



Careage of Whidbey

311 NE 3rd Street
Coupeville, WA 98239

(360) 678-2273

(360) 321-6660

Thank you for your interest for employment here at Careage of Whidbey. In order for us to process your application it is very important that the following steps are completed. If the information is not complete, we will not be able to process your application.

Take a few minutes to read below and take your time filing out your application. Please turn in your application to the receptionist at the front desk, Monday through Friday 8am to 4:00pm; or e-mail to staffdeveloper@careageofwhidbey.com.

- When filling out the application for employment, please print neatly
- Fill out all information, including full names, addresses and phone numbers where requested
- Do not leave blanks, if something on the application does not apply to you, indicate that by printing N/A
- When filling out the attached reference request form, please fill out only part one, the authorization to release information, read, sign, and date this form only
- The **Background Check form must be filled in completely with no blanks**. If the answer is "none" then you must indicate that by writing "none." If you have any questions regarding this form, please see the instruction page. The form must be signed and dated.

Thank you for your cooperation in processing your application for employment at Careage of Whidbey. Any questions you may have regarding this application packet may be addressed to the Receptionist; or by calling (360) 678-2273

It is the policy of Careage of Whidbey to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

[Retain this page for your records]

EMPLOYMENT APPLICATION

[Please complete the entire application]

1. **Job Position Applying:** _____ Full Time Part Time

2. **Applicant Information**

Applicant Full Name: _____

Present Address: _____

City/State/ZIP: _____ How long? _____

Home phone: _____ Mobile phone: _____

*** If at present address less than 2 years please provide last address ***

Last Address: _____

City/State/ZIP: _____ How long? _____

Social Security Number: _____

Driver's License Number: _____ State: _____

3. **Emergency Contact**

Contact Name: _____

Relationship: _____

Address: _____

City/State/ZIP: _____

Home phone: _____ Mobile phone: _____

4. Salary Desired: \$ _____ per _____

5. How did you hear about our company? _____

Do you have any friends or relatives who work here? If yes, please list here:

6. Have you applied to our company previously? Yes / No If yes, when? _____

7. Are you at least 18 years old? Yes / No

8. How will you get to work? _____

9. Are you willing to work any shift, including nights and weekends? Yes / No

If no, please state any limitations: _____

10. If applicable, are you available to work overtime? Yes / No

11. If you are offered employment, when would you be available to begin work? _____

EMPLOYMENT APPLICATION

[Please complete the entire application]

12. If hired, can you submit proof that you are legally eligible for employment in the United States?
 Yes / No

13. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Yes / No

What reasonable accommodation, if any, would you request? _____

14. Have you ever been convicted of a felony or misdemeanor? No Yes, was convicted of _____ on _____ (date) in _____ (city), _____ (state)

[The existence of a criminal record does not constitute an automatic bar to employment unless relevant to the type of employment.]

15. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent; list and explain any gaps in employment.

1. Employer Name:			<input type="checkbox"/> allow to contact
(Location)			
Supervisor Name:		Phone:	
List Job Duties:			
Reason for Leaving:			
Date of Employment:			
(Month/Year)			
Gap in Employment:			
2. Employer Name:			<input type="checkbox"/> allow to contact
(Location)			
Supervisor Name:		Phone:	
List Job Duties:			
Reason for Leaving:			
Date of Employment:			
(Month/Year)			
Gap in Employment:			
3. Employer Name:			<input type="checkbox"/> allow to contact
(Location)			
Supervisor Name:		Phone:	
List Job Duties:			
Reason for Leaving:			
Date of Employment:			
(Month/Year)			
Gap in Employment:			

16. Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents armature ability, while five represents expert ability.)

EMPLOYMENT APPLICATION

[Please complete the entire application]

Other Skills	Yrs of Exp	Ability or Rating
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5

17. Applicant's Education and Training

College/University Name and Address _____

Did you receive a degree? Yes / No If yes, degree(s) received: _____

High School/GED Name and Address _____

Did you receive a degree? Yes / No

Other Training (graduate, technical, vocational): _____

Please indicate any current professional licenses or certifications that you hold: _____

Awards, Honors, Special Achievements: _____

18. REFERENCES - LIST THREE PROFESSIONAL REFERENCES NOT RELATED TO YOU

I, hereby authorize Careage of Whidbey to request verification of statements made by me on my employment application, and any other job-related information. I give permission to the company/person named below to release the information requested by Careage of Whidbey. I release all parties and/or person connected with these inquiries from all claims, liability, and damages for whatever reason arising from furnishing this information.

I hereby further agree to call my former employer to give my verbal permission to release the information Careage of Whidbey is requesting if the box is checked.

Applicant Signature

Date

Name:			
Telephone:		Email:	
Relationship:		Years:	
Name:			
Telephone:		Email:	
Relationship:		Years:	
Name:			
Telephone:		Email:	
Relationship:		Years:	

EMPLOYMENT APPLICATION

[Please complete the entire application]

19. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

20. CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

I authorize Careage of Whidbey to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Director, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Careage of Whidbey, except in a specific written contract of employment signed on behalf of the organization by its Director, has the power to alter or vary the voluntary nature of the employment relationship.

I have carefully read the above certification and I understand and agree to its terms.

Applicant Signature

Date

Background Check Authorization

Section 1. Required: Applicant Information (All sections completed by the applicant, the person receiving a background check). The requesting entity will submit the applicant's information through the online Background Check System (BCS).

1. REQUIRED: LEGAL NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID)		
FIRST	MIDDLE	LAST
2. REQUIRED: OTHER ALIAS FIRST, MIDDLE, AND LAST NAMES YOU HAVE USED		
FIRST	MIDDLE	LAST
3. REQUIRED: DATE OF BIRTH (MM/DD/YYYY)	4. REQUIRED: PHONE NUMBER (INCLUDE AREA CODE)	5. EMAIL ADDRESS
6. SOCIAL SECURITY NUMBER	7A. REQUIRED: VALID DRIVER'S LICENSE OR STATE ID (WRITE NONE IF NONE)	7B. REQUIRED: ISSUING STATE
8. REQUIRED: HAVE YOU LIVED IN ANY STATE OR COUNTRY OTHER THAN WASHINGTON STATE WITHIN THE LAST THREE YEARS (36 MONTHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. REQUIRED: <u>MAILING</u> ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION		
STREET	APT. NO. CITY	STATE ZIP CODE
10. REQUIRED: PHYSICAL ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)		
STREET	APT. NO. CITY	STATE ZIP CODE

Section 2. Required: Self-Disclosure Questions for ALL convictions and pending charges from any state or jurisdiction. You must answer Questions 11A through 14. Attach Page 2 if you have crimes or pending charges. **SEE INSTRUCTIONS.**

11A. Have you been convicted of any crime? If yes, complete Page 2, Section 3. Yes No

11B. Do you have charges (pending) against you for any crime? If yes, complete Page 2, Section 4. Yes No

12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? . Yes No

13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? Yes No

14. Has a court ever entered any of the following orders against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile, or child? Yes No

- Permanent vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34.
- Sexual assault protection order under RCW 7.90.
- Permanent civil anti-harassment protection order, either active or expired, under RCW 10.14.

I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles, or children. I understand and agree my signature in the box below means:

- I give DSHS permission to check my background with any governmental entity and law enforcement agency.
- My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law.
- If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.
- DSHS will give my background check result to the persons or entities requesting my background check and those persons or entities may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law.

15. REQUIRED: SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.	16. REQUIRED: TODAY'S DATE (MM/DD/YYYY)
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Background Check Authorization

List of Crimes and Pending Charges

This page **MUST** be attached to Page One of the Background Check Authorization form if 11A or 11B are marked "Yes."

Important information about answering self-disclosure questions: Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. It is recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO ID		
FIRST:	MIDDLE:	LAST:

REQUIRED: DATE OF BIRTH (MM/DD/YYYY)

Section 3. Question 11A. If you check **YES**, you must enter the crime name, degree (if any), state, conviction date, and crime information.

1. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
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Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
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Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

3. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
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Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

Section 4. Question 11B. If you check **YES**, you must enter the PENDING charge name, degree (if any), state, and crime information.

1. CRIME NAME	DEGREE (IF ANY)	STATE
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Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
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Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

Instructions for Completing the Background Check Authorization form, DSHS 09-653

These instructions provide general directions for completing the Background Check Authorization form. This form is used by multiple DSHS programs to meet varying background check needs. The DSHS oversight program requiring the background check may have additional instructions that you must follow.

Important: The requesting entity cannot submit your background check unless ALL required boxes are complete. Required boxes have the word "REQUIRED:" next to the box number. The requesting entity will submit your completed background check through the online Background Check System (BCS).

This form is to be completed by the applicant, the person whose background DSHS is checking.

BOX NO.	INSTRUCTIONS
1	Current Legal Name: List your first, middle, and last name as they are listed on your current Driver's License or other primary photo ID. Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write N/A in each field that you do not have a name to enter.
2	Other Alias Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter N/A in the appropriate box. Do not leave any of the boxes blank.
3	Print your date of birth listing the month, day, and year (MM/DD/YYYY).
4	Enter the daytime phone number, including area code, where you can be reached weekdays 8 AM to 5 PM.
5	Provide an email address where you can be reached.
6	You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit (BCCU) match your name and date of birth to existing records in our database and may speed up completion of your background check.
7A	Enter your Driver's License or state-issued ID number.
7B	The state where your Driver's License or ID was issued.
8	If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer NO . If you have lived in any state or country other than Washington State within the last three years (36 months), answer YES .
9	Enter your mailing address where BCCU can send you confidential information such as a copy of your background check results.
10	Enter your street address if it is different than your mailing address. If you street address and mailing address are the same, enter SAME .
11A	You must check YES or NO . If you check YES , complete Page 2, Section 3, List of Crimes and Pending Charges, of the form by entering the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). Mark the correct other crime information box or N/A . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional convictions, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
11B	You must check YES or NO . If you check YES , you must complete Page 2, Section 4, List of Crimes and Pending Charges, of the form by entering the pending charge name, degree (if any), and state. Mark the correct other crime information box or N/A . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional pending charges, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
12 – 14	Read each question carefully before answering. You must check YES or NO . Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.
15	Read the statements above and sign your name as it is listed in Box 1. If you are not 18 years old, a parent or guardian must sign for you.
16	Enter the month / day / year (MM/DD/YYYY) you signed Box 15.

Important Information about Answering Self-Disclosure Questions (11A-14): Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

Questions about the Background Check Process: Contact the Background Check Central Unit (BCCU) by email bccuinquiry@dshs.wa.gov or phone at 360-902-0299.