

MISSION STATEMENT

Our mission, as we serve the elders, is to minister to the needs of the individual, including spiritual, social, physical and emotional in a positive home-like atmosphere. Our elders will continue to live their lives with purpose. We will work diligently to create an atmosphere filled with loving relationships between staff, family and elders bridging any generational gap that may have occurred. We offer independence and purpose. This is what is needed in all mankind to flourish.

WISCONSIN CAREGIVER ACKNOWLEDGEMENT

If currently employed by Woodland Village or should I become an employee of Woodland Village, I agree to comply with the Wisconsin caregiver requirements of Chapter HFS 12 Administrative Code.

I _____ agree to notify Woodland Village's Administrator, Director of Nursing or Human Resource Director as soon as possible, but not later than my next working day, if I have been convicted of any crime or am currently being investigated by any governmental agency for any other act, offense or omission, including an investigation related to the abuse or neglect of, or threat of abuse or neglect to a child.

Employee's/Applicant's Signature

Date

Voluntary Self-Identification Form

To All Applicants:

Woodland Village Nursing Centers has adopted a diversity initiative with regard to employment opportunities for qualified individuals. Please assist us in implementing this initiative by providing the information requested below.

Providing this information is voluntary and providing or refusing to provide it will not subject you to any adverse treatment. The information you provide will only be used for equal employment/affirmative action recordkeeping and reporting required by law. The information you provide is also confidential.

Name _____

Position(s) applied for _____

How were you referred to us? _____

Please check one Female Male

Please check one. If you belong to more than one group, select the one most appropriate (see federal government definitions below):

- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

Signature _____ Date _____

Thank you for your cooperation

Federal Government Definitions

White (not Hispanic or Latino): **A person having origins in any of the original peoples of Europe, the Middle East, or North America.**

Black or African American (not Hispanic or Latino): **A person having origins in any of the black racial groups in Africa.**

Hispanic or Latino: **A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.**

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.**

Asian (not Hispanic or Latino): **A person having origins in any of the peoples of the Far East, South East Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.**

American Indian or Alaskan 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.**

Two or more races (not Hispanic or Latino): **A person having who identify with more than one of the above six races.**

Voluntary Self-Identification Form - Disabled and Veteran

To All Applicants:

Woodland Village Nursing Centers has adopted a diversity initiative with regard to employment opportunities for qualified individuals. Please assist us in implementing this initiative by providing the information requested below.

Providing this information is voluntary and providing or refusing to provide it will not subject you to any adverse treatment. The information you provide will only be used for equal employment/affirmative action recordkeeping and reporting required by law. The information you provide is also confidential.

Name _____

Position(s) applied for _____

How were you referred to us? _____

Please check one Female Male

Recently Disabled Veteran: **A recently separated veteran includes veterans during the three year period beginning on the date of their discharge or release from active duty.**

Are you a recently separated veteran? Yes No

Armed Forces Service Medal Veteran: **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 (61 Fed. Reg. 1209).**

Are you an armed forces service medal veteran? Yes No

Campaign Veteran: **A campaign veteran is 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.**

Are you a campaign veteran? Yes No

Disabled Veteran: **A disabled veteran means (1) are entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or (2) were discharged or released from active duty because of a service connected disability.**

Are you a disabled veteran? Yes No

If you have self-identified as a veteran, please provide discharge date: _____

Disabled Individual: **A disabled individual means any person who (1) has a physical or mental impairment that substantially limits one or more major life activity; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.**

Are you a disabled individual? Yes No

Do you have any limitations due to your disability that may affect your ability to satisfactorily perform the essential duties of your current position? Yes No

If YES, please explain:

Are there any accommodations we could make that would enable you to perform the job properly and safely? Yes No

If YES, please explain:

Signature _____ Date _____

Thank you for your cooperation
