

LAKE WHATCOM

Residential & Treatment Center

Employment Application Packet Instructions

Thank you for your interest in employment at Lake Whatcom Center! We take time to consider every completed application packet that is submitted to us. Only qualified applicants will be selected for an interview. Please follow the instructions below to complete your employment application packet. QM/HR staff can be contacted at 676-6000 ext.424 for additional information and for any accommodations that are needed.

1. Please complete the **Application for Employment** thoroughly and accurately following the instructions provided on the form.
2. Please complete a minimum of three **Employment Reference Request Release and Waiver of Liability forms**. In the space before “former company” please provide your previous employer title and phone number.
3. Please complete the **Disclosure Statement** form in its entirety.
4. Please complete **Part C** of the **Washington State Patrol Background Check**.
5. LWC is an Equal Opportunity employer. As required by law, we must record certain information to be made part of our Affirmative Action Program. Please complete Section 1 of the **EEO Applicant Data Record** form. Section 2 is voluntary; however, your cooperation is appreciated.
6. If the position you are applying for requires driving, in order to facilitate the application process OR upon offer of employment, please obtain a **Driving Abstract**. To obtain a Washington State Driving Abstract you can take the completed form directly to the DMV to issue; please turn it in to the Q/HR Specialist as soon as possible. Or, you may mail the request to the DMV to have your Driving Abstract mailed directly to LWC.
7. If the position you are applying for requires credentialing with the Department of Health (DOH) please provide us with a copy of your current credential. If you are not credentialed by the DOH, please **apply** for the **Agency Affiliated Counselor** credential upon offer of a clinical position at LWC.
8. Please **return** the completed application packet to **HR**.

Again, thank you for your interest in employment at LWC!



LAKE WHATCOM

Residential & Treatment Center

APPLICATION FOR EMPLOYMENT

LWC is an Equal Employment Opportunity (EEO) employer. We encourage individuals to apply without regard to race, color, national origin, sex, 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 accommodation(s).

Last Name:		First Name:		Middle Name:	Date:
Current Address:			City:	State:	Zip Code:
Telephone:		Email:		Social Security Number:	
Position Applying For: Date Available for Work:				Expected Salary/Wage:	

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

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

1. Are you legally authorized to be employed in the United States? Yes No
 2. If you are currently employed, with whom is your employment? _____
 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. For how many consecutive years have you had a driver's license? ___ years
 7. Do you have a vehicle and proof of insurance? Yes No
 8. Are you willing to use your vehicle for work if needed? 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. Are there any reasons which will prevent you from satisfactorily performing the job(s) for which you are applying? Yes No
- Explanation to the above, identified by number: _____

EMPLOYMENT HISTORY/REFERENCES

Please list ALL periods of employment, self-employment, U.S. military service, volunteer work, and/or non-employment starting with the MOST RECENT FIRST. PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY.

FROM:	Employer:	Position: Duties:	
TO:	Address: Telephone Number:	Starting Pay: Last Pay:	Supervisor's Name: Reason for Leaving:
FROM:	Employer:	Position: Duties:	
TO:	Address: Telephone Number:	Starting Pay: Last Pay:	Supervisor's Name: Reason for Leaving:
FROM:	Employer:	Position: Duties:	
TO:	Address: Telephone Number:	Starting Pay: Last Pay:	Supervisor's Name: Reason for Leaving:
FROM:	Employer:	Position: Duties:	
TO:	Address: Telephone Number:	Starting Pay: Last Pay:	Supervisor's Name: Reason for Leaving:

READ CAREFULLY THE FOLLOWING STATEMENTS AND AGREEMENT BEFORE SIGNING THE APPLICATION:

Only U.S. Citizens and others lawfully authorized to work in the United States will be hired.

I hereby understand that I will have to undergo a criminal background check to receive clearance for employment.

I certify that the information contained in this application is correct to the best of my knowledge and that any false or misleading information provided is grounds for dismissal or rejection of my application for employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I agree that my previous employers may release all information regarding my employment history and I thereby release my previous employers and this agency from all claims and liabilities arising from the release of such information.

Prior to my beginning work or during my employment, Employer reserves the right to require any lawful form of medical, drug, alcohol, psychological, character, honesty, integrity, aptitude, skill, or other test or examination.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this agency is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any statement, conduct or written document, unless such change is specifically acknowledged in writing by both an authorized executive of this agency and the Employee.

The contents of this application do not constitute an express or implied contract of employment.

In the event of employment, I understand that I am required to abide by all rules and regulations of the Employer.

SIGNATURE OF APPLICANT

DATE

Employment Reference Request Release 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 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

Employment Reference Request Release 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 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

Employment Reference Request Release 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 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

Disclosure Statement

I, _____ (print name), swear under penalty of perjury that I have responded truthfully to all of 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. Crimes against persons and crimes relating to financial exploitation Have you ever been convicted of any of the following crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please check all that apply and provide detailed information in Section VI.		
<input type="checkbox"/> Arson (1 st Degree) <input type="checkbox"/> Assault (Custodial) <input type="checkbox"/> Assault (Simple or 4 th Degree) <input type="checkbox"/> Assault (1 st , 2 nd , 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 , 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 <input type="checkbox"/> 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 renamed.
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 others persons? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 or to have financially exploited or abused a vulnerable adult? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide detailed information in Section IV.		
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? <input type="checkbox"/> YES <input type="checkbox"/> NO 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide detailed information in Section IV.		
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

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>Kay Burbidge</u> Attn</p> <p><u>609 North Shore Dr</u> Address</p> <p><u>Bellingham, WA 98226</u> City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p><u>[Signature]</u> <u>01/04/2012</u> Authorized Signature Date</p> <p><u>QM/HR Director</u> <u>(360) 676-6000</u> Title Area Code/Phone Number</p>	<p>B PURPOSE</p> <p>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 (available by mail only). 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

WSP Use Only

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

Requesting Agency _____

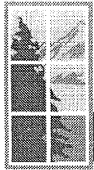
Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

Applicant Right Thumb Print (Optional)



LAKE WHATCOM

Residential & Treatment 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, veteran of the Vietnam era or other minority. In extending this invitation 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 reverse for definitions):

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<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
**Other <input type="checkbox"/> Individual with Disabilities		
<input type="checkbox"/> I do not wish to Self Identify.		
Signature:		
How did you hear of our opening?		
For Human Resources Use Only:	Requisition#	Job Group:



LAKE WHATCOM

Residential & Treatment Center

EEOC 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 (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) 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 (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) 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 he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Veteran of the Vietnam-Era- Means a person who: (i) served on active duty in the U.S. 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 (ii) was discharged or released from active duty in the U.S. 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- Means (i) a veteran of the U.S. 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 (ii) 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 U.S. 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 U.S. 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.

PHONE: (360) 676-6000 FAX: (360) 676-6006 TOLL FREE: (888) 676-6002

609 North Shore Drive, Bellingham WA 98226

www.lwrtc.org



Driving Record Request

You may use this form to request **your driving record**. We will mail, email, or fax your record to you or to the individual or company you request below. Mail this request and **\$10 for each record** in a check or money order payable to the Department of Licensing to:

Driver Records
Department of Licensing
 PO Box 9048
 Olympia, WA 98507-9048

FOR VALIDATION ONLY

106-060-421-0005

Please allow two weeks for processing. If you have additional questions, contact customer service at (360) 902-3900.

Requestor name (<i>Last, First, Middle Initial</i>)		
Washington driver license number	Date of birth	(Area code) Daytime telephone number
Name of individual or company you want your drive record sent to		
How would you like your driving record sent to you? (Check one only) <input type="checkbox"/> U.S. mail <input type="checkbox"/> email <input type="checkbox"/> Fax		
Delivery information (Mailing address, email, or [Area code] Fax number)		
Type(s) of record Insurance records will show violations, convictions, and accidents only. Other drive records will show all traffic-related convictions, violations, collisions, suspensions, revocations, and disqualifications. We offer the following types of driving records. Check the box beside the type(s) you need.		
<input type="checkbox"/> Noncommercial insurance record (3 year) —Used to create and renew vehicle insurance policies.		
<input type="checkbox"/> Commercial insurance record (3 year) —Used to create and renew commercial vehicle insurance policies.		
<input type="checkbox"/> Life insurance record (3 year) —Used to create and renew life insurance policies.		
<input checked="" type="checkbox"/> Employment record —Used by employers to determine employment eligibility.		
<input type="checkbox"/> Volunteer/Transit record —Used to determine if a volunteer driver meets the insurance and risk-management requirements to drive a vanpool vehicle or should be permitted to operate a vehicle used to transport individuals who are under 18, over 65, or disabled.		
<input type="checkbox"/> School bus driver record —Used to determine if a person should be employed to operate a school bus. This request is to be billed and mailed to school district _____ School district authorization _____ Requestor code _____		
<input type="checkbox"/> Complete record —A complete driving record requested by the person named on the driving record.		
<i>I declare under penalty of perjury under the laws of the state of Washington that I am the individual named above.</i>		
_____	X Signature (valid for four months)	
Date and place		