



# 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						



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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  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

<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		
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)



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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Social Security Number (last 4)



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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Social Security Number (last 4)



# 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 abused 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
<input type="checkbox"/> I do NOT wish to Self-Identify <b>Signature:</b>		
<b>How did you hear of our opening?</b>		



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## 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](http://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: \_\_\_\_\_