



Lake Whatcom Center

APPLICATION FOR EMPLOYMENT

LWC is an Equal Employment Opportunity (EEO) employer. We encourage individuals to apply without regard to race, color, national origin, gender identity, age, religion, creed, marital status, ancestral heritage, sexual orientation, disabled veteran status, Vietnam Era Veteran status, or the presence of any physical, mental and/or sensory disability. This includes persons who have HIV/AIDS. Please notify us to request accommodations.

Last Name:		First Name:		Date:	
Current Address:			City:	State:	Zip Code:
Telephone number:		Email address:		Expected Wage:	
Position Applying for:				Date Available for work:	

EDUCATION						
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	MAJOR SUBJECT	# OF YEARS ATTENDED	GRADUATE? YES/NO	DEGREE
High School/GED						
Business Trade/Tech						
College						
Graduate School						



Lake Whatcom Center

PLEASE ANSWER THE FOLLOWING QUESTIONS AND INCLUDE EXPLANATIONS AS NECESSARY BELOW:

1. Are you legally authorized to work in the United States? Yes No
2. Are you currently employed? Yes No
Where?
3. May we contact your current employer? Yes No
4. Are you computer literate? Yes No
5. Are you available to work evenings, weekends, and/or holidays? Yes No
6. Have you had a valid Driver's License continuously for the past 7 years? Yes No
A . If not, then for how long ?
Yes No
7. Do you have vehicle access and proof of insurance? Yes No
8. Are you willing to use your vehicle for work if needed?
Note, many of the positions at LWC require driving to and from different LWC properties for work purposes, occasionally with clients present in the vehicle. Yes No
9. Have you had any traffic tickets, accidents, or revocations in the last 3 years? Yes No
10. Have you been convicted of a felony in the past 7 years? Yes No
- 11.. Do you know anyone, or are you related to anyone currently working at LWC? Yes No
12. Are there any reasons which will prevent you from satisfactorily performing the job(s) for which you are applying with or without a reasonable accomodation? (Reach out to the Human Resources department with questions or clarifications of job duties.) Yes No

Explanation to the above, identified by number:



Lake Whatcom Center

Disclosure Statement

I, _____ (print name), swear under penalty of perjury that I have responded truthfully to all the statements below. The following questions are asked consistent with the requirements of RCW 26.44.020, 43.43.830-43.43.845, 13.34.040, Title 26 and Chapter 74.34.

Please answer YES or NO to each item below. If you answer YES to any item, explain in section VI the charge, finding, date, court(s), and state involved.

I. Crime against persons and crimes relating to financial exploitation Have you ever been convicted of any of the following crimes? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check all that apply and provide detailed information in Section VI.		
<input type="checkbox"/> Arson <input type="checkbox"/> Assault (Custodial) <input type="checkbox"/> Assault (Simple or 4 th degree) <input type="checkbox"/> Assault (1 st , 2 nd , or 3 rd Degree) <input type="checkbox"/> Assault of a child (1 st , 2 nd , 3 rd Degree) <input type="checkbox"/> Burglary (1 st Degree) <input type="checkbox"/> Child Abandonment <input type="checkbox"/> Child Abuse or Neglect <input type="checkbox"/> Child Buying or Selling <input type="checkbox"/> Child Molestation (1 st , 2 nd , or 3 rd Degree) <input type="checkbox"/> Communication with a Minor <input type="checkbox"/> Criminal Abandonment <input type="checkbox"/> Criminal Mistreatment (1 st , 2 nd Degree) <input type="checkbox"/> Custodial Interference (1 st , 2 nd Degree)	<input type="checkbox"/> Extortion (1 st , 2 nd , 3 rd Degree) <input type="checkbox"/> Forgery <input type="checkbox"/> Incest <input type="checkbox"/> Indecent Exposure (Felony) <input type="checkbox"/> Indecent Liberties <input type="checkbox"/> Kidnapping (1 st , 2 nd Degree) <input type="checkbox"/> Malicious Harassment <input type="checkbox"/> Manslaughter (1 st , 2 nd Degree) <input type="checkbox"/> Murder (Aggravated) <input type="checkbox"/> Murder (1 st , 2 nd Degree) <input type="checkbox"/> Patronizing a Juvenile Prostitute <input type="checkbox"/> Promoting Pornography <input type="checkbox"/> Promoting Prostitution (1 st Degree) <input type="checkbox"/> Prostitution	<input type="checkbox"/> Rape (1 st , 2 nd , 3 rd Degree) <input type="checkbox"/> Rape of a child (1 st , 2 nd , 3 rd Degree) <input type="checkbox"/> Robbery (1 st , 2 nd Degree) <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor <input type="checkbox"/> Sexual Exploitation of a Minor <input type="checkbox"/> Sexual Misconduct with a Minor <input type="checkbox"/> Theft (1 st , 2 nd , 3 rd Degree) <input type="checkbox"/> Unlawful Imprisonment <input type="checkbox"/> Vehicular homicide <input type="checkbox"/> Violation of Child Abuse Restraining Order <input type="checkbox"/> Or any of these crimes that may have been named.
II. Convicting by Court Have you ever been convicted by a court of a crime relating to financial exploitation if the victim was a vulnerable adult, or a crime against a child or other persons? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide detailed information in Section VI.		
III. Related Proceedings Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused, a minor, developmentally disabled adult, or to have financially exploited or abused a vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide detailed information in Section VI.		
IV. Drug-related Crimes Have you ever been convicted of a crime related to the manufacturing of, delivery, or possession with intent to manufacture or deliver a controlled substance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide detailed information in Section VI.		
V. Medicare Fraud-related Crimes Have you ever been debarred, excluded or otherwise ineligible for participation in federal health care programs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide detailed information in Section VI.		



Lake Whatcom Center

VI. Detailed Information and Comments. If you answered YES to any item, include the charge, finding, date, court(s), and state involved:

I understand a background check investigation regarding the above stated inquiries will be made. The Washington State Patrol Criminal Identification System will be contacted in this regard and fingerprinting may be required. I also understand the results of the investigation will be used only for the purpose of making an initial employment or engagement decision. Any offer of employment is conditional pending the completion of the background investigation and contingent upon investigative findings. Lake Whatcom Center shall determine in its sole discretion whether such findings preclude employment.

Signature of Applicant

Date



Lake Whatcom Center

Affirmative Action: Voluntary Self Identification Form

Lake Whatcom Center is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, Vietnam Era veteran, or other minority. In extending this initiation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are an agency that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. **Thank you for your cooperation.**

Applicant Data Record

Section I:

Name: _____

Date: _____

Position Applied for: _____

Section II: Please check all that apply (See following page for definitions):

Race or Ethnic Identity:	Gender Identity:	**Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Two or More Races	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to answer	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Armed Forces Service Medal Veterans
<input type="checkbox"/> I do NOT wish to Self-Identify Signature:		
How did you hear of our opening?		



Lake Whatcom Center

EEO RACE/ETHNIC IDENTIFICATION CATEGORIES

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

White (not Hispanic or Latino)-A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American-A person having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander-A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian-A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

American Indian or Alaska Native-A person having origins in any of the original peoples of North and South American (including Central America), and whom maintain tribal affiliation or community attachment

Two or More Races-All persons who identify with more than one of the above five races.

Individual with Disabilities-Defined as a person who 1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), 2) has a record of such impairment(s), or 3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if her or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Veteran of the Vietnam-Era-A person who (1) served on active duty in the US military, ground, naval, or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (2) was discharged or released from active duty in the US Military, ground, naval, or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location

Special Disabled Veteran-(1) a veteran of the US Military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (2) a person who was discharged or released from active duty because of a service connected disability

Other Protected Veteran- Includes any veteran who served on active duty in the US Military, ground, naval, or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense

Recently Separated Veteran-Any veteran who served on active duty in the US Military, ground, naval, or air service during the one year period beginning on the date of such veteran's discharge or release from active duty

Armed Forces Service Medal Veteran-Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States Military operation for which a service medal was awarded pursuant to Executive Order 12985.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____



Lake Whatcom Center

EMPLOYMENT HISTORY		
Please list your three most recent periods of employment, starting with the MOST RECENT FIRST. <i>Note: if you are applying for a residential position (Alabama House, Agate Heights, Baker Creek), we are required to obtain your full employment history.</i> Attach additional pages as necessary		
Company	Phone	
Address	Name and title of direct supervisor	
Job Title		
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company	Phone	
Address	Name and title of direct supervisor	
Job Title		
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		



Lake Whatcom Center

EMPLOYMENT HISTORY CONTINUED		
Company	Phone	
Address	Name and title of direct supervisor	
Job Title		
Responsibilities		
From	To	Reason for leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		



Lake Whatcom Center

Employment Reference Request and Waiver of Liability

I hereby authorize _____ (former company)
_____ (phone number) with whom I was employed to verify and verbally release information contained in my personnel file to Lake Whatcom Residential and Treatment Center regarding my employment history, job performance, salary history, and work record while employed with the company.

My signature confirms my agreement with the company to release the above information regarding my employment experience with said company. I agree to release the company and its representatives from all liability for providing legal, relevant, and accurate information in good faith regarding my employment as a result of inquiries. I willingly, knowingly, and voluntarily agree to hold harmless and agree to waive all legal claims against LWC and its representatives for such inquiries and the above named previous employer and its representatives who provide employment information to LWC.

Applicant Signature

Date

Print Name

Social Security Number (last 4)



Lake Whatcom Center

Employment Reference Request and Waiver of Liability

I hereby authorize _____ (former company)
_____ (phone number) with whom I was employed to verify and release information contained in my personnel file to Lake Whatcom Residential and Treatment Center regarding my employment history, job performance, salary history, and work record while employed with the company.

My signature confirms my agreement with the company to release the above information regarding my employment experience with said company. I agree to release the company and its representatives from all liability for providing legal, relevant, and accurate information in good faith regarding my employment as a result of inquiries. I willingly, knowingly, and voluntarily agree to hold harmless and agree to waive all legal claims against LWC and its representatives for such inquiries and the above named previous employer and its representatives who provide employment information to LWC.

Applicant Signature

Date

Print Name

Social Security Number (last 4)



Lake Whatcom Center

Employment Reference Request and Waiver of Liability

I hereby authorize _____ (former company)
_____ (phone number) with whom I was employed to verify and release information contained in my personnel file to Lake Whatcom Residential and Treatment Center regarding my employment history, job performance, salary history, and work record while employed with the company.

My signature confirms my agreement with the company to release the above information regarding my employment experience with said company. I agree to release the company and its representatives from all liability for providing legal, relevant, and accurate information in good faith regarding my employment as a result of inquiries. I willingly, knowingly, and voluntarily agree to hold harmless and agree to waive all legal claims against LWC and its representatives for such inquiries and the above named previous employer and its representatives who provide employment information to LWC.

Applicant Signature

Date

Print Name

Social Security Number (last 4)

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)	5. EMAIL ADDRESS
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)
--	--



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: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation 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: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation 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: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation 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: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation 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: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation 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	Enter the daytime phone number, including area code, where you can be reached weekdays 8 AM to 5 PM.
5	Provide an email address where you can be reached.
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	Enter 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	Enter your mailing address where BCCU can send you confidential information such as a copy of your background check results.
10	Enter your street address if it is different than your mailing address. If you 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.

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.

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.

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

<p>(A) REQUESTING AGENCY/ADDRESS</p> <p><u>Lake Whatcom Center</u> Agency</p> <p><u>Terrance Ellison</u> Attn</p> <p><u>3600 Meridian St</u> Address</p> <p><u>Bellingham, WA 98225</u> City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Date</p> <p>_____</p> <p><u>HR Director</u> (360) 398-5304 Title Area Code/Phone Number</p>	<p>(B) PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
---	--

(C) APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip
