

FA EMPLOYER AGENT PROGRAM

Check List for New Employees

- Employee Application
- Background Information Disclosure
Please complete and sign as FA will conduct a background check on all new employees.
- Employee Questionnaire
- Immigration & Naturalization Service – Form I-9
See Form I-9 Instruction Sheet.
- Federal Tax Withholding Form (W- 4)
- State Tax Withholding Form (WT- 4)
- Earned Income Credit Advance Payment Certificate – Form W-5
Instructions for completion
- Direct Deposit Form
- Timesheet (to be retained by employer until end of pay period then submitted to FA for processing)
- Travel Reimbursement Form
- Copy of Driver's License and Proof of Insurance for vehicle used.
This would be necessary only if the job the employee was performing required the employee to drive as part of the job duties.
- Home Care Worker Notice

Instructions for Completing New Employee Forms

Please print when completing all forms.

Employee Application:

Complete all sections of the application that apply to you. In cases that do not apply to your position, please leave blank.

Background Information Data:

Complete form according to the instructions on the form.

Employee Questionnaire:

Complete all sections of the questionnaire that apply to you. In cases that do apply to your personal situation, please leave blank.

Immigration & Naturalization Service – Form I-9:

Complete only Section 1. If married, Female applicants must include their maiden name if applicable. Check the box that best describes your eligibility for employment. Please sign on the Employee Signature line, do not print.

Your employer (either the consumer, guardian, broker or a supervisor) will need to see the original documents and complete Section 2 of the form to verify your eligibility for employment. Copies of these documents should be made and attached to the completed form.

Federal Tax Withholding Form (W – 4):

The personal allowances worksheet is a guide for individuals that do not know the number of exemptions that should be claimed. If you know your withholding status the worksheet can be left blank.

Complete line numbers 1 through 7. Some lines may be left blank if they do not apply. Please sign the form on the Employee's Signature line.

State Tax Withholding Form (WT – 4):

If your state withholding status is the same as the Federal withholding, you can indicate “Same as Federal” on this form. Please sign on “Date signed” and ‘Signed lines’ with the date you are completing the form and your signature. If your State withholding status is different than the Federal withholding, you must complete the entire form.

Earned Income Credit Advance Payment Certificate Form (W-5)

If you are eligible for this credit, (see Who is Eligible) complete this form and return it to your employer.

Direct Deposit Form:

If you would like direct deposit, complete this form so your payroll check can be deposited into your personal bank or credit union. Please include a VOIDED check so the bank routing numbers and account numbers can be verified.

TimeSheet:

A schedule for submitting the bi-weekly time records is included.

On the dates that you report to work, fill in the beginning and ending times of your shift. If you leave for an unpaid lunch or dinner break, the time you leave for that unpaid break is the first “out” time. The time you report back after your lunch or dinner break is the second “in” time and the last “out” time is time your shift ended. Follow this procedure for each date you work. At the end of the pay period, sign and date the timesheet. Secure your employer’s approval signature and date. Submit the timesheet on or before the deadline so FA can process your paycheck. Timesheets received after the deadline will be processed with the next payroll processing. An Employer Agent Payroll schedule showing the pay period dates and the deadline for submitting timesheets will be provided to ensure deadlines are adhered to. Timesheets may be faxed to (608) 846-3412.

Travel Reimbursement Form:

The form is basically self-explanatory. Complete all areas that apply. If you have been approved to receive reimbursement for mileage on a per mile basis include the amount per mile you are to be reimbursed. If travel is reimbursed as a set hourly number include the time on your bi-weekly timesheet. Include the month the travel reimbursement is paying, date the form and secure your employer's approval.

Submit to FA by the first week of the following month. The form may be faxed to (608) 846-3412.

Home Care Worker Notice:

Home Care Worker to complete the Personal Information section, review the other sections and sign document to verify receipt of this form.

Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

NAME OF EMPLOYER YOU WISH TO WORK FOR:

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	Word	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	_____ WPM	10-key	Processing	<input type="checkbox"/> No
					_____ WPM
Personal	<input type="checkbox"/> Yes	PC <input type="checkbox"/>	Other	_____	
Computer	<input type="checkbox"/> No	Mac <input type="checkbox"/>	Skills	_____	

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty _____	Date Entered _____	Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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APPLICATION FOR EMPLOYMENT

Work experience Please list your work experience beginning with your most recent job held.
If you were self-employed, give firm name.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by _____ (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of _____, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and _____ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

BACKGROUND INFORMATION DISCLOSURE INSTRUCTIONS

The Background Information Disclosure form (HFS64) 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 sections 48.685 and 50.065 of the Wisconsin Statutes, for persons who have been convicted of certain acts, crimes or offenses:

1. The Department of Health and Family Services (DHFS) 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://www.dhfs.state.wi.us/> at the Licensing link and then under the Caregiver Program link.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (REFERRED TO AS "ENTITIES")

Programs Regulated Under Chapter 48 of Wisconsin Statute	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 of Wisconsin Statute	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 DHFS.
- Anyone who has a foster home licensed by DHFS.
- Anyone certified by DHFS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHFS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, ss. 111.31 - 111.395, Wisconsin Statutes, 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 and Family Services' Caregiver 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.

