



Dear Applicant:

Thank you for considering employment with CDM Caregiving Services. In order to assist you in making an informed decision about our ability to meet your employment needs and expectations, please **carefully** review the following information before completing this application. It is our hope that individuals completing our application for employment have considered the purpose, the mission and the vision of CDM Caregiving Services before deciding to seek employment with this organization. It is our goal to employ individuals committed to **helping others remain independent at home** through a commitment to our company goals and ideals.

If you have any questions, or need additional information please ask any member of our staff. Again, thank you for considering CDM Caregiving Services.

EMPLOYMENT INFORMATION

- **Mission:**
To provide services that allows individuals to live with dignity in their home or residence.
CDM Caregiving Services' goal is to improve the quality of life of those we serve. We train our employees to be reliable and confident, and to display a dedication to quality and caring commitment to the elderly and disabled.
- **Position:**
Home Care Specialist
- **Duties:**
Provide assistance with daily tasks. Please see job description and list of tasks included with application materials.
- **Location:**
Private homes of clients in Clark County.
- **Wages:**
\$13.10 to start. 25¢ per hour weekend pay differential, \$1.00 per hour Hoyer pay differential. Mileage reimbursement (when applicable) 50¢ per mile.
- **Benefits:**
 - Medical dental and vision benefits available.
 - Paid time off
 - AFLAC insurance programs
 - Retirement Plan.

Pre-employment drug testing may be required

HOME CARE SPECIALIST JOB DESCRIPTION

Provides the tasks each client is authorized to receive within each program's guidelines.

FEEDING OR EATING

Cut up cooked food for the client. Take food to the client. Butter toast, pancakes, etc .Spoon feed client.
Cue client to feed self
Encourage liquids. Keep liquids available

TOILET USE (use disposable latex gloves)

Help the client to and from the bathroom. Help the client on or off the toilet or commode. Clean up when the client is incontinent Empty and clean urinal, commode or bedpan (1 part bleach/ 10 parts water.)
Change and dispose of protective undergarments/incontinence pads (i.e. Depends or Chuks Pads) Assist incontinent client with protective undergarments/incontinence pads (i.e. Depends or Chuks Pads) Remind the client (timed toileting) Empty catheter bag. Assist client to change a colostomy bag. Adjust client's clothing

AMBULATION/LOCOMOTION

Provide support and steadying. Assist client to walk. Hold on to client's arm. Push client while in wheelchair. Give cane or walker to the client. Escort client. Keep walkways clear of clutter. Make sure client wears shoes/slippers

TRANSFER

Assist the client in moving to/from bed, chair, wheelchair, standing position without lifting (use transfer device if needed.) All specialists involved in any form of transfer *MUST* wear a back brace

POSITIONING/BED MOBILITY

Turning bed bound patients. Prop pillows. Positioning a client comfortably in a wheelchair

SPECIALIZED BODY CARE

Apply **non**-prescription lotion/ointments to body, but do not apply it between the toes. Passive Range of Motion exercises. Application of dry bandages. Skin Care including nutrition/hydration, preventative/protective care (to be described on client plan of care)Soak/clean nails. File and clip client's fingernails and toenails. File/clip toenails straight across. Ingrown nails or problem nails should be treated by a podiatrist (medical coupons can be used).

CARE OF APPEARANCE / PERSONAL HYGIENE

Comb and brush the client's hair. Set the client's hair. Brush client's teeth. Clean the client's dentures - oral hygiene (use disposable latex gloves)Shave with electric razor preferably. If using disposable razor, use latex gloves. Applying makeup. Washing/drying face, hands and perineum. Take the client to a beauty or barber shop for haircuts

DRESSING AND UNDRRESSING

Fasten and unfasten clothing. Get the clothing out of closet or dresser. Color coordinate client's clothing. Assist client to put on or take off any item of clothing. Assist client to choose clean/appropriate clothing

BATHING (use disposable latex gloves)

Assist client in/out of the shower. Standby while the client takes a bath. Wash the client's back, feet, legs, other hard to reach areas. Shampoo client's hair. Soak and wash the client's feet. Provide the client with soap, washcloth, and a towel. Assist the client with a sponge bath or bed bath

SELF MEDICATION/MEDICATION MANAGEMENT (WASHINGTON ONLY)

Document administration. Open medisets/bottles. Hand medication in cup or bowl. Read labels to client. Re-order medications. Report adverse reactions. Remind the client to take medication. Monitor medications - check medisets/bottles

MEAL PREPARATION

For safe food preparation/storage techniques, please refer to Food & Beverage Workers' Card Manual (located in back of this manual.) Prepare meals as requested by the client. Encourage the client to eat, following proper nutrition. Prepare food for the client to cook (peel or cut up vegetables and fruits) Prepare meals ahead of time for client to defrost/reheat. Put dishes in the dishwasher, or wash by hand (use rubber gloves) Clean kitchen after each meal.

HOUSEWORK/LAUNDRY

Wash clothing, towels, and bed linens, but never by hand (use disposable gloves) Change bed linens (use disposable gloves) Do laundry at client's home or a Laundromat (use disposable gloves) Iron clothing if needed. Mend clothing, sew on buttons, but no alterations. Dry clothing, linen, and towels. May hang laundry to air dry (inside or outside), old laundry, and put it away. Routine housework includes vacuuming, dusting, sweeping/mopping floors, taking out garbage, making bed, and cleaning all bathroom and kitchen surfaces. Wash cupboards, door handles, switch plates, spots on the walls, etc. Clean kitchen after each meal. Clean refrigerator and stove. Clean toilet - use long handled brush and rubber gloves. Clean the oven at least twice a year or as needed. Defrost freezer if ½" of ice is present. Dust, moving large items (lamps, bowls, ashtrays, etc.).

TELEPHONE USE

Answer phone for client. Dial telephone for client. Make calls for client. Take messages for client

TRANSPORTATION

Take client to and from the doctor appointments (as a means of last resort) Pick up the client from the hospital or take to the hospital for tests. Take the client to pick up prescribed medications or attain refills/medisets prepared by Pharmacist Accompany the client on C-Van or in an ambulance. Stay with the client at the doctor's office. Home Care Specialists can assist with finding alternate transportation if needed

SHOPPING

Pay Bills. Get prescribed medications. Shop for clothing. Do banking. Grocery shop (encourage nutritional choices) Trip to the post office. Pick up mail. Christmas shopping

WOOD SUPPLY (IF CLIENT'S ONLY SOURCE OF HEAT)

Bring wood into the client's home. Burn wood

SUPERVISION (If Authorized)

Cueing the client when memory impaired. Providing cognitive support. Providing unscheduled tasks. Remain with a client to ensure their safety when all other tasks are complete

Additionally – All HCS’s Must:

- Observe clients general mental and physical condition → report changes to the Client Care Coordinator.
- Practices safety and competency. Including ability to respond appropriately to an emergency situation.
- Submit monthly schedules and report any schedule changes to the Home Care Supervisor.
- Complete neat and accurate records of tasks performed during each scheduled visit.
- Provides healthy, safe environment for the client.
- Provide all authorized tasks and hours assigned.
- Attend all required training.

I have read and understand the job description and I am able to perform each task listed.

Signature

Date



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to a person's race, color, creed, religion, national origin, sex (including pregnancy), age (40+), sexual orientation, marital status, families with children, veteran or military status, the presence of any sensory, mental or physical disability (including HIV, AIDS, hepatitis C status) or the use of a service animal or guide dog, genetic information, or any other status or characteristic protected under any applicable federal or state law. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

(PLEASE PRINT)

Position(s) Applied for

Date of Application

Last name

First Name

Middle Name

Address:

Number

Street

City

State

Zip Code

Telephone Number

Cellular Number

Birth Date

Social Security #

- -

E-mail _____

Emergency Contact _____ Phone _____

Have you ever filed an application with us before Yes _____ No _____

Have you been employed with us before? Yes _____ No _____ Dates: _____

Are you currently employed? _____

May we contact your present employer? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment.) Yes _____ No _____

On what date would you be available for work? _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

Are you a Veteran? Yes _____ If yes what branch? _____ No _____

EDUCATION

Name & Address of School	Course Study	Years Completed	Diploma Degree
High School			
Undergraduate College			
Graduate Professional			
Other			

INDICATE ANY LANGUAGES YOU CAN SPEAK/READ/WRITE/SIGN

Fluent	Good	Fair
Speak _____		
Read _____		
Write _____		
Sign _____		

PLEASE INDICATE ANY SPECIALIZED TRAINING OR EXPERIENCE

CPR _____
CNA _____
R.N. _____
L.P.N _____
FIRST AID _____
NURSING HOME EXPERIENCE _____
FUNDAMENTALS OF CAREGIVING _____

OTHER QUALIFICATIONS

Summarize special job-related skills and qualification acquired from life experience or volunteer work

EMPLOYMENT EXPERIENCE Start with your present or last job. Include any job-related military service assignments & volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Employed From/To	Work Performed
Address		
Telephone	Salary-Beg/End	
Job Title	Supervisor	
Reason for Leaving		

Employer	Employed From/To	Work Performed
Address		
Telephone	Salary-Beg/End	
Job Title	Supervisor	
Reason for Leaving		

Employer	Employed From/To	Work Performed
Address		
Telephone	Salary-Beg/End	
Job Title	Supervisor	
Reason for Leaving		

Employer	Employed From/To	Work Performed
Address		
Telephone	Salary-Beg/End	
Job Title	Supervisor	
Reason for Leaving		

ADDITIONAL INFORMATION

Please list any additional skills you would like us to know about.

REFERENCES-NO RELATIVES PLEASE

1. _____ (____) _____
Name Phone

2. _____ (____) _____
Name Phone

3. _____ (____) _____
Name Phone

Recruitment Survey:

We are interested in how you first found out about us. Please indicate below the resource you used.

_____ State Unemployment Office	_____ Web Page
_____ Newspaper Ad _____ <i>Name of Publication</i>	_____ Walk In
_____ Employee Referral _____ <i>Name of Employee</i>	_____ Job Fair _____ <i>Please Specify</i>
_____ School _____ <i>Name of Institution</i>	_____ Other _____ <i>Please Specify</i>

PRE-HIRE INTERVIEW CHECKLIST

PLEASE INITIAL EACH

_____ Beginning January 7, 2012 any person hired as a long-term care worker must be certified as a Home Care Aide.
This includes the following:

- Submit to a state and federal background check through DSHS.
- Within 14 days of hire, submit the home care aide certification application.
- Within 200 days of hire, complete 75 hours of DSHS approved Basic Training and pass the DOH HCA examination.

You are exempt from certification if you were already employed as a long-term care worker between January 1, 2011 and January 6, 2012 and completed all of the training requirements in effect as of the date you were hired.

- ___1. C.D.M. is an equal opportunity employer.
- ___2. CDM is a private non-profit agency incorporated in the State of Washington. We provide service to low-income, seniors and others with disabilities in Clark County. Our purpose is to keep seniors and the disabled in their own homes with assistance and out of nursing home placement as long as possible.
- ___3. You *must* have an employment eligibility document, valid Washington ID, and be 18 years of age or older. If you use your own vehicle while employed at CDM, you *must* have a current driver's license (Washington or Oregon) and *proof* of current auto insurance, without this you may not use your vehicle to conduct any CDM business including transporting clients.
- ___4. You are required to sign the following: Oath of Confidentiality, Workplace Policy on Drug & Alcohol Abuse, Request for Criminal History Information (abuse), and Request for Abstract of Driving Record.
- ___5. Initiative 1163 requires that ALL LTC workers, newly hired on or after January 2, 2012, have a Washington State name and DOB and FBI fingerprint-based background check regardless of how long the worker has lived in Washington State.
- ___6. You are paid once-a-month on the 7th, except as follows; if payday (the 7th) falls on a Saturday, employees will be paid on Friday, the 6th. If payday falls on a Sunday, employees will be paid on the 8th. In the event that a holiday interferes with payroll processing, employees will be paid on the 8th.
- ___7. You must complete all training as explained in the interview process.
- ___8. C.D.M. promotes from the ranks when possible.
- ___9. You are employed on a trial basis for three full calendar months.
- ___10. Punctuality and dependability are a must! Work is expected to be performed according to a scheduled time for each client.
- ___11. Authorized and approved mileage and travel time is paid between clients.
- ___12. Benefits include:
 - Workman's Compensation plus unemployment benefits;
 - Medical, dental and vision insurance;
 - Retirement plan for qualified employees;
 - Vacation pay accrual dependent upon hours worked; available for cash out after 6 months of employment
- ___13. TB testing may be required.
- ___14. You are required to work eighty (80) hours per month to qualify for benefits.
- ___15. All employees must attend all required trainings including 12 hours of continuing education each year following the year they complete basic training.

Applicants Signature

Reference Check Authorization and Release

I have applied for employment with CDM Caregiving Services. All information that I provided during the course of the application process is complete and accurate to the best of my knowledge. I understand that misrepresentations or omissions are grounds for rejection of my application or dismissal from employment if discovered after my employment begins.

I understand that a reference check is part of the application process. I request and authorize CDM Caregiving Services, for purposes of a reference check, to contact the school officials, former employers and personal references I have named during the course of my application for employment, as well as anyone else (including government agencies) who can provide information about my background, employment history and job qualifications.

I agree that the reference check may cover any job-related information, including, but not limited to, the items listed below:

1. Dates of employment or school attendance.
2. Skills, training and education.
3. Possession of required licenses and certificates, including any suspensions or revocations (past or current).
4. Work history.
5. Job duties, including types of equipment operated and responsibility for money or valuables.
6. Quality and quantity of work performance.
7. Work safety, including unsafe acts that resulted in near misses, property damage or injury.
8. Reasons for leaving the company or school.
9. Whether my conduct was generally satisfactory.
10. Character, civil records and criminal history.

I agree to hold harmless and to waive any and all claims I may have against CDM Caregiving Services and its agents and employees for any and all loss or injury I may sustain as a result of CDM Caregiving Services investigating my background in accordance with this release. I also agree to hold harmless and to waive any and all claims I may have against the entities, individuals, agents and employees who provide information to CDM Caregiving Services in connection with CDM's investigation of my background, for any and all loss or injury I may sustain as a result of any disclosure made in accordance with this release. I understand that this includes the possible rejection of my application for employment.

I have received a copy of this authorization and release, understand it and have had an opportunity to ask questions and obtain answers to my questions.

Applicant's Signature

Date



Availability Agreement

I am applying for employment with CDM Caregiving Services with the express understanding that I will be available and willing to work the days/shifts I have indicated below. I understand that misrepresentation of my availability may result in the withdrawal of the offer of employment by CDM Caregiving Services.

Please list specific times you are available to work.

- Please Identify “am” or “pm.”
- If available any time writing “any” is acceptable.
- If unavailable please mark “x” in the box.

I am available and willing to work:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Start Time: <i>*Example: 9AM</i>							
End Time: <i>*Example: 10PM</i>							
Overnight? Yes or No?							

How many hours per week would you prefer to work? _____

Please note any exceptions or additional information regarding your availability:

Applicant Printed Name

Applicant Signature

Date

Every employee IS REQUIRED to provide personal care for both Men and Women

Additional Information

This information will be used to determine if we have clients available that suit your preferences. None of the following information will necessarily be disqualifying. In some instances training is provided, feel free to note "Would like training." DO NOT LEAVE BLANK

CDM provides services to Clark County. We have clients in all Vancouver areas.
Camas; Washougal; Battleground; Yacolt; Amboy; Ridgefield; La Center and Woodland

Where are you willing to work on a **permanent** basis?

Where are you willing to work on a **occasional** basis?

Do you have a valid Driver's License? _____

Which State is it issued in? _____

Do you have your own vehicle? _____

Is your vehicle insured? _____

Vehicle make and model: _____

Do you smoke? _____

Are you willing to work in the homes of people who smoke? _____

Are you willing to work for people who have pets? _____

Are you willing to work in the home of a woman? _____

Are you willing to work in the home of a man? _____

Will you do personal care tasks like assisting with bathing and toileting?

For a man? _____ For a woman? _____

Do you know what a Hoyer Lift is? _____

Do you have experience using a Hoyer Lift? _____

Do you have other transfer experience? _____

What type of transfers to you have experience with? _____

Are you willing to work with Children? _____

Do you have any knowledge/experience working with Autistic behaviors? Please Explain:

Do you have any knowledge/experience working with Mental Illness? Please Explain:

Do you have any knowledge/experience working with Dementia/Alzheimer's? Please Explain:

Do you have any knowledge/experience working with Developmentally Disabled adults? Please Explain:

Applicant's Statement

I certify the answers given herein are true and complete to the best of my knowledge.

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

This application for employment shall be considered active 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 that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which mean that the Employee may resign at any time and the Employer may at any time 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 written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment I understand that false or misleading information or interviews ma result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand that I must work at least 20 hours a week and I agree to work (check your choices)

_____ Full Time _____ Part Time _____ Shift Work _____ Sleepovers _____ Evenings
_____ Weekends _____ 24 hour care _____ Temporary.

Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes _____ No _____ Interviewed by: _____ Date _____

Remarks _____

Employed? Yes _____ No _____ Date Hired _____ Hourly Rate/Salary _____

Hired for: Washington _____ Job Title _____

Hired by _____ Date _____

Fingerprint-Based Background Check Notice

Information about your fingerprint-based background check:

1. In order to determine a person's character, competence and suitability to have unsupervised access to vulnerable individuals, the Department of Social and Health Services requires a background check that is based upon the person's fingerprints. These background checks are required by several state laws, including RCW 43.43.837.
2. Your fingerprints will be used to check the criminal history record files that are kept by the Washington State Patrol (WSP) and the Federal Bureau of Investigation (FBI). Once the fingerprint check is complete, you may obtain a copy of your background check result by contacting the Background Check Central Unit at 360-902-0299 or BCCUinquiry@dshs.wa.gov.
3. If you believe the results of your background check are not complete or are wrong, you have an opportunity to complete or challenge the accuracy of the information as described below.
 - a. The background check result letter explains how to correct information that was provided by the Washington State Patrol, the Washington Courts, the Department of Corrections, or the Department of Health.
 - b. There are two ways to correct information on the FBI Identification Record:
 - Contact the state or federal agency or agencies that provided the information to the FBI; or
 - Send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division by writing to the following address:

 FBI CJIS Division
 Attention: Correspondence Group
 1000 Custer Hollow Road
 Clarksburg, WV 26306

Your written request to the FBI should clearly identify the information that you feel is inaccurate or incomplete and should include copies of any available proof or documents that support your claim. For example, if information about what happened to a criminal charge against you is incorrect or missing, you may submit documentation from the court or the office that prosecuted the offense. The Correspondence Group will contact appropriate agencies to try to verify or correct challenged entries for you. When the FBI receives official communication from the agency with jurisdiction over the matter, the FBI will make appropriate changes and notify you of the outcome. (This process is described in 28 C.F.R. § 16.34.)
4. The Federal Bureau of Investigation (FBI) Privacy Act Statement is available on the FBI website at <http://www.fbi.gov/about-us/cjis/cc/library/privacy-act-statement-1>.

By signing this notification I acknowledge that:

I received a copy of this notice because I am required to have a fingerprint-based background check. The person or entity that requested the background check is required to keep a copy of this signed notice for their records and to return the original notice to me. I will be notified of the result of my background check when the person or entity that requested the background check received the final fingerprint result letter.

APPLICANT SIGNATURE

DATE

PRINTED NAME



Background Check Authorization

PROCESSING CODE
FINGERPRINTS NEEDED

SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)

1A. ENTITY REQUESTING THE BACKGROUND CHECK CDM CAREGIVING SERVICES	1B. ENTIRE ADDRESS OF ENTITY LISTED IN BOX 1A 2409 BROADWAY ST. VANCOUVER, WA	1C. NAME OF SECONDARY ENTITY
------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	------------------------------

2. **REQUIRED:** NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK

PRINTED NAME: **DAVID ALEXANDER** SIGNATURE: _____

3. **REQUIRED ONLY FOR DSHS STATE EMPLOYMENT**

DSHS POSITION NUMBER _____ (WRITE NONE IF NONE) DSHS JOB CLASSIFICATION: _____ PERSONNEL IDENTIFICATION NUMBER: _____

Permanent appointment Non-permanent appointment Work study / student internship Volunteer Acting

4. **REQUIRED:** BCCU ACCOUNT NUMBER
80000207

5. DSHS ID NUMBER OR NAME

SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)

6. SOCIAL SECURITY NUMBER

7. **REQUIRED:** DATE OF BIRTH (MM/DD/YYYY)

8. PRINT YOUR E-MAIL ADDRESS

9. **REQUIRED:** PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST: _____ MIDDLE: _____ LAST: _____

10. **REQUIRED:** PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST: _____ MIDDLE: _____ LAST: _____

REQUIRED: SELF DISCLOSURE QUESTIONS. SEE INSTRUCTIONS.

You must answer Questions 11A through 14. Attach an additional sheet of paper if you need to list additional crimes or pending charges.

11A. Have you been convicted of any crime? If yes, fill in the blanks below. _____ Yes No

_____ Degree: _____ State: _____ Conviction date: ___/___/___

11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. _____ Yes No

_____ Degree: _____ State: _____

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 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.
- See instructions for description of "permanent."

15. **REQUIRED:** PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE) **REQUIRED:** PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID

16. **REQUIRED**
Have you lived in any state or country other than Washington State within the last three years (36 months)? Yes No

17. **A. REQUIRED:** PRINT YOUR MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION

APT. NO. CITY STATE ZIP CODE

B. REQUIRED: PRINT THE STREET ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF YOUR STREET ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)

APT. NO. CITY STATE ZIP CODE

C. REQUIRED: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED

18. 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 box number 19 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 named in Section 1 and 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.
- The entity requesting this background check must submit this form to the Background Check Central Unit within the timeframe required by the DSHS oversight program.

19. **REQUIRED:** YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.

20. **REQUIRED:** TODAY'S DATE (MM/DD/YYYY)

PROGRAM USE – FOLLOW INSTRUCTIONS PROVIDED BY YOUR DSHS OVERSIGHT PROGRAM

Disclosure Statement

I, _____ have never been:

- 1. Convicted of a crime against children or other persons.**
Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promotion prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in [RCW 26.44.020](#); first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they be rename in the future.
- 2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.**
A conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes that may be renamed in the future. A vulnerable adult is an adult who lacks the functional, mental, or physical ability to care for themselves
- 3. Convicted of crimes related to drugs;**
A conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance.
- 4. Found in any dependency action under [RCW 13.34.040](#) to have sexually assaulted or exploited any minor or to have physically abused any minor;**
- 5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;**
- 6. Found in any disciplinary board final decision to have sexually or physically abuse or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;**
Any final decision issued by a disciplining authority under [RCW 18.130](#) or the secretary of the department of health for the following businesses or professions: chiropractic, dentistry, dental hygiene, massage, midwifery, naturopathy, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology.
- 7. Found by a court in a protection proceeding under [RCW. 74.34](#), to have abused or financially exploited a vulnerable adult.**
The illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage.

Employee Signature _____ Date: _____

Witness Signature _____ Date: _____

The following information is needed to comply with federal regulations requiring certain employers to track data related to Equal Opportunity and Affirmative Action. The information will be used only in accordance with those laws and regulations and will be kept strictly confidential. This information will be processed separately from you application and any other employment records for this company before being referred to those handling position openings. We are an affirmative action, equal opportunity employer. If you should need accommodation to participate in this application process, please make your need known at this time. Thank you for your assistance.

Last Name _____			First Name _____			Middle Initial _____		
Social Security Number _____				Application Date _____				
Position Applied For _____			Female _____		Male _____		DOB _____	

Ethnic Information:

_____ White-a person having origins in Europe, North Africa or the Middle East

_____ Black/African American-A person having origins in any black racial group.

_____ Hispanic-a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

_____ Asian-Refers to people having origins in any of the original peoples of East Asia, or Southeast Asia including Bangladesh, Cambodia, China, Pakistan, India, Indonesia, Japan, Korea, Malaysia, Philippines, Taiwan, Thailand and Vietnam.

_____ Native American-(American Indian or Alaskan Native)-All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community reception