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. NOTE: If you are an owner, operator, board member, or non-client resident of a Division of Quality Assurance (DOA) facility, complete the BID, F-82064, and the Appendix, F-82066, and submit both forms to the address noted in the Appendix Instructions.

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.

The list of offenses affecting caregiver eligibility that require 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"): 

<table>
<thead>
<tr>
<th>Programs Regulated under Chapter 48, Wis. Stats.</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.</td>
<td>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.</td>
</tr>
</tbody>
</table>

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 ("non-client 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. Statis., 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.
To ensure the safety of our patients, and per Wisconsin’s Caregiver Law, Aurora Health Care completes criminal background checks on all new hires to our organization. In order to be considered for employment, you must complete a **Background Information Disclosure Form**, granting permission for this check to be done, should we make you an offer of employment.

*BE AWARE THAT A CRIMINAL CONVICTION DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT, BUT IF INFORMATION IS WITHHELD OR FALSIFIED ON THIS FORM, YOUR CHANCES OF EMPLOYMENT WITH AURORA HEALTH CARE COULD BE AFFECTED.*

**Background Information Disclosure Form Instructions**

- Please write clearly and fill in all highlighted fields. Missing or illegible information may slow the criminal background check process and could delay your hire date.
- Complete the personal information on page 1 including a full middle name, if appropriate, and address with city, state, and zip code.
- Question Number 1 in Section A requires you to disclose
  - any criminal charges pending against you at this time
  - any past felony or misdemeanor convictions
  - any past municipal ordinance or tribal court violations for which you were ticketed or found guilty
  - *You must include any convictions which have been expunged from your record or which you may have been told will not appear on your record*
- If you do have convictions to disclose, note the offense, date, city, and state where the conviction occurred in the space provided under question 1.
- You must answer every question on the form, except for question Number 2 in Section A.
- Sign and date the form on the bottom of page 2.
- Section B, question 4 asks if you have lived outside the State of Wisconsin in the last three (3) years. If so, provide that information on the attached page, and sign and date where noted.
- Complete the “Background Check Authorization Form,” sign and date that page as well.

*In order to expedite the background check process, please return the form in the envelope provided. Thank you!*
COMPLETION OF BACKGROUND INFORMATION DISCLOSURE FORM

Regarding Question #1:
Do you have criminal charges pending against you or were you ever convicted of a crime? :

• Please consider any interaction you have had with law enforcement such as the police or sheriff.

• For the purposes of completing the BID form, "convicted of a crime" includes felonies, misdemeanors, municipal ordinance violations and tribal court offenses even if the conviction is described as non-criminal.

• This also includes convictions resulting from a guilty plea or plea of no contest.

• If you received a ticket and paid a fine, excluding parking violations and most traffic tickets, it is likely that you received a conviction, and should note this on your form.

• If you have been informed that a conviction will not be on your record or has been expunged, you must still report it, as these almost always DO appear on your background check, and it will be considered falsification if you have not disclosed them.

• Most pending charges and most convictions, as described above, will not prevent you from being employed by Aurora. However, any failure to fully disclose them may be viewed as falsification of your record which will make you ineligible for hire.

• If you are unsure whether or not you need to report an offense, it is always in your best interest to do so.

February 2012
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)
☐ Applicant for a license or certification or registration (including continuation or renewal)
☐ Household member / lives on premises - but not a client
☐ Other – Specify:

NOTE: If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) 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
☐ American Indian or Alaskan Native ☐ Black ☐ Unknown
☐ Asian or Pacific Islander ☐ White

Home Address City State Zip Code

Business Name and Address - Employer or Care Provider (Entity)

SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

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?
   ➢ 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.

2. 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.

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:
   ☐ (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.)
   ➢ If Yes, explain, including when and where it happened.

4. 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.

(continued on next page)
**SECTION A (continued)**

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 **Yes**, explain, including when and where it happened.

6. Has any government or regulatory agency (other than the police) ever found that you **abused an elderly person**?
   - If **Yes**, 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 **Yes**, explain, including credential name, limitations or restrictions, and time period.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION B – OTHER REQUIRED INFORMATION**

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 **Yes**, 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 **Yes**, 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 **Yes**, list each state and the dates you lived there.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. 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.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>PRINT NAME – Required Individual</th>
<th>Date Submitted</th>
</tr>
</thead>
</table>
FILL OUT ONLY IF YOU LIVED OUTSIDE OF THE STATE OF WISCONSIN IN THE LAST THREE (3) YEARS.

Regarding question 4 of Section B on the Background Information Disclosure (BID) form.

Please provide the appropriate information below:

1) CITY: __________________________
   STATE: _________________________
   COUNTY: ______________________
   DATES: ________________________
       (mo/yr – mo/yr)

2) CITY: __________________________
   STATE: _________________________
   COUNTY: ______________________
   DATES: ________________________
       (mo/yr – mo/yr)

3) CITY: __________________________
   STATE: _________________________
   COUNTY: ______________________
   DATES: ________________________
       (mo/yr – mo/yr)

4) CITY: __________________________
   STATE: _________________________
   COUNTY: ______________________
   DATES: ________________________
       (mo/yr – mo/yr)

Your name

______________________________

Date
Background Check Authorization Form

All positions at Aurora Health Care and its affiliated private practice groups require a comprehensive background check. Accordingly, Aurora Health Care will be requesting an investigative consumer report as defined in the Fair Credit Reporting Act. Aurora Health Care may utilize a professional and certified consumer-reporting agency to retrieve necessary information and prepare such a report. The background check may include court records, credit history, driving history, etc. As a result, the additional information on this form is needed to continue the employment application process.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Date of Birth (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I authorize all persons and entities (including but not limited to companies, corporations, former supervisors, or persons not named in the employment application but connected with my past employment, credit agencies, government agencies, law enforcement agencies, educational institutions, workers' compensation agencies, and all military services) to release all written and verbal information about me to Aurora Health Care and/or their background checking vendor. I realize that this authorization includes permission for Aurora Health Care to request investigative consumer reports.

This authorization, in original or copy form, shall be valid for this and any future reports or updates during the application process. If I become employed at Aurora Health Care, this authorization shall remain valid for the duration of my employment. I may request "A Summary of Your Rights Under One Fair Credit Reporting Act" from the employment/Human Resources Office of Aurora Health Care.

Applicant's Signature ___________________________ Date ____________

o:\wpdata\cel\Naomi\legal documents\Background Check Authorization Nov 5 2007.doc
# Aurora Health Care

Attention Applicant:

I, ____________________________________________, authorize Aurora Health Care or their affiliates to act as my agent in obtaining employment and educational information from any person or company concerning myself, without liability to such person or company, or to Aurora Health Care or its' affiliates. This Authorization will expire one (1) year from the date signed. I understand that if I agree to sign this Authorization, which I am not required to, this form may be copied with my signature to distribute to multiple receivers.

Applicant's Signature ____________________________ Date ______________

For Aurora HR to Complete:

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Social Security Number</th>
<th>Other Last Names</th>
<th>Dates Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Held</td>
<td>Degree Attained</td>
<td>Date Employed</td>
<td>Date Graduated</td>
</tr>
</tbody>
</table>

Aurora Health Care or Affiliate Personnel: ____________________________ Date ______________ Fax: ______________

Final employment selection will be influenced by your reply, therefore, we would appreciate hearing from you as soon as possible. All information will remain confidential.

For Educational Institution to Complete:

<table>
<thead>
<tr>
<th>School Name</th>
<th>Degree/Certificate Received</th>
<th>Date Attended/Graduated</th>
<th>Major</th>
</tr>
</thead>
</table>

Signature/Title of person completing reference ____________________________ Date ______________

For Employer to Complete:

| Company Name: | Job Title: | Exact Dates of Employment: (From) ___________________ (To) ___________________
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] Discharged [ ] Resigned [ ] Other (Explain) ___________________</td>
</tr>
</tbody>
</table>

Would you reemploy? If not, why not? ____________________________

Quality of Work ____________________________ Quantity of Work ____________________________

Attendance Record: [ ] Below Expectations [ ] Met Expectations ____________________________

Signature/Title of person completing reference ____________________________ Date ______________
Education and/or Driver’s License Verification
The position you are being considered for requires that we obtain further information from you. Please provide the requested information in the appropriate section(s) below.

(X) Your Name: ___________________________ Date of Birth __________
              Social Security Number: __________________________

EDUCATION

( ) Please provide the following information regarding your education:

( ) School awarding your GED/HSED: ___________________________
    Date/year you received GED/HSED: ___________________________
    Your last name when you received GED/HSED: _____________

( ) High School Name: ___________________________
    High School City and State: ___________________________
    Date/year Graduated from High School: _________________
    Your last name at time of graduation: _________________

( ) College/University Graduated from: _______________________
    Degree Graduated with (BA/MA/etc.): _______________________
    Specialty (Nursing/Business/etc.): _______________________
    Date/year Graduated from College: _______________________
    Your last name at time of graduation: ___________________

DRIVER’S LICENSE

( ) Please provide the following information regarding your Driver’s License:

Name on license: ___________________________

Driver’s license number: ___________________________ Expiration date: __________

Address on license: ___________________________ State issuing license: __________

* Please note: if you will be using your own vehicle for work, you will need to provide proof of insurance on your first day of work.

* To be eligible to drive for Aurora you must meet the following: A) Valid, current license. B) No more than six points in the past year; more than twelve points in the past two years; or more than thirteen points in the past three years. C) No serious violations such as OWI, reckless driving, or speeding in excess of twenty miles per hour in the past three years. D) We do not accept an occupational license that is often issued after a suspension for OWI or excessive points.