Instructions to Apply for a Certificate of Qualification for Employment

DO NOT SUBMIT THESE INSTRUCTION PAGES TO THE COUNCIL ON OFFENDER EMPLOYMENT.

Purpose: A Certificate of Qualification for Employment (CQE) is intended to help people convicted of criminal offenses obtain and retain employment by relieving some "collateral sanctions" that resulted from the conviction. A CQE is inadmissible in a proceeding alleging an act of discrimination on the basis of a conviction record under subch. II of Wis. Stat. ch. 111.

Application Process: The Application provides background information about you, such as your criminal and employment history. After submission to the Council on Offender Employment (Council), in receipt of a signed DOC-1163 Authorization for Use and Disclosure of Non-Health Confidential Information and the 1163A Authorization for Use and Disclosure of Protected Health Information (PHI), the Department of Corrections (DOC) must supply additional information to the Council about your education, work, and treatment history while confined in the prison system and/or supervised in the community.

Council Determinations: The law requires the Council to make three determinations before it grants a CQE:

1. You are not likely to pose a risk to public safety;
2. If you are granted the CQE, it will substantially assist you in obtaining employment or occupational licensing or certification; and
3. If you are granted the CQE, you will be less likely to commit an additional criminal offense.

Checklist: Below is a checklist of the steps that you should take to apply for a CQE. This checklist is not a mandatory form. It is intended to help you apply.

If you are interested in applying for a CQE, you should take the following steps:

☐ 1. Ensure that you are eligible for a CQE. To qualify to apply for a CQE, you must have been released from confinement and either have:

a) Served at least 24 consecutive months of a term of confinement in the Wisconsin state prisons; or

b) Served at least 12 consecutive months of a term of confinement in the Wisconsin state prisons and at least 12 consecutive months of a term of extended supervision under Wis. Stat. § 302.113.

If you were convicted of a violent crime, as defined by Wis. Stat. §165.84(7)(ab), you are ineligible for a CQE.

☐ 2. Complete this Application form (CS-300).

☐ 3. Ensure that your Application is accompanied by the $20 application fee payable to the Director of State Courts office, in the form of a check or money order unless you apply for a waiver, which you should do only if you cannot afford the fee. To apply for a waiver, complete **SECTION 1** of the Application and sign in front of a notary public officer. Include any information regarding your finances that will assist the Council in deciding whether to waive the application fee.

☐ 4. Mail your Application, along with the application fee, if applicable, and the consent form to the following address:

State Public Defender's Office
Council on Offender Employment
P.O. Box 7923
Madison, WI 53707

☐ 5. Signed DOC-1163 Authorization for Use and Disclosure of Non-Health Confidential Information (https://doc.wi.gov/Documents/AboutDOC/PublicRecords/NonHealthDisclosureAuthorization.pdf) and the DOC-1163A Authorization for Use and Disclosure of Protected Health Information (PHI). (https://doc.wi.gov/Documents/AboutDOC/PublicRecords/PHIDisclosureAuthorization.pdf)

DEFINITIONS:

Collateral Sanctions: "Collateral sanctions" are penalties, ineligibilities, disabilities, or disadvantages related to employment or to occupational licensing or certification that are a result of your criminal record. Collateral sanctions do not include confinement in a jail or prison; probation, parole, or extended supervision; suspension or revocation of motor operating privileges; imposition of a forfeiture, fine, or assessment; costs of prosecution; or an order to pay restitution.

Examples of Collateral Sanctions: Generally, the Department of Safety & Professional Services (DSPS) or licensing boards may refuse to license an applicant who was convicted of a criminal offense, the circumstances of which substantially relate to the circumstances of the particular licensed activity. For more information, and for examples of specific collateral sanctions, see the DSPS's website: https://dsps.wi.gov/Pages/Professions/LicensureOffenses.aspx.

Relief Provided by a CQE: A CQE may provide relief from some collateral sanctions that are a result of your criminal record. However, a CQE cannot provide relief from collateral sanctions imposed by Wis. Stat. § 48.685(5m), Wis. Stat. § 50.065(4m), Wis. Stat. § 111.335(3)(a), (b), (c), or (e) or (4)(h) or (i). See statute definitions below.

STATUTORY DEFINITIONS:

- **§ 48.685(5m), Wis. Stat. (https://docs.legis.wisconsin.gov/statutes/statutes/48/xvi/685/5m)**

Persons who have been convicted of certain crimes are not eligible to receive a license to operate a foster home, to receive subsidized guardianship payments in Milwaukee County, or to be employed as a caregiver or congregate care worker. If the state or county child welfare agency determines the crime is substantially related to the care of a client, even if the crime is not considered a serious crime, then this section can be invoked.

- **§ 50.065(4m), Wis. Stat. (https://docs.legis.wisconsin.gov/statutes/statutes/50/i/065/4m)**

Persons convicted of a serious crime are not eligible to be licensed, certified, or issued a certificate of approval to operate certain community based residential facilities or other medical facilities such as nursing homes. The statute defines a serious crime. Most of the crimes are against bodily security such as murder, sexual assault and battery. See § 50.065(1)(e), Wis. Stat. for the definition.

- **§ 111.335(3)(a), (b), (c), or (e) or (4)(h) or (i). https://docs.legis.wisconsin.gov/2015/statutes/statutes/111/ii/335)**

Generally, Wisconsin law prohibits employment discrimination because of arrest record or conviction record. The Legislature expressed its intent to prevent employment discrimination in § 111.31(2).

> (2) It is the intent of the legislature to protect by law the rights of all individuals to obtain gainful employment and to enjoy privileges free from employment discrimination because of age, race, creed, color, disability, marital status, sex, national origin, ancestry, sexual orientation, *arrest record*, *conviction record*, military service, use or nonuse of lawful products off the employer's premises during nonworking hours, or declining to attend a meeting or to participate in any communication about religious matters or political matters, and to encourage the full, nondiscriminatory utilization of the productive resources of the state to the benefit of the state, the family, and all the people of the state. [Emphasis added.]

There are, however, a number of exceptions. This statute, § 111.335(3)(a), (b), (c), or (e) or (4)(h) or (i), lists exceptions to the employment discrimination law in which a person's conviction record may be considered in an employment decision. For instance, if the circumstances of a crime substantially relates to the circumstances of the particular job or licensed activity one is applying for, then a person's conviction record may be considered. You should check carefully whether any of the exceptions apply to your circumstances.

- **§ 302.113, Wis. Stats. (https://docs.legis.wisconsin.gov/statutes/statutes/302/113**

This statute governs procedures for inmates who are eligible for extended supervision.

Council of Offender Employment

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Madison, WI 53707

Application for Certificate of Qualification of Employment

You must have been released from confinement and either have:

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☐ 2. Served at least 12 consecutive months of a term of confinement in the Wisconsin state prisons and at least 12 consecutive months of a term of extended supervision under Wis. Stat. § 302.113.

SECTION 1: Waiver of Fees and Costs Due to Indigency (Optional)

☐ **UNDER OATH I STATE THAT** because my standard of living falls below the established poverty level, I am unable to pay the $20 application fee.

(Attach any information regarding your finances that would assist the Council in deciding whether to waive the application fee.)

I currently receive:

☐ Supplemental security income. ☐ Relief funded under Wis. Stat. § 59.53(21) ☐ Medical assistance.

☐ Food stamps/FoodShare. ☐ Relief funded under public assistance.

☐ Benefits for veterans under Wis. Stat. § 45.40 (1m) or 38 USC §§ 501–562.

☐ Legal representation from a Public Defender's office, civil legal services program or a volunteer attorney program based on indigency.

Name of program: _____

☐ Other means-tested public assistance: _____

☐ Other: _____

(Sign this form in front of a notary public officer.)

State of _____
County of _____
Subscribed and sworn to before me on _____

_____
Notary Public

_____
Name Printed or Typed

My commission/term expires: _____

☐ This notarial act involved the use of communication technology.

SECTION 2: Personal Information

Provide the following personal information:

Legal First Name: _____ Legal Middle Name: _____ Legal Last Name: _____

Date of Birth: _____ DOC Number: _____

List all aliases with date of birth.
Aliases include court name, maiden name, or any other name associated with your identity.

First Name	Middle Name	Last Name	Date of Birth

Contact Information

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email Address: _____ Telephone Number: _____

Briefly explain each collateral sanction for which you are requesting a certificate. (See the instructions for an explanation of the term "collateral sanction" on page 1 of the instructions.)	
Sanction 1	

Sanction 2	
Sanction 3	
Sanction 4	
Sanction 5	

Do you intend to use the Certificate to obtain an occupational license or certification from a state licensing board?
☐ Yes ☐ No

If Yes, indicate the type of occupational license or certification and which State of Wisconsin licensing board.

Occupation _____

Licensing Board _____

SECTION 3: Criminal History

List each crime offense that is a disqualification from employment or licensing in an occupation or profession. Start with the most recent offense. *Attach additional pages, if necessary.* ☐ **See attached**

	Year of Offense:	Offense:	Case No.	County of Conviction:	
1.					☐ Felony ☐ Misdemeanor
2.					☐ Felony ☐ Misdemeanor
3.					☐ Felony ☐ Misdemeanor
4.					☐ Felony ☐ Misdemeanor
5.					☐ Felony ☐ Misdemeanor
6.					☐ Felony ☐ Misdemeanor
7.					☐ Felony ☐ Misdemeanor
8.					☐ Felony ☐ Misdemeanor
9.					☐ Felony ☐ Misdemeanor
10.					☐ Felony ☐ Misdemeanor

SECTION 4: Education History

Check your highest level of education and indicate type of diploma earned:

- ☐ High school or equivalent. [☐ High school diploma or ☐ General Educational Development (GED)]. ☐ High School Equivalency Diploma (HSED) ☐ Highest Grade Level Completed _____.
- ☐ Technical or occupational certificate: _____
- ☐ Associate degree: _____
- ☐ Some college coursework completed (Specifically: _____)
- ☐ Bachelor's degree: _____
- ☐ Master's degree: _____
- ☐ Doctorate: _____
- ☐ Professional: _____
- ☐ Other: _____

SECTION 5: Treatment Completions

Please document any treatment you have completed. (Example: Title of program, name of provider, dates, goals, objectives, etc.) ☐ **See attached**

☐ Not applicable

_____

_____

SECTION 6: Employment History

Indicate your employment history. Start with your most recent employer.

☐ No employment prior to filing this Application. ☐ **See attached for additional employment history**.

Employer's Name 1	Job Title/Position Held		Employer's Name 2	Job Title/Position Held	
Address			Address		
City	State	Zip Code	City	State	Zip Code
Phone			Phone		
Employed from _____ to _____			Employed from _____ to _____		

Employer's Name 3	Job Title/Position Held		Employer's Name 4	Job Title/Position Held	
Address			Address		
City	State	Zip Code	City	State	Zip Code
Phone			Phone		
Employed from _____ to _____			Employed from _____ to _____		

Reference(s) (Optional)

Reference's Name 1			Reference's Name 2		
Relationship: ☐ Work ☐ Personal			Relationship: ☐ Work ☐ Personal		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Phone			Phone		

Reference's Name 3			Reference's Name 4		
Relationship: ☐ Work ☐ Personal			Relationship: ☐ Work ☐ Personal		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Phone			Phone		

SECTION 7: Certification Rationale

Reason for Certification:

1. Describe the reason(s) you believe the CQE will help you in obtaining employment or occupation licensing. Include how it will assist you in living a law-abiding life should it be granted:

2. List all previous Application(s) for a CQE. Include the date for each filing and whether the Application was granted, denied or revoked.

☐ No prior Application for Certificate of Qualification of Employment was ever filed.

Name and Number	Date	Status
		☐ Granted ☐ Denied ☐ Revoked
		☐ Granted ☐ Denied ☐ Revoked
		☐ Granted ☐ Denied ☐ Revoked

3. List and attach any relevant documents such as performance evaluations that you would like the Council on Offender Employment to consider. (Examples: educational transcripts, vocational training certificates, treatment completions, letters of recommendations, etc.)

Signature

I certify that all of the information I have provided in this Application is true and accurate.

I authorize the Department of Corrections to provide all requisite information about me to the Council. I have attached the signed Authorization for Use and Disclosure of Non-Health Confidential Inform (DOC-1163) and Authorization for Use and Disclosure of Protected Health Information (DOC-1163A) to this application.

Personal information you provide may be used for purposes other than that for which it was originally collected. (§ 15.04(1)(m), Wis. Stats.)

I understand that if I am granted a Certificate and I am later convicted of a felony or of a Class A or Class B misdemeanor, or if my probation, parole, or extended supervision is revoked for the commission of a crime, the court must permanently revoke the Certificate.

Signature

Name Printed or Typed

Address

Email Address

Telephone Number Date