

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

- PENALTY:** A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(6)(c) and Wis. Admin Code § DHS 12.05(4).
- Completion of this form to verify your eligibility for employment/service as a “caregiver” is required by Wis. Stat. § 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.

Refer to DQA form [F-82064A, Instructions](#), for additional information.

Check the box that applies to you.

- Applicant / Employee Student / Volunteer
 Contractor Other – Specify:

NOTE: This form should NOT be used by applicants for *entity operator approval* (license, certification, registration or other DHS approval) or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an [entity background check](#) from the Division of Quality Assurance.

Full Legal Name – <i>First</i>	<i>Middle</i>	<i>Last</i>
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Other Names (including prior to marriage)

Position Title (applied for or existing)	Birth Date (<i>MM/DD/YYYY</i>)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Home Address	City	State	Zip Code
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Business Name and Address – Employer (Entity)

Answering “NO” to all questions does not guarantee employment, a contract, or service agreement.

If more space is required, attach additional documentation to this form and indicate “see attached” in your answer.

SECTION A – DISCLOSURES

- Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?
If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.
You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents. Yes No
- 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 judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents. Yes No
- Please note that Wis. Stat. § 48.981, *Abused or neglected children and abused unborn children*, may apply to information concerning findings of child abuse and neglect.
Has any government or regulatory agency (other than the police) ever found that you committed **child** abuse or neglect? Yes No

Provide an explanation below, including when and where the incident(s) occurred.
- Has any government or regulatory agency (other than the police) ever found that you abused or neglected **any person or client**? Yes No

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

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|---|---|--|
| <p>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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

SECTION B – OTHER REQUIRED INFORMATION

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| <p>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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>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 three (3) years.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?
If Yes, list each state and the dates you resided there.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years?
If Yes, list each state and the dates you resided there.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>6. Have you had a caregiver background check done within the last four (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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>7. 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.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

Read and initial the following statement.

>>> I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

<p>NAME – Person Completing This Form</p>	<p>Date Submitted</p>
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Consent, Release and Background Information Disclosure Form

The majority of hospitals and facilities clinically affiliated with the Health Science Programs require a criminal background check and may require drug testing for all students engaging in clinical experiences within their institutions. Some hospitals and facilities prohibit individuals with adverse or positive findings on their criminal background checks or drug screenings from attending or training in their facilities.

Students enrolled at Blackhawk Technical College (BTC) must comply with these background check and applicable drug screening requirements or will be ineligible to participate in program clinical experiences. Failure to comply may prevent the students from being able to satisfactorily complete their educational program. BTC has partnered with a third party ("Viewpoint Screening") to facilitate student background checks.

CONSENT TO BACKGROUND CHECK AND RELEASE

I understand that Blackhawk Technical College or its agents will conduct an investigation of my personal information. The investigation may include, but is not limited to Criminal History Records (from state, federal and other agencies). I hereby authorize BTC to receive any such background information pertaining to me which may be in the files of any federal, state or local agency. I further authorize the full release of these records to Viewpoint Screening and for Viewpoint Screening and/or its agents contracted by Viewpoint Screening to obtain information and to provide it to BTC.

In addition, I release and discharge Viewpoint Screening, Blackhawk Technical College, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints related to or arising out of the investigative process.

I understand that the information I provided within the Background Information Disclosure (BID) form and my Criminal Background Check Screening will be shared with potential clinical and/or practicum sites, throughout any duration of my enrollment at Blackhawk Technical College.

I also certify that all information provided is correct on the Background Information Disclosure (BID) form to the best of my knowledge. Any false statements provided will be considered just cause for denial or withdrawal of acceptance and/or placement at clinical/practicum sites.

I understand that the Wisconsin Caregiver Law requires that I inform Blackhawk Technical College's Health Sciences Division office of any new charges or convictions that may occur after I have signed this document and/or completed the State of Wisconsin "Background Information Disclosure" form.

I understand that the clinical placement sites that are affiliated with my program(s) at Blackhawk Technical College may have policies that could result in additional restrictions relating to criminal or misconduct backgrounds that exceed those required by the Wisconsin law, including but not limited to the Wisconsin Caregiver Law. By contract, Blackhawk Technical College complies with these additional restrictions imposed by such clinical sites. I also understand that if I have an unacceptable criminal or misconduct background, there is a possibility that one or more of Blackhawk Technical College's clinical placement sites may deny me placement in their facility. If this occurs and despite due diligence Blackhawk Technical College cannot locate another site willing to accept me, I understand that I may not be able to complete my program nor graduate from that program.

In consideration of my being admitted into a Health Sciences Program at Blackhawk Technical College and after being fully informed of the information in this consent and release form, I hereby, for myself, my heirs, and executors, assigns and administrators, remise, release, and forever discharge, Blackhawk Technical College, its Board members, its employees, agents, and its successors (the "Releasees"), of and from all manner of action or actions, cause or causes of actions, suits, sums of money, claims and demands whatsoever, in law or equity, which I have ever had, now have or may have against the Releasees due to the inability to secure a clinical/practicum placement for the Health Sciences program because of the refusal of a clinical/practicum site to allow me access to their facility.

Applicant/Student Name (Please print): _____

First MI Last

Student ID: _____ Date of Birth: ____/____/____

By signing, I acknowledge that I have read and received a copy of the above information. I further understand that if I have any questions concerning this information, I will contact the Health Sciences Division for clarification.

Signature: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____

Parent/Guardian Signature if a minor child

IMPORTANT! CONTINUE TO COMPLETE THE **BACKGROUND INFORMATION DISCLOSURE (BID) form**– YOU MUST COMPLETELY ANSWER ALL QUESTIONS ON THE BID. It is essential that your replies on the BID are complete and accurate to be considered for admission to and placement in your program.