurian, Inc. in making its decision.

The information will be used to determine which applicants are invited to an interview or which applicant is most able to meet the needs of the position. It is important to completely answer all questions as accurately as possible. You may attach a resume or other documentation you feel supports your application for the position you are seeking.

Position title you are applying for: _____

Personal/Contact Information

Name (First, Middle, Last)			Email Address	
Street Address	Apt #	City	State	Zip
Home Telephone		Alternative Phone		

Job Availability

What type of employment will you accept? Note: Part time is defined as less than 30 hours per week.				
Regular Full Time	Limited Term (Temporary) Full Time	On Call		
Regular Part Time	Limited Term (Temporary) Part Time			
If required, are you willing to work (Check all that you would accept)				
Days	Evenings	Overnight	Weekends	Holidays
If required, are you willing to work (Check all that you would accept)			If required by the job, do you have a valid Wisconsin Driver's License?	
I am available immediately.			Yes	No
I will be available beginning _____				
I will be available after giving _____ weeks' notice to my present employer.			If required by the job, do you have access to a car?	
			Yes	No



Educational Background

<p>Indicate the highest grade you completed in elementary or high school Did you graduate from High School? (Includes GED) Yes No</p>				
<p>Name and location (City, State) of High School you last attended.</p>				
<p>Education and training beyond high school: College Vocational/technical Other _____ Highest degree attained: Associates Bachelors Masters Doctorate M.D. Ph. D.</p>				
Name/Location of Institution Attended	Dates attended	Total Credits Earned	Field of Study	Degree/Date Received
<p>Indicate any academic honors or school achievements that may be helpful in evaluating your background:</p>				
<p>Describe any education or training you have had which is not covered above, such as correspondence courses, conference, and internet-based education that may support your application:</p>				
<p>Describe to what extent your education and training have given you the technical knowledge, skill, or interest to perform the type of work you are applying for:</p>				

Professional Licensing & Memberships in Professional/Technical Associations

<p>If you are currently licensed or registered to practice in Wisconsin as a member of a trade or profession, list the license or registration and expiration date:</p>	<p>List memberships in professional or technical associations:</p>
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Work Experience

Give a complete record of any employment, self-employment, and military service you have had in the past 10 years. You may include positions beyond the 10-year period if they are related to the position you are applying for. Start with your present or most recent job. Indicate any change in job title under the same employer as a separate position. If you need additional space, please print and attach additional sheets.

Employer	Title of Position Held	
Street	Immediate Supervisor Name	Dates Employed: From _____ to _____
City	Title	Full Time
State	Phone	Part Time Hrs/week
Zip Code	May we contact them? Yes No	Rate of Pay: Beginning: \$
	If no, please explain:	Ending:\$
Duties and Responsibilities		
Reason for leaving position		

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Zip Code	May we contact them? Yes No	Rate of Pay: Beginning: \$
	If no, please explain:	Ending:\$
Duties and Responsibilities		
Reason for leaving position		



If you were discharged for cause in any of the jobs referenced above, please provide a brief explanation:
Have you previously worked for Tellurian Community, Tellurian UCAN, or Tellurian, Inc.? Yes No If yes, what position did you hold, when did you leave, and which program did you work at? Who was your supervisor?
Do you know any person who currently works for Tellurian? Yes No If yes, please provide their name(s)

Employment Reference Checks and Consent to Release Information

Applicant Name	Maiden or other name
I hereby authorize release of information and employment records to Tellurian UCAN, or Tellurian, Inc. I authorize those individuals named below and/or company representative to furnish Tellurian UCAN or Tellurian, Inc. with whatever information they may request regarding my employment or other information that may determine my ability to fulfill the duties and responsibilities in the position that I am applying for. I am signing this waiver voluntarily, and to request that the named party or company representative respond to this reference inquiry with full and complete information. Because these references are an important part of my application for employment with Tellurian, I therefore waive and release those named from any and all claims or causes of action in law or equity, including, but not limited to, defamation of character or invasion of privacy, that might arise from responding to this reference check. Please provide at least 3 Professional References.	
Company or Employer: Last Position Held with Employer: Previous Annual Salary or Wages Earned: Immediate Supervisor: Contact Phone Number:	
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Background Information Disclosure

Completion of this form is required under the provisions of sections 46.685 and 50.065 of the Wisconsin Statutes. 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 attached instructions (HFS-64A) 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.

NOTE: If you are an owner, operator, board member, or non-client resident of a Bureau of Quality Assurance (BQA) regulated facility (1) print only your first, middle and last name; (2) complete Sections A and B; (3) sign the form; (4) complete the Appendix, HFS-69, in its entirety and (5) submit this form and the Appendix to the address noted in the Appendix Instructions

Name- First and Middle		Name-Last		Position Title	
Any other names by which you have been known		Birth date		Gender	Race
Current Address				Social Security Number	
List any other states in which you have lived in the past 3 years					
Business Name and Address of Employer or Care Provider (Entity) Tellurian UCAN, Inc 300 Femrite Drive, Madison, WI 53716					

Section A-ACTS, CRIMES AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including 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 judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th 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		
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: (Only employers and regulatory agencies entitled to obtain this information per sec. 49.981(7) are authorized to, and should, check this box.) If Yes , explain, including when and where it happened.		
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.		
Has any government or regulatory agency (other than the police) every found that you misappropriated (improperly took or used) the property of a person or client? If Yes , explain, including when and where it happened		
Has any government or regulatory agency (other than the police) every found that abused an elderly person? If Yes , explain, including when and where it happened.		
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, limitation, and time period.		



Section B – OTHER REQUIRED INFORMATION	YES	NO
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.		
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.		
Have you been discharged from a branch of the US Armed Forces, including any reserve component? If Yes , attach a copy of your discharge papers (DD214) if you were discharged within the past 3 years. You may be asked to provide a copy of your DD214 if your discharge occurred more than 3 years ago.		
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.		
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 Yes , 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 hereby affirm the information provided on this application and any accompanying resume or other documentation (if any) is true and complete to the best of my knowledge. I also agree that any misrepresentation, falsification, omission or misleading statement if discovered during the pre-hire process, will result in me not being hired, and if discovered any time thereafter, will result in immediate discharge.

I understand that job references from persons, schools and my current employer (if applicable) and past employer(s) are part of the process that is used in determining whether to hire me. To help facilitate my being considered for employment and with the further understanding that any information obtained from references are to be used for job related purposes, I authorize the references I have listed to give Tellurian UCAN, Inc. or Tellurian, Inc., any and all pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to Tellurian.

Job Security Disclaimer: This application is not to be construed to form either an express or implied contract between Tellurian UCAN, or Tellurian, Inc. and myself. I further understand and agree that my employment and compensation can be terminated without notice at any time at the option of either Tellurian UCAN, Tellurian, Inc. or myself.

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 provide in HFS 12.05 (4), Wis. Adm. Code.

Signature	Date
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SUBMIT