

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and will consider all applicants for all positions equally. Our company is dedicated to a policy of nondiscrimination and will consider all applicants for all positions equally without regard to race, color, sex, sexual orientation, marital status, religion, veteran status, genetic information, age, citizenship status, or any disability as defined in the Americans with Disabilities Act, or for any other reason protected by State or Federal law.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. Any person needing reasonable accommodation in the application process should contact the Human Resource Manager.

APPLICANT INFORMATION

Last Name:	First:	M.I.	Date:
Present Address:	Apartment/Unit#		
City:	State:	ZIP:	
Phone:	Message Phone:		
Social Security Number:	Emergency Contact, Name and Number:		
Email Address:	Referred by:		
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State: Driver's License Number:
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
If you are hired can you provide proof that you are authorized to work in the US?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:

DESIRED POSITION

<input type="checkbox"/> full time	<input type="checkbox"/> part time	<input type="checkbox"/> temporary or seasonal employment	How many hours/week?
Position:	Salary /wage:	Hire Date:	
Shift you work:	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
Is there any type of work which you will not perform?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, explain:

EDUCATION

High School:	Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Diploma:
College:	Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:
Other:	Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:
Please list any licenses or certificates that are job related:			

PREVIOUS EMPLOYMENT

Company:		Supervisor:	
Address:		Phone: ()	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
Company:		Supervisor:	
Address:		Phone: ()	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
Company:		Supervisor:	
Address:		Phone: ()	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
Company:		Supervisor:	
Address:		Phone: ()	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
If you worked in any of your previous positions under another name, please give that name(s):		May we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
How many days of work or school have you missed in the last two years?		Type of Discharge:	
Have you ever been asked to resign from a job?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:	

MILITARY SERVICE

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
Training, duties, or experience:		

REFERENCES

Please list three professional references.

Full Name:	Relationship:
Company:	Phone: ()
Address:	
Full Name:	Relationship:
Company:	Phone: ()
Address:	
Full Name:	Relationship:
Company:	Phone: ()
Address:	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and without any consequential omissions of any kind. I understand that if I am employed, any false misleading or otherwise incorrect statements made on this application form or during any interviews will be cause for my immediate dismissal.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for libel, slander, defamation, invasion of privacy, or any other reason because of their statements.

If employed, I agree to comply with its rules and regulations. I understand that I will also be required to complete a Criminal Background Check and Fingerprint Check before I can be employed. Once employed by this facility I will be on a 90 day evaluation period. I further understand that if I am employed, this company also reserves the right to subject me to a drug and alcohol testing to the extent required or permitted by applicable law. I understand that if hired, I will be an "at will" employee and agree that the employment relationship can be terminated at any time and for any reason by me or this company.

Signature		Date	
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INTERVIEWED BY: _____

DATE: _____

APPLICANT – DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		QUALIFICATIONS FOR POSITION		
TIMELINESS		OTHER CONSIDERATIONS		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY/WAGE

APPROVED: _____
ADMINISTRATOR

DEPARTMENT HEAD



Background Check Authorization

Section 1. Required: Applicant Information (All sections completed by the applicant, the person receiving a background check). The requesting entity will submit the applicant's information through the online Background Check System (BCS).

1. REQUIRED: LEGAL NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID)			
FIRST	MIDDLE	LAST	
2. REQUIRED: OTHER ALIAS FIRST, MIDDLE, AND LAST NAMES YOU HAVE USED			
FIRST	MIDDLE	LAST	
3. REQUIRED: DATE OF BIRTH (MM/DD/YYYY)	4. REQUIRED: PHONE NUMBER (INCLUDE AREA CODE)		<input type="checkbox"/> I authorize BCCU to leave a detailed message.
5. EMAIL ADDRESS <input type="checkbox"/> By checking this box, I consent to and authorize BCCU to email my confidential and sensitive background check information, including a fingerprint rap sheet (if applicable), to the email address I have provided. By NOT checking this box, BCCU will use the mailing address provided to send me my background check information.			
6. SOCIAL SECURITY NUMBER	7A. REQUIRED: VALID DRIVER'S LICENSE OR STATE ID (WRITE NONE IF NONE)	7B. REQUIRED: ISSUING STATE	
8. REQUIRED: HAVE YOU LIVED IN ANY STATE OR COUNTRY OTHER THAN WASHINGTON STATE WITHIN THE LAST THREE YEARS (36 MONTHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. REQUIRED: MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION			
STREET	APT. NO.	CITY	STATE ZIP CODE
10. REQUIRED: PHYSICAL ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)			
STREET	APT. NO.	CITY	STATE ZIP CODE

Section 2. Required: Self-Disclosure Questions for ALL convictions and pending charges from any state or jurisdiction. You must answer Questions 11A through 14. Attach Page 2 if you have crimes or pending charges. **SEE INSTRUCTIONS.**

11A. Have you been convicted of any crime? If yes, complete Page 2, Section 3..... Yes No

11B. Do you have charges (pending) against you for any crime? If yes, complete Page 2, Section 4..... Yes No

12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? ... Yes No

13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? Yes No

14. Has a court ever entered any of the following orders against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile, or child?.. Yes No

- Permanent vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34.
- Sexual assault protection order under RCW 7.90.
- Permanent civil anti-harassment protection order, either active or expired, under RCW 10.14.

I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles, or children. I understand and agree my signature in the box below means:

- I give DSHS permission to check my background with any governmental entity and law enforcement agency.
- My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law.
- If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.
- DSHS will give my background check result to the persons or entities requesting my background check and those persons or entities may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law.

15. REQUIRED: SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.	16. REQUIRED: TODAY'S DATE (MM/DD/YYYY)
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Background Check Authorization

List of Crimes and Pending Charges

This page **MUST** be attached to Page One of the Background Check Authorization form if 11A or 11B are marked "Yes."

Important information about answering self-disclosure questions: Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. It is recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO ID			
FIRST:	MIDDLE:	LAST:	
REQUIRED: DATE OF BIRTH (MM/DD/YYYY)			
Section 3. Question 11A. If you check YES, you must enter the crime name, degree (if any), state, conviction date, and crime information.			
1. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
3. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
Section 4. Question 11B. If you check YES, you must enter the PENDING charge name, degree (if any), state, and crime information.			
1. CRIME NAME	DEGREE (IF ANY)	STATE	
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			

Instructions for Completing the Background Check Authorization form, DSHS 09-653

These instructions provide general directions for completing the Background Check Authorization form. This form is used by multiple DSHS programs to meet varying background check needs. The DSHS oversight program requiring the background check may have additional instructions that you must follow.

Important: The requesting entity cannot submit your background check unless ALL required boxes are complete. Required boxes have the word "REQUIRED:" next to the box number. The requesting entity will submit your completed background check through the online Background Check System (BCS).

This form is to be completed by the applicant, the person whose background DSHS is checking.

BOX NO.	INSTRUCTIONS
1	Current Legal Name: List your first, middle, and last name as they are listed on your current Driver's License or other primary photo ID. Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write N/A in each field that you do not have a name to enter.
2	Other Alias Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter N/A in the appropriate box. Do not leave any of the boxes blank.
3	Print your date of birth listing the month, day, and year (MM/DD/YYYY).
4	Phone number where you can be reached Monday through Friday between 8:00 AM to 5:00 PM. By checking the box, you are authorizing BCCU to leave a detailed message.
5	By providing your email address and checking the consent box, you are giving BCCU consent to send you confidential and sensitive background check information, including a fingerprint rap sheet (if applicable). BCCU will not mail or email when no background information is found (No Record). Contact BCCU if you have questions.
6	You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit (BCCU) match your name and date of birth to existing records in our database and may speed up completion of your background check.
7A	Print your Driver's License or state-issued ID number.
7B	The state where your Driver's License or ID was issued.
8	If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer NO . If you have lived in any state or country other than Washington State within the last three years (36 months), answer YES .
9	Print your mailing address where BCCU can send you confidential information such as a copy of your background check results.
10	Print your street address if it is different than your mailing address. If your street address and mailing address are the same, enter SAME .
11A	You must check YES or NO . If you check YES , complete Page 2, Section 3, List of Crimes and Pending Charges, of the form by entering the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). Mark the correct other crime information box or N/A . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional convictions, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
11B	You must check YES or NO . If you check YES , you must complete Page 2, Section 4, List of Crimes and Pending Charges, of the form by entering the pending charge name, degree (if any), and state. Mark the correct other crime information box or N/A . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional pending charges, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
12 – 14	Read each question carefully before answering. You must check YES or NO . Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.
15	Read the statements above and sign your name as it is listed in Box 1. If you are not 18 years old, a parent or guardian must sign for you.
16	Enter the month / day / year (MM/DD/YYYY) you signed Box 15.
<p>Important Information about Answering Self-Disclosure Questions (11A-14): Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.</p> <p>Questions about the Background Check Process: Contact the Background Check Central Unit (BCCU) by email bccuinquiry@dshs.wa.gov or phone at 360-902-0299.</p>	

