



# 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:		Social Security Number:	
Position Applying for:			Expected Wage:		
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						



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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Are you legally authorized to work in the United States?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are you currently employed?<br>Where?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. May we contact your current employer?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are you computer literate?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are you available to work evenings, weekends, and/or holidays?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. For how many consecutive years have you had a driver's license?  |                              |                             |
| 7. Do you have vehicle access and proof of insurance?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Are you willing to use your vehicle for work if needed?<br><i>Note, many of the positions at LWC require driving to and from<br/>different LWC properties for work purposes, occasionally with clients<br/>present in the vehicle.</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Have you had any traffic tickets, accidents, or revocations in the last 3 years?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Have you been convicted of a felony in the past 7 years?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Do you know anyone, or are you related to anyone currently working at LWC?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Are there any reasons which will prevent you from satisfactorily performing<br>the job(s) for which you are applying?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Explanation to the above, identified by number:



# Lake Whatcom Center

<b>EMPLOYMENT HISTORY</b>		
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	Starting Wage	Ending Wage
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	Starting Wage	Ending Wage
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	Starting Wage	Ending Wage	
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 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



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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number



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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security 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.

<b>I. Crime against persons and crimes relating to financial exploitation</b> 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 <sup>th</sup> degree) <input type="checkbox"/> Assault (1 <sup>st</sup> , 2 <sup>nd</sup> , or 3 <sup>rd</sup> Degree) <input type="checkbox"/> Assault of a child (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Degree) <input type="checkbox"/> Burglary (1 <sup>st</sup> 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 <sup>st</sup> , 2 <sup>nd</sup> , or 3 <sup>rd</sup> Degree) <input type="checkbox"/> Communication with a Minor <input type="checkbox"/> Criminal Abandonment <input type="checkbox"/> Criminal Mistreatment (1 <sup>st</sup> , 2 <sup>nd</sup> Degree) <input type="checkbox"/> Custodial Interference (1 <sup>st</sup> , 2 <sup>nd</sup> Degree)	<input type="checkbox"/> Extortion (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> 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 <sup>st</sup> , 2 <sup>nd</sup> Degree) <input type="checkbox"/> Malicious Harassment <input type="checkbox"/> Manslaughter (1 <sup>st</sup> , 2 <sup>nd</sup> Degree) <input type="checkbox"/> Murder (Aggravated) <input type="checkbox"/> Murder (1 <sup>st</sup> , 2 <sup>nd</sup> Degree) <input type="checkbox"/> Patronizing a Juvenile Prostitute <input type="checkbox"/> Promoting Pornography <input type="checkbox"/> Promoting Prostitution (1 <sup>st</sup> Degree) <input type="checkbox"/> Prostitution	<input type="checkbox"/> Rape (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Degree) <input type="checkbox"/> Rape of a child (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Degree) <input type="checkbox"/> Robbery (1 <sup>st</sup> , 2 <sup>nd</sup> 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 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> 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.
<b>II. Convicting by Court</b> 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.		
<b>III. Related Proceedings</b> 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 a bused a vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide detailed information in Section VI.		
<b>IV. Drug-related Crimes</b> 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.		
<b>V. Medicare Fraud-related Crimes</b> 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.		





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**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
<b>**Other</b> <input type="checkbox"/> Individual with Disabilities		
<input type="checkbox"/> I do NOT wish to Self-Identify <b>Signature:</b> _____		
<b>How did you hear of our opening?</b> _____		



# 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 who 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.



# Lake Whatcom Center

## 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><b>8</b> <u>REQUESTING AGENCY/ADDRESS</u></p> <p>Lake Whatcom Center Agency Elizabeth Feingold</p> <p>Attn _____ 609 North Shore Dr</p> <p>Address _____ Bellingham, WA 98226</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p style="text-align: center;"><i>fq ate</i></p> <p>HR Director ( 360 ) 398-5304 Title Area Code/Phone Number</p>	<p><b>@</b> <u>PURPOSE</u> Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer-nofee</p> <p><input type="checkbox"/> Non-Profit Business/Organization - no fee (Excluding Schools &amp; 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>
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**@** 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.



# Lake Whatcom Center



## 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.

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Requesting Agency

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Applicant's Signature

---

Applicant's Name

---

Address

---

City/State/Zip

3000-240-430 (R 6/12)



# Lake Whatcom Center

## CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Refer to Revised Code of Washington (RCWI 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses or organizations. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. **Searches may be conducted only on prospective employees, volunteers, adoptive parents, prospective clients, or resident.** Background checks may be conducted on prospective employees, volunteers, or adoptive parents who will be or may have unsupervised access to children less than sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment decisions only. A prospective client's or resident's conviction record-upon the request of a business or organization that qualifies for exemption under section 501(c)(3) of the internal revenue code of 1986 (26 U.S.C. Sec. 501(c)(3) and that provides emergency shelter or transitional housing for children, persons with developmental disabilities, or vulnerable adults.
2. **Applicants must be notified an inquiry may be made.**  
A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer, that an inquiry may be made.
3. **A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.**  
A business or organization shall require each applicant to disclose whether the applicant has been:
  - (a) Convicted of a crime;
  - (b) Had findings made against him or her in any civil adjudicative proceeding;
  - (c) Has both a conviction and findings made against him or her.
4. **Applicants must be notified of the response.**  
The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

### Notes:

- "Business or organization" means a person, business, or organization licensed in this state, any agency of the state, or other governmental entity, that educates, trains, treats, supervises, houses, or provides recreation to developmentally disabled persons, vulnerable adults, or children under sixteen years of age, or that provides child day care, early learning, or early learning childhood education services, including but not limited to public housing authorities, school districts, and educational service districts.
- "Client" or "resident" means a child, person with developmental disabilities, or vulnerable adult applying for housing assistance from a business or organization.
- The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to civil action for damages.
- Responses are limited to **Washington State records only.**

**NOTE:** The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.

I have read and understand the above **CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES** pursuant to Revised Code of Washington (RCWI 43.43.830-43.43.845.

User Name \_\_\_\_\_ Account # \_\_\_\_\_

User Signature \_\_\_\_\_ Date \_\_\_\_\_

Reset password? **D**YES or **D**NNO

**MUST BE SIGNED BY ALL NON-PROFIT ACCOUNT USERS**

Fax to (360) 534-2073